

Personality Disorder: Essential Care & Communication Strategies

The following approaches will help set the team and the person living with personality disorder up for success.

1. Establish rapport

- Introduce yourself, your role to the person and what you are there to assist with.
- Use a warm demeanour that is calm, caring, and compassionate.
- Avoid preconceptions that the person is intentionally provocative.
- Recognize behaviour patterns as life-long and may represent the person's attempt to cope with traumatic life events.
- Learn about the person using [My Personhood Summary](#)®.



2. Establish and maintain healthy and effective professional boundaries

- Keep interactions warm, yet professional. Avoid sharing personal information or opinions.
- Keep conversations focused on the individual's needs and interests.

3. Include the individual in creating their care plan

- Include the person in their care plan so that they understand what to expect and have an opportunity to communicate what matters to them. Clarify the person's role/abilities in their own care.
- When creating a care plan, consider the person's strengths and interests.
- Consider posting the care plan in their room as a reminder of what to expect.
- The person should be included in care plan changes, including changes in what to expect from the team, and what the team expects from them.

4. Offer opportunities for positive interactions/engagement and healthy coping

- Encourage positive interactions to nurture independence, trust, and stronger relationships.
- Offer regular structured check-ins or appointments at a predictable timeframe.
- Offer opportunities for positive engagement in person-centred activities.
- Help the person make a list of enjoyable activities to prevent escalating behaviours by combating boredom and loneliness.
- Provide adaptable coping tools to the person during distress like deep breathing, movement, and preferred music to tailor interventions to their needs and environment.
- Validate the person's emotions during distress and offer healthier outlets for expression (e.g. expression through art, exercise).

5. Set clear and realistic goals and expectations

- Be clear about any goals and expectation set out in the care plan. Specific, clear and practical strategies and goals can give the team a sense of direction and confidence.
- Clear rules and expectations build trust. Inconsistency can make the person feel insecure and more likely to respond negatively. Use positive reinforcement to encourage desirable behaviour. All team members must be onboard.
- We cannot change the person; however, we can reduce behaviour frequency, risk, and distress by modifying our approach, the environment, and our expectations.

6. Ensure team-wide consistency in care strategies

- The entire team (every role/department) must understand and follow the care plan consistently.
- Determine what choices/accommodations are reasonable to offer. Only offer options that can be provided consistently. Communicate this clearly to team members and the person.
- Support team members to feel comfortable and confident using strategies that may be atypical of their usual approaches. Clear boundaries and expectations are healthy, not punitive.
- Consistent follow-through to build trust, respect and foster a sense of safety.
- Pair new team members with those familiar with the person.
- Consider limiting the number of team members involved as it can help ensure consistency.
- Establish and share the care plan and updates with the team, and support them in following it.



7. Promote regular team communication

- Communicate through documentation, routine huddles, debriefing, shift report, education.
- Hold team meetings for education, strategy identification, resilience building, and addressing potential team tensions.
- Collaborate with external partners.
- Communicate care strategies with the receiving team during transitions utilizing the My Transition Care Plan©.

8. Address medical emergencies, self-harm, and suicide ideation

- Self-harm can manifest as misusing medications, non-adherence to medication routines or diets, or sabotaging treatment, and is sometimes a way the person communicates their distress, or attempts to regulate intense emotional pain or feel a sense of control.
- Suicide attempts in older adults are less frequent, but more lethal than younger individuals living with personality disorder. Expressions of self-harm or suicide ideation should be taken seriously and warrant direct and concise questions (e.g. 'Are you thinking of suicide?', 'Do you have a plan to take your own life?'). Risk assessment includes monitoring for changes such as withdrawal and considering recent adverse life events. Refer to your organization's policies around risk assessment and responses.

For a full reference list, please see: *Personality Disorder in Older Adults: Understanding the Person, Building Skillful Approaches and Fostering Wellness in Care Teams.*

