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

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APPLICATION TO CLINICAL PRACTICE: STRUCTURE OF A SESSION

- Introductory Remarks
- Why was there ever 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

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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

WHY WAS THERE EVER AN AXIS II?

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

WHY WAS THERE EVER AN AXIS II?

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 Concer
Axis II: Personality Disorders

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

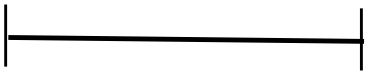
1. **Line between "normalcy" and pathology harder to delineate**
2. **Considerable overlap in diagnostic Categories**

PD Diagnosis ICD-11

- Mild Personality Disorder
- Moderate personality Disorder
- Severe Personality Disorder
- 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

PERSONALITY DISORDER DIAGNOSIS

Trait Continuum



Personality Disorder Diagnosis

Personality Disorder Diagnosis

"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

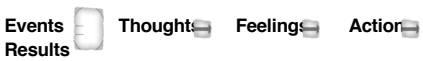
PD DIAGNOSIS

PDO Characteristic	Assessment Technique
1) Ego-Syntonic	1) Emphasis on assessment of signs vs. symptoms

PD Diagnosis

PDO Characteristic	Assessment Technique
2) External Locus of Control	2) Listen for Non-Responsible Language

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)



PD DIAGNOSIS

PDO Characteristic	Assessment Technique
3) Pervasive	

PD DIAGNOSIS

PDO Characteristic	Assessment Technique
4) Enduring vs Episodic	4) Video Tape vs Pic

PD DIAGNOSIS

PDO Characteristic	Assessment Technique
5) Inflexible	5) Monitor Across Contexts

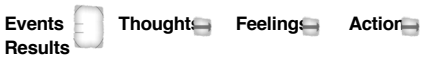
Assessment and Treatment

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.Mentalisation-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)



PD TX: BELIEF MODIFICATION

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

PD TREATMENT PRINCIPLES

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)

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

Characteristics of Schemas

- Active vs Dormant
- Compelling
- Pervasive vs Discrete

Schema Reinforcement Process

- Maintenance
- Avoidance
- Overcompensation

SCHEMA MODIFICATION: BEHAVIOURAL PATTERN-BREAKING

- **Abandonment**
- **Vulnerability**
- **Subjugation**
- **Insufficient Self-Control**

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

SCHIZOTYPAL PERSONALITY DISORDER

- Diagnostic Criteria

Must have five (5) of Nine Characteristics

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

SCHIZOTYPAL PERSONALITY DISORDER

- 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 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

- 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 PERSONALITY DISORDER

Cognitive Profile

- View of Self: "I am Sufficient"
- View of Others: "Others are Unnecessary"
- View of World: "World is Boring"

SCHIZOID PERSONALITY DISORDER

- 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 niche and become more active

SCHIZOID SPECIFIC TASKS

- Exercise
- Buy new gadgets
- "Math Club"
- Gambling
- Buy/sell stock
- Collect items
- Plan daily activities
- Garden
- Career planning
- Photography

SCHIZOID SPECIFIC TASKS

- Hot bath
- Kissing
- Go To Sporting Event
- Sit in Hottub
- Give/receive massage
- Humorous movie/shows
- Experiential
- Other pleasurable events/
- Soothing strategies

SCHIZOID PERSONALITY DISORDER

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

PARANOID PD

- Common Schemas: Mistrust, Punitiveness
- Cognitive Profile
  - *"I am vulnerable"*
  - "Others are out to get you"
  - "The world is dangerous
- View of Treatment: Treatment Rejecting
- Treatability: Moderate - Poor
- Risk Assessment: Moderate - High
- 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: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:

- Police
- CIA/FBI
- IRS

Unsuccessful Contexts:

- Relationships
- Boss
- 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, Hypercritical*
- *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

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

OBESESIVE-COMPULSIVE PD: TREATMENT GOALS

- Decrease Rigidity
- Increase Flexibility/Spontaneity
- Develop Compassion

OBSESSIVE-COMPULSIVE PD TOOLS

- OCPD Tool # 1: Progress, Not Perfection Tool
- OCPD Tool # 2: Productivity Planner Tool
- OCPD Tool # 3: Tolerating Distress 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 session
- Use of Intellectualization
- Behavioral experiments
- Distress Tolerance
- Develop Compassion
- Pleasurable events/soothing strategies
- Historical Schema Work

OBSESSIVE-COMPULSIVE PD

- 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 Asessment: 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, personally 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

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

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
  - Treatability: Moderate - Good
  - Risk Assessment: Moderate
- 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: 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

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 : 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 re 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

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

The Return of the Pyschopath?

ANTISOCIAL PD

Management & Treatment Strategies

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: 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

What I Did	What It Really Got Me
1) lie	Pissed off judge, incarcerated
2) deck a guy	his boys gang up &beat shit out of me
3) self-injure	seclusion

ANTISOCIAL PD: TREATMENT OPTIONS

- TruThought
- MRT

Narcissism Profile

- *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

NARCISSISTIC PD: COMMON HISTORIES

1) Loneliness and Isolation
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:

NARCISSISTIC PD

Diagnostic Criteria

1) **Grandiose sense of self-importance**
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: 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 "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: GOALS

- Decrease abusive/diminishing behaviours
- Treat Addictive Behaviour
- Foster Authentic Connection
- Instilation of Empathy

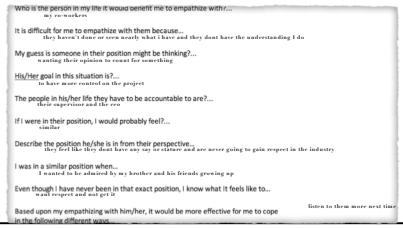
NARCISSISTIC PD

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


Who is the person in my life it would benefit me to empathize with?...
my co-workers

It is difficult for me to empathize with them because...
they haven't done or seen nearly what i have and they dont have the understanding I do

My guess is someone in their position might be thinking?...
wanting their opinion to count for something

His/Her goal in this situation is?...
to have more control on the project

The people in his/her life they have to be accountable to are?...
their supervisor and the ceo

If I were in their position, I would probably feel?...
similar

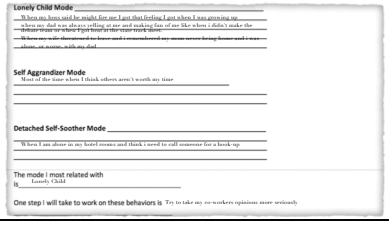
Describe the position he/she is in from their perspective...
they feel like they dont have any say or stature and are never going to gain respect in the industry

I was in a similar position when...
I wanted to be admired by my brother and his friends growing up

Even though I have never been in that exact position, I know what it feels like to...
want respect and not get it

Based upon my empathizing with him/her, it would be more effective for me to cope
in the following different ways...
listen to them more next time

NARCISSISTIC PD TOOLS: MODE MESSAGE TOOL



Lonely Child Mode
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
When my wife threatened to leave and I remembered my mom never being home and I was
alone, or worse, with my dad

Self Aggrandizer Mode
Most of the time when I think others aren't worth my time

Detached Self-Soother Mode
When I am alone in my hotel rooms and think i need to call someone for a hook-up

The mode I most related with is Lonely Child

One step I will take to work on these behaviors is Try to take my co-workers opinions more seriously

NARCISSISTIC PD

- **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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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*

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

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, NSSI)
- Chronic Suicide
- Acute Suicide

BPD: DIAGNOSTIC CRITERIA

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

BPD: DIAGNOSTIC CRITERIA

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

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

Skills Training: Standard CBT Skills

RESTRUCTURING SELF-DESTRUCTIVE COGNITIONS

Restructuring Self-Destructive Cognitions

Dysfunctional Thoughts Related to Self-harm

"If he/she sees my blood, they'll know I'm really sick. Cutting is the only way to get them to understand how bad I really hurt."	

Dysfunctional Thoughts Related to Self-harm

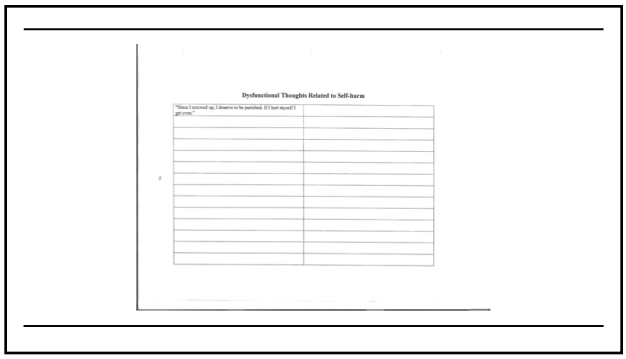
"If I hurt myself, that will show him. He hates it when I do it – since he hurts me all the time I'm gonna hurt him!	

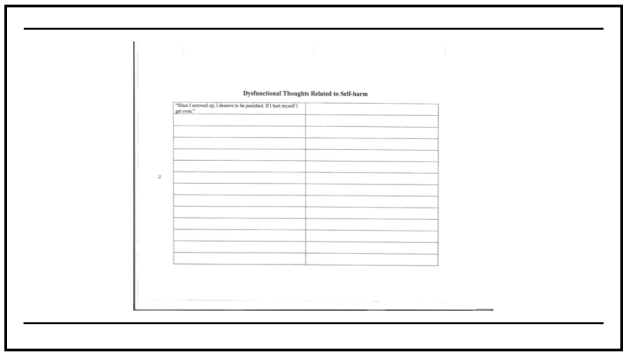
Dysfunctional Thoughts Related to Self-harm

"If I hurt myself, he will show me he loves me/not leave me. Hurting myself is the only way to get him to show affection."	

Dysfunctional Thoughts Related to Self-harm

"Hurting myself is the only way to make me feel better. If I don't hurt myself, I can never reduce my anxiety."	


Dysfunctional Thoughts Related to Self-harm
"Since I screwed up, I deserve to be punished. If I hurt myself I get even."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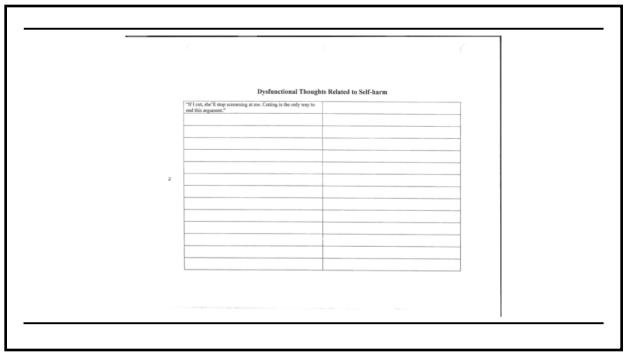
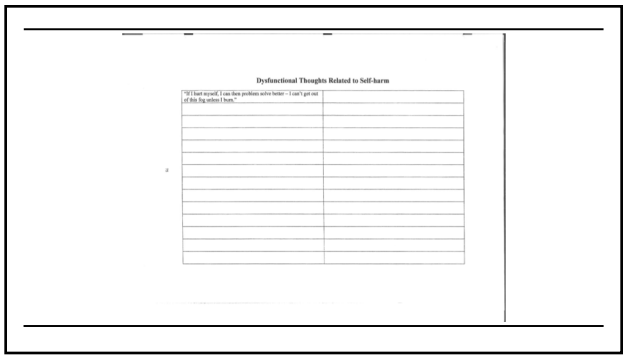

Dysfunctional Thoughts Related to Self-harm
"If I cut, she'll stop screaming at me. Cutting is the only way to end this argument."


Dysfunctional Thoughts Related to Self-harm

"If I hurt myself, I can then problem solve better – I can't get out of this fog unless I hurt."	

COGNITIVE CONTINUUM

"Since my parents have $ and help me, they have it much Completely all together."

"Since mom is critical and nosy and drinks too much I don't know if I can be in her life anymore."

BPD CONTINUUM CUE CARD

"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

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 escribe the situation
E xpress your feelings
A sk for what you want
R einforce
M indfully focused
A ppear confident
N egotiate

Integrated DBT/SFT Case Study: Relationship Effectiveness

G entle
I nterested
V alidate
E asy manner

Integrated DBT/SFT Case Study: Relationship Effectiveness

F air
NO **A** pologies
S tick to your values
T ruthful

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 wont you probably wish

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"/agitation/"Stressed out"
- Social Withdrawl
- 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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