Who is Really the Client?

Challenges in Service Delivery with Difficult Family Dynamics

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LEARNING OBJECTIVES

- **Participants will learn:**
  - Identification and recognition of the parent or caregiver suffering from a Personality Disorder
  - Importance of early intervention
  - Assessment of parenting styles associated with personality disorders
  - Assessment of caregiving capacity
  - Strategies for engagement and treatment
  - Building client resiliency and evidence- based trauma focused treatment
  - Ethical dilemmas in meeting client needs

Part I: To Explain is to Understand

"No other area in the study of psychopathology is fraught with more controversy than the Personality Disorder."

RESISTANCE

One aspect in treating clients with Personality Disorder or personality dysfunction is that they are often highly resistant.

"Resistance is the most toxic force on the planet."

Scott Pressfield The War of Art (2012)

Name It to Tame It

Personality remains a useful coherent construct to understand a complex pattern of deeply embedded psychological characteristics that are expressed automatically in almost every area of human functioning.

The Personality Disorder lacks the ability for optimal functioning which allows for flexibility in a person's interactions or reactions and are proportional and appropriate to circumstance.

Personality Disorders are not medical disorders. They are theoretical constructs employed to represent varied styles or patterns in which the personality system functions maladaptively in relationship to its environment.

Characteristics of Personality Disorders

- Lacks role flexibility in determining when to take initiative to change the environment and knowing when to adapt to what the environment offers.
- Practices repeated strategies without optimal outcomes. Does not learn from negative experiences; therefore, does not change and the pathological themes that dominate their lives tend to repeat as a vicious cycle.
- Lacks resiliency under conditions of stress.
- Requires the environment be arranged to suit the person or a crisis ensues.
- Wastes opportunities for improvement.
- Consistently creates strategies that replay their failures.
- Uses defense mechanisms to protect the self from external sources of anxiety, stress and challenges.
- Imperative is to drive or control interpersonal situations through the intensity and rigidity of their traits.
- Lacks insight and is highly resistant to change.

Dysfunctional Personality System

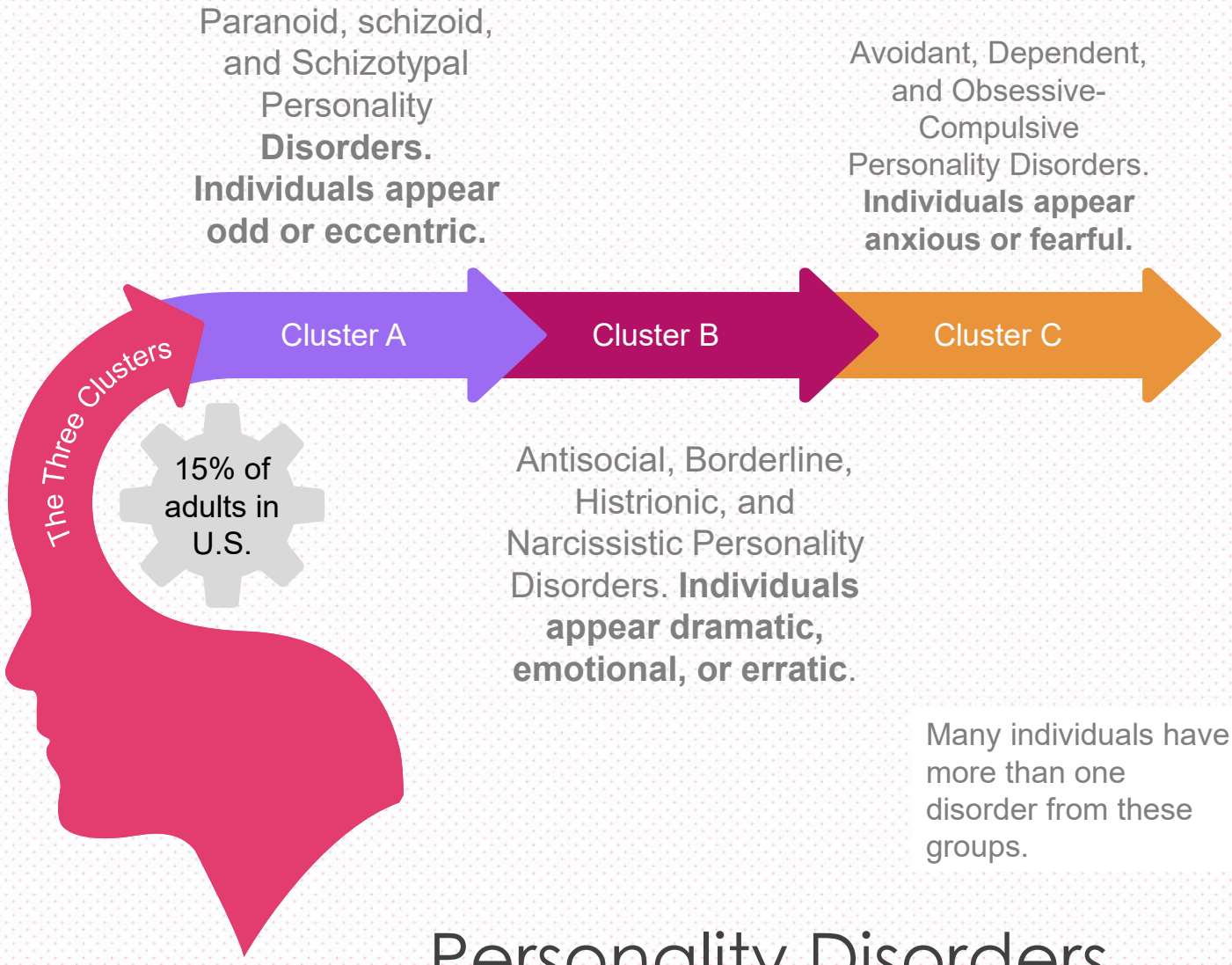
- **Self Destructive**
- **Self Defeating**
- **Self Sabotaging**
- **Creates Chaos**
- **Self Harm**
- **Substance Abuse**

Occurs in all life domains.

The Impact of Personality Disorders on Society is Monumental

- **Rueg & Francis (1995) summarized societal problems associated with Personality Disorders:**

Crime, substance abuse, disability, increased need for medical care, suicide attempts, self-injurious behavior, assaults, delayed recovery from mental and medical illness, institutionalization, underachievement, underemployment, family disruption, child abuse and neglect, homelessness, poverty, STDs, misdiagnosis and mistreatment of medical and psychiatric disorders, malpractice suits, medical and judicial recidivism, dissatisfaction with and disruption of psychiatric treatment settings and dependency on public support. (pp16-17)



Personality Disorders

Types of Personality Disorders: Narcissistic Personality

- **Narcissistic Personality Disorder (General Characteristics DSM V)**
  - **Overt**: Grandiosity, attention seeking, entitlement, arrogance, little over servable anxiety, socially charming while oblivious to the needs of others, interpersonally exploitive, envious, lacks empathy. (Levy 2012)
  - **Covert**: Hypersensitive to others evaluations, inhibited, manifestly distressed, outwardly modest, shy, quietly grandiose, extreme sensitivity to slight, avoids spotlight (Levy 2012)
  - **Malignant**: Paranoid, reckless indifference, psychopathic tendencies, harm is justified, believes special destiny, grandiose fantasies of power, entitlement, special destiny, aggressive and controlling.
  - **Dark Triad**: High (psychopathy, narcissism, Machiavellianism) impulsivity, thrill seeking, lack empathy and low anxiety, socially malevolent, self promotion, emotional coldness, duplicity, and aggression. (Paulhus & Williams, 2002)
  - **Narcissistic Traits**: Selfish, self-centered and egotistic tendencies, modulate/control self-centered traits, criticism doesn't provoke narcissistic injury, capable of reciprocity,

Borderline Personality

- **There is no general consensus regarding subtypes of BPD. However, considering Theodore Millon's (2011) identification of subtypes could be helpful in the assessment process:**
  - **Discouraged:** Dependent, avoidant, depressive, likely to self harm
  - **Petulant**: Unpredictable irritable, prone to outbursts of anger/frustration, inpatient, quick to become disillusioned.
  - **Impulsive:** Energetic, charismatic, easily bored, quick to anger, strong antisocial tendencies.
  - **Self-destructive**: High degree of self sabotage during periods of success, frequent mood shifts, intense anger and bitterness, intense fears of abandonment.
- **A useful resource is *Understanding the Borderline Mother* (Lawson, 2000). Dr. Lawson identified 4 types of Mothers with BPD**
  - The Waif, The Hermit, The Queen, The Witch
    - **Traits**: emotional intensity but able to modulate, flexible rather than rigid, self centered but able to empathize

Dependent Personality Disorder (DPD)

- **Theodore Millon (2011) developed 5 subtypes of Dependent Personality**:
  - **Disquieted**: Mixture of dependent and avoidant, little or no desire for self autonomy, sense of dread and foreboding, fretfulness. No desire for self-autonomy.
  - **Accommodating**: Fear of abandonment, becomes overly compliant in their relationships and overwhelmingly conflict-avoidant, even at the expense of their core beliefs and values. Subordinates to authority to avoid personal responsibility. The accommodating dependent has no self-worth, valuing only his or her relationships with others. The dependent may exhibit public displays of guilt, anxiety, depression and illness in order to attract support and deflect criticism.
  - **Immature**: Permanently childlike view of the world, along with underdeveloped life skills. Can have a lack of energy, and never develops any ambition. A large percent of these clients find the responsibilities associated with adulthood, including assuming a fixed gender identity, frightening. Immature dependents often seem irresponsible and even neglectful to their immediate family members.

DPD Continued

- **Ineffectual**: exhibits schizoid tendencies. They have little energy, are easily fatigued and mostly inexpressive and unspontaneous. Ineffectual dependent types can understand and empathize with the emotions of others, although not to a normal extent. Lacks the drive to deal with adult responsibilities, choosing simply to ignore hem. Ineffectual dependents adhere to a sort of fatalism, believing that nothing they do will make a difference in their lives.
- **Selfless**: Values relationships with others over his or herself, but to a much greater extent. This subset of dependent personality seeks to lose his or her identity and independence entirely by merging with others to achieve a sense of emotional stability. Has a deep desire to please, while losing basic tenets of his or her own personality and beliefs in the process.

Common Defense Mechanisms of Personality Disorders

- **Acting Out: Conflicts are translated into actions, with little or no intervening.**
- **Denial: Refusal to acknowledge some painful external or subjective reality obvious to others.**
- **Fantasy: Avoidance of conflict by creating imaginary situations that satisfy drives or desires.**
- **Idealization: Attributing unrealistic positive qualities to self or others.**
- **Omnipotence: An image of oneself as incredibly powerful, intelligent, or superior is created to overcome threatening eventualities or feelings.**
- **Projective Identification: Unpleasant feelings and reactions are not only projected onto others, but also retained in awareness and viewed as a reaction to the recipient's behavior.**
- **Projections: Unacceptable emotions or personal qualities are disowned by attributing them others.**
- **Rationalization: An explanation for behavior is constructed after the fact to justify one's actions in the eyes of self or others.**
- **Splitting: Opposite qualities of a single object are held apart, left in deliberately unintegrated opposition, resulting in cycles of idealization and devaluation as either extreme is projected onto self and others.**
- **Undoing: Attempts to rid oneself of guilt through behavior that compensates the injured party or symbolically.**

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Possible Causes of Personality Disorders

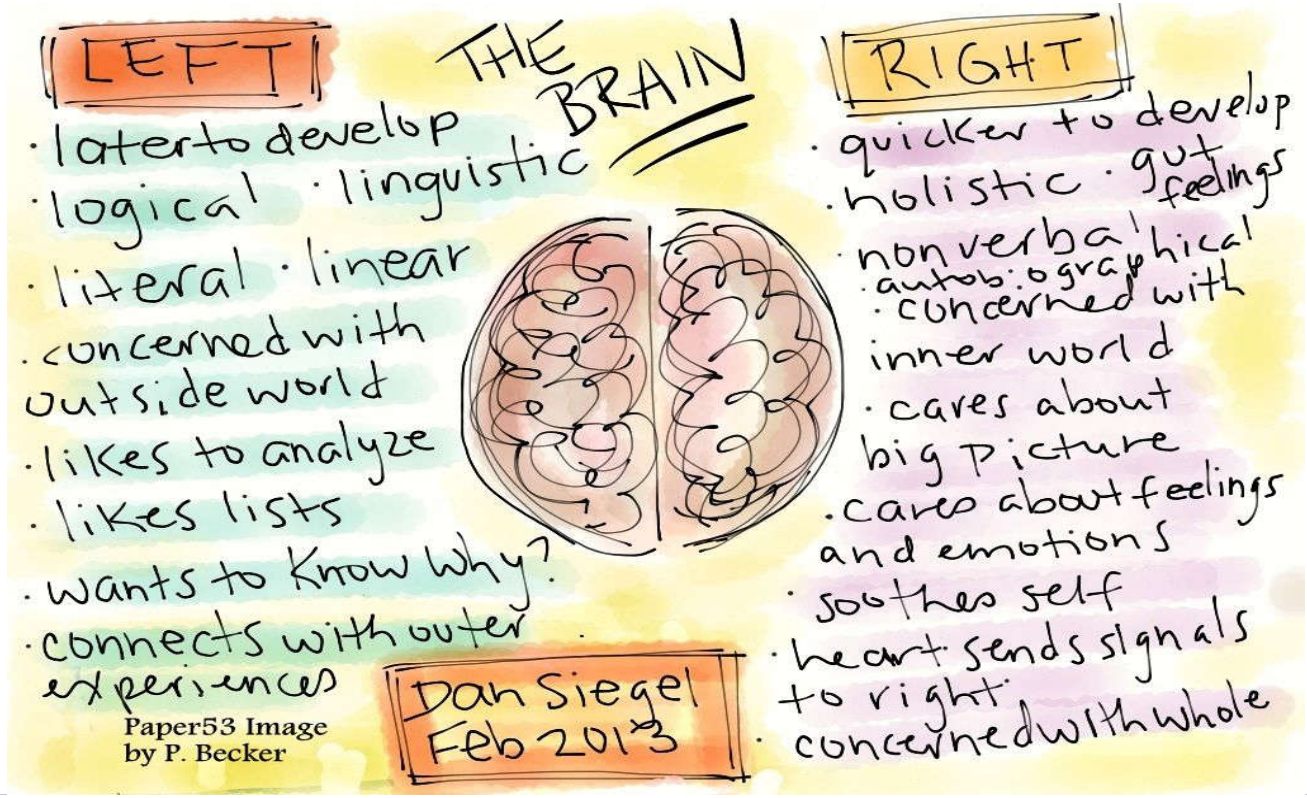
- **General Predisposition**: It is estimated that 30 to 50% of personality disorder is inherited.
- **Attachment Experience**: One important developmental pathway to personality dysfunction is the quality and type of attachment that an individual forms as she/he progresses through development (Thomas & Chess, 1977).
- **Traumatic Events**: Early and severe trauma is overwhelming to the neurobiological system particularly in the limbic system; trauma may lead to a kindling effect that creates an easily triggered intense and disorganizing emotional response.
- **Family Constellation**: Parental psychopathology is associated with a variety of psychosocial adversities, such as trauma and family discord (Paris, 2001).

Unresolved Attachment Parent Trauma

Video on Becoming a Better Parent by Making Sense of Your Past

By Dr. Dan Siegel

Attachment Trauma: Impact on Personality



The Right Brain is the first to develop prenatally and during the first 2 years of life.

Video Clip on Effects of Attachment Trauma on Brain Development

by

Dr. Allan Schore

Unresolved Attachment Parent Trauma

Unresolved Attachment Trauma
(disruption, abuse & neglect, chronic illness, mental illness, inconsistent care)

Chronic over-or under arousal in infants/affects limbic system

Internal Working Model (blue Print for relationships/core beliefs, implicit memory)

Inability to regulate emotions, impulses, and response to external stress (affects parenting ability)

Cycle is repeated = **Intergenerational Relational Trauma**

Part II: Parents In Crisis

Video Clip on Parent Trauma

Considering Parent Trauma

In times of intense stress or trauma a person's personality may reorganize itself to cope.

- **Parent coping with a child or family member with mental illness**
- **Child with significant behavioral difficulties**
- **Juvenile delinquency**
- **Significant financial stress**
- **Personal mental illness**
- **Marital discord**

Parenting styles reflecting high stress/trauma that are flexible over time.

- **The hopeless-I've tried everything parent**
- **Case manager parent**
- **Defensive parent**
- **The residential parent**
- **The over-functioning parent**
- **The advocating parent**

Parents in Crisis

- **Paris (2001) found that "Parental psychopathology is associated with a variety of psychosocial adversities, such as, trauma, family dysfunction, and family breakdown.**
- **Untreated personality dysfunction may fail to stop patterns of child maltreatment, high risk behavior, and the continuum of the multigenerational transmission process.**

Part III: Family Matters

Video Clip on Wound of Devaluation

By Dr. Kenneth Hardy

Walking on Egg Shells

- **Often families affected by personality disorders live in an atmosphere characterized by unpredictable parental behavior, chaotic and confusing communication, inconsistent parenting regarding standards and expectations, and unpredictability.**
- **If family communication is not relational and reciprocal, the child will be ill-equipped to function effectively in social relationships.**
- **The effects of amorphous, fragmented, illogical ideas, irrational reactions, bizarre verbalizations, and confusing patterns of family communication often lead to intense feelings of invalidation that Marsha Linehan referenced as a main factor in Borderline Personality Disorder.**

Common Dysfunctional Family Dynamics.

- **Good Child/Bad Child**
- **Role Reversal/Parentified Child**
- **Scape Goat**
- **Triangulation**
- **Gaslighting**
- **Double Bind**
- **Cognitive Dissonance**
- **Mixed Messages**
- **Splitting Value/Devalue**
- **Lack of Boundaries (explosive anger, sexual/physical abuse, intrusiveness, emotional incest)**
- **Value, Devalue, Discard Cycles**
- **Extreme Parenting Styles (Permissive, Rigid, parent as Friend)**

Common Dysfunctional Family Dynamics.

Children Learn What They Live

- **Good Child/Bad Child - feelings of inadequacy, parental rejection, distrust, destructive sibling rivalry**
- **Inconsistent Parental Expectations - low external locus of control**
- **Role Reversal/Parentified Child - loss of childhood, co-dependency in adulthood, poor blue print for appropriate boundaries in personal relationships**
- **Scape goat/Discard - parental rejection, poor self esteem, feelings abandonment, internalized shame, avoidant and/or anxious attachment style, underachievement**
- **Triangulation - teaches manipulation**
- **Invalidation/Gaslighting - confusion, cognitive dissonance, anxiety, distorted cognitions**
- **Double Bind - learned helplessness**
- **Mixed Messages - anxiety, chronic feelings of uncertainty, incongruent self image**
- **Splitting Value/Devalue - emotion dysregulation, hypervigilance**

Part IV: Tools and Service Delivery

Assessment: Recognizing Relational Trauma

- **Many services but little to no improvement**
- **Multiple diagnoses**
- **Multiple CPS complaints (abuse & neglect)**
- **Identified parent substance abuse**
- **Toxic co-parenting relationships/smear campaigns**
- **Child is successful in school and/or residential placements but not in the home**
- **Caregivers have problematic relationships with schools, community agencies**

Choices for Service Delivery
(Weigh Potential Risk/Harm in high risk cases)

Initial Decisions

- Am I the right case manager? Outpatient, Community Based Services, Inpatient
- Service modality (outpatient, residential, Community Based Services)

Provider Choice

1. Ability to assess caregiver capacity (lack of attunement)
2. Trauma/Attachment Focused/Family Systems theory
3. Ability to recognize manipulative behaviors towards therapist
4. Ethnicity and cultural considerations

Providers of Evidence Based Treatment

1. DBT
2. Schema Focused Therapy
3. Cognitive Behavioral Therapy

Tools For Improved Service Delivery

- **Non-reactive stance/neutrality**
- **Consequences with empathy**
- **Psycho-education to avoid power struggles**
- **Work in teams for support**
- **Wrap-around (opens opportunities for child to experience healthy relationships)**
- **Frequent team meetings/phone calls with treatment team**

Clinical Tools For Improved Services

- Assessment of trauma history
- Genogram
- Clinical Interview of all family members
- Assess for domestic violence
- Adult attachment inventory
- History of abuse and neglect with parent and family
- Collaborate with other agencies
- Substance abuse history
- Legal history
- Parent child assessment
- Comprehensive safety planning
- Individual work with parents during the duration of residential treatment

Clinical Interventions/ Evidence Based Treatment

- **Attachment Focused Parenting**
- **Circle of Security**
- **Emotion Regulation Skills**
- **Psycho-education of Attachment Theory**
- **Dialectic Behavior Therapy**
- **Cognitive Behavioral Therapy (CBT)**
- **Playful/Accepting/Curious/Empathic (Hughes, 2004)**
- **Trauma-Focused CBT**
- **Schema Focused Therapy**

Ethical Dilemmas in Service Delivery

- **Current Insurance providers are child focused; work with parent individually is not often covered.**
- **Residential treatment vs keeping the child in the community.**
- **Length of residential stay.**
- **Lack of providers trained in evidence-based treatment.**
- **Lack of parent involvement or possible harmful involvement in treatment.**

Wrapping It Up

- Developing a conceptual understanding of personality structure and relational pitfalls helps improve service delivery when working with complex family dynamics.
- Case managers can manage their own emotional reactivity by using alliance building and repair and understanding and working with transference and countertransference.
- A strong, treatment team coupled with evidence-based interventions offers the best hope for a positive outcome.

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