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NEVADA FAMILY LAW REPORT

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How'll We Deal with Howell?

Military Pensions, Disability, and the Shrinking Rights of Former Spouses

By Shann D. Winesett, Esq.

I. Introduction

It is well known that military retirement pay is divisible as community property; it is likewise well known that military disability benefits are not. What some do not know, but most definitely should, is that to receive disability benefits, a retiree must give up an equivalent amount of retirement pay. Since retirement pay is taxable while disability benefits are not, eligible retirees often waive retirement pay in favor of disability benefits. And, since the retiree can elect this waiver without the consent of his or her former spouse, the retiree can effectively and unilaterally transmute what was once a community property income stream into a separate property income stream.

For almost 30 years, courts and family law practitioners have used indemnification to address the inequities of post-divorce retirement waivers. Thus, decrees and marital settlement agreements would often require the retiree to reimburse the former spouse for any post-divorce reduction in the former spouse's community share of the non-disability retirement.

To the dismay of many family court judges and all former spouses, the United States Supreme Court recently invalidated this prophylactic practice of indemnification. In *Howell v. Howell*,[1] the Supreme Court flatly and unequivocally held that states cannot "subsequently increase, pro rata, the amount the divorced spouse receives each month from the veteran's retirement pay in order to indemnify the divorced spouse for the loss caused by the veteran's waiver."[2]

This article explains why the Supreme Court would reject a practice that does nothing more than protect the former spouse's community interest in the military retirement and provides some ideas on how family courts and litigants might deal with the issue.

II. A Brief History of Federal Preemption in the Arena of Military Retirement and Disability Benefits

The concept of dividing military retirement as community property at divorce is by no means sensational. But the divisibility of military retirement pay has not always been the rule. In 1981, in fact, the Supreme Court held in *McCarty v. McCarty*[3] that a state could not consider any of a veteran's retirement pay to be a form of divisible community property. Referring to military retirement pay as a "personal entitlement," the Supreme Court concluded that "the application of community property principles to military retired pay threatens grave harm to 'clear and substantial' federal interests."[4] Hence federal law preempted any state law purporting to divide military retirement as marital property.

(cont'd. on page 3)

IN THIS ISSUE:

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BISHOP FAMILY LAW CONFERENCE

By The Family Law Executive Committee

Dear Section Members:

We are looking forward to seeing everyone in Bishop, California March 1 and 2, 2018 for the Family Law Convention. The conference will be held at the Tri County Fairgrounds, and we are planning an extensive array of activities for the section.

REGISTRATION

Late Registration (valid February 3, 2018 – March 2, 2018)

Non-Family Law Section Member	$460
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To find more information about the conference, please visit www.nvbar.org.

How'll We Deal with Howell?

cont'd. from page 1

It took an act of Congress to address the issue and allow former spouses to share in the veteran's retirement pay. In 1982, Congress passed the Uniformed Services Former Spouses' Protection Act,[5] which permitted the states to treat veterans' "disposable retired pay" as divisible property upon divorce. In so doing however, Congress explicitly excluded disability benefits from its definition of "disposable retired pay."[6]

This exclusion of disability benefits from disposable retired pay proved significant. In 1989, the Supreme Court, in *Mansell v. Mansell*,[7] held that, while Congress granted the states the power to treat "disposable retired pay" as divisible marital property, Congress did not grant the states the authority to treat "total retired pay" as community property.[8] Since Congress excluded from its grant of authority the disability-related waived portion of military retirement pay, federal law continued to forbid the states from treating the waived portion of retirement as marital property.

III. The States Unsuccessfully Try Indemnification to Work Around *Mansell*

Because the choice of whether to waive retirement pay in favor of disability benefits resides solely with the retiree, federal preemption and the Supreme Court's ruling in *Mansell* once again placed former spouses in an obviously precarious position. As Justice O'Connor, writing for the dissent, noted:

> The harsh reality of this holding is that former spouses like Gaye Mansell can, without their consent, be denied a fair share of their ex-spouse's military retirement pay simply because he elects to increase his after-tax income by converting a portion of that pay into disability benefits....[T]he plight of an ex-spouse of a retired service member is often a serious one.[9]

Recognizing the devastating impact such a waiver could have on former spouses whose share of retirement income was often the former spouse's sole means of support, many state courts and litigants attempted to circumvent *Mansell* by ordering the retiree to reimburse or indemnify the former spouse for any reduction in retirement benefits that occurred after the division of the military pension.[10] This work-around survived for almost three decades, but is now dead.

IV. The *Howell* Case and the Death of Indemnification

John and Sandra Howell were divorced in 1991 in Arizona while John was still in the military. The divorce court awarded Sandra 50% of John's military retirement as her community share. Thirteen years after his retirement, the VA found that John had a 20% service-related disability. John elected to receive disability benefits and consequently waived $250 per month of his $1,500 per month retirement pay he shared with Sandra. This waiver reduced Sandra's share of John's retirement pay by $125 per month. In other words, Sandra's share of the retirement monies declined from $750 per month to $625. John's share of the retirement also declined to $625, but he now received $250 in non-taxable disability benefits that effectively increased his share of the gross monthly benefits to $875.

In post-decree litigation, the Arizona state court ordered that John reimburse Sandra $125 per month to ensure that she "receive her full 50% of the military retirement without regard for the disability." [11] On appeal, the Arizona Supreme Court affirmed the lower court's order of reimbursement. The U.S. Supreme Court granted John's petition for certiorari.

Before the Supreme Court, Sandra argued that the fact that John's waiver of retirement took place *after* the division of the veteran's retirement distinguished the case from *Mansell*. The U.S. Supreme Court found this argument unconvincing. According to Justice Beyer, writing for the majority, this "temporal difference" highlights only that John's military pay at the time it came to Sandra was subject to the contingency of a later reduction.[12]

> The existence of that contingency meant that the value of Sandra's share of the military retirement pay was possibly worth less —

(cont'd. on page 4)

How'll We Deal with Howell?

cont'd. from page 3

> perhaps less than Sandra and others thought — at the time of the divorce. So too is an ownership in property.[13]

The U.S. Supreme Court, therefore, saw nothing "that makes the reimbursement award to Sandra any the less an award of the portion of military retirement pay that John waived in order to obtain disability benefits."[14] Whether called "reimbursement" or "indemnification," federal law forbids state courts to order a retiree to "restore the amount previously awarded as community property."[15] Indemnification provisions as a means for protecting the former spouse's community interest in the retirement, therefore, are no longer of any use to the courts or litigants.

V. Imbedded Ways to Ameliorate the Effects of Federal Preemption

In handing down its decision in *Howell*, the Supreme Court was not unsympathetic to divorcing spouses and the hardship that Congressional preemption can sometimes work on them.[16] In this regard, the Supreme Court expressly noted a possible exception to its decision:

> But we note that a family court, when it first determines the value of a family's assets, remains free to take account of the contingency that some military retirement pay might be waived, or, as the petitioner himself recognizes, take account of reductions in value when it calculates or recalculates the need for spousal support.[17]

Family law practitioners should heed this commentary from the U.S. Supreme Court because it contains two possible ways that a court might ameliorate the detrimental effects of post-divorce disability waivers on former spouses. The first way is for the court to consider in its initial property division the contingency that some military retirement pay might be waived. The second way is to address the contingency through alimony.

In addressing the former method in dealing with the disability related retirement waiver, the Court of Special Appeals of Maryland, one of the first appellate courts to address the *Howell* opinion, has likened the marital estate to a pie:

> U.S. Supreme Court may have shrunk the size of a slice (i.e., military pension benefits) in the marital award pie, but it is still up to our trial courts to determine the size of the pie under state law, then divide it equitably under the totality of the circumstances, and, alongside that process, to make other decisions about the parties' post-marital financial future.[18]

According to the *Hurt* court, trial courts might address the contingency of a reduction in the former spouse's share of the retirement income through an "equitable" division of marital property — i.e., award the former spouse more of the marital estate to account for the contingency that the retiree might unilaterally reduce the former spouse's retirement through waiver.

Given that Nevada is a community property state and that community property is to be divided equally to the extent practicable,[19] Nevada courts are arguably less equipped to equitably account for such contingencies. Query, however, whether the contingency of a drastic reduction in a post-divorce retirement income might provide a compelling reason for an unequal division of community property under NRS 125.150(1)(b).[20] A deep analysis of this question, however, is not the focus of this article.

For Nevada practitioners, a reservation of alimony is probably the most certain way in which to anticipate the contingencies raised in the *Howell* decision. Indeed, the Nevada Supreme Court has already approved the use of alimony in analogous circumstances. In *Siragusa v. Siragusa*,[21] for example, the Nevada Supreme Court concluded that the courts could "consider a spouse's discharged property settlement obligation as a 'changed circumstance' in ruling upon a motion for modification of alimony."[22] In so holding, the Nevada Supreme Court noted that "modification of an alimony award based upon a discharged property settlement obligation does not re-create a debt discharged under federal bankruptcy laws."[23]

(cont'd. on page 5)

How'll We Deal with Howell?

cont'd. from page 4

It is no great logical leap to conclude that modification of an alimony award based upon a retirement waiver does not re-create the waived benefits. Based upon its commentary in the *Howell* decision, the U.S. Supreme Court would likely agree as long as the modification of alimony is not dollar for dollar or pro rata the amount lost to waiver. It may take another thirty years before this issue reaches the U.S. Supreme Court again, but, until then, every decree dividing a military retirement should reserve jurisdiction over alimony if only for $1 per month for the life of the retiree.

VI. Conclusion

A new disability rating is always possible for the retiree both before and after divorce. When dealing with military retirement in divorce, therefore, litigants must remain aware that some military retirement pay might be waived and take this contingency into account when settling or taking a case through trial. While it may or may not be possible in Nevada to divide the assets with this contingency in mind, a reservation of jurisdiction over alimony is essential. Otherwise, the plight of the former spouse may very well be a serious one.

SHANN D. WINESETT represents clients in all forms of domestic relations matters, including divorce, complex custody disputes, relocation litigation, paternity, adoptions, post-divorce modifications of custody, visitation, child support and alimony, guardianships, personal injury and business litigation. Mr. Winesett completed his undergraduate studies locally at the University of Nevada Las Vegas where he graduated magna cum laude with a bachelor's degree in English literature in 1988. After completing his undergraduate studies, Mr. Winesett spent two years in Germany studying philosophy and law at the Ludwig-Maximilians University in Munich. Mr. Winesett returned to the United States in 1990 to attend Loyola Law School in Los Angeles, California, where he earned his juris doctor degree in 1993. Mr. Winesett successfully completed the American Bar Association's Family Advocacy Institute in 1998. Mr. Winesett is a contributing editor to the Nevada Family Law Practice Manual and is a member of the State Bar of Nevada's fee dispute and attorney disciplinary committees.

CITATIONS:

1. 137 S. Ct. 1400 (2017).
2. *Id.* at 1402.
3. 453 U.S. 210, 101 S.Ct. 2728 (1981)
4. *Id.* at 232, 101 S. Ct. at 2741.
5. 10 U.S.C. §1408.
6. 10 U.S.C. 1408(a)(4)(B).
7. 490 U.S. 581, 595, 109 S.Ct. 2023 (1989).
8. Id. at 589, 109 S. Ct. at 2029.
9. *Id.* at 490, 109 S. Ct. at 2032.
10. In *Mansell*, the waiver took place before the division of the retirement.
11. *Howell, supra*., at 1401.
12. *Id*. at 1401.
13. *Id*. at 1405.
14. *Id*.
15. *Id*. at 1406.
16. *Id*.
17. *Id*.
18. *Hurt v. Jones-Hurt*, 233 Md. App. 610, 168 A.3d 992, 1003 (2017).
19. NRS 125.150(1)(b).
20. NRS 125.150(1)(b) provides that "In granting a divorce, the court … shall, to the extent practicable, make an equal disposition of the community property of the parties, … **except that the court may make an unequal disposition of the community property in such proportions as it deems just if the court finds a compelling reason to do so** and sets forth in writing the reasons for making the unequal disposition."
21. 108 Nev. 987, 996, 843 P.2d 807, 813 (1992).
22. *Id*. at 996.
23. *Id. See also Allen v. Allen* 112 Nev. 1230, 1234, 925 P.2d 503 (Nev. 1996) stating that "under no circumstances, bankruptcy or no bankruptcy, should one party to a divorce be allowed to take all of the benefits of the divorce settlement and leave the other party at the disadvantage suffered by the wife in the present case."

Establishing and Developing a New Family Law Practice

Part 2: "The Little Things Matter"

By Bruce I. Shapiro, Esq. and Shann D. Winesett, Esq., Pecos Law Group

In the Summer 2015 issue of the *Nevada Family Law Report*, I presented an article titled "Establishing and Developing a New Family Law Practice." In that article, I explained that after two years of working for small firms, I went out on my own. It was not planned, I did not know what I was doing, and I only had a few weeks to rent office space, purchase office furniture and figure out what I was going to do. After more than 20 years, I shared some of my ideas on how to establish and develop a new family law practice. These ideas developed from a lot of trial and error and help from good friends I met on the way. This article will follow up on the ideas shared in that initial article and discuss the "little things that matter."

Meet with the Client Promptly. In my first article, I discussed how important your receptionist is because that is generally a client's first impression. The first impression, however, does not stop with your receptionist. It is important that you meet with any client, particularly an initial consultation, promptly. You are not a doctor and should not make a client wait for you. If you are late for your first appointment with a prospective client, you are communicating that their time is not valuable, you do not respect their time and you are not prompt.

Call the Client the Day Before the Hearing. A good doctor will call his or her patient the night before surgery. It not only makes the patient feel better, but it serves an important purpose. The same is true for a family law lawyer.

The practical purpose of calling the client the day before a hearing is to make sure the client is aware of the hearing. Ultimately, the lawyer looks bad, not the client, if the client fails to show. Sure, you could have a staff member call the client, but, by calling yourself, it shows the client that you are paying attention to the case and it is important to you. It will also ease the client's mind who has probably never been to court before and does not know what to expect. Finally, you may ask the client whether there have been any new developments in the case since you last spoke so there are no surprises at the hearing.

Be Early For Any Court Hearings. As discussed above, it is likely that a family court hearing is the first and only court hearing where your client has ever appeared. They have no idea what to expect and are nervous, if not afraid. Nothing makes a client more nervous than if the opposing party and his or her attorney are at the courtroom and the bailiff comes out asking if everyone is ready. If you are going to be late, make sure the client knows that, but do your best to be early so that you can further discuss the case with your client, or at minimum, be on time. It is important for the client to have realistic expectations as to what may happen. Some clients are under the impression that they are going to be divorced after that motion for temporary orders. It is also important to make the time to meet with the client after the hearing to make sure they understand what happened at the hearing and what happens next. If you are unable to take the time immediately after the hearing, make sure they know when you will call them to discuss the hearing.

Communicate with Your Client. There are more bar complaints against family law attorneys than any other grievance, and it is the easiest one to avoid. When you meet with your client for the first time, explain that you have other cases, but you will make your best effort to return telephone calls and emails at your earliest convenience. Also, communicate which method of communications you prefer. Most of my clients understand I prefer email and

(cont'd. on page 7)

Establishing and Developing a New Family Law Practice

cont'd. from page 6

rarely call me, because I promptly respond to their emails, no matter the time or the day. You do not necessarily have to be on call 24/7, but your clients have a right to expect prompt responses for the fees they are paying.

Develop Yourself. Continually keep searching for ways to develop yourself as a lawyer, professional and member of the community. Continue to expand your knowledge of the law through seminars, clinics such as NITA and talking with experienced and respected members of the family law community.

It is important to join any one of the state bar or county bar committees to assist in the development of the law and the legal profession. Consider joining the board of directors of a community organization, school, sports league or religious organization. When you have begun to master the field of family law, start giving back by volunteering to teach continuing education courses or submit articles. The *Nevada Family Law Report* is always searching for submissions.

Always Be Civil and Professional. Keep in mind that, by far, your best and most reliable referral source is other attorneys. When dealing with opposing counsel and other attorneys always be civil and professional.

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SHANN D. WINESETT attended the University of Nevada, Las Vegas, and received his bachelor's degree in 1988. He graduated from Loyola Law School in Los Angeles in 1994. Mr. Winesett is a certified family law specialist and has practiced in family law since 1997. He has served as a child support commissioner, pro tempore, and currently serves on the Clark County Family Court Bench-Bar Committee and the State Bar of Nevada's Disciplinary Board, as well as its Family Law Executive Council.

Parents with personality disorders

By Edward D. Farber, Ph.D.

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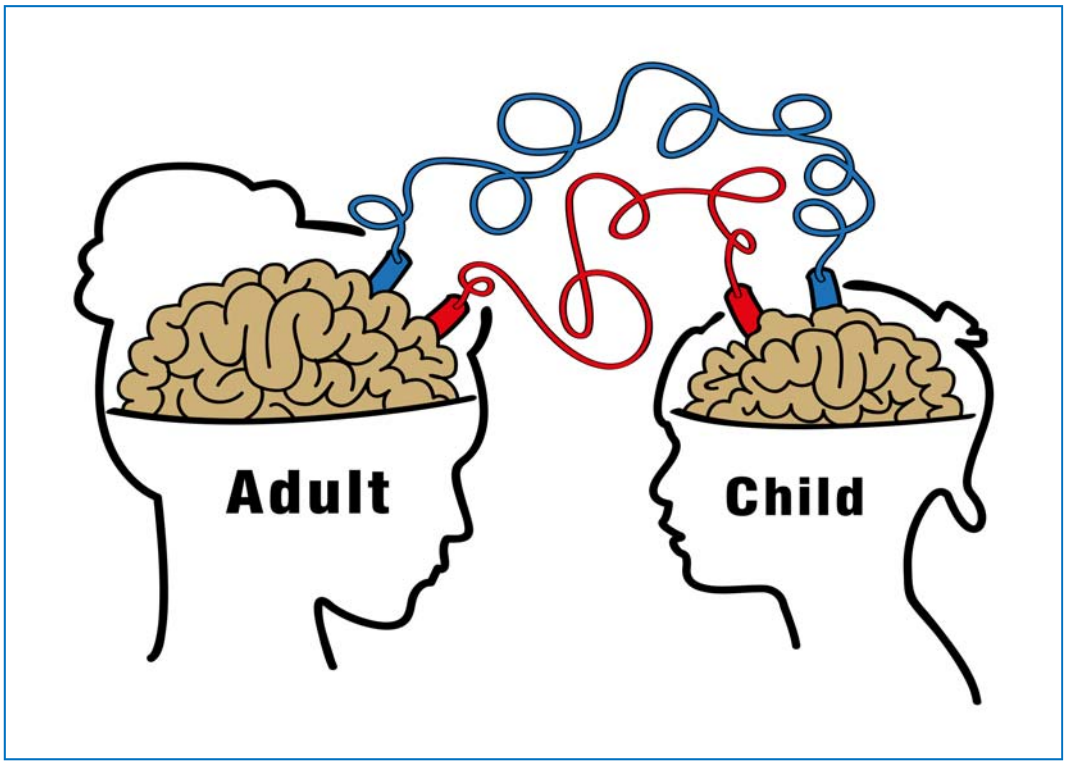


The first appointment had already been cancelled. The patient said, "I looked you up and the positive reviews were mostly from females. You're obviously against men and probably make recommendations in favor of custody of women. My lawyer said I had to see you anyway because that was part of the agreement he made with the other lawyer, but they're probably in cahoots anyway. They both went to law school together. The whole thing is a rip off."

In my first clinical meeting with this 44-year-old father of a 10-year-old girl, he questioned whether the blinking light of my office phone meant that I was recording him. He would not sign the new patient HIPPA health records form without talking first "to his lawyer and a couple of other people." He asked what would happen to the notes I was taking and whether the judge would be reading all of my notes or just the ones that I wanted to give to the judge.

But on interview, this father did not present with any other diagnosable disorder. He was not depressed or excessively anxious. He held a technology position for several years, although was suspicious why he had been passed over for promotions a few times. There were no problems with drinking, legal altercations or anger management. Until his separation, he functioned appropriately, although he had a hard time maintaining friendships. He thought his soon-to-be ex-wife had been plotting the separation for a long time. He readily told me in the first interview that he had placed a tracking signal on her phone and a keystroke program on their home computer because she probably would do the same thing to him. He told me he did "everything" for his child, and his wife did nothing but still the child often was in trouble in school, having learning and social problems. He described arguments with his daughter, often not believing she finished her fifth grade homework or actually went to bed when she promised she would. He frequently tells his daughter they can't trust the mother and that she must be having an affair. As his daughter withdraws from him more and more, he becomes more and more suspicious.

The child, on her first clinical interview, was withdrawn and described a level of mistrust and social isolation. Academics were acceptable, but she had recently stopped playing basketball because no one ever passed the ball to her. Bedtime was often a stress point, with the separated parents still living in the same

(cont'd. on page 9)

Parents with Personality Disorders

cont'd. from page 8

household, often in conflict. The child whined a lot, spent way too much time on YouTube and was just negative about so many things in her life. Here we have an example of a paranoid personality disorder and the suggestion of its burgeoning impact on the mental health of a child.

There is no question — the ability to effectively parent a child and the mental health of a child are clearly linked. Children of parents with significant personality problems have more social, academic and behavioral issues. They have greater incidences of attention-deficit disorder, learning disability, depression, anxiety and oppositional defiant behaviors. They are at greater risk for substance abuse, criminal activity and acting out behaviors as compared to children of parents who do not have diagnosed psychological or personality problems. But what we do not know is how much of the child's emotionality or behavior is due to genetics, the passing on of the traits of mental illness, how much is due to faulty parenting — a schizoid parent not able to demonstrate appropriate affection to an infant, how much is due to parent/child conflict with a dysfunctional parent, or how much is due to vicarious learning — a child modeling inappropriate behaviors or thinking by living with and observing these behaviors in a parent.

But not all children with a dysfunctional parent develop poor behavioral, emotional, social, academic or cognitive outcomes. There are many other factors, in addition to one parent's illness that clearly influence outcomes in the child. The emotional stability of the other parent or adults in the life of the child clearly plays a powerful role. The presence or absence of poverty and marital conflict is important. The temperamental style of a child — is she an easy baby to care for or a "mother killer," — will influence outcome. Does the child have special needs? Is the parent's illness chronic or situational? Are there periods of healthier parent/child interactions and periods of bad interactions? It is often not a question of good versus bad parenting, but where on a continuum do these interactions fall. Was the parent more emotionally functional until a significant stressor, such as marital discord or divorce? A parent with suspiciousness and paranoia will have a different impact on a toddler than on a 16-year-old who already has a driver's license. Some children are just more resilient, and even with very powerful stressors, do not demonstrate mental illness. There is tremendous variability from personality problems on the ability to parent. Personality difficulties themselves do not always translate to poor parenting. The question becomes, "how does mental illness functionally impact parenting?"

Report of mood and personality functioning can come from many sources. We ask questions about functioning and systems — how much do you sleep, how much of an appetite do you have, are there changes in your sex drive, do you enjoy being with others, do you cry for no apparent cause, are you optimistic or pessimistic about your future? Obviously the context and severity of each of these responses is important. Structured specific questionnaires and psychological tests such as the Minnesota Multiphasic Personality Inventory ("MMPI-II"), the Millon Clinical Scales, Beck Depression Inventories, Behavioral Assessment Scales, all either evaluate the individual's responses compared to a normative sample or match an individual's pattern of responses to those patterns of responses of individuals with known psychological problems.

Behavioral observations are important in both making the initial diagnosis and exploring the functional impacts of these diagnoses. Is the person excessively sad? Does he have emotional energy to deal with problem situations? Is her thinking excessively negative, hopeless and helpless? Is energy level excessively low? We observe parent/child interactions in structured situations and in a natural environment. Can the depressed parent set structure and boundaries for a child, can he respond to an infant's needs with appropriate emotional fortitude or do significant or subtle needs of the baby go unfulfilled?

Mental illness in adults falls into four broad categories: major mental illness, adjustment reaction, specific disorders, and personality disorders.

1. Major mental illness. These are thought disorders or affective diseases. Thought disorders, such as schizophrenia, impact individuals who have a

(cont'd. on page 10)

Parents with Personality Disorders

cont'd. from page 9

severely distorted perception of reality. Thinking is disorganized and reactions to events in the world are exaggerated or inappropriate. These individuals may be delusional and have odd or illogical beliefs. Hallucinations, sensory disturbances — all lead to a belief that these individuals are seeing or hearing or behaving or believing things that others do not. Affective disorders show severe psychopathology and distortions in emotions in activities rather than in thinking. People can be extremely depressed or manic, that is hyperagitated or hyperexcited, or in the case of a bipolar disorder, can shift from one mood to another rapidly from depression to mania from mania to depression.

2. Adjustment reaction. Adjustment reactions are temporary, distorted or exaggerated responses to a severe stress. They can take the form of any of the behavioral or emotional features. You may see depression or anxiety or excessive anger, but these are temporary in nature and are not a fixed part of the individual's personality. The life history is healthier and more solid and shows time periods of psychological stability and flexibility in the individual. The current symptoms of distress are a stress reaction to a specific situation and not an indication of ongoing pathology. The individual has an ability to regain the prior higher level of functioning.

3. Specific disorders. There may be one or two specific behaviors that impact the individual's functioning. These can vary in intensity and how they impact the child. The parent who has a specific fear of heights or driving on bridges would have a very limited parenting negative impact compared to a parent with a specific eating disorder that may severely limit a child's eating repertoire.

4. Personality disorders. A personality disorder describes an individual who is "locked in" for many years with exaggerated personality traits that influence and interfere with many aspects of functioning in life. Personality disordered individuals are not likely to change their behaviors or attitudes. They believe their perception of reality and interpersonal relationships are accurate. They are minimally aware that their perceptions are exaggerated or distorted.

The Diagnostic and Statistical Manual 5 ("DSM 5") gives very detailed criteria for diagnosing personality disorders. These include an enduring pattern of inner experience and behavior that deviates markedly from the expectation of the individual's culture. It can affect cognition, affectivity, interpersonal functioning and impulse control. It is inflexible and pervasive across a broad range of personal and social situations and leads to clinically significant distress or impairment in social, occupational or other important areas of functioning.

The DSM 5 clusters personality disorders into three groupings based on descriptive similarities. Cluster A includes paranoid, schizoid and schizotypal personality disorders. Individuals with these discords often appear odd and eccentric. Cluster B includes antisocial, borderline, histrionic and narcissistic personality disorders. Individuals with these disorders often appear dramatic emotional and erratic. Cluster C includes avoidant, dependent and obsessive-compulsive personality disorders. Individuals with these disorders often will appear anxious or fearful.

The DSM 5 also includes a hybrid dimensional and trait-based diagnostic model that accounts for a range of functioning from high, competent and consistent capability to inconsistent, fluctuating and low functioning with co-morbid mental illness. It also focuses on both internal, more emotional states as well as external, more behavioral states.

Individuals frequently present with co-occurring personality disorders from various clusters. Prevalence estimates for the different clusters suggest 5% of the population for Cluster A, 1-2% of the population for Cluster B, and 6% of the population for disorders in Cluster C. About 9% of individuals will be evaluated as having any type of personality disorder. Data from the 2000 and 2002 National Epidemiologic Survey and Alcohol-Relation Conditions, suggest that

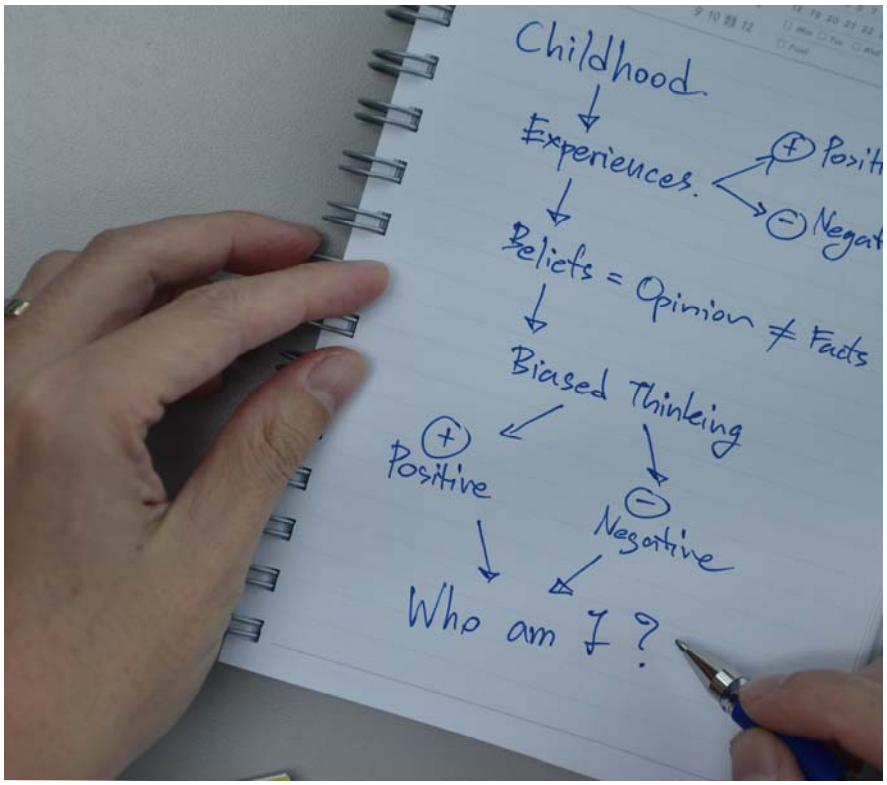
(cont'd. on page 11)

Parents with Personality Disorders

cont'd. from page 10

approximately 15% of U.S. adults will have at least one personality disorder.

The difficulty is that most personality disorders will not change without treatment, and the vast majority of individuals with personality disorders never seek treatment. Those who do, typically drop out of treatment. Various studies have demonstrated that over 70% of such individuals who begin treatment drop out of treatment.



Cognitive behavioral therapies can help personality disordered patients identify and change core beliefs and/or behaviors that underlie inaccurate perceptions of themselves and others and problems interacting with others. Cognitive behavior therapy may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal and self-harming behaviors that are most typically seen in these patients with personality disorders.

Dialectal Behavior Therapy or DBT, utilizes the concept of mindfulness, of being aware and attentive to the current situation and moods. It teaches skills to control intense emotions, reduce self-destructive behaviors and improve relationships. No medications have been approved for the treatment of personality disorders by the Food and Drug Administration. Use of mood stabilizers and antidepressant medications can somewhat help with symptom reduction for these individuals. Many individuals with personality disorders will show other powerful co-morbid behavioral and emotional symptoms — anger, depression and anxiety and there is an attempt to treat those.

Personality disorders are often seen as problems of emotional regulation. The goal is to teach a patient alternative ways to control overwhelming and confusing feelings and to accurately observe emotions without overreacting to them or seeking instant relief through self-harm. As therapists, we accept the reality of a client's emotions, while presenting alternative behavioral responses. Therapists also challenge the dysfunctional core beliefs that personality disorder patients have about themselves and others in their world. We would work with both the parent and the child in the introductory case study to help them perceive their environment more appropriately and to make better behavioral and emotional response. Sadly, however, there is little empirical evidence that shows powerful success in treating the core personality disorders and most therapists will work on amelioration of symptoms in attempts to manage the behavioral difficulties that arise from the personality disorder.

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