3-152 Strategies to deal with Personality disorder

TIPS Question:

My question relates to question #2. I am interested in strategies to cope with personality disorder, specifically with paranoid and narcissistic tendencies. This particular resident is exhausting to every person that has contact with her, due to her verbal abuse, calls to the MOH and threats. In addition, her daughter, who is feeling guilty (and, only an assumption here and harassed by mom) is supporting her mother by promoting this behaviour. In addition our DRC feeds into it by giving more than necessary attention to her. She does not necessarily believe this person, but feels she must deal with her in this manner. Help!

Response:

Persons with a personality disorder often exhibit behaviours that challenge their caregivers, both LTCF staff and their family and friends. The section on Major Mental Health Disorders in the P.I.E.C.E.S. Resource Guide offers a simplified overview of personality disorders, but some words of caution as well, stating "A personality disorder is diagnosed only after thorough consecutive assessments. It is critical to rule out other disorders that may be the cause of the reaction to the environment." This implies that you need expert advice to diagnose a personality disorder and also expert advice to sort out some solutions; the guide continues to say, "Individuals with Personality Disorders have a high incidence of co-morbid psychiatric illness that may require treatment." Remember that P.I.E.C.E.S. is built on a foundation of Partners in Care…explore with your DRC options for experts who can assist you in your care for this resident. Sometimes, residents will decline assessment or consultation, but you can still access the expert for your own support and education.

Your question is focused in Question two of the template, "Who is it affecting?" You have highlighted the frustration of staff that are exhausted by her care. Remember that it is only by working through all the questions that we really have an opportunity to reflect in question six about care strategies. As PRP, you are in a position to coach and mentor your team to participate and contribute to the P.IE.C.E.S. process. Use the U-First! Wheel to focus your conversations with others.

1. **What is the behaviour – cognitive/mental health need?**

   In a complex case, the problems and behaviours can be overwhelming. It is helpful to choose one behaviour and work through the template, seeking solutions, and then choose another, realizing that in complex situations, that assessment will be an ongoing process. You could, for example, choose just the verbal abuse of staff as a focus while working through the template.

2. **Who is it affecting?**

   You have clearly articulated that the behaviour affects staff and the daughter. Remember too, that people who exhibit classic personality disorders are also suffering on some level. Our ability to understand and empathize can reduce our frustration, and help us remember that behaviour is not purposeful, even though it may seem purposeful in the moment, but is rather a symptom of the syndrome. Another option is the section on Partners in Care in the P.I.E.C.E.S. Resource Guide that suggests using P.I.E.C.E.S. tool for staff to examine factors that might influence our care.

3. **What is the degree of risk?**

   Roaming
   Imminent for fire, falls and frailty
   Suicide
   Kinship Relationships
   Safe driving, substance abuse, self neglect

Kinship is a possible concern, remembering that the Kinship Relationships refer to abuse by the elderly person or to the elderly person which includes avoidance of the person. When residents are difficult staff often avoid them, sometimes causing the resident to create means of gaining their attention. Whenever this occurs, the Pro Attention Plan comes to mind. It can be useful both for your client and the daughter.

4. How do we describe and record what we see?

Assessment tools assist us to replace opinion with objective data. It is not clear from your question what type of assessments may have been done in the past. Your team and physician/psychiatrist can assist in creating a baseline. The use of a behavioural mapping system DOS, and the ABCs which depend on our mindful observations to track trends and create a baseline of behaviour. This is particularly important when strategies are tried, since very difficult behaviours are hard to eradicate, but can often be lessened. Unless there is a way to track improvement it can appear that our strategies were ineffective. P.I.E.C.E.S. offers many tools to assist in understanding behaviour, cognition and mood.

5. What are the possible causes?

P: Consider a chart review. Do we gain any understanding from her health history? Are there medications that may help or that are cause for concerns? Who could review these?

I: Thinking in terms of the 7As, what is her intellectual status? Does she have a known dementia as well?

E: Is there an actual diagnosis of "personality disorder with paranoid and narcissist tendencies"? Are there other diagnoses as well? What is the history of these behaviours?

C: Is there good balance between the demands we place on this resident compared to her capabilities? Are we aware of her strengths and weaknesses?

E: What is the impact of the environment to this resident? Have we examined the impact of her human environment i.e. the people who interact with her or avoid her on a regular basis?

S: What is the life story of this woman? How long have the behaviours you are concerned about been happening?

6. What are our best care strategies?

The above outline of P.I.E.C.E.S. includes questions and suggestions based on the limited information you provided. Imagine the questions or information that can be generated when your team, who know this resident, participate and seek to understand the behaviours of this woman. Working through the P.I.E.C.E.S. process is so valuable…you always know more when you finish than when you started!

Consider the three *behaviour interventions* included in the P.I.E.C.E.S. Resource Guide:

1. Pro Attention: We have already considered the Pro Attention plan for the daughter. Your DRC is actually using somewhat of a Pro Attention plan by not avoiding this resident. As was mentioned under RISKS, we can sometimes avoid residents who are difficult to care for. The beauty of the Pro Attention plan is that it asks us to provide random visits NOT focused on care and by people who are NOT necessarily the regular caregivers.

2. Your Response**:** As the PRP, you may opt to take some time to work through this strategy with your DRC and team. Staff are not always aware of the impact of our own interactions. This is a very valuable process for staff members to examine their own reactions to the difficult behaviours of your resident.

3. Perceived Control: You may want to read this section with your resident in mind and capture ideas as to how you can offer this resident more control over their life in LTCF.

Sometimes, however, in spite of our best efforts, our strategies might not be as successful as hoped. In such instances, it is very important for staff to be able to feel supported and not as though they have failed, but to understand the nature of personality disorders and not take the behaviour personally. Defining what is successful interaction and expecting a pattern of behaviour can be helpful to minimize frustration.

Consider using the U-First! wheel to assist staff in dialoguing about this resident as they seek to understand the behaviour and what this resident is trying to tell them through the behaviour.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*