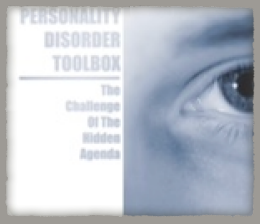
The Personality Disorder Toolbox: Practical Strategies for Meeting the Challenges of Your Most Difficult Cases



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Course Outline

- Introductory Remarks
- Foundations Treatment Model
- Conceptualization & Treatment Planning
- Cluster A & C Disorders
- Narcissists, Antisocials, & Histrionics
- Borderline Personality Disorder Assessment
- Borderline PD Treatment
- Relapse Prevention and Wrap-Up

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

Characteristics of Personality Disorder

Evidence-Based Treatment Approaches

- Dialectical Behaviour Therapy
- Schema Focused Therapy
- Cognitive Behavioural Therapy
- Mentalisation Based Treatment
- Good Psychiatric Management

Cognitive Behavior Therapy (CBT)

Dialectical Behavior Therapy (DBT)

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

Cognitive Behavior Therapy (CBT)

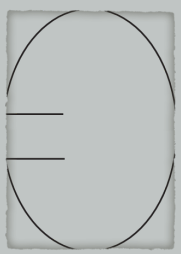
- Core Beliefs/Schemas
- Beck identified beliefs in 3 different areas
  1. Beliefs about self
  2. Beliefs about others
  3. Beliefs about the world

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"

Identifying PD Core Beliefs



Judith Beck, 2011

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

Evidence Based Treatment of PDs

1. Assessment
2. Conceptualisation
3. Treatment

Conceptualisation & Treatment Planning

Case Conceptualization

Case Conceptualization

- Develop Hypothesis
- Look for Opportunity to Share With Patient
- Ongoing with Accumulation of New Data

Goal Setting and Treatment Planning

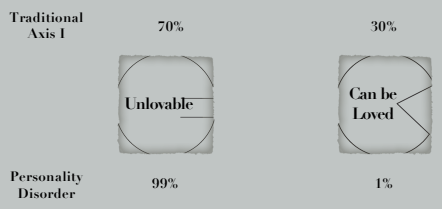
1. Problem List
2. Goal List
3. Behavioral Targets
4. Identify Triggers for Behaviors
5. Identify Cognitions associated with target behaviors

Conceptualization Drives Documentation

Treatment Foundations and Getting Started

Treatment vs Symptom Management

Schema Modification Treatment



Gaining Insight

General Tool # 1: Expressions of Concern

Cluster A & C Disorders

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

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

1. **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

- **Risk Assessment: Lowest of all PDOs**

Obsessive-Compulsive PD

Successful Contexts

- Accountants
- Quality Control
- Airline Mechanic

Unsuccessful Contexts

- Mental Health Professionals
- Sales
- Telemarketing

OCPD Treatment: Goals

- Decrease Rigidity
- Increase Flexibility/Spontaneity
- Develop Compassion

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

Case Study

Obsessive-Compulsive PD Tools

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

Avoidant PD

- Risk Assessment: Moderate suicide risk

Avoidant PD

Successful Contexts

-Research
- Night shift
- Truck Drivers

Unsuccessful Contexts

- Marketing
- Public Speaking
- Receptionist
- Seminar Coordinator

Management & Treatment

Avoidant PD - Tx Goals

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

Avoidant PD

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

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: Rationalizations Facilitating Avoidance

Avoidant Tool # 1: Untangling the Web of Excuses
Avoidant Tool # 2: Taking Risks
Avoidant Tool # 3: Hierarchy of Social Interactions

Avoidant PD

Case Study

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 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

- 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

Risk Assessment: Moderate High Risk

Dependent PD

Successful Contexts

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

Unsuccessful Contexts

- Leadership Positions
- Sales

Management & Treatment Strategies

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 Tools

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

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
- Irritability
- 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

Risk Assessment

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

Paranoid PD

Successful Contexts:

- Police
- CIA/FBI
- IRS

Unsuccessful Contexts:

- Relationships
- Boss
- Business Partner

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 Tools

Non-Borderline Cluster B Disorders

Histrionic PD

Antisocial PD

Narcissistic PD

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 Personality Disorder

Successful Contexts

- Theatre
- Charismatic Pastors
- Fashion Industry

Unsuccessful Contexts

- Surgeons
- Accountants
- Engineers

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

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

Risk Assessment

- Self - Low

- Danger to others high

Antisocial PD

Successful Contexts:

- Prison
- Bounty Hunters
- Law Enforcement
- Politicians
- Sales

Unsuccessful Contexts:

- Child Care workers
- Ministry

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 Tools

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

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

Management & Treatment Strategies

Narcissistic PD: Common Histories

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

Narcissistic PD: Typical Presenting Problems

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

Narcissistic PD Tools

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

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

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

Interpersonal Effectiveness Skills

Interpersonal Effectiveness Skills

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

Interpersonal Effectiveness: Objective Effectiveness

D
E
A
R

M
A
N

Interpersonal Effectiveness: Relationship Effectiveness

G
I
V
E

Interpersonal Effectiveness: Self Respect Effectiveness

F
A
S
T

Integrated DBT/SFT Case Study

Interpersonal Effectiveness Exercise
Key Cognitions/Schemas

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 I was dead (never born)"

Key Schemas

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

Integrated DBT/SFT Case Study: Evidence Log

Integrated DBT/SFT Case Study

Schema Flashcard

Relapse Prevention

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

Wrapping Up & Relapse Prevention

Vulnerability Factors for Relapse

Episode Management

Road to Recovery

Developing Resilience

Thank You!!!

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