

## CARE STRATEGIES FOR BORDERLINE PERSONALITY DISORDER

<b>Consistent Staff</b>	<ul style="list-style-type: none"> <li>• Consistent care giver allows for trust to develop</li> <li>• Reduces staff being played off against each other</li> <li>• Address behaviour that splits one shift/staff against another (resident complaining about one shift to another shift).</li> </ul>
<b>Clear Communication</b>	<ul style="list-style-type: none"> <li>• Staff know the care plan: clearly communicate the approved tasks ie. remind them of your limits to “what I can do” versus “what I can’t do”</li> <li>• Keep your approach and communication consistent: must remain calm and respectful (they unintentional aim is to disrupt you/cause upset),</li> <li>• Ask permission: give them a sense of self-control</li> </ul>
<b>Calm Approach</b>	<ul style="list-style-type: none"> <li>• Don’t personalize requests ie. “do it for me”</li> <li>• Don’t argue, disagree, <b>DONT REACT</b></li> <li>• Don’t state that they have hurt your feelings – this is what gives them sustenance/power/a thrill/ a high/pleasure</li> <li>• Don’t show emotions, “You hurt my feelings”; “this is inappropriate”.</li> <li>• Speak calmly and professionally</li> <li>• Maintain professional distance (don’t cross professional boundaries by talking about your family, kids, etc)</li> <li>• Do not become too familiar to your residents</li> <li>• Do not come close emotionally when they are charming, sweet, kind, generous – maintain professional distance but acknowledge their sweetness, generousness, kindness</li> </ul>
<b>Structured environment</b>	<ul style="list-style-type: none"> <li>• Be clear on the purpose of your work: time, tasks, be punctual</li> <li>• Keep a consistent structure of your routine: be consistent, clear expectations, straightforward, respectful</li> </ul>
<b>Support positive behaviour</b>	<ul style="list-style-type: none"> <li>• Provide social attention to positive behaviours and socialize <b>prior</b> to care</li> <li>• Include pleasurable activities for the resident</li> <li>• Provide as much 1:1 and talk between periods of challenging behaviour</li> <li>• Proactive vs. Reactive: Initiate <b>short</b> and <b>frequent</b> contact or “check ins” with the resident/client first rather than waiting to be summoned</li> <li>• Be supportive and give reassurance!</li> </ul>
<b>Validate</b>	<ul style="list-style-type: none"> <li>• Validate the distress they may be feeling (supporting, empathize with them)</li> <li>• Keep in mind they are doing these challenging behaviours because of a need for something; usually attention</li> <li>• Reinforce the positive encounters, accept who they are not their</li> </ul>

	<p>behaviour</p> <ul style="list-style-type: none"> <li>• Take caution: <b>DO NOT</b> label or judge these people because of their disruptive/difficult behaviours: <ul style="list-style-type: none"> <li>• Their behaviours are consistent with the way their perceived themselves (ego-syntonic)</li> <li>• They externalize – it is everyone else’s problem not mine</li> <li>• They have a hard time with conceiving on changing themselves or behaviour –inflexible and rigid</li> <li>• Be attentive to your reactions to someone who demonstrates these behaviours</li> </ul> </li> <li>• BPD: may get you over involved and rescuing, need to encourage independence. Be self-aware.</li> </ul>
<p><b>Setting Limits for Verbal abuse</b></p>	<ul style="list-style-type: none"> <li>• Each behaviour should have a clear consistent response</li> <li>• Practice assertive communication skills: Setting Limits</li> <li>• Respond to hostile behaviour without retaliating/withdrawing; watch your own reactions – don’t react</li> <li>• Don’t use Setting Limits to punish or get back at them</li> <li>• Maintain professional, calm, adult to adult tone/approach</li> <li>• Setting Limits: <i>Mean what you say but don’t be mean about it</i></li> <li>• Make sure consequences are consistent amongst <b>ALL STAFF</b></li> <li>• Make sure the consequences are reasonable, ethical, moral, abide by licensing regulations, and have been agreed upon by all levels of staff/management prior to implementation</li> <li>• Ensure Setting Limits is clearly documented and easily accessible for all staff to read and refer to</li> </ul>

**References:**

Barnes, I. (2007). Understanding the challenges of personality disorders. Canadian Nursing Home, 18 (1), 28-33.

Segal, D.L., Coolidge, F.L., Rosowsky, E. (2006). Personality Disorders and Older Adults; diagnosis, Assessment, and Treatment. Hoboken, NJ: John Wiley & sons, Inc.

Ward, R.K. (2004). Assessment and management of personality disorders. *American Family Physician*, 70 (8), 1505-1512.  
North Shore Behavioural Psychological Services. Author; unknown.