THE PERSONALITY DISORDER TOOLBOX PRACTICAL STRATEGIES FOR MEETING THE CHALLENGES OF YOUR MOST DIFFICULT CASES

TUESDAYS: OCTOBER 9 - NOVEMBER 13, 2018 | 11:00AM - 1:00PM PST

WORKSHOP AGENDA

Session 1: Foundations of Effective Treatment

- Evidence based treatments
- DBT
- CBT
- Schema-Focused Therapy

Session 2: Case conceptualization and Treatment Planning

- What makes individuals w PD Unique?
- Individualized Conceptualization and treatment planning
- Treatment Set Up

Session 3: Cluster A & C Disorders

- Schizotypal personality disorder
- Schizoid personality disorder
- Paranoid personality disorder
- OCPD
- Avoidant personality disorder
- Dependent personality disorder

Session 4: Non-BPD Cluster B Disorders

- Histrionic personality disorder
- Narcissistic personality disorder
- Antisocial personality disorder

Session 5: Borderline personality disorder

Session 6: Wrapping up: Rapse Prevention & Developing Resilience

LEARNING OBJECTIVES

By the end of this course, you will:

- Understand evidence based approaches to treating personality disorders, and learn why traditional patient care doesn't work
- Learn communication skills for effectively engaging clients with complex needs
- Acquire skills for modifying deeply engrained beliefs driving behaviours outside of client awareness
- Disrupt lifelong self-defeating patterns
- Identify 8 motives for self-injurious behaviours and interventions that work for each
- Learn symptom-targetted strategies that help with clients in the moment
- Develop schema modification techniques proven to benefit even your most "difficult" PD clients
- Build resilience in clients by teaching strategies that help them not only get well, but stay well

Jeff Riggenbach, PhD is an award winning author & international expert in personality disorders. He has spent the first 17 years of his career developing & overseeing personality disorder treatment programs at two different psychiatric hospitals in the state of Oklahoma. During that time, he & his staff have treated over 500 patients with BPD in particular. He is on Faculty with Educational Institutes in Canada, Australia, and South Africa and has trained over 15,000 mental health professionals in all 50 US States and abroad. In addition to his body of clinical work, Jeff serves as director of the international Personality Disorders Awareness Network, is a diplomat with the Academy of Cognitive therapy, and is a best-selling author. Dr. Riggenbach's talks routinely receive the highest marks from conference participants in terms of educational as well as entertainment value.

The Personality Disorder Toolbox: The Challenge of the Hidden Agenda

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Course Outline

- Session 1: Foundations of Treatment
- Session 2: Conceptualization & Treatment Planning
- Session 3: Cluster A & C Disorders
- Session 4: Narcissists, Antisocials, & Histrionics
- Session 5: Borderline Personality Disorder
- Session 6: Relapse Prevention and Wrap-Up

Airport Terminal of the Personality Disordered

- Schizoid - wears sunglasses & headphones to discourage conversation
- Paranoid - conducts own luggage search after security clearance
- Schizotypal - refuses to get on any flight numbered with a 3 or a 7
- Histrionic - announces own birthday on P/A system during flight
- Antisocial - hides contraband in little old lady's carry-on; retrieves it after the flight
- Borderline - punches check-in attendant when not allowed a free upgrade to first class
- Narcissistic - sews four stripes on suit jacket to impersonate the pilot
- Avoidant - volunteers to help flight attendants serve meals
- Dependent - starts an in-flight daycare service in her row
- Obsessive-Compulsive - arranges passengers numerically by aisle before boarding
- Passive-Aggressive - boards early; has six pieces of carry-on luggage

Session1: Foundations of Treatment

- **Etiology**
- **Personality Development**
- **Classification of PDs**
- **Evidence Based Treatments**
- **Overview of Treatment Model**

Etiology

Genetic Predisposition

+

Environmental Risk Factors

=

Personality Disorder

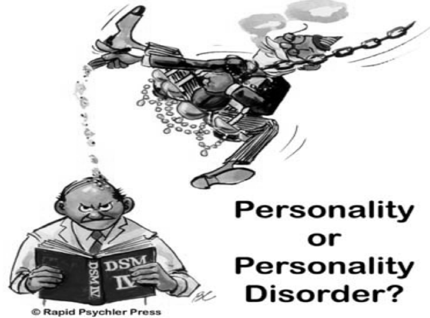
Personality Development

- Trait - An innate, enduring pattern of perceiving, relating to, and thinking about one's self, others, and the world
- Habit - An acquired or learned pattern of thinking and behavior

Personality Development

- Temperament - Innate, genetic, or constitutional aspects of one's personality
- Character - Learned, psychosocial influence on personality

Categorical vs Dimensional Models



Problems with Current PD Conceptualization

1. Line between pathology and normalcy is more difficult to delineate
2. Considerable overlap in diagnostic categories

Evidence-Based Treatment Approaches

- Dialectical Behavior Therapy
- Schema Focused Therapy
- Cognitive Behavioral Therapy
- Mentalization Based Treatment
- Good Psychiatric Management

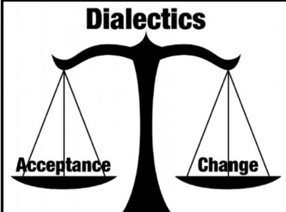
Dialectical Behavior Therapy (DBT)

Dialectical
Behavior
Therapy

Dialectical Behavior Therapy (DBT)

- Developed by Marsha Linehan in the 1970s
- Looking for a method to treat chronically suicidal
- Found traditional CBT to be too invalidating
- Added validation to empirically supported CBT
- Concept of Dialectics

Dialectical Behavior Therapy (DBT)

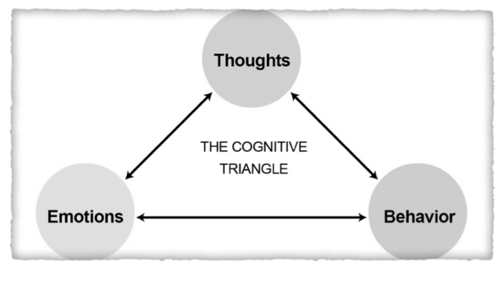


"Juxtaposes contradictory ideas and seeks to resolve a conflict; a method of examining opposing ideas in order to find truth"

Dialectical Behavior Therapy (DBT) Core Modules

- Mindfulness Skills
- Emotion Regulation Skills
- Distress Tolerance Skills
- Interpersonal Effectiveness Skills

Cognitive Behavior Therapy (CBT)



Cognitive Behavior Therapy (CBT)

- Aaron T. Beck, 1960, University of Pennsylvania
- Principle that thoughts influence feelings

Cognitive Behavior Therapy (CBT)

Events ⇒ Thoughts ⇒ Feelings ⇒ Actions ⇒ Results

Cognitive Behavior Therapy (CBT)

Levels of Cognition

Automatic Thoughts

Conditional Assumptions

Core Beliefs

Cognitive Behavior Therapy (CBT)

- Core Beliefs/Schemas
- Beck identified beliefs in 3 different areas
  1. Beliefs about self
  2. Beliefs about others
  3. Beliefs about the world

Cognitive Behavior Therapy (CBT)

- Term "schema"
  - Coined in 1926 by Piaget - "Structures that integrate meaning into events
  - Beck - "Cognitive structures that organize experience and behavior"
  - Landau & Goldfried - "mental filters that guide the processing of information"

Cognitive Behavior Therapy (CBT)

- **Example Beliefs About Self**
  - **I am a failure**
  - **I am worthless**
  - **I am vulnerable**
  - **I am helpless**
  - **I am a burden**
  - **I am defective**
  - **I am unlovable**

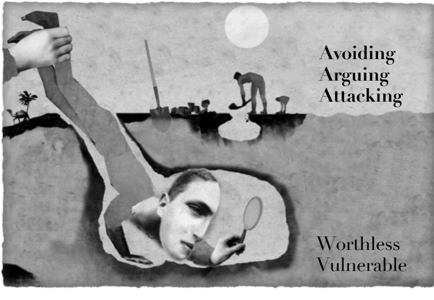
Cognitive Behavior Therapy (CBT)

- Example Beliefs About Others
  - Others are mean
  - Others are uncaring
  - Others are self-absorbed
  - Others aren't deserving of my time
  - Others are to be taken advantage of
  - Others are unreliable
  - Others are untrustworthy

Cognitive Behavior Therapy (CBT)

- Example Beliefs About the World
  - The world is exciting
  - The world is boring
  - The world is scary
  - The world is evil
  - The world is a lost cause
  - I am defective
  - The world is dangerous

Schema Focused Therapy (SFT)



Schema Focused Therapy (SFT)

- **Broad, comprehensive theme or pattern**
- **Comprised of memories, cognitions, emotions, bodily sensations**
- **Developed in childhood, elaborated in adulthood**
- **18 Schamas in 5 different domains**

Schema Focused Therapy (SFT)

- Domain #1: Disconnection and Rejection
  - Abandonment
  - Mistrust
  - Defectiveness
  - Emotional Deprivation
  - Social Isolation

Schema Focused Therapy (SFT)

- Domain #2: Impaired Autonomy & Performance
  - Dependence
  - Vulnerability
  - Enmeshment
  - Failure

Schema Focused Therapy (SFT)

- Domain #3: Impaired Limits
  - Entitlement/Grandiosity
  - Insufficient Self-Control

Schema Focused Therapy (SFT)

- Domain # 4: Others Directness
  - Subjugation
  - Self-Sacrifice
  - Approval Seeking

Schema Focused Therapy (SFT)

- Domain #5: Overvigilance
  - Negativity
  - Emotional Inhibition
  - Unrelenting Standards
  - Punitiveness

Role of Stages of Intervention in Integrated Model

Schema Focused Therapy (SFT)

- Characteristics of Schemas
  - Active vs Dormant
  - Compelling
  - Pervasive vs Discrete

Schema Focused Therapy (SFT)

- Schema Reinforcement
  - Maintenance
  - Avoidance
  - Overcompensation

Schema Focused Therapy (SFT)

Behavioral Pattern Breaking

- **Abandonment**
- **Vulnerability**
- **Subjugation**

Personality Disorder Toolbox

Week 1 Q & A

Session 2: Conceptualization & Treatment Planning

- What makes individuals with PDs so unique?
- Gaining insight
- Cognitive & Behavioral Differences
- Conceptualization & Treatment Planning

PD TX PRINCIPLES

1) Belief Modification
2) Longer Duration
3) Validation
4) Challenge Effectiveness
5) Increased Emphasis on Relationship

Characteristics of Personality Disorder

PD Characteristics

PD Trait	Assessment Principle or Strategy
Ego-Syntonic	Emphasis on Signs vs Symptoms

PD Characteristics

PD Trait	Assessment Principle or Strategy
External Locus of Control	Non-Responsible Language

PD Characteristics

PD Trait	Assessment Principle or Strategy
Pervasive	Patterns in Different Areas of Life

PD Characteristics

PD Trait	Assessment Principle or Strategy
Enduring	Video Mode vs. Pic

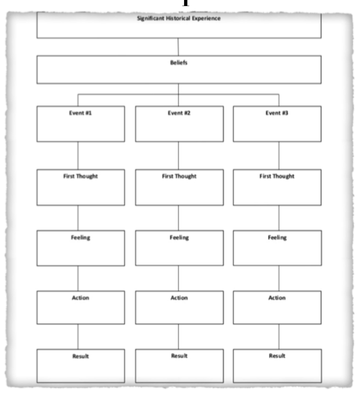
PD Characteristics

PD Trait	Assessment Principle or Strategy
Inflexible	Monitor Across Contexts

Gaining Insight

- General Tool # 1: Expressions of Concern

Case Conceptualization



Conceptualization Drives Treatment Planning

Conceptualization Drives Documentation

Personality Disorder Toolbox

Week 2 Q & A

Session 3: Cluster A & C Disorders

- OCPD
- Avoidant PD
- Dependent PD
- Paranoid PD
- Schizoid & Schizotypal PDs

The Obsessive-Compulsive Personality

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Obsessive-Compulsive PD

OCPD Profile

- *Agenda: to do things the "right" way*
- *Primary Descriptive Trait: "Anal"*
- *Prevalence rates:*
  - As high as 8% General Population
  - 3% - 13% Clinical Population
- Gender Distribution: More common in men
- Heritability: Estimated .37
- Treatability: Moderate to Good

Obsessive - Compulsive PD

OCPD Profile

- *Common Schemas: Unrelenting Standards, Hypercritical*
- *Cognitive Profile*
  - *"I must be perfect"*
  - "Others screw up a lot"
  - "The world must have order"
  - View of Treatment: Treatment Rejecting
- Behavioral Targets: Perfectionism, Procrastination, Criticalness

Obsessive-Compulsive PD

- Diagnostic Criteria 4 of following 8

1) So preoccupied with rules, details, lists, order, organization that point of activity is lost
2) Perfectionism that interferes with task completion
3) Excessively devoted to work and productivity, often to the exclusion of leisure activities or friendships

Obsessive-Compulsive PD

- Diagnostic Criteria 4 of following 8

4) Overconscientious, scrupulous, and inflexible about morality, ethics, and values, not accounted for by cultural or religious beliefs
5) Is unable to discard old objects, even if they have no sentimental value
6) Is reluctant to delegate tasks, for fear they will not be done "the right way"

Obsessive-Compulsive PD

- Diagnostic Criteria 4 of following 8
  7) Has miserly spending style
  8) Rigid and stubborn

Obsessive-Compulsive PD

- Associated Features
  - Decision Making is time consuming
  - Time allocated poorly
  - Relationships take on serious quality
  - Leisure time viewed as "waste"
  - Play time turned into structured activity

Obsessive-Compulsive PD

- Interview Features
  - Circumstantial Speech
  - To get answer, must sort through a myriad of other details leading up to current situation
  - Overly analytical

Obsessive - Compulsive PD

Management & Treatment Strategies

OCPD Treatment: Goals

- Decrease Rigidity
- Increase Flexibility/Spontaneity
- Develop Compassion

Obsessive-Compulsive PD

- Risk Assessment: Lowest of all PDOs

Obsessive-Compulsive PD

- Successful Contexts
  - Accountants
  - Quality Control
  - Airline Mechanic
- Unsuccessful Contexts
  - Mental Health Professionals
  - Sales
  - Telemarketing

OCPD Symptom-Targeted Strategies

- Schema Feeding Language
- Pay attention to detail
- Structure session
- Use of Intellectualization
- Behavioral experiments
- Distress Tolerance
- Develop Compassion
- Pleasurable events/soothing strategies
- Historical Schema Work

Obsessive-Compulsive PD Tools

- OCPD Tool # 1: Productivity Planner
- OCPD Tool # 2: Progress, Not Perfection

Case Study

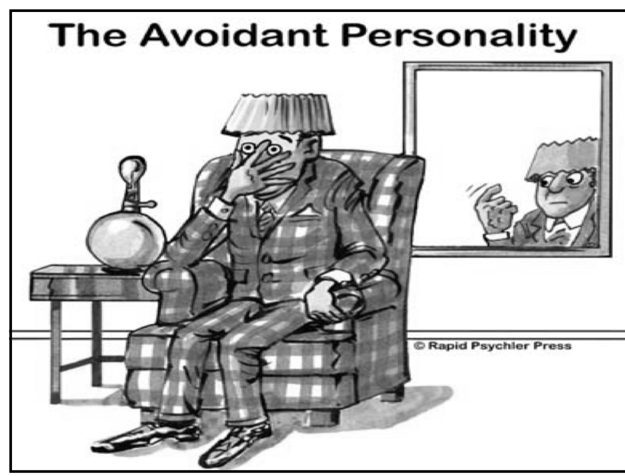
OCPD Case Study

Case Example

- Boyd:
- *44 y/o Caucasian male*
- Marital status: *Married*
- Occupation: *Accountant*

Thought Log

AUTOMATIC THOUGHT	RATIONAL RESPONSE
"I have to get this garage picked up. This place is a mess. I can't leave until everything is back in its place where it goes"	



Avoidant PD

Avoidant PD Profile

- *Agenda: To not be hurt emotionally*
- *Prevalence rates:*
  - *2%-3% of General Population*
  - *10% of Clinical Population*
- *Gender Distribution: Equally diagnosed in men & Women*
- *Heritability: Estimated .28*
- *Prognosis: Moderate to Good*

Avoidant PD

Avoidant Profile

- Common Schemas: Approval Seeking, Failure
- Cognitive Profile
  - "I am not likable"
  - "Others will judge me"
  - "The world is scary"
  - Behavioral Targets: Isolation, avoiding social, job-related situations

Avoidant PD

- Diagnostic Criteria 4 of 7
  1) Avoids occupational activities that involve significant interpersonal interactions due to fear of rejection, criticism, or disapproval
  2) Unwilling to get involved with people unless certain of being liked
  3) Inhibited in new interpersonal situations due to feelings of inadequacy

Avoidant PD

- Diagnostic Criteria 4 of 7

4) Preoccupation with being criticized or rejected
5) Inhibited intimate relationships due to fear of shame or ridicule
6) View selves as socially inept, personally unappealing, or inferior to others
7) Unusually reluctant to take risks or engage in new activities due to fear of embarrassment

Avoidant PD

- Associated Features

  - Self-Criticism
  - Isolation
  - Avoidance

Avoidant PD

- Interview Features

  - Shyness
  - Difficulty making eye contact

Management & Treatment

Avoidant PD - Tx Goals

- Decrease Avoidance
- Increase tolerance for Negative Emotions
- Increased Social Interaction

Avoidant PD

- **Risk Assessment: Moderate suicide risk**

Avoidant PD: Symptom-Targeted Strategies

- Things accomplish if not avoid/Pros&Cons
- Behavioral Interventions
  - Social Skills Training
  - Hierarchy of Social Interactions
  - Behavioral Pattern Breaking
- Cognitive Interventions
  - Identifying and Restructuring ATs
    - Rationalizations
    - Mind Reading

Avoidant PD - Hierarchy of Social Interactions

1) **Checker**
2) **Mail Woman**
3) **Neighbor over Fence**
4) **SS Teacher**
5) **Husbands Coworker**

Avoidant PD

- Successful Contexts
  - Research
  - Night shift
  - Truck Drivers
- Unsuccessful Contexts
  - Marketing
  - Public Speaking
  - Receptionist
  - Seminar Coordinator

Avoidant PD - Common Beliefs

- I am incompetent
- I am unlovable
- Entitlement
- I am worthless
- Others are critical/Demeaning/Judgmental

Avoidant PD

- Distress Tolerance Skills
- Identify Belief Inhibiting Emotional Expression
- Test Belief

Avoidant PD: Rationalizations Facilitating Avoidance

- Avoidant Tool # 1: Untangling the Web of Excuses
- Avoidant Tool # 2: Taking Risks

Avoidant PD

- Case Study

Avoidant PD: Behavioral Pattern Breaking

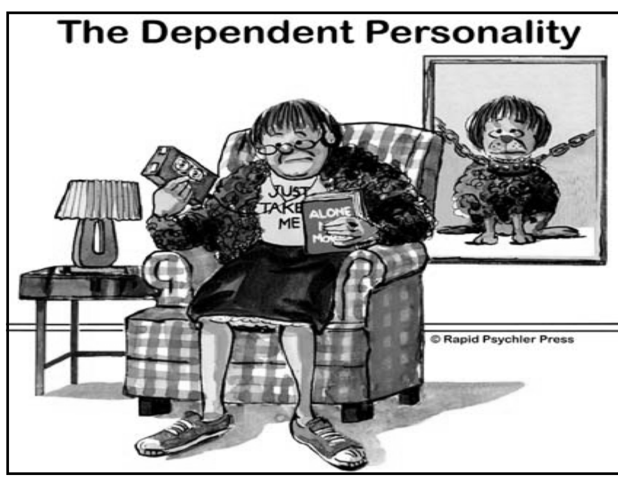
Behavior	Belief	Results	Behavioral Alternatives
Not go to Christmas	Others Will Judge Me	Mom Mad Me Lonely Depressed	1. Call & Explain 2. Go For an hour 3. Friend as backup plan

Avoidant PD: Schema Flashcard

"*I* would rather not go to Christmas and *I*'d honestly rather not even think about it. *In* the past, *I* would stay home, eat, and watch movies. On one hand, this feels comfortable and is still tempting, but *I* know it leads to me gaining weight, my mother being mad at me, and alienating my sisters which deep down in is exactly what I don't want to do…(con)

Schema Flashcard, con

"…Most of me believes others will judge me, but part of me knows there will be at least one or two people that will just be glad to see me there and that facing my fears is what it will take to get better – while it is true that I have a comfort level with isolating, it is also true that I don't want to be spending Christmas 10 years from now overweight, alone, and still depressed – I don't want to be like this forever and feeling better in the long run is worth being uncomfortable for now"



Dependent PD

Dependent Profile

- *Agenda: To get taken care of*
- *Primary Descriptive Trait: "Needy"*
- *Prevalence rates:*
  - 1% - 8% of General Population
  - Difficult to establish in Clinical Population
- Gender Distribution: More common in women
- Heritability: Estimated .27
- Treatability: Moderate to Good

Dependent PD

Dependent Profile

- *Common Schemas: Failure, Dependence, Approval-Seeking, Self Sacrafice, Subjugation*
- *Cognitive Profile*
  - *"I am inadequate"*
  - "Others are necessary for me to survive"
  - "The is too vast for me to make it alone"
  - View towards Treatment: Treatment Seeking
- Behavioral Targets: Constant phone calls/texts, excessive need for time together, developing hobbies, taking initiative & responsibility

Dependent PD

- Diagnostic Criteria 5 of 8
  1) Has difficulty making every day decisions without excessive reassurance from someone else
  2) Requires others to assume responsibility for major areas of their life

Dependent PD

- **Diagnostic Criteria – 5 of 8**
  3) Has difficulty disagreeing with others due to fear of loss of support and/or approval
  4) Difficulty initiating projects or doing things on own
  5) Goes to excessive lengths to obtain nurturing and support from others will often volunteer for unpleasant things to get this

Dependent PD

- Diagnostic Criteria 5 of 8
  6) Uncomfortable or helpless when alone exaggerated fears of being unable to care for self
  7) Urgently seeks new relationships for care and support whenever an existing relationship ends
  8) Unrealistically preoccupied with fears of being left to care for selves

Dependent PD

- Associated Features
  - Co-occuring Depression
  - Co-occuring Anxiety Disorders
  - Belittles Abilities
  - Put self down
  - Avoid responsibility

Dependent PD

- **Interview Features**
  - Overly compliant
  - Cooperative demeanor
  - Rarely misses sessions

Dependent PD

Video

Management & Treatment Strategies

Dependent PD

- Risk Assessment: Moderate High Risk

Dependent PD: Symptom-Targeted Interventions

- Assertiveness Training
- Develop Independence
- Become more “OK alone”

Dependent PD: Symptom Targeted Interventions

- Constantly reinforce positive gains
- Establish and keep firm, consistent limits
- Establish and strive for clear tx goals

Dependent PD: Symptom Targeted Interventions

- Maintain high degree of empathy
- Assign homework
- Relationship building exercises

Dependent PD

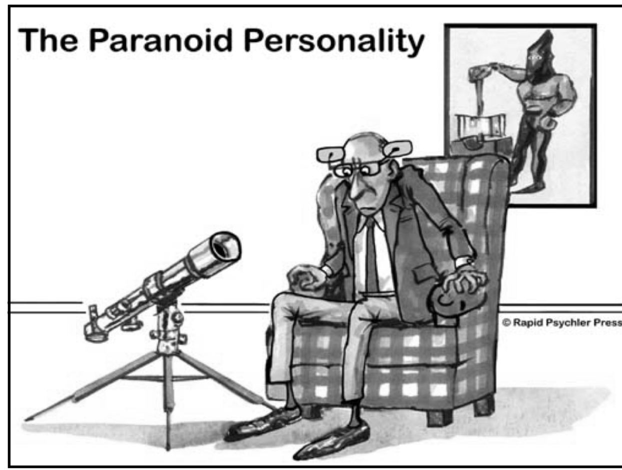
- Successful Contexts
  - Secretaries
  - Low-Level Military
  - Janitorial
  - Assembly Line
- Unsuccessful Contexts
  - Leadership Positions
  - Sales

Dependent PD

- Dependent Tool #1: Getting Needs Met
- Dependent Tool #2: Developing Independence

Dependent PD

Case Study



Paranoid PD

Paranoid Profile

- Agenda: To stay safe in a dangerous world
- Primary Descriptive Trait: "Suspicious"
- Prevalence rates:
  - 2-3% Clinical population
  - Difficult to tell in general population
- Gender Distribution: More common in men
- Heritability: Estimated .41-.59
- Treatability: Poor

Paranoid PD

Paranoid Profile

- Common Schemas: Mistrust, Punitiveness
- Cognitive Profile
  - *"I am vulnerable"*
  - "Others are out to get you"
  - "The world is dangerous
  - View of Treatment: Treatment Rejecting
- Behavioral Targets: Avoiding necessary tasks, angry outbursts, attacking others

Paranoid PD

- Diagnostic Criteria – 4 of following 7

1) Suspects that others are exploiting, harming, or deceiving them
2) Is preoccupied with doubts about loyalty
3) Is reluctant to confide in others for fear that the info will be used against them

Paranoid PD

- Diagnostic Criteria – 4 of 7

4) Has recurrent suspicions regarding fidelity
5) Reads "hidden meaning" into events or statements
6) Holds persistent grudges; is excessively unforgiving
7) Remarks received as benign to others are taken as personal attacks – quick to anger

Paranoid PD

- Associated Features
  - Blame others
  - Importance of autonomy - uncomfortable in situations that require dependence on others
  - Associated with IBS, Arthritis and Other Medical Conditions

Paranoid PD

- Interview Features
  - Not taking responsibility for actions
  - Guarded – not forthcoming in information
  - Secretive
  - May share conspiracy – related stories
  - Expect you to Be Untruthful as Well
  - Irritibility
  - Often Low Functioning/Unemployed

Paranoid PD

Differential Diagnosis

1) Paranoid Schizophrenia – episodic presence of other psychotic symptoms, blunted affect

2) Delusional Disorder, Paranoid Type

Paranoid PD

- Video

Paranoid PD

- Successful Contexts:
  - Police
  - CIA/FBI
  - IRS
- Unsuccessful Contexts:
  - Relationships
  - Boss
  - Business Partner

Paranoid PD

- Risk Assessment
  - More at risk to harm others than self
  - Can Become Violent

Paranoid PD: Treatment Goals

- Treatment Goals
  - Develop Trust
  - Decrease aggression
  - Improve/develop relationships

Paranoid PD

Management & Treatment Strategies

Paranoid PD : Symptom-Targeted Strategies

- Accept patient mistrust
- Avoid power struggles
- Scale trust periodically
- Be a man (or woman) of your word
- Schematic vulnerability work

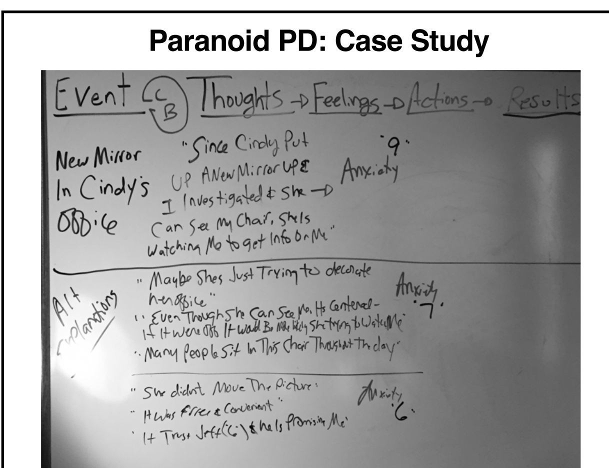
Paranoid PD

- Paranoid Tool #1: Dangerous Situations Tool
- Paranoid Tool #2 Forgiveness Tool

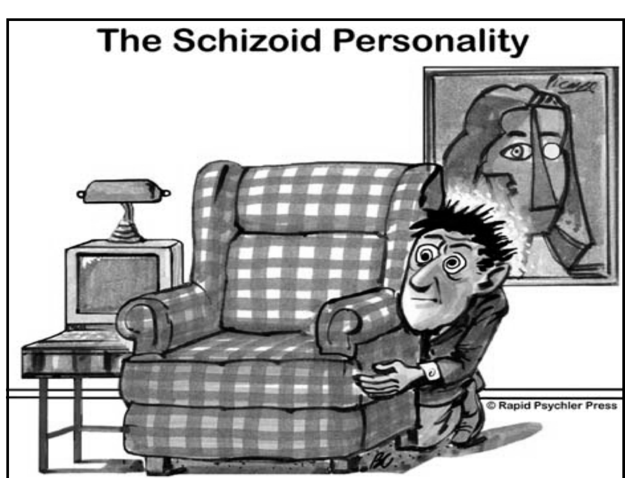
Paranoid PD

Case Study

Paranoid PD: Case Study



The Schizoid Personality



Schizoid PD

Schizoid Profile

- *Agenda: To not be bothered*
- *Primary Descriptive Trait: "Detached"*
- *Prevalence rates:*
  - *1% General population*
  - *1% Clinical population*
- *Gender Distribution: Seems to affect men and women equally*
- *Heratibility: Estimated .70*
- *Treatability: Poor*

Schizoid PD

Schizoid Profile

- *Common Schemas: Emotional Deprivation, Inhibition*
- *Cognitive Profile*
  - *"I am enough"*
  - *Others are unnecessary*
  - *The world is boring*
  - *View of treatment: Treatment Rejecting*
- Behavioral Targets: Avoiding necessary engagement with the world, communication skills, finding good occupational "fit"

Schizoid PD

- Diagnostic Criteria – 4 of following 7
  1) Neither desires nor enjoys close relationships
  2) Almost always chooses solitary activities
  3) Has little interest in sexual experiences

Schizoid PD

- Diagnostic Criteria – 4 of 7

4) Takes pleasure in few activities
5) Lacks close friends
6) Appears indifferent to criticism
7) Shows emotional coldness; flattened affect

Schizoid PD

- Associated Features
  - Difficulty Expressing Anger
  - Passivity
  - Brief psychosis under stress

Schizoid PD

- Interview Features
  - Lack of Affective Response
  - Impression of Indifference
  - Anxiety Triggered With Closeness/Intimacy

Schizoid PD

Video

Schizoid PD

Management & Treatment Strategies

Schizoid Personality Disorder

- Risk Assessment
  - Relatively low
  - Risk Assessment – not inherently dangerous but increases with comorbidity with formal thought disorder

Schizoid PD: Symptom Targeted Strategies

- Use slow, patient style
- Tolerate unusual amounts of silence
- Appeal to intellect
- *If* patient is willing, utilize group therapy to point out social awkwardness
- Hook w/ "left brain" strategies
- Brain balancing interventions
- Develop niche and become more active

Schizoid Personality Disorder

- Successful Contexts:
  - Computer work
  - Engineer
  - Watchtower worker
- Unsuccessful Contexts:
  - Relationships
  - Parent
  - Therapist

Schizoid PersonalityDisorder

- Schizoid Tool # 1: The Why Bother Tool
- Schizoid Tool # 2: The Schizoid Task Tool
- Schizoid Tool # 3: Pleasurable Events Tool

Schizoid PersonalityDisorder

Case Study

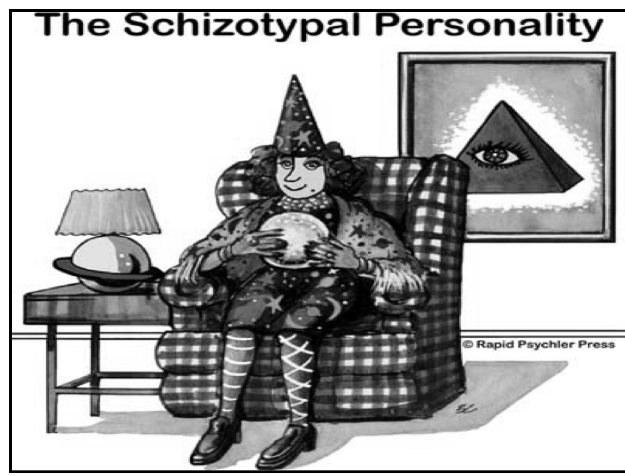
Schizoid Personality Disorder

Case Example

- Brian: *37 y/o Caucasian*
- Marital status: *Separated*
- Occupation: *IS Supervisor*

Thought Log

AUTOMATIC THOUGHT	RATIONAL RESPONSE
Relationships take too much work. Maybe I should consider hiring a prostitute"	



Schizotypal PD

Schizotypal Profile

- Agenda: To explore this bizarre universe
- Primary Descriptive Trait: Odd
- Prevalence rates:
  - 1% General population
  - <1% Clinical population
- Gender Distribution: More common in men
- Heritability: Estimated .72
- Treatability: Poor

Schizotypal PD

Schizotypal Profile

- Common Schemas: Social Isolation
- Cognitive Profile
  - "I am unique"
  - "Others are ordinary"
  - "The world is my science lab"
  - View of Treatment: Rejecting
- Behavioral Targets: Strange projects, social awkwardness

Schizotypal PD

- Diagnostic Criteria
  - Must have five (5) of Nine Characteristics
    1. Ideas of Reference
    2. Odd beliefs or magical thinking
    3. Unusual perceptual experiences

Schizotypal PD

- Diagnostic Criteria
  - Must have five (5) of Nine Characteristics
    4. Odd thinking, speech
    5. Suspicious or paranoid ideation
    6. Inappropriate or constricted affect

Schizotypal PD

- Diagnostic Criteria
  - Must have five (5) of nine (9) Characteristics
    7. Behavior that is Odd, eccentric, or peculiar
    8. Lacks personal friends or confidants
    9. Excessive social anxiety related to paranoid perceptions, not to self-image

Schizotypal PD

- Associated features
  - Positive Symptoms of Schizophrenia
  - Micropsychotic episodes – few minutes to few hours, rarely last 24 hours so don't meet criteria for brief psychotic DO
  - Live in Fantasy World

Schizotypal PD

- Interview Features
  - Unusual Ideas, Eccentricities
  - Secrecy
  - Paranoid ideation
  - Concrete thinking
  - Marked Social Deficits
  - Can Socially Engage, But Stay Emotionally Detached

Schizotypal PD

Video

Schizotypal PD

- Risk Assessment: Relatively *High*

Schizotypal PD: Symptom-Targeted Strategies

- Reality Testing
- Low-Level Antipsychotics
- "Situation Management"

Schizotypal PD

- Successful Contexts:
  - Comedians
  - Artists
  - Palm Reader
- Unsuccessful Contexts:
  - Judge
  - Surgeon
  - Corporate America

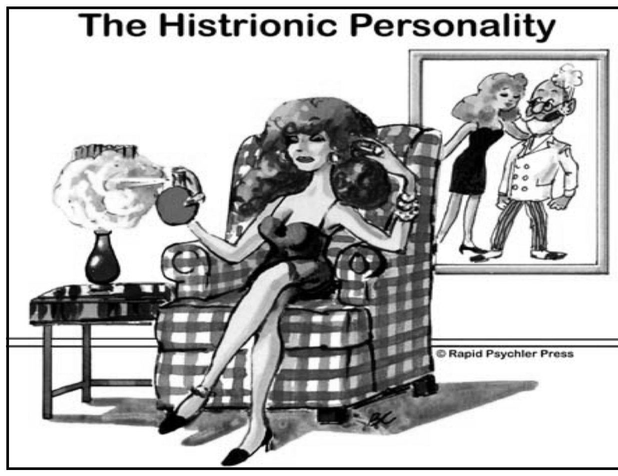
Personality Disorder Toolbox

Week 3 Q & A

Session 4: Narcissists, Antisocials, & Histrionics

- Histrionic PD
- Antisocial PD
- Narcissistic PD

The Histrionic Personality



Histrionic PD

Histrionic Profile

- *Agenda: To be noticed*
- *Primary Descriptive Trait: Dramatic*
- *Prevalence rates:*
  - *2-3%* General Population
  - 10% Clinical Population
- Gender Distribution: More Common in Women
- Heritability: Estimated .26
- Treatability: Moderate

Histrionic PD

Histrionic Profile

- Common Schemas: Worthless, Emotional Deprivation, Inhibition, Approval Seeking, Insufficient Self-Control
- Cognitive Profile
  - "I am noteworthy"
  - "Others should pay attention to me"
  - "The world is my stage"
  - View of Treatment: Treatment Seeking
- Behavioral Targets: Inappropriate flirtatious or provocative behaviors

Histrionic PD

- Diagnostic Criteria 4 of following 8

1) Is uncomfortable with situations in which he or she is not the center of attention
2) Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
3) Displays rapidly shifting and shallow expressions of emotion

Histrionic PD

- Diagnostic Criteria 4 of 8

4) Consistently uses physical appearance to draw attention to self
5) Has a style of speech that is excessively impressionistic and lacking in detail

Histrionic PD

* Diagnostic Criteria 4 of 8

6) Shows self-dramatization…exaggerated expression of emotion

7) Is suggestible (easily influenced by others)

8) Considers relationships to be more intimate than they really are

Histrionic PD

- Associated Features
  - Sexual provocative /flirtatious
  - Solicits compliments about physical appearance
  - Somatic Complaints
  - Impulsive and arbitrary about decision-making
  - Flighty, gregarious, shallow, fickle, need for attention

Histrionic PD

- Interview Features
  - Demonstrative, shallow
  - Vivid expressions
  - Dramatic gestures
  - Mood changes quickly & has superficial quality

Histrionic PD

Video

Histrionic PD

Management & Treatment Strategies

Histrionic PD: Symptom Targeted Treatment Strategies

- "Left Brain" Strategies
- Develop more rational approach to problem solving
- Educate re length of Tx
- Pros and Cons
- Relationship insight work
- Schema Work

Histrionic PD: Symptom Targeted Treatment Strategies

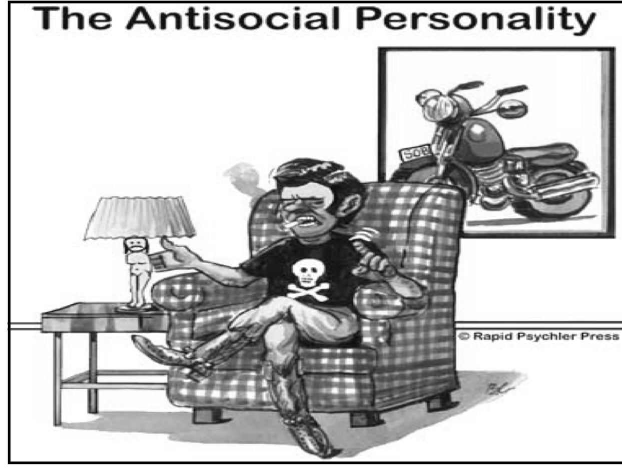
- Be Exciting!
- Compliment frequently at first
- Role Plays
- Psychodrama
- Family Sculpting

Histrionic Personality Disorder

- Successful Contexts
  - Theatre
  - Charismatic Pastors
  - Fashion Industry
- Unsuccessful Contexts
  - Surgeons
  - Accountants
  - Engineers

Histrionic PD

- **Histrionic Tool # 1: Intimacy Tool**
- **Histrionic Tool # 2: Getting needs met appropriately**



Antisocial PD

Antisocial Profile

- Agenda: To get what I want
- Primary Descriptive Trait: Violator
- Prevalence rates:
  - 3-4% General Population
  - 3x more common in men
- Heritability: Estimated .69
- Treatability: Poor, especially if psychopathic

Psychopath > Sociopath > Antisocial PD

Antisocial PD

Antisocial Profile

- Common Schemas: Entitlement, Social Isolation, Insufficient Self-control
- Cognitive Profile
  - "I am superior"
  - "Others are in my way"
  - "Do what you have to to survive"
  - View of Treatment: Treatment Rejecting
- Behavioral Targets: Rule breaking behaviors, criminal activity

Antisocial PD

- Diagnostic Criteria

  A pervasive pattern of disregard for and violation of the rights of others occurring since age 15, as indicated by three (3) or more of the following:

  1) Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest

Antisocial PD

- Diagnostic Criteria

  2) Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
  3) Impulsivity or failure to plan ahead
  4) Irritability or aggressiveness, as indicated by repeated physical fights or assaults

Antisocial PD

- Diagnostic Criteria

  5) Reckless disregard for safety of self or others

  6) Consistent irresponsibility

  7) Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another

Antisocial PD

Associated Features

- Superficial charm
- Absence of nervousness

Antisocial PD

Interview Features

- Often brag about sham jobs
- Street "slang" or jargon others may be unfamiliar with

Antisocial PD

The Return of the Pyschopath?

Antisocial PD

Video

Antisocial PD

Management & Treatment Strategies

Antisocial PD

Risk Assessment

- Self - Low
- Danger to others high

Antisocial PD: Symptom Targeted Strategies

- Serve as "coach"
- Shoot Straight
- Allow them to see your antisocial side/traits for them to ID with IF YOU HAVE IT
- Colombo Approach
- Seek Corroboration of outside info/sources
- Use of Non-responsible Language
- As rapport develops, turn/challenge

Antisocial PD: Symptom Targeted Strategies

- Rapport Building Statements Convey interest in hearing about their exploits
- Attachment work when possible
- Guard for Manipulation Structure treatment so they can't con
- Set and Enforce Strict Limits Allow no "wiggle-room" emphasize following rules as way of "getting what you want"

Antisocial PD

- Successful Contexts:
  - Prison
  - Bounty Hunters
  - Law Enforcement
  - Politicians
  - Sales
- Unsuccessful Contexts:
  - Child Care workers
  - Ministry

Antisocial PD

- **Secondary Gain & Getting What you Want Tool**
- **Reassigning Responsibility Tool**

Narcissistic PD

Narcissism Profile

- *Agenda: To achieve and to maintain" special" status*
- *Primary Descriptive Trait: Special*
- *Prevalence rates:*
  - *1% - 6% - General Population*
  - *7% - 9% Clinical Population*
- Gender Distribution: More common in men
- Heritability: Estimated .23
- Treatability: Poor - Moderate

Narcissistic PD

Narcissism Profile

- *Common Schemas: Defectiveness, Emotional Deprivation, Insufficient Self-Control, Subjugation, unrelenting standards*
- *Cognitive Profile "I must be perfect"*
  - "I am more deserving than others
  - "Others are less deserving
  - "The world is a mountain to be climbed"
  - View of Treatment: Treatment Rejecting
- Behavioral Targets: Verbally & emotionally abusive behaviors, addictions

Narcissistic PD

- Diagnostic Criteria

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

Narcissistic PD

- Diagnostic Criteria

1) Grandiose sense of self-importance (exaggerates achievements, talents, etc..)

2) Is preoccupied with fantasies of unlimited success, power, brilliance, or ideal love

Narcissistic PD

- Diagnostic Criteria

    3) Believes that he or she is "special" and unique and can only be understood by other "special" or high status people

    4) Requires excessive admiration

Narcissistic PD

- Diagnostic Criteria

    5) Has sense of entitlement (unreasonable expectations of especially favorable treatment

    6) Is interpersonally exploitive takes advantage of others to achieve his or her own ends

Narcissistic PD

- Diagnostic Criteria

    7) Lacks empathy unable or unwilling to recognize or identify with feelings or needs of others

    8) Believes others are envious of him or her

    9) Shows arrogant, haughty behaviors/attitudes

Narcissistic PD

- Types of Narcissists?

- "Spoiled"
- "Compensated"/"Fragile"
- "Malignant"
- "Functional"

Narcissistic PD

- Associated Features
  - Exaggerate their own achievements
  - Intolerant of criticism
  - Appearance of humility that masks grandiosity

Narcissistic PD

- **Interview Features**
  - Presents self in positive light
  - Puts others down/may talk down to you
  - Exaggerates or emphasizes accomplishments
  - Hypersensitive to criticism

Narcissistic PD

Video

Narcissistic PD

Management & Treatment Strategies

Narcissistic PD

- Risk Assessment: Relatively Low   can become violent/crushed if source of "feed" removed

Narcissistic PD

- Successful Contexts:
  - Physicians
  - Politician
  - Radio Talk Show Hosts
  - Professional athletes/models
- Unsuccessful Contexts:
  - Social Services
  - Spouse

Narcissistic PD: Typical Presenting Problems

1) Forced/Others initiated
2) Problem related to addictive behavior
3) Depression

Narcissistic PD: Common Histories

1) Loneliness and Isolation
2) Insufficient Limits
3) Hx Being Manipulated or Controlled
4) Conditional Approval

Narcissistic PD: Schema Modes

1) Lonely Child
2) Self-Aggrandizer
3) Detached Self-Soother

Narcissistic PD: Lonely Child Mode

Schemas: Defectiveness, Emotional Deprivation

Triggers: Loss of status/lack of achievement, etc

Assumptions: "Since I am not CEO, I'm Nothing"
"Since I have flaw, completely defective"

Manifestations: Depression

Goals: Identify Needs, find alternate ways of meeting needs, Emotional Connections… substitute "feeds" in interim

Narcissistic PD: Self-Aggrandizer Mode

Schemas: Entitlement, Unrelenting Standards, Subjugation, Approval-Seeking

Triggers: People, public eye

Assumptions:
"If I overachieve, I am superior"
"If I'm admired, I'm special"
"If I control others, I stay in charge"
"If I'm special in some way, I'm better than others"
"Since I'm special, I deserve privileges"

Manifestations: Bullying, Bragging, aggressive behavior, controlling behavior, lack of empathy

Goals: Limit setting/Identify Underlying Defectiveness, alternative ways to meet needs/Making Emotional Connections

Narcissistic PD: Detached Self-Soother Mode

Schemas: Insufficient Self Control, Emotional Deprivation, Defectiveness

Triggers: Alone

Assumptions: "If I ___________, I don't have to feel"

Manifestations: Substance abuse, pornography, workaholism, gambling

Goals: Limit Setting, Distress Tolerance, Making Emotional Connections

Narcissistic PD: Techniques

1. Validation
2. Empathetic Confrontation
3. Limit Setting
4. Utilization of Leverage
5. Behavioral Pattern-Breaking
6. Development of Authentic Relationships

Narcissistic PD Tools

- Narcissistic PD Tool #1: Mode Messages Tool
- Narcissistic PD Tool #2: The Empathy Builder

Personality Disorder Toolbox

Week 4 Q & A

The Borderline Personality

© Rapid Psychler Press

Borderline PD

BPD Profile

- Agenda: To keep from being left
- Primary Descriptive Trait: “Intense”
- Prevalence rates*:*
  - *3-6% of General Population*
  - *10% Outpatient*
  - *20% Inpatient*

- *Gender Distribution: More Common in Women*
- *Heritability: Estimated .49 - .65*
- *Prognosis: Good*

Borderline PD

BPD Profile

- Common Schemas: Abandonment, Defectiveness, Approval Seeking, Vulnerable, Insufficient Self-Control
- Cognitive Profile
  - "I am worthless (bad)
  - "Others are flawless"
  - "Others will never understand me"
  - "Others are evil"
  - "The world is unfair"
- Behavioral Targets: Self-injurious behaviors, substance use, promiscuous sex, spending, lashing out, shutting down

Session 5: Borderline Personality Disorder

- BPD Assessment
- Motivations for Self-Injurious Behaviors
- Differential Diagnosis
- Treatment Setup
- CBT & DBT Interventions
- Schema Therapy Interventions

Definitions

- **DSM - An enduring pattern of inner experience and behavior that deviates markedly from the individual's culture, is pervasive and inflexible, has onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.**
- **Shea - An ongoing set of defense mechanisms that causes considerable distress for self and others**

Definitions

- Axis I: Patient Suffers
- Axis II: Therapist Suffers

- Lester - any referral preceded by an apology

DEFINITIONS, CON

- *People who have unique ways of asking for help*

Borderline PD

- The Thinking of the Therapist

BPD ETIOLOGY: BIOSOCIAL MODEL

- Genetic predisposition for sensitivity
- Invalidating Environment

BPD: BioSocial Model

- **3 Types of Invalidating Families**
  - The Chaotic Family
  - The Perfect Family
  - The Normal Family

BPD: Reasons Accurate Dx is Important

- Anchors patient's and clinician's expectations regarding course
- Establish basis for treatment alliance
- Prepares clinicians for proper treatment approach
- Predictive of suicide risk

Borderline PD

A pervasive pattern of instability of interpersonal relationships, self-image and affects and marked impulsivity, beginning in early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

BPD: Diagnostic Criteria

1) Frantic efforts to avoid real or imagined abandonment
2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3) Identity Disturbance markedly and persistently unstable self-image or sense of self

BPD: Diagnostic Criteria

4) Impulsivity in at least two areas that are potentially self-damaging
5) Recurrent suicidal behavior, gestures, threats, and self-mutilating behavior

BPD: Diagnostic Criteria

- **Three components of criteria 5**
  - Parasuicide (SIB)
  - Chronic Suicide
  - Acute Suicide

BPD: Diagnostic Criteria

- Parasuicide: intentional self-harm with no intent of lethality

BPD: Diagnostic Criteria

Why patients with BPD self-injure

a. To make anguish known to others
b. Revenge on a partner
c. To force someone else to demonstrate a caring act
d. Anxiety reduction

BPD: Diagnostic Criteria

Why patients with BPD self-injure

e. To end an argument
f. Punish perceived "bad self"
g. Method of reorganization
h. Numbness

BPD: Diagnostic Criteria

- Chronic Suicide: repetitive thoughts of killing self
- Acute Suicide: plan, intent, means to end ones life

BPD: Diagnostic Criteria

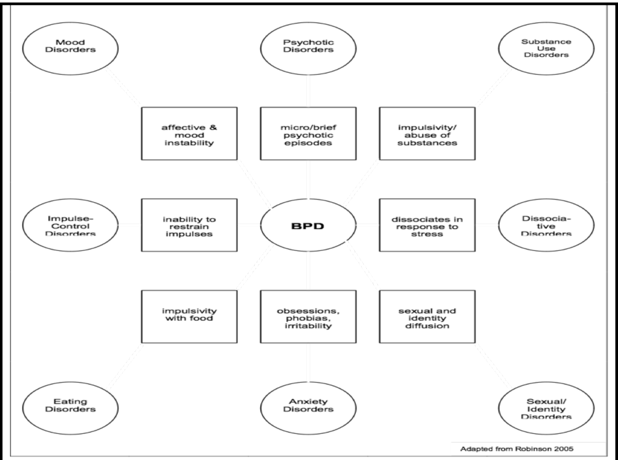
6) Affective Instability

7) Emptiness

8) Inappropriate or Intense Anger
9) Transient Stress Related Paranoid Ideation or Dissociative Symptoms

BPD:Differential Diagnosis

Functional Definition of Borderline Personality Disorder: "On the Border" of so many other diagnoses

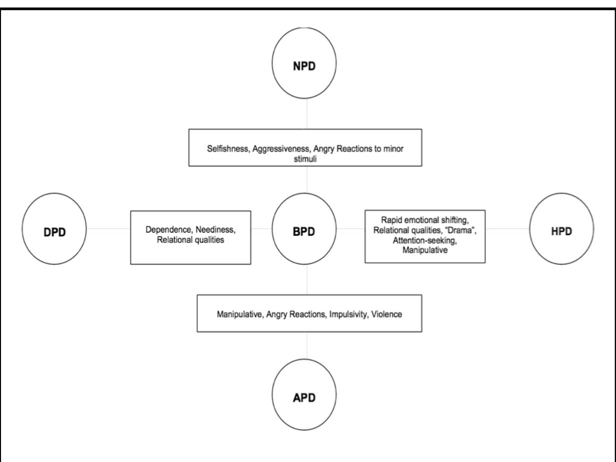


BPD: Do You Medicate a Personality???

Polypharmacy and BPD

BPD: Differential Diagnosis

Other Personality Disorder Rule Outs



BPD Treatment Set up

- Getting Started

The Treatment Agreement

1) INDIVIDUAL AND SKILLS EXPECTATIONS AND FUNCTION OF EACH

2) SESSION ACUITY PROTOCOL

- LIFE INTERFERING BEHAVIORS (sp)
- THERAPY INTERFERING BEHAVIORS
- QUALITY OF LIFE INTERFERING BEHAVIORS

3) SAFTEY CONTRACTING/PLANNING

4) PHONE AGREEMENT

Traditional Diary Card

Adapted Diary Card

Borderline PD: Chain Analysis

Standard Chain Analysis

- link 1: What made you vulnerable
- link 2: What was the trigger
- link 3 : What was the target behavior
- link 4 : What were the results

DBT Skills Training Groups

- 1) Skills Intro
- 2) Rationale for Skills Training
- 3) Structure of Skills Groups
- 4) Guidelines for Skills Groups
- 5) Establishing Behavioral Targets
- 6) Skills Modules
- 7) Importance of Practice

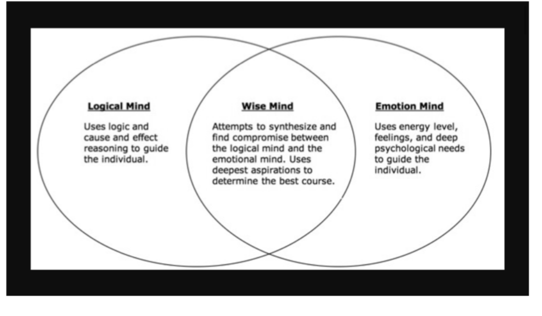
DBT MODULES

Mindfulness

Mindfulness

- Being present in the moment focusing on the here & now in a non judgmental manner
- Grounding techniques
- Diaphragmatic Breathing

States of Mind



States of Mind

- Emotion Mind
- Reason Mind
- Wise Mind

Emotion Mind

- Emotionally Flooded
- More Reactive
- More impulsive
- Positives of emotion mind?

Reasonable Mind

- Logical part of brain
- Prefrontal cortex Involved
- Helpful for decision making

Wise Mind

- Acknowledge what we are feeling and at the same time able to process - acting a way consistent w goals & values

Emotion Regulation Skills

Emotion Regulation Principles

- Emotions education
- Types of emotions
- Intensity of emotions
- Function of emotions
- Pros and cons of emotions

Emotion Education

- **Anxiety = Risk/Resources**
- **Anger - Values Violation/Shoulds**
- **Depression - Selective Abstraction of Negative Data**

Goals of Emotion Regulation

- Reduce Vulnerability to negative emotions
- Decrease acting out on emotions
- Decrease emotional intensity experienced

Emotion Regulation Skills: Please Master

- **P** hysical
- **L** Illness (treat)
- **E** ating balanced
- **A** altering drugs (avoid)
- **S** Leep
- **E** xercise

Emotion Regulation Skills: "Please Master"

- Build **Master**(Y)

- get good at something
- feel competent
- build positive experiences
- choose activities/people that will produce positive emotions

Emotion Regulation Skills: Opposite Action

- Anxiety
- Depression
- Anger
- Shame
- Guilt

Distress Tolerance skills

Distress Tolerance Skills: Distraction Techniques

- Any coping skill that inherently requires thought

Distraction Techniques - "Wise Mind Accepts"

- A ctivities
- C ontribute
- C omparisons
- E motions
- P ush away
- T thoughts
- S ensations

Distress Tolerance Skills: "Improve the Moment"

- **I** magery
- **M** eaning
- **P** rayer
- **R** elaxation
- **O** ne thing in the moment
- **V** acation
- **E** ncourage

Soothing Strategies

- Engaging through the 5 senses
  - Vision
  - Hearing
  - Smell
  - Touch
  - Taste

Radical Acceptance

"Pain is inevitable, suffering is optional"

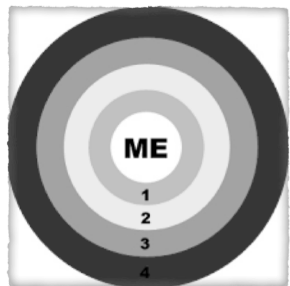
- 3 choices

1. If you can change the situation, change
2. If not, accept it, or
3. Stay miserable

Interpersonal Effectiveness Skills

Interpersonal Effectiveness Skills

Intimacy Circles



Interpersonal Effectiveness Skills

- Objectiveness/Goal Effectiveness
- Relationship Effectiveness
- Self-Respect Effectiveness

Interpersonal Effectiveness: Objective Effectiveness

- **D** escribe the situation
- **E** xpress feelings
- **A** ssert what you want
- **R** einforce

- **M** indfully focused
- **A** ppear confident
- **N** egotiate

Interpersonal Effectiveness: Relationship Effectiveness

- **G** entle
- **I** nterested
- **V** alidate
- **E** say Manner

Interpersonal Effectiveness: Self Respect Effectiveness

- **F** air
- **A** pologies (no)
- **S** tick to Values
- **T** ruthful

Personality Disorder Toolbox

Week 5 Q & A

Session 6: Wrapping Up & Relapse Prevention

- Wrap up BPD
- Vulnerability Factors for Relapse
- Episode Management
- Road to Recovery
- Developing Resilience

Advanced CBT/Schema Modification Strategies

Advanced CBT & Schema-Focused Strategies

Cognitive Behavioral Chain Analysis

Advanced CBT & Schema-Focused Strategies

Belief Development & Schema Mode Work

Relapse Prevention

Relapse Prevention

- Relapse - "a recurrence of symptoms after a period of improvement"

Relapse Prevention: Road to Recovery

- Road To Recovery
- Things I'm Doing Right
- Vulnerabilities to relapse
- Episode Management
- Self-Care
- Failing Forward
- Restructuring Cognitions Related to Loss
- Booster Sessions

Relapse Prevention: Warning Signs

- Appetite Disturbance
- Sleep Disturbance
- Escalation in suicidal or self-injurious thoughts
- Increased "moodiness"/agitation/"Stressed out"
- Social Withdrawl
- Feeling "disconnected"/Paranoid

Relapse Prevention: Episode Management

Warning Signs (Conditions Favorable)	Triggers for Episode	Precautions (Take Cover)
No Sleep	Jason	Bridge Burning
Forgot To Eat	Mom	Leave House
Stressed out	Dr. office	Be Alone
"Risky"	Imperfection	Give My Keys to Fred
"Spacey"		Remove Sharps From Car Before Leaving
		Razors In Freezer
		Leave phone

Relapse Prevention: How Do I Know I am Getting Better?

Relapse Prevention: Wrapping Up

Relapse Prevention Plan

Things I am doing right I need to continue doing are: ____________

My Vulnerability Factors/Warning Signs I need to be aware of this week include: ____________

If I get in trouble and am tempted to relapse, I will call:

1.
2.
3.

Personality Disorder Toolbox

Week 6 Q & A

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Terri is a 34-year-old married Caucasian female. She has two sons Derek and James Jr. ages 10 and 12. She reports having been "fairly happily married" to her husband Jim for 16 years, although she is presenting with "some mild depression."

She has no family history of psychiatric disorder or substance use disorders. She described her parents as "overprotective but loving." She reports that her life changed forever at age 11 when her older sister Tammy drown in a swimming accident. At that point she reports that her mom quit her part time job at the post office and her father "did everything within his power to make sure I was safe." She was not allowed to participate in any extra curricular activities, was required to be home immediately after school, and she reports that her curfew remained 10 PM even her senior year of high school when she had a serious boyfriend. She reports being a compliant child for the most part stating "the few times I did voice being upset about not being able to spend time with friends I was punished." While she wished she could try more things she states she also felt a safety in knowing her parents would always be there for her. She states she had no prior formal treatment, but states the one time in high school she asked her parents about some counseling her father said "well I can be your counselor - You share everything with your old man anyway." She states “it wasn’t that big of a deal though... I think I was just a little depressed feeling left out, you know because I did not get to do the things other kids got to do…. I never had many friends but I always did pretty good in school and my parents were certainly proud of me for that that."

When Terri graduated from high school with a 3.8 GPA she had multiple scholarship offers. She states that "The thought of going to college excited me…you know I thought maybe I could make a difference in the world… but I ended up being too scared and just decided to get married." After all I did love him and being a good wife and a mom is all I ever thought I was supposed to be.” Terri was an especially good writer but was discouraged from taking a class or joining a group because “that artistic stuff doesn’t help your family any.”

Terri states that her relationship with her parents has remained pretty good all these years as long as I check in with him every day and they know I am being a good wife and mom." She has struggled to make friends. They attend church somewhat regularly & even joined a bunko group "but I’ve just never had my own friends, so its hard to open up and really talk to people you know "

At the initial session Terry verbalized uncertainty regarding her treatment goals. My family is not the most supportive of me being here and to be honest I am a

little skeptical myself but my little bit of sadness has just lasted too long and I wanted to see if there was something I could do"