

Management of the Difficult Client

I. Introduction

For the purpose of this talk, “personality” is defined as that collection of traits, commonly used defenses, coping mechanisms, emotional strengths and weaknesses, and patterns of relationships that define who we are as unique individuals.

The Diagnostic and Statistical Manual of Mental Disorders (“DSM-IV”) defines a “personality disorder” as an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.” The DSM-IV identifies eight specific personality disorders. This article focuses on how attorneys can identify and manage clients who suffer from five of them.

II. A Contextual Overview

Because the mind and the body are one entity, the same rules logically apply to both. The structure and capacities of the body are primarily a function of the DNA with which a person is born. The same is true of the mind. In fact, it is true that the body and mind are integrated parts of the same organism, and as such are not truly separable.

The maturational development of each person’s body/mind is greatly impacted by his or her environment. The body/mind needs proper nutrients and the absence of trauma to develop optimally. If, for example, a person breaks a leg and does not receive medical and surgical help that promotes healing, the person will suffer throughout life with a deformed leg. Likewise, if a person is traumatized emotionally as a child and does not receive appropriate psychological help, the resulting emotional scars can present an obstacle to normal development. When a person’s emotional needs are not met at the appropriate times and/or there is an abundance of psychological trauma, that person’s genetic potential will be thwarted.

Personality disorders reflect personality structures that have been damaged and/or malnourished, much as is true of a deformed leg that either lacks appropriate nutrients at a critical time of development and/or has been traumatized. “Psychiatric scar tissue” may form and become permanent. Fortunately, the resulting deformity can usually be managed in a way that allows a person to function and mature in most ways, although this may require the help of other people. The type of management required to allow a person to function reasonably well depends on the nature of the disorder.

When an attorney works with a non-psychotic but dysfunctional client, the first step in the management process is to identify the nature of the client’s personality style. The identification of personality traits is largely a function of observations made of the manner in which the client relates to other people; the types of coping mechanisms that

person uses; how the client manages emotions, impulses, and problematic moods; and the manner in which the client obtains protection from perceived and real threats to his or her integrity as a living being.

The second step in the process is to determine the functional impairments that the client brings to the legal process. The attorney observes the client's functioning and asks him or herself certain questions. Is the client injured in a manner that interferes with his or her understanding of the case and the law that applies? Is the client able to behave in a manner that is in his or her long-term best interest? Is the client able to work with the attorney in a collaborative manner? Does the client have the ability to stand up for him or herself without becoming excessively antagonistic? Would the client make a good witness? And so on.

Personality disorder diagnoses are important because the nature of a client's personality strengths and weaknesses will largely determine the approach the attorney needs to take when assisting a personality-disordered client reach a positive resolution regarding an issue in dispute.

III. Managing Clients With Personality Disorders

Since each client suffering from a personality disorder thinks and behaves differently, I will provide a brief description of five types, those most likely to challenge an attorney, and present tips regarding how to manage them.

The reader should keep in mind that I am talking about management, not change. The goal is not to change the client's personality or to make it less disordered. Rather, the goal is to find a way to help the personality-disordered client participate in the legal process effectively, make appropriate decisions, and work with the attorney and staff members in the most successful manner possible.

The following diagnostic categories appear in the Diagnostic and Statistical Manual (DSM), Fourth Edition, published by the American Psychiatric Association. It is used widely by mental health professionals and others, and is generally accepted as the best resource manual regarding diagnostic categories to date.

The Dependent Personality Disorder (DPD)

A. Recognizing the DPD Client.

A Dependent Personality Disorder is manifested by a pervasive and excessive need to be taken care of, submissive and/or clinging behavior, and fears of separation, beginning by early adulthood. It presents in a variety of contexts as indicated by five (or more) of the following in which the client:

- 1) has difficulty making everyday decisions without an excessive amount of advice and reassurance from others;

- 2) needs others to assume responsibility for most major areas of his or her life;
- 3) has difficulty expressing disagreement with others because of a fear of the loss of support or approval, not including realistic fears of retribution;
- 4) has difficulty initiating projects or doing things on his or her own because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy;
- 5) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant;
- 6) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself;
- 7) urgently seeks another relationship as a source of care and support when a close relationship ends;
- 8) is unrealistically preoccupied with fears of being left to take care of himself or herself.

The stereotype of a person with DPD is the television character of Edith Bunker.

B. Managing the DPD Client

1) Clients with symptoms of DPD frequently attempt to get other people to make important decisions for them as a means of avoiding responsibility for negative consequences associated with the decisions made. They generally lack self-confidence and are needy. They tend to make decisions on the basis of immediate gratification and a wish to avoid conflict with a person upon whom they are dependent. They are like children who have not progressed developmentally to the point of independent functioning.

2) It is important for the sake of the client that the attorney not fall into the trap of making decisions that appropriately belong to the client. To make the decision, or even give the appearance of having made the decision, gives the responsibility for the decision to its maker. Furthermore, taking over this function for the DPD client interferes with any psychological growth that he or she might make as a result of mastering fears associated with making independent decisions. It is mastery that builds self-esteem from within and allows for the feelings of competence and self-confidence.

3. When responding to a DPD client's wish to be taken care of, it is important that the attorney respond in a manner that facilitates growth and minimizes the likelihood that the client will experience the attorney's refusal to gratify dependency needs as rejection or a sign that the client is not valued. Do not tell DPD clients that they are behaving in an immature fashion or that they need to grow up. Do not say "no" when they ask to be taken care of without explaining that it is improper for attorneys to make decisions for clients and making a decision for him or her would deprive the client of a chance to master a situation that would likely lead to an increase in self-esteem.

4. Finally, be sure to provide the DPD client some protection against impulsive, ill-advised decisions when the client makes them to avoid conflict or because of feelings of

shame and inadequacy. When the attorney believes that the client is making an incorrect decision for inappropriate reasons, he or she would do well to make sure, preferably in writing, that the client has been made aware of the attorney's concerns.

The Narcissistic Personality Disorder (NPD)

A. Recognizing the NPD Client.

A Narcissistic Personality Disorder is manifested by a pervasive pattern of grandiosity (in fantasy or behavior), a need for admiration, and a lack of empathy, beginning by early adulthood. NPD is present in a variety of contexts, as indicated by five (or more) of the following in which the client:

- 1) has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements);
- 2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love;
- 3) believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people;
- 4) requires excessive admiration;
- 5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations;
- 6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends;
- 7) lacks empathy and is unwilling to recognize or identify with the feelings and needs of others;
- 8) is often envious of others or believes that others are envious of him or her;
- 9) shows arrogant, haughty behaviors or attitudes.

A stereotype of NPD is the stage presence of George Hamilton.

B. Managing the NPD Client

1) People with NPD are very self-centered and care nothing about the needs and feelings of other people unless it is to their advantage to do so. They are overindulgent, possibly as a result of emotional deprivation that they experienced as children, and tend to view others as good or bad based on another person's ability to gratify the narcissist's needs, wishes, and whims. A person with NPD believes that everyone is here for a purpose, and that the purpose is to gratify him or her. They tend to be short-sighted, searching for the next source of self-gratification that comes along. They cannot see the forest for the trees.

2) People who suffer from NPD have no sense of fairness as most people understand that concept. Fairness to the person with NPD is whatever they believe to be in their best interest. They cannot tolerate criticism and tend to feel slighted easily.

3) To manage a client with NPD, the attorney must show him or her that a result that would be defined as fair by the courts or in a settlement process is good for them in the long term, and why. The attorney must present an argument for what is fair based on the self-interest of the client, not on the ethics of fairness. For example, if the client with NPD is demanding 90 per cent of the assets out of a sense of entitlement, the attorney should point out that asking for 90 per cent is likely to inflame the Court and lead to a worse outcome for the client.

4) A client with NPD will usually perform well as a witness, although he or she may be perceived as self-centered. Caution is advised because the client's testimony will likely reveal his or her self-centeredness, an exaggerated sense of his or her worth, and a basic lack of fairness.

5) Because narcissists are easily wounded, the attorney should never criticize them. NPD clients will likely react to perceived criticism as though the injury was inflicted intentionally, and are likely to direct their wrath and outrage at the attorney. NPD clients carry grudges. Instead of telling them that they are behaving inappropriately, the attorney should empathically redirect NPD clients toward looking at whether or not the behavior is in their best interest. And the attorney should praise them when they behave in a way that is more reasonable and less self-centered.

The Histrionic Personality Disorder (“HPD”)

A. Recognizing The HPD Client.

A Histrionic Personality Disorder is manifested by a pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood. HPD is present in a variety of contexts, as indicated by five (or more) of the following in which the client:

1. is uncomfortable in situations in which he or she is not the center of attention;
2. interacts with others by inappropriate sexually seductive or provocative behavior;
3. displays rapidly shifting and shallow expressions of emotion;
4. consistently uses physical appearance to draw attention to one's self;
5. has a style of speech that is excessively impressionistic and lacking in detail;
6. shows self-dramatization, theatricality, and the exaggerated expression of emotion;
7. is suggestible, i.e., easily influenced by others or circumstances;
8. considers relationships to be more intimate than they actually are.

A stereotype of HPD is the television presence of Zsa Zsa Gabor.

B. Managing the HPD Client.

1. The development of HPD may be related to a lack of structure and attention in early life. For example, the client's parents may have been unable to provide depth, detail, and/ or accurate empathy during childhood. As a result, a person with HPD is left with a need to be the center of attention in adulthood, and is compelled to be the life of the party. They are consumed with appearing attractive, and maximize their looks to get the attention they did not get enough of when they were children. They think globally and are unable to see the trees for the forest.

2. To successfully manage a client with HPD, the attorney must establish a trusting relationship in which he/she fills in the deficits which the client demonstrates. For example, the attorney needs to help the client focus on details and explain, often repeatedly, why the details are significant.

3. The HPD client can become easily disoriented. The attorney should provide structure to keep the client anchored and focused on the issues that must be addressed. To compensate for his or her global thinking and dramatic behavior, it is very important that the attorney provides a focused view of the case to the HPD client and ensure that the view is reinforced by paralegals. Paralegals can also help the HPD client with details, such as collecting and assembling important financial information.

4. The attorney must be careful not to make decisions for the client with HPD because it is much easier for this person to rely on the attorney's judgment than to sort through the facts. Always advise, but never make the decision for the client. Document the advice and, in writing, remind the HPD client that he or she is the decision-maker.

5. A client with HPD loves to act and be center stage. If properly prepared, they can make excellent witnesses. If too dramatic, however, they may lose credibility.

6. Remember, the HPD client is not able to focus on details, at least in a general sense. For this reason, and because they are easily flattered, HPD clients tend to be very vulnerable to the opportunistic behavior of self-centered people who come to them with numerous schemes to improve their appearance and financial positions. The divorce agreement should ideally be written with this vulnerability in mind

The Avoidant Personality Disorder

A. Recognizing the APD Client

An Avoidant Personality Disorder is a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, which appears by early adulthood. People with this disorder have frequently suffered from a Social Anxiety Disorder (aka Social Phobia) as children. The hallmark characteristic of this latter disorder is a marked and persistent fear of feeling humiliated in front of people who are either unfamiliar to the person or in a position to judge them. Current thinking is that an Avoidant Personality Disorder develops as a result of the person's repetitive use of

defense mechanisms that allow the person to avoid those situations that might lead to feelings of humiliation.

A person suffering from APD typically:

- 1) avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval or rejection;
- 2) is unwilling to get involved with people unless he/she is certain of being liked, shows restraint within intimate relationships because of the fear of being shamed or ridiculed;
- 3) is preoccupied with being criticized or rejected in social situations;
- 4) is inhibited in new interpersonal situations because of feelings of inadequacy;
- 5) views him or herself as socially inept, personally unappealing or inferior to others;
- 6) is unusually reluctant to take personal risks or engage in new activities because they might prove embarrassing.

A stereotype of APD is the film presence of Woody Allen.

B. Managing the APD Client

1) Clients who suffer from APD experience significant fear and anxiety when required to perform in public (such as testifying at a deposition or in a courtroom) or to undergo an evaluation by a mental health professional, an occupational specialist, or an occupational medicine physician. These clients, some of whom have not worked for many years because of their disorder, also have difficulty participating in job interviews.

2) Clients who suffer from APD may be difficult to diagnose because they tend to present with problems that are frequently misinterpreted. For example, a client with APD may appear to have a drinking problem because of that person's tendency to drink to excess during social gatherings to calm his or her anxiety. The attorney might prematurely conclude that the client is an alcoholic.

3) Clients who present with APD frequently make their attorneys feel nervous and helpless. They tend to describe symptoms that the attorney finds anxiety provoking because of the potential detriment to the case. For example, clients with APD may refuse to interview for a new job, making it appear as though the client is trying to milk his or her spouse for maintenance that is undeserved.

4) When interacting with a client with APD, it is very important that the attorney pay attention to his or her own feelings. The feelings of anxiety and helplessness that the attorney frequently experiences are usually the result of his or her clueing in subconsciously to what the client is feeling.

5) Obtain a mental health evaluation when APD is suspected to establish the diagnosis and rule out other possible problems. Having the evaluation performed

“privately” may prove less anxiety provoking for the client than an evaluation done by court order. The evaluation may have some “desensitizing” value in the event that a “public” evaluation is ultimately required.

The Borderline Personality Disorder (“BPD”)

A. Recognizing the Borderline Personality Disorder

A Borderline Personality Disorder is manifested by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- 1) frantic efforts to avoid real or imagined abandonment;
- 2) a pattern of unstable and intense interpersonal relationships characterized by alternations between extremes of idealization and devaluation;
- 3) a markedly and persistently unstable self-image or sense of self;
- 4) impulsivity in at least two areas that are potentially self-damaging, for example with regard to spending, sex, substance abuse, reckless driving, and binge eating;
- 5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior;
- 6) affective instability due to a marked reactivity of mood, for example intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and rarely more than a few days;
- 7) chronic feelings of emptiness;
- 8) inappropriate, intense anger or difficulty controlling anger, for example frequent displays of temper, constant anger, and/or recurrent physical fights;
- 9) transient, stress-related paranoid ideation or severe dissociative symptoms.

A stereotype of BPD is the role played by Glenn Close in “Fatal Attraction”.

B. Managing the BPD Client

1. BPD clients are probably the most difficult to manage. They tend to be impulsive, manipulative, provocative, unstable (especially with regard to mood), extremely angry when the attorney fails to please them, and untrusting.
2. It can be very difficult to establish a working alliance with a BPD client because of his or her inability to trust people, neediness, and contentiousness. Developing a successful working alliance requires a great deal of patience, an ability to not take things personally, a solid sense of oneself personally and professionally, and a low degree of reactivity on the part of the attorney. Trust takes a long time to develop within the BPD

client who is likely to test the attorney repeatedly to determine if he or she is really on the client's side. The BPD client needs the attorney to remain stalwart and consistent, and to refuse to be allowed to be manipulated, if the client is to feel secure enough with the attorney to develop trust.

3. BPD clients are more likely to take out their anger on the office staff than on the attorney. It is important for the attorney to intervene immediately if the BPD client behaves inappropriately with an office staff member and let the client know that such behavior will not be tolerated.
4. BPD clients are good at getting attorneys (and other people) to cross ethical and professional boundaries. The attorney's clarity regarding his or her own boundaries can be very helpful when establishing boundaries with a BPD client who needs limits to function appropriately within the context of the attorney-client relationship.
5. BPD clients are notorious for splitting people, i.e. getting people mad at each other or getting them to take opposite sides regarding an issue raised by the BPD client. BPD clients are very good at perceiving weak spots in the relationships between people (such as the relationship between an attorney and a staff member) and at exploiting those weak spots to his or her perceived advantage. It is crucial that the attorney and his or her office staff commit early on to periodically discuss problematic behavior on the part of the BPD client and never allow the client to put them in a position of being at odds with each other.
6. BPD clients can be very demanding and behave in a very needy fashion even when they are not in great need. It is important that the attorney discuss what functions the attorney will serve and what functions he or she will not. For example, if the attorney does not offer hand-holding as one of his or her functions, the BPD client may need to obtain emotional support from other sources. Discussion of what the BPD client can expect from the attorney should occur early in the attorney-client relationship. It is also very important to make sure that the BPD client has a clear understanding of the attorney's fee agreement, how appointments are to be scheduled, what the attorney expects of the client, and what the client may and may not expect from the attorney before the attorney agrees to represent him or her.
7. In short, an attorney working with a BPD client needs to provide appropriate professional boundaries, consistency, limits on the client's behavior when necessary, and a calm demeanor in the face of the chaos that a BPD client can generate.

V. Conclusion

To summarize, when working with a client who has a personality disorder:

1. Identify the disorder, with the help of a mental health professional if necessary.
2. Identify how the client is functionally impaired.
3. Build a trusting relationship with him or her.
4. Compensate for the client's deficiencies in the way you work with him or her and the type of support you provide.

Working with clients with personality disorders can be very trying. It is important that attorneys know how to manage people with the various disorders described above, and keep their expectations rooted in reality. Personality-disordered clients are not going to change as a result of the legal professional's interventions. They are who they are and will remain who they are. People with personality disorders can, however, be managed in a manner that allows the attorney to provide services effectively without going over the brink.

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