Responses to "Cluster B" Parents

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Who?
Why?
Criminality
Individual Responses
Community Responses

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Personality Disorder DSM 5

- Cluster B: histrionic, narcissistic, borderline antisocial personality disorders
- Estimates of prevalence vary widely (6%)
- ~ 1 in 16
- Crit. A: Impairments in personality functioning
- Crit. B: Existence of pathological traits
- Pervasive, stable, not better explained by substance, traumatic brain injury, socioculture situation
Personality Disorder DSM 5 Criteria

- Impairments in personality functioning.

Self

1. **Identity**: Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.

2. **Self-direction**: Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and pro-social internal standards of behavior; ability to self-reflect productively.
Personality Disorder DSM 5 Criteria

- Impairments in personality functioning.

**Interpersonal**

1. **Empathy**: Comprehension and appreciation of others’ experiences and motivations; tolerance of differing perspectives; understanding the effects of own behavior on others.

2. **Intimacy**: Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.
Personality Disorder DSM 5 Criteria

Criteria B: Trait Domains

- Negative Affectivity v. Emotional stability
- Detachment v. Extraversion
- Antagonism v. Agreeableness
- Disinhibition v. Conscientiousness
- Psychotism v. Lucidity
Personality Disorder DSM 5 Criteria

Negative Affectivity v. Emotional stability

Frequent and intense experiences of high levels of a wide range of negative emotions (e.g., anxiety, depression, guilt/shame, worry, anger, etc.), and their behavioral (e.g., self-harm) and interpersonal (e.g., dependency) manifestations.

1. Emotional lability
2. Anxiousness
3. Separation insecurity
4. Submissiveness
5. Hostility
6. Perseveration
7. Depressivity
8. Suspiciousness
9. Restricted affectivity
Personality Disorder DSM 5 Criteria

Detachment v. Extraversion

Avoidance of socio-emotional experience, including both withdrawal from interpersonal interactions ranging from casual, daily interactions to friendships to intimate relationships as well as restricted affective experience and expression, particularly limited hedonic capacity.

1. Withdrawal
2. Intimacy avoidance
3. Anhedonia
4. Depressivity
5. Restricted affectivity
6. Suspiciousness
Personality Disorder DSM 5 Criteria

Antagonism v. Agreeableness

Behaviors that put the individual at odds with other people, including an exaggerated sense of self-importance and a concomitant expectation of special treatment, as well as a callous antipathy toward others, encompassing both unawareness of others’ needs and feelings, and a readiness to use others in the service of self-enhancement.

1. Manipulativeness
2. Deceitfulness
3. Grandiosity
4. Attention seeking
5. Callousness
6. Hostility
Personality Disorder DSM 5 Criteria

Disinhibition v. Conscientiousness

Orientation towards immediate gratification, leading to impulsive behavior driven by current thoughts, feelings, and external stimuli, without regard for past learning or consideration of future consequences; the opposite pole of this domain reflects excessive constraint of impulses, risk avoidance, hyper-responsibility, hyper-perfectionism, and rigid, rule governed behavior.

1. Irresponsibility
2. Impulsivity
3. Distractibility
4. Risk taking
5. (lack of) Rigid perfectionism
Personality Disorder DSM 5 Criteria

Psychotism v. Lucidity

Exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation) and content (e.g., beliefs).

1. Unusual beliefs and experiences
2. Eccentricity
3. Cognitive & perceptual dysregulation
Narcissistic Personality Disorder

- Grandiose Self: ideal self, ideal other and real self; split structure
- Insecure / disorganized attachment working models
- Developmental Experiences: Parents: Cold but overinvolved Abuse; Neglect
- Deficits in social Cognition/mentalandization (deficits in emotional but not cognitive empathy)

Diana Diamond Master Lecture https://www.youtube.com/watch?v=3PoZtEX8PKE
Pathological Grandiose Self:

- Sense of self comprised of ideal self, ideal other and real self
- Provides a semblance of integration that masks a split psychological structure
- Negative representations projected—split view of self and others, but requires others to sustain sense of self; Retreat from world of OR; Not fully grounded in reality

Diana Diamond Master Lecture https://www.youtube.com/watch?v=3PoZtEX8PKE
NPD features

- Variable over time, oscillates b/w grandiosity (arrogance, entitlement, exploitativeness) and vulnerability (hypersensitivity, social avoidance, shame)
- Retreat to fantasy, poor reality testing (desperately in love, etc)
- Difficulty verbalizing internal distress
- 'Slot machine' attitude – quick fixes
- Fears of dependency, vulnerability, incompetence, envy, loss of status
- Though difficult to articulate – leading to “projective identification” so therapist feels these feelings e.g. anxious, devalued, criticized, wishing to terminate
- Sense of self as special/unique, fantasies of success, preoccupied with envy, entitled, exploitative, self-disparaging, hypersensitivity
Treatment

- Transference Facilitated Psychotherapy (TFP)
- Dialectical Behavioral Treatment (DBT)
- Long term (multiple years)
- High drop-out rate
High Conflict Markers

- Revenge.
- Self-righteousness.
- Fear of losing the child.
- Past history.
- Ownership.
- Jealousy.
- Child support.
- Loss of identity.
- Self-protection.
- Maintaining the relationship through conflict.
- Problematic social relationships or lifestyles.
- Power, influence, control or domination

Treneff, C. (), OLD AND NEW SOLUTIONS IN HIGH CONFLICT CUSTODY CASES; treneff.com
Patterns

- Bids for power and control are perceived and trigger defenses against rejection, neglect.
- All interactions are opportunities for acting out abusively.
- Regressed desire to “win” (with third parties, with court, against ex). Won't “move on.”
- Feigned or grandiose interest, actual disinterest in the needs of the children.
- e.g. “Either I'm the coach or your not playing.”

Hall, Lisa (2016), discussion, DivorceWise.net
They Won't Do It Alone

- The parties have ongoing disagreements about the implementation of parental rights orders and need ongoing assistance;
- There is a history of extreme or ongoing parental conflict that has been unresolved by previous litigation from which a child of the parties is adversely affected;
- The parties have a child whose parenting time schedule requires frequent adjustments to maintain age-appropriate contact and the parties have been unable to reach agreement without court intervention;
- The parties have a child with a medical or psychological condition or disability that requires frequent decisions regarding treatment and the parties have been unable to reach agreement without court intervention;
- One or both parties suffer from a medical or psychological condition that results in an inability to reach agreements in their parenting time schedule without assistance, even when minor in nature.

*Ohio Domestic Relations Journal, V 26, 5; Sept/Oct 2014*


Impact on Children

• Colorado Revised Statutes 2013 Title 19
• Children's Code acknowledges attachment:

(1.6) The general assembly recognizes the numerous studies establishing that children undergo a critical bonding and attachment process prior to the time they reach six years of age. Such studies further disclose that a child who has not bonded with a primary adult during this critical stage will suffer significant emotional damage which frequently leads to chronic psychological problems and antisocial behavior when the child reaches adolescence and adulthood.
Impact on Children

- **Colorado Revised Statutes 2013 Title 19**
  - 19-1-103 defines Child Abuse as:
    (IV) Any case in which a child is subjected to emotional abuse. As used in this subparagraph (IV), "emotional abuse" means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development.
Impact on Children

• Feelings of depression, anxiety, obsessive worry.
• Lowered academic performance.
• Acting-out behaviors e.g. aggressiveness, poor conduct, or disobedience. Poor peer-relations.
• Problems with concentration and attention.
• Difficulty with emotional regulation.
• Sleep-related problems.

Impact on Children

- Resentment of authority.
- Inability to adapt to new situations.
- Sexual acting out.
- Drug and alcohol use.
- Lowered self-esteem or loss of identity.
- Problems with peers, parents, teachers, or extended family.

SHIENVOLD, ARNOLD T. (2011) THE HIGH-CONFLICT DIVORCE & Your Children's Adjustment, Family Advocate; Vol. 34 Issue 3, p32
PD/JD/HHS as NPD Playground

- Culture of 50/50, “let them figure it”, “why can't you work it out for the sake of the kids” is inappropriate for this scenario.
- “There is too much conflict. Toss the motion.”
- Time limits and closing cases is inappropriate. NPD reveals over time.
- Use of checklists and face-to-face interviews inappropriate. Textual analysis, behavioral evidence more accurate. People are charmed.
Responses – Parallel Parenting

- Minimize contact between parents. Support the “no contact” decision. Do not support orders or structures that force contact.
- Oversight of contact between parents. Use technical solutions for communication. Archive insurance documents, medical records, etc.
- Minimize exchange.
- Minimize parenting responsibility of PD parent.
Responses – Monitor and Modify

- “small lies” and disregard for orders need consequences
- Special Master, Parenting Coordinators for decisions (Denver, 90s)
- Requirements for Parenting Coordinators as parents lose parenting responsibility
- Assessment, Review, Education, Conflict Management, Decision
Support for High Conflict Cases

http://www.civilcommunicator.com/
www.sharedgroundonline.com
www.sharekids.com
www.parentingtime.net.
Community Responses

- Educate child welfare workers, judges, attorneys, HHS, PD, CFI, PRE, etc etc
- Support access to Family Court financially
- Lobby legislation for better laws regarding perjury, emotional abuse through litigation, stalking, harassment
- Win emotional abuse cases at trial
- Collect data: HHS, PD, DA, JD
Thank You Thank You Thank You Thank You

- Boulder Emotional Wellness offers affordable psychotherapy for individuals, couples, families, children
- Parallel Parenting Support Group
- Cluster B Advocacy Group
- andrewnewkirkrose@yahoo.com
- Boulderparentsupport.com