

# Disordered Personality Traits in the Case Load

Identifying Axis II Traits and Behaviors

Timothy Denney, MS, CRC

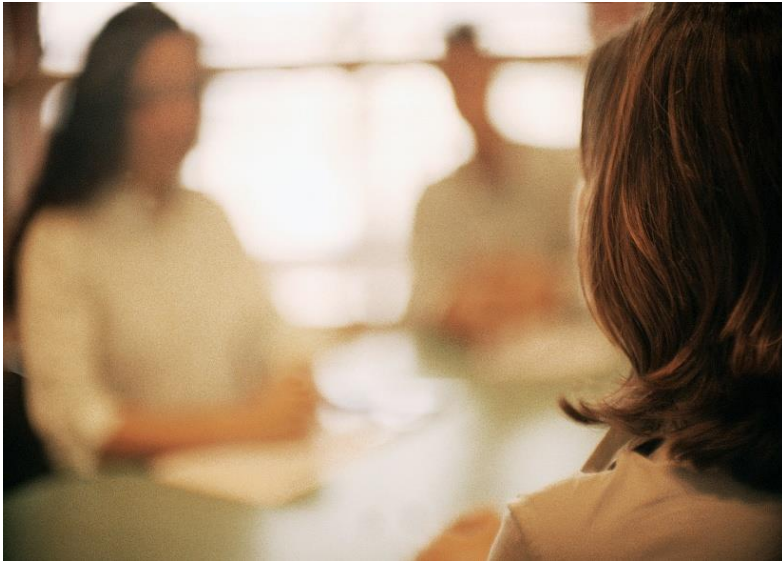
# Personality Traits Defined

- Personality traits underlie behaviors, both good and bad, in all of us.
- Consistent patterns of thinking, feeling and behavior that change little over time, but vary greatly between individuals.
- Products of biological factors, temperament factors, genetic factors, and environmental factors all working together to shape behavior (Paris, 2003).

# Personality Traits Defined

Traits can function in socially acceptable ways and be considered normal, or they can be exaggerated, function in socially unacceptable ways (Paris, 2003; Sperry, 2003).

According to Livesley (2003), personality is more than a collection of traits. Personality traits are integrated and organized to produce “...a *coherent sense of self or identity and the capacity for effective relationships with others within kinship and social groups.*”



# Disordered Traits in Helping Professions

Up to one person in eight (13%) in the general population.

Prevalence in the clinical population estimated to be 30% to more than 50% (Linehan, 1993a; Lester, 2004).

Many consumers may have disordered traits but will not rise to the level of diagnosis.



# Disruption from disordered traits

According to Carson et al.,

“...the personality disorders... represent long-standing, deeply embedded personality traits that are thought to be inflexible and maladaptive and that cause social or occupational adjustment problems or personal distress” (2002, p. 291).

Livesley goes on to define personality disorder as, “...*the failure to achieve adaptive solutions to life tasks.*”

(2003, p. 19)



# Disruption From Disordered Traits

- Disordered traits are often undiagnosed or misdiagnosed, yet are thought to be a contributing factor in many case management difficulties and failures.
- People with disordered personality traits are often experienced as deceptive, manipulative, competitive, controlling, dramatic, temperamental to excess, and avoidant concerning responsibility.



# Disruption From Disordered Traits

- The disordered traits may be the reason or a contributing factor to a family member seeking services.
- The trait owner will rarely present for treatment for the disordered traits.
- If they present for treatment, it will likely be
  - When dragged there by a spouse or employer
  - To deal with others who are a problem to them
  - For other issues that are “not their fault” or are tactics to divert attention or avoid exposure.

# Diagnosis

- In addition to these general diagnostic criteria, there are specific criteria for each of the ten different personality disorder diagnostic categories.
- These ten categories are grouped by common characteristics into three clusters, creatively named A, B, and C.
  - Cluster A a.k.a. “Odd” or “Eccentric”
  - Cluster B a.k.a. “Immature” or “Erratic”
  - Cluster C a.k.a. “Anxious”





# Diagnosis

## Cluster A a.k.a. “Odd” or “Eccentric”

Paranoid

Schizoid

Schizotypal Personality

## Cluster B a.k.a. “Immature” or “Erratic”

Antisocial

Borderline

Histrionic

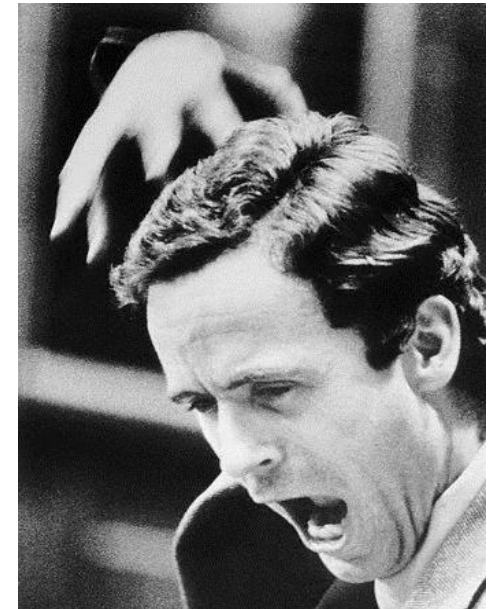
Narcissistic

## Cluster C a.k.a. “Anxious”

Avoidant

Dependent

Obsessive-Compulsive (Not OCD)



# Diagnosis

- A threshold approach is used, meaning that a certain number of the criteria must be present and confirmed.
- Problems in making an accurate diagnosis.
  - “Overlap” between the diagnostic categories
  - Difficult to distinguish between behaviors considered in the normal range and those considered to be disordered (Carson, et al., 2002).
  - Variations in behavior among those who exhibit the disordered traits (Hodges, 2003).

# The Long and Short of It

- Livesley concludes that, “Putting aside differences in theory and terminology, there is consensus that (1) *chronic interpersonal dysfunction* and (2) *problems with the structure of the self* lie at the heart of personality disorder” (2003, p. 20).



# Common Disordered Behaviors

- The presence of disordered personality traits can both increase the severity and confound the treatment of comorbid disorders.
- According to Lish, Kavoussi, and Coccaro (1996), *the incidence of aggression and violence is elevated for people with disordered personality traits.*
- Cluster B Disordered traits are implicated as domestic violence contributing factors



# Common Disordered Behaviors

## *Narcissism*

- The behaviors associated with disordered traits include impulsivity; irritability; lack of empathy or remorse; grandiosity; expectations of entitlement, special consideration and attention; along with poor boundaries with others (all common narcissistic behaviors).
- Hotchkiss sums up these traits and behaviors as “characterized by a combination of severe limitations in understanding other people and their feelings, as well as an excessive pursuit of what are called narcissistic supplies....” (2002, p. 13).

# Common Disordered Behaviors

## *Lack of insight or self-reflection*

- A trait common to all personality disorders is a lack of personal insight (Lester, 2004a).
- Sometimes called the observant ego, personal insight is what allows individuals to see their own behaviors, reflect on the impact of those behaviors, determine if the behaviors are appropriate, and consider appropriate changes.



# Common Disordered Behaviors

## *Externalizing*

- The lack of personal responsibility for both personal and relational problems leads to externalizing, or placing the responsibility or blame for problems and disturbances onto sources external to the self. (Clarkin, Yeomans, & Kernberg, 2006; Lester, 2004a; Sperry, 2003).
- Progress that comes from personal responsibility will be replaced by shifting of responsibility to others, including the professional or to other external factors and forces.

# Common Disordered Behaviors

## *Lack of empathy and remorse*

- Diminished or complete lack of empathy and remorse (Livesley, 2003; Lester, 2004, Stout, 2005).
- Stout indicates that “narcissism is a failure not of conscience but of empathy” (2005, p. 127).
- The lack of remorse is particularly true of the antisocial personality traits, sometimes referred to as “sociopathy” (Stout, 2005) or “psychopathy” (Millon & Grossman, 2004).
- Stout (2005) states that narcissism is characterized by the failure of empathy, whereas sociopathy (antisocial traits) is the absence of conscience.



# Common Disordered Behaviors

## *Dichotomous thinking*

- Dichotomous thinking, seeing people only in terms of good or bad, is a common to people with Cluster B traits, especially borderline personality traits (Lester, 2004a; Mason & Kreger, 1998).
- People with these traits tend to see people, including themselves, as being only good or only evil, or “angels or devils.” The idea that people may be mostly good and yet may have a few bad qualities may not resonate.

# Common Disordered Behaviors

## *Blaming*

- Blaming others for problems and disturbances that occur as a normal part of life or as a result of disordered traits and behaviors is common (Clarkin, Yeomans, & Kernberg, 2006; Friedel, 2004; Lester, 2004; Linehan, 1993a; Sperry, 2003).
- Blaming anyone and/or external circumstances replaces personal responsibility.
- For borderline personality traits, this is reinforced by the “splitting” process, for to acknowledge responsibility for harmful actions would include being “wrong,” which makes one totally bad or evil (Clarkin, Yeomans, & Kernberg, 2006; Friedel, 2004; Lester, 2004a; DSM-IV-TR, 2000).

# Common Disordered Behaviors

## *Projection*

- Not accepting responsibility for one's own unpleasant traits and behaviors, but “projecting” them onto another person (Mason & Kreger, 1998; Payson, 2002).
- Hotchkiss (2003): [People exhibiting narcissism] “constantly dump-or *project*- unwanted parts of themselves onto other people. They then begin to behave as if others possess these unwanted pieces of themselves, and they may even succeed in getting others to feel as if they actually have those traits or feelings” (p. 64).

# Common Disordered Behaviors

## *Lack of problem-solving capacity*

- Problem-solving includes self-reflection, assessment of personal responsibility, determining a course of action that will lead to resolution, and adjusting for the future.
- Problem-solving related to real personal problems will likely be practically non-existent. If there is a lack of personal insight on the part of the consumer, then real personal problems do not exist for them.

# Common Disordered Behaviors

## *Lack of problem-solving capacity*

- Problem-solving becomes an exercise in shifting responsibility for problems to others, and expecting them to solve the problems. Problem-solving actually becomes responsibility avoidance and problem relocation.
- This fits with the explanation of Livesley, “...*the failure to achieve adaptive solutions to life tasks*” (2003, p. 19).



# Common Disordered Behaviors

## *The Drama Cycle*

- Actual problem-solving will likely be replaced with another process known as “drama” (Lester, 2004a).
- The drama process allows the consumer to utilize specific roles as a means of deflecting responsibility from themselves and recasting the situation in a manner that offers protection from personal accountability or responsibility (Clarkin, Yeomans, & Kernberg, 2006; Friedel, 2004; Forward, 1997; Lester, 2004a; Linehan, 1993a; Sperry, 2003).

# Common Disordered Behaviors

## *The Drama Cycle*

- These roles are identified in various ways, but for the most part relate to playing the part of the victim, the rescuer, and the persecutor or aggressor (Clarkin, Yeomans & Kernberg, 2006; Forward, 1997; Lester, 2004a; Simon, 1996; Sperry, 2003).
- A person with Cluster B traits may easily transition from one role to another, depending upon the perceived needs and threats at a particular moment (Lester, 2004; Forward, 1997; Simon, 1996).

# Common Disordered Behaviors

## *The Drama Cycle*

- Lester (2004a) describes what he calls the “primary characteristic of drama” as “to validate an existential position (identity) rather than produce a workable outcome” (p. 25).
- Drama may include unexpected switches in drama roles resulting in confusion and upset in others, the addition of new problems or the obfuscation of existing problems by utilizing the drama roles...in the defense of the disordered traits and the self (Lester 2004a).



# Common Disordered Behaviors

## *The Drama Cycle*

### Levels of Drama:

Level 1. Normal mode in which the person “lives” most of the time, characterized by the “home” role and shifts when necessary.

Level 2. Relationship rules are broken. The drama cycle escalates to levels that may threaten relationships, including verbal and emotional abuse.

Level 3. Safety rules are broken. Anger or rage, threats, gestures, physical abuse or attacks may occur.

# Common Disordered Behaviors

## *Boundary violations and enmeshment*

- They may view others as extensions of themselves
- They may view themselves as entitled to whatever they want for others
- They may push personal and professional relationships beyond what is appropriate or ethical.
- They may use enmeshment as a means of manipulating others as servants, shields, distractions, etc.

# Common Disordered Behaviors

## *Manipulation*

- Persons with these traits learn to manipulate others as a means of dealing with a world for which they are ill-equipped, and to replace life skills that other people possess.
- Manipulations can be seen not as forms of attack, but as mechanisms of defense employed in a mostly unconscious manner (Simon, 1996).
- Manipulations serve as tactics that can be used to avoid responsibility, maintain the status quo of the disordered traits.

# Reactions to Disordered Behaviors

- At first, people with these traits may seem pleasant to work with, superficially charming.
- Over time, feelings of being pressured or controlled, being in crisis, or being manipulated or intimidated may be present (Linehan, 1993a).
- Counseling professionals may not be able to keep up with the consumer who shifts from calm to angry, or from one drama role to another.
- The professional may experience feelings of upset, annoyance, irritation, confusion, and/or conflict (Lester, 2004a; Linehan, 1993a).

# Reactions to Disordered Behaviors

The professional may experience...

- Feelings of being responsible for problems, conflicts and their solutions in the counseling relationship
- Dismantling of appropriate personal boundaries
- A tendency to let the client “off the hook” for their behaviors while at the same time feeling the need to defend oneself and disprove false accusations (Mason & Kreger, 1998).



# Reactions to Disordered Behaviors

- Hotchkiss indicates that these feelings and reactions may come from prior experiences with people who had narcissistic tendencies, stating, “”They play on whatever narcissistic vulnerabilities you may have left over from earlier experiences with similar characters” (2002, p. 8).



This makes it very important for the professional to be aware of their own vulnerabilities-their own baggage.

# Reactions to Disordered Behaviors

- The professional may feel bewildered, may feel trapped, and may avoid dealing with the consequences of misbehavior.
- Isolation may develop, along with habits such as unprofessional or pejorative references about the consumer and anger or grudge-bearing (Lester, 2004; Mason & Kreger, 1998).
- The professional relationship may thus become emotionally driven and unstable ... which may be stressful and discouraging to the professional (Livesley, 2003; Linehan, 1993a).



# *Implications for Case Management*

- The goals of a consumer with Cluster B traits will extend from the narcissistic paradigm and the needs created by the particular combination of traits present.
- These goals may revolve around defense of the incomplete sense of self, defense against what would be perceived as responsibility that may lead to exposure and shame, the obtaining of narcissistic supplies, and the manipulation of.





# *Implications for Case Management*

- In other words, the consumer with Cluster B traits or disorders sees and experiences the world differently than a person without those traits or disorders.
- This affects every aspect of the counseling relationship, including the definitions of progress and success.



# Successful Disordered Trait Owners

Not all consumers with Cluster B disordered traits appear on the surface to have disrupted lives.

- Some are apparently “successful” in society.
- While appearing successful, their personal lives and inner experience may be seriously disrupted.
- Their families or coworkers may be in significant distress & experience their own emotional difficulties
- Partner choices may determine level of relationship “success.”

# Successful Disordered Trait Owners

What is “success” for this consumer?

- Exposure avoidance
- Explosion avoidance
- Exclusion avoidance
- Exhaustion avoidance



Understanding this will help you define success from the consumer perspective.

# Strategies for Containment and Survival

- Boundary Maintenance
- Communication Strategies
- Managing Flare-ups
- Professional Self-Care



# ***Maintaining Boundaries***

- Boundaries help the consumer as much as they help the counselor (Mason & Kreger, 1998).
- Set limits in the important areas where boundaries are under attack. These include limiting time spent listening, and limiting angry reactions, charm, admiration, criticism, devaluation, drama, or intimidation (Mason & Kreger, 1998; Payson, 2002).
- Guilt, blaming and projection need to be neutralized (Cloud Townsend, 1992; Mason & Payson, 2002).

I didn't  
say it  
was your  
fault

I said I  
was going  
to Blame  
you

# ***Maintaining Boundaries***



- Clarify who is responsible to do what, writing down these assignments for frequent reference (Cloud & Townsend, 1992).
- Limit giving the consumer praise, support, expertise, and ideas (Payson, 2002).
- Be aware of counter-transference issues. This will necessitate being aware of one's own weaknesses and history relating to guilt, shame, and manipulation.

# ***Maintaining Boundaries***

- Limit self-revelation, and practice being unreadable and professionally distant (Hotchkiss, 2002).
  - Limit consumer defenses, attacks, and counter-moves by being alert to personal levels of guilt and being prepared with rehearsed thoughts and responses (Cloud & Townsend, 1992; Payson, 2002).
  - Establish momentum, be proactive, expect action and responsibility, and maintain accountability (Cloud & Townsend, 1992).
  - Persistence is a form of boundary setting, and can diminish the effectiveness of the consumer's defensive behaviors.

# ***Maintaining Boundaries***

- Stay focused, realizing that manipulation, distraction, obfuscation, and drama are normally employed to distract attention (Mason & Kreger, 1992).
- Avoid diagnostic statements regarding the consumer. Such labeling is likely to cause shame, anger, and disordered reaction, and is not likely to further the case management goals or relationship (Bernstein, 2001; Hotchkiss, 2002).
- Recognize the drama cycle when it appears in the conversation, and responding appropriately



# Communication Strategies

- Stay focused on the immediate as opposed to allowing the past to distract the conversation (Payson, 2002; Simon, 1996).
- Make sure all responsibilities and assignments are clearly communicated, in writing. (Bernstein, 2001).
- Address non-compliance directly but calmly
- Positive feedback and affirmation, if used appropriately, can reinforce positive accomplishments made by the consumer (Bernstein, 2001; Mason & Kreger, 1996).

# Communication Strategies

- Pause to consider the direction of the conversation, formulate appropriate responses, or let emotions cool (Mason & Kreger, 1998). In conversations that are heavily dramatized the counselor needs to be focused, alert and analytical.
- Stay on topic. Set limits. Ignore not the person.
- Keep the issues and demands clear, simple and reasonable.



# Behavioral “Flare-ups”

Precipitating factors to flare-ups.

- Feelings of loss of power or control
- Maintain or defend identity
- Fear (abandonment, exposure, etc.)
- Seeking attention or distraction



Dealing with the truth, reality testing, and sticking to the point may be threatening to the consumer.

Seek to avoid precipitating a flare-up when possible.

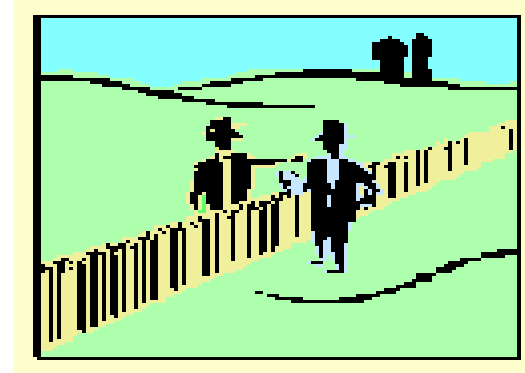
# Managing Flare-ups

- Avoid angry responses. Choose words that do not incite, that help you remain in control, and prevent the consumer from taking control of the situation (Bernstein, 2001; Simon, 1996; Forward, 1997).
- Identify outbursts: releasing frustration or manipulation? Do not react; be responsive and proactive.
- Identify intimidation: verbal and non-verbal as well as specific or implied.

# Professional Self-Care

Boundaries and flexibility.

- Professional and appropriate at all times.
- Boundary maintenance at all times.
  - Effective boundaries may escalate behaviors-be prepared.
  - Avoid pity, triangles, projection, other strategies
- Maintaining personal flexibility sufficient to meet the challenges of boundary intrusions and attacks.



# Professional Self-Care

Recognize threats.

- Threats to the person.  
Drama cycle levels.
- Threats to self-esteem and self-respect. Direct and indirect intimidations, attacks and manipulations.
- Threats to the professional relationship. Making allies, non-compliance and “wearing down” the professional.



# Professional Self-care

- Develop personal and professional support networks. Debrief often.
- Get professional counsel. Deal with your stuff.
- Be certain of the consumer's history regarding violence.
- Accept responsibility for what you can do, not for what you cannot.
- Make your decisions and choices from strategy, not urgency or pressure.

# Professional Self-care

- Refer if necessary.
- Balance life activities.
- Practice stress management in all of your life.
- Exercise and rest. These are medicine.
- Have a real life, with real friends and real hobbies.



# Discussion and inquiry

For further information about this training, its expanded formats  
or scheduling training events,  
please contact:

Timothy Denney

[tdenney@nwmhc.org](mailto:tdenney@nwmhc.org) 218.280.7881