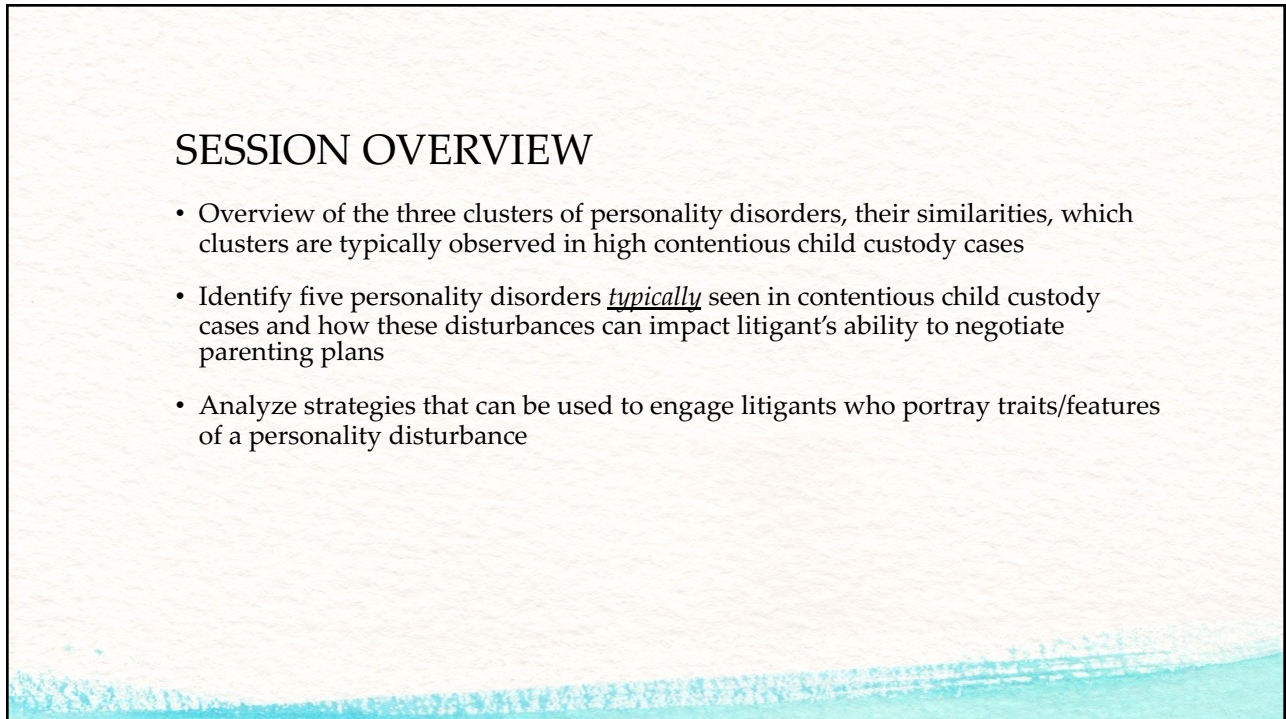


1



2

Disclaimer

- Attending this seminar shall not be construed as permission to diagnose personality disorders.
- Should you believe someone has a personality disorder, it is best to keep it to yourself and not disclose your thoughts directly to the individual.

3

The Basics

- Diagnostic and Statistical Manual of Mental Disorders – Fifth Ed. defines a **personality traits** as “...enduring patters of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts.” (pg. 647)
- Diagnostic and Statistical Manual of Mental Disorders – Fifth Ed. defines a **personality disorder** as “...an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.” (pg. 645) There are a total of 10 personality disorders.
- Personality traits that are inflexible, maladaptive, significant functional impairment/subjective stress, cannot be better accounted for as a medical diagnosis (ex. TBI) = Personality Disorder

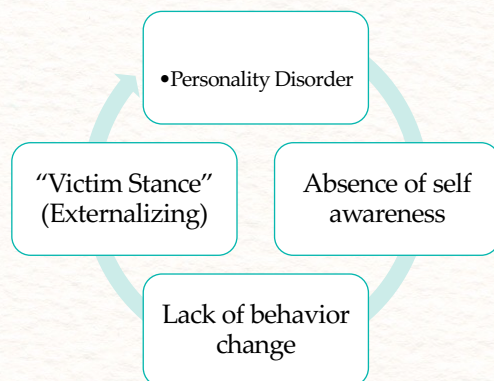
4

Clusters of Personality Disorders

- Personality disorders are grouped into clusters based on similarities.
- Cluster A: Paranoid, schizoid, and schizotypal personality disorders
 - Individual presents as odd/eccentric
- Cluster B: Antisocial, borderline, histrionic, and narcissistic personality disorders
 - Individual presents as emotional, dramatic, erratic behavior
- Cluster C: Avoidant, dependent, and obsessive-compulsive personality disorders
 - Individual presents anxious and fearful

5

Core Elements



6

Child Custody Disputes

Cluster A

- Paranoid: Suspicious of others, reluctant to confide in others, information will be used against them.
- Schizoid: Detachment from others, solitary activities rather than group activities.
- Schizotypal: Acute discomfort in close relationships, cognitive or perceptual distortions, odd beliefs inconsistent with cultural norms.

Cluster B

- Antisocial: Disregard for and violation of the rights of others, *lack of remorse*.
- Borderline: Mood liability, loves you then hates you, triangulates others then watches the drama.
- Histrionic: Exaggerates, attention seeking, emotional, helpless.
- Narcissistic: "Superiority Complex", needs admiration, grandiosity.

7

Narcissistic Personality Disorder

- "I know more than you.."
- Self-Absorbed
- Feels entitled to "special treatment"
- Lack of empathy for others
- Condescending and authoritarian
- Use of corporal punishment or overly demeaning acts (ie. embarrassment in front of peers)
- Child is a possession and an extension of self
- Aligns the child to demean the co-parent

8

Video -

- Hint: Look for co-morbid conditions beyond the obvious narcissistic personality disorder

9

Strategies (Narcissistic Personalities)

- Stick to the rules! Despite the individual's attempts to receive "special treatment", they must play by the rules of everyone else.
- Respect their position. Although these individuals can present as arrogant and perhaps annoying, resist bringing these traits to their attention.
- Maintain boundaries: Let them know you hear what they are saying. Avoid telling them that you necessarily might not agree.
- BIFF as per Bill Eddy

10

Histrionic Personality Disorder

- Center of attention: Negative attention seeking (typically dramatic).
- Can be sexually provocative: Uses physical appearance to draw attention to self.
- Exaggerates situations
- Decision making and task oriented are NOT common characteristics.
- Can be overly protective regarding the child(ren)
- Exaggeration of minor health concerns
- Inconsistent parenting

11

Strategies (Histrionic Personality Disorder)

- Keep the individual focused on the task of the session
- Find key strengths and empower the individual to help themselves
- Focus on key facts and avoid getting entrenched in their stories. There might be some truth - find it and use it!
- Use the truth to see if the individual can tolerate seeing things from another perspective
- Provide an example of how to communicate effectively with a person who has HPS

12

Borderline Personality Disorder

- Difficulty managing emotions. Inappropriate anger incongruent with the situation presented. "I love you today...I will hate you tomorrow..."
- Creates an environment of crisis – "Triangulation"
- Vengeful; pushes others away yet fear of being alone
- Issues with self image and in severe cases, extreme acts of self harm (ie. ingesting items to receive medical services)
- Clings to and overly identifies with the child
- Physical abuse and neglect
- Use of corporal punishment then apologizes
- Inability to tolerate child's independence as developmental stages progress

13

Strategies (Borderline Personality Disorder)

- Maintain role and boundaries! Have a balanced approach.
- Remain CALM regardless of how much the individual is "acting out." These individuals tend to "mirror" others and remaining calm might de-escalate the individual. If not, at least you are not overly impacted by the individual's behavior!
- Be CONSISTENT and PREDICTABLE. Avoid changing the rules and procedures.
- Avoid trying to give the individual insight into their irrational emotional presentation.

14

Borderline Personality Disorder (cont.)

- Discuss the dynamics displayed in a borderline personality disorder with an evaluator or therapist
- Provide examples of “projective identification” as developed by Kernberg, Yeomans, and Fonagy.

15

Antisocial Personality Disorder

- Disregard for societal norms (and laws): “Con Artists”
- Deception and acts to dominate others. Power and control.
- Dishonest and finds the weakest link
- Charming personality can often fool others into believing their inconsistent stories.
- Psychological and physical abuse of a child. Domination of others!
- Uses the child to manipulate others
- Teaches the child manipulative behaviors
- Video of an interview with Antisocial Personality Disorder

16

Strategies (Antisocial Personality Disorder)

- Look at the evidence. Some portions of what is being reported to you can be accurate.
- Understand that this is not about a lack of impulse control. Avoid asking them to alter their trajectory.
- Consequences to behavior. Be firm and concise.

17

Paranoid Personality Disorder

- Conspiracy Theories: Misinterprets situations as somehow against them
- Lack of trust so interpersonal relationships are difficult
- Unforgiving of others (Resentful and bitter)
- Quick to counterattack even without cause
- Teaches child to fear others
- Uses the child to “spy” on the other parent
- Attempts to control the child to create an atmosphere so they can trust the child

18

Strategies (Paranoid Personality Disorder)

- Be upfront! If a conversation is not confidential, tell them.
- Do not expect to gain their trust all at once, if ever. Start small.
- Review polices and laws that REQUIRE you to act.
- Monitor your tone and words. Avoid asking "Why" questions. This can cause a "defensive stance." Try using "How" or "Tell me more..."
- How do you know if you have made progress with an individual with Paranoid Personality Disorder?

19

Bibliography

- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Washington, DC: American Psychiatric Association
-
- Eddy, W. S (2003). *High Conflict Personalities: Understanding and resolving their Costly Disputes*. San Diego, California: William A. Eddy www.eddylaw.com
-
- Lorandos, D, Bernet W, Sauber RS, eds. (2013) *Parental Alienation: The Handbook for Mental Health and Legal Professionals*. Springfield, IL: Charles C Thomas Publisher

20