

Tri-County Batterer Intervention Provider Network Meeting Minutes--8/5/2003

Present: Mai Kayanuma (Men's Resource Center), David Houston (Men's Resource Center), Don Voeks (Gresham Urgent Care), Sopha Hang (Men's Resource Center), Chris Huffine (Men's Resource Center)

Minutes by Chris Huffine

Topic: Personality Disorders

The following summary was provided by Chris Huffine of a training by Gregory Lester, Ph.D. that he attended. Others at the meeting, particularly David Houston (who attended the same training) and Sopha Hang also contributed significantly to the discussion.

-Personality disorders refer to a subgroup of psychological issues that manifest themselves in certain individuals. They are relatively rare--approximately 10% (ballpark figure) of the general population have one, although that number is likely to be significantly higher within clinical populations including among criminals and abusive men (perhaps twice as high--again a ballpark figure). They are quite distinct from other psychological conditions such as depression, PTSD, ADHD, schizophrenia, etc, although there is a higher concordance rate between personality disorders and other psychological issues (in other words, people with other psychological issues are more likely than the average person to have a personality disorder and people with a personality disorder are more likely than the average person to have other psychological issues).

-Why is the concept of personality disorders relevant to working with abusive men? People with personality disorders tend to be less responsive to typical interventions than others would be. They are less likely to comply with recommendations and directives. They are often viewed as being unreasonable, resistant, and disruptive in group. They are often very entrenched in their interpersonal style, tend to have limited insight into their behavior (i.e. they lack the ability to observe themselves/situations from an external point of view), and tend to take little responsibility for what they have done (i.e., they do not see the problem with their behavior). Finally, they often can evoke strong reactions in other group members as well as group facilitators. As a consequence, these individuals may require extra time and energy of the staff and the group and are more likely to be staffed in terms of how to manage them.

Because there is over 50 years of clinical research and theory related to personality disorders, correctly identifying an abusive man as having a personality disorder identifies certain intervention styles and perspectives that can lead to more effective intervention and containment than if he is treated like every other man in the group.

-Two definitions of personality disorders: Based on DSM-IV: An enduring pattern of behavior that is present in a broad range of personal and social situations involving both how the

person perceives and interprets the world and their external responses based on that. This pattern differs significantly from the expectations of that person's particular culture (i.e., they see reality differently than others). The pattern involves at least two of the following areas: thinking, feeling, interpersonal functioning, and impulse control. As a consequence there is significant distress and impairment in a variety of life areas including socially, occupationally, and other life skills. This behavior is not accounted for by other psychological, physiological, or medical conditions.

A second "operational" definition: An individual who engages in a reliable, repetitive, predictable behavior pattern that amplifies problems, creates difficulties, or distracts from rather than assists in finding solutions to problems.

-Personality disorder classifications There are a total of 10 personality disorders, organized into three different groups. The "Mature Type" tends to be the most subtle in their behavior and can come across as seeming fairly mature. This group includes Paranoid, Schizoid, and Schizotypal. The "Immature Type" tends to be the most dramatic. This group includes Antisocial, Borderline, Histrionic, and Narcissistic. The "Anxious Type" tends to be the most controlled/over controlled. This group includes Avoidant, Dependent, and Obsessive-Compulsive.

Here are some brief descriptions of each personality disorder:

-Paranoid: A pervasive distrust and suspiciousness of others. Interprets others' motives as malevolent. Suspicious

-Schizoid: A pervasive pattern of detachment from social relationships. A restricted range of expression of emotions with others. Indifferent

-Schizotypal: A pervasive pattern of social and interpersonal deficits. Eccentricities of behavior, acute discomfort with close relationships, little capacity for close relationships, cognitive or perceptual distortions. Strange

-Antisocial: A pervasive pattern of disregard for and violation of the rights of others. Violators

-Borderline: A pervasive pattern of instability of: mood, interpersonal relationships, and self-image. Instability

-Histrionic: A pervasive pattern of excessive emotionality and attention-seeking. Dramatic

-Narcissistic: A pervasive pattern of grandiosity in behavior or fantasy. A need for admiration. A lack of empathy. Impression management

-Avoidant: A pervasive pattern of social inhibition. Feelings of inadequacy. Hypersensitivity to negative evaluation. Painfully shy

-Dependent: A pervasive and excessive need to be taken care of. Leads to submissive, clinging behavior. Fear of separation. Clingy

-Obsessive-Compulsive: Pervasive preoccupation with orderliness, perfectionism. Mental and interpersonal control at the expense of flexibility, openness, and efficiency. Perfectionistic

Suggestions for how to manage individuals with personality disorders:

-Make sure all agreements are clear and specific. Preferably have agreements in writing.

-Promptly address any difficulties, broken agreements, problems, etc.

-Be careful not to get sidelined or distracted by relatively minor or irrelevant issues. Stay focused on the primary issue or purpose.

-Set and maintain clear, firm, and reasonable limits. Do this in as unemotional and unreactive manner as possible.

-Be judicious about criticism. These individuals tend to have particular difficulty with criticism.

-Be careful not to “echo” their feelings--remain emotionally separate from/non reactive to their emotional state. Stay as emotionally calm and composed as possible.

-Be aware of and take responsibility for your own behavior regardless of their provocations.

-Don't get caught up in being “right”. Be willing to be defined as “wrong” if it allows you to move forward.

-Give them attention so that they don't need to get attention. Pre-empt their “dramas” by checking in with them.

-Get outside opinions. Consult and debrief with other professionals regularly.

-Monitor yourself for feelings of “going crazy”. That's typically an indication you have gotten caught in their drama/power struggle. If that happens seek guidance on how to extract yourself from that.

-Limit/avoid exceptions to established rules and procedures.

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- Be consistent in responses and follow through.
- Create as clear and consistent a structure as possible.
- Be mentally prepared and “on” when dealing with these individuals.