

PERSONALITY DISORDERS

What is "Personality?"

Personality refers to a distinctive set of traits, behavior styles, and patterns that make up our character or individuality. How we perceive the world, our attitudes, thoughts, and feelings are all part of our personality. People with healthy personalities are able to cope with normal stresses and have no trouble forming relationships with family, friends, and co-workers.

What is a Personality Disorder?

Those who struggle with a personality disorder have great difficulty dealing with other people. They tend to be inflexible, rigid, and unable to respond to the changes and demands of life. Although they feel that their behavior patterns are "normal" or "right," people with personality disorders tend to have a narrow view of the world and find it difficult to participate in social activities.

Recognizing a Personality Disorder

A personality disorder must fulfill several criteria. A deeply ingrained, inflexible pattern of relating, perceiving, and thinking serious enough to cause distress or impaired functioning is a personality disorder. Personality disorders are usually recognizable by adolescence or earlier, continue throughout adulthood, and become less obvious throughout middle age.

What Causes a Personality Disorder?

Some experts believe that events occurring in early childhood exert a powerful influence upon behavior later in life. Others indicate that people are genetically predisposed to personality disorders. In some cases, however, environmental facts may cause a person who is already genetically vulnerable to develop a personality disorder.

Types of Personality Disorders

There are many formally identified personality disorders, each with their own set of behaviors and symptoms. Many of these fall into three different categories or clusters:

- Cluster A:** Odd or eccentric behavior
- Cluster B:** Dramatic, emotional or erratic behavior
- Cluster C:** Anxious fearful behavior

Since there are too many identified types of personality disorders to explain in this context, we will only review a few in each cluster.

Cluster A:

Schizoid Personality Disorder

Schizoid personalities are introverted, withdrawn, solitary, emotionally cold, and distant. They are often absorbed with their own thoughts and feelings and are fearful of closeness and intimacy with others. For example, a person suffering from schizoid personality is more of a daydreamer than a practical action taker.

Paranoid Personality Disorder

The essential feature for this type of personality disorder is interpreting the actions of others as deliberately threatening or demeaning. People with paranoid personality disorder are untrusting, unforgiving, and prone to angry or aggressive outbursts without justification because they perceive others as unfaithful, disloyal, condescending or deceitful. This type of person may also be jealous, guarded, secretive, and scheming, and may appear to be emotionally "cold" or excessively serious.

Schizotypal Personality Disorder

A pattern of peculiarities best describes those with schizotypal personality disorder. People may have odd or eccentric manners of speaking or dressing. Strange, outlandish or paranoid beliefs and thoughts are common. People with schizotypal personality disorder have difficulties forming relationships and experience extreme anxiety in social situations. They may react inappropriately or not react at all during a conversation or they may talk to themselves. They also display signs of "magical thinking" by saying they can see into the future or read other people's minds.

Cluster B:

Antisocial Personality Disorder

People with antisocial personality disorder characteristically act out their conflicts and ignore normal rules of social behavior. These individuals are impulsive, irresponsible, and callous. Typically, the antisocial personality has a history of legal difficulties, belligerent and irresponsible behavior, aggressive and even violent relationships. They show no respect for other people and feel no remorse about the effects of their behavior on others. These people are at high risk for substance abuse, especially alcoholism, since it helps them to relieve tension, irritability and boredom.

Borderline Personality Disorder

People with borderline personality disorder are unstable in several areas, including interpersonal relationships, behavior, mood, and self-image. Abrupt and extreme mood changes, stormy interpersonal relationships, and unstable and fluctuating self-image, unpredictable and self-destructive actions characterize the person with borderline personality disorder. These individuals generally have great difficulty with their own sense of identity. They often experience the world in extremes, viewing others as either "all good" or "all bad." A person with borderline personality may form an intense personal attachment with someone only to quickly dissolve it over a perceived slight.

Fears of abandonment may lead to an excessive dependency on others. Self-mutilation or recurrent suicidal gestures may be used to get attention or manipulate others. Impulsive actions, chronic feelings of boredom or emptiness, and bouts of intense inappropriate anger are other traits of this disorder, which is more common among females.

Narcissistic Personality Disorder

People with narcissistic personality have an exaggerated sense of self-importance, are absorbed by fantasies of unlimited success, and seek constant attention. The narcissistic personality is oversensitive to failure and often complains of multiple somatic symptoms. Prone to extreme mood swings between self-admiration and insecurity, these people tend to exploit interpersonal relationships.

Cluster C:

Avoidant Personality Disorder

Avoidant personalities are often hypersensitive to rejection and are unwilling to become involved with others unless they are sure of being liked. Excessive social discomfort, timidity, fear of criticism, avoidance of social or work activities that involve interpersonal contact are characteristic of the avoidant personality. They are fearful of saying something considered foolish by others; worry they will blush or cry in front of others; and are very hurt by any disapproval by others.

People with avoidant personality disorder may have no close relationships outside of their family circle, although they would like to, and are upset at their inability to relate well to others.

Dependent Personality Disorder

People with dependent personality disorder may exhibit a pattern of dependent and submissive behavior, relying on others to make decisions for them. They require excessive reassurance and advice, and are easily hurt by criticism or disapproval. They feel uncomfortable and helpless if they are alone, and can be devastated when a close relationship ends. They have a strong fear of rejection. Typically lacking in self-confidence, the dependent personality rarely initiates projects or does things independently. This disorder usually begins by early adulthood and is diagnosed more frequently in females than males.

Compulsive Personality Disorder

Compulsive personalities are conscientious and have high levels of aspiration, but they also strive for perfection. Never satisfied with their achievements, people with compulsive personality disorder take on more and more responsibilities.

They are reliable, dependable, orderly, and methodical, but their inflexibility often makes them incapable of adapting to changed circumstances. People with compulsive personality are highly cautious, weigh all aspects of a problem, and pay attention to every detail, making it difficult for them to make decisions and complete tasks.

When their feelings are not under strict control, events are unpredictable, or they must rely on others, compulsive personalities often feel a sense of isolation and helplessness.

Professional Help

When these characteristics are carried to an extreme, when they endure over time and when they interfere with healthy functioning, a diagnostic evaluation with a licensed physician or psychologist is recommended.

Treatment of the Personality Disorder

There are many types of help available for the different personality disorders. Treatment may include individual, group, or family psychotherapy. Medications, prescribed by a patient's physician, may also be helpful in relieving some of the symptoms of personality disorders, including problems with anxiety and perceptions.

Psychotherapy for patients with personality disorders focuses on helping them see the unconscious conflicts that are contributing to or causing their symptoms. It also helps people become more flexible and is aimed at reducing the behavior patterns that interfere with everyday living.

In psychotherapy, people with personality disorders can better recognize the effects of their behavior on others. Behavior and cognitive therapies focus on resolving symptoms or traits that are characteristic of the disorder, such as the inability to make important life decisions or the inability to initiate relationships.

There is Hope

The more you learn about personality disorders the more you will understand that they are illnesses, with causes and treatments. People can improve with proper care. By seeking out information you can recognize the signs and symptoms of a personality disorder and help someone live a healthier more fulfilling life.

Co-Occurring Disorders (CODs)

Increasingly, people with co-occurring mental health and substance abuse disorders appear before the court. You and your staff need to understand, identify, and accommodate the court process to the unique features of your clients. For legal purposes, the relationship between clinical disorders and criminal charges must be established.

- **Did these conditions affect the defendants understanding of the crime?**
- **Did the conditions affect the commission of the crime?**
- **Do these conditions affect the defendant's capacity to participate in their own defense?**

While specialty courts (ex. drug courts, MH courts) have evolved to best address clients with CODs, they aren't all that helpful. However, some aspects were helpful, which you can use to modify court-based services to serve your client's unique needs.

- Screening and assessment for mental illnesses and substance abuse
- Psycho-education to court staff regarding mental illnesses and substance abuse
- Adding medication monitoring to drug-testing
- Flexible application of graduated sanctions to accommodate the effects of psychological disorders and other individual needs of program participants
- Liaison with other community mental health and substance abuse treatment providers

At treatment level, evidence exists to support these as evidence-based practices (EBPs) *for people with CODs*. They are frequently used in comprehensive integrated response programs.

- Psychopharmacological interventions, Motivational interventions (motivational enhancement therapy – addictions), Cognitive-behavioral interventions

Singly diagnosed populations, but not COD

- Trauma-informed interventions, culturally competent treatment, mutual self-help groups, integrated screening and assessment, staged treatment interventions, Dialectical behavior therapy

At program level, evidence exists to support these as evidence-based programs (EBPs)

- Integrated Dual Disorders Treatment, Modified Therapeutic Communities, Assertive Community Treatment, Housing with Appropriate Supports, Supported Employment

Osher, F.C. (2006). *Integrating Mental Health and Substance Abuse Services for Justice-Involved Persons with Co-Occurring Disorders*. Delmar, New York: The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness.

Mental Health Services, Providers, and Resources

Major Mental Health Services

24-hour emergency service: available at hospitals or mental health clinics

Outpatient care: regular appointments for treatment at a clinic or private practice

Inpatient service: care is provided in a hospital or institutional setting

Partial hospitalization: care provided on occasional days, nights, or weekends, at a hospital, with person living at home and going to work as much as possible

Psychological Assessment: Therapeutic assessments help the person being assessed. Problems are identified and recommendations are made. Forensic assessments help establish the facts for use in court. At the request of an attorney or court order, determinations are commonly made regarding insanity, competence, or risk/danger.

Consultation, education, and prevention: assist community in dealing with persons with mental illnesses and in developing programs that help in the prevention of emotional or thought disorders

Key Mental Health Service Providers

Psychiatrists: Medical doctor who specializes in mental disorders and can evaluate & diagnose all types of mental disorders, carry out biomedical treatments, prescribe medication & psychotherapy.

Psychologists: Licensed professional with doctoral degree who provides assessment & psychotherapy with individuals, groups, or families. Some are licensed to prescribe medications.

Psychiatric Nurses: Registered professional nurses who have advanced academic degrees at the Master's degree level or above and are concerned with prevention, treatment, and rehabilitation of mental health-related problems. They conduct individual, family, and group therapy and also work in mental health consultation, education, and administration.

Social Workers: Licensed or certified professionals who have advanced degrees in social work. They provide individual, family, and group therapy, and client advocacy with governmental and civic agencies, and expansion of community resources.

Mental Health Counselors: Have earned at least a Master's degree and are certified by the National Board for Certified Counselors. They provide counseling services to help individuals, couples, and families. They focus on promotion and enhancement of healthy lifestyles.

Case Managers/Outreach Workers: Assist persons with serious mental illness to obtain the services they need to live in the community. They monitor a person's needs to assure that appropriate agencies are involved. In many instances they also act as advocates for the client.

Key Mental Health Resources

- Mental health centers
- Outpatient clinics
- Private/group practice
- General hospitals
- Psychiatric hospitals
- Nursing homes
- Jails and prisons
- Residential treatment centers
- Partial care organizations
- Family/social service agencies
- University counseling or medical centers
- Transitional facilities
- Substance abuse treatment facilities
- Community services case management
- Advocacy groups (i.e. Alliance for the Mentally Ill)

**Adapted with permission of Gene Deisinger, Ph.D.*

Mental Health Resources for Court-Involved Individuals

Illinois State-Wide Advocacy Organizations

Chicago Coalition for the Homeless – URL: <http://www.chicagohomeless.org/>

For 30 years, since 1980, Chicago Coalition for the Homeless (CCH) has had a clear mission: “We organize and advocate to prevent and end homelessness because we believe housing is a human right in a just society.

Alzheimer's Association - Greater Illinois Chapter – URL: <http://www.alz.org/illinois/>

The Greater Illinois Chapter is one of over 70 Alzheimer's Association chapters serving communities across the United States.

AARP – Illinois – URL: <http://www.aarp.org/states/il/>

Founded in 1958, AARP is a nonprofit, nonpartisan membership organization that helps people 50 and over in Illinois improve the quality of their lives.

The ARC of Illinois – URL: <http://www.thearcofil.org/>

The Arc of Illinois and its chapters have always been in the forefront of strong advocacy positions for people with disabilities and their families. Much of the important legislation nationally and in Illinois is a direct result of the advocacy of The Arc. It is rare when any piece of public policy does not have the fingerprints of The Arc upon it. The Arc continues to be a strong grassroots organization with a rich membership of self-advocates, parents and professionals working together to achieve common goals.

Community Behavioral Healthcare Association of Illinois – URL: <http://www.cbha.net/>

CBHA is governed by an 11-member board of directors that are elected from the four geographic regions of Illinois (Northeast, Northwest, Southern and Central). In addition to the board of directors, the association's leadership consists of the chairs of four standing committees: Public Policy; Mental Health; Alcohol, Tobacco and Other Drugs; and Children & Adolescents.

Mental Health Summit – URL: <http://mentalhealthsummit.uchicago.edu/>

The Mental Health Summit is a coalition comprised of persons with mental illness and their families, advocacy groups and mental health service providers. The goal of the Summit is to preserve and increase funding of mental health services. Summit activities include work with the media, lobbying of legislators and the executive branch, building coalitions with traditional and non-traditional allies and identifying issues which may be used to focus legislative and public attention on the problems caused by the underfunding of mental health services in Illinois.

Citizen Action/Illinois – URL: www.citizenaction-il.org

Citizen Action/Illinois is the state's largest public interest organization. Building on over a decade of experience, Citizen Action/Illinois is a key player in the fight for social and economic justice at the state and national levels.

Illinois Coalition for Immigrant and Refugee Rights – URL: <http://icirr.org/>

ICIRR is dedicated to promoting the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society.

Depression and Bipolar Support Alliance / DBSA – URL: <http://www.dbsalliance.org/site/PageServer?pagename=home>

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably. DBSA was founded in 1985.

State Advocacy Organizations. (n.d.). <http://naswil.org/>. Retrieved September 6, 2013, from <http://naswil.org/advocacy/state-advocacy-organizations/>

National Alliance on Mental Illness – Illinois – URL: <http://il.nami.org/>

NAMI is a not-for-profit membership organization created to improve the lives of individuals and families challenged by mental illness. In collaboration with NAMI National, Illinois affiliates and other like-minded organizations, we influence public policies, provide up to date education and support programs, and increase public awareness and understanding of mental illness.

Voices for Illinois Children – URL: <http://www.voices4kids.org/>

Voices for Illinois Children champions the full development of every child in Illinois to assure the future well-being of everyone in the state. We work with families, communities and policymakers on all issues to help children grow up healthy, happy, safe, loved, and well educated.

Child Care Association of Illinois – URL: <http://cca-il.org/>

The Child Care Association of Illinois (CCAI) promotes, protects, advocates for and strengthens a responsive, not-for-profit service delivery system and shapes public policies for the benefit of children and families.

Responsible Budget Coalition – URL: <http://www.abetterillinois.com/>

Organization committed to building the support needed to solve Illinois' budget crisis, prevent harmful cuts to essential public services, save jobs, eliminate the state's long-term structural deficit, and make taxes more fair.

Sergeant Shriver National Center on Poverty Law – URL: <http://www.povertylaw.org/>

The Sargent Shriver National Center on Poverty Law provides national leadership in identifying, developing, and supporting creative and collaborative approaches to achieve social and economic justice for low-income people and communities. The Center engages in direct advocacy campaigns in Illinois and around the country to improve policies and programs on specific issues, and also engages in broader advocacy on general issues of justice, opportunity, and human rights.

Equip for Equality – URL: <http://www.equipforequality.org/>

An independent, private, not-for-profit organization designated by the governor in 1985 to implement the federally mandated Protection and Advocacy (P&A) System in Illinois, Equip for Equality has broad federal and state statutory powers. These powers include broad access to private and public facilities, their participants and staff, and service recipient records and other facility documents.

Center for Tax and Budget Accountability – URL: <http://www.ctbaonline.org/>

The Center for Tax and Budget Accountability is a bi-partisan 501(c)3 research and advocacy think tank that promotes fair, efficient and progressive tax, spending and economic policies

Ounce of Prevention – URL: <http://www.ounceofprevention.org/advocacy/archive.php>

Ounce of Prevention Fund has persistently pursued a single goal: that all American children – particularly those born into poverty – have quality early childhood experiences in the crucial first five years of life.

Heartland Alliance – URL: <http://www.heartlandalliance.org/takeaction/alerts/>

Heartland Alliance for Human Needs & Human Rights helps people living in poverty or danger improve their lives and realize their human rights. From a refugee fleeing violence and torture to a resident of public housing trying to escape the cycle of poverty, Heartland Alliance helps people in the toughest of circumstances—who often have no place else to go.

Health and Disability Advocates – URL: <http://www.hdadvocates.org>

Health and Disability Advocates' is committed to protecting the rights of children, people with disabilities, and low-income older adults. These vulnerable populations need a range of services, supports and opportunities to lead fulfilling lives; reach their self-determined goals; and obtain financial security. HDA strives to help them by protecting and strengthening federal and state safety net programs like: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare and Medicaid. Through its various programs, extensive policy work, and direct client representation, HDA advances its national policy and advocacy agenda.

State Advocacy Organizations. (n.d.). <http://naswil.org/>. Retrieved September 6, 2013, from <http://naswil.org/advocacy/state-advocacy-organizations/>

Responding to People Who Have Mental Retardation

Background

Mental retardation is an impairment affecting the brain and its ability to process information. People with mental retardation have difficulty learning and are below average in intelligence. They have problems with memory and judgment and in their abilities to reason, focus, and understand.

Approximately 3 out of 100 people have mental retardation. But people with mental retardation appear to represent much more than 3 percent of crime victims because they also appear to be at higher risk for victimization than people without disabilities.

Most people with mental retardation are only mildly affected and look no different from anyone else, making mental retardation difficult for first responders to recognize.

Furthermore, people with mental retardation may try to hide their impairment or pretend greater capabilities than they actually possess. There are, however, questions you can ask and traits you can watch for when attempting to determine if a crime victim has mental retardation:

- Ask the person where they live, work, or go to school, and if they have someone who helps them to determine if they live with their parents or in a group home, are employed in a vocational rehabilitation setting, attend special education classes, or have a social worker.
- Ask for directions to their home, what time they have, or to read or write something for you. Observe the person for any difficulty they have understanding you; listen to whether they speak with an impairment or have a limited vocabulary; and watch for any other difficulties exhibited in responding to these simple requests.

There is often no way for the first responder to know that a person has mental retardation. People with the disability can vary widely in their capabilities and skills. If you suspect this impairment, proceed as though the person has mental retardation. In doing this, you can ensure effective communication and know that you have done your best to respond appropriately to the victim's needs.

Tips on Responding to People Who Have Mental Retardation

- Show the same respect to people with mental retardation that you show all others.
- Introduce yourself first as a law enforcement officer, followed by your agency and name. People with mental retardation have been taught that law enforcement officers are their friends and are people they can trust and who will keep them safe.
- Avoid using the words "retardation" or "retarded" in front of them. If you need to refer to a person's impairment and the person is nearby, say "person with a disability."
- Do not assume that the person is incapable of understanding or communicating with you. Most people who have mental retardation live independently or semi-independently in the community, so a fairly normal conversation is possible.
- Create a safe atmosphere, limit distractions, and establish a trusting rapport with the person before interviewing them.

- Be mindful of the issue of a person's competency to give or withhold consent to medical treatment and forensic exams, notification of next of kin, and other services, but do not assume they are incompetent.
- Explain written information to the person and offer to help them fill out paperwork.
- Ask the person if there is anyone they would like you to call to be with them during your interview. But remember, family members, service providers, and others can have a vested interest in the interview.
- Allow adequate time for your interview and take a break every 15 minutes.
- Treat adults with mental retardation as adults, not children.
- Speak directly and slowly, keeping your sentences short and words simple. Listen to how they talk, and match your speech to their vocabulary, tempo, and sentence structure.
- Separate complex information into smaller parts and use gestures and other visual props to get your meaning across. Do not overload the person with too much information.
- Recognize that mentally retarded people may be eager to please or be easily influenced by you. They may say what they think you want to hear, so be careful not to ask leading questions.
- Use open-ended questions or statements that cannot be answered with a "yes" or "no," such as "Tell me what happened." Let the person "lead the interview" as they disclose information.
- Help the person understand your questions by giving them points of reference. For example, ask "What color was the man's hair?" rather than "What did the man look like?" and "Did the fight start before or after lunch?" instead of "When did the fight start?"
- Wait patiently at least 30 seconds for the person to respond to an instruction or question. If they do not respond or reply inappropriately, calmly repeat yourself, using different words. Also, have the person state in their words what they understood you to say.
- Repeat the last phrase of the person's responses in question form to help them stay focused during your interview and to transition victims through a sequence of events. For example, ask "He hit you?", "You fell down?", and "You tried to run?"
- Keep questions that require too much reasoning or that can confuse victims to a minimum. Examples of types of questions to avoid include the following: "Why do you think she did this to you?", "Do you have any idea what was going on?", or "What made you do that?"
- Realize that you are not alone when you respond to people with mental retardation. Look in the telephone book under "social service organizations," contact your local United Way or local chapter of The Arc, or call The Arc of the United States at (800) 433-5255 for help on how best to serve victims who have mental retardation.

GENERAL TIPS FOR MANAGING CLIENTS WITH PERSONALITY DISORDERS

DO	DON'T
Connect first - Empathize, Attend, Respect (EAR – Bill Eddy, LCSW, ESQ) -“Wow, how awful. I can tell you are really upset. Tell me what’s going on. . . .I share your concerns about this problem and commend you for trying to solve it. Let’s see what we can do”	Disregard, invalidate, or let them think you are not taking them seriously.
Find something you respect about them (don’t lie). If you can’t, listen and convey your desire to understand the case	Criticize, disrespect, humiliate, or shame them
Show empathy without using the word and provide reassurance	Take things personally (ex. Help-seeking/help-rejecting)
Recognize strengths and accomplishments	Leak any snide reactions
Analyze alternatives together – matter of factly -“What do you propose we do about XYZ?”	Disempower or cower to them
Structure relationship around tasks rather than reacting to the emotions (ex. Make lists, write a letter, something to help them organize their thoughts)	Be reactive (avoid, angrily confront, defensive, “choir validation”, anything that escalates emotional intensity)
Briefly acknowledge the client’s emotions and redirect to tasks	Get caught up in the emotional content and allow yourself to be too affected
Acknowledge their reality and investigate stories. Get verification.	Believe everything you’re told OR assume they’re lying (They might <i>believe</i> inaccuracies)
Respond to misinformation from any source - briefly, without anger, and informatively	Ignore, dismiss, or ridicule them
Educate about consequences and potential risks ahead (focus on future)	“Bless them” with insight into their own behavior and how they got where they are (interpret the past)
**Set limits and maintain boundaries -“I’m not willing to talk about XYZ today, only ABC” -(Tactfully interrupt storytelling) “How can I help you focus on this next task?”	Allow them to escalate the conversation or go on tangents. Allow ceaseless storytelling
Use broken record in a matter of fact approach	Enter debates or power struggles. Waver your message or get wordy.
Be clear, structured, and consistent with roles, expectations, and policies. Follow through with your policies (ex. Bill for your time)	Make exceptions. Give special treatment
Limit contact to when others are around and during your normal business hours	Hold meetings when staff has left
Consider transferring client or case (gently) -“We are too different and need to go separate ways”	Make referrals with anger and hostility or lie about the reasons
Regularly update contracts and create safety protocol for how to manage angry, potentially dangerous clients	Allow staff confusion about how to manage angry, potentially dangerous clients

Assertive Confrontation

I. The Method

- A. Introduce yourself and establish a relationship
- B. Identify the concern
- C. Clarify the impact of the concern on you or others
- D. Enlist their assistance to accomplish what needs to happen to resolve the concern

II. Maintain Personal Safety

- A. Be aware of your surroundings
 1. Protect yourself with distance
 2. Avoid being surrounded
 3. Leave an avenue of escape
- B. Never physically engage the person you are confronting
- C. Never argue
- D. Know your limits
 1. Know when and how to request assistance
- E. Document your actions.

III. Assertive Communication Techniques

- A. Concern: Always express concern for the other persons well-being
- B. Deflection: Ignore irrelevant comments and restate issue.
- C. Direction: Give calm, non-threatening, non-judgmental decisions/requests
- D. Broken Record: Repetitive stating of decisions
- E. Fogging: Do not offer resistance to verbal assaults, agree with possibility of what they say. Then use deflection, direction or broken record to redirect.
- F. Workable Compromise: Give ground where you feel it is right to do so.
 1. Obtain something for each thing you offer.
 2. Be specific, concrete and clear in what you are requesting.
 3. Try to make them win/win situations.

IV. Assertive Language

- A. Use power statements such as: I feel . . . ; I think . . . ; I will . . .
- B. Deal with aggressive remarks without fight or flight (verbal judo)

“It could be true that . . . , but I don’t believe so”

“I understand that you . . . , but . . . “

“It is possible that happened as you say, but I still”
- C. Ask people to be specific in their feedback
“What specifically about this situation are you upset with?”
- D. Agree with someone about your mistakes

Conflict Resolution

I. Basic Premises Regarding Conflict

- A. Conflict is unavoidable where people interact.
- B. Conflict provide opportunities:
 - 1. Increases attention
 - 2. Stimulates curiosity
 - 3. Increases understanding
 - 4. Increases connection between people.
- C. Conflict, while disruptive, is not necessarily destructive.

II. General Principles for Conflict Resolution

- A. Treat the other person with respect
 - 1. Differentiate between the person and their behavior
 - 2. Disagree with behavior and idea, but respect the person
- B. Listen until you understand the other side.
 - 1. Understand what the person is saying
 - 2. Use empathic statements to show you understand
- C. State your views, needs and feelings
 - 1. Use power language and "I" statements
 - 2. Avoid "loaded" words
 - 3. Say what you mean and mean what you say

III. Handling Conflict

- A. Generally speaking, focus on emotions first
 - 1. Once emotions are dealt with, move on to rational problem solving
 - 2. Deal constructively with the problem and the emotions.
- B. Deal with one issue at a time
 - 1. Prioritize issues
 - 2. Where possible, start with the one most likely to result in successful resolution
 - 3. Break large, complex problems down into small issues that can be dealt with
 - 4. Stay focused on the basic issues
- C. Focus on resolving the conflict, not attacking the person