Welcome to...

Maintaining Relationships with Difficult People

with Steve Becker, Ph.D.

Offered to the National CASA Conference

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Part I
How Difficult Personalities Affect the CASA Process
From Normality to Abnormality

What is “personality”? An *enduring pattern* of thinking about, responding to, and relating to the environment.

A “personality disorder” occurs when many traits of that disorder are observed. Each person with a disorder relates from his or her own "agenda."

What is “normal” vs. “abnormal”? 

Personality styles gradually shift from more normal to more pathological. People with “normal” personalities use these traits to enhance their own lives or those of others; abnormal personalities use these traits to protect and defend themselves through...

- biased attention
- cognitive distortions
- dysfunctional organization (arrangements of drive, memory)
- unhealthy interpersonal relationships, and
- protective defense mechanisms
### An Example From Normality to Abnormality: Narcissism

<table>
<thead>
<tr>
<th>“Normal” (Adaptive)</th>
<th>“Style”</th>
<th>“Disordered”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem based on actual achievement</td>
<td>Self-esteem at upper end of what’s realistic</td>
<td>Self-esteem based on no achievement</td>
</tr>
<tr>
<td>Reality-based success, power, beauty, deeds</td>
<td>Confident, well-planned</td>
<td>Unrealistic fantasies</td>
</tr>
<tr>
<td>Enjoys learning from others</td>
<td>Prefers being with talented people</td>
<td>Seeks special status from being around talented people</td>
</tr>
<tr>
<td>Compares compliments to reality</td>
<td>Accepts compliments without ego inflation</td>
<td>Requires admiration and seeks it from others</td>
</tr>
</tbody>
</table>
Identifying Personality “Agendas” (Disorders)-1

Dependent: withdraws from adult responsibilities; weak, clingy

Depressive: discouraged, pessimistic, sees only negatives

Avoidant: fearful of close relations; “hands-off” parent

Compulsive: black/white thinker; rule-bound; well-regulated lifestyle

Narcissistic: arrogant; feels entitled to special treatment (note difference between disordered and disabled)

Borderline: frantic fear of abandonment; shifts between fear of engulfment and fear of abandonment

Negativistic: only sees the worst; passive-aggressive

Paranoid: guarded, suspicious; feels righteous but persecuted, especially by CPS or APS

This slide is adapted from Millon, T. and Davis, R. Personality Disorders in Modern Life. New York: John Wiley and Sons, 2000.
Identifying Personality Disorders: Messages-2

Dependent: “Protect me.”
Depressive: “Nothing ever gets any better.”
Avoidant: “I want you to like me, but I know you’ll hate me.”
Compulsive: “I don’t want to make a mistake.”
Narcissistic: “My command is your wish.”
Borderline: “I’ll be angry if you try to leave me.”
Negativistic: “Porcupines don’t show their quills.”
Paranoid: “You can’t trust anybody.”

This slide is adapted from Millon, T. and Davis, R. *Personality Disorders in Modern Life.* New York: John Wiley and Sons, 2000.
<table>
<thead>
<tr>
<th>Trait</th>
<th>Disordered</th>
<th>Unhealthy</th>
<th>Adaptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed</td>
<td>fatalistic</td>
<td>doubtful</td>
<td>grieving</td>
</tr>
<tr>
<td>Blaming</td>
<td>unwavering</td>
<td>unrealistic</td>
<td>accepts alternatives</td>
</tr>
<tr>
<td>Shamed</td>
<td>helpless</td>
<td>withdrawn</td>
<td>realistic</td>
</tr>
<tr>
<td>Uncertain</td>
<td>rigidly keeps status quo</td>
<td>questions all decisions</td>
<td>weighs pros/cons</td>
</tr>
<tr>
<td>Traumatized</td>
<td>relives the trauma</td>
<td>fearful of trying the new</td>
<td>hurting</td>
</tr>
<tr>
<td>Defensive</td>
<td>lives in fantasy world</td>
<td>overreacts to pain</td>
<td>goes on with life</td>
</tr>
<tr>
<td>Overcompensating</td>
<td>allows bad behaviors</td>
<td>hesitates to say “No”</td>
<td>willing to say “No”</td>
</tr>
<tr>
<td>Overprotective</td>
<td>restricts freedoms to try new things</td>
<td>protects against trying new things</td>
<td>allows trying new things</td>
</tr>
</tbody>
</table>
How Personality Disorders Affect the Process

- May completely misunderstand your role (all)
- May portray the current situation unrealistically, based on their own _____ -colored glasses (all)
- May set service expectations based on their own needs (all)
- May be suspicious of the need to interview certain people (paranoid)
- May try to make things look worse than they really are (adaptive)
- May try to make things look better than they really are (dependent)
- May try to get you to compromise your boundaries (borderline)
- May use you as an object to satisfy their own needs (narcissistic)
- May push you to share your findings prematurely to satisfy their own needs (all)
Characteristics to Watch Out for

1) Expression: how do they act behaviorally?
2) Interpersonal: how do they interact?
3) Cognitions: how do they think?
4) Self-Image: how do they perceive themselves?
5) Organization: how do they solve problems?
6) Mood: how do they feel?
7) Attitude toward disability: how do they perceive the person with the disability?
## Characteristics to Watch Out for

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Expression</th>
<th>Interpersonal</th>
<th>Cognitive</th>
<th>Self-Image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent</td>
<td>helpless</td>
<td>submissive</td>
<td>naïve</td>
<td>fragile</td>
</tr>
<tr>
<td>Depressive</td>
<td>forlorn</td>
<td>clingy</td>
<td>gloomy</td>
<td>inadequate</td>
</tr>
<tr>
<td>Avoidant</td>
<td>overreactive</td>
<td>averse</td>
<td>distracted</td>
<td>inept</td>
</tr>
<tr>
<td>Compulsive</td>
<td>disciplined</td>
<td>correct</td>
<td>rule-bound</td>
<td>devoted</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>disdainful</td>
<td>entitled</td>
<td>immature</td>
<td>special</td>
</tr>
<tr>
<td>Borderline</td>
<td>shifting</td>
<td>volatile</td>
<td>love/guilt</td>
<td>confused</td>
</tr>
<tr>
<td>Negativistic</td>
<td>resentful</td>
<td>dependent/hostile</td>
<td>skeptical</td>
<td>disgruntled</td>
</tr>
<tr>
<td>Paranoid</td>
<td>defensive</td>
<td>unforgiving</td>
<td>wary</td>
<td>independent</td>
</tr>
</tbody>
</table>
Adults with personality disorders perceive reality in dysfunctional ways. Often, they display

- confusion
- interpersonal problems
- distorted self-image
- unpredictable moods
- defensive reactions that can cloud even the best CASA’s interviewing and judgment skills. They each present with a different “agenda” that serves to protect them through the process.

An effective CASA determines that agenda early on and creates a framework of trust, so that they can do their job.
Creating a Healthy Framework for Interviewing-2

Sample Agendas:

- To be taken care of (dependents)
- To stop the pain (depressives)
- To keep their distance (avoidants)
- To avoid doing the wrong thing (compulsives)
- To get you to acknowledge their specialness (narcissists)
- To manipulate you through abrupt mood shifts to not abandon them (borderlines)
- To be allowed to just be themselves (negativistics)
- To protect themselves from perceived injustices (paranoids)
Creating a Healthy Framework for Interviewing

Here is a suggested initial strategy:

1) **Listen to the Story.** Usually the agenda reveals itself here.
2) **Determine their Need.** Why do they want you?
3) **Connect your purpose to that Need.**
   a) Is it possible?
   b) What is that connection?
4) **Identify how your involvement will meet their Need(s).**
   “Here is how can I help YOU.”
5) **Set clear measurable expectations for their participation:**
   “OK, so I need for you to answer 6 questions for me about your son. Will you be able to do that now?”
General Interviewing Techniques

1) Start slowly until you know the agenda.

2) Review past achievements to build trust and remove any reasons for a defensive reaction.

3) Empathize and affirm the client’s positions.

4) Identify the client’s need(s) in your own words to reassure the client that s/he is understood.

5) Set healthy limits and boundaries.

6) Offer realistic expectations.
Specific Interviewing Techniques-1

1) Dependents:
   a) Emphasize how the process can offer security for them.
   b) Demonstrate strength and authority.
   c) Set realistic expectations for outcomes.

2) Depressives:
   a) Break tasks into smaller chunks.
   b) Prepare them to deal with change.
   c) Offer realistic appraisals of outcomes.
   d) Connect them with stronger authority figures.
3) Avoidants

a) Accept them and what they need.
b) Reassure them you are not judging them.
c) Pace interviews with their input.
d) Make it OK to say “You’re digging too deep.”

4) Compulsives:

a) Engage them through logic; provide a well-structured interview.
b) Offer them compassion; avoid “parenting” them.
c) Develop a series of yes/no, black-and-white questions.
5) Narcissists:
   a) Talk up their special status as parents; only they can understand.
   b) Keep them rooted in the reality of the situation.
   c) Distinguish disordered narcissism from disabled entitlement (adaptive).

6) Borderlines:
   a) Calm the chaos.
   b) Set firm boundaries; reduce their fear of abandonment or being ignored.
   c) Avoid confrontations.
Specific Interviewing Techniques-4

7) Negativistics:
   a) Emphasize you are not punishing them; de-emphasize your authority.
   b) Give them their space.
   c) Notice “testing” of your trust and try to pass it.

8) Paranoids:
   a) Be more open and disclosing than usual.
   b) Ignore semidelusional ideas.
   c) Establish boundaries and trust slowly.
Interviewing Traps-1

1) Dependents:
   a) Saying anything to please the CASA
   b) Clinginess
   c) Your own vulnerability to power

2) Depressives:
   a) Being drawn into their despair
   b) Their skepticism of changes for the better
   c) Lack of initiation

3) Avoidants:
   a) Telling you what you want to hear
   b) Coming across as critical and judgmental
   c) Repeated tests of your trustability
Interviewing Traps-2

4) Compulsives:
   a) Power struggles; polarized thinking
   b) Intellectualizing
   c) Not recognizing your own frustrations

5) Narcissists:
   a) Being used as an object to meet their needs
   b) Early abandonment of the process
   c) Narcissistic rage at you: you’re not good enough, etc.
   d) Not recognizing your own frustrations

6) Borderlines:
   a) Unrealistically high expectations of the CASA
   b) Manipulation to satisfy their shifting needs to avoid engulfment or abandonment
   c) Depression vs. hostility
7) Negativistics:
   a) Resentment toward you for being so demanding
   b) Fault-finding; blaming
   c) Passive-aggression: resistance; not following through

8) Paranoids:
   a) “You are attacking me—I can’t trust you—must fight back!”
   b) Reacting against emotional closeness
   c) Your own frustrations
What IS “Antisocial” Personality?

What is “personality”? An enduring pattern of thinking about, responding to, and relating to, the environment.

Antisocial Personality Disorder (“APD”) is a pervasive disregard for, and violation of, the rights of others (DSM-TR).

Characteristics include:

- Illegal activity
- Lying
- Conning others
- Manipulation
- Impulsivity
- Aggressive behaviors
- Irresponsibility
- Blaming others
- Excusing self for bad behaviors
- Lack of remorse
### Antisocial Personality, from Normality to Abnormality

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<tr>
<th>“Normal” (Adaptive)</th>
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<tbody>
<tr>
<td>Able to resolve conflicts</td>
<td>Gets caught in conflicts</td>
<td>Illegal activities</td>
</tr>
<tr>
<td>“White lies”</td>
<td>Finesse critical points</td>
<td>Lies to achieve selfish ends</td>
</tr>
<tr>
<td>Considers consequences of own behaviors</td>
<td>Self-indulgent, but smart enough to know when to stop</td>
<td>Does not consider consequences</td>
</tr>
<tr>
<td>Asserts self with words</td>
<td>Physically assertive</td>
<td>Irritable/aggressive</td>
</tr>
<tr>
<td>Considers kids’ safety</td>
<td>Not impulsively careless</td>
<td>Disregards safety, welfare</td>
</tr>
<tr>
<td>Puts duty to kids first</td>
<td>Self-serving with boundaries</td>
<td>Lacks a conscience Rationalizes exploitation</td>
</tr>
</tbody>
</table>
How Antisocial Personality Affects the Process

- May completely misunderstand your role
- May lie about their behavior intentionally
- May set service expectations based on their own selfish needs
- May be suspicious of the need to interview certain people
- May act irresponsibly
- May disregard the rights of the client
- May manipulate you for personal gains
- May try to get you to compromise your boundaries
- May try to provoke a fight with you
Adults with antisocial personality perceive you as a threat to their carefully constructed world, where they are in control. This leads to frequent defensive reactions that can cloud even the best CASA’s interviewing and judgment skills.

Antisocials may see your involvement as just another game, an annoying encounter with the powers who are trying to get them to change. They will play your game as long as it suits them, or you do not try to force them into compliance.

An effective CASA determines that agenda early on and takes a non-threatening approach.
Healthy Interviewing Techniques

1) Dress more informally; suits and ties evoke defenses.
2) Converse in a self-assured but not infallible style.
3) Stay objective; accept, do not condemn.
4) Stay relaxed and non-defensive.
5) Let client know when he has crossed your boundaries.
6) Be more professionally disclosing than usual.
7) Show a strong sense of humor.
Interviewing Traps

1) Believing their story; getting duped into thinking that what they say is true

2) Missing telltale body language or statements that indicate a need to control, defend, or express annoyance

3) Trying to build trust too soon; getting caught up in the game

4) Condemning them as a way to express your frustration or anger (this reinforces you as a threat)

5) Threatening them may be seen as a challenge to their power, causing them to “up the ante” by threatening you or those under their thumb.
About Steve Becker...

- **Dr. Steve Becker** is a therapist with over 30 years experience with clients with a variety of disabilities and their families.

- He worked as a classroom teacher and job coach from 1973-1984 and has offered home-based therapy since 1985. He is a member of the Professional Advisory Board of the Autism Society of Washington.

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  www.stevebeckerassociates.com