Personality Disorder in Older Adults

A Brief Overview

Developed by: The BSO Knowledge to Practice Community of Practice
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- Introduce yourself to the team gathered.
- Note your role and your desire to support the team in their learning.

Suggested speaking points:
- Thank-you for taking the time out of your busy day to join. We will be spending 15-20 minutes* together.
- This is meant to be an interactive session. The best way to learn together is through sharing of experiences.
- My goal is for everyone (including myself) to leave this time with a few added skills and increased confidence in providing person-centred, relational care to individuals living with personality disorder.

Notes to facilitator:
- *This projected time will depend on the availability of the participants and the amount of discussion that is encouraged/generated. If more time is allotted (e.g. 30 minutes), this slide deck can be used with more time for discussion.
- If you have a sign in sheet, record names now.

What is Personality Disorder?

- A mental health condition where a person's thoughts, feelings, and behaviours deviate significantly from cultural expectations

- Personality disorders reflect long-term, learned patterns of behaviour and functioning that affect at least two of the following areas:
    - Way of thinking about oneself
    - Way of responding emotionally
    - Way of relating to other people
    - Way of controlling one's behaviour

- As a result, people living with personality disorder often struggle to maintain healthy relationships because of interaction patterns that create tension

📄 **See information booklet at www.brainxchange.ca/BSOPDCBPackage for more information!**

Suggested speaking points:
- To begin, let's think about what is personality disorder and how it affects the person.
- Personality disorder is a mental health condition where a person's way of thinking, feeling and behaving is different from cultural expectations
- Personality disorders are clustered in to 3 categories: A, B and C. We are not going to get into that level of detail today, but if you ever wanted more information on the clusters, you can refer to the Personality Disorder Information Booklet on the brainXchange website.
- What is helpful for us to learn today is that personality disorders reflect long term, learned patterns of behaviours and functioning that affect at least 2 of these areas:
1. Way of thinking about oneself
2. Way of responding emotionally
3. Way of relating to other people
4. Way of controlling one's behaviour
- As a result, people living with personality disorder often struggle to maintain healthy relationships because of interaction patterns that create tension

- Ask:
1) Who here has cared for someone living with personality disorder?
2) Does this description resonate with you?

- It is important that when we care for individuals with personality disorder, that we recognize that behaviours that appear extreme have at some point likely been effective for coping with intense emotions or trauma, such as childhood neglect or abuse.

Impacts of Living in Care Settings & Requiring Care

new food

new daily routine

social demands

meaningful activities not accessible

new people

requires help with bathing

loss of independence

feels confined to the wheelchair

new environment

loud environment

Suggested speaking points:
- Although many people with personality disorder live their lives in community, as they age they may not have the needed coping skills to adjust to losses, nor the supportive networks to live well independently
- A move into a care setting, or requiring in-home care, for someone living with personality disorder may come with additional challenges and losses including:
 - Read through the bubbles on the slide noting that these changes are difficult for anyone, and the addition of the challenges that come with living with personality disorder can make this even more difficult
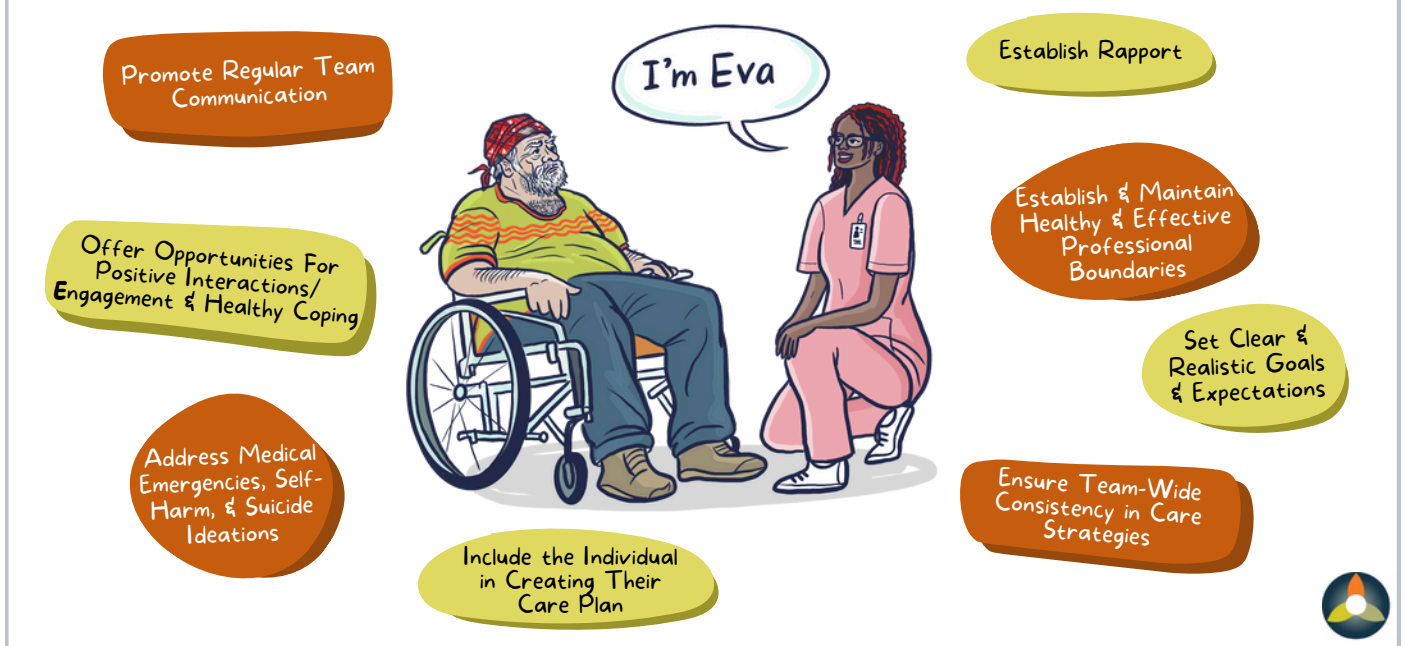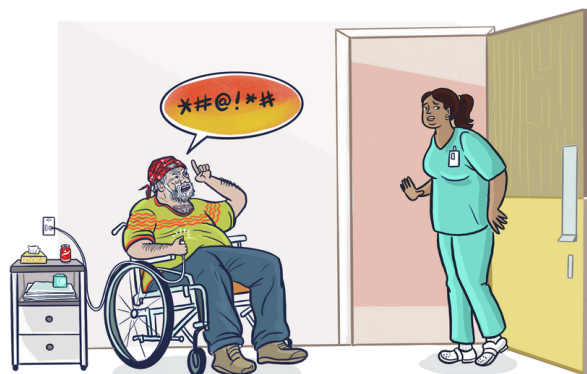
Suggested speaking points:
- To best care for someone living with personality disorder, communication is critical!
- The following approaches will help set the team and the person up for success:
- Read through the bubbles on the slide

Common Behaviour Patterns in Care Settings

- Intense or excessive requests for help
- Help-rejecting behaviour
- Difficulty accepting professional boundaries
- Antagonistic interactions with team members
- Suspicious/mistrusting of team members
- Dependence on team members for decision-making
- Behaviours that pose physical risk to others
- Team Splitting

See information booklet at www.brainxchange.ca/BSOPDCBPackage for related care strategies!

Suggested speaking points:
- Despite our best efforts in using all those great care and communication strategies, there are some common behaviours that individuals living with personality disorder may display within care settings. While these behaviours might help the person meet an unmet need, they can have negative consequences to those around them.
- These common behaviours include:
- Intense and excessive requests for help, for example: frequent of call bell use, embellishing the urgency of care needs
- Help-rejecting behaviour, for example: declining help offered by care team members
- Difficulty accepting professional boundaries. This may include: seeking personal information about team members and sharing what they have learned with others
- Antagonistic interactions with team members. This may include: rejecting certain care providers, name-calling or saying critical comments
- Suspicious/mistrusting of team members. This may include: accusations directed at team members or questioning team members
- Dependence on team members for decision-making. This may include: deferring even minor decisions to team members
- Behaviours that pose physical risk to others. This may include: striking out or throwing objects at others
- And finally, causing Team Splitting which tensions, frustrations and/or divisions within teams.   We will go into more detail about this on the next slide.

Ask:

- Do these sound familiar to any of your that have cared for someone living with personality disord er?

Note to facilitator:
- Acknowledge the challenging behaviours that team members may have experienced when caring for someone living with personality disorder.

Suggested speaking notes:
- We will first talk about team splitting and then note some key strategies to prevent and respond to some of these challenging behaviours.
- Please note that the information booklet includes key strategies to prevent or reduce each of these behaviours.

Understanding Team Splitting
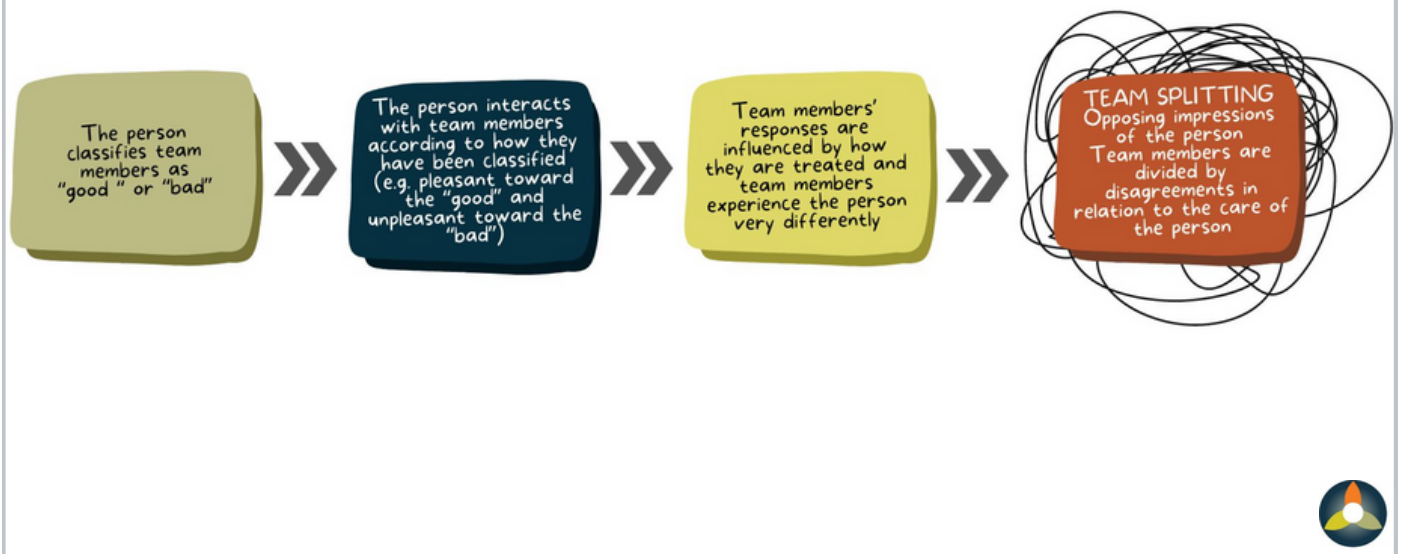
Suggested speaking points:
- Team splitting is common in care settings and results from a series of events.
1. It starts with the person living with personality disorder classifying or labelling team members as "bad" and "good".
2. Based on how the person has classified the team member, they will act either pleasant towards the "good" ones or unpleasant towards the "bad" ones.
3. This in turn affects how team members experience interactions with the person. This can lead to team members responding to the person based on how they are treated.
4. Given their differing experiences with the person, team members can have strongly opposing impressions of the person and have approaches are best. This can lead to disagreements and frustration amongst the team.

- You may be experiencing this in your team.

Note to facilitator:
- If any experiences of team splitting or frustration is shared, acknowledge them and let them know that you will be able to share some strategies to help.

Preventing Team Splitting

See tip sheet for more information!
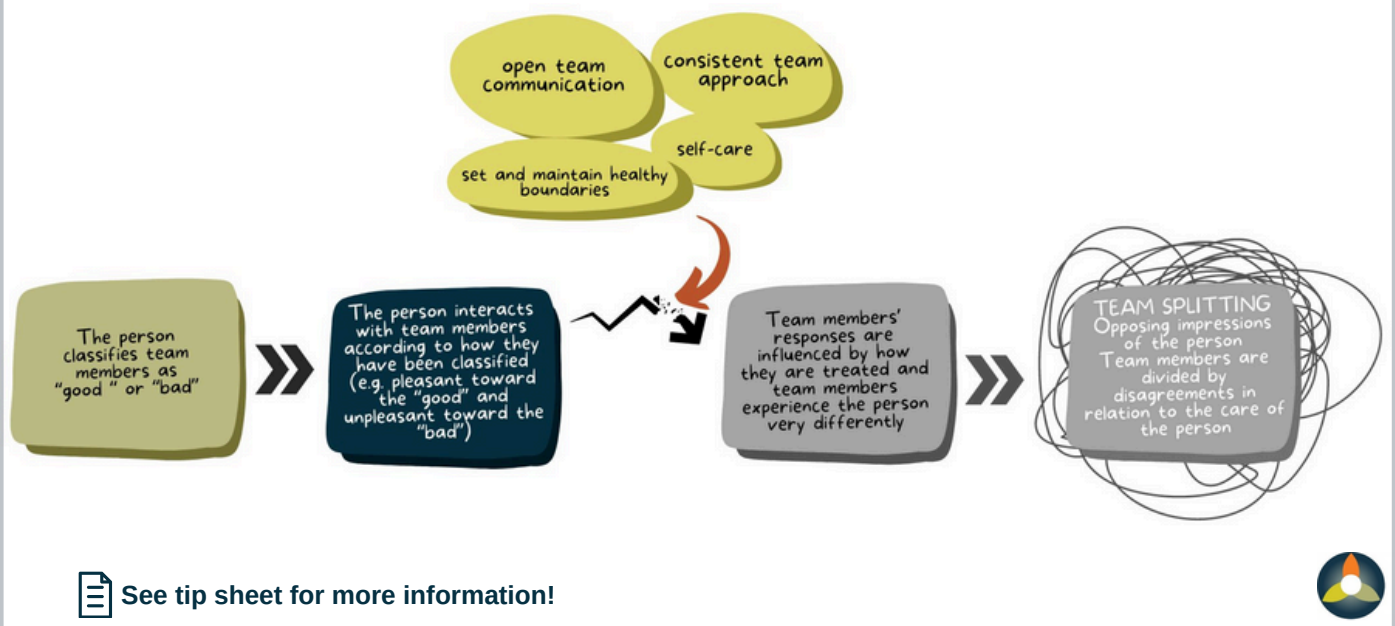
Suggested speaking points:
- The good news is that team splitting can be prevented and stopped.
- There are some essential approaches that can break the cycle. This includes:
- Setting and maintaining healthy boundaries
- Building trust through reliable and predictable responses
- Every team member being consistent in their approach based on the agreed upon plan of care
- Keeping open communication as team
- And engaging in self-care

Comprehensive Behavioural Assessment

Know the Person!

Consider Contributing Factors

Review BSO-DOS© & ABC Documentation

Document Behaviours in Detail

Identify Behaviour Patterns

Suggested speaking points:
- Individuals living with personality disorders often rely on behaviours that have been effective in the past for coping with unhealthy interpersonal relationships or trauma, as well as meeting a need for connection and control.
These behaviours continue into the present as the person may not have gained other effective strategies or patterns, or they may perceive some benefit from the behaviour.
- Conducting a comprehensive behavioural assessment can help us understand the person's behaviour and develop personalized and consistent approaches.

- A comprehensive behavioural assessment includes:
-Getting to know the person by collecting valuable personhood information. You can do this by using a My Personhood Summary.
-Considering contributing factors as you attempt to identify the function the behaviours serves, that is the reason for the behaviour. What is the unmet needs that the person is trying to meet?
-Identifying behaviour patterns using tools like the BSO DOS
-Documenting behaviours in detail with the use of documentation tools such as, ABC Charting to better understand the behaviour including what leads up to the behaviour, and its' purpose, as well as identifying alternative approaches.

- This entire comprehensive assessment should lead to developing a tailored plan of care for the individual that all team members can consistently follow.

Communication Strategies in Difficult Moments

AVOID

A void Controlling Language and Power Struggles

Accommodating **V** arious/multiple Requests

O ffering Too Many Choices

I nternalizing Negative Criticism

D eveloping a Special Bond

📄 **See tip sheet for more information!**

Instead, Try this

✓ Communicate using neutral and objective observations. Use a calm tone and relaxed and open body language.

✓ Remind the person of the agreed-upon limits.

✓ Stick to the routine and offer fair and sustainable choices.

✓ Reflect on positive feedback you have received from others.

✓ Work as a team and remember your professional boundaries. Avoid personal disclosures.

Suggested speaking points:
- AVOID is an acronym that can be used to guide effective communication in difficult moments while caring for a person living with personality disorder. Each letter of AVOID prompts a strategy that, although tempting, should be avoided.

A: Avoid Controlling Language and Power Struggles
- Instead, communicate using neutral and objective observations, relaxed and open body language, and calm tone of voice. This sets a positive example for the person, and reduces the risk of escalation.

V: Avoid Accommodating Various Requests
 - It can be tempting to accommodate multiple requests because it can feel like you are building rapport. However, this can have unintended consequences of setting unreasonable expectations for all team members. Instead, remind the person of the agreed upon limits.

O: Avoid Offering Too Many Choices
- Too many options can disrupt routine and are difficult to manage long-term. Instead, stick to routine and offer fair and sustainable choices

I: Avoid Internalizing Negative Criticism
- Although it feels personal, it really isn't about you. Remember, the person has likely had lifelong difficulty with interpersonal relationships. Their responses, including critical comments, are a symptom of the personality disorder - not a reflection of you. During difficult moments, try to

reflect on positive feedback you have received from others.

D: Avoid Developing a Special Bond
- Work as a team, remember your professional boundaries, and avoid personal disclosures. Ask yourself, am I spending this amount of time and doing these things for others? If not, reconsider your boundaries and the expectations you may be setting for you and the rest of the team.

5 Steps to Set Healthy Boundaries

A healthy boundary is not an ultimatum for the person, but rather involves establishing limits that include offering choices with consequences. Boundaries can include physical, emotional and task-related limit setting.

1	2	3	4	5
Stop	Assess/Reflect	Validate	Establish a Healthy Boundary	Follow Through to Build Trust

See tip sheet for more information!

Suggested speaking points:
- Setting healthy boundaries is essential when supporting persons living with personality disorder.
- A healthy boundary is not a threat or an ultimatum for the person, but rather involves establishing limits that include offering choices with consequences. Boundaries can include physical, emotional and task-related limit setting. We are not trying to change the person's mind, we are modelling healthy interactions.
- When you notice that your interaction with the person is not productive, effective, or mutually respectful, setting a healthy boundary is a helpful strategy.
- Here are 5 steps in setting a healthy boundary:
Step 1. STOP:
-Before responding, take a step back and a deep breath. Recognize that the situation needs a thoughtful approach for everyone's well-being.

Step 2. ASSESS/REFLECT:
-Reflect on the situation, your own response and any risks.
You could ask yourself:
- What isn't working?
- What contributed to the situation?
- Is there a current risk? To whom? What is the level of risk?
- Is there a power struggle?
- Is the person using threatening language?
- Are you noticing tension in your own body language or tone of voice?
Based on this information, plan next steps.

Step 3. VALIDATE:
-It is important to acknowledge the person's feelings. You can simply state "You look frustrated" or "You look upset".

Step 4. ESTABLISH A HEALTHY BOUNDARY:
-Clearly and calmly articulate the limit or boundary that you are setting.
We will provide some examples on the next slide.

Step 5. FOLLOW THROUGH TO BUILD TRUST:
-Follow any boundary/limit set as this reinforces consequences for undesirable actions and encourages positive actions, builds trust, and reduces compassion fatigue.

Setting Healthy Boundaries

Examples of starter phrases to set healthy limits:

- You can _____ when you _____.
- First _____, then _____.
- When _____, then _____.
- If _____, then _____ (positive).
- Would you like to _____ or _____?
- You can either do _____ or _____.
- Do you want to _____ now or in five minutes?
- I'll help you as soon as you _____ (e.g. stop yelling).
- I'll be able to listen as soon as your voice is as calm as mine.
- I'll be glad to discuss this when _____.
- I'll be happy to discuss this with you as soon as the arguing stops.

When ...
then ...

Suggested speaking points:
- As setting limits may not be an approach that you use regularly, it is helpful to have examples. So here are some helpful starter phrases examples.

Common Responses From Team Members
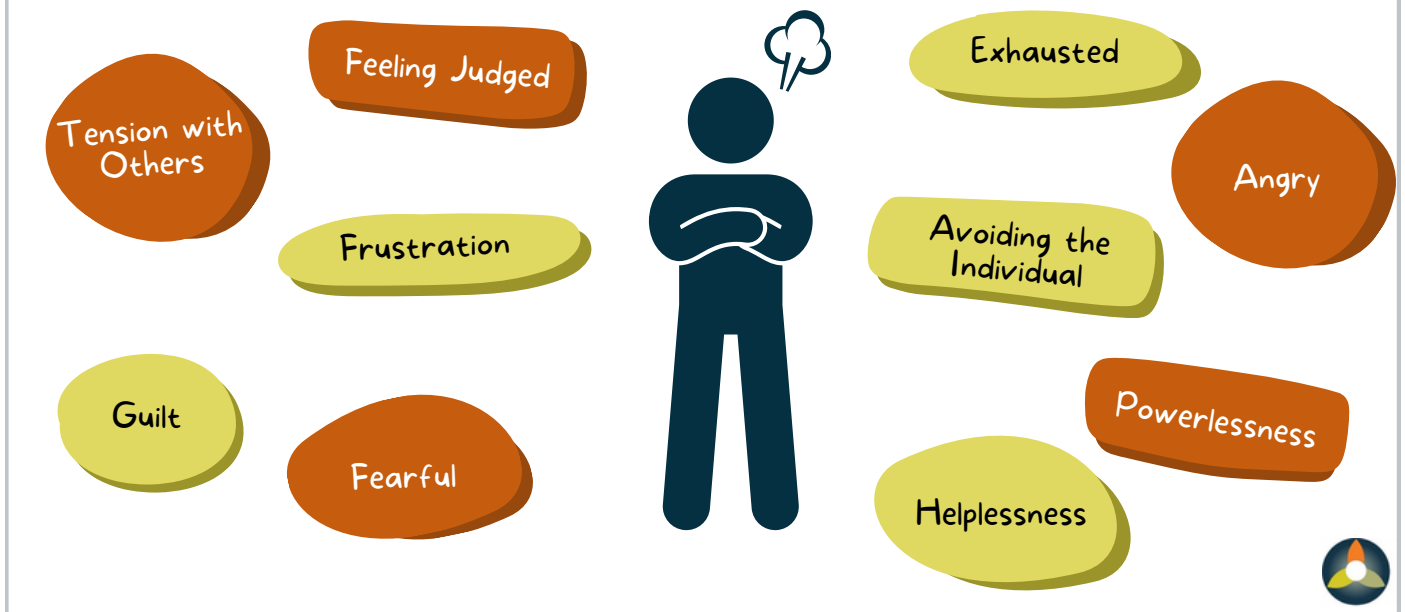
Suggested speaking points:
- Let's now shift our attention to the experience of the care team. Take a look at these word bubbles.
-Have you ever felt this way when caring for someone who lives with personality disorder?
- If so, you are not alone. These are very common responses.
- The good news is that there are things that you can do individually, and as a team, that can help.

Recap of Successful Strategies

Avoid internalizing negative criticism

Learn about personality disorder

Maintain professional boundaries

Include the person in care plannning

Use self-care strategies

Support each other as a team!

Set clear & realistic expectations

Set healthy boundaries

Regular team communication
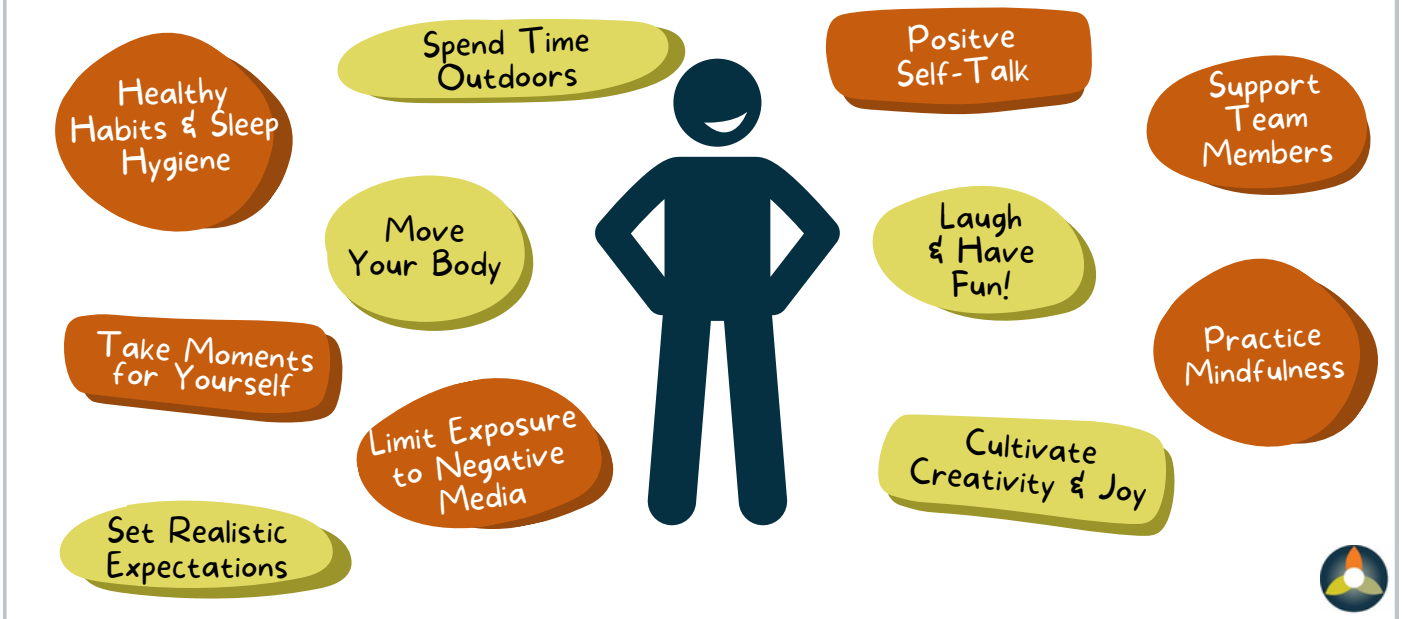
Team-wide consistency in care strategies

Suggested speaking points:
- Lets recap the strategies that you and your team can do to care well for individuals living with personality disorder and prevent all those negative emotions and responses.
- First, learning about personality disorder can help. You are here today doing just that! Remember that this person is living with a mental health condition and that the behaviours expressed are often self-protective strategies that the person developed early in life as a result of adversity, trauma or neglect.
- Maintain professional boundaries - Do not share personal details with the person.
- Include the person in care planning - This can help ensure the person understands what to expect and feels respected.
- Set clear & realistic expectations - Be clear about any goals and expectations set out in the care plan.
- Set healthy boundaries- When you feel the interaction is not healthy or respectful, remember the 5 Steps to Setting Healthy Boundaries.
- Team-wide consistency - All team members must respond similarly and follow the plan consisten tly.
- Regular & open team communication- Use huddles or team meetings to identify challenges and explore team tensions that might arise.
- Support each other as a team - This can help to prevent team splitting and reduce feelings of frustration amongst team members.
- Avoid internalizing negative criticism - Remember that it is not about you. Remind yourself, and others, that you are caring for someone who has likely had lifelong difficulty connecting with others and maintaining healthy relationships.

- Use of self-care strategies - We will discuss specific strategies on the next slide

Self-Care Strategies for Team Members

Healthy Habits & Sleep Hygiene

Spend Time Outdoors

Positve Self-Talk

Support Team Members

Move Your Body

Laugh & Have Fun!

Take Moments for Yourself

Limit Exposure to Negative Media

Practice Mindfulness

Cultivate Creativity & Joy

Set Realistic Expectations

Suggested speaking points:
- Here are some self-care strategies you can use to take care for yourself - especially while you care for others!
- Read a few strategies listed in the bubbles on the slide

Reflection & Application

From the strategies discussed today:

1. What is one 'take-away' that you plan to put into practice **when caring for individuals living with personality disorder**?

2. What is one 'take-away' that you plan to put into practice that will **support you and your team** as you care for individuals living with personality disorder?

Suggested speaking points:
- From the strategies discussed today:
1) What is one 'take-away' that you plan to put into practice when caring for individuals living with personality disorder?
2) What is one 'take-away' that you plan to put into practice that will support you and your team as you care for individuals living with personality disorder?

Want to learn more?

Visit **www.brainxchange.ca/BSOPDCBPackage**
for more resources, including:
- Personality Disorder in Older Adults Tip Sheets:
    1) Essential Care and Communication Strategies
    2) Communication Strategies to AVOID and to Try in Difficult Moments
    3) Setting Healthy Boundaries
    4) Preventing Team Splitting
    5) Myths vs. Facts

- Information Booklet:
    - Personality Disorder in Older Adults: Understanding the Person, Building Skillful Approaches and Fostering Wellness in Care Teams

Full references for the information presented is available within the information booklet

Suggested speaking points:
- There are more tools and resources available on the BSO brainXchange website about personality disorder in older adults. This includes short Tip Sheets as well as a comprehensive Information Booklet.

Wrap Up

We want to hear from you!

✉ **BSO Provincial Coordinating Office**
provincialBSO@nbrhc.on.ca
brainxchange.ca/BSO
𝕏 @BSOprovOffice

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

Thank you!

Suggested speaking points:
- As we wrap up today, I first want to note that we want to hear from you! Please scan the QR code here and provide us feedback about today's educational event and the other personality disorder resources.
- As you pull up the survey, I want to say thanks for taking time to join in this conversation today. A sincere thanks for your commitment to ongoing learning and your desire to provide quality care for the individuals that you support.
- I hope today helped each of you gain some added practical skills and increased confidence in providing person-centred care to individuals living with personality disorder.
- Also on this slide is the contact information for the BSO Provincial Coordinating Office, but you can also contact me by: _____
- Please also let me know if there is additional information that you want to know more about. I am happy to follow-up regarding any education needs that you have related to this topic or others.
- Again, a sincere thanks for your time today.