Advanced CBT Intensive Training: CBT for Multiple Symptom Sets - Day 3 Personality Disorders

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CLINICALTOOLBOXSET.COM

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APPLICATION TO CLINICAL PRACTICE: STRUCTURE OF A SESSION

- Introductory Remarks
- Why was there even an axis II?
- Integrated Treatment Model
- Cluster A Disorders
- Cluster C Disorders
- Non-BPD Cluster B Disorders
- BPD
- Relapse Prevention and Ending Well

CBT for Personality Disorders
PERSONALITY DISORDERS: ETIOLOGY

Biopsychosocial = Genes + Environment

WHAT IS PERSONALITY?

Trait:
An enduring pattern of perceiving, relating to, or thinking about the world and one's self.

Habit:
An acquired or learned patterns of thinking and behaving

WHAT IS PERSONALITY?

Temperament:
Innate, genetic, or constitutional aspects of one’s personality

Character:
Primarily learned, psychosocial influences on personality
BIOSOCIAL MODEL

3 Types of Invalidating Families

1) The Chaotic Family
2) The Perfect Family
3) The Normal Family

WHY WAS THERE EVER AN AXIS II?

DSM I =1952
Approximately 60 different disorders
5 Personality Dysfunction Subdivisions
### WHY WAS THERE EVER AN AXIS II?

**DSM I Personality Subdivisions**

1. Personality Pattern Disturbance
2. Personality Trait Disturbance
3. Sociopathic Personality Disturbance
4. Special Symptom Reaction
5. Transient Situational Personality Disorder

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**DSM II = 1968**

Eliminated subheadings

Specific Descriptions
- Not based on clinical trials
- No distinction between normal and abnormal
- No specific diagnostic criteria
- No distinction between axis I and II

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**DSM III = 1980**

Abandoned Psychoanalytic terminology

First DSM to have diagnostic criteria

First to distinguish between two categories of Mental Illness

**Axis I:** Issues of Clinical Concern
**Axis II:** Personality Disorders

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WHY WAS THERE EVER AN AXIS II?

DSM III-R - 1987
DSM-IV - 1994
DSM-IV-TR - 2000
DSM 5 - 2013

PROBLEMS WITH CURRENT PERSONALITY DISORDER CONCEPTUALIZATION

1. Line between “normalcy” and pathology harder to delineate
2. Considerable overlap in diagnostic Categories

PD Diagnosis ICD-11

1. Mild Personality Disorder
2. Moderate personality Disorder
3. Severe Personality Disorder
4. Trait Domain Descriptors
   1. With prominent features of negative affectivity
   2. With prominent dissocial features
   3. With prominent features of disinhibition
   4. With prominent anankastic features
   5. With prominent features of detachment
“If you don’t have the data, you have no business making a personality disorder diagnosis. If you DO have the data, you have no business NOT making the diagnosis.”

- Shawn Christopher Shea
### PD DIAGNOSIS

<table>
<thead>
<tr>
<th>PDO Characteristic</th>
<th>Assessment Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Ego-Syntonic</td>
<td>1) Emphasis on assessment of signs vs. symptoms</td>
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</table>

### PD Diagnosis

<table>
<thead>
<tr>
<th>PDO Characteristic</th>
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<tbody>
<tr>
<td>2) External Locus of Control</td>
<td>2) Listen for Non-Responsible Language</td>
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### ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

<table>
<thead>
<tr>
<th>Events</th>
<th>Thought</th>
<th>Feelings</th>
<th>Action</th>
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<tbody>
<tr>
<td>Results</td>
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<thead>
<tr>
<th>PDO Characteristic</th>
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<tr>
<td>3) Pervasive</td>
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**PD DIAGNOSIS**

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<tbody>
<tr>
<td>4) Enduring vs Episodic</td>
<td>4) Video Tape vs Pic</td>
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Assessment and Treatment

EVIDENCE-BASED APPROACHES

Over the past twenty-five years a number of borderline-specific psychotherapies have been developed. Of these, seven have research evidence supporting their efficacy:

1. Dialectical Behavior Therapy (DBT)
2. Schema-focused Therapy (SFT)
3. Systems Training for Emotional Predictability & Problem-Solving (STEPPS)
4. Mentalization-based Treatment (MBT)
5. Transference Focused Psychotherapy (TFP)
6. Good Psychiatric Management for Borderline Personality Disorder (GPM)
7. Interpersonal Group Psychotherapy (IGP)

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

Events | Thought | Feeling | Action
## PD TX: BELIEF MODIFICATION

<table>
<thead>
<tr>
<th>Events</th>
<th>Thoughts</th>
<th>Feelings</th>
<th>Actions</th>
<th>Results</th>
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</thead>
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## ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

1. Belief Modification
2. Longer Duration
3. Validation
4. Challenge Effectiveness
5. Increased Emphasis on Relationship and the Thinking of the Therapist
DIALECTICAL BEHAVIOR THERAPY

Dialectical Behavior Therapy: Core Modules

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

COGNITIVE BEHAVIOR THERAPY (CBT)
SCHEMA FOCUSED THERAPY (SFT)

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

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

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

Domain #4: Others Directness
- Subjugation
- Self-Sacrifice
- Approval Seeking
SCHEMA FOCUSED THERAPY (SFT)

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

Characteristics of Schemas

- Active vs Dormant
- Compelling
- Pervasive vs Discrete

Schema Reinforcement Process

- Maintenance
- Avoidance
- Overcompensation
SCHEMA MODIFICATION: BEHAVIOURAL PATTERN-BREAKING

Events

- Abandonment
- Vulnerability
- Subjugation
- Insufficient Self-Control

Thoughts

Feelings

Actions

Results

Schizotypal Personality Disorder

- View of Treatment: Treatment Rejecting
- Treatability: Poor

Trait continuum:
- Underdeveloped Trait: Conformity
- Overdeveloped Trait: Curiosity

SCHIZOTYPAL PERSONALITY DISORDER

Cognitive Profile

- View of Self: “I am Unique”
- View of Others: “Others are Peculiar”
- View of World: “World is Intriguing”
SCHIZOTYPAL PERSONALITY DISORDER

Diagnostic Criteria
Must have five (5) of Nine Characteristics

1) Ideas of Reference
2) Odd beliefs or magical thinking
3) Unusual perceptual experiences

4) Odd thinking, speech
5) Suspicious or paranoid ideation
6) Inappropriate or constricted affect

7) Behavior that is Odd, eccentric, or peculiar
8) Lacks personal friends or confidants
9) Excessive social anxiety related to personal perceptions, not to self-image

SCHIZOTYPAL PERSONALITY DISORDER

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Must have five (5) of nine (9) Characteristics

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SCHIZOTYPAL PERSONALITY DISORDER: SYMPTOM-TARGETED STRATEGIES

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

SCHIZOTYPAL PERSONALITY DISORDER

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

SCHIZOID PERSONALITY DISORDER

- 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 PERSONALITY DISORDER

Diagnosis 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

Cognitive Profile
- View of Self: “I am Sufficient”
- View of Others: “Others are Unnecessary”
- View of World: “World is Boring”

View of Treatment: Treatment Rejecting
Treatability: Poor
Trait continuum:
- Underdeveloped Trait: Connectivity
- Overdeveloped Trait: Distancing
Primary Descriptive Trait: Detached
### 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 skills and become more active

<table>
<thead>
<tr>
<th>SCHIZOID SPECIFIC TASKS</th>
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<tbody>
<tr>
<td>Exercise</td>
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<tr>
<td>Buy new gadgets</td>
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<tr>
<td>&quot;Math Club&quot;</td>
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<tr>
<td>Gambling</td>
</tr>
<tr>
<td>Skywriting</td>
</tr>
<tr>
<td>Collect items</td>
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<tr>
<td>Plan daily activities</td>
</tr>
<tr>
<td>Garden</td>
</tr>
<tr>
<td>Career planning</td>
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<tr>
<td>Photography</td>
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</tbody>
</table>

### SCHIZOID SPECIFIC TASKS

- Hot bath
- Kissing
- Go To Sporting Event
- Go to concert
- Give/receive massage
- Humorous movies/shows
- Experiential
- Other pleasurable events/
- Soothing strategies
SCHIZOID PERSONALITY DISORDER

- Successful Contexts:
  - Computer work
  - Engineer
  - Watchtower worker

- Unsuccessful Contexts:
  - Relationships
  - Therapist

PARANOID PD

1. Common Schemas: Mistrust, Punitiveness
2. Cognitive Profile
   - "I am vulnerable"
   - "Others are out to get you"
   - "The world is dangerous"
3. View of Treatment: Treatment Rejecting
4. Treatability: Moderate - Poor
5. Risk Assessment: Moderate - High
6. Behavioral Targets: Avoiding necessary tasks, angry outbursts, attacking others

PARANOID PD

Diagnostic Criteria – 4 of following:

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:TREATMENT GOALS

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

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

Successful Contexts:
1. Police
2. CIA/FBI
3. IRS

Unsuccessful Contexts:
1. Relationships
2. Boss
3. Business Partner

PARANOID PD

> Paranoid Tool #1: Dangerous Situations Tool
> Paranoid Tool #2 Anger Management Tool
> Paranoid Tool #3: Time out Tool
> Paranoid Tool #4 Trust Me! Tool
> Paranoid Tool #5: Paranoid Mode Tool
> Paranoid Tool #6 Forgiveness Tool
OBSESSIVE-COMPULSIVE PD

Common Schemas: Unrelenting Standards, Hypocritical

Cognitive Profile
- "I must be perfect!"
- "Others screw up a lot!"
- "The world must have order"

View of Treatment: Treatment Rejecting

Treatability: Moderate - Good

Risk: Lowest of all PDs

Behavioral Targets: Perfectionism, Procrastination, Criticalness

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
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: TREATMENT GOALS

- Decrease Rigidity
- Increase Flexibility/Spirntuality
- Develop Compasion

OBSESSIVE-COMPULSIVE PD TOOLS

- OCPD Tool # 1: Progress, Not Perfection Tool
- OCPD Tool # 2: Productivity Planner Tool
- OCPD Tool # 3: Tolerating Sickness Tool
- OCPD Tool # 4: Delegation Tool
- OCPD Tool # 5: Accepting Reality Tool
- OCPD Tool # 6: Developing Compassion Tool
OBSESSIVE-COMPULSIVE PD

Management & Treatment Strategies

OCPD SYMPTOM-TARGETED STRATEGIES

- Schema Feeding Language
- Pay attention to detail
- Structure routine
- Use of written instruction
- Behavioral experiments
- Shallow Titrations
- Developing Compassion
- Pleasurable event/soothing strategies
- Historical Schema Work

SUCCESSFUL CONTEXTS

- Accountants
- Quality Control
- Airline Mechanic

UNSUCCESSFUL CONTEXTS

- Mental Health Professionals
- Sales
- Telemarketing
AVOIDANT PD

> Common Schemas: Approval Seeking, Failure
> Cognitive Profile
> - “I am not likable”
> - “Others will judge me”
> - “The world is scary”
> Treatment Rejecting
> Prognosis: Moderate to Good
> Risk Assessment: Moderate
> 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, personality unappealing, or inferior to others
7) Unusually reluctant to take risks or engage in new activities due to fear of embarrassment
AVOIDANT PD - TX GOALS

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

AVOIDANT PD

Management & Treatment

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: TREATMENT AND MGMT

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

AVOIDANT PD TOOLS

- Avoidant Tool # 1: Avoid Being Hurt Tool
- Avoidant Tool # 2: Expressing Your Emotions Tool
- Avoidant Tool # 3: Hierarchy of Social Interactions Tool
- Avoidant Tool # 4: Taking Risks Tool
- Avoidant Tool # 5: Untangling the Web of Excuses Tool
- Avoidant Tool # 6: Facing Your Fears Tool

AVOIDANT PD

3. Successful Contexts
   - Research
   - Night shift
   - Truck Drivers

3. Unsuccessful Contexts
   - Marketing
   - Public Speaking
   - Receptionist
   - Seminar Coordinator
Common Schemas: Failure, Dependence, Approval-Seeking, Self-Sacrifice, 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
- Treatability: Moderate - Good
- Risk Assessment: Moderate

Behavioral Targets: Constant phone calls/texts, excessive need for time together, developing hobbies, taking initiative & responsibility

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DEPENDENT PD

Diagnostic Criteria – 5 of 8

1) Has difficulty making everyday decisions without excessive reassurance from someone else
2) Requires others to assume responsibility for major areas of their life

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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
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

DEPENDENT PD: GOALS
- Assertiveness Training
- Develop Independence
- Become more “OK alone”

DEPENDENT PD
Management & Treatment Strategies
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

- Dependent Tool #1: Getting Needs Met Tool
- Dependent Tool #2: Getting Taken Care of Tool
- Dependent Tool #3: Gaining Independence Tool
- Dependent Tool #4: Assertiveness Tool
- Dependent Tool #5: Positive Self-Image Tool
- Dependent Tool #6: Expanding Identity Tool
DEPENDENT PD

Successful Contexts
- Secretaries
- Low-Level Military
- Janitorial
- Assembly Line

Unsuccessful Contexts
- Leadership Positions
- Sales

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
Treatability: Moderate
Risk Assessment: Low
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

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: GOALS

- Decrease Impulsivity
- Decrease Inappropriate Attention-Seeking Behaviours
- Developing Authentic Intimacy and Connections
- Broadening sense of identity and Self-worth
HISTRIONIC PD

Management & Treatment Strategies

HISTRIONIC PD: SX TARGETED STRATEGIES

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

HISTRIONIC PD: SX TARGETED STRATEGIES

- “Left Brain” Strategies
- Develop more rational approach to problem solving
- Educate on length of Tx
- Pros and Cons
- Relationship insight work
- Schema Work
HISTRIONIC PERSONALITY DISORDER

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

HISTRIONIC PD TOOLS

- Histrionic Tool #1: Get Noticed! Tool
- Histrionic Tool #2: Sculpting Tool
- Histrionic Tool #3: Getting Needs Met Appropriately Tool
- Histrionic Tool #4: Expanding Self-Worth Tool
- Histrionic Tool #5: Intimacy Tool
- Histrionic Tool #6: Making Connections Tool

HISTRIONIC PD: INTIMACY CIRCLES
HISTRIONIC PD:

- Gaining insight
- Getting needs met appropriately
- Value schema work - developing self-worth outside physical appearance

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
- Treatability: Poor, especially with psychopathy
- Risk Assessment: Extremely High to Others
- Behavioral Targets: Stealing, verbal and physical aggression, domestic violence, other rule-breaking and law-breaking behaviours, substance use

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

The Return of the Psychopath?
**ANTISOCIAL PD**

**Management & Treatment Strategies**

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**ANTISOCIAL PD: SYMPTOM TARGETED STRATEGIES**

1. Serve as "coach"  
2. Shoot Straight  
3. Allow them to see your antisocial side/trait for them to ID with – IF YOU HAVE IT  
4. Colombo Approach  
5. Seek Corroboration of outside info/sources  
6. Use of Non-responsible Language  
7. As rapport develops, turn/challenge

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**ANTISOCIAL PD: SYMPTOM TARGETED STRATEGIES**

1) Rapport Building Statements: Convey interest in hearing about their exploits  
2) Attachment work when possible  
3) Guard for Manipulation – Structure treatment so they can’t con  
4) Set and Enforce Strict Limits: Allow no "wiggle-room" – emphasize following rules as way of "getting what you want"
ANTISOCIAL PD: GAINING RESPONSIBILITY TOOL

- Antisocial Tool #1: Secondary Gain Tool
- Antisocial Tool #2: Recognition of Consequences Tool
- Antisocial Tool #3: Time out Tool
- Antisocial Tool #4: Regaining Responsibility Tool
- Antisocial Tool #5: Mode Messages Tool
- Antisocial Tool #6: Developing Attachment Tool

ANTISOCIAL PD: SECONDARY GAIN TOOL

ANTISOCIAL PD: SECONDARY GAIN TOOL

Secondary Gain Tool

<table>
<thead>
<tr>
<th>Tool</th>
<th>What a Friend for Me</th>
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<tbody>
<tr>
<td>1</td>
<td>B. Judge Assessment</td>
</tr>
<tr>
<td>2</td>
<td>Check Pts.</td>
</tr>
<tr>
<td>3</td>
<td>No longer going with your own way of life</td>
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- conclusion
ANTISOCIAL PD: TREATMENT OPTIONS

- TruThought
- MRT

Common Schemas: Entitlement, Defectiveness, Emotional Deprivation, Unrelenting standards, Insufficient Self-Control, Subjugation, Approval Seeking
  - “I am more deserving than others”
  - “Others are less deserving”
  - “The world is a mountain to be climbed”

View of Treatment: Treatment Rejecting

Treatability: Moderate

Risk Assessment: Low - Moderate

Behavioral Targets: Verbally & emotionally abusive behaviors, addictions

Narcissism Profile

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

NARCISSISTIC PD: COMMON HISTORIES

1) Narcissism Profile
2) Insufficient Limits
3) Hx Being Manipulated or Controlled
4) Conditional Approval
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:

1) Grandiose sense of self-importance
2) Is preoccupied with fantasies of unlimited success, power, brilliance, or ideal love
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

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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

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NARCISSISTIC PD

Types of Narcissists?

- “Spoiled”
- “Compensated”/“Fragile”
- “Malignant”
- “Functional”
### NARCISSISTIC PD: WHY THEY PRESENT?

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

### 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 “needs” 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: GOALS

- Decrease abusive/diminishing behaviours
- Treat Addictive Behaviour
- Foster Authentic Connection
- Instillation of Empathy
NARCISSISTIC PD

Management &
Treatment Strategies

NARCISSISTIC PD TOOLS:

- Narcissistic Tool #1: Protect Your Image Tool
- Narcissistic Tool #2: Lowering the Bar Tool
- Narcissistic Tool #3: Valuing Others Tool
- Narcissistic Tool #4: Empathy Builder Tool
- Narcissistic Tool #5: Mode Messages Tool
- Narcissistic Tool #6: Go Deep Tool!

NARCISSISTIC PD TOOLS: EMPATHY BUILDER

[Text content about empathy builder tools]

Even though I am empathetic, I am new: I don't have much experience either. It's just how it feels to me.
When my boss said he might fire me I got that feeling I got when I was growing up when my dad was always yelling at me and making fun of me like when i didn't make the debate team or when I got beat at the state track meet.

When my wife threatened to leave and i remembered my mom never being home and i was alone, or worse, with my dad.

Most of the time when I think others aren't worth my time when I am alone in my hotel rooms and think i need to call someone for a hook up.

Lonely Child

Try to take my co-workers opinions more seriously.

Successful Contexts:
- Physicians
- Politician
- Radio Talk Show Hosts
- Professional athletes/models

Unsuccessful Contexts:
- Social Services
- Spouse

NARCISSISTIC PD: TECHNIQUES

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

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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

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

BPD PROFILE
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
Three components of criterion 5

1. Parasuicide (SIB, NSSI)
2. Chronic Suicide
3. Acute Suicide

BPD: DIAGNOSTIC CRITERIA

Parasuicide: intentional self-harm with no intent of lethality

Why people 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 people with BPD self-injure.**

- To end an argument
- Punish perceived "bad self"
- Method of reorganization
- Numbness

### BPD: DIAGNOSTIC CRITERIA

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

### BPD: DIAGNOSTIC CRITERIA

- Affective Instability
- Emptiness
- Inappropriate or Intense Anger
- Transient Stress Related Paranoid Ideation or Dissociative Symptoms
Skills Training: Standard CBT Skills

Restructuring Self-Destructive Cognitions

Restructuring Self-Destructive Cognitions

Behavioral Thoughts Related to Self-Image

<table>
<thead>
<tr>
<th>Thoughts About Self</th>
<th>Evidence to the Contrary</th>
<th>Coping Skills</th>
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<td>Destructive Thoughts Related to Self-Harm</td>
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<td>------------------------------------------</td>
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<td></td>
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<tr>
<td>If I can't handle this, I might as well</td>
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<td>just end it all.</td>
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<td>These thoughts aren't worth listening to</td>
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<td>when I feel this way.</td>
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<td>These thoughts are just a way to escape</td>
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<td>from my problems.</td>
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“Since my parents are critical and nosy and drink too much, I don’t know if I can be completely all together.”

“Mom is not perfect... she can be critical and nosy and aggressive and she drinks too much... but she has done a lot right as a parent over the years – even though some of her behaviors are unacceptable, I know she still loves me and I can still love her.”
Skills Training: DBT Skills

- Decrease Vulnerability to Negative Emotions
- Soothing Strategies
- Distraction Techniques
- Opposite Action
- Interpersonal Effectiveness Skills

Integrated DBT/SFT Case Study: Objective Effectiveness

D - describe the situation
E - express your feelings
A - ask for what you want
R - reinforce
M - mindfully focus
A - appear confident
N - negotiate
Integrated DBT/SFT Case Study:
Relationship Effectiveness

Gentle
Interested
Validate
Easy manner

Integrated DBT/SFT Case Study:
Relationship Effectiveness

Fit
No apologies
Stick to your values
Truthful

INTEGRATED DBT/CBT/SFT CASE STUDY
INTERPERSONAL EFFECTIVENESS EXERCISE: COGNITIVE WORK

Key Cognitions
- "Since you impose rules/requirements, you don’t care"
- "Since you won’t pay for this one, I am not willing to look for any others"
- "You should pay for anything I need - since you won’t, you probably wish I was dead (never born)"

Key Schemas
- "Others take advantage of you”
- "Others are Controlling/Uncaring”
- "I am Unlovable”

BPD EVIDENCE LOG

Integrated DBT/SFT Case Study

SCHEMA FLASHCARD
COGNITIVE-BEHAVIORAL CHAIN ANALYSIS

RELAPSE PREVENTION

Relapse - “a recurrence of symptoms after a period of improvement”

RELAPSE PREVENTION: WARNING SIGNS

- Appetite Disturbance
- Sleep Disturbance
- Escalation in suicidal or self-injurious thoughts
- Increased “moodiness”/irritation/“Stressed out”
- Social Withdrawal
- Feeling “disconnected”/Paranoid
## RELAPSE PREVENTION: ROAD TO RECOVERY

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

## RELAPSE PREVENTION: HOW DO I KNOW I AM GETTING BETTER?

## RELAPSE PREVENTION: WRAPPING UP
THANK YOU!

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