**Addressing Clients with Mental llness and Behavioral Difficulties**

Mental Illness & Mental Health Crisis Intervention

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We will examine the difficulties mental illness presents to Corrections Agents and offer effective strategies for addressing the most common forms of mental illness professionals face. There will be a particular focus on assessment of a situation and intervention strategies. We will also examine how addressing these situations effects professionals.

Learning Objectives:

* Develop an understanding of common and severe forms of mental illness.
* Offer a variety of strategies for dealing with specific forms of mental illness crisis.
* Consider the variety of resources available for helping a person in a mental health crisis. (Including the consequences of accessing those resources.)
* Address how dealing with mentally ill clients impacts professionals and examine healthy coping strategies.

We have the largest number of mentally ill people coming out of incarceration today than we ever have had at any point in history. How did the problem develop?

 We have always had mental illness. In the early 1960’s President John Kennedy looked at the abuse in asylums and initiated a project to close them down. This process would take decades. Thirty years ago, psychologists were telling us that mentally ill people are less likely to engage in violent behavior. (This was based on the data suggesting 18% of our population is mentally ill, and less than 18% of our convicted criminals were mentally ill at the time.) What they failed to consider, is that our most dangerous mentally ill individuals were locked in institutions and were receiving behavioral consequences, instead of legal charges. Now that institutions have closed, mentally ill people are on the streets, and statistics show that mentally ill people are **3X** more likely to engage in violent behavior.

Perspective: The most dangerous individuals are those under the influence of alcohol or drugs. They are **7X** more likely to be violent.

There isn’t any way a client can present that I can’t use to help them.

* Angry: “I’m glad to see you have strong feelings. Like me, you’d like to see changes. Let’s see if we can use your strong feelings productively.”
* Unresponsive: “So many people come in here and talk my ear off. It’s kind of nice to finally have someone who is ready to just sit and listen to my advice.” “Moments of silence are powerful. I’m glad we got to this point so quickly.”
* Narcissistic: In Greek mythology, Narcissus fell in love with his own reflection in a pong and ultimately drowned.
	+ Take advantage of their narcissism. “Most people I work with can’t get through this without getting in trouble again, but I think you’re smart enough where you could do this.”
	+ When they say, “I’m not like other offenders,” I say, “Great.”
* “The system sucks.” Response: “It’s worse than you think. You wouldn’t believe the number of times I get frustrated at it, but we need to focus on things we have control over.” Their feelings about the system are irrelevant to what needs to be done.

Psychopaths do not beat polygraph examinations (lie detector tests). Dr. Robert Hare is the expert. {HARE PCL-R}. Substance abuse exacerbates narcissism.

Redefine progress: The people we work with used to get in trouble every day. If you are feeling burned out on a client, take one meeting just to listen to them. Remind yourself: “God put people like you on this earth to prove that I can be a decent person.”

Acceptance:

Ask clients if they are ready to accept that these are conditions they have to live their life by. Our job is not to retry the case. The inability to accept their state is what gets them in trouble. (They need to find that map at the mall that says you are here and accept it.) If they have no unsupervised contact with minors, and need to be sober, they need to let others know this, otherwise they will constantly be in high risk situations. We can only go from where we are at. (After high school my options were: poor kid going to work or school – King of England was not an option). Once we are in a better place we get better options. When people change, they relax and are able to be honest with others. The biggest struggle people in trouble have is shame. They spend all their time talking about why this should not have happened instead of using their brain to get out of it. (Lost in the woods & shame analogy)

Normalize.

We all have unhealthy thoughts. The problem is when people allow unhealthy thoughts (and sometimes unhealthy people) to take residence in their life. (Analogy: Are you a cave opening or a door?)

**Recognize the Stress of the work**

Court:

* First of all, accept that it is not your job to win in court. It is your job to supervise and hold people accountable.
* Attorneys make me crazy, as it is all about winning and losing for them, when the reality is that it is seldom black and white. Share story in court about attorney asking if his client is “mentally retarded.” (Dick Plocpnick in court)

Accountability:

* Do not apologize for expecting people to be accountable. The clients we work with have been getting by with things forever, so when you ask them to be accountable they are angry. It is exactly what they need to be better and healthier people. It is not our job to make them happy. It is our job to make them healthy. Their behavior is not a reflection of us.

Symptoms of Stress:

* Feeling overwhelmed, moodiness, irregular sleep, problems with memory, and physical aches and pains.

Stress from family of offenders

* Remember the client got everyone in the situation. The family is a secondary victim. “They’ve been inconveniencing you for a really long time and you’re still putting up with it.” It is difficult to maintain an addiction without help from others.
* Set boundaries. I cannot share this information without his consent.

Make a list

* Stress builds up one event at a time until you have an overwhelming pile. The only way to address this is one at a time. Make a list and start picking them off one at a time. Try to do the worst one first as you will think about this until you address it. Once the worst is done, the rest are easier.

Too much “yes” leads to stress

* Stop taking on new tasks and agreeing to help others. For everything you add, you need to stop doing something else to maintain your balance. Everything you agree to do is a decision to spend less time with someone else.
* Distinguish between what you “have to do” and “could do” (every year I dump the “could do” basket in the garbage).

Re-prioritize your life

* Family will always be the most important, but you have to take time to **exercise,** 20 minutes. You have to take time to **relax.** Eat **healthy.** You do not have to be perfect. Just better. Develop a regular **sleep** routine.

Burnout

* Let’s re-examine the whole situation. Reframe the thoughts you have about your stress. Anger assignment in the workbook. Pay attention to your selftalk. Are you escalating yourself or calming down. What do I want to do? What would a decent person do? What if you approached this situation with a different attitude? “A new light through old windows.” 90% of people who leave employment are competent in their jobs, but are leaving for interpersonal reasons. When I worked for the state I used to say, “It’s not a bad job if you don’t think about it.” It is generally not the work that upsets people, it is concerns about unfairness. Focus on your job.

Serenity Prayer (Religious version)

(Paraphrased from the writing of Reinhold Niebuhr)

God, grant me the serenity

To accept the things I cannot change;

Courage to change the things I can,

And wisdom to know the difference.

Living one day at a time;

Enjoying one moment at a time;

Accepting hardships as the pathway to peace;

Taking this sinful world as it is,

Not as I would have it.

Trusting that God will make all things right,

If I surrender to acceptance;

That I may be reasonably happy in this life,

And supremely happy, forever in the next.

Serenity Prayer (Non-religious version)

Grant me the serenity to accept the things I cannot change;

Courage to change the things I can;

And the wisdom to know the difference.

To live one day at a time,

Enjoying one moment at a time.

Accepting that hardship is the pathway to peace.

To learn to accept the world as it is,

Rather than as I believe it should be.

I will trust that things will work out in the long run

If I surrender to acceptance now.

Over time I will achieve peace,

And a happiness beyond what I can currently comprehend.

* What motivated you to go into this field?
* Give coworkers credit for their successes, or for handling situations well. “A measure of maturity is your ability to appreciate the success of others.” When you do this, you will eventually find others helping you. Do not expect to see this reciprocated for four months. All of our emotions exist in relation to others (anger, love…).
* Take breaks.
* Take time to organize. It will save you time in the long run.
* Be realistic. Do not overschedule. Only so much can be done in one day (often less).
* Talk about stressors, but tell them you are not expecting solutions. You just need to say it (vent). Men are from Mars and Women are from Venus.

**Consider the effect of our work on our family, friends, and community:**

* + “Everything can be taken from a us but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way.” Viktor Frankl
	+ “Success, like happiness, cannot be pursued; it must ensue, and it only does so as the unintended side-effect of one's personal dedication to a cause greater than oneself or as the by-product of one's surrender to a person other than oneself. Happiness must happen, and the same holds for success: you have to let it happen by not caring about it.” Viktor Frankl

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# **Attention-Deficit/Hyperactivity Disorder**

**Helpful Hints**

1. **Praise and reward good behavior promptly.** Since individuals with ADHD have difficulty processing directions and other information, it is likely they are bombarded with corrections, leaving them with a low opinion of themself. Reinforcing good behavior will make it more likely to occur again in the future.
2. **Be consistent with discipline and make sure other caregivers follow through.**
3. **Make a list of tasks to be accomplished each day.** Make sure they are not trying to do too much.Break down tasks into smaller, more manageable steps. They can use sticky pads to write notes to themselves and place them on the fridge, on the bathroom mirror, in the car, or in other places where they will benefit from having a reminder. Take time to set up systems to file and organize information, both on their electronic devices, and for paper documents. Help them get in the habit of using these systems consistently.
4. **Set and follow routines for meals, bedtime, play, and other activities**. Keep items, like keys and wallets, in the same place.
5. **Make instructions simple and specific**. Divide large tasks into smaller, more manageable steps. For example, "Brush your teeth, and then get dressed,” instead of "Go get ready for school."
6. **Ask for help from family members or loved ones.** Everyone needs help. It can be exhausting at times, so enlisting others for both emotional and physical support will reduce tension in the family.
7. **Maintain a balanced diet.** Most diets that have been promoted for ADHD involve eliminating foods thought to increase hyperactivity, such as sugar and caffeine, and common allergens such as wheat, milk, and eggs. Although studies have not proved a consistent link, some diets recommend eliminating artificial food colorings and additives. If certain foods are followed by increased symptoms, you may want to try eliminating it from their diet to see if it makes a difference. However, consult with your doctor or dietitian before starting a limited diet. A diet that eliminates too many foods can be unhealthy because it may lack necessary vitamins and nutrients.
8. **Talk to colleagues, supervisors, and teachers.** ADHD can make work and school a challenge. Individuals may feel embarrassed telling their boss or their professor that they have ADHD, but most likely they'll be willing to make small accommodations to help them succeed. Encourage them to ask for what they need to improve their performance at work or school, such as more in-depth explanations or more time on certain tasks.
9. **Help them understand mindfulness**. Have them name three things in the room, two things that they hear and one thing that they feel and have them describe each one. This will help them to focus on the moment.
10. **Make time for exercise**, outside in a natural setting if possible. Do not let homework or screen-time monopolize all of the individuals time after school or work. ADHD individuals who exercise regularly have better performance at school and work.
11. **Simplify the environment to minimize distractions.** Remove excessive amounts of toys and clutter. The less distractions the better.
12. **Help parents learn relaxation techniques.** Parents may benefit from learning stress-management techniques to increase their own ability to deal with frustration, so that they can respond calmly to their child's behavior.
13. **Make certain the career they are pursuing is what they desire**. A recent study found that ADHD individuals were happier once they were out of school. Active work may be better than college for a particular person.

**Attention Deficit Hyperactivity Disorder (ADHD) =** Primary symptom is difficulty regulating attention: Can’t focus in school. Plays video games for hour.

Solution:

* Create structure.: Establish rituals regarding meals and sleep.
* Limit distractions: Limit smart phone, computer, TV
* Exercise: To address pent-up energy. Outdoor activities are particularly helpful.
* Break tasks into pieces: Calendars, lists, color coding, have them set out clothes
* Medication

**Remember disabilities change: For better or for worse**

Parents:

* Need to be patient
* Accept small increments of change
* ADHD is not an excuse for bad behavior
* Eliminate caffeine
* Introduce “wait time” (Practice waiting before sharing a thought)

# **Autism Spectrum Disorder**

**Helping an Individual with Autism Spectrum Disorder involves:**

1. **Make sure to notify the autistic individual of changes prior to making the change**. Not knowing what comes next makes them extremely anxious. Routines are important to autistic individuals. Autistic individuals are more accepting of change if they are notified ahead of time. This may include notifying them that you will be making an additional stop before going home/school, a change in Para/caregiver, or anything else that changes their normal schedule. (If you do not give them notification, you may end up dealing with a long lasting outburst.)
2. **Keep your voice as calm as possible when dealing with an outburst or escalation in behaviors.** It will keep them from escalating further, and usually helps bring behaviors back to their normal range fairly quickly.
3. **Don't push them to accomplish a task that a standard child of their age might be able to do, but they cannot.** Modify the task as needed. Pushing makes for a frustrating, angry day. This does not accomplish anything other than very bad days for the autistic individual. Activities need to be modified to the level of the child in question, not the developmental standards. The program needs to fit the individual’s needs. They will excel farther and faster socially and academically if the program is designed specifically for them.
4. **Help individuals with Autism stay organized.** While they may be academically intelligent, they struggle with setting priorities.
5. **Be explicit (hints will not work).** Check to make sure they understand.
6. **Encourage self-care for family members.** Autistic individuals often have sleep disorders which affect their caregivers. Even discussing concerns with another parent of an autistic child on the phone is helpful.
7. **Avoid isolation.** Encourage them to interact socially and participate in clubs, when possible, or church youth groups.
8. **Role-play conversations to assist them with improving their skills.** Autistic individuals struggle with normal interactions and need to improve their social skills. Floor time (sitting on the floor and interacting face-to-face with the child) is an important part of teaching young children social reciprocity.
9. **Pick and choose your battles.** An obsession with violent pornography is concerning. An obsession with wearing clothing so the seams are on the outside is much less concerning
10. **Anticipate that you will be dealing with a picky eater who may dislike foods because of color and texture.** Identify foods that will meet their nutritional needs, and give them the opportunity to select from them. Encourage them to try new foods, but don’t force them.
11. **Be careful not to jump to conclusions.** Individuals with Autism are often sensory focused. During times of stress or excess stimulation they may begin rocking or rubbing themselves. They may learn that masturbation is calming and begin doing this in public. Help them to replace these behaviors with other appropriate calming skills, such using Play-Doh, a stress ball, or another item of choice. Sensory stimulation activities can be relaxing, such as weighted mats or a sensory brush. The items should be age appropriate. Individuals with Autism may also struggle with the way clothes feel. It is not uncommon for them to undress in public or stay in the room without clothing. Allow them to choose clothing they feel comfortable in. Adult clothing is available in a variety of textures.
12. **For some individuals self-help skills are a greater priority than academic task.** Learning to wash their hands properly lessens the stress on their caregiver.

In 2020, the Center for Disease Control (CDC) reported that approximately **1 in 54** children in the U.S. is diagnosed with an **autism** spectrum disorder (ASD), according to 2016 data. The prevalence is increasing, attributed to bettering training and diagnostic skills of professionals and more awareness in the community leading to earlier intervention.

~Boys are 4 times more likely to be diagnosed with **autism** than girls. (May be recessive X gene trait) Expert Katie Kissner; “I personally think boys are more likely to be diagnosed because the symptoms can look different.  Girls can be better at mirroring others and ‘covering up’ some of up ‘classic’ symptoms of Autism.  I think this comes from our cultural expectations of girls to be more social.”

~Age 18 months is considered the earliest age of diagnosis, and the earlier the better. Early intervention is critical.  But I often hear parents saying their first concern was at 2 years when children had and then lost speech.

**Objectives in addressing Autism Spectrum Disorder**

1. **Identify characteristics of individuals with autism**
* Social awareness and interaction are severely compromised. Autism is a disorder, not a disease. There is a spectrum with some appearing normal to others who are severely impacted (nonverbal and with a limited understanding of language).
* Aberrant, repetitive and sometimes disturbing behaviors are common to both groups.

Netflix series, ***Atypical***, was a good portrayal of a high functioning autistic individual and the impact on family.

1. **Identify areas of impairment associated with autism.**
* Seizure disorders are very common with autistic individuals.
1. **Recognize the unique challenges of working with an autistic person and utilize effective communication and intervention strategies.**
* Individuals may appear disinterested but are conversely often acutely aware and sometimes agitated by small changes in their environment.
* Autistic individuals are rigid. Choose your battles. Force will escalate the situation.
1. **Identify the unique risks involved when searching for a missing autistic person or coming to a crisis scene (accident or fire) where an autistic person is present.**
* Autistic individuals often gravitate to water when lost or won’t leave a home during a fire.
1. **Understand de-escalating techniques.**
* Distraction often works. *What’s for dinner?* Change the thought process.
* Some are totally sensory with calming. Some enjoy working with weighted blanket.
* Riding as a passenger in a car seems to work for many as a calming technique. (Enclosed spaces can be comforting.)
* Separation (sit in a car)
* Relaxation techniques: Every person is unique.
1. **Recognize the difference between a tantrum and a meltdown.**
* **Tantrum** has a cognitive component. There’s a choice. Sometimes a manipulation. Tantrums have a purpose. In a sense, it’s a negotiation of a situation. A tantrum can become a meltdown.
* **Meltdown** is a neurological reaction, not a choice. Individual may be embarrassed or feel out of control. They want very badly for it to end, but can’t stop it. Meltdown is sensory driven. It could be noise or lights.
1. **It’s not easy to tell the difference between a tantrum and a meltdown (if you are unfamiliar with the person).**
* This is why it’s important to talk to parents or professionals who work with the person. Have them sit in car. Get sensory blanket. Be able to implement relaxation interventions.
* Occupational therapy such as compression or brushing may help desensitize individuals to external stimuli.
1. **Grasp the importance of collaborating with caregivers of autistic individuals.**
* Every person with autism is unique.
* Probably the most important - If you've met someone on the spectrum, you've met one person on the spectrum.  i.e. EACH PERSON IS DIFFERENT.  What worked for you once, may not work again.
* There is no "look" of someone with autism as is often the case with Down Syndrome.  This can be problematic because those who do not know the individual may assume they are higher functioning than they really are.

**Subtypes are important:** Level 1, 2 or 3 with and without intellectual and language impairment.

**Level 1** Mainstream school: Exhibits unusual responses to others. Formerly called Asperger’s Syndrome (similar symptoms without the sensory issues), now Social Communication Disorder.

**Level 2** Verbal with intellectual impairment or No intellectual impairment with language deficits: Verbal with intellectual impairment can become the most tricky in situations with law enforcement. Average functioning with language impairment can also become problematic (language and intellectual impairment is likely easiest to "spot" by the average lay person).

**Level 3** Severe deficits in communication and all aspects of functioning. This is what the lay person thinks of when they think of someone with Autism.

**Teaching new skills**

* Repetition is often necessary in helping an autistic person learn new skills.  Understanding this may be important to avoid burn out when needing to respond to calls multiple times for the same individual.  This doesn't make their caregivers "bad" caregivers. How many times to they need to hear it? 73 X
* Individuals with autism are very rigid.  A little flexibility on the part of others may go a long way.  Power struggles will get you nowhere.

**Advice to staff who do not know the person well:**

1. Create a safe environment for the meltdown to run its course.

Remove others from the area

Remove harmful objects from the area

Monitor for safety while getting back in touch with someone who knows the autistic person.

Find out from caregiver, *Is there anything that helps this person calm down? Is there somebody that calms his down.* If mom calms him down, get her to scene. If not available, who’s next?

B. Time can be your best friend.

C. Force will not work and will only escalate the situation.

**Anxiety Disorders**

**Helpful Hints**

Avoidance is not a healthy coping strategy. You need to find ways to work through your anxiety.

1. **Focus on a neutral stimulus**. When you are anxious, focus on a neutral stimulus, such as deep breathing. Longer inhales reduce anxiety. They slow your central nervous system and allow you to think more clearly. A panic attack takes about twenty minutes to work through. Keep in mind it will be over in twenty minutes. It will not kill you! Focus on deep breathing.
2. **Find the origin of your anxiety**. If you struggle with panic attacks, consider when the panic attacks first occurred. This may have been years earlier or even in your childhood. Talk to a therapist about this. Acceptance is a big part of reducing anxiety. Accept that you cannot avoid being in the situation you are in now. It’s here. You can only choose what you do from this point forward. Instead of wasting energy shaming yourself, use your brain to make your life better.
3. **Share with others that you are anxious**. You would be surprised how many others struggle with similar feelings. Sharing often results in others giving you permission to relax and be less worried.
4. **Take action**. Anxiety builds one event at a time, so it needs to be alleviated the same way. Make a list of things you need to do and start doing them one at a time. Do the worst first if possible, as that will make the rest easier. Figure out what is making you anxious and address it. For example, if finances are your concern, work toward drawing up a budget.
5. **Let it go.** Do not dwell on past concerns. Change what you can and let the rest take its course. Don’t over schedule your life. Everything you take on is a decision to do less of something else. “Too much yes leads to stress.”
6. **Break the cycle**. When you feel anxious, take a brisk walk or engage in a hobby to refocus. Exercise, particularly outdoor exercise, produces endorphins and reduces anxiety.
7. **Stick to your treatment plan**. Keep therapy appointments. Consistency can make a big difference, especially when it comes to taking your medication.
8. **Socialize.** Do not let worries isolate you from loved ones or enjoyable activities. Social interaction and caring relationships can lessen your worries and will ultimately make your life more enjoyable.
9. **Self-talk.** Tell yourself, “I will be okay. It is just my anxiety. I have been through this before. Every time I fight through it, I get stronger.”

# **Major Depressive Disorder**

**Helpful Hints**

Noncompliance is the biggest obstacle to resolving depression. I tell people, “There is nothing I may be able to say to you today which will end your depression, but there are a number of tasks I can ask you to do which will begin to relieve your depression.” Remember, depression is not cured overnight. It takes approximately nine months, in most cases, to work through an individual’s depressive symptoms. If friends or professionals can help them follow through with the following recommendations, resolution typically occurs.

1. **Attend counseling to receive help addressing the thoughts and circumstances which contribute to the depression.**
2. **Consult a physician or a psychiatrist to see if medication intervention is necessary.** Most physicians can prescribe antidepressant medication.
3. **Develop a regular exercise routine.** It is essential that you push yourself to be active, as your brain produces endorphins when you are active, which make you feel better. This can be as simple as walking. Start small and maintain or increase it. (Fifteen minutes of walking is better than none.) Keep in mind friends can encourage and help with this by encouraging their participation in a physical activity. (Walk with them.)
4. **Develop a regular sleep schedule**. It is helpful to have a regular bed time. They should not be utilizing video games, their cell phone or T.V. after it is time to go to sleep. They should be getting up at a regular time and have expectations of involvement in activities.
5. **Proper nutrition is helpful.** Help them maintain a healthy diet and find healthy snacks. Try not to reinforce behavior with junk food. If they are overweight, help them reduce portions to the size of their palm. Increase intake of fruits, whole grains and calcium while reducing intake of foods with salt and sugar. Folic Acid and Vitamin B-12 are low in some individuals with depression.
6. **The individual should abstain from alcohol and illegal drug use.** Alcohol is a depressant. Illegal drugs have a negative impact on brain chemistry and exacerbate mental illness.
7. **Social activity helps reduce depressive symptoms**. People often have the least desire to attend activities when they would benefit from them the most. Encourage social involvement. Take a moment to talk to them and let them know that people care about them.
8. **Help with problem solving day to day difficulties has been found to be useful, particularly with older adults.**

**Resource:** Anyone in MN can text **“741741”** anytime of day or night and receive free anonymous help.

**Posttraumatic Stress Disorder (PTSD)**

**Five** phases of response to trauma. **(Identify which stage the person is in.)**

1. Outcry
* Also known as “emergency”, this is marked by intense responses and high levels of anxiety. Instinctual “Fight or Flight” response may occur.
1. Denial (numbing and avoidance) “I’m okay.”
* Also known as “emergency”, this is marked by intense responses and high levels of anxiety. Instinctual “Fight or Flight” response may occur. “If you wouldn’t be that way, I wouldn’t respond like this.”
1. Intrusions (pangs and repetitions). Every time partner makes an urgent request (s)he shuts off, because it immediately reminds partner of abusive father.
* Individuals will do their best to protect themselves from mental anguish by denying emotions they are struggling with.
* Crisis workers may create a safe haven where the client can both address and the issues and escape the issue
1. Working through: helps the client regain a sense of control
* Also known as the transition stage, individuals begin to accept and understand the trauma and how it has affected their life. Positivity for the future begins to increase.
1. Restoration of Equilibrium
* Also known as the integration phase, coping skills to address PTSD symptoms are used in daily life.

**Causes**

1. Maltreatment during childhood
2. Sexual or physical abuse (The predominant cause of PTSD in the U.S. is rape or physical abuse)
3. Combat or war (Psychological reactions to war most often occur during down times after a period of combat)
4. Automobile accident
5. Natural Disasters
* **A person who has support people to help them immediately after a trauma is less likely to develop Posttraumatic Stress Disorder.** As a matter of fact, **the immediate level of support is more significant in recovery than the severity of the trauma.** Soldiers who receive brief simple treatments, while being allowed to remain on duty, have the best treatment outcomes. This option is not always possible.
* Give the person credit for surviving and getting help. Give them credit for changing. You need to get them to see the trauma as a bad slice of life, rather than the event that ruined their life. Their life is not ruined. It was a bad event.

**Helpful Hints**

1. **Let them know you will try to be available to listen when they are ready to talk**. Therapy involves giving them a greater sense of control, so you need to be give them some control over when the issue is discussed
2. **Encourage them to exercise**. This can help reduce their anxiety and improve their feelings of self-worth
3. **Help them develop a support system through family, friends and spiritual groups**.
4. **Agree that you can call a “timeout” during a disagreement and the discussion will stop**. Give each other a time when you will resume the discussion (if necessary). This could be 4 hours or 20 minutes later, depending on the person. When you resume the conversation, focus on a solution, rather than what was said previously. Be positive. Blame takes you farther away from solutions. Use “I” statements and avoid “you” statements. For example, “I felt sad over discussion,” rather than “you’re an idiot.”
5. **Encourage them to attend counseling and share their feelings**.
6. **Nightmares can be addressed by allowing the individual to talk about them or journal about them**. When we try to repress memories, they sometimes come out in our dreams. Discussing the problems reduce the frequency of this over time.
7. **Sexual reactivity can be addressed through desensitization**. An example would be having a person who was sexually assaulted in the past experience soothing nonsexual touch (back rubs or foot rubs) from a loving partner. “Touch” is then associated with positive memories.
8. **Rage is the most difficult PTSD symptom to treat**. Rage is often addressed through a combination of medication, relaxation techniques (including learning to self-timeout) and behavioral strategies. Domestic Violence programs are helpful.
9. **Family therapy can be helpful, as it allows each family member to share how they are affected by the problem**.

# **Substance Dependence**

**Helpful Hints**

1. **Intensity can be a good thing.** People with addictions overdue problematic behaviors. I try to point out that intensity, when harnessed, can make a person outstanding at work or become an outstanding musician, chef, etc., but even this positive behavior needs to be controlled**.** Overdoing anything is problematic. Individuals can learn to use their intensity to become better skilled and informed. However, there are things people with this personality style need to stay away from, including alcohol, drugs, gambling, and pornography. I try to point out that their personality style can be a gift if they can learn to harness it.
2. **Find a new routine**. Individualsstruggling to stay sober need to find a healthy behavior to engage in when they would be using. Sometimes it may be as simple as creating a new reward for a hard day’s work. For example, one individual I helped used to make an elaborate mixed drink every night when he got home from work. Today, he still gets out the blender and, with fresh strawberries, makes himself a smoothie every night.
3. **Connect with a sober support person upon entering an environment**. This is a reminder that you are choosing to live a sober lifestyle. Look around and identify who is sober. Introduce yourself. This practice can help an individual remain sober while continuing to be involved in amateur sports or other situations where people use. If you are in college, force yourself to find a sober support group on campus and find sober friends.
4. **Accept the addiction.** It is okay. Acceptance is freedom to be honest. When someone says, “You look like you could use a beer,” you say, “I could use a dozen and that’s why I can’t have one.”Remember you are not alone. Many people have overcome addiction and are now enjoying a better life. It can be done. If you move to a new neighborhood, introduce yourself to your neighbors as a sober person, so they know not to offer you alcohol. This is acceptance.
5. **Express love and concern.** Do not wait for them to “hit bottom.” You may be met with excuses, denial or anger, but be prepared to respond with specific examples of behavior that worries you.
6. **Offer your support.** Talk to the person about your concerns, and offer to go with them and get help or take them to a meeting. Like other chronic diseases, the earlier addiction is treated, the better.
7. **Parents play a key role.** Problems are typically apparent in the family setting first. Parents and siblings can play a significant role in preventing and dealing with alcohol and drugs. Talk openly and honestly and encourage responsible behavior. Fostering the development of positive interests, and showing children that their opinions and decisions matter, are ways to help prevent the misuse of alcohol and other drugs. Do not allow underage individuals to use in your home. If someone in your home struggles with alcohol abuse, do not keep alcohol in your home. Be assertive. Have family celebrations that do not involve alcohol.



**Deaths by numbers in 2021:**

Total Per 100,000 people

45,404 motor vehicle traffic deaths (13.7)

48,830 firearm deaths (14.7)

106,699 Americans died from drug overdoses or poisonings. (33.7)

The Vietnam War, which totaled 58,200.

AIDS-related deaths in the worst year of the HIV epidemic (1995) totaled 50,628

Peak year of homicides in the United States, (1991) 24,703 people were murdered.

Peak year of suicides (2022) 49,500 people. (Estimated over 50,000 in 2023)

# **Oppositional Defiant Disorder**

**Helping Hints:**

1. **Encourage positive messages**. I tell therapists that there has to be at least three positive messages for every confrontation. The child will only listen to you if they believe you are truly invested in them. If you are not offering positive messages, they won’t believe you are invested.
2. **Praise the child often and be sincere**. Do not always follow compliments with a request that they improve at something.
3. **Expect to see changes in behavior but not changes to temperament**. Have rules in place which are not too harsh and abide by them. Do not let the child whine their way out of consequences. This makes the behavior worse.
4. **Practice actively listening to the child**. Get an understanding of the emotions they are experiencing with what they are saying.
5. **Look for your child’s strengths.**
6. **Limit access to violent video games, television shows and movies**. Children that have been exposed to violent imagery are at risk for increased aggression.
7. **Avoid physical punishment. Instead, focus on implementing nonphysical discipline**. Hostility is often associated with corporal punishment. Children have a sense that the punishment is not fair and may retaliate.
8. **Be a positive role model for the child**. What you do matters. A study was completed on children whose parents smoked but told them not to smoke. When those children became adults, most also smoked and told their children not to smoke.
9. **Foster the child’s need for mastery**. Much frustration in childhood and adolescence occurs as a result of individuals not being able to perform a task as well as they hoped to. Assist them with the task or guide them to people and opportunities which will give them the opportunity to improve.
10. **Have structure**. Meals should occur at a specific time. I recommend at least thirty minutes of homework every day when they return home from school. If they do not have homework, they are required to read during this time. With this expectation parents find that kids who never used to have homework now have homework to complete.
11. **Make clear rules with appropriate rewards**. It may help to write down rules for the purpose of clarity, as a way of helping the parent remain consistent in the follow through. Sometimes utilizing a positive reward point system can help give structure to the rules and create a psychosocial intervention that provides the subject an incentive.
12. **Point System**. An example of a point system may look like this: Every week the subject has the ability to earn 7 points, one point for each day that a specific behavior being rewarded is displayed. When the subject accumulates 21 points they are given the option to go to a movie, or they may choose to accumulate more points and work towards a long term goal of 90 points in order to go on a weekend camping trip. A therapist can help the parents develop a point system that will work for the child. It is typical that adjustments need to be made prior to having an effective system, so it is important that the parents make the therapist aware of their concerns with the point system.

Resisting authority is an immature response to the fear of being controlled and is expressed in dramatic form in adolescence.

1. **Stay connected =** I will not abandon you.
2. **Pause in the midst of a difficult interaction** = We’ll address the issue again later, after we’ve both given it more thought.
3. **Create routines and structure** = Reduces conflict
4. **Set limits and rules with clear instructions** = Moreover, enforce reasonable consequences for breaking these limits
5. **Avoid power struggles** = Authoritarian directions. Be as specific as possible. For example, “Thank you for getting home on time.”

*Opposition is an instinctive reaction put up by a person with a poorly established self-identity to resist being controlled.*

# **Conduct Disorder**

**Helping Hints**

1. **Structuring activities and implementing consistent behavior guidelines.**
2. **Encourage involvement in structured and supervised peer activities.** (i.e. sports, church groups, Boy Scouts, etc.)
3. **Encourage parental monitoring of children’s activities** (parents should know where their children are and who they are with). Effective parenting involves guiding the child in dealing with frustrating situations. Enforcement of curfews is encouraged. For working parents, telephone to check in with the child or have another responsible adult check in with the child during non-school hours.
4. **Limit access to violent video games, television shows and movies.** Children who are at risk for Conduct Disorder are more likely to exhibit aggressive behavior in response to viewing violence.
5. **In two parent families, or families where multiple adults set the rules, it is important to maintain consistent rules and discipline.**
6. **While adverse consequences may be necessary occasionally, parent-child interactions should include rewards.** By using positive reinforcement for desirable behavior, you will reduce reliance on punishment. For example, “If you clean your room by 6:00 p.m. every night this week then we will order in pizza and rent a movie on Saturday.”
7. **Avoid physical punishment. Instead, focus on implementing nonphysical discipline.** Hostility is often associated with corporal punishment. Children have a sense that the punishment is not fair and may retaliate.
8. **Praise the child for good behaviors.** Parents should communicate with direct, clear, and specific requests. For example, “I would like you to set the table now.” Do not always follow compliments with a request that they improve at something. You need to teach the person the right path.

**Conduct Disorder =** Aggression, violating the rights of others, theft, vandalism, lack of empathy

* Parent training is the first line of treatment
	+ - Setting expectations and rewarding the right behavior
* Anger management
	+ - 3 R’s (Recognize, Reflect, & Respond)
* Impulse control work
* Problem Solving Skills training
* Parent-Child Therapy
* Address co-existing conditions
	+ - Trauma, ADHD, substance use, depression, etc.

**Antisocial Personality Disorder**

**Helpful Hints**

1. **Hold them accountable for their behavior**. Stick with a behavioral plan, or develop a system of rewards and consequences if one is not in place. Adjust the plan to address their efforts to manipulate it. (Most people who exhibit antisocial behavior either had it modeled to them or had no accountability as children. Their defense attorney typically provided support for not taking responsibility for their actions.)
2. **Help them learn to regulate their emotions**. You might say, for example, “You are becoming upset. It is time to take a walk.” Have them consider their “self-talk” and how it both can escalate and de-escalate their emotions.
3. **Expect them to remain alcohol and illegal drug free**. The likelihood of change without sobriety is poor.
4. **Make them earn what they receive**. Do not be one more person they take advantage of. If they truly care for you, they will make the effort to earn favors. They don’t respect people who easily given in.
5. **Expect that they abide by rules or conditions of probation**. Report them if they do not. I have sent some individuals to jail five times before they eventually implemented honest life changes. They later thanked me and admitted that they never would have changed if they would have been allowed to bend the rules.
6. **Understand that they will complain and make insulting comments when they face consequences.** This is the nature of the disorder and they have been able to get people to back down by acting this way in the past. Do not spend time arguing with them. Simply expect them to deal with the consequences and tell them you will start over again with helping them when the consequences are finished.
7. **Address co-existing conditions (such as depression).**
8. **Give them credit for prosocial behavior (gong out of their way to help someone).** Keep in mind they manipulate others because it is rewarding. Make it rewarding to be decent.

# **Bipolar Disorder**

Bipolar disorder may be related to over-activity of norepinephrine

**Helpful Hints**

1. **Minimize caffeine use, and avoid alcohol and illegal drugs.**
2. **Keep a mood chart**. During waking hours, individuals should keep track of their mood on an hourly basis for ten days. Their mood should be rated on a scale where “1” would be very depressed and “10” would be hyperactive. This helps individuals understand the relationship between mood and their behavior.
3. **Have a regular sleep routine.** There should be no television, video games, and no computer use in their bedroom. At the very least, television, video games, and the computer should not be accessed when the individual should be sleeping. Bipolar individuals need a sleep routine, as they tend to have sleeping difficulties.
4. **Bipolar individuals need a routine that is regularized as much as possible.** Employment or volunteer work can help develop this structure**.** Stressors which could destabilize routines should be addressed ahead of time whenever possible.
5. **Try to implement a couple of different rules.** The first is the “two-person rule,” which means that individuals should not make major decisions until first checking with two stable people. The second is the “forty-eight-hour rule”. If it is a good idea, it will still be a good in forty-eight hours. This would reduce their poor impulsive choices.
6. **The individual needs to realize that medication compliance is necessary to achieve their desired goals.**
7. **Bipolar individuals need to learn to self-timeout**. They typically do not calm down until they separate from others (go to their room or step outside). When a bipolar person is upset, continued interaction will likely escalate their anger. I recommend a “two-volley rule.” If the client is upset and the staff tries to calm them (volley 1) but the client becomes even more upset, staff should end the conversation (volley 2). Do not try to get the last word in. Allow the conflict to end and discuss it later when they have calmed down.

**Domestic Abuse** is the most dangerous situation a law enforcement officer enters. Remember it’s a big thing for people to call the police. The level of trauma is seldom expressed immediately. I recently was given a recorded domestic abuse incident to listen to by the victim. She wanted her husband to listen the next day, to see how bad he is when he’s drunk, not realizing she would be physically assaulted and raped before it was over. He repeatedly made her say, “You are my master.” It was amazing how quickly he sobered up and became polite when the police arrived. Without the recording, you would have no idea of how severe the trauma was that night. He never had to listen to the recording. His attorney argued, “It would be too traumatic for him.”

**Emotional intensity is like a pot on a burner.**

1. Separate from the burner (remove from situation or person that’s triggering anger.).

2. Allow to cool. (Interview individuals separately and don’t leave too quickly.)

**Schizophrenia**

The most common form of hallucinations are auditory (hearing voices). They are typically not constant and there are situations that make the voices worse. The most common form of delusions are paranoia, often involving law enforcement.

**Helpful Hints**

* + - * 1. **Medication intervention is necessary.** You cannot talk someone out of severe paranoid ideation; attempting to do so makes them feel that you are part of the conspiracy against them.
				2. **It is most helpful to think of each psychotic episode as a stroke which will require cognitive work to recover from.**
				3. **One of the best things you can do is have them work on puzzles or mental tasks that they can be successful at**. Try to find tasks that do not appear so childlike that they are condescending. Understand that they may only participate for a short period of time to start with, and be accepting of this. Cognitive remediation involves having them perform repetitive tasks. (Have them “overlearn” tasks by repeating them.)
				4. **Individuals with Schizophrenia function best when things are ordered and structured**. Keep in mind that their thoughts are very fragmented. Structure can give them some security and keep them taking care of daily tasks, such as brushing their teeth, eating, going to bed, etc. Without structure, all of these basic tasks would only occur occasionally.
				5. **Organize their environment**. If you want them to dress better, put nice clothes on a hanger next to their bed. Thought disordered people typically wear what they can easily find. If you are concerned that they are not brushing their teeth, make sure the toothbrush is in an obvious spot. (It is not unusual for a thought disordered person to store their toothbrush in an odd place, like their bottom dresser drawer.) Getting them to use checklists can be particularly helpful in helping them organize their behavior. They struggle with generalizing learning, so a task may need to be relearned in a new environment.
				6. **Teach them by overlearning correct steps.** Eliminate options to guess wrong. Individuals with Schizophrenia have difficulty distinguishing the correct response from others, so give them the correct response and rehearse it with them. Mark Vonnegut (the son of author Kurt Vonnegut, Jr.) wrote that having Schizophrenia is like being on a train racing at 200 miles an hour because the thoughts occur so fast and so random. Make learning easy. I wrote a program to teach an individual with Schizophrenia to use his laundry basket. We put it in the middle of his bedroom and every week moved it one inch closer to the closet. In one year, he was putting his dirty clothes in the laundry basket in the closet.
				7. **Understand that they will have days where they will not function well.** Minimize expectations on those days and help them through it. Being psychotic is very scary, as it is all real to them. Make sure their psychiatrist is made aware of the frequency of the difficult days

**Schizoaffective Disorder**

In psychology “affect” refers to mood. Depression is a mood disorder. Someone with schizoaffective disorder meets the criteria for both schizophrenia and depression. (For example: They experience hallucinations or delusions and periods of depression.) You can use the hints listed under each.

# **Narcissistic Personality Disorder**

**Helpful Hints**

1. **Persistence.** Encourage them to attend scheduled therapy sessions. Remember they will have occasional setbacks. During their periods of “narcissistic injury,” they will insult you. Understand it is part of their disorder and do not take it personally. Bring the focus back to resolving the problem at hand. When they bring up the past ask, “How come I’m the only one interested in moving on here?”
2. **Narcissistic individuals accept feelings as fact.** They may say, “I feel this way because you screwed up.” The truth is they feel this way because they always over-react to situations. My favorite quote from a Narcissistic person is: “I know you think I’m narcissistic, but I’ve never been in a room where I wasn’t the smartest and best looking person.”
3. **Teach individuals with Narcissistic Personality Disorder about their disorder.** Educate them so that they can better understand their symptoms, risk factors and treatment options. Help them recognize the self-statements which begin their unrealistic thoughts. There was a time in their life where they were burned and they feel this response style is necessary for self-protection. They pay a great price in loss of love and creativity as a result of their rigidity. They’re afraid of being ordinary. They desire admiration but prefer to be admired at a distance since it’s safer. Narcissists are the “empty actor.” They don’t want people to see the fraud underneath. Everything is to maintain their image. Help them find the person beneath the surface.
4. **Encourage them to seek help for additional mental health problems.** Their addictions, depression, anxiety and stress can feed off one another, leading to a negative cycle of emotional distress and unhealthy behavior. Alcohol and drug use exacerbates narcissistic and antisocial characteristics.
5. **Prompt them to use relaxation and stress management techniques.** Stress-reduction techniques, such as meditation, progressive relaxation, yoga or other forms of relaxation, are particularly helpful during high stress times. Soothing and calming helps prevent outbursts.
6. **Remind them of their goals.** Recovery from Narcissistic Personality Disorder can take many years. Keep them motivated by helping them keep their recovery goals in mind. Remind them that they can repair some damaged relationships and become happier with their life. Henry Ford put it simply when he stated, “Whether you think you can or think you can't - you are right.” Their fixed patterns are amenable to change.
7. **Share the “Jack story” to help them understand how their ruminative thoughts distort reality.** A man has a flat tire. He is in the middle of nowhere and has no cell phone reception. He opens up the trunk and realizes the handle to the jack is missing, so he needs to get help. He sees a light on in a farmhouse ahead and starts walking toward it. As he is walking toward the farmhouse, he starts considering that the farmer may not wish to help him. The farmer may choose to refuse to help him. The farmer may have heard stories about his family and may not like them. As he gets close to the farmhouse, the farmer steps out the door to see what he wants. The man yells at the farmer, “You can keep your damn jack,” and walks back to his car. His misery is a result of his own internal rumination.



**Borderline Personality Disorder**

**Helpful Hints**

All personality disorders involve externalizing problems to avoid responsibility. There was a time in their life where they felt burned, so they feel this response pattern is necessary to avoid abandonment.

1. **Encourage individuals with Borderline Personality Disorder to regulate their own emotions**. They are hyper-reactive to environmental stimuli. Do not take it personally. This is why the client needs help. The best description of Borderline Personality Disorder is, “When the engine gets hot the brakes don’t work.”
2. **Do not try to get in the last word**. Individuals with Borderline Personality Disorder always get in the last word. I point out that anger is part of our emotional repertoire. Instead of asking, “Are you angry?” I ask, “How angry are you?”
3. **Borderline clients always target one staff.**  Normalize this by pointing this out to the staff person and encourage that staff person to be patient and maintain good boundaries. I point out to the client that we choose how we respond. Ask yourself, “What would happen if you didn’t respond at all?” No response is the best solution.
4. **Be respectful in all of your interactions with the client**. Give them credit when they have “normal” problems instead of always being in crisis.
5. **Make certain to give them attention when they are not in crisis**. They know they can get attention by self-harm. They need to learn to obtain attention in an appropriate manner.
6. **Borderline Personality Disorder individuals accept feelings as fact.** Help them understand their feelings are the result of the way they respond and they could respond differently.
7. **Strongly encourage therapy attendance.** Regular therapy results in biological changes in the brain and increased coping skills. One Borderline Personality Disorder individual shared that when she started therapy she could “barely see beyond the hood of her car” so she was always reacting. After her involvement in therapy, she could see three blocks ahead and was smart enough to turn rather than go down some roads.

# **Social Control Theory**

Travis Hirshi asked, “Why isn’t everyone deviant?” 4 reasons

1. **Attachment** = A healthy friend or a healthy partner
2. **Commitment** = If you plan for your future, you have more to lost
3. **Involvement** = Work, school, and school activities
4. **Belief** = Morals, beliefs, spirituality, religion

Laugh & “dance like you don’t need the money.”

Frank Weber’s books are available on his website: **frankweberauthor.com**

Murder Book (2017)

The I-94 Murders (2018)

Last Call (2019)

Lying Close (2020)

Burning Bridges (2021)

Black and Blue (2022)

The Haunted House of Hillman (2023)

Scandal of Vandals (2024)

The Sun (2025)