

CareCertify LLC

Behavioral Health Series

BHS-019

Supporting Individuals with Personality Disorders

Participant Guide

Group: Group 3: Direct Care Skills | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

carecertify.net | © 2024 CareCertify LLC

Learning Objectives

Upon completing this course, you will be able to:

- Describe what a personality disorder is and how it differs from other mental health conditions
- Identify the most commonly encountered personality disorders in home care settings
- Apply consistent, boundaried, non-reactive communication techniques
- Recognize when personality disorder behaviors require supervisor notification
- Maintain professional boundaries and caregiver wellbeing when working with this population

Section 1: What Is a Personality Disorder?

A personality disorder is a deeply ingrained, long-standing pattern of thinking, feeling, and behaving that significantly deviates from cultural expectations and causes distress or functional impairment. Unlike mood or anxiety disorders, personality disorders are pervasive — they affect how the person relates to virtually everyone and every situation.

Key Characteristics of Personality Disorders

Long-standing patterns that began in adolescence or early adulthood
Rigid and inflexible across many contexts
Not primarily caused by another medical or mental health condition
Cause significant distress or impairment
Often ego-syntonic (the person may not see the behavior as a problem)

DSM-5 organizes personality disorders into three clusters:

Cluster A: Odd/eccentric (Paranoid, Schizoid, Schizotypal)

Cluster B: Dramatic/emotional (Antisocial, Borderline, Histrionic, Narcissistic)

Cluster C: Anxious/fearful (Avoidant, Dependent, Obsessive-Compulsive)

Section 2: Borderline Personality Disorder (BPD)

BPD is among the most commonly encountered personality disorders in behavioral health settings. It is characterized by emotional instability, intense interpersonal relationships, fear of abandonment, impulsivity, and identity disturbance.

Common BPD Presentations in Care

Intense emotional swings (from idealization to sudden devaluation)
Fear of abandonment — may become clingy or angry when you leave
Splitting: seeing people as all good or all bad (may idealize or devalue you)
Impulsive behaviors: spending, self-harm, substance use

Difficulty tolerating distress
Self-harm as a coping mechanism

Important: BPD develops in the context of trauma. Empathy and consistent boundaries are essential.

Section 3: Narcissistic and Antisocial Patterns

Clients with narcissistic personality disorder (NPD) may present with entitlement, need for admiration, and difficulty accepting limits. Clients with antisocial patterns may be manipulative, exploitative, or dismissive of rules.

Care Tips for Cluster B Presentations

Narcissistic: maintain professional boundaries, do not argue about entitlement, document boundary violations

Antisocial: do not be manipulated by flattery or pressure, document any rule violations or exploitation attempts, involve your supervisor early

With all Cluster B presentations: consistency, documentation, and supervisor involvement are key.

Section 4: Consistent, Boundaried Communication

People with personality disorders often have chaotic relationship histories. Your consistency, predictability, and clear professional boundaries can be genuinely therapeutic — even if the client does not recognize it as such.

✓ DO	✗ DON'T
Maintain consistent routines and follow through on what you say	Take splitting or idealization/devaluation personally
Set clear limits calmly: "I am not able to do that, but I can help with this"	Make promises you cannot keep
Stay calm and non-reactive when the client is emotionally intense	Argue, lecture, or get into power struggles
Validate feelings without validating problematic behavior	Deviate from the care plan in response to pressure or manipulation
Document boundary violations and notify your supervisor	Share personal information as a way to connect

SCENARIO

Your client with BPD tells you that you are the only person who truly cares about her, then

becomes enraged when you say you cannot stay longer than your scheduled time.

Response: Remain calm and maintain the boundary: "I can see you are upset, and I understand this feels hard. I do care about you, and I also need to follow my schedule. I will be back on our next visit." Do not extend the visit or apologize for maintaining boundaries. Document the exchange and notify your supervisor.

Section 5: Caregiver Wellbeing and Professional Boundaries

Working with individuals with personality disorders can be emotionally draining. The behaviors are often intense and interpersonally demanding. Protecting your own wellbeing is not optional — it is essential to sustainable care.

- Debrief with your supervisor after emotionally challenging visits
- Recognize when you are being drawn into unhealthy dynamics
- Never disclose personal information or cross professional boundaries
- Document patterns of behavior that concern you
- Remember: consistent, calm presence is more therapeutic than emotional engagement
- Seek support from colleagues and supervision rather than processing with clients

Quick Reference Summary

Cluster A	Odd/eccentric — Paranoid, Schizoid, Schizotypal
Cluster B	Dramatic/emotional — Antisocial, Borderline, Histrionic, Narcissistic
Cluster C	Anxious/fearful — Avoidant, Dependent, OC Personality
BPD Core Features	Emotional instability, fear of abandonment, splitting, impulsivity
With Personality Disorders	Consistency, clear limits, calm non-reactivity, documentation