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**Hosted by:**  
Howard County Collaborative Professionals

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## Understanding and Managing High Conflict Clients

HIGH CONFLICT INSTITUTE  
*the missing piece*

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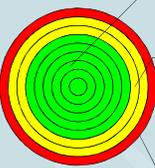
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## Significance of Personality In Managing Conflict



**REASONABLE PERSONS:** appropriately upset about conflict issues; able to settle and resolve conflicts

**MALADAPTIVE PERSONALITY TRAITS:** Appear normal, but inappropriately upset, highly exaggerated, distorted logic; MAY resolve conflicts with careful management

**PERSONALITY DISORDERS:** Rigid patterns of behavior; Chronically distressed; chronic Interpersonal dysfunction; MAY be unable to resolve conflicts

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## PERSONALITY DISORDERS General Characteristics

- Enduring Pattern of Behavior
- Often from Early Childhood/Adolescence
- Extreme Thinking
- Extreme Emotions
- Extreme Behavior
- Interpersonal Dysfunction
- Impulse Control Problems
- Outside of cultural norms

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**Key Issues of PDs:  
#1: LACK OF SELF-AWARENESS**

People with personality disorders lack awareness of:

- Why they are the way they are
- How they contribute to own problems
- How to change

-- Aaron Beck (1990)

*Cognitive Therapy of Personality Disorders*

- Why they feel upset right now
- How they affect other people
- What skills they have that *do work*

**So they don't gain insights from feedback.**

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**Key Issues of PDs:  
#2: LACK OF ADAPTATION**

When person loses "flexible adaptation" & takes a "non-reflective stance" in social interactions:

1. Behavior becomes rigidly patterned
2. This causes significant social impairment
3. Which causes significant internal distress
4. This rigid behavior "**evokes**" responses in others which "validate" their inflexible beliefs

-- Efrain Bleiberg (2001) *Treating Personality Disorders in Children and Adolescents*

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**Key Issues of PDs:  
#2: LACK OF ADAPTATION**

**So we often need do opposite of what's evoked in us.**

**Resist fight or flight urges.**

**Resist disliking a party or being charmed too easily.**

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Core Issues of PDs:  
**#3: Externalizing Responsibility**

People with personality disorders truly believe that forces outside themselves are responsible for all of their problems.

*"It's the system that's caused me all these problems."*

*"Life is just out to get me. There's nothing I can do."*

*"The universe is so unfair to me. Why me?"*

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Core Issues of PDs:  
**#3: Externalizing Responsibility**

**"High Conflict People" (HCPs)** externalize by focusing on a specific person or group—their "Target of Blame"

**This leads them into intense conflict & sometimes litigation against that Target:**

*"He's the cause of all of my problems. Once he's out of my life, everything will be fine."*

*"I had to hit her, after what she said to me."*

*"The children would be better off if my ex was dead."*

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**4 Key Characteristics of a High Conflict Person (HCP)**

Someone who has a pattern of:

1. **Preoccupation with blaming others** (their *Targets of Blame*)
2. **All-or-nothing thinking and solutions.**
3. **Unmanaged emotions that can take over.**
4. **Extreme behaviors or threats** (that 90% of people would never do).

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## Therefore:

- They do not take responsibility for own actions.
- Professionals and bystanders absorb HCPs' distress.
- You will feel responsible for changing their behavior, yet you will feel helpless.
- You will feel driven to emotionally engage w them and argue with them (but don't).
- **You're not responsible for the outcome.**
- **Just provide your professional standard of care.**
- **You can be patient with them.**
- **You can learn easy methods that help.**

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## Disclaimer

- This seminar does not train you to diagnose personalities.
- It may be harmful to tell someone that you believe that they have personality problems or a high conflict personality.
- Just recognize potential patterns and adapt your approach accordingly.
- Just develop your Private Working Theory

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## CLUSTERS OF PERSONALITY DISORDERS

- **Paranoid**, Schizoid, Schizotypal  
(Tend to avoid people)
- **Borderline, Narcissistic, Antisocial, Histrionic**  
(Tend to be high-conflict)
- Avoidant, Dependent, Obsessive-Compulsive  
(Tend to avoid conflict)



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**Borderline  
“Love-You, Hate You” Types**

- Fear of abandonment: clinging & manipulation
- Seeks revenge and vindication
- Dramatic mood swings
- Sudden and intense anger, out of proportion
- Impulsive, risk-taking, self-destructive behaviors

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**Specific tips for  
“Love-You, Hate You” Types**

Listen with empathy. Stay calm and matter-of-fact when they get angry (and they will).

Keep an arms-length relationship: not too rejecting and not too close

Have clear boundaries—when you're available and when you're not, etc. Be consistent and predictable.

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**Narcissistic  
“I’m Very Superior” Types**

Fear of being inferior or powerless

Believes in a very superior self-image

Absorbed in self, own needs, own viewpoint

Feels entitled to special treatment

Lacks empathy for others

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**Specific tips for  
“I’m Very Superior” Types**

Be respectful and resist insulting them (even though you will be tempted because of their arrogance and insensitivity to others).

Resist their efforts to receive special treatment. Reassure them they are important, but that you have to follow the rules and policies.

Praise them for some positive efforts/skills.

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**Histrionic  
“Always Dramatic” Types**

Fears being ignored and left out

Drive to be center of attention

Constantly dramatic and theatrical

Exaggerates and may make up stories

Difficulty focusing on tasks or making decisions

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**Specific tips for  
“Always Dramatic” Types**

Don't get hooked by their stories. You can always interrupt the drama by moving on to another important tasks.

Plan to spend more time getting ordinary work done with them.

Emphasize how they can help themselves. Give them a sense of empowerment.

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**Antisocial  
“Con Artist” Types**

Fear of being dominated

Drive to dominate others in weaker positions

Disregard for social rules and laws

Constant lying and deception, even when easily caught (they don't keep track of lies)

Lack of remorse; Some enjoy hurting people

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**Specific tips for  
“Con Artist” Types**

Avoid trusting people who say “trust me” a lot. Maintain a healthy skepticism. Ask for documentation.

Pay attention to your gut feelings—they often are the first to tell you to be wary.

Sometimes they are dangerous. Don't accept being bullied—get assistance.

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**Paranoid  
“I’ll Never Trust You” Types**

Fear of being exploited

Endless doubts about friends, professionals, etc.

Misinterprets ordinary events or comments as demeaning or threatening

Bears long-term grudges

Misperceives others as attacking his/her character, so “counter-attacks” first

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**Specific tips for  
“I’ll Never Trust You” Types**

Be as non-threatening as possible. Be reassuring, but don’t expect them to trust you.

Don’t push them to open up about things. Respect their caution and desire to only reveal what they have to.

Explain that policies require you to do certain things (so it feels less personal).

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**Prevalence of Personality Disorders  
(US NIH Study 2001-05)**

National Institutes of Health study of over 35,000 people had following results for 5 “high conflict” personalities:

<u>Narcissistic</u>	=	6.2%
<u>Borderline</u>	=	5.9%
<u>Paranoid</u>	=	4.4%
<u>Antisocial</u>	=	3.6%
<u>Histrionic</u>	=	1.8%

All have substantial overlap with other personality disorders, substance abuse, depression, anxiety, bipolar disorder and suicide

----*Journal of Clinical Psychiatry, 7/2004, 4/2008 & 7/2008*

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**Prevalence of Personality Disorders  
(NIH Study by Age Groups)**

<u>Narcissistic</u>	= 6.2%			
	65+=3.2	45-64=5.6	30-44=7.1	20-29 = 9.4
<u>Borderline</u>	= 5.9%			
	65+=2.0	45-64=5.5	30-44=7.0	20-29 = 9.3
<u>Paranoid</u>	= 4.4%			
	65+=1.8	45-64=3.6	30-44=5.0	18-29 = 6.8
<u>Antisocial</u>	= 3.6%			
	65+=0.6	45-64=2.8	30-44=4.2	18-29 = 6.2
<u>Histrionic</u>	= 1.8%			
	65+=0.6	45-64=1.2	30-44=1.8	18-29 = 3.8

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### Gender of Personality Disorders

Narcissistic= \_\_\_% Male to \_\_\_% Female

Borderline = \_\_\_% Male to \_\_\_% Female

Paranoid = \_\_\_% Male to \_\_\_% Female

Antisocial = \_\_\_% Male to \_\_\_% Female

Histrionic = \_\_\_% Male to \_\_\_% Female

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### CAUSES

1. **Biological factors**, such as genetic tendencies and temperament at birth.
2. **Early childhood factors**, such as early parenting “attachment” disruptions, child abuse or other trauma before age 5.
3. **Social learning**, such as “invalidating environments”: being ignored for positive behaviors and getting more attention for mood swings and extreme emotions; family and community tolerance of bad behavior; role models w personality disorders.
4. **Larger Culture**: Attention and rewards for Drama, Mood Swings, Violence and Narcissism

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### 2 Hemispheres of Brain (Flexible)

<u>Left Hemisphere</u>	<u>Right Hemisphere</u>
<ul style="list-style-type: none"> <li>• “Logical Brain”</li> <li>• Generally Conscious</li> <li>• Language</li> <li>• Thinks in words</li> <li>• Planning</li> <li>• Examines Details</li> <li>• Rational analysis</li> <li>• Systematic Solutions</li>   <li>• Positive Emotions Calm, contentment, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• “Relationship Brain”</li> <li>• Generally Unconscious</li> <li>• Observes relationships</li> <li>• Thinks in pictures</li> <li>• Creativity, Art, Intuition</li> <li>• Non-verbal Skills</li> <li>• Facial recognition/cues</li> <li>• Gut feelings</li>   <li>• Negative Emotions Hurt, anger, fear, etc.</li> </ul>

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### Corpus Callosum

- The main wiring between the hemispheres of the brain, that aids in the flow of information back and forth. More flow is better.
- Some people get stuck in the upset emotions of the right hemisphere and can't access their left hemisphere to help resolve negative emotions.
- It's damaged or smaller in children repeatedly exposed to abuse, as well as in some adults with personality problems.

-- Martin Teicher, *Scientific American*,  
March 2002, Vol. 286, Issue 3, p. 68+

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### Amygdala in Non-Verbal Communication

- Amygdala of the brain:
- Alarm center; "Smoke Detector" of brain
- "Hijacks" brain for fast, unconscious defensive responses -- faster than "thinking"
- Shuts down logical, analytical thought processes  
-- Daniel Goleman, *Emotional Intelligence* (1995)
- Attentive to facial expressions, specifically Rt. Amygdala: **fear and anger** (not other neg. emotions)  
-- Allan Schore  
*Affect Regulation and the Repair of the Self* (2003)

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### Mirror Neurons

- Recent discovery in brain research
- Neurons in our brains automatically "mirror" activities we watch, to prepare to do the same
- Emotions are mirrored: smiles, sadness, anger
- Empathy may be a mirroring activity
- You can over-ride mirroring and act opposite (respond to anger with empathy; sadness with hope; upset emotions with problem-solving)

-- *Mirroring People: The New Science of How We Connect with Others*, Iaconboni (2008)

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## 2 Brain Types of Coaching

<p><b>Coaching for Compliance</b> ("How are you doing with your assignments?")</p> <ul style="list-style-type: none"> <li>•Triggers stress responses and defensiveness</li> <li>•Discourages behavior change</li> </ul>	<p><b>Compassionate Coaching</b> ("What would you like to be doing in 10 years?")</p> <ul style="list-style-type: none"> <li>•Triggers creative responses and openness to ideas</li> <li>•Activates parts of brain associated with change</li> </ul>
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Source: Boyatkis & Jack. Cultivating Creativity: Brain Scans show the power of compassionate coaching. *Think: The Magazine of Case Western Reserve University*. Spring/Summer 2014

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## Talking to the "Right" Brain

- Tone of voice and body language is amazingly important: Calm, confident, firm
- Avoid personal attacks: these escalate the defensiveness of HCPs and bad behavior
- Avoid threats: these escalate the HCP
- Avoid logical arguments in times of stress
- Avoid giving (focusing on) Negative Feedback:  
(focusing on past behavior, whole person, neg tone)

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## 4 Key Skills for Managing HCPs

### C.A.R.S. Method

1. **CONNECTING** with **E.A.R.**
2. ANALYZING options and dilemmas
3. RESPONDING to misinformation
4. SETTING LIMITS on behavior

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## 1. Connect with E.A.R. Statements

Example: "I can **understand** your frustration – this is a very important decision in your life. Don't worry, I will pay full **attention** to your concerns about this issue and any proposals you want to make. I have a lot of **respect** for your commitment to solving this problem, and I look forward to solving it too.

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## Fears and EARs for HCPs

### Their Fear

For any of these:

- Being abandoned
- Being seen as inferior
- Being ignored
- Being dominated
- Being taken advantage

### Your EAR Response

Use any of these:

- I want to help you
- I respect your efforts
- I'll pay attention
- I'll listen
- Its just rules we all have to follow
- I understand this can be frustrating
- I'll work with you on this
- I know this can be confusing

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## Cautions about E.A.R.

- Avoid believing or agreeing with content.
- Avoid volunteering to "fix it" for them (in an effort to calm down their emotions).
- Be honest about empathy and respect (find something you truly believe)
- Keep an arms-length relationship.
- You don't have to listen forever.
- You don't have to use words or these words.

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**2. ANALYZING Options  
(Give them a Choice)**

- **In high-conflict situations, don't focus on feelings.** You won't resolve their emotional issues. Just acknowledge their frustrations. Talk to the right brain.
- Instead, focus upset person on a choice:
- The goal is to get the upset person focused on problem-solving, away from his or her emotions.
- This puts responsibility on the person to help solve the problem; puts responsibility on the person for making the choice.
- It gives them some power, when they feel powerless.

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**2. Analyzing Options (Make a Proposal)**

**Teach clients to Make Proposals:**  
Any concern about the past can be turned into a proposal about the future.

Proposals usually contain:

WHO does

WHAT,

WHEN and

WHERE.

If they get stuck blaming each other or talking too much about the past, then simply ask:  
"So, what's your proposal?"

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**3-Steps for Making Proposals**

1. **Propose:** WHO will do WHAT, WHEN and WHERE.
2. **Ask questions:** The other person then asks questions about the proposal, such as: "What's your picture of what this would look like, if I agreed to do it?" "What to you see me doing in more detail?" "When would we start doing that, in your proposal?"
3. **Respond:** Other person then responds with: "Yes." "No." Or: "I'll think about it."

And if you say "No," then you make a new proposal.

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### 3. Responding to Misinformation (Maintain a Healthy Skepticism)

- Remain skeptical of the accuracy of the person's information. There may be many cognitive distortions.
- Let them know that you will never know the full story. It is *possible* the extreme statements they are making are true.
- **"You might be right!"** And *possibly* not true.
- But next steps can still be taken and decisions can still be made about the future.

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### It's Their Dilemma

- Keep the burden of solving problems on the client. No matter how badly they want you to do it.
- Tell them **"You have a dilemma. How do YOU want to resolve it?"**
- Then, if they can't think of options, you could suggest several, based on your knowledge.
- Be a role model of comfort with ambivalence.

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### Teach B.I.F.F Responses®

- Brief:** Keep it brief. Long explanations and arguments trigger upsets for HCPs.
- Informative:** Focus on straight information, not arguments, opinions, emotions or defending yourself (you don't need to)
- Friendly:** Friendly greeting, friendly close. Give some empathy, attention or respect (EAR statement)
- Firm:** Just end the hostile conversation. If needed, ask for a Yes or No response to a question, with a deadline date and time.
- See article: *How to Write a BIFF Response*

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### Coaching for a BIFF Response®: 10 Questions

1. Is it Brief?
  2. Is it Informative?
  3. Is it Friendly?
  4. Is it Firm?
  5. Does it contain any Advice?
  6. Does it contain any Admonishments?
  7. Does it contain any Apologies?
  8. How do you think the other person will respond?
  9. Is there anything you would take out, add or change?
  10. Would you like to hear my thoughts about it?
- See article: *Coaching for a BIFF Response*

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### There's no "1 right way" to write a BIFF Response®

It depends on:

1. The BIFF writer
2. The BIFF reader
3. The Situation

Different responses could be good BIFF responses, even though they may be quite different – as long as they are **Brief, Informative, Friendly** and **Firm**.

Once you've given any ideas you have (Question #10), always tell the BIFF writer: "*But it's up to you!*"

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### 4. Setting Limits on High Conflict Behavior

- HCPs need limits because they can't stop themselves
- With HCPs, focus on **external reasons** for new behavior (rather than focusing on negative feedback about past behavior):
  - "Our policies require us to ..."
  - "The law requires me to ..."
  - "It might appear better to \_\_\_\_\_ if you..."
  - "I understand, but someone else might misunderstand your intentions with that action..."
  - "Let's take the high road..."
  - "Choose your battles..."

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**4. Setting Limits (con't)**  
**Educate About Consequences**

- HCPs do not connect realistic CONSEQUENCES to their own ACTIONS, especially fear-based actions.
- They feel like they are in a fight for survival, which blinds them to realities.
- Their life experiences may have taught them different consequences than most.
- They can be educated by a caring person.

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**Summary of Key HCP Skills**

1. **CONNECTING:** Listen closely (briefly), then respond with Empathy, Attention and/or Respect (EAR statement)
2. **ANALYZING:** Get client to make a list of problems/options and choose a task
3. **RESPONDING:** Be Brief, Informative, Friendly and Firm (BIFF response)
4. **SETTING LIMITS:** Don't make it personal. Use "Indirect Confrontations" by helping client deal with policies and procedures.

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**Ending Relationships with HCPs**

- Document problems as they occur. Be prepared.
- Avoid impulsive terminations – an abrupt end triggers all of HCP's bad endings & potentially uncontrollable emotions and bad behavior (stalking, lawsuits, etc.)
- Suggest your styles are incompatible (don't blame them and don't blame yourself)
- Help them focus on what to do now—give them hope
- Remain open to some limited future contact, so you don't trigger abandonment rage

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## Decision-Making with High Conflict Clients

# The Structure

Step 1: Structuring the Process -- QUESTIONS

Step 2: Gathering Information for Making Proposals -- AGENDA

Step 3: Making PROPOSALS and Analyzing Them

Step 4: Making DECISIONS and Revising Them

See Article: *New Ways for Mediation*®

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## Skills for Mediators and Collaborative Practitioners

1. **CONNECTING**
2. **STRUCTURING**
3. **EDUCATING**

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## The 4 Skills for Clients

1. Asking questions
2. Making their Agenda
3. Making Proposals
4. Making Agreements

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**Step 1:  
Establishing the Process**

Explain that the focus is on the future and their proposals the future. You won't be talking much about the past.

Explain that you facilitate the process and they are the decision-makers.

Explain the steps of your process.

Regularly ask if they have any questions for you.

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**Step 2:  
Setting *THEIR* Agenda**

When its time for them to make their Agenda.

*Tell me what you each propose to put on today's agenda. Each gets an uninterrupted turn while you write their list.*

*Now, what do you two agree should be the first and second items we address?*

This should be totally up to them. You want them to practice making joint decisions.

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**Step 3:  
Making *THEIR* Proposals**

Ask if they have any questions about the topic they agreed to discuss first.

Ask who wants to go first with making a proposal.

See article: *Making Proposals*

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## 3-Steps for Making Proposals

1. **Propose:** WHO will do WHAT, WHEN and WHERE.

2. **Ask questions:** The other person then asks questions about the proposal, such as: "What's your picture of what this would look like, if I agreed to do it?" "What to you see me doing in more detail?" "When would we start doing that, in your proposal?"

3. **Respond:** Other person then responds with:

"Yes." "No." Or: "I'll think about it."

And if you say "No," then you make a new proposal.

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## Help them Analyze "What's Important" in Their Proposals

If no agreement, ask for new proposals. If still no agreement, tell them what you saw was important in each (their interests). You can write these on a white board.

Reframe any positions as "proposals."

Mediator helps analyze proposals with questions.

Mediator identifies "what's important" and check if parties agree; add whatever they wish.

"What's important" is really their interests.

This is **reverse interest-based negotiations**.

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## Educate them about Options

If no agreement:  
Discuss sources of information they might investigate.

Reading resources

People to consult with

Plan to meet again after their research

Give them at least 3 options that others have done, which might give them new ideas for proposals.

1 option is too directive for mediator

2 options risks one likes one and other likes other

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## Educate them about General Negotiation Approaches

Still if no agreement, suggest these General Approaches:

**Phased-in agreement** (start with one party's approach and end up at other party's approach)

**Split the Difference** (this is common easy solution – meet halfway, approximately)

**Get a recommendation** from an expert in the field

**View their confidential bottom lines** – then say if they overlap or not. Then ask if any new proposals.

See article: *Should Mediators Make Proposals?*

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## Step 4: Making Agreements

- A. When they appear to have an agreement, write it down. Ask for all details necessary.
- B. If they have been “thinking about it” on an issue, ask them now if it's a Yes or NO or need more time to think.
- C. If they appear to have an agreement, write it up and encourage them to think about it and know they aren't locked in until they sign.
- D. Warn them about buyer's remorse. Then they won't be surprised by it.

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## Step 4: Finalizing Their Agreements

This can take a long time.

Avoid “hammering out” agreements – they'll often undermine them.

Prepare drafts for them to review.

Take a neutral position about making edits and changes. “It's up to you! To the two of you!”

Be prepared for it to take 2-3 times as long to reach a final settlement that's signed than usual.

Remain CONNECTED with them throughout with EAR.

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### More Tips for Mediation and Collaboration

- Work hard at appearing neutral
- Have clients make all little process decisions
- Ask “What do you think about that proposal?” rather than “How do you feel about that?” so don’t open up emotions.
- Prepare for breach of agreements
- Let them decide if it’s not working (try not to fire them – just explain your limitations)

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### New Ways for Families

Four Steps, 6 -16 weeks:

- Step 1: Getting Started (Court order usually)
- Step 2: Individual Counseling
- Step 3: Parent-Child Counseling
- Step 4: Family (or Court) Decision-Making

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### Check Yourself!

- √ **Flexible** Thinking
- √ **Managed** Emotions
- √ **Moderate** Behaviors

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## Managing Your Own Anxiety

### Remind Yourself:

**"It's not about you!"** Its about their lack of skills

**"The issue's not the issue."** The HCP's personality is the issue, so your relationship is your focus.

**"You're not responsible for the outcome** – just providing your professional standard of care"

Change their thinking? **"Forgedaboutit!"**

**It's the person's dilemma.** Keep responsibility on them.

When they resist, tell them **"It's up to you!"**

Picture them as 5 year olds – confused and in trouble

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## Closing Points about HCPs

- HCPs often have personality disorders or traits
- HCPs' behavior is mostly unconscious
- HCPs want relief from their constant distress
- HCPs push professional boundaries out of desperation, not out of intent to be difficult
- Direct confrontation brings resistance and escalation of blame, not insight for HCPs
- Most HCPs have problem-solving skills, which you can access if you calm their emotions
- Many HCPs can be helped

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**THANK YOU!**

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