# The Ethics of Working with Personality Disorders in IPV Populations:

## Assessing, Understanding, and Working with Personality

*From traits to dysfunction…*

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- BISC-MI Conference 2025, Ann Arbor, MI, "Spotlight on Solutions"

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## My context…

- I'm not a researcher,
- I'm a licensed clinician with a creative problem solving lens
- I have had significant supervision (both time and intensity) with supervisors with theoretical understanding of CBT and psychodynamic orientations
- I work with violent crimes, typically at the level of prison, parole, and halfway houses—I am typically referred the most complicated and difficult cases, if I take a probation case, the client has likely struggled at several other agencies before it gets to me
- The ideas presented here today are my personal methods for addressing personality patterns based on the theoretical orientations I have knowledge and training in and having utilized and fine-tuned these ideas for the past 18 years of clinical practice
- People often ask about where to go for further reading, there is not a lot of research or academic reading available on this subject
- There's only so much I can smash into 90 minutes

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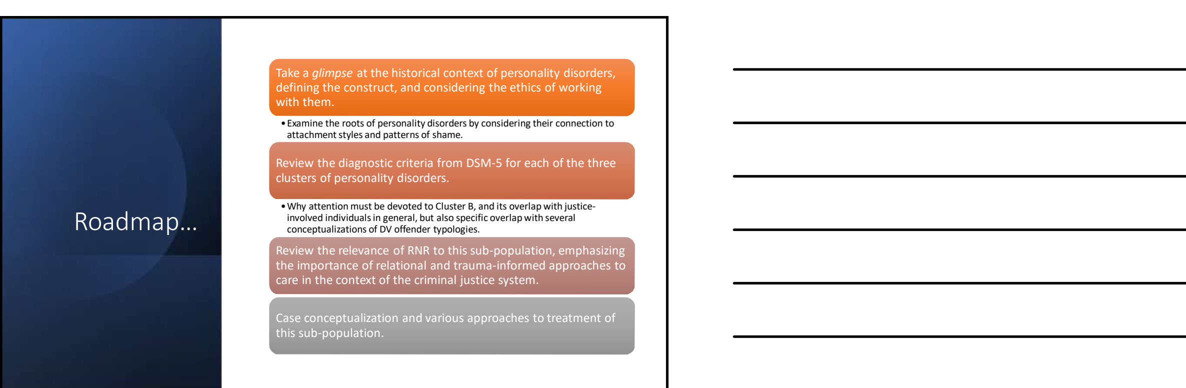


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## Objectives

1. Identify patterns of symptoms indicative of personality disorders and correctly identify the cluster and subtype.
2. Develop a framework for approaching treatment with DV offenders with personality disorders.
3. Start to gain understanding of how RNR is still relevant for working with personality disorders, but requires sensitivity to the relational attachment components of these disorders.

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## Ethical Discomfort around Personality Disorders (PDs)

- In my experience, people get leery about this topic
  - Generally viewing diagnosis as unnecessarily labeling people
  - Seeing them as permanent diagnoses
  - Believing it is flawed to say a personality is disordered
- A few bigger ethical issues lurk around working with PDs among those who cause harm specifically
  - Treating any diagnosis as an 'excuse' for abuse and coercive control
  - Mistakenly believing all folks with PDs have a propensity for violence, thus treating the relationship between criminally charged abuse or violence and PDs as causal—it's not
  - Taking diagnostic shortcuts and actually using PDs to inappropriately label people because they are problematic in therapy

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What if Personality "Disorders"

-are better conceptualized as simple trait patterns of rigidly clung to attachment patterns

-that actually just give you a blueprint to someone's shame and what will trigger them?

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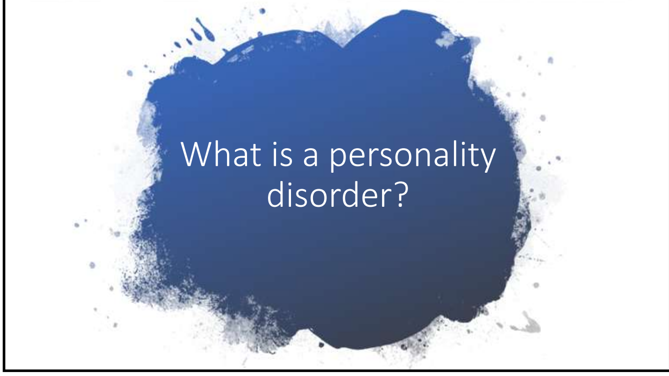


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## Many ways to define personality

- Latin *persona*, meaning theatrical mask
- Essentially and in brief, the characteristic patterns of thoughts, feelings, and behaviors that make a person unique; arises from within the individual and remains fairly consistent throughout life

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## Per DSM-5-TR, disordered personalities then…

- **Enduring pattern** of inner experience and behavior that deviates markedly from expectations of individual's culture
- Manifested in **2 or more** areas:
  - Cognitions (thoughts)
  - Affectivity (emotions and emotional response)
  - Interpersonal functioning (relationships)
  - Impulse control
- Pattern is **inflexible** and pervasive across broad range of situations
- Leads to clinically significant distress or impairment in functioning

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## In reviewing this concept, I hope to help with:

- Where personality disorders come from?
- What personality disorders look like?
- How do you work with individuals with these disorders?

*noting the name of the conference, I cannot offer the level of training it takes to diagnose these and do psychodynamic and attachment work with them, I do hope I can offer some practical steps if you recognize what we are about to discuss in clients, those who harm, and the fact that you are very likely to come in contact with more than average in this specific population

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## We have to start with attachment, *in very brief*

- Harlow, Bowlby and Ainsworth researched touch and showed the importance of self-soothing
- Harlow demonstrated how parents facilitate development of coping and self-soothing skills

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## "strange situation"

Mary Ainsworth

- Secure pattern (60%): become upset when parent leaves the room, actively seeking the parent when he or she returns and is easily comforted by them
- Anxious-resistant pattern (20%): ill-at-ease before parent leaves and extremely distressed after parent leaves, difficult to soothe when parent returns and appear to want to punish the parent for leaving them in situation
- Avoidant pattern (20%): don't appear distressed by separation from parent, actively avoid seeking contact with parents upon returning
- Later identified disorganized patter that has been termed ambivalent and linked to Reactive Attachment Disorder

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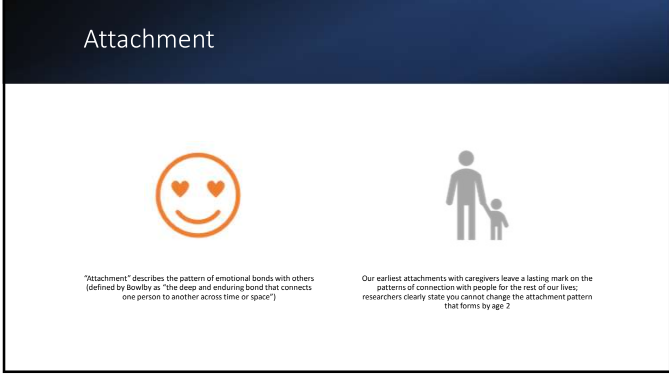


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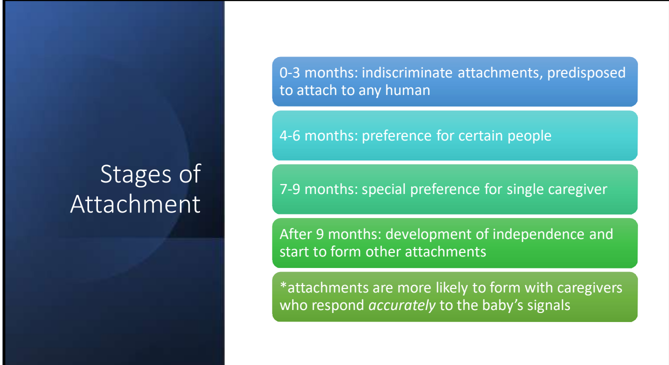


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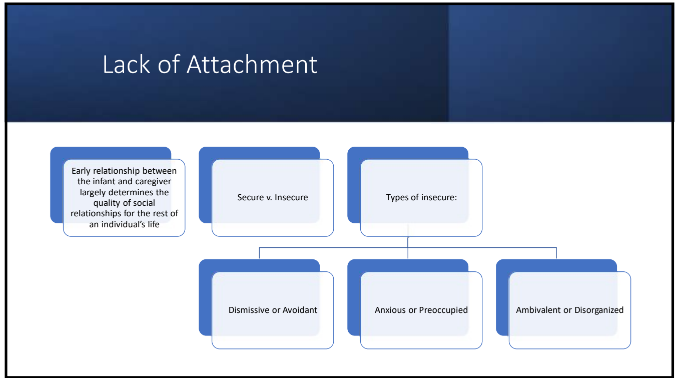


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This is my creative problem solving leap

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## Cluster A

- **Paranoid Personality Disorder** = pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent
- **Schizoid Personality Disorder** = pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings
- **Schizotypal Personality Disorder** = pervasive pattern of social and interpersonal deficits with acute discomfort with close relationships, as well as having perceptual distortions or eccentricities in behavior

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## Cluster A is NOT…

- Notice these are not the same as the hallucinations or delusions present with psychotic mental illnesses, such as Schizophrenia, frank paranoia, or mania
- Also notice it is not the same as the autism spectrum disorders

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## Cluster C

- **Avoidant Personality Disorder** = pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation
- **Dependent Personality Disorder** = pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation
- **Obsessive Compulsive Personality Disorder** = pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency

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## Cluster C is NOT…

- OC Personality Disorder is not the same as OCD
- Not the same as full-blown social anxieties or phobias

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## Cluster B Prevalence in United States

- Antisocial personality disorder - 3% of men, 1% of women
- Borderline personality disorder - 2% (likely varied for men and women)
- Histrionic personality disorder - 2%-3%
- Narcissistic personality disorder - less than 1%
- Overall, personality disordered individuals are about 10-15% of total population in our country

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## Cluster B Prevalence in the U. S. Criminal Justice System

- Review of 62 surveys of jail populations in 2002 (Fazel and Danesh)—it was reported that
  - 65% of the men had personality disorders; 47% having antisocial personality disorder
  - 42% of the women had personality disorders; 21% having antisocial personality disorder
- In 2009 study (Arroyo and Ortega), personality disorder was observed in 30% of the prison inmates with the following distribution
  - 12% with Antisocial Personality Disorder
  - 12% with Borderline Personality Disorder
  - 2% with Narcissistic Personality Disorder (I would estimate this higher)
  - I would estimate Histrionic as being slightly less than BPD
  - (same study found rates for Paranoid 3% and Schizotypal at 2%)

WHY? Common threads = External locus of control, increased manipulation, increased aggression and anger outbursts, propensity for argumentation, decreased impulse control, defense mechanisms, justifications of behavior after the fact

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## Antisocial Personality Disorder

- *"The essential feature of Antisocial Personality Disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood."*
- *From a shame perspective, this population's biggest fears tend to be that their needs will not be met by others so they persist in a lack of empathy or trust for others*

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## Antisocial Personality Disorder: Criteria

**Diagnostic Criteria**

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

1. Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
2. Deceitfulness, as indicated by repeated lying use of aliases, or conning others for personal profit or pleasure
3. Impulsivity or failure to plan ahead
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults
5. Reckless disregard for safety of self or others
6. Consistent irresponsibility, as indicated by repeated failures to sustain consistent work behavior or honor financial obligations
7. Lack or remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

B. The Individual is at least 18 years of age.

C. There is evidence of Conduct Disorder with onset before 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

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## Characterized by

- Stunning lack of regard for the rights and properties of others
- Conversation for another day, but I'm not talking about psychopathy or sociopathy
- This group is gifted at guilt neutralization
- "Why would I bother with emotions at all? Emotions are unsafe and allow people to find your vulnerabilities and hurt you. Better to stay cold."

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## Antisocial Personality Disorder

***Problems they may present:***

- Impulsive behavior--often the cause of their incarceration and/or drug use (consider frontal lobe deficits)
- Persistent lying, at times for no apparent reason
- May manipulate professionals into compromising positions
- Boredom or any other secondary gain you can imagine

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## Antisocial Personality Disorder

***How to work with them:***

- Set limits (in writing when necessary) and follow them
- Provide consequences when appropriate to enforce the limits and boundaries
- But do not present limits and consequences in authoritarian manner
- *Never* do "special favors"--not even little ones, as they can be preparations for bigger ones
  - This is like rule-breaking grooming

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## Borderline Personality Disorder

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## Borderline Personality Disorder

- *"The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self- image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. "*
- *From a shame perspective, this population's biggest fears are of abandonment, rejection, or undue criticism*

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## Borderline Personality Disorder: Criteria

- A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by 5 or more of the following:
  - Frantic efforts to avoid real or imagined abandonment
  - Pattern of unstable and intense interpersonal relationships (alternates between extremes of idealization and devaluation)
  - Identity disturbance; unstable self-image or sense of self
  - Impulsivity in at least two areas that are potentially self-damaging
  - Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
  - Affective instability due to a marked reactivity of mood
  - Chronic feelings of emptiness
  - Inappropriate, intense feelings of anger or difficulty controlling anger
  - Transient, stress-related paranoid ideation or severe dissociative symptoms

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## Characterized by

- "I hate you! Don't leave me…"
- A classic push and pull indecision around intimacy, emotional connection, and trust
- "By the way, you look fucking terrible in **green.**"

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## Borderline Personality Disorder

***Problems they may present:***

- Confuse consequences with emotions
- Persistent drug use
- “Only you understand me.”
- Mood instability
- Lots of work!

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## Borderline Personality Disorder

***How to work with them:***

- Set clear, consistent limits
- Never promise to keep secrets or get sucked into a “special relationship”
- Acknowledge pain (it's often genuine), along with the message that it does not justify bad choices
- Keep consequences tied to their behavior, not your emotional reaction
- Teach emotion regulation, distress tolerance, interpersonal effectiveness, and mindfulness as conceptualized in Dialectical Behavior Therapy

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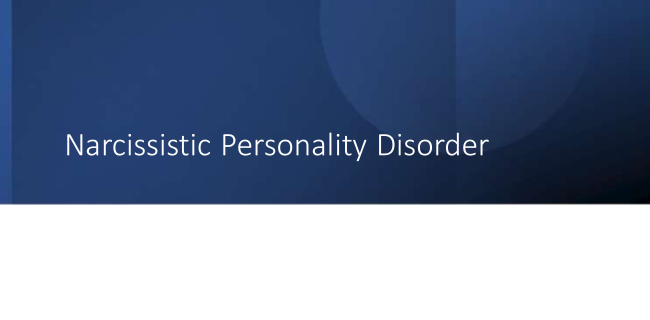


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## Narcissistic Personality Disorder

- *"The essential feature of Narcissistic Personality Disorder is a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins by early adulthood and is present in a variety of contexts."*
- *From a shame perspective, this population's biggest fears are of inadequacy, not mattering, or irrelevance. Although it is not written in the DSM-5, their façade of being better than others is an elaborate defense mechanism to keep others away so that they cannot get close enough to compare and see the narcissist is lacking. True narcissists are extremely lonely and crippled by self-loathing.*

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## Narcissistic Personality Disorder: Criteria

- Pattern: grandiosity (fantasy or behavior), need for admiration, and lack of empathy—would add creation of facade to hide self-loathing and avoid comparison with others
- 5 or more of the following:
  1. grandiose sense of self-importance, exaggerates talents, expects to be recognized as superior
  2. preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love
  3. believes is special and unique, only to be understood by other high-status entities
  4. require excessive admiration
  5. sense of entitlement (unreasonable expectations of favorable treatment or automatic compliance with expectations)
  6. interpersonally exploitative
  7. lacks empathy—unwilling to identify with feelings/needs of others
  8. often envious of others or believes others are envious of him or her
  9. arrogant, haughty behaviors or attitudes

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## Characterized by

- As stated before, this pattern really signals self-loathing, but they'll never tell you that
- Takes a long time to build enough relationship with them to start challenging them
- "Do you really think I'm entitled?"
- "Go ahead and look up narcissism in the dictionary. There's a picture of my smiling face right there."

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## Narcissistic Personality Disorder

***Problems they may present:***

- Will complain about being treated “like a criminal”
- Will become exasperated that you don’t recognize they are “not like the others”
- Will argue for special treatment

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## Narcissistic Personality Disorder

***How to work with them:***

- Acknowledge their uniqueness (even if it kills you)
- Set clear limits and state consequences
- Do not get into arguments about whether or not they are special (as you might want to)
- Remember that they may be very unhappy, though they may not acknowledge it at first (or ever)

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## Histrionic Personality Disorder

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## Histrionic Personality Disorder

- *"The essential feature of Histrionic Personality Disorder is high emotionality and preoccupation with receiving attention from others."*
- *From a shame perspective, this population's biggest fear is of being ordinary. Although it is not written in the DSM-5,*
  - *the key way to distinguish from narcissism is the absence of self-loathing,*
  - *while the key way to distinguish from borderline patterns is the absence of genuine distress when engaging in emotional expression.*

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## Histrionic Personality Disorder

- Pattern: excessive emotionality and attention-seeking
- 5 or more of the following:

1. uncomfortable when NOT the center of attention
2. inappropriate sexually seductive or provocative behavior
3. rapidly shifting and shallow expression of emotions
4. consistently uses physical appearance to draw attention to self
5. speech is impressionistic, but lacks detail
6. theatricality and exaggerated expression of emotion
7. suggestible, easily influenced by others
8. considers relationships more intimate than they actually are

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## Histrionic Personality Disorder

***Problems they may present:***

- Confuse consequences with emotions
- Similar to borderline patterns, will seek special relationships and say 'only you understand me'

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## Histrionic Personality Disorder

***How to work with them:***

- Set clear, consistent limits
- Never promise to keep secrets or get sucked into a "special relationship"
- Keep consequences tied to their behavior, not your emotional reaction

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## Common Threads across Cluster B?

- Similar criteria across the Cluster B disorders,
  - distrust of others
  - impulsivity
  - aggression, anger, or physical fights
  - deception and manipulation (external locus of control)
- All overrepresented in forensic settings, like jail and prison—WHY?
  - Often histories of trauma
  - Strong overlap with (co-occurring) substance use disorders
  - SIGNIFICANT problems with emotion regulation (that are often misdiagnosed as bipolar disorder and other major mental illnesses)
  - SIGNIFICANT problems with authority

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## Similarities in working with them

- stress-related paranoia, distrust of others—difficult to build therapy relationship
- outrageous impulsivity—behavioral problems in facilities
- aggression, anger, or physical fights—argumentative
- manipulative and deceitful—use of distraction and rationalizing
- attack your competence—make you question your effectiveness and threaten you with grievances

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## Socialized gender complicates the picture

- Gross oversimplification of many different studies and research read on the topic
  - Those socialized as men **tend** to be antisocial and/or narcissistic
  - Those socialized as women **tend** to be borderline and/or histrionic
- Object-relations theories: those socialized as men tend to develop identity in terms of uniqueness and individual strength while those socialized as women tend to develop identity in term of their relationships and connectedness with others
  - i.e., antisocial and borderline might be two sides of a coin about needs
  - And narcissistic and histrionic similarly two sides of a coin about specialness

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## Keys to working with these disorders

- Provide structure, soothing, and stimulation (the 3 S's credit to E. Sather)

1. STRUCTURE: Set firm boundaries with clear, natural consequences for transgressions
2. SOOTHING: Validate emotions and calm when distressed—for some of the disorders necessary to stroke ego, especially after being particularly challenging
3. STIMULATION: Challenge irrational thoughts that support the pattern, illuminate the pattern, discuss how they have the power to choose behavior despite emotional turmoil—hold their interest

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## Cluster B is NOT…

- These disorders are frequently misdiagnosed as genuine anxiety disorders, anger management problems, bipolar disorders, and some psychotic behaviors
- Not a lot of supporting evidence for exotic disorders—what used to be called Multiple Personality Disorder is now termed Dissociative Identity Disorder and does not involve the switching of "personalities"
- Although it frequently overlaps with PTSD symptoms, it is not necessarily the definite result of trauma

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What about with clients how harm others? Whether domestic violence,intimate partner violence, batterers, or other words are used

- Consider how intimate partner violence typology research aligns with Cluster B personality patterns
- And, thus, how that would inform treatment decisions clients who harm others

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## Categorizing IPV Offenders: Typology Research So Far

- Early typologies based on pathology
  - Some IPV offenders have mental illness, about 15% more than average public
  - And plenty meet criteria for Cluster B, but not enough alone
- Holtzworth-Munroe, GL Stuart
  - Family only, Dysphoric/borderline, and Generally violent/antisocial
- Stucky-Halley
  - Vary by motive: survival-based, entitlement-based, sadistic-based
- Studies demonstrate abuse and coercive control is not classified consistently
- Some differentiation by risk, type of crime, aggressor distinction

**I've already been influenced by this conference and am leaning toward distinguishing between coercive control, resistive violence, and other categories that would inform how we treat folks; newer frameworks like this might actually align with motive and personality patterns and help clarify treatment plans*

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## Those who engage coercive control have different motives, behaviors, and risks

- While all engaging in coercive control are seeking to dominate and have power over their victim-survivor
  - <u>why</u> they want to dominate and control differs
  - Having been to so many trainings on assessment in our field, we have not been as clear about measuring risk because we have not gotten clear about typology
  - A lurking question for me: If coercive control is a specialized behavior, then what risks are actually associated with that?
    - "too much skin in the game"
    - Punishing, "teaching," "guiding," retaliating, humiliating, coercing, intimidating, controlling
    - The external locus of control exhibited by Cluster B demonstrate why this group is overrepresented in this type of offending

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## Different motives for aggression

- Resort to force to appropriate tangible resources they desire
- Because it wins them approval and status rewards
- Rely on aggressive conquests to bolster their self-esteem and manliness
- Derive satisfaction from seeing the expressions of suffering they inflict on their victims

(based on Bandura's earlier research)

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## Should we focus on personality disorders as part of RNR?

- Andrews and Bonta (1990) developed Risk-Need-Responsivity (RNR) Model for offender treatment with the articulated goal of reducing recidivism
- Personality disorders do not, themselves, cause crime
  - Some of the associated traits, particularly those common threads for Cluster B, are likely to lead to the Big Four criminogenic needs, antisocial thinking, antisocial peers, antisocial personality, and history of antisocial behavior
  - And specific personality patterns are likely to contribute to the motives and typologies observed with domestic violence offenders
- So, indirectly, the rigid patterns of personality disorders become a responsivity issue with regards to criminogenic therapy to satisfy RNR

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## Can Personality Disorders be treated?

- **Of course!** Often as a responsivity issue that will affect how they engage in treatment and impact the ability to reduce likelihood for recidivism
  - Remember the 3 S's
  - Engage attachment-based concepts and approaches in treatment to build more secure attachments
  - Addressing psychodynamic concepts like masks/defense mechanisms and how they related to criminal behavior
  - Incorporate material that addresses trauma and its symptoms
  - CBT behavioral analysis
  - DBT for missing ingredients

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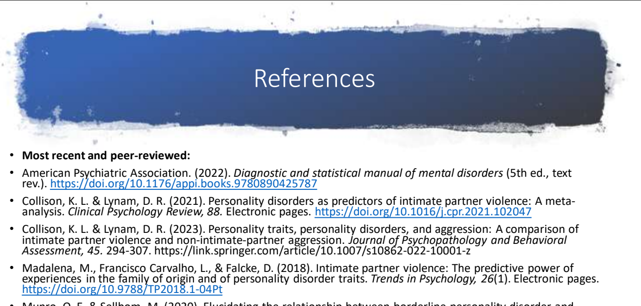

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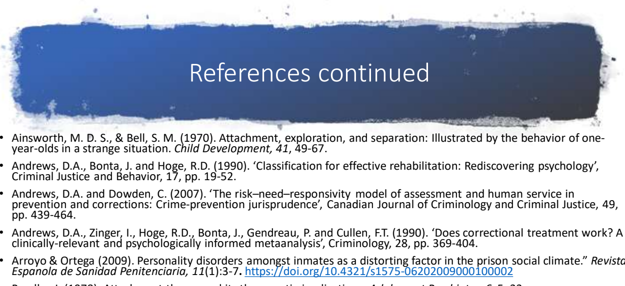

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