

# Working with Personality Disorders

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Self:

1. **Identity:** Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.
2. **Self-direction:** Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.

Interpersonal:

1. **Empathy:** Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding the effects of one's own behavior on others.
2. **Intimacy:** Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.

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ICD-11		DSM-5	
Domain	Sub-domain	Domain	Sub-domain
Self-functioning	Identity Self-worth Accuracy of self-view Self-direction	Self-functioning	Identity Self-direction
Interpersonal functioning	Interest in engaging in relationships with others Ability to develop and maintain close and mutually satisfying relationships Ability to understand others' perspectives Ability to manage conflict in relationships	Interpersonal Functioning	Empathy Intimacy



# DSM-V Personality Disorders

■ Cluster A: Odd-Eccentric Personality Disorders	■ Symptoms similar to those for schizophrenia, including inappropriate or flat affect, odd thought and speech patterns, paranoia. People with these disorders maintain their grasp on reality, however.
■ Cluster B: Dramatic Emotional Personality Disorders	■ Manipulative, volatile, and uncaring in social relationships. Impulsive, sometimes violent behavior that show little regard for their own safety or the safety or needs of others
■ Cluster C: Anxious-Fearful Personality Disorders	■ Extremely concerned about being criticized or abandoned by others and thus have dysfunctional relationships with them.

*Chapter 13*

4

AMPD Criterion B: Maladaptive trait domains and facets

Negative affectivity	Detachment	Antagonism	Disinhibition	Psychoticism
<i>Emotional lability</i>	<i>Withdrawal</i>	<i>Manipulativeness</i>	<i>Irresponsibility</i>	<i>Unusual beliefs and experiences</i>
<i>Anxiousness</i>	<i>Intimacy</i>	<i>Deceitfulness</i>	<i>Impulsivity</i>	<i>Perceptual dysregulation</i>
<i>Separation Insecurity</i>	<i>Avoidance</i>	<i>Grandiosity</i>	<i>Distractibility</i>	<i>Eccentricity</i>
<i>Submissiveness</i>	<i>Anhedonia</i>	<i>Attention</i>	<i>Risk taking</i>	
<i>Hostility</i>	<i>Depressivity</i>	<i>seeking</i>	<i>Rigid Perfectionism</i>	
<i>Perseveration</i>	<i>Restricted</i>	<i>Callousness</i>		
<i>Depressivity</i>	<i>Affectivity</i>	<i>Hostility</i>		
<i>Suspiciousness</i>	<i>Suspiciousness</i>			
<i>Restricted Affectivity</i>				

ICD-11 Severity of Personality Dysfunction	DSM-5 Criterion A: Level of Personality Functioning
None	0) No impairment (Healthy Functioning)
Personality Difficulty	1) Some impairment
Mild Personality Disorder	2) Moderate impairment
Moderate Personality Disorder	3) Severe impairment
Severe Personality Disorder	4) Extreme impairment
ICD-11 Trait Domain Qualifiers	DSM-5 Criterion B: Trait Domains
Negative Affectivity	Negative Affectivity
Detachment	Detachment
Disinhibition	Disinhibition
Dissociality	Antagonism
Anankastia	[Rigid Perfectionism and Perseveration] <sup>a</sup>

**Note.** The threshold for a Personality Disorder diagnosis is a t least Mild Personality Disorder (ICD-11) or Moderate impairment of personality functioning (DSM-5)

<sup>a</sup>These are facets from the domains of (low) Disinhibition and (high) Negative Affectivity, respectively



TABLE 1.1 Levels of Personality Functioning

**0. No Impairment.**

These individuals functionally optimally in all spheres of life. They have a well-integrated sense of self and of the world. They experience a mostly positive and appropriately regulated emotional life. They are goal-directed and possess the capacity to function productively in society. They easily empathize with others, and can form mutually reciprocating and satisfying relationships.

**1. Mild Impairment.**

These individuals have a relatively intact sense of self and of the world and a lessened clarity about boundaries in the face of strong emotions or mental distress. They may be overly goal-directed or goal-inhibited, or have somewhat unrealistic personal standards. They tend to have some difficulty appreciating and understanding others' perspectives, and may not consistently be aware of the effect of their behavior on others. Although they can form intimate and reciprocal relationships, they may be somewhat limited in their ability to respect and to cooperate with others.

**2. Moderate Impairment.**

These individuals have a compromised sense of self and of the world, along with some difficulty maintaining boundaries. Their self-appraisal tends to be inflated or deflated, and can experience difficulty in emotional regulation. Threats to self-esteem may engender strong emotions such as rage and shame. Goals are more often a means of gaining external approval than self-generated, and thus may lack coherence and stability. Their capacity for empathy is somewhat limited. While they can form relationships, they are superficial and not always reciprocal. They cooperate with others primarily for personal gain.

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**3. Severe Impairment.**

These individuals have an impoverished sense of self. Their self-appraisal ranges from self-loathing to self-aggrandizing. They have considerable difficulty in emotional regulation. They have a weak sense of autonomy, and may experience a lack of identity, or emptiness. Boundaries are poorly defined or rigid. They have difficulty establishing and achieving personal goals. Their ability to reflect upon and understand their inner experiences is quite limited, and their capacity for empathy is limited. Their relationships are unstable and are viewed as means of meeting their needs. Cooperative efforts are often disrupted due to the perception of slights from others.

**4. Extreme Impairment.**

These individuals have a greatly impoverished, disorganized, weak, ineffective, and/or conflicted sense of self. They have a propensity to negative and significantly dysregulated emotions. Their capacity for empathy is significantly limited, and they cannot consider alternative perspectives, or are threatened by different perspectives. They lack the capacity for adaptive and cooperative interpersonal functioning and social behavior.

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NONE

☐

DIFFICULTY

☐

MILD

☐

MODERATE

☐

SEVERE

☒

**PERSONALITY  
DISORDER  
SEVERITY**

**NEGATIVE  
AFFECTIVITY**

☒

DETACHMENT

☐

DISSOCIALITY

☒

DISINHIBITION

☒

ANANKASTIA

☐

**PROMINENT  
DOMAIN  
FEATURES**

ICD-11 Domains	Specified features	DSM-5 trait facets
ME10 Anankastia	Perfectionism Deliberativeness Orderliness and Conscientiousness Concern with following rules and meeting obligations Stubbornness Perseveration Emotional and behavioural constraint	Rigid Perfectionism (low Impulsivity)      Perseveration Restricted Affectivity
ME11 Detachment	Social withdrawal Avoidance of intimate relationships and close friendships Aloofness or coldness in relation to other people Reduced experience and expression of emotion	Withdrawal Intimacy Avoidance   Restricted Affectivity  Restricted Affectivity

ME12  
Disinhibition

Irresponsibility  
Impulsivity / Impulsiveness  
Distractibility  
Recklessness

Irresponsibility  
(Carelessness)  
Impulsivity  
Distractibility  
Risk Taking  
(Recklessness)  
Callousness

ME13  
Dissociality

Callousness  
Ruthlessness  
Lack of empathy  
Hostility  
Aggression  
Very positive view of the self-  
Entitlement  
Manipulative  
Exploitative of others

Hostility  
Grandiosity  
Manipulativeness

ME14 Negative  
Affectivity

Vulnerability  
Negative emotional states in  
response to even relatively minor  
actual or perceived stressors  
Anxiety  
Anger  
Irritability  
Depression  
Self-loathing

Emotional Lability

Anxiousness

Hostility

Depressivity

Bach, Bo & Sellbom, Martin & Kongerslev, Mickey Toftkjær & Simonsen, Erik & Krueger, Robert & Mulder, Roger. (2017). Deriving ICD-11 Personality Disorder Domains from DSM-5 Traits: Initial Attempt to Harmonize Two Diagnostic Systems. *Acta Psychiatrica Scandinavica*. 136. 108-117. 10.1111/acps.12748.

# HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-5 PERSONALITY DISORDERS

ASSESSMENT, CASE CONCEPTUALIZATION, AND TREATMENT



LEN SPERRY, MD, PHD  
THIRD EDITION





# Cluster A

**TABLE 10.1** Comparison of the Paranoid Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Self-assured and confident in their ability to make decisions and take care of themselves.	Reluctant to confide in others because of unwarranted fear that the information will be used against them.
Good listeners and observers, keenly aware of subtlety, tone, and multiple levels of meaning.	Reads hidden meanings or threats into benign remarks or events, i.e., suspects that a neighbor put out trash early to annoy them.
Take criticism rather seriously without becoming intimidated.	Bears grudges or is unforgiving of insults or slights.
Place a high premium on loyalty, fidelity, working hard to earn and maintain loyalty, and never taking it for granted.	Questions, without justification, the fidelity of spouse or sexual partner, friends, and associates.
Careful in dealings with other people, preferring to size up individuals before entering into relationships with them.	Expects, without sufficient basis, to be exploited or harmed by others.
Are assertive and can defend themselves without losing control and becoming aggressive.	Easily slighted and quick to react with anger or to counterattack.

**TABLE 11.1** Comparison of Schizoid Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Exhibit little need of companionship and are most comfortable alone	Neither desire nor enjoy close relationships, including being part of a family; have one or no close friends or confidants other than first-degree relatives.
Tend to be self-contained, not requiring interaction with others in order to enjoy experiences or live their lives.	Nearly always choose solitary activities.
Even-tempered, dispassionate, calm, unflappable, and rarely sentimental.	Rarely, if ever, claim or appear to experience strong emotion, such as anger or joy.
Little driven by sexual needs, and, while they can enjoy sex, do not suffer in its absence.	Little if any desire to have sexual experiences with another person.
Tend to be unswayed by either praise or criticism and can confidently come to terms with their own behavior.	Indifferent to the praise and criticism of others; display constricted affects, e.g., is aloof, cold, and rarely reciprocates gestures or facial expressions, such as smiles or nods.



**TABLE 12.1** Comparison of Schizotypal Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Tend to be tuned into and sustained by their own feelings and beliefs.	Ideas of reference; suspicious or paranoid ideation; inappropriate or constricted affect.
Keen observation of others, and are particularly sensitive to how others react to them.	Excessive society anxiety, e.g., extreme discomfort in social situations involving unfamiliar people.
Tend to be drawn to abstract and speculative thinking.	Odd beliefs or magical thinking, influencing behavior and inconsistent with subculture with norms, e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense."
Receptive and interested in the occult, extrasensory, and the supernatural.	Unusual perceptual experiences, e.g., illusions, sensing the presence of a force or person not actually there (e.g., "I felt as if my dead mother were in the room with me").
Tend to be indifferent to social convention, and lead interesting and odd unusual lifestyle.	Odd or eccentric behavior or appearance, e.g., unkempt, unusual mannerisms, talks to self, speech.
Usually are self-directed and independent, requiring few close relationships.	No close friends or confidants (or only one) other than first-degree relatives.

# Cluster B



**TABLE 3.1** Comparison of Antisocial Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Prefer freelancer living, and live well by their talents, ingenuity, and wits.	Unable to sustain consistent work behavior.
Tend to live by their own internal code of values and not much influenced by social norms, yet live within the law.	Fail to conform to social norms with regard to lawful behavior, performing acts that are grounds for arrest.
As adolescents were usually high-spirited hellraisers and mischief makers.	Irritable and aggressive as indicated by physical fights or assaults.
Can be responsible and meet financial obligations.	Irresponsible and fail to meet financial obligations.
Tend to be wanderlusts, but are able to make plans and commitments	Fail to plan ahead, or act impulsively.
Reasonably truthful, albeit gifted in using words and making friends.	Have little regard for the truth, and lie, use aliases, or "con" others for personal profit.
Tend to be courageous, physically bold, and tough; will stand up to those who take advantage of them.	Reckless regarding their own and others' personal safety, as indicated by driving while intoxicated or recurrent speeding.
Tend not to worry too much about others, expecting others to be responsible for themselves.	If a parent or guardian lacks the ability to function as a responsible parent.
Have strong libido and, while may desire several partners, can remain monogamous.	Have never sustained a totally monogamous relationship for extended periods of time.
Tend to live in the present and seldom experience much guilt.	Lack remorse and feel justified in having hurt, mistreated, or stolen from another.

**TABLE 5.1** Comparison of the Borderline Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Maintenance of stable interpersonal relationships in which negative and positive perceptions of another are integrated rather than polarized.	Pattern of intense and unstable relationships marked by alternating between devaluation and overidealization.
Low levels of impulsivity that fall within the normal range of culturally approved indulgence and do not cause devastation to self or others.	Impulsive behavior that can be self-damaging, such as spending, sex, substance abuse, shoplifting, reckless driving, or binge eating
Affective stability with tolerable levels of negative emotions.	Affective instability marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days.
Ability to manage and diffuse anger in ways appropriate to the context in which they occur.	Inappropriate and intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights.
Sense of connection to self, body, and place in the world.	Persistent feelings of boredom or emptiness.
Possessing an accurate sense of self that is consistent over time without being overly inflexible or overly malleable.	Marked and persistent identity disturbance with uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values.
Ability to tolerate and manage experiences of loss; capacity to realistically assess abandonment/loss.	Frantic efforts to avoid imagined or actual experiences of abandonment.
Absence of suicidal behavior, gestures and threats (excludes suicidal ideation), self-mutilating behavior.	Repeated suicidal gestures, behavior, threats, or self-mutilating behavior.
Capacity to manage stressful situations and stay cognitively and physically present.	Brief, stress-related paranoid ideation or severe dissociative symptoms.

TABLE 7.1 Comparison of Histrionic Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Enjoys compliments and praise.	Constantly seeks or demands reassurance, approval or praise.
Charming, engaging, and appropriate appearance or behavior.	Inappropriately sexually seductive in appearance and behavior.
Attentive to their appearance and grooming, enjoying clothes, style, and fashion.	Overly concerned with physical attractiveness.
Lively and fun-loving, often impulsive, but can delay gratification.	Expresses emotion with inappropriate exaggeration; self-centered and little tolerance for gratification.
Enjoy being the center of attention, and can rise to the occasion when all eyes are on them.	Uncomfortable in situations where they cannot be the center of attention.
Sensation-oriented, emotionally demonstrative, and physically affectionate. Reacts emotionally but appropriately.	Displays rapidly shifting and shallow expression of emotion.
Utilizes a style of speech which is appropriately global and specific.	Utilizes a style of speech that is excessively impressionistic and lacking in detail.



**TABLE 8.1** Comparison of Narcissistic Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Although emotionally vulnerable to negative assessments and reaction of others, they can handle these gracefully.	Reacts to criticism with feelings of rage, stress, or humiliation (even if not expressed).
Shrewd in dealing with others, utilizing the strengths and advantages of others to achieve their own goals.	Interpersonally exploitive, taking advantage of others to achieve his or her own ends.
Can energetically sell themselves, their ideas, and their projects.	Grandiose sense of self-importance.
Tend to be able competitors who love getting to the top and enjoy staying there.	Believe their problems are unique and understood only by other special people.
Can visualize themselves as the best or most accomplished in their field.	Preoccupied by fantasies of unlimited success, power, brilliance, beauty, or ideal love.
They believe in themselves, their abilities, and their uniqueness, but do not demand special treatment or privilege.	Have a sense of entitlement and unreasonable expectations of especially favorable treatment.
Accept accomplishments, praise, and admiration gracefully and with self-possession.	Require constant attention and admiration.
Possess a keen awareness of their thoughts and feelings, and have some awareness of those of others.	Lack of empathy; inability to recognize and experience how others feel.
Expect others to treat them well at all times.	Preoccupied with feelings of envy.

# Cluster C



**TABLE 4.1** A Comparison of Avoidant Personality Style vs. Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Comfortable with habit, repetition, and routine. Prefer the known to the unknown.	Exaggerates the potential difficulties, physical dangers, or risks involved in doing something ordinary but outside their usual routine.
Close allegiance with family and/or a few close friends; tend to be homebodies.	Has no close friends or confidants—or only one—other than first degree relatives; avoids activities that involve significant interpersonal contact.
Sensitive and concerned about what others think of them.	Unwilling to get involved with others unless certain of being liked; easily hurt and worriers.
Very discrete and deliberate in dealing with others.	Fears being embarrassed by blushing, crying or showing signs of anxiety in front of other people.
Tend to maintain a reserved, self-restrained demeanor around others.	Reticent in social situations because of a fear of saying something inappropriate or foolish, or of being unable to answer a question.
Tend to be curious and can focus considerable attention on hobbies, and avocations; however, a few engage in counterphobic coping behaviors.	Tend to be underachievers, and find it difficult to focus on job tasks or hobbies.

**TABLE 6.1** Comparison of Dependent Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
When making decisions they are comfortable seeking out the opinions and advice of others, but ultimately make their own decisions.	Unable to make everyday decisions without an excessive amount of advice or reassurance from others; allows others to make the most of their important decision.
Carefully promote harmony with important persons in their life through being polite, agreeable, and tactful.	Agrees with people even when they believe they are wrong, because of fear of being rejected.
Although they respect authority and prefer the role of team member, they can initiate and complete tasks on their own.	Has considerable difficulty initiating projects or doing things on their own.
Thoughtful and good at pleasing others. Occasionally, they will endure personal discomfort in accomplishing a good deed for the key people in their lives.	Volunteers to do things that are unpleasant or demeaning in order to get other people to like them.
Tend to prefer the company of one or more individuals to being alone.	Feels uncomfortable or helpless when alone, or goes to great lengths to avoid being alone.
Tend to be strongly committed to relationships and work hard to sustain them.	Feels devastated or helpless when close relationships end, and frequently preoccupied with fears of being abandoned.
Can take corrective action in response to criticism.	Easily hurt by criticism or disapproval.



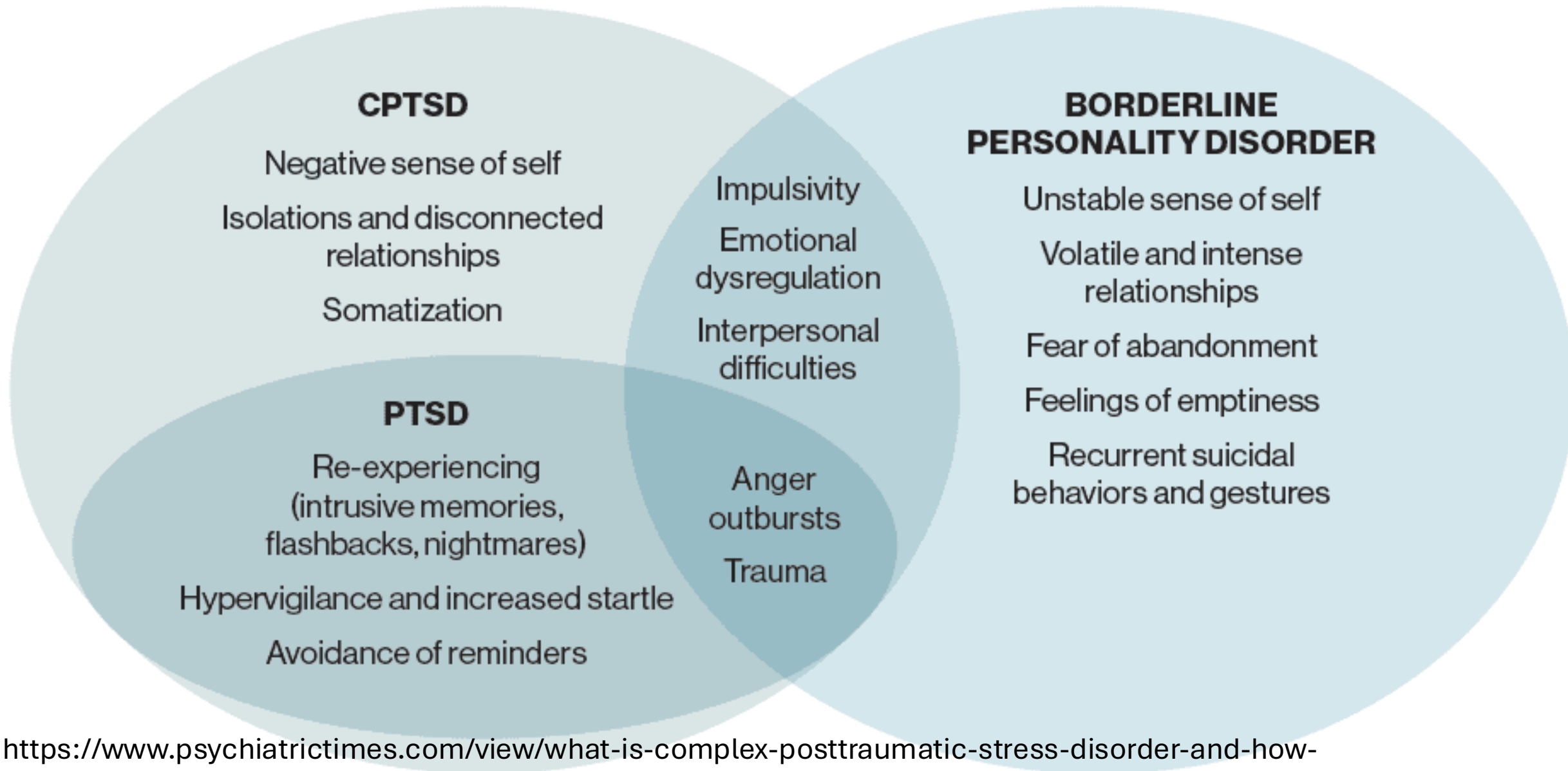
**TABLE 9.1** A Comparison of the Obsessive-Compulsive Personality Style and Disorder

<i>Personality Style</i>	<i>Personality Disorder</i>
Desires to complete tasks and projects without flaws or errors.	Perfectionism that interferes with task completion.
Takes pride in doing all job or tasks well, including the smallest details of it.	Preoccupation with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost.
Tends to want things to be done "just right" and in a specific manner, but has some tolerance for things being done.	Unreasonable insistence that others submit exactly to their way of doing things, or unreasonable reluctance to allow others to do things because of the conviction that they will not do them correctly.
Dedicated to work and working hard and capable of intense, single-minded effort.	Excessive devotion to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity).
Carefully considers alternatives and their consequences in making decisions.	Indecisive: decision making either avoided, postponed, or prolonged (but not due to excessive need for advice or reassurance from others).
Tends to have strong moral principles and strongly desires to do the right thing.	Overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values.
No-nonsense individuals who do their work without much emotional expenditure.	Restructured expression of affection.
Generally, careful, thrifty, and cautious, but able to share from their abundance.	Lack of generosity in giving time, money, or gifts when no personal gain is likely to result.
Tend to save and collect objects and is reluctant to discard objects that have, formerly had or someday may have sentimental value for them.	Unable to discard worn-out or worthless objects even when they have no value.

# Assessment

<https://www.psychiatry.org/getmedia/594673a6-1b9b-4298-8b52-c4c652c4a4e2/APA-DSM5TR-ThePersonalityInventoryForDSM5FullVersionAdult.pdf>

**FIGURE. Unique and Overlapping Symptoms of CPTSD and BPD**



<https://www.psychiatrictimes.com/view/what-is-complex-posttraumatic-stress-disorder-and-how-does-it-relate-to-borderline-personality-disorder>

# Attachment

- Developed in early childhood
- Influences a child's capacity to form mature intimate relationships in adulthood
- Influence cognitive schemas

“Patterning and organization of attachment relationships during infancy is associated with characteristic processes of emotional regulation, social relatedness, access to autobiographical memory, and the development of self—reflection and narrative” (Siegel, 1999, p.67)



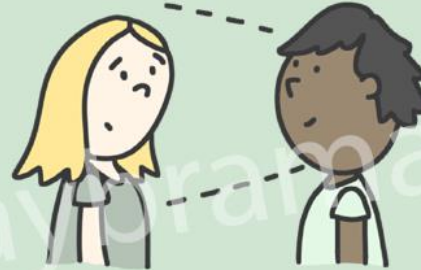
# DESIGNED FOR CONNECTION

- The emotional quality of our earliest attachment experiences is perhaps the single most important influence on our development
- Insecure attachment does not directly cause later in life disturbances, but it initiates a developmental pathway that, without corrective experiences, increases the probability of psychopathology.

# ATTUNEMENT

@LINDSAYBRAMAN FROM A LECTURE ON ATTACHMENT @ALLENDERCENTER

BEING ATTUNED TO  
FEELS LIKE  
being the center  
of someone's attention



we don't have to  
\*MEET\* needs, just  
show up & validate.

GOOD ATTUNEMENT

requires being able

to: **READ** **SEE**

& **STAY PRESENT**

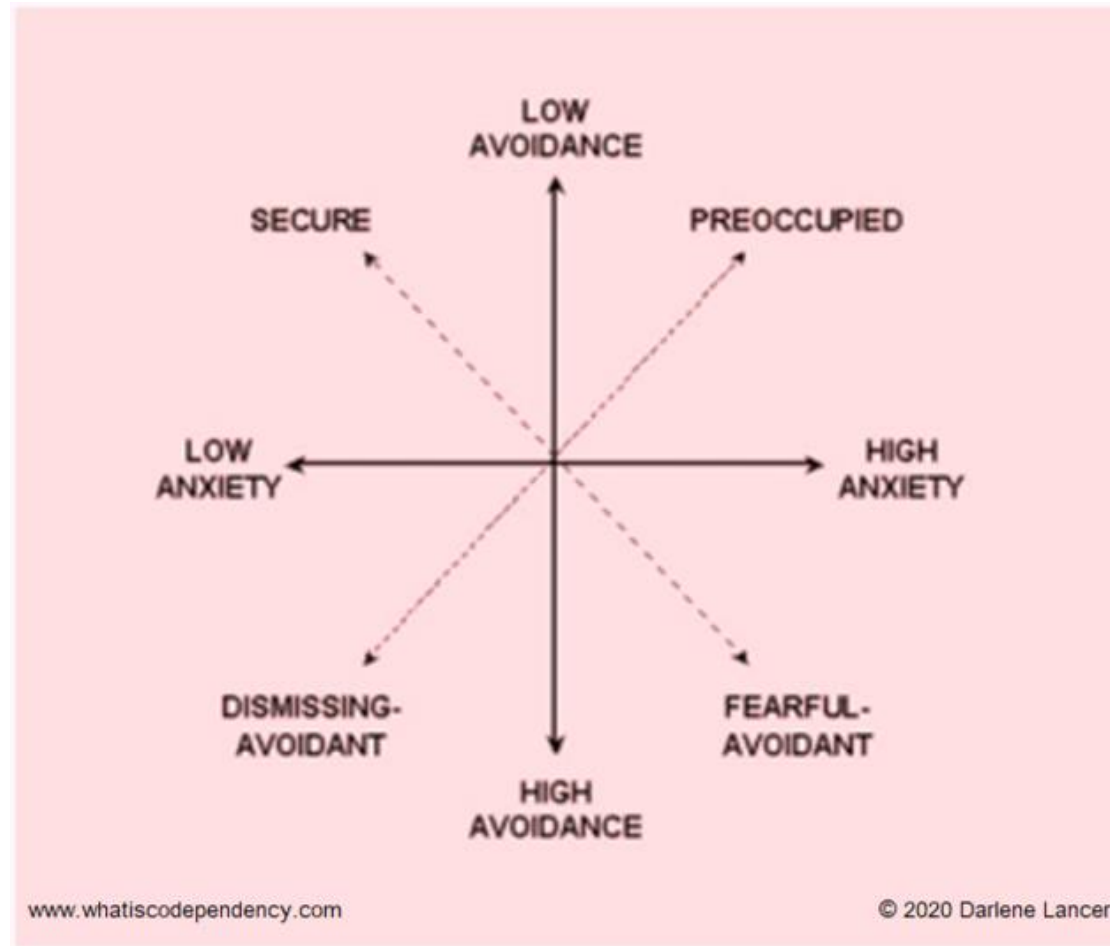
to people even in  
hard conversations

**ATTUNING IS A CHOICE**

(& it's hard!)

#### Secure Attachment-

- Have adaptive emotional regulation abilities through sustained problem-solving efforts

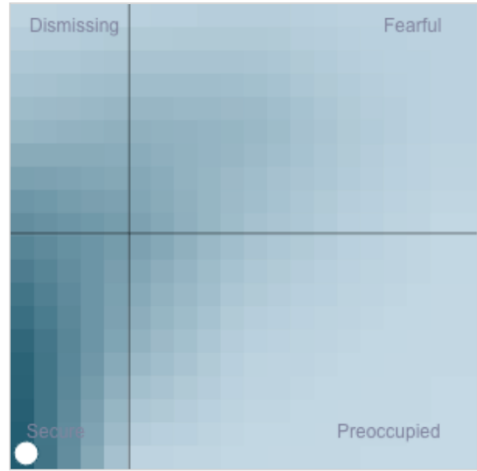


#### Anxious Attachment-

- Crave close relationships
- Engage in strategies that sustain or even exacerbate their distress

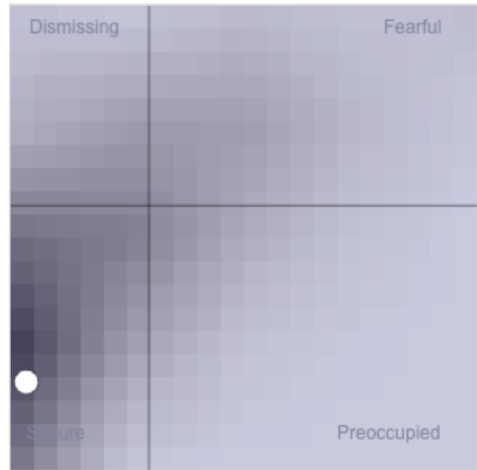
#### Avoidant Attachment-

- Suppress or deactivate emotional reactions
- Fearful of vulnerability and emotions

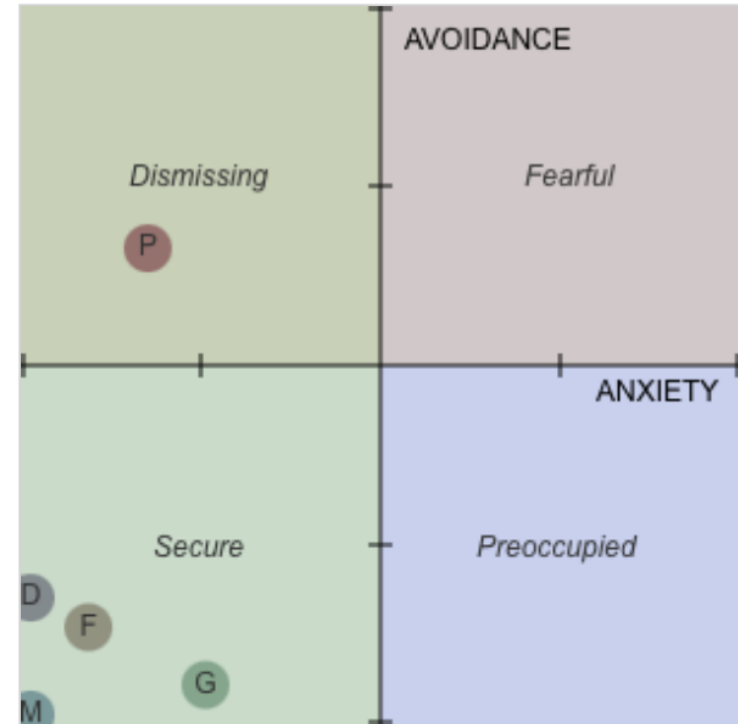


Your maternal attachment score is below the mean on both anxiety and avoidance.

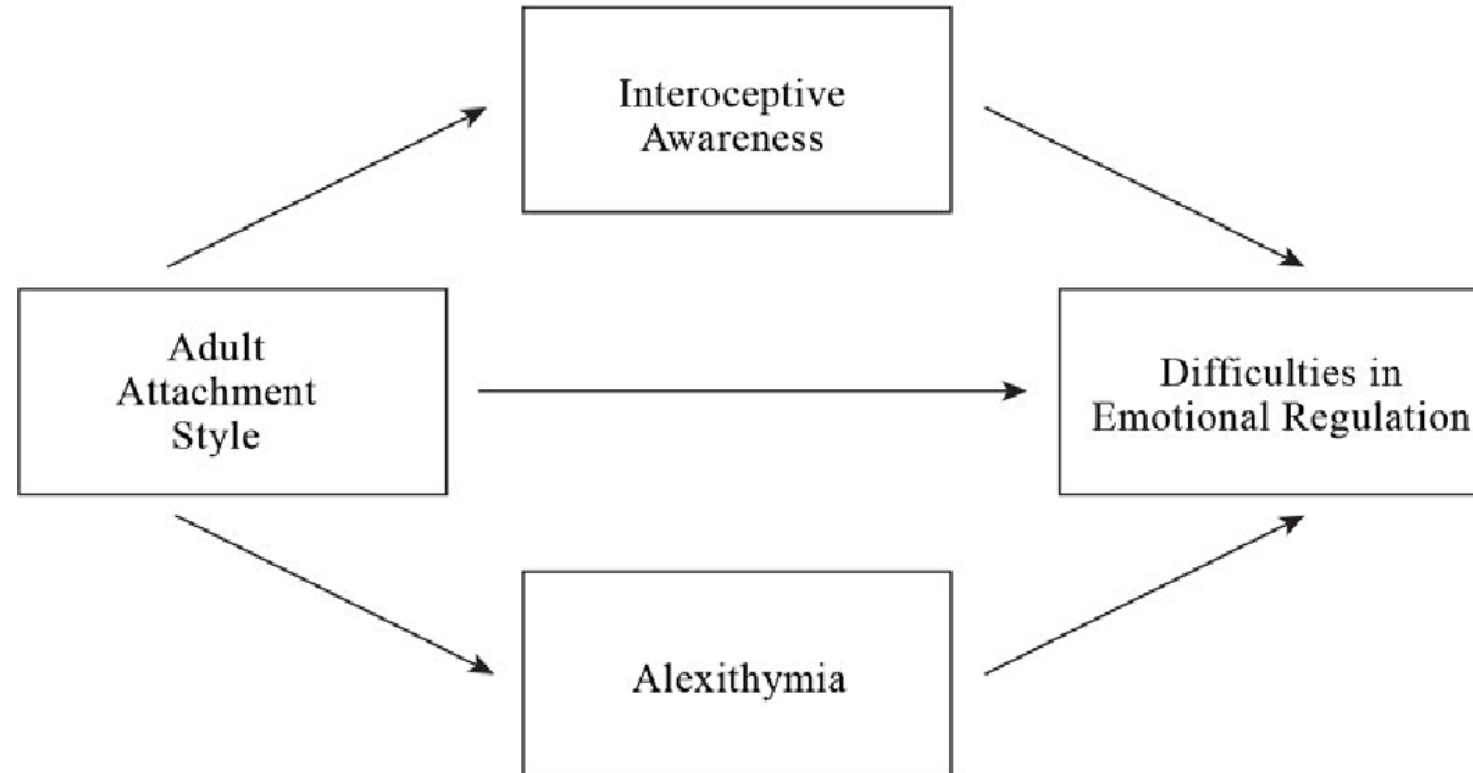
#### Paternal Attachment

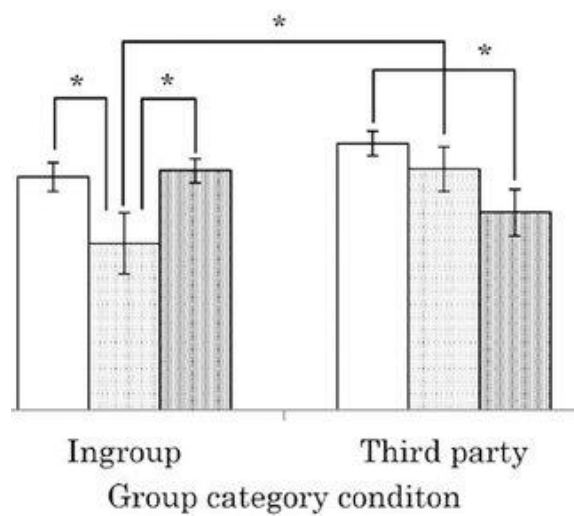


Your paternal attachment score is below the mean on both anxiety and avoidance.



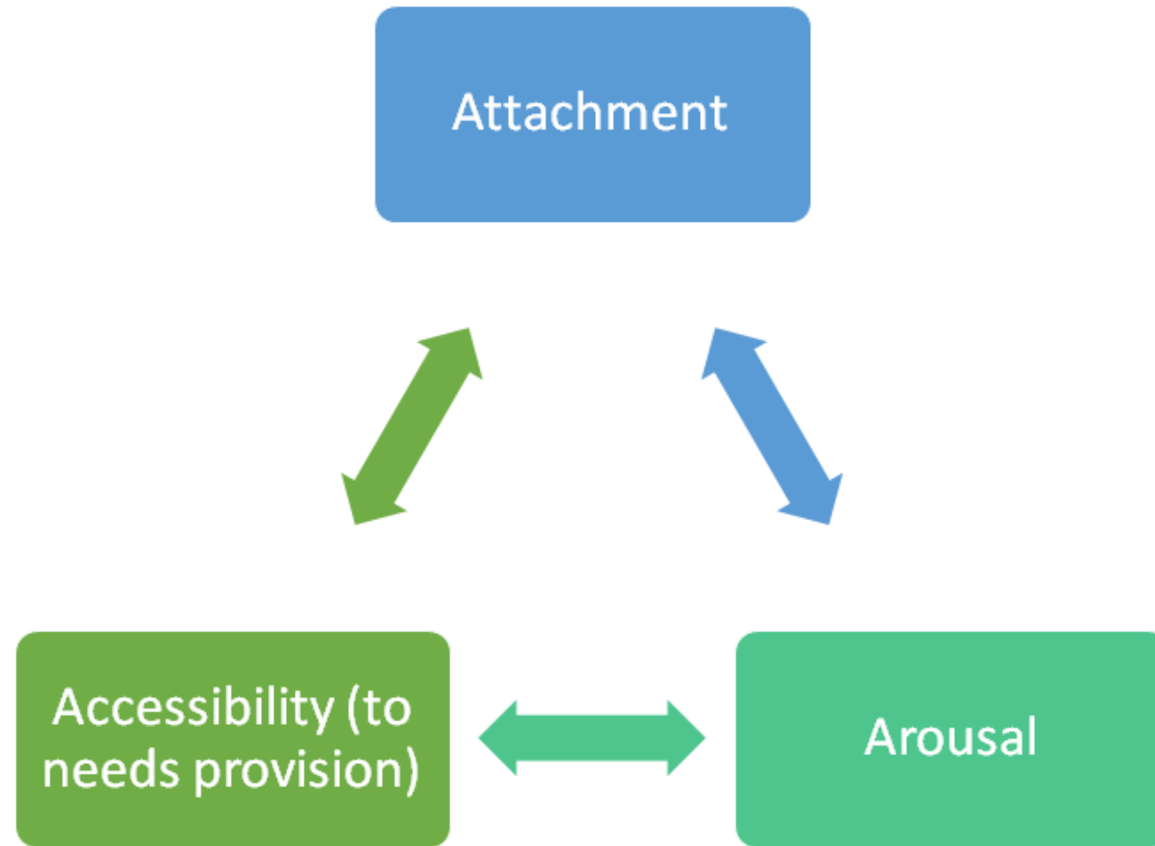
G = General , M = Mother , D = Dad , P = Partner , F = Friend







## Lost Attachment



# Attachment Styles

Antisocial PD- View others as negative and a self-view that vacillates between positive and negative. Fearful – dismissing style

Avoidant PD- Negative self view, other view that vacillates between positive and negative. Preoccupied and fearful style

Borderline PD- Vacillating views of both self and others. Preoccupied attachment

Dependent PD- Very externally oriented in their self-definition. Preoccupied attachment style

Histrionic PD- Sense of personal worthiness and positive evaluation of others. Somewhat externally oriented in self- definition. Preoccupied attachment

Narcissistic PD- Negative view of others. Vacillating view of self. Fearful- dismissing

# Attachment Styles

Obsessive- Compulsive PD- Personal unworthiness and positive evaluation of others. Very externally oriented in self- definition. Preoccupied attachment

Paranoid PD- Personal unworthiness, expectation that will be rejected by others. Fearful attachment

Schizoid PD- Negative evaluation of others, positive sense of self. Dismissing attachment style

Schizotypal PD- Negative view of others, vacillating self-view. Fearful- dismissing

# Treatment

- Goal of treatment
  - undo negative learning (particularly maladaptive cognitive schemas)
  - Increase emotional regulation
  - Modulate harmful personality traits



# The Avoidant Client

- Presentation
  - Reluctant to feel emotions, particularly if it spurs a connection to others (*Can't feel, Can deal*)
  - Reluctant to express emotions
  - "What patients are reluctant to feel, they will often inadvertently evoke in their therapist" (Wallin, 2007 , p. 212)
  - Struggle with feeling loss of control
  - May enter into power struggle with therapist to maintain a sense of control
- Therapeutic focus
  - Follow the affect
  - Keenly attune to client's subtle affective cues, usually shown through the body
  - Balance empathic attunement with confrontation

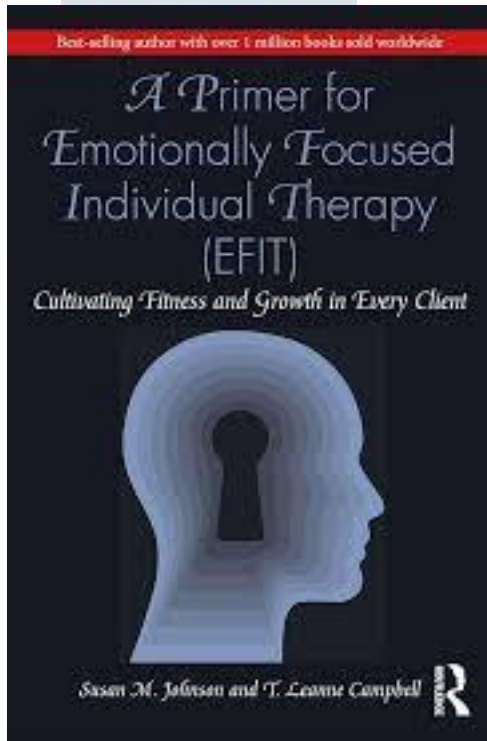
# The Anxious Client

- Presentation
  - Easily overwhelmed by emotions (*Can feel, can't deal*)
  - Sensitive to rejection
  - Secure attention by making own distress too loud to ignore
  - Prone to self- defeating self-talk and behavior, a sense of powerlessness
- Therapeutic focus
  - Strengthen client's ability to emotionally regulate
  - Create capacity for self-esteem and trust
  - Offer a relationship that does not require or respond to hyperactivation
  - Offer predictability in openness and responsiveness
  - Work toward autonomy and independence

# The Disorganized Client

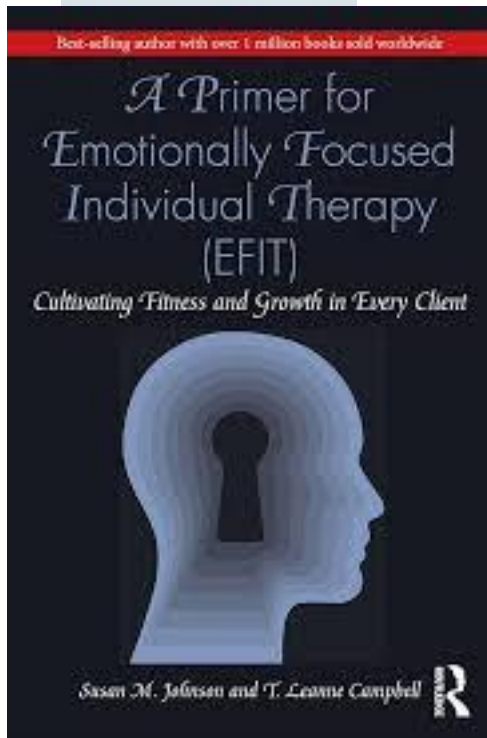
- Presentation
  - Shifts in presentation (fearful to avoidant)
  - Detachment from self or emotions (can feel disembodied and unreal)
  - Narratives can be highly confusing or incoherent
  - Descriptions of relationships are bidimensional or lacked integration
  - Rarely speak of emotions
  - Difficulty seeing the perspective of others
- Therapeutic focus
  - Promote internal integration
  - Generate attachment relationship that is safe, reliable and inclusive

# Emotion Focused Therapy



- Goals (p.29)
  - Offer corrective experiences that positively impact models of self and others
  - Offer in session transformative moments where vulnerability is encountered with emotional balance
  - Enable clients to move into openness, responsiveness and secure connection
  - Enable clients to shape a coherent sense of self that can deal with existential life issues

# Emotion Focused Therapy



## BOX 2.1

### Five Orienting Frames Guide the Practice of EFIT

1. Self and experience are actively constructed in the present. Past comes alive in the present – present process is the focus.
2. Attachment is wired in like our need for oxygen – isolation is traumatizing.
3. Emotion is adaptive; denial and dismissal have negative consequences.
4. Human beings have a natural propensity to grow and self-actualize unless blocked.
5. Corrective emotional experience is the royal route to change.

## BOX 2.2

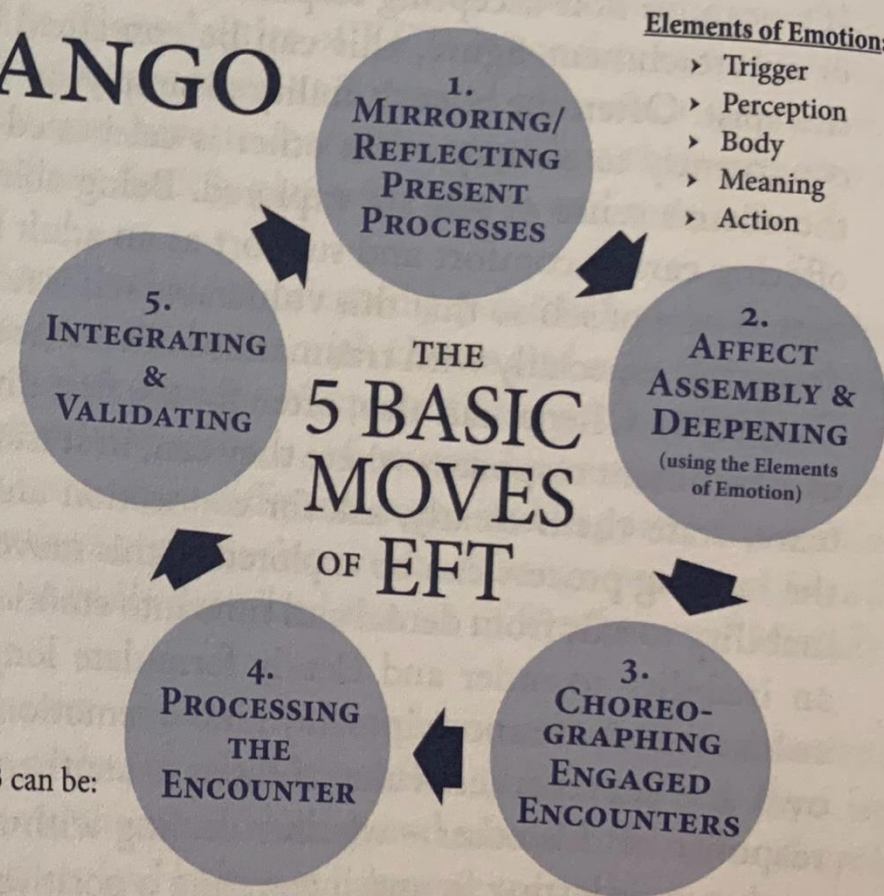
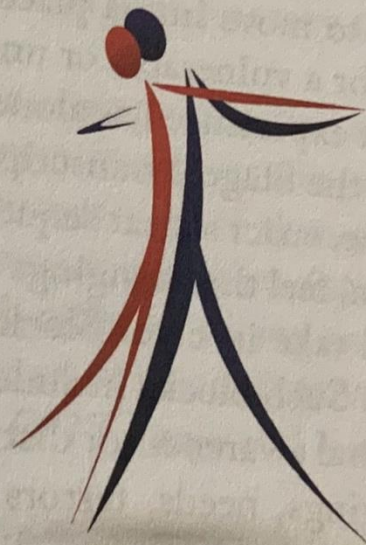
### The Three Pillars of EFIT

1. The view of human functioning offered by attachment science.
2. The Rogerian experiential framework for intervention based on acceptance and safety.
3. The systemic/relational framework for intervention based on shifting process patterns structuring inner and between worlds.

*The Integration of the Above Renders EFIT – On Target, Organic, and Existential in Nature*



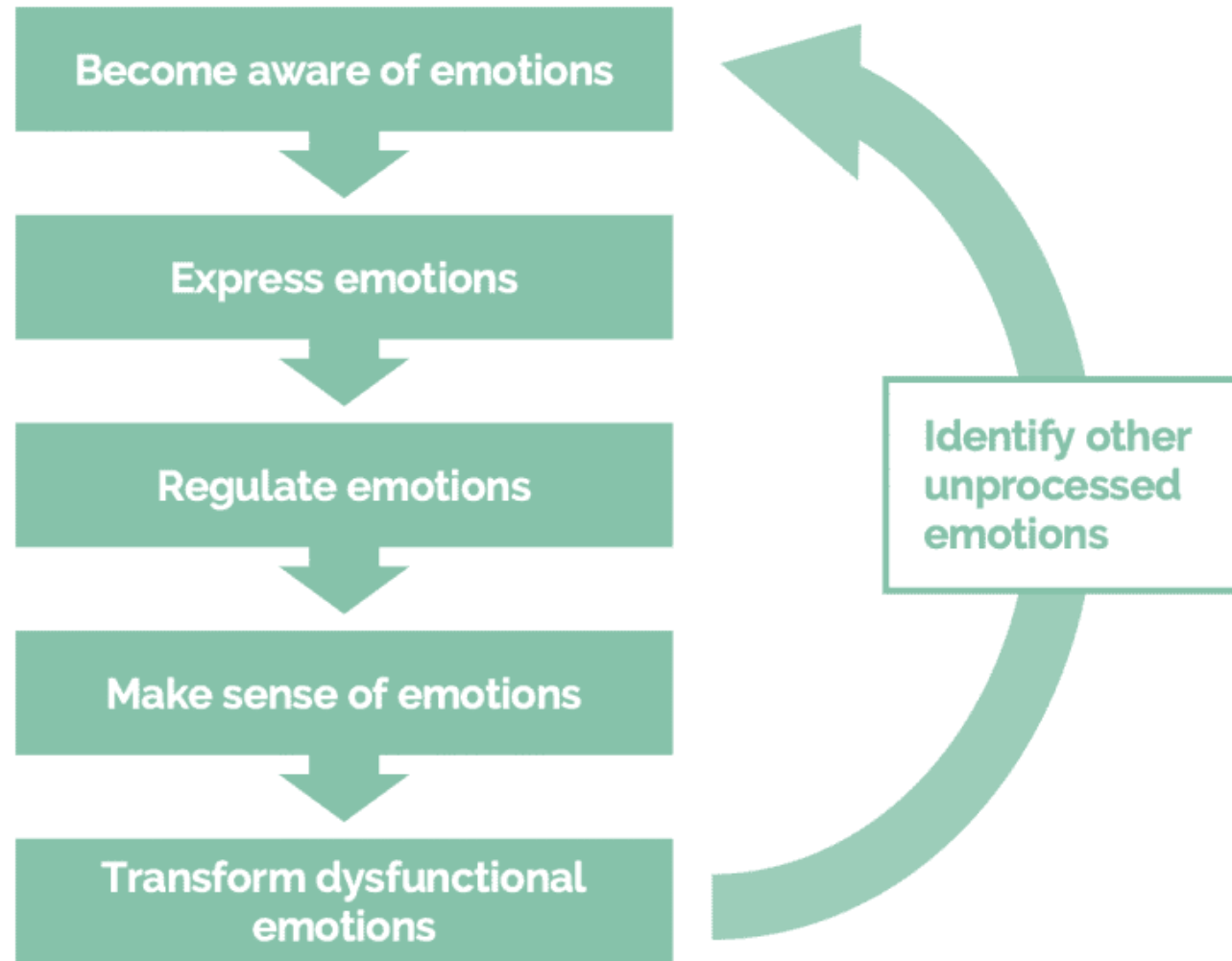
# Dancing THE EFIT TANGO

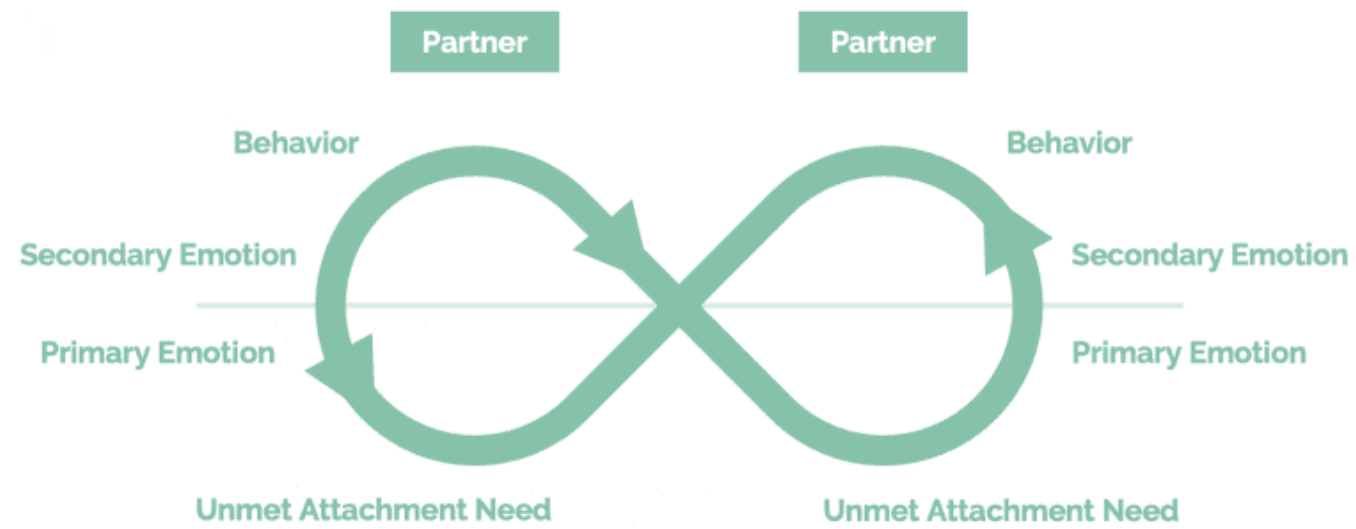


The encountered figure in Move 3 can be:

- a therapist
- a part of self
- an imaginary other /often an attachment figure

**Figure 5.1** Dancing the EFIT Tango – The five basic moves of EFT. © 2021 Sue Johnson.

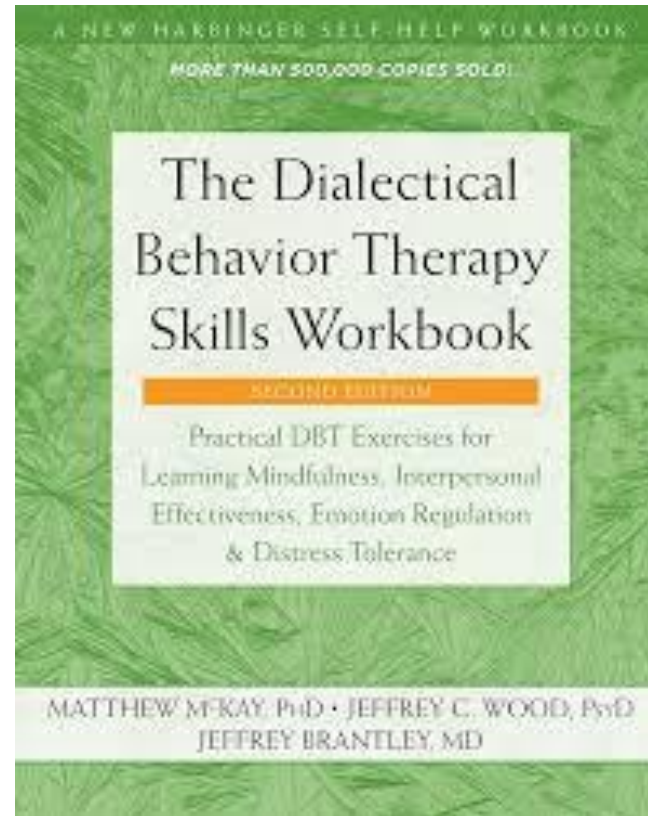




# Dialectical Behavior Therapy

1. Interpersonal Skills
2. Distress Tolerance Skills
3. Emotional Regulation Skills
4. Mindfulness (Self-awareness) Skills

# Dialectical Behavior Therapy





# Dialectical Behavior Therapy

## Protocol

- 6 months repeated twice
- Skills groups
- Individual sessions
- Telephone check-ins

# Cognitive Therapy

TABLE 1.2 Maladaptive Schemas and Schema Domains

## Disconnection and Rejection

- **Abandonment/Instability:** The belief that significant others will not or cannot provide reliable and stable support.
- **Mistrust/Abuse:** The belief that others will abuse, humiliate, cheat, lie, manipulate, or take advantage.
- **Emotional Deprivation:** The belief that one's desire for emotional support will not be met by others.
- **Defectiveness/Shame:** The belief that one is defective, bad, unwanted, or inferior in important respects.
- **Social Isolation/Alienation:** The belief that one is alienated, different from others, or not part of any group.

## Impaired Autonomy and Performance

- **Dependence/Incompetence:** The belief that one is unable to competently meet everyday responsibilities without considerable help from others.
- **Vulnerability to Harm or Illness:** The exaggerated fear that imminent catastrophe will strike at any time and that one will be unable to prevent it.
- **Enmeshment/Undeveloped Self:** The belief that one must be emotionally close with others at the expense of full individuation or normal social development.
- **Failure:** The belief that one will inevitably fail or is fundamentally inadequate in achieving one's goals.

Sperry, 2016

# Cognitive Therapy

## Impaired Limits

- **Entitlement/Grandiosity:** The belief that one is superior to others and not bound by the rules and norms that govern normal social interaction.
- **Insufficient Self-Control/Self-Discipline:** The belief that one is incapable of self-control and frustration tolerance.

## Other-Directedness

- **Subjugation:** The belief that one's desires, needs, and feelings must be suppressed in order to meet the needs of others and avoid retaliation or criticism.
- **Self-Sacrifice:** The belief that one must meet the needs of others at the expense of one's own gratification.
- **Approval-Seeking/Recognition-Seeking:** The belief that one must constantly seek to belong and be accepted at the expense of developing a true sense of self.

## Overvigilance and Inhibition

- **Negativity/Pessimism:** A pervasive, lifelong focus on the negative aspects of life while minimizing the positive and optimistic aspects.
- **Emotional inhibition:** The excessive inhibition of spontaneous action, feeling, or communication—usually to avoid disapproval by others, feelings of shame, or losing control of one's impulses.
- **Unrelenting Standards/Hypercriticalness:** The belief that striving to meet unrealistically high standards of performance is essential to be accepted and to avoid criticism.
- **Punitiveness.** The belief that others should be harshly punished for making errors.

Sperry, 2016

# Cognitive Therapy



## **CBT WORKSHEET PACKET** **2020 EDITION**

<https://beckinstitute.org/cbt-resources/resources-for-professionals-and-students/>

Thanks!

Questions?

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