BEHAVIOR MANAGEMENT OF PERSONALITY DISORDERS AND TRAUMATIC BRAIN INJURY

Presented by Deer Oaks Behavioral Health Organization
1) By the conclusion of this training, the participants will be able to define a personality disorder.

2) Participants will be able to list 5 symptoms of personality disorders at the end of this training.

3) After attending this session, participants will be able to identify the 3 personality disorder clusters.

4) After this session, attendees will have be able to list all nine personality disorders.

5) By the end of the presentation, participants will understand how to use at least 3 behavioral management strategies for each personality disorders to reduce problematic behavior in the facility.
WHAT ARE PERSONALITY DISORDERS?

• A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture.

• In general, personality disorders involve feelings, thoughts, and behaviors that do not adapt to a wide range of settings.

• These patterns usually begin in adolescence and may lead to problems in social and work situations.

• The severity of these conditions ranges from mild to severe.
**SYMPTOMS**

- **Symptoms** vary widely depending on the type of personality disorder and can include:
  - Frequent mood swings
  - Stormy relationships
  - Social isolation
  - Anger outbursts
  - Suspicion and mistrust of others
  - Difficulty making friends
  - A need for instant gratification
  - Poor impulse control
  - Alcohol or substance abuse

- **Signs and tests**
  - Personality disorders are diagnosed based on a psychological evaluation and the history and severity of the symptoms.
TREATMENT PROTOCOL

- **Treatment**
  - At first, people with these disorders usually do not seek treatment on their own. They tend to seek help once their behavior has caused severe problems in their relationships or work, or when they are diagnosed with another psychiatric problem, such as a mood or substance abuse disorder.
  - Although personality disorders take time to treat, there is increasing evidence that certain forms of talk therapy can help many people. In some cases, medications can be a useful addition to therapy.

- **Expectations (prognosis)**
  - The outlook varies. Some personality disorders go away during middle age without any treatment, while others only improve slowly throughout life, even with treatment.
The specific types of personality disorders are grouped into three clusters based on similar characteristics and symptoms. Many people with one diagnosed personality disorder also have signs and symptoms of at least one additional personality disorder.

- Cluster A: “Odd and Eccentric” Character
- Cluster B: The “Dramatic and Emotional” Character
- Cluster C: The “Anxious and Fearful” Character
CLUSTER A: “ODD AND ECCENTRIC” CHARACTER

- The dominant features of this character are distrust, detachment, restricted emotional expression, perceptual distortions, and peculiar behaviors.

- These are personality disorders characterized by odd, eccentric thinking or behavior and include:
  - Paranoid
  - Schizoid
  - Schizotypal
CLUSTER B: THE “DRAMATIC AND EMOTIONAL” CHARACTER

• The dominant features of this character are intense, roller-coaster relationships; affective lability; great need for feedback from others; excessive and inappropriate anger; and a tendency to elicit negative responses from caregivers.

• These are personality disorders characterized by dramatic, overly emotional thinking or behavior and include:
  o Antisocial
  o Borderline
  o Histrionic
CLUSTER C: THE “ANXIOUS AND FEARFUL” CHARACTER

- The dominant features of this character are timidity and insecurity, hypersensitivity to criticism, a tendency to anticipate rejections, indecisiveness, a tendency to be overly precise and cautious, and fretfulness.

- These are personality disorders characterized by anxious, fearful thinking or behavior and include:
  - Avoidant
  - Dependent
  - Obsessive Compulsive
Paranoid personality disorder is a psychiatric condition in which a person has a long-term distrust and suspicion of others, but does not have a full-blown psychotic disorder such as schizophrenia.

**Symptoms**

- They often feel that they are in danger and look for evidence to support their suspicions. People with this disorder have trouble seeing that their distrustfulness is out of proportion to their environment.

- Common symptoms include:
  - Concern that other people have hidden motives
  - Distrust and suspicion of others
  - Belief that others are trying to harm you
  - Expectation that they will be exploited by others
  - Inability to work together with others
  - Social isolation
  - Emotional Detachment
  - Hostility
Schizoid personality disorder is a psychiatric condition in which a person has a lifelong pattern of indifference to others and social isolation. However, schizoid personality disorder is not as disabling as schizophrenia. It does not cause hallucinations, delusions, or the complete disconnection from reality that occurs in untreated (or treatment-resistant) schizophrenia.

**Symptoms**
- Appear aloof and detached
- Avoid social activities that involve emotional intimacy with other people
- Do not want or enjoy close relationships, even with family members
- Lack of interest in social relationships
- Limited range of emotional expression
- Inability to pick up normal social cues
- Appearing dull or indifferent to others
Antisocial (formerly called sociopathic) personality disorder is a mental health condition in which a person has a long-term pattern of manipulating, exploiting, or violating the rights of others. This behavior is often criminal.

**Symptoms**
- Act witty and charming
- Good at flattery and manipulating other people’s emotions
- Disregard the safety of self and others
- Have problems with substance abuse
- Lie, steal, and fight often
- Do not show guilt or remorse
- Often angry or arrogant
- Recurring difficulties with the law
- Repeatedly violating the rights of others
- Aggressive, often violent behavior
Borderline personality disorder is a condition in which people have long-term patterns of unstable or turbulent emotions, such as feelings about themselves and others. These inner experiences often cause them to take impulsive actions and have chaotic relationships.

**Symptoms**

- People with BPD also tend to see things in terms of extremes, such as either all good or all bad. Their views of other people may change quickly. A person who is looked up to one day may be looked down on the next day. These sudden shifting feelings often lead to intense and unstable relationships.

- Common symptoms include:
  - Feelings of emptiness and boredom
  - Frequent displays of inappropriate anger
  - Repeated crises and acts of self-injury, such as wrist cutting or overdosing
  - Impulsive and risky behavior
  - Volatile relationships
  - Unstable mood
  - Suicidal behavior
  - Fear of being abandoned
HISTRIONIC PERSONALITY DISORDER

Histrionic personality disorder is a condition in which people act in a very emotional and dramatic way that draws attention to themselves.

Symptoms

- Act or look overly seductive
- Easily influenced by other people
- Overly concerned with their looks
- Overly dramatic and emotional
- Overly sensitive to criticism or disapproval
- Belief that relationships are more intimate than they actually are
- Blame failure or disappointment on others
- Constantly seek reassurance or approval
- Have a low tolerance for frustration or delayed gratification
- Need to be the center of attention
- Quickly change emotions, which may seem shallow to others
- Constantly seeking attention
- Unstable mood
Narcissistic personality disorder is a condition in which people have an inflated sense of self-importance and an extreme preoccupation with themselves.

**Symptoms**
- React to criticism with rage, shame, or humiliation
- Take advantage of other people to achieve own goals
- Exaggerate achievements and talents
- Preoccupied with fantasies of success, power, beauty, intelligence, or ideal love
- Need constant attention and admiration
- Disregard the feelings of others, have little ability to feel empathy
- Have obsessive self-interest and pursue mainly selfish goals
Avoidant personality disorder is a mental health condition in which a person has a lifelong pattern of feeling very shy, inadequate, and sensitive to rejection.

**Symptoms**
- Easily hurt when people criticize or disapprove of them
- Hold back too much in intimate relationships
- Reluctant to become involved with people
- Avoid activities or jobs that involve contact with others
- Shy in social situations out of fear of doing something wrong
- Make potential difficulties seem worse than they are
- Hold the view they are not good socially, not as good as others, or unappealing
- Feel inadequate
- Socially isolated
DEPENDENT PERSONALITY DISORDER

Dependent personality disorder is a long-term (chronic) condition in which people depend too much on others to meet their emotional and physical needs.

**Symptoms**
- Avoid being alone
- Avoid personal responsibility
- Tolerance of poor or abusive treatment
- Desire to be taken care of
- Easily hurt by criticism or disapproval
- Overly focused on fears of being abandoned
- Very passive in relationships
- Feel very upset or helpless when relationships end
- Have difficulty making decisions without support from others
- Have problems expressing disagreements with others
- Excessive dependence on others
- Urgent need to start a new relationship when one has ended
Obsessive-compulsive personality disorder (OCPD) is a condition in which a person is preoccupied with rules, orderliness, and control. It is not the same as obsessive-compulsive disorder, a type of anxiety disorder.

**Symptoms**
- Unable to throw things away, even when the objects have no value
- Do not want to allow other people to do things
- Preoccupied with details, rules, and lists
- Preoccupied with orderliness and rules
- Lack of flexibility
- Lack of generosity
- Not willing to show affection
- Extreme perfectionism
- Desire to be in control of situations
RECOMMENDATIONS FOR CLUSTER A

- Make statements that reinforce reality.
- Limit discussion to concrete, familiar topics.
- Use clear, simple messages to prevent words or phrases from being misinterpreted.
- Resist trying to provide logic to counteract the resident’s inappropriate statements or behaviors. This could cause power struggle to ensue in which the resident would work vehemently to defend self.
- Maintain a non-defensive position when the resident verbalizes anger or makes hostile comments.
- Discuss non-controversial topics, avoiding issues such as religion or politics.
RECOMMENDATIONS FOR CLUSTER A

- Do not use humor.
- Acknowledge the resident’s pain and fears.
- Do not focus on the interactions of distorted perceptions. Pointing out these perceptions may generate paranoid fears.
- Offer gentle reassurance when perceptions are frightening.
- Do not touch the resident. If touch is necessary, ask for the resident’s permission. Touch may be misinterpreted as physical or sexual assault.
- Accept the resident’s positive and negative feelings, and acknowledge that emotions can be painful.
RECOMMENDATIONS FOR CLUSTER B

- Do not argue, bargain, or rationalize.
- Remain calm and refrain from responding emotionally to provocation or manipulation by the resident.
- Communicate expectations to the resident.
- Avoid power struggles. Enforce rules and limits consistently and refuse to respond to manipulative behavior.
- Help the resident identify personal strengths.
- Have the resident focus on thoughts and feelings behind self-destructive actions.
- Demonstrate consistent, serious interest in the resident’s concerns, even when the resident is unable to demonstrate adequate concern.
- Confront any inappropriate behavior that may be initiated by fear or misunderstanding of external events.
RECOMMENDATIONS FOR CLUSTER B

- Confront resident about inappropriate, attention-seeking behavior.
- When confronted with the resident’s excessive emotionality, refrain from mirroring the emotions. Be compassionately objective.
- Give positive feedback whenever the resident reduces or eliminates attention-seeking behavior or appearance.
- Help the resident to stay focused on topic of discussion.
- Interpret use of rationalization to explain problems.
- Point out when the resident is condescending.
- Discuss the resident’s attitude of superiority.
- Assist the resident in dealing with feelings of humiliation.
- Explore ways to tolerate anxiety.
RECOMMENDATIONS FOR CLUSTER C

- Encourage the resident to examine the consequences of self-induced social isolation.
- Help the resident explore how the misinterpretation of the ordinary remarks and actions of others are often viewed as criticism.
- Discuss and role model assertive behaviors.
- Encourage the resident to recognize depression, loneliness, or anxiety, which may be present due to lack of self-confidence and fear of being left alone to care for self.
- Work with resident on expressing feelings.
RECOMMENDATIONS
FOR CLUSTER C

- Encourage the resident to recall and discuss past participation in spontaneous relaxation activities or unplanned tasks in which there are no rules or standards of achievement.
- Assist the resident to focus on feelings in order to decrease the usual preoccupation on details.
- Talk to the resident about a plan to help decrease the time intervals between the compulsive behaviors.
- Discuss with the resident how to be flexible.
- Have the resident explore ways to have fun.
BEHAVIOR MANAGEMENT WITH TBI

• Alter auditory and visual stimulation – decrease distractions.

• Limit visitors, if necessary.

• Provide privacy, quiet time for patient.

• Provide consistency and structure.
BEHAVIOR MANAGEMENT WITH TBI

• Model calm and appropriate behaviors.
• Re-orient and provide simple cues.
• Speak calmly, slowly, and in simple sentences.
• Break down tasks/phrases into simple steps.
• Use Yes/No questions.
BEHAVIOR MANAGEMENT WITH TBI

- Make eye contact before speaking with the patient.
- Redirect undesirable behaviors.
- Give praise for the desired behaviors.
- Provide limited equal choices whenever possible.
# APPROACHING AND INTERACTING

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<tr>
<th>Use a social greeting, such as “Hi (name), how are you?” as you make contact.</th>
<th>A handshake and greeting are cues to relax. Introduce yourself each time you make contact. The person may not remember you from previous contacts due to memory problems.</th>
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<td>Speak slowly and clearly during your conversations. This gives the person time to process what you are saying if his or her cognitive (mental) processing is slowed by the TBI.</td>
<td>Be very direct and brief in what you say. It is better to say, “Can I comb your hair?” than, “You wouldn’t mind if I combed your hair, would you?”</td>
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<td>Avoid repeatedly disagreeing with the person.</td>
<td>It is important to correct inaccuracies and confusion, but not to an extent that an argument occurs. A good rule of thumb is to correct an error when it first occurs, but do not insist on your viewpoint if an individual with TBI claims he or she is right. It is usually not effective to logically reason with an individual who has a tendency towards agitation. At that point it is helpful to change the subject or make comments that neither agree nor disagree.</td>
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### APPROACHING AND INTERACTING

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<tr>
<th>Approach/Action</th>
<th>Explanation/Advice</th>
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<tr>
<td><strong>Always explain your intentions before beginning an activity.</strong></td>
<td>Explain in very brief terms what is going to happen. This can prevent a startle reaction that could lead to agitation.</td>
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<td><strong>Avoid sudden touching or grabbing.</strong></td>
<td>Use a greeting and some conversation before touching a person with TBI. You should only touch with gentle hand pressure on the shoulder or arm. Grabbing and holding firmly should only be used in situations where there is obvious danger to the person, or when other interventions do not work.</td>
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<td><strong>Redirect the attention of a person with TBI.</strong></td>
<td>When a person with TBI shows signs of becoming upset, you can change topics or activities to something less disturbing or confusing. Humor can also be a helpful distraction. Laughter shows that you are not too rigid or formal. It is important, however, that a person with TBI not feel that others are laughing at him or her.</td>
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<td><strong>Formally end your contact with a person with TBI.</strong></td>
<td>Although we do not commonly do this in our everyday contacts, it is an important step. Often individuals with TBI are not aware of cues that suggest that you intend to leave or end a conversation. Therefore, it is important to state your intentions, “I have to leave now (name).” When you use these general rules of contact, your interactions with a person</td>
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MANAGING THE ENVIRONMENT

• Create a calm environment.
  ◦ This may mean guiding the individual with TBI to a quiet room, closing a door, or turning off the television.

• Stay in control of your behavior.
  ◦ Remember, you need to stay calm and speak in a low, calm voice.

• Use gentle physical contact, such as rubbing the individual’s shoulder.
  ◦ Remember that you need to alert the person of your intended actions.
References


THANK YOU

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