

# Best Practices For Working with Consumers with Personality Disorders

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## **Purpose:**

To provide information to better serve individuals with Personality Disorders.

## **Rationale:**

Wisconsin DVR strives to provide quality services to all individuals. However, we recognize that some consumers find it more difficult to work with the DVR process due to some of the characteristics of their disability. These are consumers that have been formally identified as having a personality disorder by an Axis II diagnosis or others who may exhibit characteristics but have not been diagnosed. These traits can include frequent mood swings, stormy relationships, outbursts, poor impulse control, and rigid, inflexible thoughts and behaviors. These behaviors can result in a high demand of a counselor's attention and time. When providing individualized services to all consumers, especially individuals that may have these struggles, it is important to understand the disorder, ensure a comprehensive assessment has been completed and utilize best practices / proven strategies in employment planning and service provision. These recommendations were developed in response to Policy Academy member/field staff concerns in regards to serving individuals exhibiting behaviors characteristic of a personality disorder.

## **Throughout the DVR process, when working with consumers with personality disorders:**

All staff should be consistent in how they work with consumers and establish clear boundaries;

Expectations should be clearly communicated and put in writing when appropriate (e.g., setting limits on the number of phone calls per week);

Ensure expectations and boundaries are maintained;

Clear definitions of policies, DVR staff availability, and work hours should be made available to the consumer;

Counselors should keep the focus on the VR goals, process, and services to ensure relationships and boundaries are clear;

Self-disclosure is not recommended; redirect conversation(s) to vocational process;

Help make things as black and white as possible within DVR policy, given much of DVR is "grey" because of individualized services;

Provide praise for small milestones and when demonstrating socially acceptable behaviors;

Use an advocate or peer specialist when appropriate, e.g., recovery management, wrap plans, etc.; and

Allow the necessary time needed to address behavioral concerns caused by the personality disorder characteristics/traits.

**During comprehensive assessment / IPE planning:**

When available, review prior DVR case file in its entirety for strengths, priorities, concerns, etc. before developing a new IPE or IPE amendment to evaluate changes, on-going needs, etc.;

Review Eligibility/OOS to consider impairments and limitations as part of IPE development;

Consider assessments as appropriate to identify appropriate job goals and IPE services, such as:

- Vocational and/or psychological evaluations
- Temporary work
- Employment readiness assessment
- On the job evaluations
- Plan for Success/disability management

When appropriate, rule out other conditions such as TBI; and

Consider occupations that address behavioral accommodations and skills.

**When developing and providing IPE services:**

Review the assessments and/or evaluations with the individual and discuss how those characteristics may interfere with employment and what the individual has done in the past to reduce the impact of the personality disorder;

Set realistic and specific goals and benchmarks with the consumer to try and give him/her a sense of achievement;

When available, consider specialized job development from service providers specifically trained to work with individuals with personality disorders / mental health concerns;

Use assignments (especially between appointments) to ensure engagement;

Consider inclusion of evidence-based/therapeutic practices in the IPE when necessary and appropriate to achieve the IPE goal, before including restoration service in IPE, please review the Purchase of Traditional and Non-Traditional Medical Restoration Guidance Piece; and

Connect consumers to supports and available resources they need in order to help them be successful in achieving their goals.

**Problem solving difficult situations:**

Consult, consult, consult;

Safety comes first, if you are feeling unsafe, talk to your colleagues and/or supervisor;

Consider if additional assessment is needed;

Utilize a "Plan for Success" that includes setting parameters with incremental progress measures (e.g. swearing, anger, case transfer request, etc.) as appropriate;

Rehearse what you will say to the consumer, so it's clear;

Follow-through on consequences;

Deal with facts as much as possible. When a situation arises try to get all sides of the story (consult with others involved in the situation as appropriate) to avoid triangulation;

Provide copy of case note and/or joint agreement in writing to consumer; and

Try not to become defensive or take things personally; if you are feeling defensive or overwhelmed, discuss your feelings with colleagues and/or supervisor.

**Coordinating services:**

Team approach –Work with and invite supports to meetings as appropriate to prevent triangulation and maximize resources available to assist the consumer in achieving goal. Example supports may include: family, guardian, advocate, service provider, CSP, mental health provider, community agencies and other involved programs;

Work with your DVR team members to assist on cases;

Ensure communication between all providers (releases signed) and request updates on progress in those programs;

Review the DVR /W-2 Interagency Agreement and Technical Assistance Guide on how these agencies can coordinate services to assist consumers; and

If a consumer is a veteran it can be helpful to work with the VA to get as much information as possible to better understand the consumer's situation and to coordinate services.

DOC psychologist consult: If the consumer is on Probation and Parole, obtain release for agent and psychologist. For information on who the DOC psychologist is for your area, contact Rosemary Kleman, Director of Psychology for DOC.

### **Additional recommendations**

Stay current on trainings relating to personality disorders as well as crisis counseling and management;

Ensure your office has a protocol for safety and crisis intervention;

Supervisor should discuss case transfer request with counselor to ensure it is in the consumer's best interest;

Consult as needed with coworkers and work closely with supervisors;

Consider documenting comprehensive closure case note; identify strengths, obstacles, assessments and other considerations for future DVR cases; and

Actively develop local resources to address specific disability needs as well as creative supports to assist with job development.

### **Related resources**

<http://askjan.org/media/employmentmifact.doc>

Recommended Book: Essentials of Personality Disorders by Oldham, Scottdol and Bender.

Recommended Book: Disability Handbook by Department of Rehabilitation Education & Research, University of Arkansas, 2012 Edition

<http://www.johnbriere.com/>

<http://www.nami.org/Template.cfm?Section=TRIAD&Template=/ContentManagement/ContentDisplay.cfm&ContentID=19919>

Book, *Vocational Impact of Psychiatric Disorders*, by Gary Fischler and Nan Booth

Dr. Mays Book:

[http://dwdworkweb/dvr/policy\\_and\\_guidance/procedures/mays\\_personality\\_disorder\\_book.pdf](http://dwdworkweb/dvr/policy_and_guidance/procedures/mays_personality_disorder_book.pdf)

Personality Disorder Webcast Training (Dr. David Mays, trainer):

<http://dwdmedia.wi.gov/main/Viewer/?peid=8214638a23974497867025bc0a5a2a13>