

# Personality Disorder in Older Adults:

Myth

VS

Fact

Myths surrounding personality disorders often result in ineffective care strategies. By learning more about personality disorders, we can cultivate empathy for the individual and recognize the importance of consistent care.

Myth

Personality disorder in young adults looks the same as in older adults.

Fact

Personality disorder presentations shift across different age groups. Various factors, including age-related changes, life experiences, changing circumstances, and comorbid health conditions, can influence how personality disorders manifest in young versus older adults. **Symptoms may change with age**; for instance, individuals might display decreased impulsivity while experiencing heightened intensity in feelings of emptiness. Dormant symptoms may also resurface when the person has less control over their environment, such as when they enter long-term care.

Myth

All personality disorders are the same.

Fact

In the DSM-5, there are 10 personality disorders with distinct diagnostic criteria and symptom presentations. Different combinations of symptoms within these criteria results in diverse presentations, even amongst individuals who share the same diagnosis. Additionally, the inherent diversity of each individual's personhood further underscores the variability in how personality disorders manifest.

Myth

Team members should share personal information to build rapport.

Fact

Sharing personal information is usually not effective in building rapport with individuals living with personality disorders and can lead to further challenges. **Boundaries and professionalism should be maintained** while establishing rapport through **empathy, validation, and consistent support** focused on the person's care needs.

Myth

There are no effective treatments available for personality disorder in care settings.

Fact

Care teams can play a crucial role in supporting individuals living with personality disorder through various interventions, including therapy, social support, assistance with daily living activities, promoted independence, and treatment of other health conditions. Treatment goals may be to reduce distress, improve social skills, strengthen sense of identity, stabilize mood, and prevent suicide. Using **a kind, consistent, predictable approach, while setting clear, fair, and sustainable boundaries** can help the person and the team to be successful over time.

### Myth

People living with personality disorder are not suitable for long-term care.

### Fact

There's a misconception that individuals with personality disorder are not suitable for long-term care when in fact, they may require specialized care and support only available in care settings. Often, teams in these settings are well-versed in strategies tailored for individuals living with dementia. When these strategies prove ineffective for individuals with personality disorder, the team may wonder whether the person's needs surpass their scope of care. Therefore, it's essential for team members to receive training and feel confident in implementing specific care strategies that **promote the person's well-being and prevent team compassion fatigue**.

### Myth

The best approach for working with a person with personality disorder is to avoid them. When you do interact, you should tell them in a stern tone that they are being "inappropriate". Don't let them win an argument.

### Fact

Avoidance, stern tones, and engaging in power struggles and arguments are not recommended approaches for working with individuals living with personality disorder. These approaches will lead to compassion fatigue in team members, and frustration and confusion around boundaries for the person with a personality disorder. **Compassionate, empathetic, calm and consistent communication** with **clear, appropriate, enacted boundaries** are more effective in creating a safe, predictable environment and healthier therapeutic relationships.

### Myth

People with personality disorder are in control of what they are doing, they are trying to be difficult.

### Fact

Personality disorder is a complex mental health diagnosis that involves maladaptive patterns of thinking, feeling, and behaving that are often outside of the person's awareness. Individuals living with a personality disorder may struggle with intense emotions such as distress and abandonment fears, and **require support to learn more effective coping strategies**. They may sense that they have many interpersonal difficulties, but may not have the skills or awareness to adjust accordingly in-the-moment.

### Myth

People with personality disorder do not value social connections.

### Fact

While individuals with personality disorder may struggle with interpersonal relationships, it's not accurate to say they do not value social connections. Many desire social connection, but have difficulty establishing or maintaining healthy relationships.

### Myth

Personality disorders are entirely genetic.

### Fact

Personality disorders result from a complex interplay of genetic, environmental, and learned factors. Resulting behaviours that appear extreme have often at some point been effective for coping with intense emotions or traumatic experiences.

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

