PERSONALITY DISORDERS IN OLDER ADULTS

Minneapolis Area Senior Workers Association

Thursday, May 20, 2021
10:45 – 11:45 am

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When Assessing a Client, Try to Determine the “Flavor” of Their:

1. Thinking Style
2. Mood Style
3. Personality Style
4. Behavior Style

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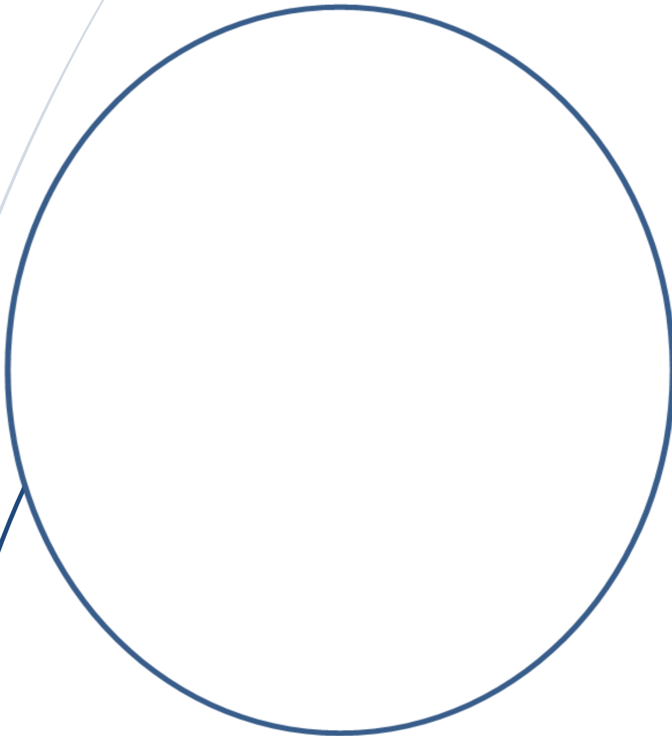

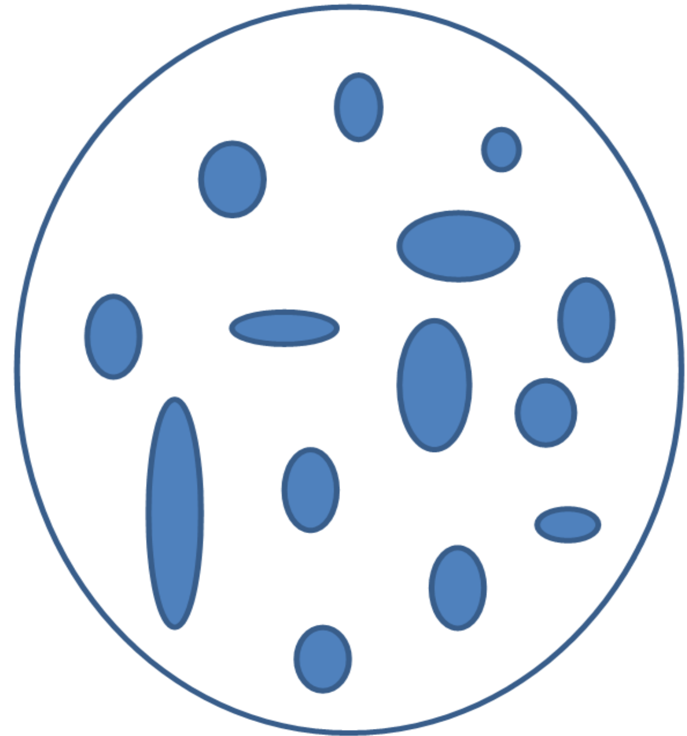

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General Criteria for Personality Disorder

1. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

   a. Cognition (i.e. ways of perceiving and interpreting self, other people and events)
   b. Affectivity (i.e. the range, intensity, lability, and appropriateness of emotional response)
   c. Interpersonal functioning
   d. Impulse control

1. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
2. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
3. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.
4. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
5. The enduring pattern is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g. head trauma).

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Clusters of Personality Disorder Types

TYPE	MAJOR CHARACTERISTICS
Avoidant Dependent Obsessive-Compulsive	Individuals diagnosed with these personality disorders often appear anxious and fearful
Antisocial Narcissistic Borderline Histrionic	Individuals with these personality disorders often appear dramatic, emotional or erratic
Paranoid Schizoid Schizotypal	Individuals with these personality disorders are often seen as odd and eccentric

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The Personality Disorders

- **Dependent Personality Disorder** is a pattern of submissive and clinging behavior related to an excessive need to be taken care of.
- **Obsessive-Compulsive Personality Disorder** is a pattern of preoccupation with orderliness, perfectionism, and control.
- **Narcissistic Personality Disorder** is a pattern of grandiosity, need for admiration and lack of empathy.
- **Histrionic Personality Disorder** is a pattern of excessive emotionality and attention seeking.
- **Borderline Personality Disorder** is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
- **Antisocial Personality Disorder** is a pattern of disregard for, and violation of, the rights of others.
- **Avoidant Personality Disorder** is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
- **Paranoid Personality Disorder** is a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.
- **Schizoid Personality Disorder** is a pattern of detachment from social relationships and a restricted range of emotional expression.
- **Schizotypal Personality Disorder** is a pattern of acute discomfort in close relationships, cognitive or perceptual distractions, and eccentricities of behavior.

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Overdeveloped and Underdeveloped Characteristics of Personality Disorder Types

Personality Disorder	Overdeveloped	Underdeveloped
Avoidant	Social vulnerability Avoidance Inhibition	Self-assertion Gregariousness
Dependent	Help seeking Clinging	Self-sufficiency Mobility
Obsessive-Compulsive	Control Responsibility Systematization Details	Spontaneity Playfulness The Big Picture
Antisocial	Combativeness Exploitativeness Predation	Empathy Reciprocity Social sensitivity
Narcissistic	Self-aggrandizement Competiveness	Sharing Group identification
Borderline	Manipulation Emptiness Abandonment Emotionality	Inner-security Mood-stability Predictability Serenity
Histrionic	Exhibitionism Expressiveness Impressionism	Reflectiveness Control of self Systematization
Paranoid	Vigilance Mistrust Suspiciousness	Serenity Trust Acceptance
Schizoid	Autonomy Isolation	Intimacy Reciprocity
Schizotypal	Isolation Suspiciousness Magical thinking Odd traits	Intimacy Trust Empathy Social skills

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General Characteristics of Personality Disorders

1. Can start at any age but more apparent in teens or 20's	10. Void of emotion or excessive amounts of emotion
2. Chronic pattern of dysfunction (professional behavior problems)	11. Medication often ineffective except when used to treat emotional symptoms (e.g. anxiety, depression)
3. Often comes from dysfunctional families	12. Marked impairment in social and occupational functioning
4. Person unaware of effect on others	13. Often viewed by the facility as a major behavior problem
5. Excessively attached or detached	14. May move to several different facilities by the residents own requests or more likely initiated by the facility
6. Non-compliance and resistive to traditional treatment	15. The residents discussed the most by staff and the residents that have had the most behavior programs tried on them
7. Environmentally created disorder versus of biological origin	16. The facility barometers (i.e. these residents do better when the facility is functioning good and these resident do poorly when the facility isn't functioning good)
8. High utilization of staff time with little payoff for efforts of staff	17. "Lip service" to suggestions but no observable changes
9. Often bring out the worst behavior in those people who come in closest contact with them	18. Had had "6" new roommates in last "2" months!!

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Cognitive Styles of Personality Disorders
(continued on next slide)

Personality Disorder	View of Others	Affect/Emotion	Main Strategy	Main Beliefs
Avoidant (Detach)	Critical Demeaning Superior	Anxious Low self-esteem	Avoid evaluative situations. Avoid unpleasant feelings or thoughts.	It's terrible to be rejected. If people know the real me, they will reject me. Can't tolerate unpleasant feelings.
Dependent (Attach)	(Idealized) Nurturant Supportive Competent	Depressed Anxious	Cultivate dependent relationships.	I need people to survive and to be happy. Need steady, uninterrupted flow of support, encouragement.
Obsessive-Compulsive (Control)	Irresponsible Casual Incompetent Self-Indulgent	Constricted Anxious	Apply rules Evaluate Control Shoulds Criticize Punish Slave drive Details	I know what's best. You have to do it my way. Details are crucial. People should do better and try harder. Why can't they do it right?
Antisocial (Use abuse/ attack)	Vulnerable	Low anxiety Disinhibition	Attack Rob Deceive Manipulate	Entitled to break rules. Others are patsies, wimps. Others are exploitative.

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Cognitive Styles of Personality Disorders - continued

Personality Disorder	View of Others	Affect/Emotion	Main Strategy	Main Beliefs
Narcissistic (Self-Aggrandize)	Inferior Admirers	Hedonic Self gratification	Use others Transcends rules Manipulative Competitive	Since I'm special I deserve special rules. I'm above the rules. I'm better than others.
Borderline (Extremes, Poor boundaries)	Variable concepts of others (love/hate, trust/mistrust, etc.)	Labile Angry Impulsive Depression	Manipulative Temper tantrums Dramatics Attack Suicide gestures (self-mutilate) Seductive	I worship this person, then I hate this person. I don't know who I am. There isn't much excitement in life. I feel empty.
Histrionic (Emotional Impress Captivate)	Seducible Receptive Admirers	Labile Shallow warmth	Use dramatics, charm Temper tantrums Suicide gestures	Entitled to admiration. People are there to serve or admire me. They have no right to deny me my deserts.
Paranoid (Mistrust)	Interfering Malicious Discriminatory Abusive motives	Constricted Hypersensitive	Wary Look for hidden motives Accuse Counterattack	Motives are suspect. Be on guard. Don't trust. Look for hidden motives.
Schizoid (Withdrawn)	Self-sufficient Loner	Constricted	Stay away	Others unrewarding. Relationships are messy and undesirable.
Schizotypal (Odd)	Scary Different	Anxious Suspicious Unusual/Odd	Stay away	Relationships are messy. Odd beliefs/behavior.

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Diagnostic Questions

1. Age of onset
2. Chronic vs. acute
3. Role of environment (emerging personality disorder secondary to environment)
4. Vocational stability
5. Relationship stability
6. Social stability
7. Mood stability (Style)
8. Rigid or flexible belief system
9. Mannerisms
10. Social interaction style
11. Coping style
12. Your internal feelings when interacting with them
13. Follow through / yes but / treatment adherence

Suggested Reading

Beck & Freeman (1990). *Cognitive therapy of personality disorders.* New York: Guilford Press.

Journal of Personality Disorders. Guilford Press, N.Y.

Millon, T. (1980). *Disorders of personality*. New York: John Wiley & Sons.

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Treatment Outline

1. Diagnosis
2. Assess level of impairment
3. Stay calm
4. Be proactive vs. reactive
5. Avoid power struggles
6. Assess strength and weaknesses
7. Set realistic expectations
8. Don’t personalize pathology
9. Don’t personalize compliments or hassles
10. Team approach
11. Maintain professional boundaries at all times
12. Utilize:
    a. Self Strategies
    b. General Strategies
    c. Specific Strategies

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Treatment Options for Personality Disorders
(continued on next page)

1. Accurate diagnosis is important.
2. Team approach is essential.
3. Set clear consistent boundaries.
4. Be consistent.
5. Don't personalize.
6. Expect the symptoms!
7. Staff education.
8. Minimize ammunition you give them.
9. Expect that family members may be similar.
10. Avoid "Fix it" thinking.
11. Goal is to minimize symptoms versus cure.
12. Seek supervision and consultation if you feel like you are attaching, detaching or attacking.
13. They have a psychological limp.
14. Do not put "normal" expectations on this "special needs" population.
15. Set extremely small goals.
16. Recognize the residents view of the world.
17. The more severe the personality disorder symptoms the more individualized approach they will require.
18. Use pro-active versus reactive strategies.
19. These residents are high maintenance and labor intensive. You can usually tell is a person is a personality disorder before admission. The team must ask, "How many can we handle at the time?"
20. Back off and come back later.

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Treatment Options for Personality Disorders
continued

21. Planned moves (e.g. floor to floor, facility to facility).
22. Emphasis is on environment and staff changes versus resident.
23. Maintain professional relationship versus personal with these residents.
24. Give choices versus orders.
25. Pace and lead techniques.
26. Keep calm.
27. Maintain sense of humor.
28. Keep it simple.
29. Avoid power struggles.
30. Choose roommates carefully.
31. Don't lecture.
32. Realistic expectations.
33. Use your experienced and best trained staff. Avoid using pool or new staff.
34. Create and maintain an ongoing list of strategies that have worked in your facility.
35. Use their resistance.
36. Know triggers that set off resident and avoid.
37. Use behavior contracting.
38. Use psychologist or psychiatrist for consultation.
39. Individualized therapeutic recreation program.
40. Be curious and creative.

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John E. Brose, PhD, LP, LADC, LMFT

Recently named Minnesota 2020 Gerontologist of the Year by the Minnesota Gerontological Association, and recipient of the Minnesota Psychological Association Lifetime Achievement Award for Leadership in Minnesota Psychology, Dr. John E. Brose, Licensed Clinical Psychologist, is the CEO, owner, and clinical director of Associated Clinic of Psychology (ACP). Under his leadership, ACP has become the leading community and clinic based mental health organization in the Twin Cities. Dr. Brose oversees more than 300 clinicians who provide behavioral health and psychiatry services to various clinical populations in seven outpatient clinics, more than 200 nursing homes, and many group homes, assisted living, and memory care facilities.

Throughout his 41-year career, Dr. Brose has predominantly focused on the interaction between medical and psychological issues. He is a pioneer and leading national authority on aging and behavioral health issues and lectures locally and nationally, in addition to his full-time clinical work.

Dr. Brose serves as a consultant to several long-term care organizations in Minnesota and nationwide. He has treated thousands of older adults and trained many of the staff members who choose to work with them. Dr. Brose has been recognized for his contributions with the “Outstanding Contributor of Geriatric Clinical Services,” “Outstanding Contributor to Healthcare,” and “Optum Health Certificate of Excellence.”

In addition to his professional career, Dr. Brose is an avid sailor, equestrian, and plays in the local classic rock group, The Emily Marrs Band (emilymarrs.band).