Evidence-Based Treatment of Personality Disorders

The Hirose Institute

Session 3: Treatment, Part 1

- Conceptualisation Wrap-up
- Transdiagnostic Skills

- Non-BPD Strategies

- Treatment Set-up/Individual treatment vs group treatment

- Skills Training Groups - CBT Skills

  - Motivational skills
  - Relationship skills
  - Continuums
  - Anger Managment Skills
  - Identity Work
  - Labeling distortions
  - Restructuring suicidal and other destructive cognitions

Evidence-Based Treatment of Personality Disorders

Conceptualisation in Practice!

Transdiagnostic PD Skills

Evidence-Based Treatment of Personality Disorders
General Strategies

1. THE THINKING OF THE THERAPIST

2. VALIDATION

3. STRUCTURE

4. CONSEQUENCES AND FOLLOW THROUGH

5. CONSISTENCY

6. RELATIONSHIP MANAGEMENT

The Thinking of the Therapist

Evidence-Based Treatment of Personality Disorders

Definitions

- DSM – An enduring pattern of inner experience and behavior that deviates markedly from the individual's culture, is pervasive and inflexible, has onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

- Shea – "An ongoing set of defense mechanisms that cause considerable distress for self and others."

Evidence-Based Treatment of Personality Disorders
Definitions

- Axis I: Patient Suffers

- Axis II: Therapist Suffers

- Lester – any referral preceded by an apology

Evidence-Based Treatment of Personality Disorders
Definitions

- People who have unique ways of asking for help

Definitions

The Thinking of the Therapist

Validation

"NOT EVERYONE IS READY TO CHANGE...BUT EVERYONE IS READY TO BE VALIDATED" - ROBERT LEAHY

RELATIONSHIP SKILLS

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Relationship Circles

Intimacy
=
"Into – Me – See"
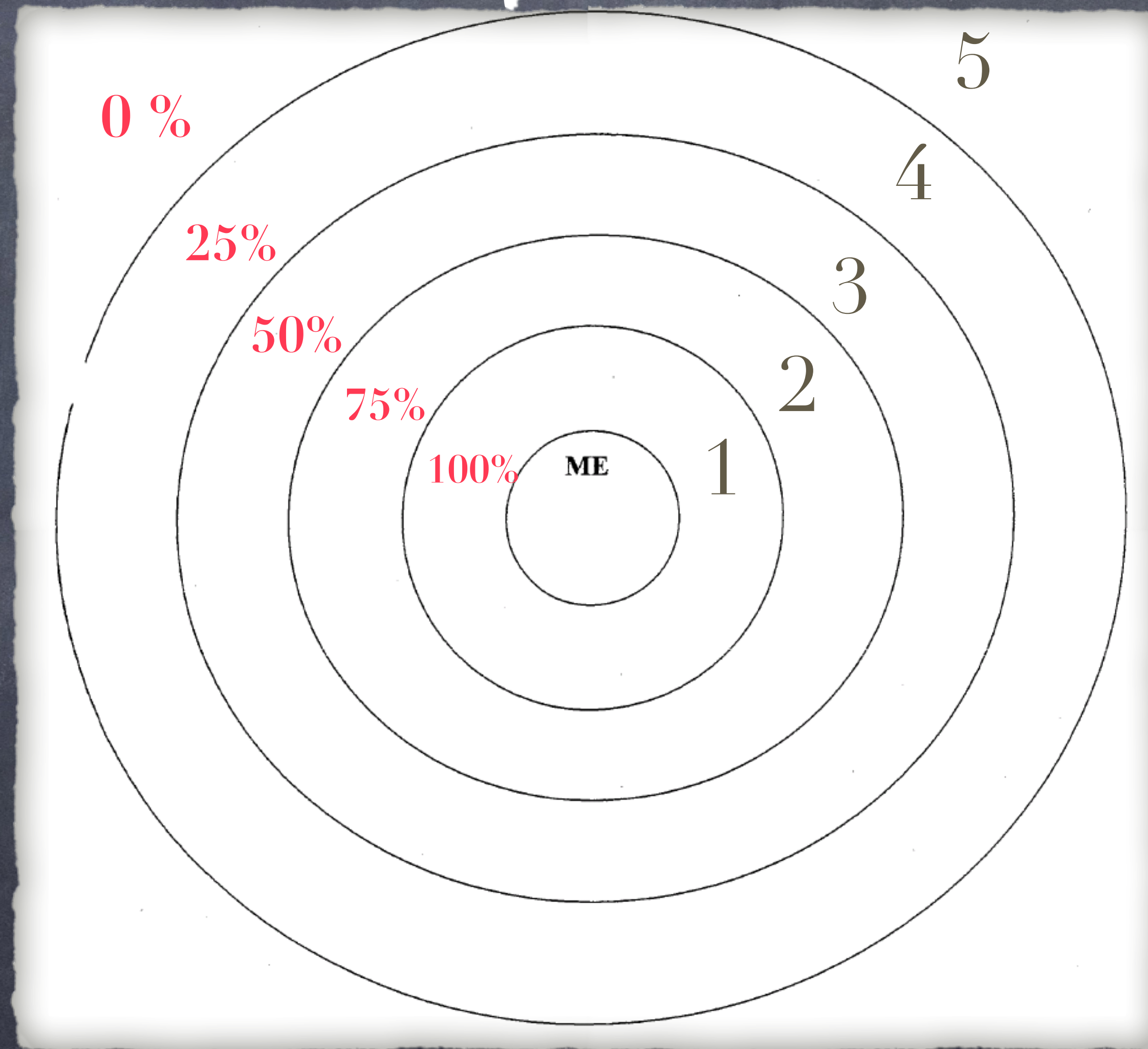
Components of Treatment and their Roles

1. INDIVIDUAL TREATMENT

2. GROUP TREATMENT

Management & Treatment Strategies

Diagnosis Specific Management and Treatment Strategies

The Personality Disorder Toolbox:
Paranoid PD

Considering Alternative Explanations

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Obsessive-Compulsive PD

- Decrease Rigidity

- Increase Flexibility/Spontaneity

- Develop Compassion

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Obsessive-Compulsive PD

- 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

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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

Progress, Not Perfection

Productivity Planner

Case Study

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Obsessive-Compulsive PD - Case Study

Case Example

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

Thought Log

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

Evidence-Based Treatment of Personality Disorders
Obsessive-Compulsive PD - Case Study

Thought Log

AUTOMATIC THOUGHT	RATIONAL RESPONSE
"I have to get this garage picked up. This place is a mess. I can't leave until everything is back in its place where it goes"	"It's not that bad" (0)
	"Other people don't mind" (1)
	"It's not worth my wife being angry" (9)
	"Working on my OCD will help me at work" (6)
	"I guess I have to learn to error on the side of sloppy to be normal" (8)

Handout 1.3 – Thought Log   Copyright 2018 Jeff Riggenbach, CBT Institute of OK

Case Example

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

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Obsessive-Compulsive PD - Case Study

Mini-Chain/Challenges

EVENT	AUTOMATIC THOUGHTS	FEELINGS	ACTIONS	RESULTS
Not done picking up garage at dinner time	"I have to get this garage picked up. This place is a mess. I can't leave until everything is back in its place where it goes"	Anxious Pressured Uncomfortable	Picked up entire garage before going inside house	Wife Yelled at me Stress in Marriage Elevated BP
	RATIONAL RESPONSES	**FEELINGS**	**ACTIONS**	**RESULTS**
	"It's not worth my wife being angry" "Working on my OCD will help me at work" "I have to error on the side of sloppy to be normal"	A little irritated Motivated More willing to be uncomfortable	Dropped everything and went inside	Happier wife Happier me No longer hungry

Management & Treatment Strategies

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Avoidant PD

- 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

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Avoidant PD

- Distress Tolerance Skills

- Identify Belief Inhibiting Emotional Expression

- Test Belief

Hierarchy of Social Interactions

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

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Avoidant PD

Untangling the Web of Excuses

Taking Risks

Management & Treatment Strategies

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Dependent PD

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

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Histrionic PD

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

Symptom-Targeted Strategies

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

Symptom-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

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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

Needs Checklist – Histrionic PD

Management & Treatment Strategies

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

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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"

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Antisocial PD

Symptom-Targeted Tools

- 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

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Antisocial PD

Secondary Gain Tool

Reassigning Blame Tool

Management & Treatment Strategies

Schema Modes in Narcissism

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

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Narcissistic PD: Modes in Narcissism

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

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Narcissistic PD: Modes in Narcissism

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

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Narcissistic PD: Modes in Narcissism

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

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Narcissistic PD

- 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!

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Narcissistic PD: Strategies

The Empathy Builder Tool

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Narcissistic PD: Strategies

1. Validation

2. Empathetic Confrontation

3. Limit Setting

4. Utilization of Leverage

5. Behavioral Pattern-Breaking

6. Development of Authentic Relationships

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Narcissistic PD: Strategies

Empathic Confrontation

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Setting Treatment up to Succeed!

THE TREATMENT AGREEMENT

1) INDIVIDUAL AND SKILLS EXPECTATIONS AND FUNCTION OF EACH

2) SESSION ACUITY PROTOCOL

- LIFE INTERFERING BEHAVIORS

- THERAPY INTERFERING BEHAVIORS

- QUALITY OF LIFE INTERFERING BEHAVIORS

3) SAFTEY CONTRACTING/PLANNING

4) PHONE AGREEMENT

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Treatment Setup

1. Individual Treatment

2. Group Treatment

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Treatment Setup

1. SKILLS TRAINING (PSYCHOEDUCATIONAL)

2. SCHEMA GROUP (PROCESSING)

Evidence-Based Treatment of Personality Disorders
Treatment Setup

1) INDIVIDUAL AND SKILLS EXPECTATIONS AND FUNCTION OF EACH

2) SESSION ACUITY PROTOCOL

   - LIFE INTERFERING BEHAVIORS

   - THERAPY INTERFERING BEHAVIORS

   - QUALITY OF LIFE INTERFERING BEHAVIORS

3) SAFTEY CONTRACTING/PLANNING

4) PHONE AGREEMENT

Evidence-Based Treatment of Personality Disorders
Treatment Setup

Program Expectations: Phone Agreement

Skills Training Groups
Motivational and Standard CBT Skills

Motivational Skills

Evidence-Based Treatment of PDs Motivational Skills

Motivational Enhancement Therapy: Stages of Change

Pre-Contemplation   Preparation   Maintenance

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            Contemplation   Action
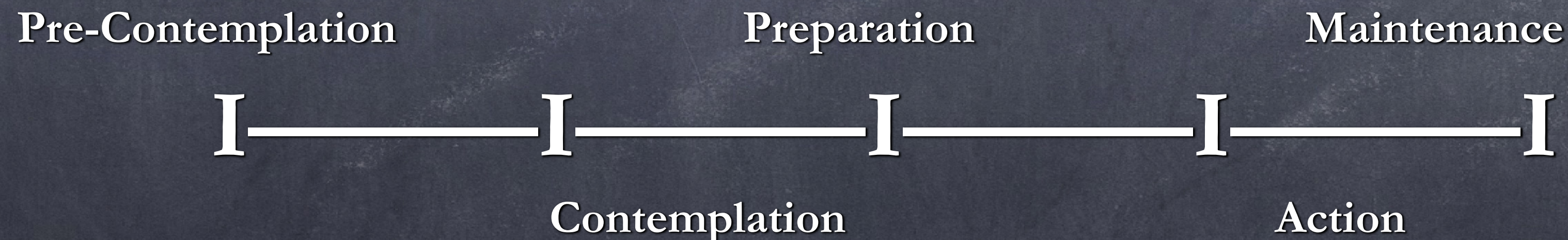
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Motivational Skills

Expressions of Concern

Evidence-Based Treatment of PDs Motivational Skills

Pros and cons

Standard CBT Skills

Evidence-Based Treatment of PDs
Standard CBT Skills

- Labeling Distortions
- Cognitive Awareness Exercises
- Identifying and Challenging Automatic Thoughts
- Continuum Work – "shades of gray"
- Identity Development

Evidence-Based Treatment of PDs Standard CBT Skills

1. **Rationalization.** In an attempt to protect yourself from hurt feelings, you create excuses for events in life that don't go your way or for poor choices you make. We might call these permission-giving statements that give ourselves or someone else permission to do something that is in some way unhealthy.

2. **Overgeneralization.** You categorize different people, places, and entities based on your own experiences with each particular thing. For example, if you have been treated poorly by men in the past, "all men are mean," or if your first wife cheated on you, "all women are unfaithful." By overgeneralizing, you miss out on experiences that don't fit your particular stereotype. This is the distortion on which all of those "isms" (e.g., racism, sexism) are based.

3. **All-or-nothing thinking.** This refers to a tendency to see things in black and white categories with no consideration for gray. You see yourself, others, and often the whole world in only positive or negative extremes rather than considering that each may instead have both positive and negative aspects. For example, if your performance falls short of perfect, you see yourself as a total failure. If you catch yourself using extreme language (best ever, worst, love, hate, always, never), this is a red flag that you may be engaging in all-or-nothing thinking. Extreme thinking leads to intense feelings and an inability to see a "middle ground" perspective or feel proportionate moods.

Evidence-Based Treatment of PDs Standard CBT Skills

5. **Fortune telling.** You anticipate that things will turn out badly and feel convinced that your prediction is already an established fact based on your experiences from the past. Predicting a negative outcome before any outcome occurs leads to anxiety.

6. **Mind reading.** Rather than predicting future events, engaging in this distortion involves predicting that you know what someone else is thinking when in reality you don't. This distortion commonly occurs in communication problems between romantic partners.

7. **Should statements.** You place false or unrealistic expectations on yourself or others, thereby setting yourself up to feel angry, guilty, or disappointed. Words and phrases such as ought to, must, has to, needs to, and supposed to are indicative of "should" thinking.

8. **Emotional reasoning.** You assume that your negative feelings reflect the way things really are. "I feel it, therefore it must be true."

9. **Magnification.** You exaggerate the importance of things, blowing them way out of proportion. Often, this takes the form of fortune telling and/or mind reading to an extreme. This way of thinking may also be referred to as catastrophizing or awfulizing.

Evidence-Based Treatment of PDs Standard CBT Skills

Cognitive Distortions

7. Should statements. You place false or unrealistic expectations on yourself or others, thereby setting yourself up to feel angry, guilty, or disappointed. Words and phrases such as ought to, must, has to, needs to, and supposed to are indicative of "should" thinking.

8. Emotional reasoning. You assume that your negative feelings reflect the way things really are. "I feel it, therefore it must be true."

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Standard CBT Skills

Cognitive Interventions: Dealing with Your "Internal Roommate"

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Identifying and Responding to Automatic Thoughts

Evidence-Based Treatment of PDs
Standard CBT Skills

BPD – Specific Thoughts

- "Because he is late coming home, he is probably leaving me"

- "If I tell him everything about me on the first date I can test him to find out if he's really interested."

- "Since she pissed me off, I have to quit. I can't work with someone like her."

- "Since she betrayed me once, I can never trust her again – she really isn't even worth talking to again."

Evidence-Based Treatment of PDs
Standard CBT Skills

BPD – Specific Thoughts

- "If I cut myself, he will not leave me"

- "If I cut myself, he will not leave me"

- "Since she"It's ok to cut myself, because cutting is better than other things I could do"

Evidence-Based Treatment of PDs
Standard CBT Skills

Restructuring Self-Destructive Cognitions

Evidence-Based Treatment of PDs
Standard CBT Skills

- Labeling Distortions
- Cognitive Awareness Exercises
- Identifying and Challenging Automatic Thoughts
- Continuum Work – "shades of gray"
- Identity Development

Evidence-Based Treatment of PDs Standard CBT Skills

Cognitive Continuum

"Since my parents
have $ and help

"Since mom is critical and
nosy and drinks too much

I————————————————————I————————————I

me, they have it
Completely all together."

I don't know if I can be
in her life anymore."

Evidence-Based Treatment of PDs Standard CBT Skills

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"

Evidence-Based Treatment of PDs
Standard CBT Skills

Identity Work

Session 3 Questions???