

WORKING WITH THE CHALLENGING CLIENT
PERSONALITY DISORDERS

DISORDER <i>(brief description)</i>	CLINICAL PRESENTATION	TACTICS
BORDERLINE PERSONALITY DISORDER <i>(unstable relationships, self-image, affect + impulsivity)</i>	<ul style="list-style-type: none"> • may be very pleasant at first • highly emotionally volatile • idealizes & demonizes others • easily provoked • a flexible view of reality • engages in self destructive behaviors • appear to be in constant crisis • prone to depression 	<ul style="list-style-type: none"> • validate feelings • separate facts from feelings • separate the person from the behavior • avoid criticism • be consistent, clear, & predictable • distract when emotions rise • depersonalize & detach from the drama • walk away if necessary
PARANOID PERSONALITY DISORDER <i>(a pervasive distrust and suspiciousness of others)</i>	<ul style="list-style-type: none"> • unfounded mistrust of others • guarded & suspicious • highly moralistic & judgmental • bears grudges • frequently argues & complains 	<ul style="list-style-type: none"> • sympathize with feelings • do not argue about facts • give them what control you can • don't waste time trying to gain their trust • humor can help
ANTISOCIAL PERSONALITY DISORDER <i>(significant disregard for and violation of the rights of others)</i>	<ul style="list-style-type: none"> • quite (superficially) charming • impulsive • irritable, aggressive • irresponsible • lacks remorse, empathy • disregard social rules • dislike authority figures • manipulate information, people • 	<ul style="list-style-type: none"> • do not accept what they say as fact • document everything • expect that they will not fulfill requests & obligations - have clear consequences • be upfront, clear, & honest • downplay your authority • refuse to be bullied • avoid arguments
HISTRIONIC PERSONALITY DISORDER <i>(a pervasive pattern of excessive emotionality and attention seeking)</i>	<ul style="list-style-type: none"> • very charming, seductive • shallow emotions • superficial in interactions • sensitive to criticism, rejection • assumed intimacy with others • preoccupied with appearance • presents as helpless, will lie 	<ul style="list-style-type: none"> • do not accept what they say as fact • be formal in interactions • focus on facts, not emotion • criticize gently • review & emphasize your role as a professional • return communications promptly • provide structure during meetings • practice your 'poker face'
NARCISSISTIC PERSONALITY DISORDER <i>(a pervasive pattern of grandiosity, need for admiration, and a lack of empathy)</i>	<ul style="list-style-type: none"> • extreme feelings of self-importance & entitlement • lacks empathy • readily lies & exploits others • preoccupied with power, status • requires excessive admiration 	<ul style="list-style-type: none"> • assign tasks, power when possible • avoid direct criticism • give genuine compliments • (gently) distinguish perceived entitlements from real ones

WORKING WITH THE CHALLENGING CLIENT
OTHER MENTAL ILLNESSES/DISORDERS

DISORDER <i>(brief description)</i>	CLINICAL PRESENTATION	TACTICS
MAJOR DEPRESSIVE DISORDER <i>(multiple depressive symptoms: sadness, loss of interest in previously enjoyed activities, disturbed sleep and/or appetite, loss of energy, suicidal ideation)</i>	<ul style="list-style-type: none"> • significant sadness • excessive crying • difficulty concentrating on conversations, paperwork • missed deadlines • lack of motivation • poor hygiene/disheveled 	<ul style="list-style-type: none"> • be empathetic without becoming engaged • allow time for emotional expression • don't avoid bad news • focus on the "team" aspect of your working relationship • if suicidal, call 911
INTELLECTUAL DISABILITY <i>(significant deficits in intellectual functions and adaptive functioning, that began during childhood)</i>	<ul style="list-style-type: none"> • presentation is highly varied • difficulty with abstraction, sarcasm • may exhibit socially inappropriate behavior • may pause before responding • may appear to understand (e.g., nod) 	<ul style="list-style-type: none"> • be clear & concrete, avoid jargon • don't make assumptions about their abilities/deficits • talk directly to them, not a caregiver • be watchful for acquiescence - ask for their understanding
AUTISM SPECTRUM DISORDER <i>(persistent deficits in social communication and restricted, repetitive behaviors/interests/activities, that began in childhood)</i>	<ul style="list-style-type: none"> • presentation is highly varied • may avoid eye contact, communication • can exhibit rigid/overly focused attention and thinking • 	<ul style="list-style-type: none"> • don't force or expect social traditions (e.g., hand shakes) • respect personal space • stay calm, "underwhelmed" • be consistent • be clear, literal - avoid sarcasm • prepare client for changes, unexpected situations
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER <i>(significant inattention, hyperactivity, and impulsivity, that began prior to 12 years of age)</i>	<ul style="list-style-type: none"> • appear irresponsible • chronically late • miss deadlines • forgetful • disorganized, lose important documents 	<ul style="list-style-type: none"> • give small tasks with deadlines • provide frequent reminders • limit distractor • use a nonverbal cue to focus • meet individually not as a team • make meetings/conversations short • give the "big picture" first, details later (in written form) • keep copies available for them