

Personality Disorder in Older Adults

Understanding the Person, Building Skillful Approaches and Fostering Wellness in Care Teams

Developed by: The BSO Knowledge to Practice Community of Practice
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Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario



- 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 45 minutes - 1 hour* 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.

If you have a sign in sheet, record names now.

*Note to facilitator: This projected time will depend on the availability of the participants and the amount of discussion that is encouraged/generated.

Initial Reflection

Have you supported someone living with personality disorder?

What were some of the challenges for you and your team?

What do you hope to learn/gain from this education?



Suggested speaking points:

- We will begin our discussion of personality disorder with a few reflective questions as it is always helpful to ground the learning in your experiences and learn what you hope to gain from our time together.

1. Have you supported someone living with personality disorder?
2. What were some of the challenges you and your team?
3. What do you hope to learn/gain for this education?

- Thanks so much for sharing your experiences. We certainly hope to discuss some of those challenges today and provide some practical strategies that address those challenges.

Note to facilitator:

- Provide time for participants to answer each question (pausing after each question), but move along within a few minutes to ensure you have time to get through your material.

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:

- 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

Development of Personality Disorder

Personality disorders result from a complex interplay of **genetics, environmental and learned factors.**

Personality disorder traits are often:

- Self-protective strategies that the person developed early in life as a result of adversity, trauma and/or neglect
- Formed when there was not an attachment figure to trust or consistently rely on
- Result from a lack of models of positive and healthy relationships



Suggested speaking points:

- Read through the slide
- So, a key take away from today is that behaviours that appear extreme have often at some point been effective for coping with intense emotions or traumatic experiences.
- In terms of treatment of personality disorder, goals include decreasing distressing symptoms, reducing risky behaviours, improving social interaction skills, improving sense of identity, reducing suicide attempts and stabilizing mood.
- Treatment Options include:
psychotherapy (such as dialectical behaviour therapy), medications for any comorbid conditions and a tailored care planning.
- Today we will be focusing key practical strategies to care for individuals with personality disorder, as well as how teams can create an individualized plan of care that considers the individual's personhood and unique needs.

Meet Randy

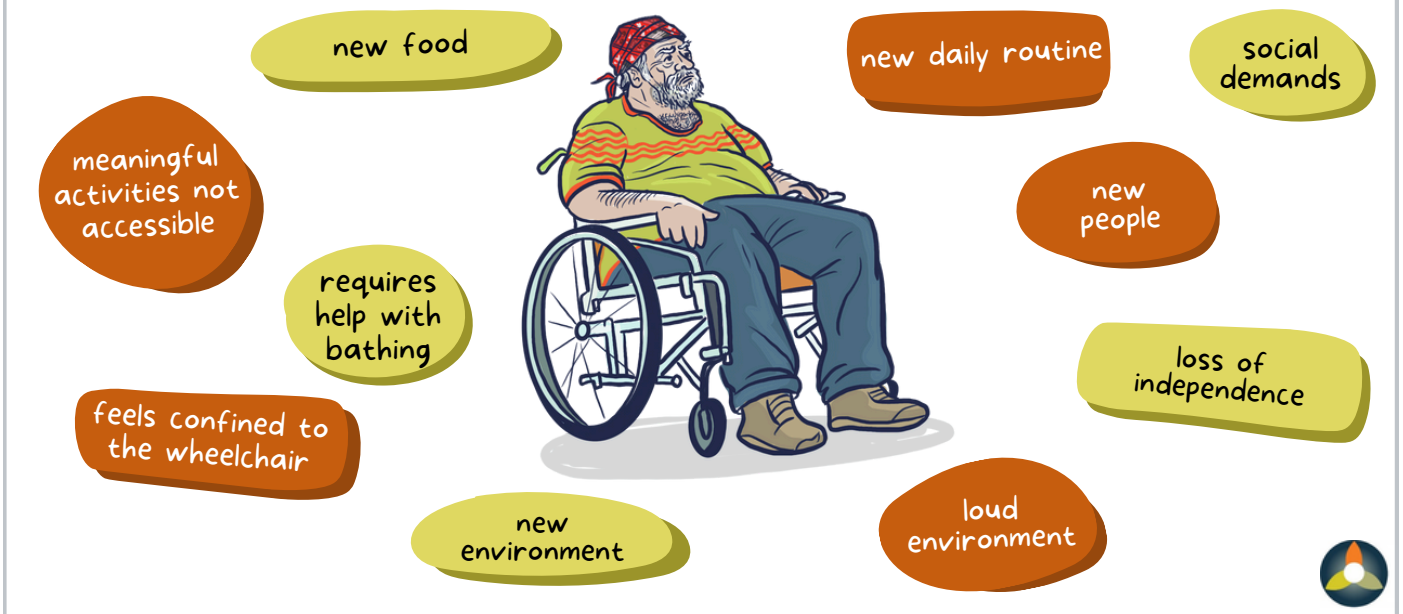
We will use Randy's story throughout!



Suggested speaking points:

- So, let's meet Randy. We will be using Randy's story throughout our time together today.
- Randy is a 62 year-old man who recently moved into the care setting where you work. While details about his past are vague, the team understands that he has limited family involvement and has always lived alone. After a fall at home a few weeks ago that resulted in a broken hip and a hospital stay, Randy was unable to return to his home due to his care needs. He requires help with meal preparation, bathing and dressing. He uses a wheelchair, which he can self-propel with his feet. He has a diagnosis of a personality disorder-not otherwise specified. Staff notice that he is particular about how his belongings and furniture are arranged, and how his food is served.

Impacts of Living in Care Settings & Requiring Care



Suggested speaking points:

- Although many people with personality disorder live their lives in community, a move into a care setting, or requiring in-home care, may come with additional challenges and losses.
- Randy used to live on his own in a little house that had a small garage in the back. Neighbours reported that he would spend time in the garage working on his car. He usually stayed up late and slept until mid-morning. He kept to himself and made his own simple meals.
- Randy is now in a care setting with routines and an environment that is quite different. Here are some of the losses and adjustments that Randy is dealing with:
- Read through the bubbles on the slide

Essential Care and & Communication Strategies

Promote Regular Team Communication

Offer Opportunities For Positive Interactions/Engagement & Healthy Coping

Address Medical Emergencies, Self-Harm, & Suicide Ideations

Establish Rapport

Establish & Maintain Healthy & Effective Professional Boundaries

Set Clear & Realistic Goals & Expectations

Ensure Team-Wide Consistency in Care Strategies

Include the Individual in Creating Their Care Plan

See tip sheet for more information!

Suggested speaking points:

- To best care for someone living with personality disorder (including Randy), communication is critical!
- The following approaches will help set the team and the person up for success.
- Read through the bubbles on the slide

Randy's Response



Suggested speaking points:

- Despite the team's attempt to help Randy adjust to his new home and provide for his care needs, they are feeling frustrated with his responses. Randy uses the call bell frequently asking for minor room adjustments. During these interactions, he calls some female team members degrading names (words such as "fatty" and "whore") or Randy is angry that they took so long to come. Team members have left his room in tears. He also has thrown a tissue box at a team member when he felt that she did not respond quickly enough to his request, stating that he is being "ignored". He seems to have formed an alliance with certain team members, who he refers to as "the good ones", and will request specific team members if he feels the team member who comes to assist is "not qualified".
- Does any of this sound familiar to you?

Acknowledge any difficult situations that are shared by participants.

Comprehensive Behavioural Assessment

Know the Person!

Consider Contributing Factors

Review BSO-DOS[®] & ABC Documentation



Document Behaviours in Detail

Identify Behaviour Patterns



Suggested speaking points:

- Understandably, Randy's behaviours are very challenging for the team.
- Although it is hard, the team recognizes that individuals living with personality disorder 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.

- The team knows that conducting a comprehensive behavioural assessment will help to understand Randy'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.

Randy's Assessment



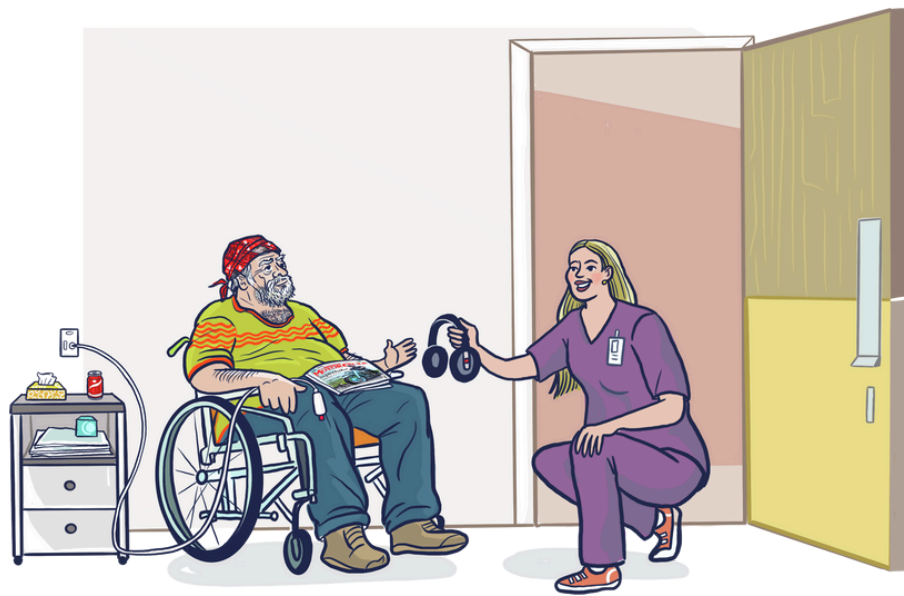
Suggested speaking points:

- The team learns a lot about Randy through a comprehensive assessment.
- First they completed a My Personhood Summary© and learned that:
 - Randy is a retired crane operator
 - He likes motorcycles and used to enjoy solo motorcycle road trips
 - He enjoys building model cars
 - He likes classic rock music
 - He loves sweets, and his favourite drink is a diet Cola
 - Little is still known about his childhood. Randy only shared that his mom worked hard and his stepdad was, “not a nice man”.
- With information from the BSO-DOS© and ABC documentation, the team noted a pattern in Randy spending time alone in his room after lunch, followed by multiple requests of staff. The team identified loneliness, boredom and worry that he will be forgotten as possible contributing factors.
- The team also openly shared their frustrations.
 - One team member shared: “I don’t know what to do! I rush in every time the call bell rang, and do everything he asks. It never seems to be enough! He just keeps ringing and asking for something else.”
 - Another team member shared: “He does the same thing to me, but I did not rush in and I am in and out as quick as I can! It doesn’t seem to help! He keeps ringing.”
 - The team recognized that their approaches have been different, and yet resulted in the same

undesirable outcome.

- Together, they agreed they needed to find a way to address what might be contributing to the behaviour. They brainstormed ideas to help Randy not feel lonely or bored in the afternoons, as well as to help Randy handle those feelings if he experiences them.

Randy's Care Plan



Suggested speaking points:

- So together with Randy, the team created a plan of care to help address his needs while also establishing healthy boundaries and consistent care.

- Key points of his care plan include:

- 1) Leadership established with Randy that the call bell is intended for urgent needs only. It was collaboratively agreed upon with Randy that he will not use the call bell more than one time per hour. If used more often, the team will not be able to attend to the call bell.
- 2) There is a plan to engage Randy in meaningful activities during the times he uses the call bell the most - specifically this includes the recreation therapist meeting with Randy every day after lunch and initiating an activity with Randy such as providing him a motorcycle magazine and providing him his headset with his rock music.
- 3) The team plans regular, hourly check-ins that are shared by team members each afternoon. During these check-ins, the team member asks if there is anything he needs and provides for that need. They also use this check-in time to offer meaningful activities. Upon leaving his room they will remind Randy that someone will check on him in one hour.
- 4) The team plans to set clear boundaries around respectful language and safety - this involved suggested scripts for team members to use when Randy engages in name-calling or degrading comments. For example, a team member could say, "Randy, I see that you are upset. I am unable to help you when you are yelling and cursing at me. When you can communicate calmly and respectfully, I will be able to help you."
- 5) If Randy rings the call bell more than once an hour, the team will reinforce the boundary established with Randy by responding to the call bell only once that hour.
- 6) Team members will continue to document using ABC charting as well as another BSO-DOS©

for 5 days to be able to evaluate the outcome of the approaches.

7) Leadership plans to meet with Randy daily to check-in on how is doing and will remind Randy of the agreed upon care plan and that all team members are equally qualified to provide his care.

Note to facilitator:

- Time permitting, you may be able to share Randy's complete care plan which can be found on pages 20-21 in the Information booklet.

Communication Strategies in Difficult Moments

AVOID

Avoid Controlling Language and Power Struggles

Accommodating **V**arious/multiple Requests

Offering Too Many Choices

Internalizing Negative Criticism

Developing a Special Bond

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.

 See tip sheet for more information!



Suggested speaking points:

- Along with the tailored plan of care for Randy, there are also some general principles and strategies that are helpful when caring for someone with personality disorder.
- First, AVOID is an acronym that can be used to guide effective communication in difficult moments. 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



Stop

2



Assess/Reflect

3



Validate

4



**Establish a
Healthy
Boundary**

5



**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:

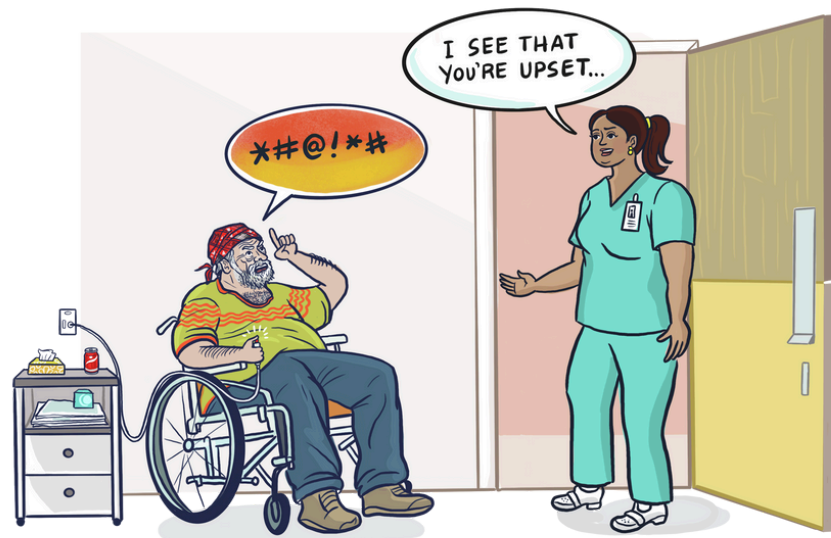
- Clearly and calmly articulate the limit or boundary that you are setting.

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.

Applying the Steps to Set Healthy Boundaries



Suggested speaking points:

- Let's consider 5 Steps for Healthy Boundaries in the context of Randy's story.
- Despite the agreed upon plan that Randy will not use the call bell more than one time per hour, there are still times that he rings several times within an hour. On such an occasion, Randy yells and curses at you as you enter the room.

Step 1: Stop

- Take a step back and take a deep breath.

Step 2: Assess/Reflect

- Reflect on Randy's interactions revolving around the need for attention from the team. Accommodating all his requests and continuously answering the call bell outside of the allotted hour has only intensified his requests, while ignoring them has led to more yelling and cursing. The team has agreed to set boundaries around the number of times Randy is able to ring the call bell (once per hour) and will respond to his needs at the allotted interval. Now is the time to use those strategies.

Step 3: Validate

- Calmly state: "I see that you are upset."

Step 4: Establish a Healthy Boundary

- Calmly state: "I am unable to help you when you are yelling and cursing at me. A team member will be back in the next hour to assist you. When you can communicate calmly and respectfully,

we will be able to help you." Then leave.

Step 5: Following Through to Build Trust

- After one hour, you return to check-in. "It has now been an hour, I see that you are calmer. I am here to help you, what do you need?"

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.



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.
- Think about Randy or another person living with personality disorder that you are caring for. Take a moment to pick one of the starter phrases on the list and use it to create a healthy limit that you could say to the person. After you have a phrase created, we are going to share our phrases with each other.
- Here is my example:
"Randy, when you stop calling me names, then I will be able to able to finish this conversation."

Note to facilitator:

- At this point give the group 1-2 minutes to think. Then break the participants into partners and ask them to state their phrase to each other, or alternatively ask for volunteers to share their phrase to the whole group.

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



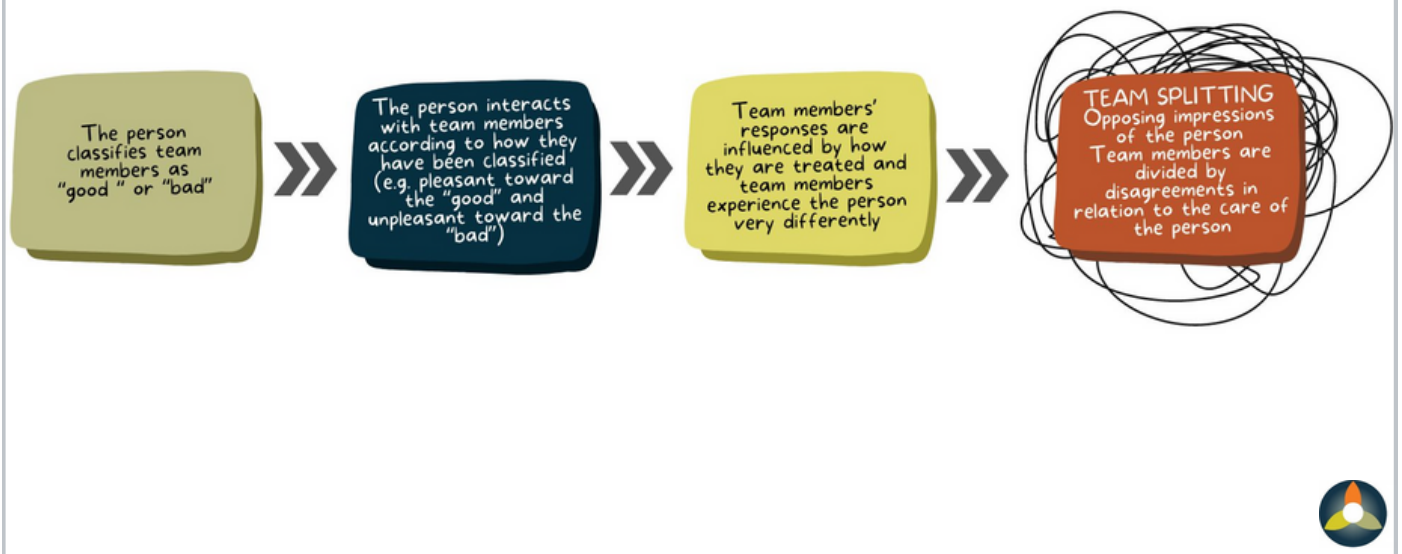
See information booklet at www.brainxchange.ca/BSOPDCBPackage for related care strategies!



Suggested speaking points:

- As we saw in Randy's example, he had antagonistic interactions with team members as he would swear and call them names.
- Here are some other common behaviours that individuals living with personality disorder may display within care settings:
 - 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.
- Although we won't be able to talk about all these behaviours today, the information booklet includes key strategies to prevent or reduce each of these behaviours.

Understanding Team Splitting



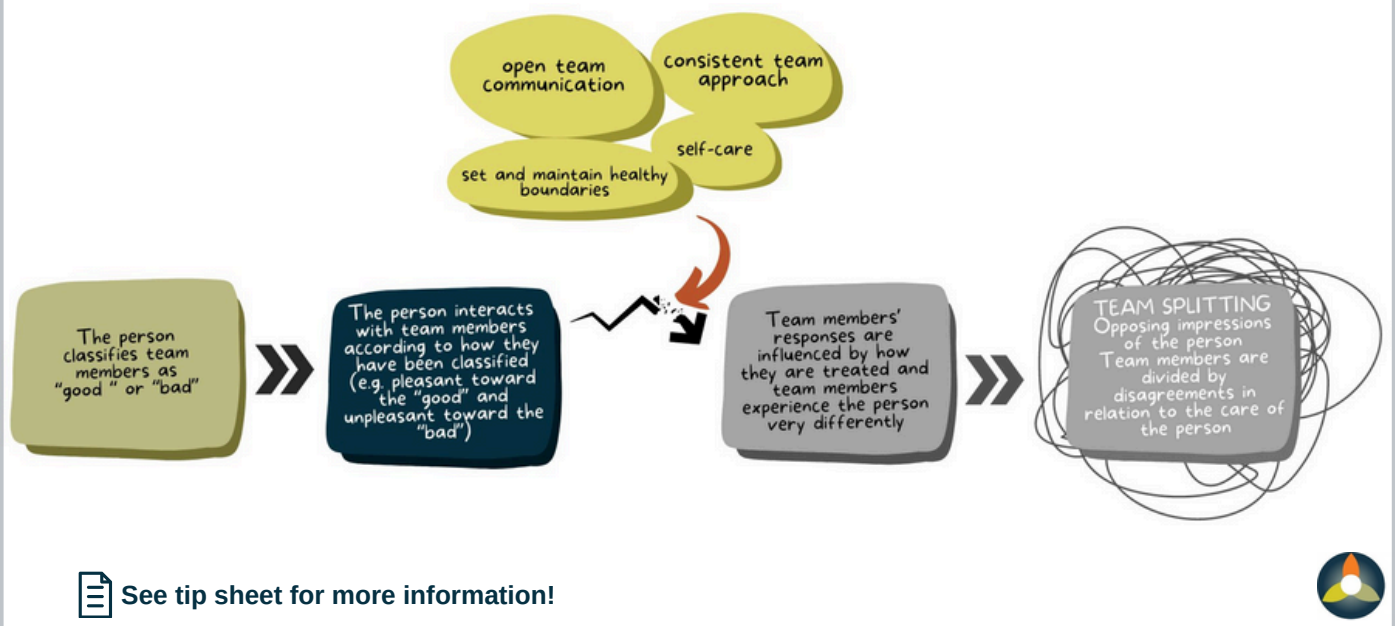
Suggested speaking points:

- 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.

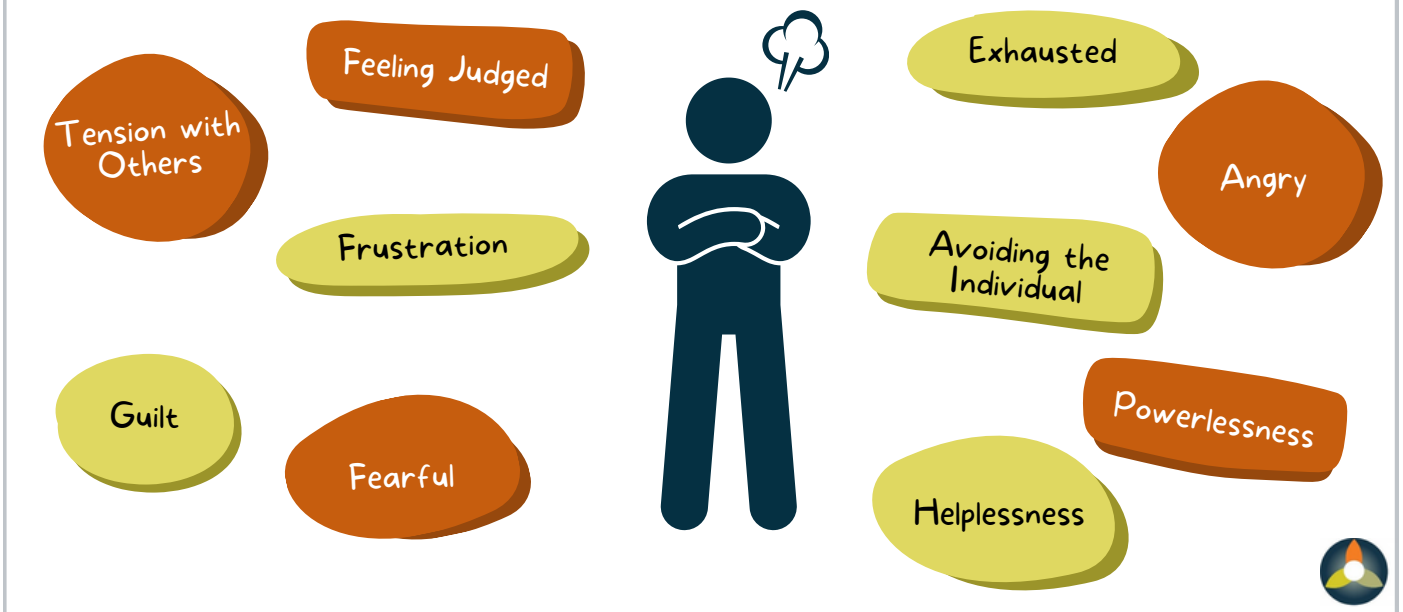
Preventing Splitting Within Teams



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

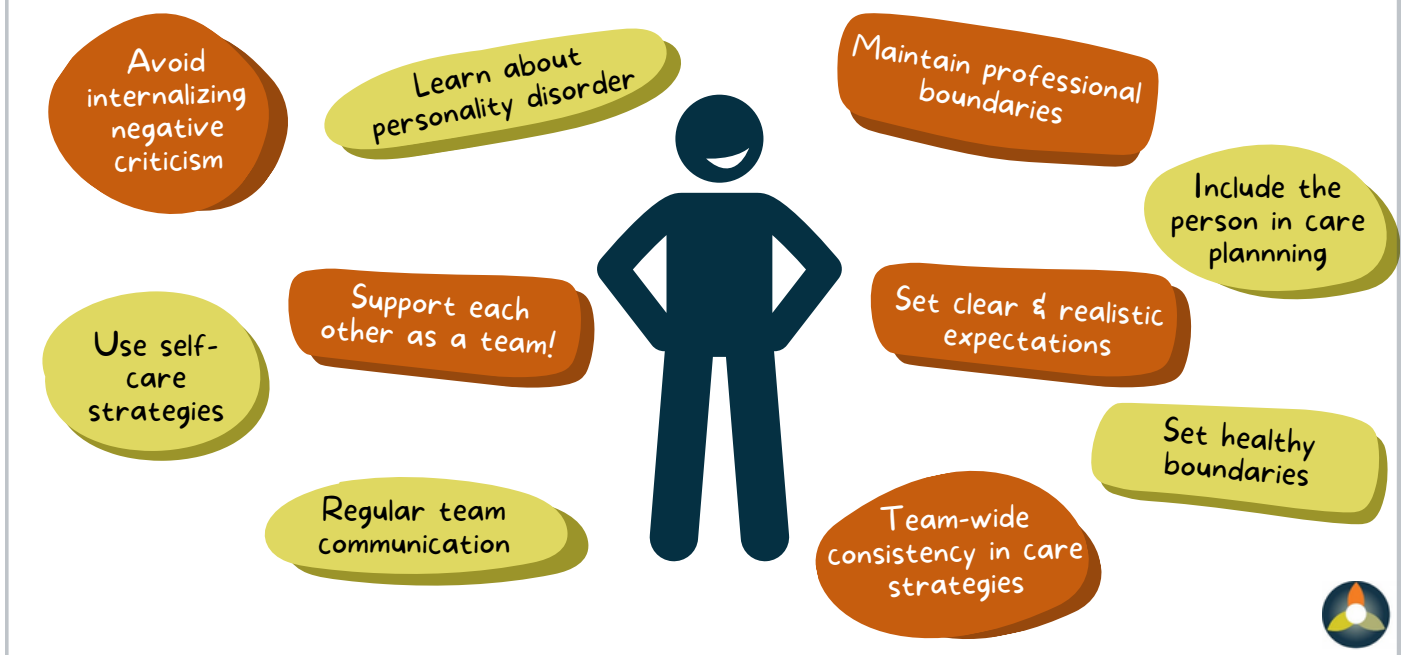
Common Responses From Team Members



Suggested speaking points:

- Along with team splitting, there are other common experiences of team members caring for individuals living with personality disorder.
- 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

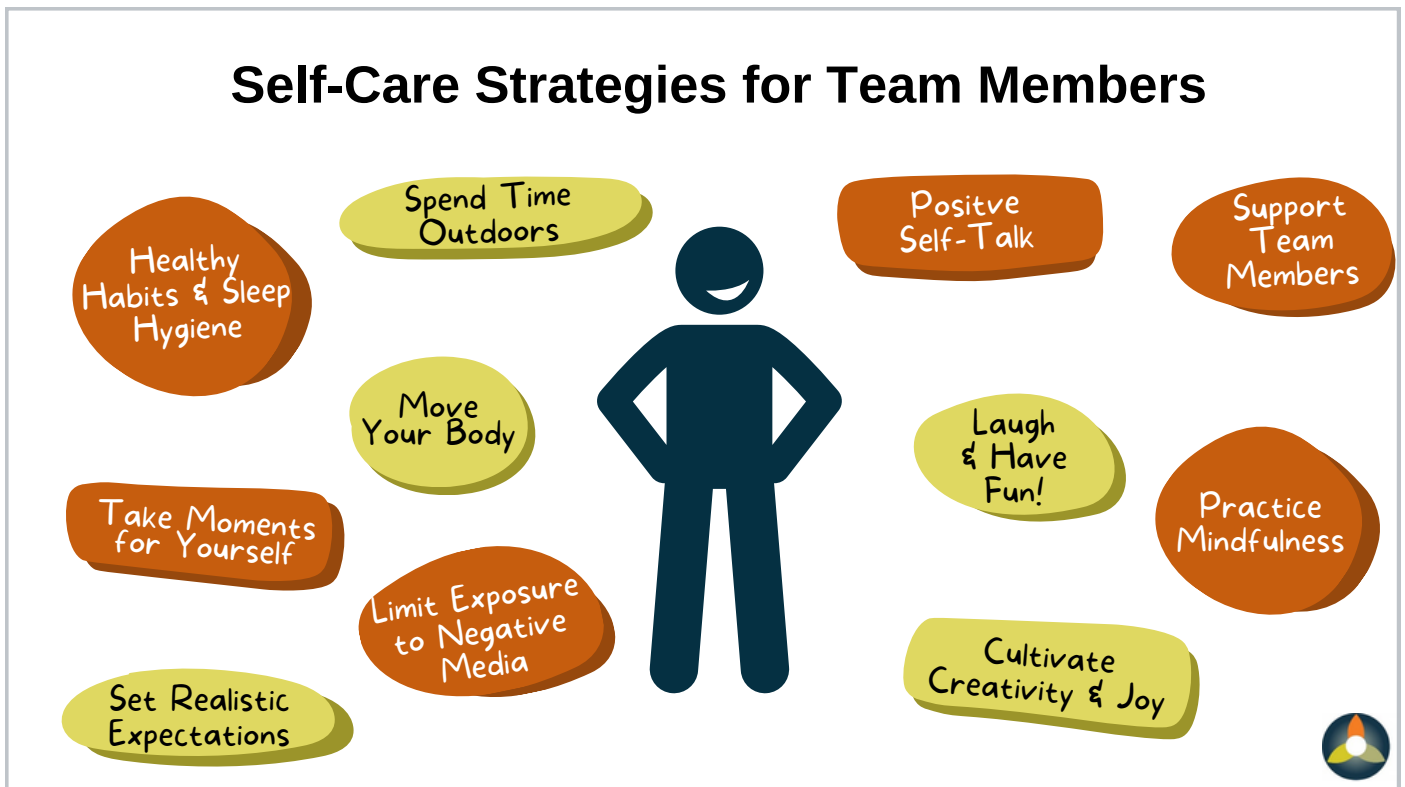


Suggested speaking points:

- 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 consistently.
- 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



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



@BSOprovOffice



Behavioural Supports Ontario

Soutien en cas de troubles du comportement en Ontario

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.