

Effective Techniques for Counseling Individuals with Personality Disorders

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Personality Disorders

- ▶ **Cluster B: Dramatic/Erratic Type**
 - Are considered to be among the most difficult to treat
 - Are most pervasive in American society
 - Prognosis is often poor
 - Medications don't work
 - If clinician's miss the Dx, they get caught up in client's **DRAMA**.

Personality Disorders

- ▶ **Cluster B: Dramatic/Erratic**

P.D. often misdiagnosed because client's complaints are vague....

 - "I have low self-esteem"
 - "People don't understand me"
 - "I just can't do what I need to do"
 - "I guess I'm not getting enough out of life"
 - "I don't know why I don't follow the doctor's orders"
 - "I just can't seem to get along with others"
 - "Everyone at work hates me"

Commonalities Among all Personality Disorders

- ▶ Maladaptive or exaggerated traits
- ▶ Inflexible and rigid
- ▶ Traits result in impaired social, occupational functioning
- ▶ Client lacks insight into traits
- ▶ Tendency to blame others
- ▶ P.D. are usually about "deficiency" or missing pieces, e.g. person may be high functioning in some areas
- ▶ Not diagnosed in children or teens

Consequences of Having a Personality Disorder

- ▶ Have difficulty forming trusting relationships
- ▶ Exhibits behavior that is unreasonable & demanding
- ▶ Exhibits behavior that is restive & avoidant
- ▶ Creates upset and distress in the people around them
- ▶ Has a pattern of either "shutting down" or becoming highly escalated when experiencing strong emotions
- ▶ Presentation that seems "difficult" rather than clinically dysfunctional or impaired.

Personality Disorder???

Things to Watch For...

- ▶ Chronic difficulties & dysfunctional patterns
- ▶ Multiple previous psychiatric diagnoses
- ▶ "therapist-hopping" or "system-abuser"
- ▶ Chronic repetitive relationship problems
- ▶ Multiple marriages (rule out: Bipolar)
- ▶ Shifting friendships and relationships
- ▶ Abusive or abusing relationships

Narcissistic Personality: Symptoms/DSM-5 Criteria

- ▶ Grandiose sense of self-importance
- ▶ Fantasies of success, power, brilliance, beauty
- ▶ Believes he/she is unique, special
- ▶ Requires excessive admiration
- ▶ Sense of entitlement
- ▶ Exploits others
- ▶ Lacks empathy
- ▶ Envious of others
- ▶ Arrogant, haughty behaviors/attitudes

Narcissistic Personality Core Characteristics

- ▶ More men than women (50%–75%)
- ▶ Exclusive Traits: Self-aggrandizement, grandiosity, need for admiration, lack of empathy.
- ▶ Important Deficiency: Equality w/ Others
- ▶ Pattern of Relating: arrogant, demeaning, contempt
- ▶ View of the World: others exist to serve them
- ▶ View of Others: inferior underlings
- ▶ Deals w/ the World: image-management & rage

Narcissistic Personality Core Characteristics

- ▶ How others typically experience them:
 - Selfish, self-centered
 - Presumptuous
 - Uncaring
 - Demanding/exploitative
 - Manipulative
 - Rageful
 - Self-righteous
 - Power-mad
 - Insensitive
 - Arrogant

Narcissistic Personality: Etiology

- ▶ NOT GENETIC
- ▶ Often grows up with “stage-mother” or “coach-father” who project their dreams, ambitions onto their daughters or sons
- ▶ “Copter parenting”
- ▶ Child grows up knowing they are the center of their parent’s universe. Everything will revolve around kid, “child-centered family”
- ▶ Overcompensation for inferiority

Borderline Personality: Symptoms/DSM-5 Criteria

- ▶ Frantic efforts to avoid abandonment
- ▶ Pattern of unstable/intense relationships
- ▶ Persistently unstable sense of self
- ▶ Impulsivity
- ▶ Suicidal behavior, gestures, threats, NSSI
- ▶ Affective instability
- ▶ Chronic feelings of emptiness
- ▶ Difficulty regulating emotions esp. ANGER
- ▶ Transient paranoid feelings or dissociative

Borderline Personality Core Characteristics

- ▶ More women than men
- ▶ Exclusive traits: lack of emotional regulation, inability to self-soothe, lacks “skin” i.e. vulnerable
- ▶ Important Deficiency: affective instability
- ▶ Pattern of Relating: idealize/devalue, fears abandonment, clingy, rejecting, tests others
- ▶ View of the World: dangerous, cruel place
- ▶ View of Others: love/hate relationships
- ▶ Deals w/ the World: tests others loyalty

Borderline Personality: Etiology

- ▶ BPD is *rooted in biology* however, environment plays a role (75% concordance)
- ▶ *Failure of individuation* provokes abandonment & depression (attachment)
- ▶ Never learned to *"problem-solve"* (Turkat)
- ▶ *Chaotic family* (Borderline-to-be plays key role in family drama), autonomy is bad, misery, sickness, dependence, debilitation brings about love/concern.
- ▶ *Trauma*: 80% of those w/ sexual abuse history have NO P.D.!!!!

Borderline Personality: Etiology

- ▶ Marsha Linehan says: BPD is the result of...
 - **Biological Vulnerability to over-sensitivity +**
 - **Invalidating Environment = Affective Instability**

BPD is more genetic/biological than psychological.

Invalidating environment may be an inflammatory factor NOT a cause.

BPD: Paris's 27 yr. follow-up

- ▶ Wide range of outcomes ranging from complete recovery to serious dysfunction
- ▶ Overall suicide rate 10% (mean age=37) (35% male 65% female)
- ▶ Unusually high death rate from other causes
- ▶ Only 28% still in treatment
- ▶ Impulsivity diminished over time
- ▶ Only 22% met the criteria for Dysthymia
- ▶ Only 5% had current SUD or Major Depression

Treating NPD and BPD

- ▶ People with major mental health disorders often misperceive reality...PD individuals disregard reality or overlook it.
- ▶ The key to treating NPD & BPD is to help clients make connections (NOT to uncover and rehash childhood trauma)!
- ▶ For example, making connections between what happens within the session and what happens in the outside world.

Treating NPD and BPD Dialectical Behavior Therapy

- ▶ Unless there's an agreement between you and client to do deep, uncovering-type, intrusive-type therapy, better to take a **Management** approach.
- ▶ Linehan's DBT is really a **PROBLEM-SOLVING** approach! Designed to help client manage affect and deal with everyday problems.
(video example)

Treating NPD and BPD

- ▶ Linehan begins by contracting with client
 - "We will be working on goals that you set."
 - "There will be times when you will be unable to manage emotions and that's when we need to talk rather than act-out on those feelings"
 - "Do you agree to work on your goals together?"

Treating NPD and BPD FOCAL TREATMENT

- ▶ You and client agree to work on ONE ISSUE
- ▶ Conversation with client is about that ONE ISSUE until it changes
- ▶ Focus is often on relationships/marriage
- ▶ Help client to make connections e.g.
 - Fears of abandonment *connected to* NSSI
 - Frustration *connected to* lashing out at others
 - Intimacy fears *connected to* "shutting down"
 - Disappointment in others *connected to* concluding that other were acting intentionally to harm you.

Treating NPD and BPD FOCAL TREATMENT

- ▶ Disadvantage of FOCAL treatment:
 - Tx cannot occur when **coercive behaviors** are successful in controlling others:
 - Acting out
 - Chaos
 - Regression
 - Distortion of the relationship
 - Repeated crises
 - Suicidal threats & gestures

Treating NPD and BPD: Facilitating Specificity

- ▶ A *management approach* developed by David Dawson. Therapeutic conversation is limited to helping the client be more specific and precise in their statements of their problems, concerns, difficulties.
 - State that your job is to help determine what client wants
 - Counselor limits comments to those that: refine, clarify, confirm, define client's problems/goals
 - Nothing is left vague or abstract
 - Client is in control over whether content and definition of problem is accurate.

**Treating NPD and BPD
S-E-T**

- ▶ Developed by Kreisman & Straus as a way to provide feedback to client:
 - Begins with a statement of **SUPPORT**
 - Counselor then makes a statement of **EMPATHY**
 - Counselor then concludes with a statement of **TRUTH**

**Treating NPD and BPD
S-E-T**

- ▶ **SUPPORT** (similar to M.I. "affirmation")
 - "I'd really like to see you succeed at this"
 - "I can tell how hard you've tried to change this"
 - "You've done a good job tolerating the frustration"
 - "I like how you said that"
 - "That sounds like a good idea"
 - "This is really important to you"
 - "You've put a lot of work into this"

**Treating NPD and BPD
S-E-T**

- ▶ **EMPATHY**
 - "And that sounds like it was very difficult"
 - "And I can hear the confusion you felt"
 - "It's hard feeling that angry"
 - "It must have been very confusing"
 - "This must be so frustrating"
 - "That must have been so upsetting for you"
 - "That must have been quite a struggle for you"

Treating NPD and BPD S-E-T

- ▶ TRUTH
 - "But you've done that before and it backfired"
 - "I think you'd be better off not getting into it, but that's just my opinion"
 - "It's probably better not to get involved in that situation"
 - "This kind of thing usually works out badly"
 - "Sometimes we have to do things we don't want in order to get something we want"
 - "This sounds like it's a case of your picking the lesser of two evils"
 - "I'm concerned that if you confront your boss you may end up getting fired"
 - "When other clients have done XYZ, it's usually not work out well for them."

Treating BPD: Crises

- ▶ Client is treated as a competent adult
- ▶ Counselor asks how they can help
- ▶ Counselor waits for client to ask for specific help
- ▶ Counselor provides help/resources/ER referral
- ▶ Counselor maintains compassionate neutrality

Treating BPD: NSSI

- ▶ Remember NSSI is not actually suicidal behavior, more about affect regulation
- ▶ Best understood as "addictive behavior" or a way to communicate distress, turn up volume
- ▶ Is medical treatment needed?
- ▶ Ask about antecedents/triggers
- ▶ Determine appropriate level of care
- ▶ Once crisis has passed recommend distracting approaches until coping skills begin to take effect.

Treating NPD and BPD Maintain a Tx Mindset

- ▶ The client is doing the best they can...
 - and they must do better
- ▶ The client can't see what they're doing...
 - and they must modify what they're doing
- ▶ The client can't control themselves...
 - and they must modify what they're doing
- ▶ The client's views & reactions are accurate to his/her disorder...and are inaccurate to cause & effect in the external world
- ▶ The client's relationships are destructive...
 - and they must use their relationship with you constructively
- ▶ The client has difficulty being motivated...
 - and they must work hard in order to change
- ▶ You have a substantial risk of failure....
 - and you must proceed expecting to help client succeed

Treatment Guidelines: NPD

- ▶ Don't get caught up in "rescuer" role e.g. being seduced into thinking that "everyone else is at fault."
- ▶ Avoid defending yourself or trying to "prove a point"
- ▶ Avoid confronting client's feelings of being "special" or "unique" too early
- ▶ Show interest their accomplishments, achievements, talents
- ▶ But maintain "polite indifference" of their need to impress you.
- ▶ Use Informed Consent and make sure client understands the rules.

Recommended Readings

- ▶ Dawson, D. (1988). Treating the borderline patient: Relationship management. *Canadian Journal of Psychiatry*, 33(5), 370-374.
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- ▶ Mason, P. & Kreger, R. (2010). *Stop Walking on Eggshells: Taking your life back when someone you care about has borderline personality disorder*. Oakland, CA: New Harbinger Publications
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- ▶ Turkat, I.D. (1990). *The personality disorders: A psychological approach to clinical management*. New York: Pergamon Press.

Books by Drs. Cavaia and Lavender are available at all major outlets including Amazon and Barnes and Noble.
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The image displays three book covers side-by-side. The first cover, 'TOXIC COWORKERS', features silhouettes of people in an office setting. The second cover, 'THE ONE-WAY Relationship WORKBOOK', shows a single orange silhouette of a person. The third cover, 'Impossible to Please', has a pink background and shows a stack of yellow pencils.
