

Personality Disorders

Description of the Disability

Researchers define personality as the set of ingrained characteristics that determine a person's behavior, thoughts, and emotions. Personality disorders are disorders of trait (part of the person), rather than state (part of an acquired condition). In a personality disorder, the traits are inflexible and maladaptive, causing significant problems with social or job functions or causing subjective distress. Low self-esteem is a common part of personality disorders. The symptoms usually start in young adulthood or childhood. Because the traits are so much a part of the person, personality disorders are often difficult to diagnose and treat. It is very common for the severity of the symptoms associated with a personality disorder to decrease as the person gets older, but researchers do not know why.

It is rare for treatment to “cure” a person with a personality disorder, which makes these individuals frustrating to therapists. In addition, individuals with personality disorders can seem to have mixed feelings about treatment and tend to undermine their own therapy by missing sessions or repeating behaviors that they know are destructive. Fortunately, the VR methodology - providing supports for the individual based on abilities and needs - can be successful for many individuals. If someone with a personality disorder seeks help from a doctor, the doctor will typically try to medicate them. For most personality disorders, medications rarely help the person function better and many just make them tired and sedated.

Individuals with personality disorders do not deal well with stress and they generally seek professional help because of the stress (including problems with relationships or employment) rather than because of their personality disorder directly. If the stress is extreme, the symptoms of their personality disorder may increase and they may develop transient psychotic symptoms. These transient psychotic symptoms make them appear to lose touch with reality and they have difficulty functioning for brief periods.

VR counselors rarely see someone with a personality disorder as the sole diagnosis. Usually the person has come to VR because of a coexisting disability and the personality disorder is listed as secondary. The most common primary disabilities include mental disorders and substance abuse.

Personality disorders cause individuals to feel very isolated, as if they are the only one who has ever experienced these problems. They will often have gone through a number of different jobs, frequently ones that are below their full abilities. They will usually have few social relationships, and those will be unstable. Because an individual with a personality disorder can be very frustrating and irritating, the people on the other side of those relationships may express very visible irritation and anger with the individual. The irritation and anger of these others may even be more noticeable than the behavior of the individual with the disorder. It is important to remember that the thing VR clients find most helpful about VR is encouragement and support.

Researchers find that when a person loses a job, the underlying reason usually involves social behaviors. Because social behavior is one of the main things affected by personality disorders, this becomes a significant issue for job placement / job development. Successful employment outcomes for individuals with personality disorders should begin with the availability of a wide variety of job situations. These individuals really need situations that can accommodate their ongoing behaviors and personal concerns. Each individual will present with such unique accommodation needs that the VR counselor will need a wide range of possible work environments to explore with the individual. This is true for all individuals with disabilities, but it is especially significant for those with personality disorders.

A VR counselor should treat a specific personality disorder diagnosis as a hint rather than as a reliable description of the individual's behavior. There are two reasons for this. First, the different personality disorders overlap tremendously and a differential diagnosis is more "art" than "science". Secondly, individuals with personality disorders can be very intelligent. They will occasionally read the DSM themselves and decide which diagnosis to present. As with all disabilities, it is important to look at the individual's strengths and support needs rather than going "by the book" from their diagnosis.

The DSM IV recognizes eleven personality disorders:

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Paranoid Personality Disorder

The central feature of paranoid personality disorder is a pervasive and unwarranted mistrust of people. In addition, these individuals are hypersensitive to others, frequently misinterpreting other people's actions as deliberately insulting or threatening. As part of this hypersensitivity, these individuals are "hyper-vigilant": continually scanning the environment looking for threats, expecting to be tricked or attacked, and reading hidden motives and special meanings into other people. They also tend to be secretive, to question everyone's loyalty, to be extremely jealous, to refuse responsibility for things, and to exaggerate their own problems. They can bear grudges for long periods of time, tend to focus on rank and power issues, and can be very litigious.

The claims made by a person with this disorder can sound similar to paranoid schizophrenia, but there is a significant difference. Schizophrenia is marked by disorganized thoughts and fears; things the individual seems to make up from moment to moment. Individuals with paranoid

disorder have very organized beliefs and opinions. They have spent a lot of time sorting everything out.

As with some other personality disorders, individuals with paranoid disorder have a reduced range of emotions. To others they can seem cold, aloof, lacking in a sense of humor, lacking in warm or sentimental feelings, and to take pride in being rational and objective.

Individuals with paranoid disorder can be very abusive in relationships. They often do not treat others well because they do not trust them. When the other person is then rude or angry in response, the individual takes this as confirmation of that the person is not trustworthy. The individual will constantly test their VR counselor for loyalty and constantly seek reassurance. It is especially important for the counselor to be respectful and courteous about their defenses. Those defenses are very important to that person. Confronting them about their beliefs is not necessarily productive.

VR counselors rarely see people with paranoid personality disorder. The individuals are usually too suspicious to come to VR on their own. If they arrive in a VR office, it is most likely to be part of a mandated or court-ordered activity. However, aspects of paranoid personality disorder may show up in other personality disorders.

Treatment. As with some other personality disorders, individuals with paranoid rarely seek treatment, and when they do, individual therapy is usually the best initial approach. Occasionally, a patient can tolerate group therapy, but the counselor must select the group carefully. When interacting with these individuals, it is very important to be courteous and honest, to respect the defenses of the paranoid person, and to be very clear and straightforward in explanations. Do not impose closeness and expect the person with paranoid personality disorder to trust you. It is best to be professional and a little aloof.

Placement Issues. It is important that the counselor not try to talk the individual out of his or her paranoid beliefs. This will be frustrating to both the individual and the counselor. Instead, ask the individual what sort of assurances or protection would help them feel safe in a particular work setting, even if the safety is only provisional. The individual may do well in a work situation with a stable, businesslike routine, with well-defined roles and clear lines of communication.

Schizoid Personality Disorder

Despite the similarity in names, schizoid personality disorder does not resemble either schizophrenia or schizotypal personality disorder (see below). It does not involve psychotic episodes, disorganized thought, and hallucinations of schizophrenia and it does not involve the odd beliefs of schizotypal disorder.

Individuals with schizoid personality disorder have difficulty forming relationships and have a limited range of visible emotions. They are asocial and relationships do not interest them. Other people often describe them as cold and aloof, dull, self-absorbed, and lacking a sense of humor. They don't seem to care about praise, criticism, or the feelings of others. They tend to be loners

and may prefer solitary activities, including working in solitary settings. They may seem absent-minded and unaware of their surroundings. They often prefer businesslike conversations.

When talking with an individual with schizoid disorder, there may be long periods of silence when they do not speak. Generally, the person needs these periods to process the conversation and what is going on. It is important to let them take as long as they need with this and not try to find something to fill the silence.

It is rare to see individuals with schizoid disorder in VR. They tend to find jobs on their own that do not require much social contact. These types of jobs might include night watchmen, night-shift store clerk, and night-shift gas station attendant. Once in a job, they can form stable but distant relationships with others in the job environment.

Treatment. Individual psychotherapy is usually the only possible way to begin treatment but, if the individual can tolerate it, group therapy can be more successful. Caregivers should respect the person's distance and intrude as little as possible. They should expect the development of trust to take a long time.

Placement Issues. As described above, individuals with schizoid disorder tend to need long periods of silence during conversations. It is important that employers and coworkers understand this and not take it as rude behavior. Positions working with data or objects rather than people may be an option, such as technical, scientific, or mechanical occupations. Home-based employment may be an option for these individuals.

Following placement, it is easy for VR counselors to lose touch with these individuals and not be aware of the situation if the individual later loses his or her job. It can be important to periodically follow-up with the individual after employment and case closure.

Schizotypal Personality Disorder

Individuals with this disorder have a pervasive pattern of "strange" or "odd" behavior, appearance, or thinking. These patterns are so severe that they can resemble schizophrenia, but they have no history of psychotic episodes and their thinking is not so profoundly disorganized. The individual will show magical thinking and odd beliefs (for example, superstitions, clairvoyance, or telepathy). They will usually dress and speak oddly, often in conjunction with their magical beliefs. For example, they may wear "magic" or "good luck" items, use special code words or "magic" phrases, and think coincidental events are about themselves. In addition, their speech may be very convoluted, metaphorical, or digressive, but it will not be incoherent.

Individuals with schizotypal disorder do not usually have any close friends outside of their family and they get very anxious in social situations, especially if they do not know the people involved. They may also show a limited range of emotions and have difficulty with inappropriate expressions during face-to-face interactions. In essence, they experience some of the "negative" symptoms of schizophrenia (see entry on Schizophrenia). Some individuals will show paranoia or suspicion of others. They will often choose to live in communities with a high tolerance for

unusual behavior, including big cities and towns with large colleges or universities. They may also form alliances/friendships with other people with similar beliefs.

Treatment. Individuals with this personality disorder are treated the same as individuals with schizoid and paranoid disorders: individual psychotherapy to begin with and, if they agree, group therapy with careful selection of the other members. Behavioral therapy can be useful. The odd behavior of these individuals can cause uneasiness in caregivers. One should always be very honest and professional in dealing with these individuals.

Placement Issues. Individuals with schizotypal disorder often have unrealistic ideas about employment and career options. Job shadowing may be a useful way to address this issue. Jobs involving meeting the public could be problematic.

Antisocial Personality Disorder

(previously called Sociopathic or Psychopathic.

Individuals with this personality disorder have a history of violating the rights of others through frequent and chronic antisocial behavior. Researchers believe this is because these individuals have trouble controlling their impulses and postponing gratification. Individuals with antisocial disorder also seem egocentric, selfish, insensitive to the feelings of others, reckless, and excessively demanding. They show little sign of anxiety, remorse, or guilt. Lying, stealing, and "scamming" others may be significant issues. They have a very strong sense of entitlement, so they often feel it is OK to do whatever is necessary to compensate for things they "deserve" but are not getting.

Although an individual with antisocial personality disorder may seem friendly, cooperative, and charming, especially when under stress, they will often be manipulative when given a chance. Young adults with antisocial personality often have problems with authority and tend to be noncompliant or disruptive about treatment or offered services.

As a consequence of these characteristics, they typically have long histories of violating laws and social customs, including driving under the influence, speeding, theft, substance abuse, drug dealing, or prostitution. They may also have histories of frequent job changes, periods of unemployment, a tendency to walk off the job, and problems with absenteeism. They have difficulty planning ahead and may have a history of impulsive relocation to new towns without making work or living arrangements. They may go a month or more without a fixed address. They may default on debt, loans, and child support.

Unlike some other personality disorders, individuals with antisocial disorder do show a range of emotions and do have social relationships. However, they usually have difficulty keeping a monogamous relationship for more than a year. If they become a parent, there is a likelihood the child/children will be malnourished, lack medical, or be left unattended at times. The individual with the disorder may get into physical fights or assaults, and there is a possibility the person will commit physical spouse abuse or child abuse.

A person with antisocial disorder can have difficulty with trust and confidentiality. They have difficulty understanding why others do NOT act the way they do, so they do not understand people's motives. They rarely seek treatment on their own and treatment is often part of mandated or court-ordered activity. Therapy can help them understand and label their own feelings, which is frequently difficult for individuals with this disorder. They may also have difficulty learning from past mistakes, which leads them to get into the same types of trouble several times.

Fortunately, the personality problems are usually not “total” – there will be aspects of their personality that are not affected. Frequently, therapists and counselors can work with these areas of strength. In addition, the symptoms often decrease significantly once the person reaches their mid to late thirties.

The diagnosis of a personality disorder can be very stigmatizing, so these diagnoses are never applied to anyone younger than age 18. In general, children showing the symptoms similar to antisocial personality disorder will be diagnosed as having oppositional defiant disorder or an adjustment disorder.

Treatment. Setting firm limits is crucial when dealing with individuals with antisocial disorder. Group therapy is more helpful than individual therapy because the patient sees it as less authoritarian and the groups can confront antisocial behavior. Because the person may flee from treatment when they feel uncomfortable, inpatient treatment is usually better than outpatient treatment. Ritalin is sometimes used as a medication, but it mainly stabilizes the person's mood rather than “correcting” the personality disorder.

Placement Issues. Individuals with this disorder may have a long legal history, and it is important that the VR counselor is familiar with that history. Some individuals with antisocial disorder may lie to cover up their legal history. For this reason, the VR counselor may want to contact (with permission) the person's parole officer or other official sources. It can also be important that the VR counselor has a strong, trusting relationship potential employers during job placement, especially if the individual has a long legal history. If the individual is living in a small town or close community, their reputation may be a barrier to employment. It is sometimes useful to look at employment outside of the community where the person can make a fresh start. In the job situation, employers should be aware that, as part of the individual's strong feelings towards authority, praise from the employer could be very meaningful to the person.

Borderline Personality Disorder

The main features of this personality disorder are unstable self-image, unstable interpersonal relationships, and unstable mood. People with this disorder are usually uncertain about their sexual orientation, their goals in life, the types of friends they prefer, and other aspects of self-image.

Individuals with borderline disorder see the world as a threatening, unfriendly place. Behavior that seems manipulative to other people, they may see as what it takes to get by or as necessary for personal survival in a dangerous world. They also may seem to live in a state of repetitive crises. They often have a history of being victims, either of some type of abuse or some type of

crime, and they view themselves as victims. However, this sense of threat and danger can be situational, which means their behavior can also be different in different situations or in response to different stressors. Some researchers refer to this “dependency on the mood state of the moment”: the individual may be very capable of dealing with certain situations, but challenged by other situations. The individual’s medical history may show a variety of diagnoses or symptoms (depression, somatic complaints, anxiety) reflecting the variety of responses.

One of the more striking features of individuals with borderline personality is how quickly they change their opinions about someone. They tend to see individuals in absolute terms as either great or horrible and will switch from one opinion to the other quickly. They show a pattern of intense, manipulative, demanding attachment in their relationships, swiftly changing to disappointment or anger with the other person. They can be supportive and nurturing, but demand equally strong support in return. They deeply fear abandonment and may lash out angrily if when they feel dissatisfied with a relationship. One consequence of these feelings is frequent changes in doctors, counselors and other service providers.

These individuals have difficulty controlling impulsive behavior and may have a history of problems with debt, shoplifting, reckless driving, substance abuse, fighting, self-mutilation, and suicide attempts. The individual may also have body piercings and tattoos.

Some VR counselors actively avoid working with individuals with borderline personality disorder because they can be so challenging and frustrating. However, experienced counselors report that, with the right approach, it is possible to successfully provide services and find careers for people with borderline personality disorder. Counselors who have been successful with individuals with this disorder give the following advice:

- Discuss the person and their case with your supervisor as early in the process as possible. These individuals are likely to try to manipulate the system by going over the head of the VRC, filing numerous complaints, or disrupting the office to manipulate the VRC. Having firm administrative support is crucial to maintaining control.
- Document your contacts with the individual, the things the two of you agreed upon, and the actions you have taken. This documentation will give your supervisor information with which to respond to any challenges or complaints.
- Set very clear, firm boundaries about what you will and will not do as a VR counselor, and explain them clearly to the person. Do not become an advocate for the person beyond the role of the VR counselor. Do not respond to their anger when you are firm about the boundaries. Eventually they will come to trust and take comfort in those boundaries, but only after testing them.
- Do not interact with the client socially or romantically. The individual may behave very friendly or seductively toward you, but involvement with any client beyond the scope of the VR relationship is both unethical and unwise.
- Expect that there will be times when the person will anger you, frustrate you, and possibly make you cry. Knowing it is likely will help you move past it when it happens.

- Try a new intervention. If possible, locate a therapist (for the person) who uses Marsha Linehan's Dialectical Behavioral Therapy approach (see below).

Treatment. Treatment of individuals with borderline disorder is always a challenge. Treatment may sometimes involve medication, but the type of medication used can vary widely depending on the individual's situation. Individual and group therapy is a more common approach.

Recently some therapists have reported significant progress with Dialectical Behavioral Therapy (DBT). This approach was created by Marsha Linehan at the University of Washington. It proposes that individuals with borderline disorder are constantly swinging between extremes of, among other things, feeling that they must control themselves and their emotions and feeling the need to express their strong emotions to others. They also swing between seeking someone to solve problems for them and trying to appear competent at managing their life. The term "dialectical" in the name of the therapy refers to the use of these and other sets of opposing forces in framing the approach.

DBT uses a system of structured boundaries, validation, positive and negative reinforcement, and social skills training, which is implemented in a combination of individual and group therapy settings. The goal is to help the individual better manage his or her feelings and problem-solve social situations in more adaptive ways. In addition to therapy for the individual, the therapist is engaged in his or her own DBT therapy with other therapists to help prevent burnout.

The DBT approach is getting support from many therapists and some medical schools require that all psychiatry students study it. It is unlikely that a VR counselor will conduct DBT therapy himself or herself, but they may wish to find a therapist familiar with DBT for the individual. More information is available online at www.dbt-seattle.com.

Placement Issues. The VR counselor needs to be aware of the "all or nothing" fluidity of the person's attitude. The counselor should try to be an emotional "rock" to help the person anchor the chaos of their feelings. The individual may also "muddy the water" by trying to start a personal relationship with the counselor. It is important to maintain a clear, professional boundary. It is also important to communicate regularly with any other health care professionals involved with the individual, including doctors, therapists, and service providers. The individual may be saying different things to different professionals.

Sometimes individuals with borderline disorder work very well in helping others who seem "worse off" than themselves. The caretaker role seems to be rewarding for them. This might include working in a retirement center, working with individuals with mental retardation, working in a veterinary clinic, or working in an animal shelter.

Histrionic Personality Disorder

(Formerly Hysterical Personality Disorder)

People with this disorder are flamboyant, seek attention, and show extreme emotions that change quickly. Those emotions are generally shallow and they may over-dramatize their feelings to get

attention. Personal problems or situations, especially, may be described in overly dramatic ways. On the other hand, they do feel some emotions quite deeply, but they may not show those feelings. They are often attractive individuals and are very concerned with their appearance. The individual's symptoms can increase during stress.

Mood disorders, especially depression, frequently co-occur with histrionic personality disorder.

Their behavior impacts social relationships in several ways. Although they constantly seek the approval and praise of others, they may act inconsiderately to the same people at other times. They may also show inappropriate sexual behavior or try to use their attractiveness to get what they want. The individual may try to place the counselor in a "rescuer" role, constantly providing help and reassurance. As with borderline disorder, it is important for VR counselors to maintain a clear, professional boundary with these individuals.

Although individuals with histrionic disorder show attention-seeking behavior, it is generally not a conscious effort. They do not think "what can I do to get attention today?"

When the individual over-dramatizes a problem or challenge to employment, it can be a useful exercise for the counselor and the person to explore the "line of reasoning" behind the person's claims. This may reveal some unrealistic expectations or fears that are motivating the person.

Treatment. These individuals are often quick to seek help, since it is consistent with their attention-seeking behavior. Psychotherapy, either individual or group, is the treatment of choice for this disorder. Group therapy can be problematic sometimes.

Placement Issues. There are some types of jobs in which the flamboyant behavior of individuals with histrionic disorder is actually useful. These might include sales positions, marketing positions, or jobs greeting the public.

One common objection to employment voiced by individuals with histrionic employment is that a particular job is "beneath" them. It may be useful for the VR counselor to point out that the job can be a starting point, a stepping-stone to greater things, and a way to pay the bills for now.

Narcissistic Personality Disorder

Individuals with narcissistic personality disorder believe they are extremely important. They feel entitled to special treatment and favors, acknowledgement as a special person, and constant attention. As part of this, they will typically appear well-groomed, preoccupied with appearance, confident, and "invincible." In reality, they are compensating for self-doubt and a fractured self-image.

They do not empathize with others but are extremely sensitive to criticism from others. They may also be very envious of others, simultaneously idealizing and devaluing them. Individuals with this disorder typically have unrealistic fantasies about unlimited success, about their abilities, and about their finances.

Depression is a common co-existing condition for these individuals. They may have a history of hospitalizations for depression, and the personality disorder is frequently misdiagnosed as depression.

Treatment. An individual with narcissistic personality may react to assistance and help as a threat to the belief in their own importance and perfection. Individual psychotherapy is the treatment of choice.

Placement Issues. In contrast to the individual with histrionic disorder, persons with this disorder often act superior and condescending to the VR counselor. They may see VR as a symbol of imperfection in themselves. It is important to be courteous and professional in response. On the job, they may annoy co-workers with frequent exaggerated accounts of their ability and achievements. They can also have difficulty with criticism from supervisors and react with rage or by quitting.

Obsessive-compulsive Personality Disorder

Obsessive-compulsive Personality Disorder (OCPD) should be distinguished from Obsessive-compulsive Disorder (OCD - see entry), which is an anxiety disorder involving a fixation on intrusive thoughts and compulsive activities. Individuals with the personality disorder are perfectionistic, inflexible, and unable to express warm and tender feelings. They tend to be preoccupied with rules, lists, and minute details, and the preoccupation often gets in the way of finishing a task or making decisions. Individuals with this disorder have trouble delegating work for fear that others will do it wrong. They can be inflexible about morality, ethics, and having things done their way.

Unlike individuals with obsessive-compulsive disorder, individuals with obsessive-compulsive personality disorder do not experience intrusive thoughts. Other than a fixation on details and lists, these individuals do not show the compulsive rituals of OCD. Because OCPD is a personality disorder, individuals experiencing it feel it is part of who they are rather than something new that has happened. Individuals with OCD usually feel that the disorder is something that has happened to them.

People with this personality disorder often do not have many friends and bury themselves in their work instead. They have difficulty giving compliments to others. They also have a strong fear of losing control of situations. Under stress, their symptoms increase and during these times they may file repeated complaints about their care or services.

Unlike some other personality disorders, people with this disorder usually realize that they have problems and are willing to accept help. They will admit that they are inflexible and limit their own lives.

Treatment. Because individuals with this disorder fear the loss of control, it is important to share control of treatment and services with them as much as possible. Psychotherapy, and especially group therapy, is the treatment of choice.

Placement Issues. Control issues are very important to individuals with obsessive-compulsive personality disorder. It is especially important to these individuals that they understand and approve all steps in their VR process. In career choices, they are going to deal best with jobs with a consistent schedule and consistent types of tasks. Their fixation on detail can be an advantage in some jobs, such as accounting, record keeping, or logistics.

Avoidant Personality Disorder

Individuals with Avoidant Personality Disorder avoid most contact with other people because of fear of criticism, disapproval, or rejection. Unlike some other personality disorders, individuals with avoidant disorder long for social acceptance but do not believe they can achieve it. They have very low self-esteem and consistently assume that anyone they do not know will not like them and will humiliate them. They have difficulty dealing with almost any criticism, however mild, and misread ridicule into the actions of others. In group settings, they are shy and retiring, and rarely speak up, assuming that anything they say will be wrong. In work settings, these individuals may turn down a promotion out of the fear that co-workers will envy them, or they may cancel an interview out of fear of not dressing properly or saying something wrong. To others, these individuals seem tense, afraid, lonely, and anxious.

In romantic relationships, individuals with avoidant disorder often choose other individuals with personality disorders. In particular, they will often choose others with avoidant disorder or individuals with antisocial disorder. If these relationships break down, they may view that as confirming their low opinion of themselves.

In therapy situations they have difficulty trusting the counselor. They assume that anyone being nice to them is only pretending, possibly to cover hostile intentions. They also assume that the counselor is only speaking to them because the counselor is being paid to do it. They do not like new assessments or new techniques.

Treatment: Psychotherapy is the treatment of choice. Online discussion groups can also be very useful because there is a strong sense of anonymity online.

Placement Issues. Individuals with avoidant disorder are not very expressive. The VR counselor should watch closely for non-verbal cues to judge their response. In assessing their job history, the VR counselor may want to look beyond self-reports from the individual, since they may misrepresent themselves. It could be useful to contact previous employers or family members, with the person's permission. A community-based assessment might also be helpful.

In work situations, the individual may have a strong fear of situations where failure is possible, such as training, applying for a job, or intimidating new job tasks. Job involving home-based work or work in small, consistent groups may provide successful placements. Jobs involving meeting the public could be challenging. Caretaker jobs in non-threatening, assistant situations may be appropriate, such as veterinary assistant or teaching assistant in special education.

Dependent Personality Disorder

Individuals with this disorder believe they cannot function in life without someone to make decisions and take responsibility for them. Typically, they focus on one particular person to control their life. They have great difficulty criticizing anyone and will often agree to things they know are wrong just to maintain the relationship. In job situations they are passive and have difficulty initiating tasks, believing that others can do everything better than they can. But once they are convinced others will approve of and support their decisions, they can function in work settings. These individuals can also work well under supportive supervision. Unlike individuals with avoidant disorder, these individuals do not fear criticism, but they do fear abandonment and rejection.

Individuals with dependent disorder often appear to be “nice” and cooperative while being passively non-compliant. They also tend to present with somatic complaints. Counselors should watch for transference issues.

Treatment: Psychotherapy is the treatment of choice.

Placement Issues. In general, the submissive, willing-to-please nature of these individuals helps the placement process. However, if the individual does not “buy in” to the placement process, they will frequently refuse to take any responsibility for the process. On the other hand, transference issues may make terminating the counseling relationship difficult for them.

Passive-Aggressive Personality Disorder

(Also called Negativistic Personality Disorder. This disorder is listed in the DSM IV as under consideration for official recognition.)

Individuals with this disorder feel a lot of anger and aggression, but only show it in indirect ways. They will “forget” promises, perform tasks badly, or procrastinate, as a way to cause problems for others or object to something. These individuals will often complain that other people are making unreasonable demands of them. They may resent authority and any suggestions for improving their work and they may sulk or argue when pressured to do something. Some individuals with this disorder will frequently say threatening things about authority figures. Underlying this anger are issues of low self-esteem. They can be very stubborn and often show an unrealistically high opinion of themselves and their abilities. They may have difficulty deciding on a career path or course of action, switching back and forth repeatedly. They feel an inner conflict between dependence on others based on self-doubt and a need to feel independent. Often they will fixate on the worst possible outcome even when things are going well. Alcoholism and depression are common co-existing disabilities.

Treatment. In general, supportive psychotherapy is indicated for those individuals who seek therapy. The goal is to help the individual see that his or her behavior causes certain reactions in the environment, which, in turn, cause pain in the individual.

Placement Issues. These individuals may show a pattern of missed appointments or failure to follow-through. In these situations, the person is expressing a disapproval of some aspect of the VR relationship. Until this is resolved, it is unlikely the person will take a responsible role in the employment process.

Job shadowing and volunteer work can be useful career explorations. These activities can help lower unrealistic career expectations and help the individual choose a career path.

As with anti-social disorder, employers should be aware that, because of the individual's strong feelings towards authority, praise from the employer can be very meaningful to the person.

Possible Functional Issues

(all personality disorders)

- Reduced social skills
- Difficulty staying on task or completing tasks
- Difficulty assessing their own abilities
- Difficulty problem solving about social situations
- Difficulty with impulse control
- Distractibility
- Reduced tolerance for stress or frustration
- Reduced adaptability to change

Initial Interview Considerations

- Initial Questions

- Are they taking any medication that causes problems from side effects?
- How do they feel about working by themselves or in a group of people?
- How would they feel about a job that involves meeting the public?
- What hobbies do they have?
- What sorts of conflicts do they have with other people? What causes problems for them?
- What kinds of problems do they have in job situations?
- How do they react when things change in a job situation? For example, if there is a new supervisor or coworker, or if they have new job tasks?
- How often do they get into fights?
- What are some particular social situations that they need to avoid?
- How would they feel about working at home?

- Initial Observations

- What are their social skills like?
- Do they show any signs of irritability, anger, or frustration during the interview?
- How is their appearance? Do you think they would have any difficulty meeting a dress code?
- How are their decision-making skills?
- Do they seek reassurance from you more than other individuals have?
- How realistic are their career expectations?
- How realistic is their self-image? Is it too low or too high?

Possible Accommodations and Assistive Technology

- Physical accommodations are usually not an issue.
- A job coach may be useful for the first few weeks to mediate social relationships as the individual, employer, and coworkers adjust to each other.
- There may be scheduling or social interactivity issues (either inappropriate or self-isolating) which need accommodation, depending on the particular disorder involved.

Career Planning Issues

- Coordination and strength are usually not affected.
- Endurance should not be affected.
- Learning and problem solving skills are usually not affected.
- Social skills may vary depending on the particular disorder.
- Preference for working alone or in groups will vary depending on the disorder.
- Home-based employment may be an option.
- Self-employment or supported self-employment may be an option, especially if there is difficulty dealing with supervisors. However, the large amount of work and responsibilities of starting and running a business need to be emphasized.
- Jobs involving meeting the public should be considered carefully.
- The person's ability to judge their own ability and potential may be inaccurate (either high or low) depending on the specific disorder, causing challenges during career planning. Vocational and community-based assessments may be useful. Counselors should keep in mind the tendency of some formal assessments to job stereotyping.

Emerging Issues

- Possible treatments, both medical and psychological..
- Social acceptance of the disabilities.

Additional Information Resources

- Mental Help Net: www.mentalhelp.net
- Marsha Linehan's Dialectical Behavior Therapy: www.dbt-seattle.com
- Personality Disorder Online Support Groups:
www.healthyplace.com/Communities/Personality_Disorders/Site/index.htm