Identifying and Dealing with Personality Disorders and Mental Illness Impairments in Clients Being Supervised

PERSONALITY AND OTHER PSYCHOLOGICAL DISORDERS

- American Psychological Association says that 15-18% of the population has a personality disorder (APA, 2000).
- Increase in our society and in courts cases.
- High intensity emotional cases that distort information and engage in self-defeating behaviors.
- Seems to be attracted to litigation.

IMPACT:

- Prolong the legal process
- Pursue unfounded or exaggerated claims
- High level of hostility
- Even with a positive or neutral outcome, their perceptions do not change
- Long history of dissatisfaction with their lawyers, judges, and other professionals such as financial and mental health professionals

There was a significant controversy between APA and APA.

*October is the suggested date to change to the DSM 5 unless a specific payer has requested it. As with anything new, it is a clinical decision as to whether to use the most recent edition.

*Some Social Security disability and Vocational Rehabilitation evaluations are recognizing DSM 5 now.

The personality domain in DSM-5 is intended to describe the personality characteristics of all patients, whether they have a personality disorder or not. The assessment can “telescope” the clinician’s attention from a global rating of the overall severity of impairment in personality functioning, through increasing degrees of detail and specificity in describing personality psychopathology that can be pursued depending on constraints of time and information and on expertise.
PERSONALITY DISORDER

An enduring pattern of experiencing and interacting with the world that deviates significantly from the expectations of the individual's culture.

The deviations occur in 2 or more of the following areas:

Personality Disorders

- 1. Cognitions
- 2. Affectivity
- 3. Interpersonal Functioning
- 4. Impulse Control

The pattern is enduring, inflexible, and pervasive across a broad range of personal and social situations.

Personality Disorders Most Commonly Seen in Dependency and Family Law Supervision Cases

Cluster B

- Antisocial personality disorder: manipulative, impulsive, lack of empathy or a conscious, disregard for rules, laws, morality
- Borderline personality disorder: extreme "black and white" thinking, instability in self image and relationships
- Histrionic personality disorder: attention-seeking, inappropriate sexual behaviors, exaggerated/dramatic actions
- Narcissistic personality disorder: need for adoration, uses others for gain, unremorseful, extremely success and power-driven
General Thoughts for Cluster B
Drama and Emotions

- Lack of awareness of their own behavior and the impact on others
- Example: How can he/she do that? Don’t they see what they are doing?
- Level of conflict is not based on issues, it is based on emotions
- Remember, these are life long, enduring patterns of behavior focused on chronic blame

Behaviors........

- Difficulty regulating emotions
- Can not hold back anger
- Mood swings are unpredictable
- Seductive presentation

Cognitive Distortions

- All or none thinking: Seeing things in absolutes. “The other supervisor is all bad.”
- Emotional Reasoning: assuming facts from feelings. “My child is sad so his father must have abused her.”
- Personalization: taking personally unrelated events.
- Fortune Telling: believing that they know the outcome of events. “I don’t need supervision. My Judge will rule in my favor”
• **Mind-reading:** They know what others are thinking or intending.
• **Overgeneralization:** Drawing huge conclusions from minor or rare events.
• **Projection:** Blaming others for thinking, feeling, or behaving in ways that they are actually thinking.
• **Splitting:** See certain people as absolutely all good or all bad so that the “all good” person is justified in being extremely fearing, hating, or hurting the all “bad person.”

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**Examples**

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**Antisocial Personality Disorder**

• “Hey, It was worth a try.” The client attempts to cheer up her attorney as she flashes her smile. The attorney does not feel any better because he has just lied to the court. “I had you convinced I didn’t take the money from my husband. Can’t you go back in there and convince the judge my husband is sexually abusing my daughter? I can’t let him win.”
**Elements of this Interaction**

- Socially adept
- Intellectually astute
- Lack ability to inhibit themselves
- Lie, deceive, manipulate, fabricate facts
- Protects self while hurting others
- Blames others and justifies their behavior; don’t pay their bills because “I don’t need supervision. She wants it, she should pay.”
- Seeks to dominate and control
- Disregard rules and authority

**Borderline Personality Disorder**

- The client feels mistreated by their attorney at the end of a hearing (the court denied her motion to remove her supervision requirement.) Attorney does not return a telephone call immediately from client. Client comes to believe she has been deceived by her attorney. Distortion begins. “People who mistreat people are abusive and evil. I am a helpless and an abused person. Someone must put a stop to you abusing me. You must compensate me for the damage you have done.” Bar complaint, damages to car, letter to employer are examples.

- Idolize their attorney then devalues the attorney
- Intolerance for lack of contact, feels abandoned
- Suicidal gestures or threats
- Unstable self image, mood, vocational goals, friends, activities.
- Impulsive
- Angry
- Distorted thoughts
- Reactive to others’ moods and behaviors
Histrionic Personality Disorder

- A client walks into your office wearing a low cut blouse and a very big Rolex watch. She tells you she is the mayor’s closest friend. She has come to your center because she has heard that you supervised her favorite movie star’s child. She coos and is flirtatious. You feel pleasantly attracted to her. You say, “let’s start with the details of your case.” “Oh, Mark, may I call you Mark? What a beautiful office you have.”

Attention seeking behavior
- Dramatic non-verbal behavior such as clothing
- Use of charm, sex appeal, flattery
- Relationships are impulsive, fantasized, and shallow
- Incomplete details or ideas
- Perceptions are impressionistic

Narcissistic Personality Disorder

- “I am a man on a mission. Let’s get started. I have checked you out with my circle of friends-the top money makers in this community. You were identified as the best supervisors. I expect then you will be particularly interested in my case. Your reputation will only benefit with me as your client. Do you think you can handle my case?” You say, “Tell me about your case?” The response is, “First, let your secretary know you can’t be disturbed and I need a latte. Do you want her to bring you anything?”
Believe he is superior or unique and expects you to agree.
Overestimates their abilities and accomplishments. Expect to be envied.
Lacks empathy or other’s point of view.
Display of arrogant and patronizing attitudes.
Believes they are entitled to special treatment, become confused and angry when they are not afforded that treatment.

Parents’ Personality Disorders and the Effect on Children

Risk of damaging child rearing

• The existence of PD in a parent should not automatically be used as an argument against having their children. There is still a requirement to show that parental PD is manifesting in behaviors that can have a negative consequence for the child.

Psychiatric Illness
Behavioral and emotional instability
Externalizing behaviors such as hostility and aggression
Alienation and abuse allegations
1. **Cognition** – Ways of perceiving self and others
   - Focus of parent is on self
   - Parent may perceive child’s behavior as a reflection of him/herself
   - Parent may need child to focus attention on parent and put parent’s needs first
   - Inappropriate expectations for their children – expect children to be mature enough to care about their parents’ needs
   - **Invalidates the child’s experience-trivializes, ignores or dismisses child’s feelings**

2. **Disturbance of Emotions**
   - Difficulty controlling emotions
   - Unpredictable in the display or intensity of emotions
   - At greater risk to be emotionally abusive/neglectful and model inappropriate expression of emotions

Possible Examples of Problems with Parents’ Appropriate Emotional Responsiveness
- The parent is demeaning and verbally abusive with teachers at the child’s school for “picking” on his/her child but at home is verbally explosive with the child for the same behaviors identified by the teacher
- The parent does not set consistent rules or consequences and sporadically blows up at the child and breaks objects, punches wall, and/or physically hits, kicks, or pushes child
- The parent gives consequences that are unreasonable (e.g., grounded for a month for talking back; sitting at dinner table until midnight until all of food is eaten on the plate; throws child’s toys away for not cleaning up)
- The parent initially unreasonably punishes the child and then feels guilty and drops all consequences for the misbehavior
3. **Interpersonal Functioning**
   - Difficulty sustaining stable interpersonal relationships
   - Usually marriage or relationships involve ongoing and unresolved conflict witnessed by the children
   - Choice of unstable partners
   - May expose children to multiple and intense unstable relationships
   - Extended family members may be estranged

**Possible Examples of Problems with Parents’ Interpersonal Functioning**

- The parent becomes intensely involved in short term relationships and ignores the child; the parent’s attention is on establishing new relationships and finding a new partner
- The child may become attached to a parent’s new partner only to suffer the loss of those relationships
- Poor coping skills for interpersonal problems and poor interpersonal communication skills are modeled for the child
- Child may be taught to change their memories of partners the parent has rejected-interferes in child’s perception of reality

**How Personality Disorders Impact Parenting**

4. Act **impulsively** without thinking about consequences
   - Spend money
   - Break the law
   - Leave children unattended or inadequately supervised
   - Hang infants out of windows
Possible Examples of Problems with Parent's Impulse Control

- Leaving children unattended or with a stranger because of last minute planning
- Becoming financially unstable and stressed because of impulsive spending
- Eating disorders
- Dangerous driving
- Not using safety equipment for children (e.g., children's car seats, seat belts, bike helmets)
- Buying children expensive gadgets after telling them they are punished
- Bringing girlfriend/boyfriend home without thinking through the consequence on children
- Giving children alcohol or adult sleeping medicine

Other Mental Health Disorders

- Substance Abuse
- Sexual Addictions
- Strokes/head injuries/dementias
- Major Mental Illnesses

Major Mental Illnesses

- Schizophrenia and Other Psychotic Disorder
- Bipolar Disorder
- Eating Disorders
- Anxiety Disorders
Schizophrenia

- Often interferes with a person’s ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others.

Schizophrenia Spectrum and Psychotic Disorders

- Schizophrenia – eliminated subtypes
  - Paranoid
  - Disorganized
  - Undifferentiated
  - Residual

- Have to rule out other disorders
  - Delusional Disorder
  - Brief Psychotic Disorder
  - Schizophreniform Disorder
  - Schizoaffective Disorder
  - Substance/Medication induced Psychotic Disorder

Three categories of symptoms

- Positive Symptoms
- Negative Symptoms
- Cognitive Symptoms
Positive Symptoms

- Or, “psychotic” symptoms, include delusions and hallucinations because the patient has lost touch with reality in certain important ways.
- “Positive” refers to having overt symptoms that should not be there.
- Delusions cause individuals to believe people are reading their thoughts or plotting against them, that others are secretly monitoring and threatening them, or that they can control other people’s minds.
- Hallucinations cause people to hear or see things that are not present.

Negative Symptoms

- Emotional flatness or lack of expression.
- An inability to start and follow through with activities.
- Speech that is brief and devoid of content.
- A lack of pleasure or interest in life.
- “Negative” does not refer to a person’s attitude but to a lack of certain characteristics that should be there.

Cognitive Symptoms

- Pertains to the thinking process.
- A common problem associated with schizophrenia is the lack of insight into the condition itself. It is not a willful denial but rather a part of the mental illness itself.
- Schizophrenia affects mood and some may have apparent mood swings and even bipolar states.
- When mood instability is a major feature of the illness, it is called schizoaffective disorder.
Bipolar Disorder

- Medical illness that causes extreme shifts in mood, energy, and functioning.
- Over 10 million people in America have Bipolar Disorder*
- Chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months.
- Often begins in adolescence or early adulthood, and occasionally even in children.
- Medication, psychotherapy, support, and education about the illness are essential for the treatment process.

* NAMI 2007

Mania

Symptoms:
- Either an elated, happy mood or an irritable, angry, unpleasant mood
- Increased physical and mental activity and energy
- Racing thoughts and flight of ideas
- Increased talking, more rapid speech than normal
- Ambitious, often grandiose plans
- Risk taking
- Impulsive activity such as spending sprees, sexual indiscretion, and alcohol use

What causes Eating Disorders

- Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. We are still learning that eating disorders are often about much more than food. Food is used as control and attempts to compensate for feelings and emotions that may otherwise be overwhelming.
Anxiety Disorders

- Panic Disorder
- Agoraphobia
- Specific Phobia
- Social Phobia
- Post-Traumatic Stress Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder
- Separation Anxiety Disorder

OBSESSIVE COMPULSIVE & RELATED

- Obsession is the thought/Action is the compulsion
- Hoarding Disorder: new disorder to DSM-5
  - Persistent difficulty discarding or parting with possessions
- Trichotillomania:
  - Recurrent pulling out of one’s hair, resulting in hair loss.
- Excoriation (skin picking) Disorder:
  - Face, arms and hands most common sites and use of objects is common.
- Body Dysmorphic Disorder
SUBSTANCE-RELATED & ADDICTION DISORDER

- There are significant changes. Abuse and Dependence combined into use.
- Removed legal criterion
- Added craving, strong desire or urge
- Threshold criteria – 2 of 11 symptoms
  - Impaired
  - Social Impairment
  - Risky Use
  - Pharmacological
- Addiction (behavioral) Disorder: (Gambling)

PARAPHILIC DISORDERS

- Important to distinguish paraphilias and Paraphilic Disorders is crucial: Acknowledges that many people engage in atypical sexual practices.
- Paraphilia is necessary but not a sufficient condition for having a Paraphilic Disorder

ANOMOLOUS TARGET PREFERENCES

- Pedophilic Disorder
- Fetishistic Disorder
- Preferential targets, such as: children, amputees, or nonhuman targets (e.g., animals, inanimate objects)
- Transvestic Disorder
- Specifically causes impairment – Harm or risk of harm
Joint Study – Kaiser Permanente and CDC

- Over 18,000 patients
- Followed over 10 years

What are the adverse childhood experiences growing up in a household with:

- Child neglect and abuse
- An alcohol or drug user
- Domestic violence
- Single or no parent
- Incarcerated household member
- Someone who is depressed, mentally ill

Major Findings

- Almost 2/3 of the study participants reported at least one Adverse Childhood Experience (ACE), and more than 1 in 5 reported three or more ACE. The short and long-term outcomes of these childhood exposures include a multitude of health and social problems.
As the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Unintended pregnancies
- Health-related quality of life
- Ischemic heart disease
- Risk for intimate partner violence
- Multiple sexual partners
- Chronic obstructive pulmonary disease
- Sexually transmitted diseases
- Depression
- Fetal death
- Smoking
- Liver disease
- Illicit drug use
- Suicide attempts

Long-term consequences of child abuse and neglect

- Depression and anxiety
- Low self-esteem
- Difficulty establishing and maintaining relationships
- Eating disorders
- Suicide attempts
- Attachment disorder

Attachment Disorder

In order to form and maintain quality attachment relationships, primary caregivers need to provide continuous, sensitive, and responsive care to the infant. In doing so, the primary caregiver establishes a quality bond with the infant.
Categories of attachment

- Securely attached
- Insecure, avoidant
- Insecure, resistant
- Insecure, disorganized, disoriented

Resource

- NAMI – National Alliance on Mental Illness (WWW.NAMI.Org) 1-800-950-NAMI

Provides:
- Support to individuals with a diagnosed mental illness, their friends, and family
- Education and training resources
- Support groups
- Information regarding mental illness and treatment

The Magical Formula to deal with these people......
Bad behavior is a tool that is used against you.
 Take a deep breath, wait 24 hours before you respond. This is self control.
 Recognize the game and don’t play.
 Don’t let verbal abuse and domination continue
  - Make a record
  - Call or write the judge
  - Terminate the interaction
  - Terminate the process

Ask the hard questions

- Are they the only problem?
- Am I the problem?
- When all else fails, consider withdrawing as the supervisor.
Protection Issues

- Supervised setting should have a prearranged action plan.
- Is there security available at the time of certain appointments.
- Do not put certain people between you and the exit.
- Lower your voice/slow down.
- Sit down and encourage others to sit.
- Maintain friendly eye contact.
- Ask questions, be patient and listen.

How You Interact Matters

- Criticizing vs. Respectful communication
- Attention
- Focus on behavior: “I am frustrated with your behavior today.” Explain why.
- Avoid rescuing, working harder than the client and doing it for free. You know you have been hooked when.....
- Arms length

Structure and Rules are your friend

- These individuals are in crisis and create chaos. Your staff will know before you do.
- Clear rules and stick to them
- Set appointments and stick to the time that was scheduled. Blame the Firm’s policy
**Language Can Help**

*I hope I haven’t done anything to offend you.
• Did something happen that I don’t know about?
• Is there something I’ve done to obstruct this project? If so, I’d like to know what it is?
• If you have an issue with me, let me know. Otherwise, I expect that you’ll treat me with respect.
• If you want me to engage in this discussion, you must treat me respectfully.
• I assume you have something useful to say, but it’s impossible for me to hear when you speak that way.
• I don’t respond to that kind of language. Let me know when you are ready to talk.

**Vicarious Trauma: Taking care of Yourself**

- Sleep
- Food
- Exercise
- Limits to alcohol, drugs, caffeine
- Relaxation
- Recreation

**Thank you**