

Personality Disorders

1

---

---

---

---

---

---

---

---

Psychotic

2

---

---

---

---

---

---

---

---

Psychotic  
See and Hear  
Things

3

---

---

---

---

---

---

---

---

# Psychotic

See and Hear  
Things  
Confinement

4

---

---

---

---

---

---

---

# Psychotic      Neurotic

See and Hear  
Things  
Confinement

5

---

---

---

---

---

---

---

# Psychotic      Neurotic

See and Hear      Internal Conflict  
Things  
Confinement

6

---

---

---

---

---

---

---

<b>Psychotic</b>	<b>Neurotic</b>
See and Hear Things	Internal Conflict
Confinement	Psychoanalysis

7

---

---

---

---

---

---

---

Our Science Discarded  
“Descriptive” Pathology in  
Favor of Freudian  
“Explanatory” Pathology

8

---

---

---

---

---

---

---

Psychoanalysis

9

---

---

---

---

---

---

---

# Psychoanalysis

1. Free Associate

---

---

---

---

---

---

---

---

10

# Psychoanalysis

1. Free Associate
2. Trace Backwards in Your Life to Find Where the Conflict Started

---

---

---

---

---

---

---

---

11

# Psychoanalysis

1. Free Associate
2. Trace Backwards in Your Life to Find Where the Conflict Started
3. Differentiate the Past from the Present in that Realm

---

---

---

---

---

---

---

---

12

# Psychoanalysis

Ego Analysts

13

---

---

---

---

---

---

---

---

# Psychoanalysis

Ego Analysts  
Neo-Freudians

14

---

---

---

---

---

---

---

---

# Psychoanalysis

Ego Analysts  
Neo-Freudians  
Object Relations Analysts

15

---

---

---

---

---

---

---

---

# DSM III Committee

---

---

---

---

---

---

---

---

16

# DSM III Committee

Problems with Psychoanalytic Model:

---

---

---

---

---

---

---

---

17

# DSM III Committee

Problems with Psychoanalytic Model:

1. Anecdotal, Not Empirical

---

---

---

---

---

---

---

---

18

# DSM III Committee

Problems with Psychoanalytic Model:

- 1. Anecdotal, Not Empirical
- 2. Entirely Theoretical

---

---

---

---

---

---

---

---

19

# DSM III Committee

Problems with Psychoanalytic Model:

- 1. Anecdotal, Not Empirical
- 2. Entirely Theoretical
- 3. Memory-Based

---

---

---

---

---

---

---

---

20

# Throw It Out and Start Over

---

---

---

---

---

---

---

---

21

# Throw It Out and Start Over

Return to Descriptive Pathology

---

---

---

---

---

---

---

---

22

Illness

---

---

---

---

---

---

---

---

23

Illness  
Symptoms

---

---

---

---

---

---

---

---

24



Illness  
Symptoms  
Run a Course

---

---

---

---

---

---

---

25

Psychiatric  
Illness  
Symptoms  
Run a Course

---

---

---

---

---

---

---

26

Psychiatric  
Illness  
Symptoms  
Run a Course  
  
—  
Axis I

---

---

---

---

---

---

---

27

Psychiatric  
Illness                      Disorder  
Symptoms  
Run a Course  
\_\_\_\_\_  
Axis I

---

---

---

---

---

---

---

28

Psychiatric  
Illness                      Disorder  
Symptoms                  Characteristics  
Run a Course  
\_\_\_\_\_  
Axis I

---

---

---

---

---

---

---

29

Psychiatric  
Illness                      Disorder  
Symptoms                  Characteristics  
Run a Course              Pervasive, Enduring  
\_\_\_\_\_  
Axis I

---

---

---

---

---

---

---

30

Psychiatric Illness Symptoms Run a Course _____ Axis I	Disorder Characteristics Pervasive, Enduring _____ Axis II
---	--

---

---

---

---

---

---

---

---

31

Psychiatric Illness Symptoms Run a Course _____ Axis I	Personality Disorder Characteristics Pervasive, Enduring _____ Axis II
---	---

---

---

---

---

---

---

---

---

32

DSM-5 eliminated "Multiaxial Diagnosis" because our science has progressed to the point where multiple axes are no longer needed for effective diagnosis.

---

---

---

---

---

---

---

---

33

But - Personality Disorders  
are Still Considered Unique

34

---

---

---

---

---

---

---

---

“The diagnostic approach used in this manual represents  
the categorical perspective that personality disorders are  
**qualitatively distinct** clinical syndromes.”

DSM 5, pg 646, emphasis added

35

---

---

---

---

---

---

---

---

What is “Personality”?

36

---

---

---

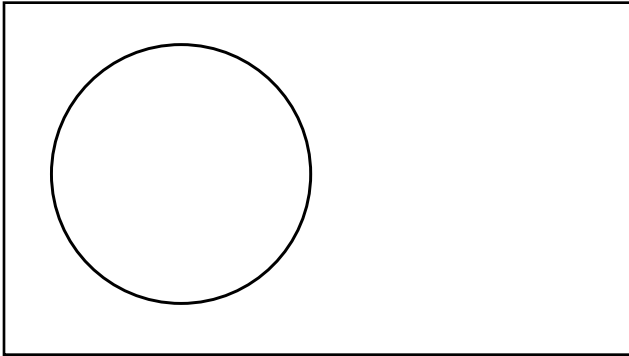
---

---

---

---

---



37

---

---

---

---

---

---

---

---

Personality is Your  
Psychological “Toolkit”  
Containing Tools for  
Handling Everyday Life

38

---

---

---

---

---

---

---

---

The Tools in Your Personality  
Toolkit are Things  
Called “Traits”

39

---

---

---

---

---

---

---

---

A "Trait" is a Cohesive Set  
of Feelings, Experiences,  
and Behaviors  
Designed to Handle Part  
of Life

40

---

---

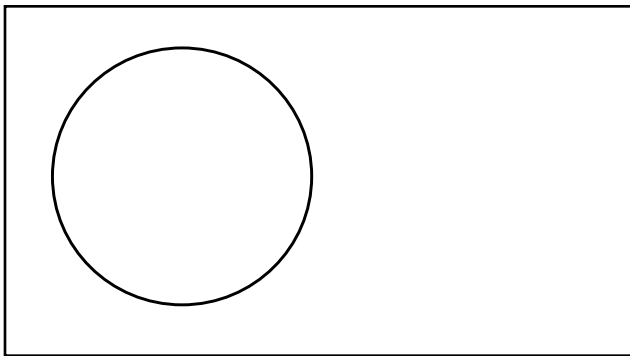
---

---

---

---

---



41

---

---

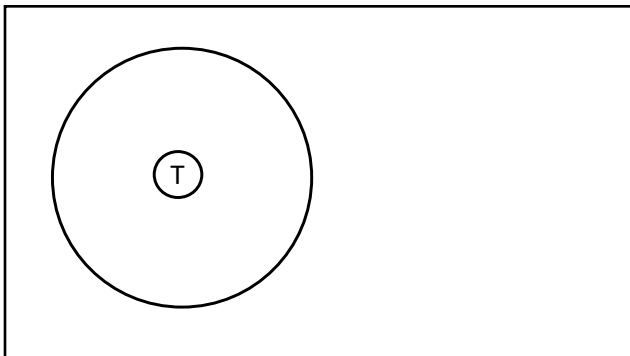
---

---

---

---

---



42

---

---

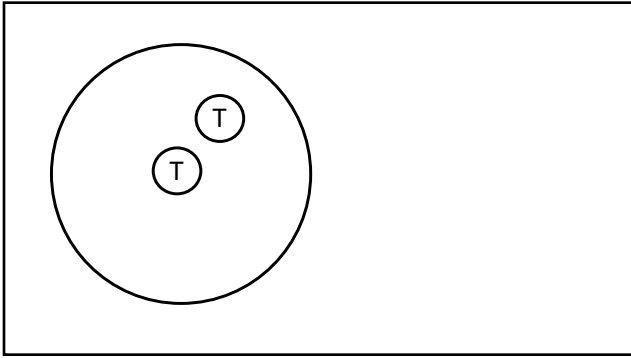
---

---

---

---

---



43

---

---

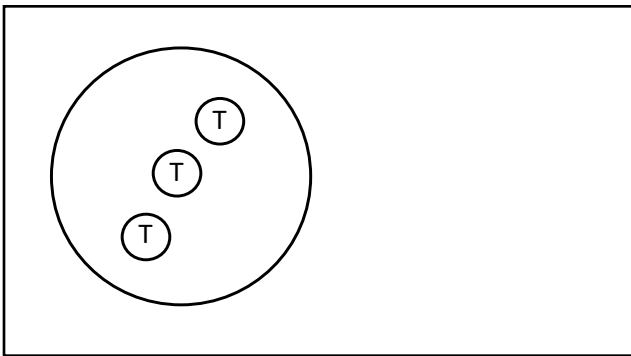
---

---

---

---

---



44

---

---

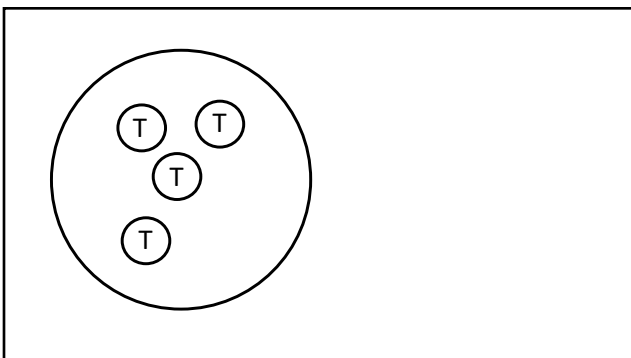
---

---

---

---

---



45

---

---

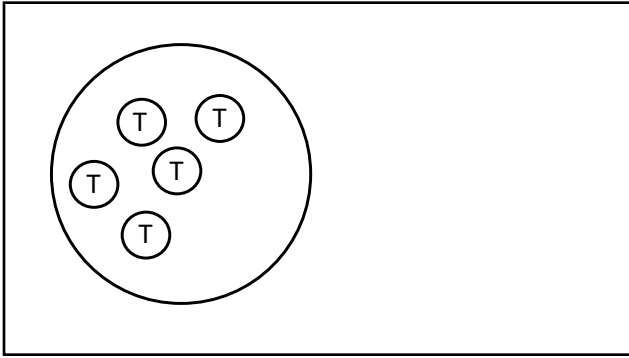
---

---

---

---

---



46

---

---

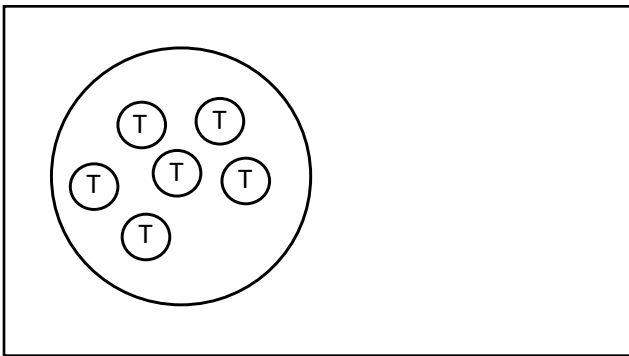
---

---

---

---

---



47

---

---

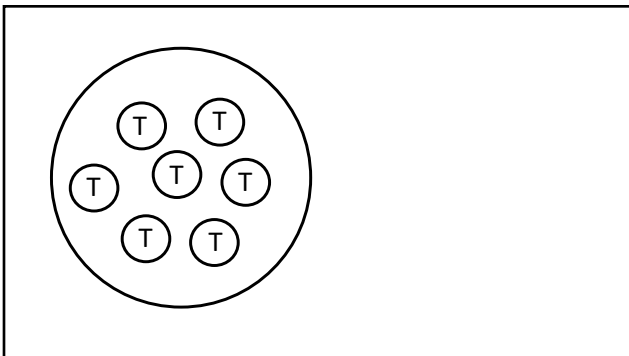
---

---

---

---

---



48

---

---

---

---

---

---

---



Personality is a Tool of  
**Flexibility** and **Adaptability**  
In Life

49

---

---

---

---

---

---

---

---

What is “Normal” Personality?

50

---

---

---

---

---

---

---

---

“Normal” Personality is One that  
Contains **Sufficiently Diverse** Traits  
That Enable You to Be the Ways  
You Need to Be, and Do the Things You  
Need to Do in Order to Make Your Life Work

51

---

---

---

---

---

---

---

---

“Normal” Personality Means  
Your Flexibility and Adaptability  
are **Good Enough** to Get  
You More Positive than Negative  
Consequences in Life

52

---

---

---

---

---

---

---

---

What is “Disordered”  
Personality?

53

---

---

---

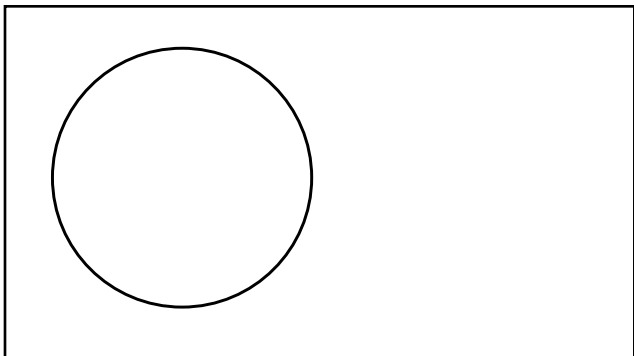
---

---

---

---

---



54

---

---

---

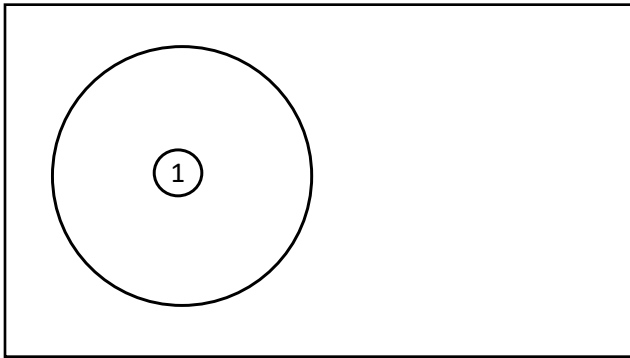
---

---

---

---

---



55

---

---

---

---

---

---

---

---

Psychologically  
**Incomplete**  
Human Beings

56

---

---

---

---

---

---

---

---

They Have  
Insufficient Resources  
for Living

57

---

---

---

---

---

---

---

---

They are  
Missing Psychological  
Abilities that You  
Take for Granted

---

---

---

---

---

---

---

---

58

Why Psychiatric Medication  
Doesn't Work

---

---

---

---

---

---

---

---

59

Psychiatric Medication Does  
One Thing:  
**It Reduces Symptoms**  
It Does Not Create New  
Resources For Living

---

---

---

---

---

---

---

---

60

Why Traditional Psychotherapy  
Doesn't Work

61

---

---

---

---

---

---

---

---

Traditional Psychotherapy is Designed to  
**Repair** the Malfunctioning Systems that  
Cause Symptoms, and are Not Designed  
To **Create** New Personality Resources

62

---

---

---

---

---

---

---

---

Dinosaurs

63

---

---

---

---

---

---

---

---

Treatment for Personality Disorder  
is **Installational**, not “Repairative”

64

---

---

---

---

---

---

---

---

It is “**Creative**”

65

---

---

---

---

---

---

---

---

Remember:  
The **Trait** is Not the Disorder,  
it is the **Exclusivity**  
of the Trait that is the Disorder

66

---

---

---

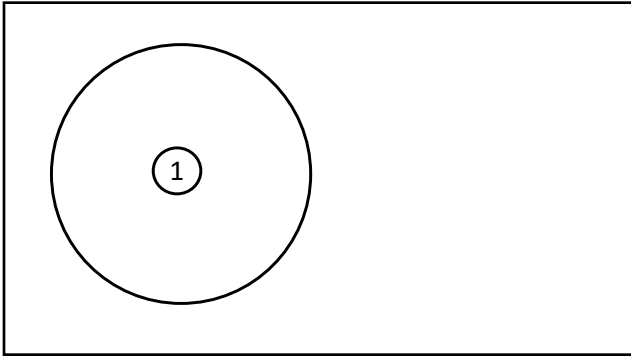
---

---

---

---

---



67

---

---

---

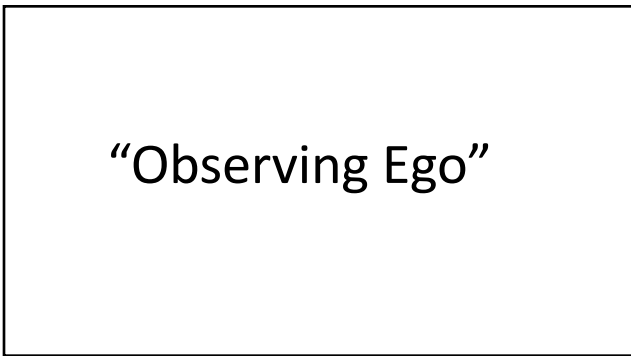
---

---

---

---

---



68

---

---

---

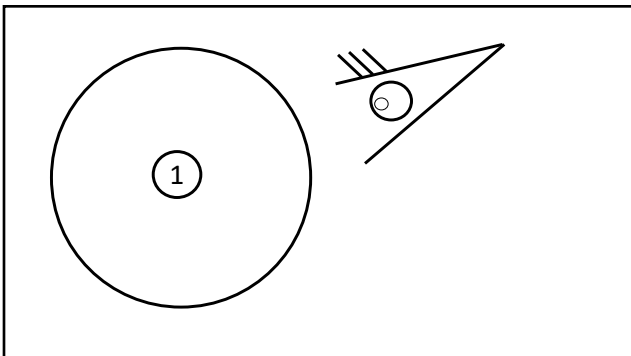
---

---

---

---

---



69

---

---

---

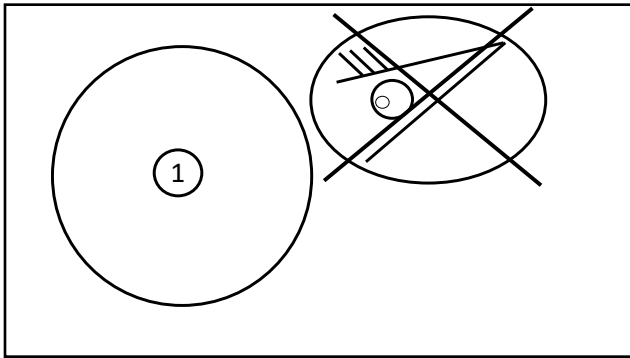
---

---

---

---

---



70

---

---

---

---

---

---

---

---

They are Deficient in  
Self-Corrective Function

71

---

---

---

---

---

---

---

---

“Telling” Doesn’t Work

72

---

---

---

---

---

---

---

---



“Telling” Doesn’t Work  
“Explaining” Doesn’t Work

73

---

---

---

---

---

---

---

“Telling” Doesn’t Work  
“Explaining” Doesn’t Work  
“Teaching” Doesn’t Work

74

---

---

---

---

---

---

---

“Telling” Doesn’t Work  
“Explaining” Doesn’t Work  
“Teaching” Doesn’t Work  
“Skills Training” Doesn’t Work

75

---

---

---

---

---

---

---

You Are Alone in the Room  
With the Disorder-  
**There's Nobody Else In There**

---

---

---

---

---

---

---

---

76

You Are Alone in the Room  
With the Disorder  
**There's Nobody Else In There**  
You Talk, and  
**The Disorder** Responds

---

---

---

---

---

---

---

---

77

Interventions for Personality Disorder  
are Not About the "Content" or  
What You Talk **About**,  
They are About the Process, or  
the **Way** You Talk

---

---

---

---

---

---

---

---

78

What a Personality Disorder  
**Does**

79

---

---

---

---

---

---

---

---

Problem  
Solving

80

---

---

---

---

---

---

---

---

Problem  
Solving

Ⓜ

81

---

---

---

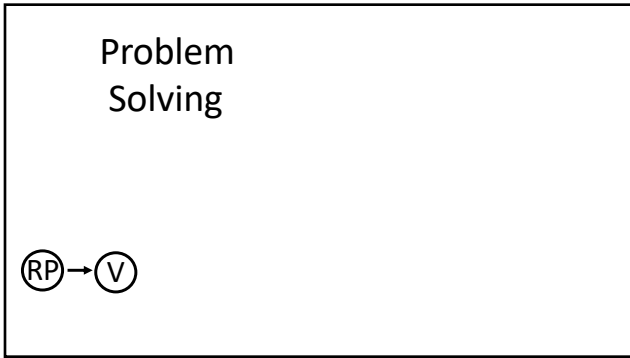
---

---

---

---

---



82

---

---

---

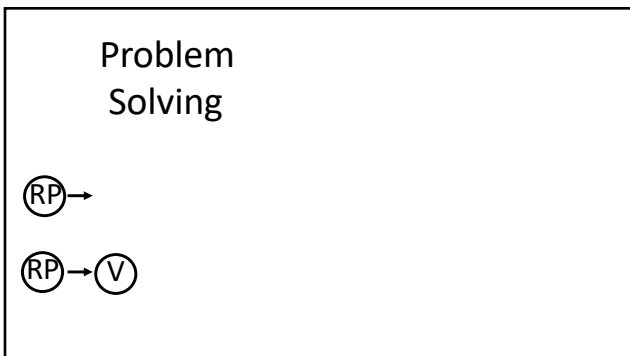
---

---

---

---

---



83

---

---

---

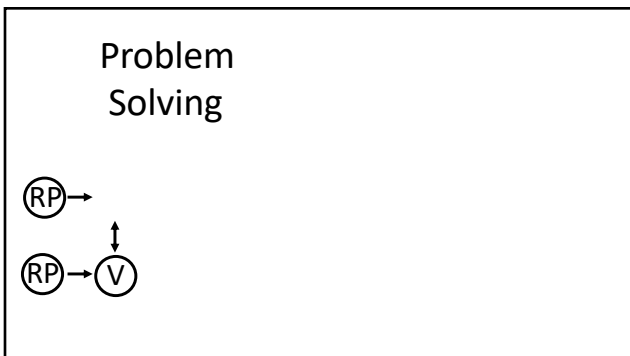
---

---

---

---

---



84

---

---

---

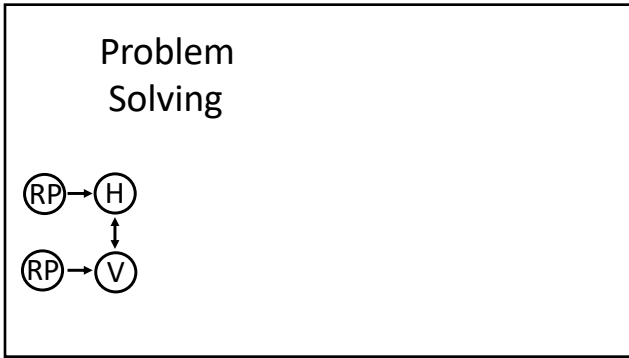
---

---

---

---

---



85

---

---

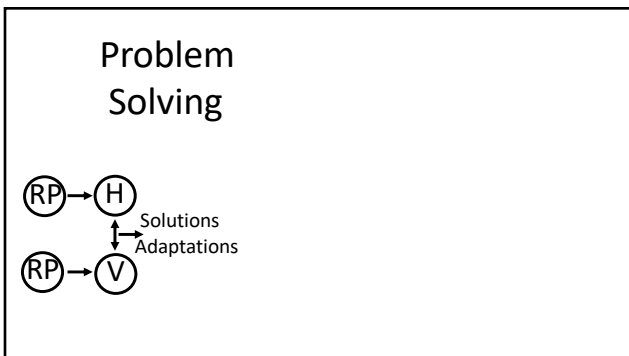
---

---

---

---

---



86

---

---

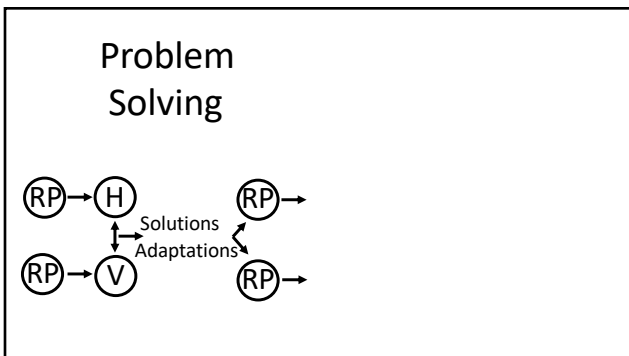
---

---

---

---

---



87

---

---

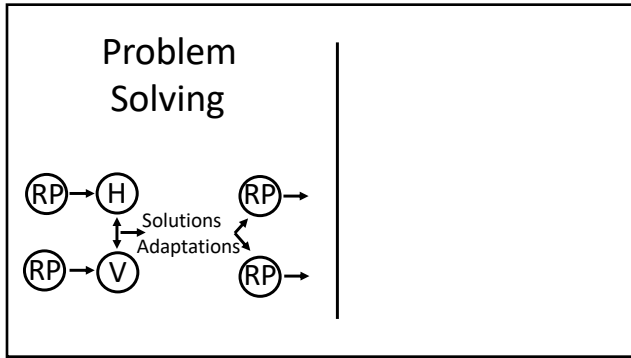
---

---

---

---

---



88

---

---

---

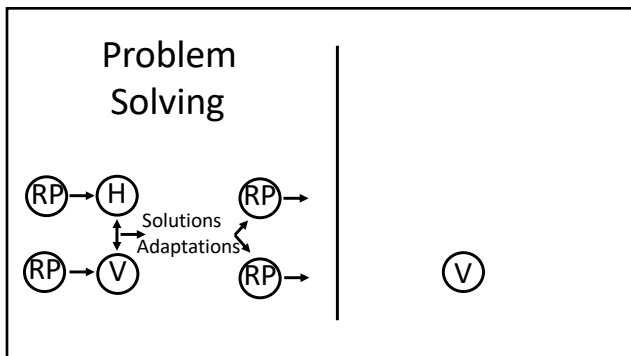
---

---

---

---

---



89

---

---

---

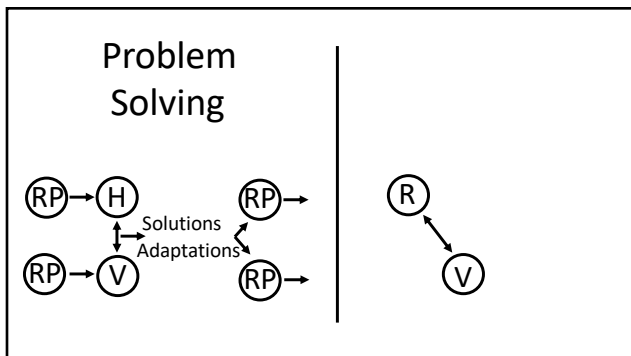
---

---

---

---

---



90

---

---

---

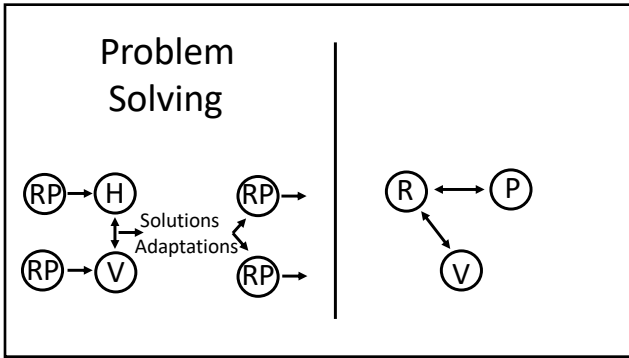
---

---

---

---

---



91

---

---

---

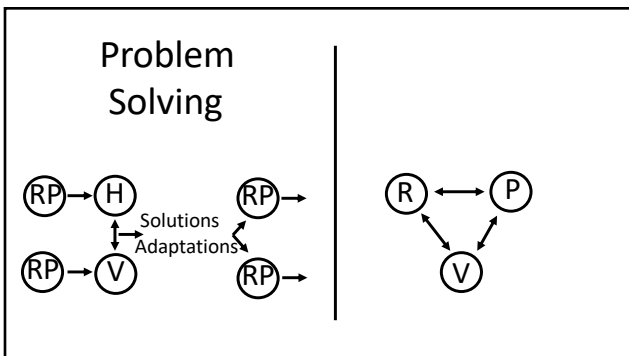
---

---

---

---

---



92

---

---

---

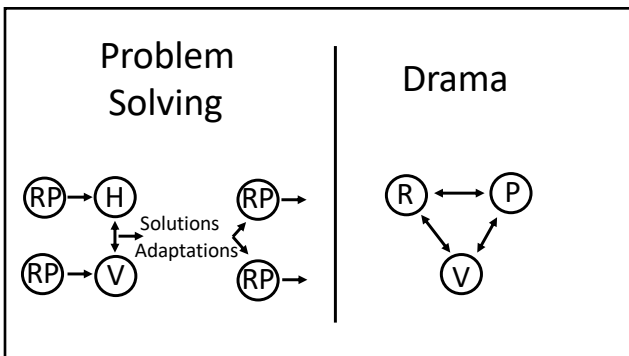
---

---

---

---

---



93

---

---

---

---

---

---

---

---

Personality Disordered People are  
**Drama Generation Machines**

94

---

---

---

---

---

---

---

---

Drama is an **Unproductive** Escalation

95

---

---

---

---

---

---

---

---

Drama is an **Unproductive** Escalation  
Created by Someone Pulling a “Switch”

96

---

---

---

---

---

---

---

---



1. Symptom vs Characteristic

---

---

---

---

---

---

---

---

97

1. Symptom vs Characteristic  
2. Malfunction vs Deficiency

---

---

---

---

---

---

---

---

98

1. Symptom vs Characteristic  
2. Malfunction vs Deficiency  
3. Problem Solving vs Drama

---

---

---

---

---

---

---

---

99

Diagnosis:

100

---

---

---

---

---

---

---

---

Diagnosis:

1. Pattern

101

---

---

---

---

---

---

---

---

Diagnosis:

1. Pattern  
2. Pervasive and Enduring

102

---

---

---

---

---

---

---

---

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life

---

---

---

---

---

---

---

103

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life
4. Inconsistent with Cultural Norms

---

---

---

---

---

---

---

104

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life
4. Inconsistent with Cultural Norms
5. Causes Clinically Significant Distress or Impairment

---

---

---

---

---

---

---

105

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life
4. Inconsistent with Cultural Norms
5. Causes Clinically Significant Distress or Impairment
6. Not Better Accounted for by a Symptom

---

---

---

---

---

---

---

106

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life
4. Inconsistent with Cultural Norms
5. Causes Clinically Significant Distress or Impairment
6. Not Better Accounted for by a Symptom
7. Not Better Accounted for by a Substance

---

---

---

---

---

---

---

107

Diagnosis:

1. Pattern
2. Pervasive and Enduring
3. Affects 2 or More Important Areas of Life
4. Inconsistent with Cultural Norms
5. Causes Clinically Significant Distress or Impairment
6. Not Better Accounted for by a Symptom
7. Not Better Accounted for by a Substance
8. Not Better Accounted for by a Medical Condition

---

---

---

---

---

---

---

108

Subtype  
"Threshold" Model

109

---

---

---

---

---

---

---

---

Subtype  
"Threshold" Model  
Symptom

110

---

---

---

---

---

---

---

---

Subtype  
"Threshold" Model  
Symptom  
  
Normal Limits

111

---

---

---

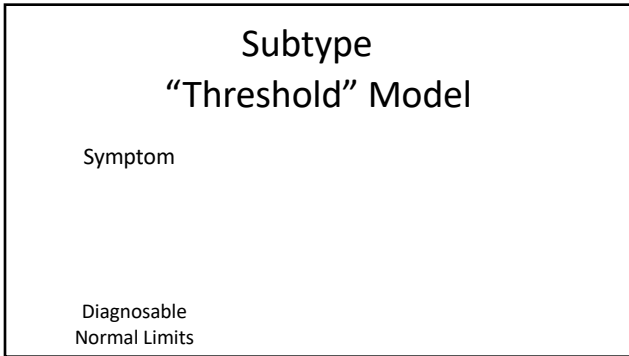
---

---

---

---

---



112

---

---

---

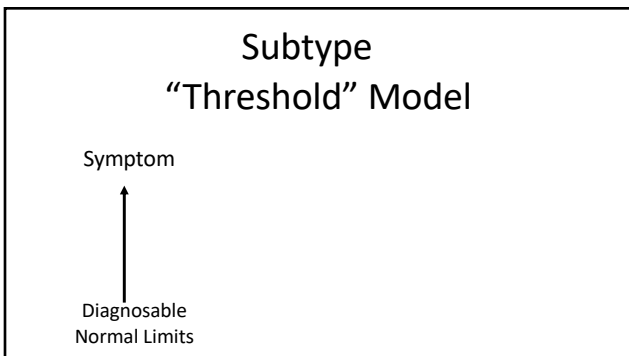
---

---

---

---

---



113

---

---

---

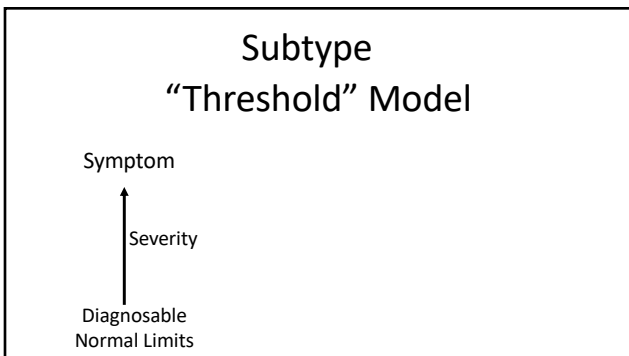
---

---

---

---

---



114

---

---

---

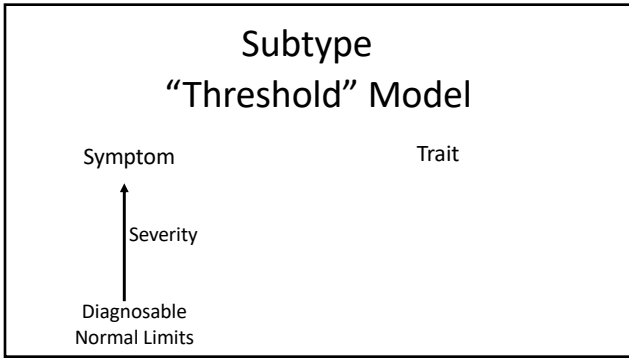
---

---

---

---

---



115

---

---

---

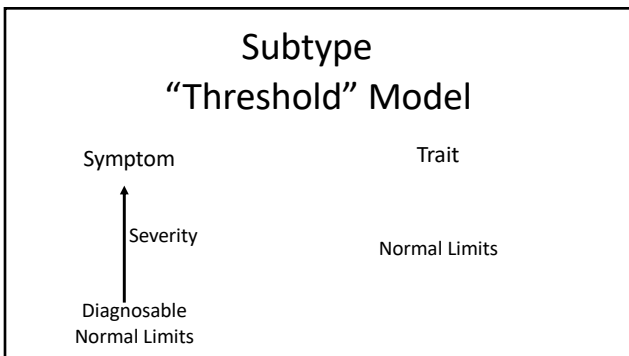
---

---

---

---

---



116

---

---

---

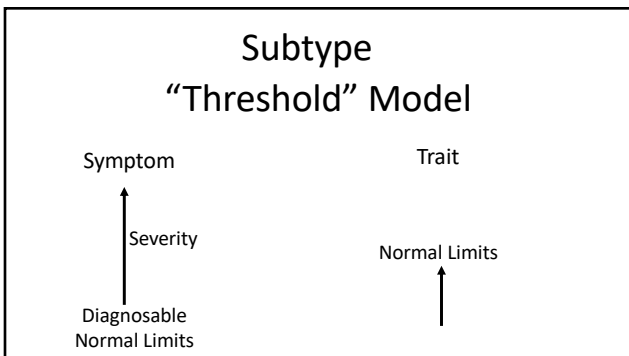
---

---

---

---

---



117

---

---

---

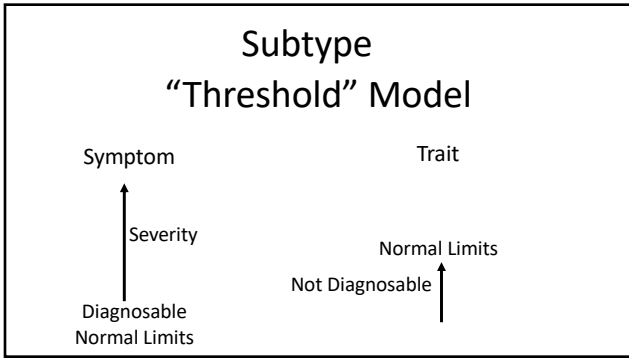
---

---

---

---

---



---

---

---

---

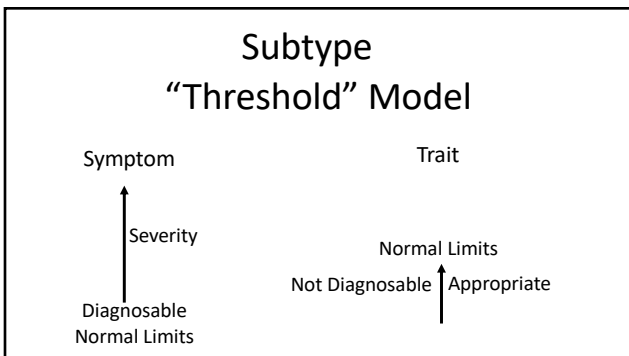
---

---

---

---

118



---

---

---

---

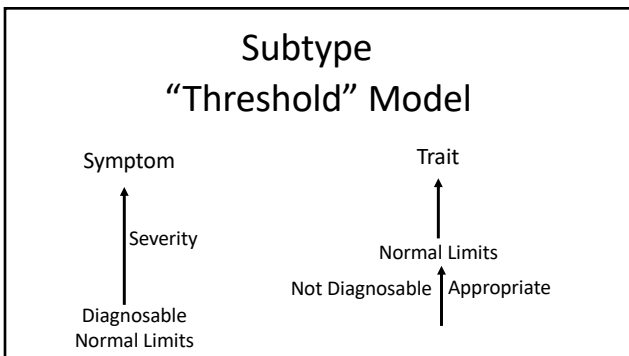
---

---

---

---

119



---

---

---

---

---

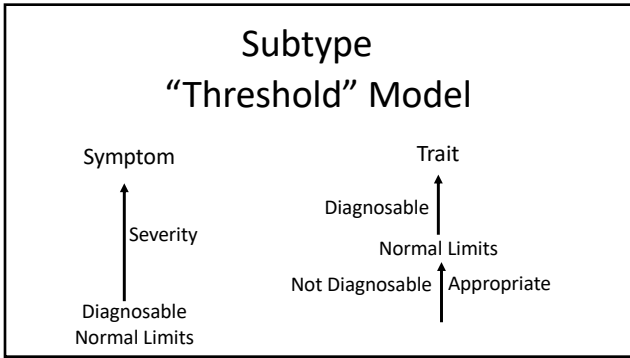
---

---

---

120





121

---

---

---

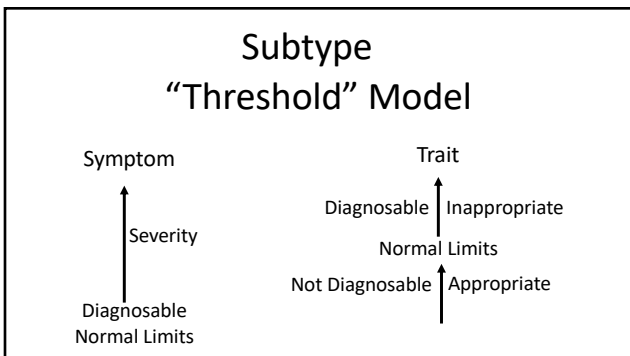
---

---

---

---

---



122

---

---

---

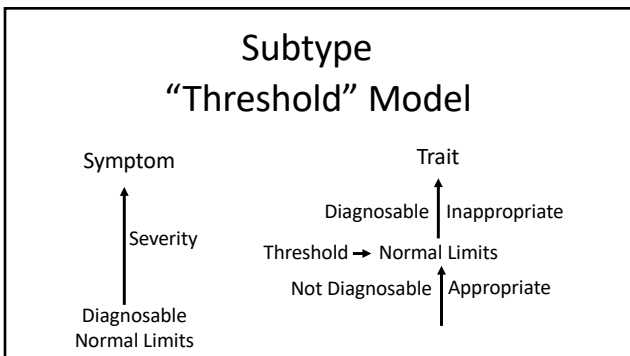
---

---

---

---

---



123

---

---

---

---

---

---

---

---

Threshold for Diagnosis is Reached  
When They Consistently  
Use a Trait Too Much, Making  
Them "Inappropriate"

124

---

---

---

---

---

---

---

---

The Ten DSM 5 Subtypes:

1. Paranoid
2. Schizoid
3. Schizotypal
4. Antisocial
5. Borderline
6. Histrionic
7. Narcissistic
8. Avoidant
9. Dependent
10. Obsessive-Compulsive

125

---

---

---

---

---

---

---

---

Each Subtype is:  
  
An Excess of "One Way to Be" (Trait)  
  
A Deficiency in "Other Ways to Be" (Traits)

126

---

---

---

---

---

---

---

---

Paranoid:  
Excessive Suspicion  
Insufficient Trust

127

---

---

---

---

---

---

---

Schizoid:  
Excessive Indifference  
Insufficient Attachment

128

---

---

---

---

---

---

---

Schizotypal:  
Excessive Oddities  
Insufficient Conformity

129

---

---

---

---

---

---

---

Antisocial:  
Excessive Exploiteness  
Insufficient "Honor"

130

---

---

---

---

---

---

---

Borderline:  
Excessive Intensity  
Insufficient Consistency

131

---

---

---

---

---

---

---

Histrionic:  
Excessive Expressiveness  
Insufficient Shame

132

---

---

---

---

---

---

---

Narcissistic:  
Excessive Grandiosity  
Insufficient Equality

133

---

---

---

---

---

---

---

Avoidant:  
Excessive Avoidance  
Insufficient Resilience

134

---

---

---

---

---

---

---

Dependent:  
Excessive Dependence  
Insufficient Independence

135

---

---

---

---

---

---

---

Obsessive-Compulsive:

Excessive Rigidity  
Insufficient Flexibility

---

---

---

---

---

---

---

---

136

You **Must** Diagnose

---

---

---

---

---

---

---

---

137

You **Must** Diagnose

“It is only when the diagnosis is made central to the treatment that the therapy will be effective.”

John G. Gunderson, M.D.

---

---

---

---

---

---

---

---

138

Why is Someone Like This?

139

---

---

---

---

---

---

---

---

Why is Someone Like This?  
What Causes a Personality Disorder?

140

---

---

---

---

---

---

---

---

Our Initial Theory:  
Personality Disorders are  
Caused by Aversive Childhood  
Experiences

141

---

---

---

---

---

---

---

---

There is No Type of Childhood  
or Any Childhood Experience that is  
Exclusive to, or Predictive of,  
Developing a Personality Disorder

142

---

---

---

---

---

---

---

They are **Not** Caused by  
Bad Childhoods

143

---

---

---

---

---

---

---

“You’ll get stuck talking about their bad childhood  
forever, and **never get anywhere.**”  
  
John G. Gunderson, M.D., emphasis added

144

---

---

---

---

---

---

---



So What Causes Them?

145

---

---

---

---

---

---

---

---

So What Causes Them?  
Personality Disorders are Largely  
(Though not Exclusively) Inherited,  
Genetic Neurological Conditions

146

---

---

---

---

---

---

---

---

Effective Intervention is **Not** Trying to “Work Through”  
Bad Childhood Experiences

147

---

---

---

---

---

---

---

---

Effective Intervention is **Not** Trying to “Work Through”  
Bad Childhood Experiences

Effective Intervention **Is** Focusing on Current Functioning  
and Altering the Neurology of the Self

148

---

---

---

---

---

---

---

---

Interventions

149

---

---

---

---

---

---

---

---

Interventions

Two Targets:

150

---

---

---

---

---

---

---

---

**Interventions**  
**Two Targets:**  
**Excesses**

151

---

---

---

---

---

---

---

---

**Interventions**  
**Two Targets:**  
**Excesses**  
**Deficiencies**

152

---

---

---

---

---

---

---

---

What Do They Consistently Think, Feel, or Do Too Much

153

---

---

---

---

---

---

---

---

What Do They Consistently Think, Feel, or Do Too Much  
What Do They Consistently Think, Feel, or Do Too Little

154

---

---

---

---

---

---

---

---

What Do They Consistently Think, Feel, or Do Too Much  
What Do They Consistently Think, Feel, or Do Too Little  
That Causes Needless Distress and/or Impairment  
to Themselves and/or Others

155

---

---

---

---

---

---

---

---

The Two  
Categories of Interventions

156

---

---

---

---

---

---

---

---

Management

157

---

---

---

---

---

---

---

---

Management  
"Managing" a Condition Means Reducing  
the Trouble Caused by the Condition,  
Rather than Getting Rid of the Condition

158

---

---

---

---

---

---

---

---

Management  
"Managing" a Condition Means Reducing  
the Trouble Caused by the Condition,  
Rather than Getting Rid of the Condition  
  
Managing Means Making Them "Less Bad"

159

---

---

---

---

---

---

---

---

Treatment

160

---

---

---

---

---

---

---

---

Treatment

“Treating” a Condition Means Getting  
Rid of the Condition

161

---

---

---

---

---

---

---

---

Treatment

“Treating” a Condition Means Getting  
Rid of the Condition

Treating Means Making Them “Better”

162

---

---

---

---

---

---

---

---

Management Decreases

163

---

---

---

---

---

---

---

---

Management Decreases  
Treatment Increases

164

---

---

---

---

---

---

---

---

Management  
Advantages

165

---

---

---

---

---

---

---

---

**Management**

Advantages

1. Use With Any of These Clients

166

---

---

---

---

---

---

---

---

**Management**

Advantages

1. Use With Any of These Clients
2. Flexible, Adaptive, Lots of Techniques

167

---

---

---

---

---

---

---

---

**Management**

Advantages

1. Use With Any of These Clients
2. Flexible, Adaptive, Lots of Techniques
3. Not Verbally Intrusive

168

---

---

---

---

---

---

---

---



**Management**  
Disadvantages

169

---

---

---

---

---

---

---

---

**Management**  
Disadvantages  
1. Doesn't Install, so Doesn't Repair the Self

170

---

---

---

---

---

---

---

---

**Management**  
Disadvantages  
1. Doesn't Install, so Doesn't Repair the Self  
2. Doesn't Make Them Feel Better

171

---

---

---

---

---

---

---

---

## Management

### Disadvantages

1. Doesn't Install, so Doesn't Repair the Self
2. Doesn't Make Them Feel Better
3. Doesn't Maintain

---

---

---

---

---

---

---

---

172

## Management Techniques

---

---

---

---

---

---

---

---

173

## Behavioral Chain Analysis

---

---

---

---

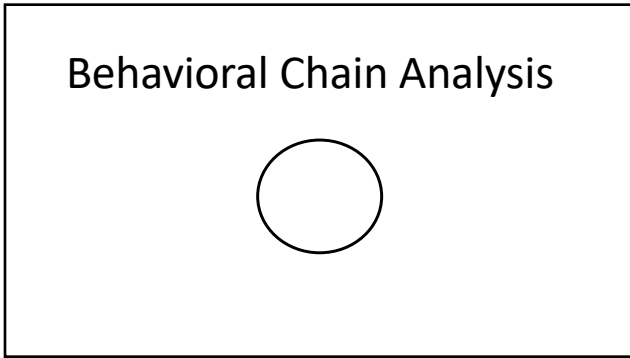
---

---

---

---

174



175

---

---

---

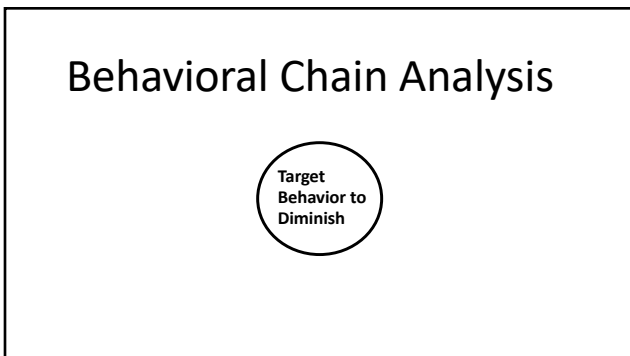
---

---

---

---

---



176

---

---

---

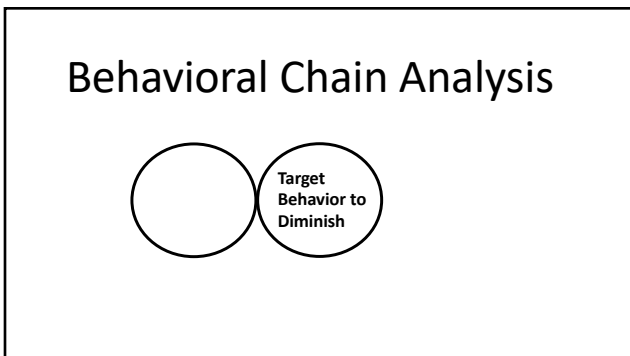
---

---

---

---

---



177

---

---

---

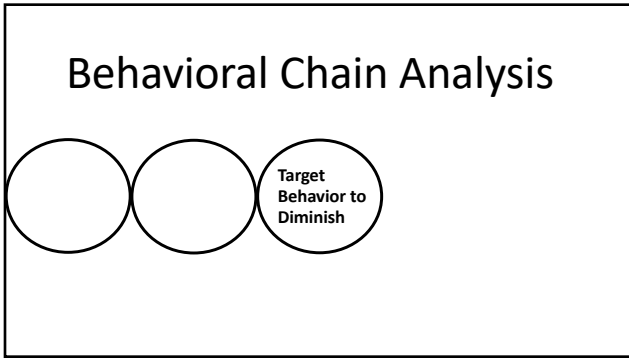
---

---

---

---

---



178

---

---

---

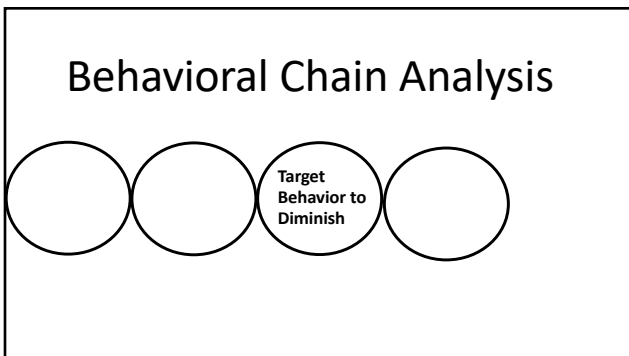
---

---

---

---

---



179

---

---

---

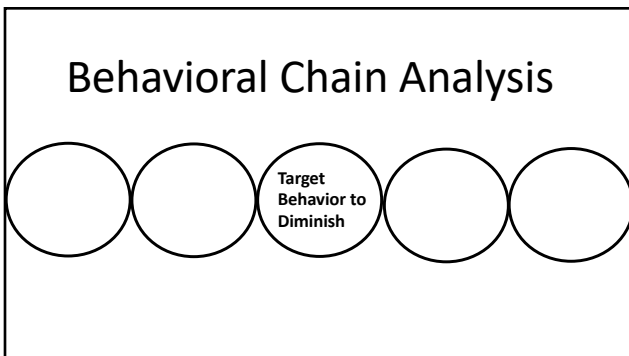
---

---

---

---

---



180

---

---

---

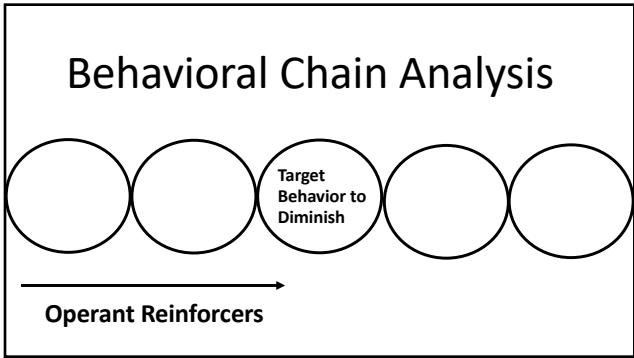
---

---

---

---

---



181

---

---

---

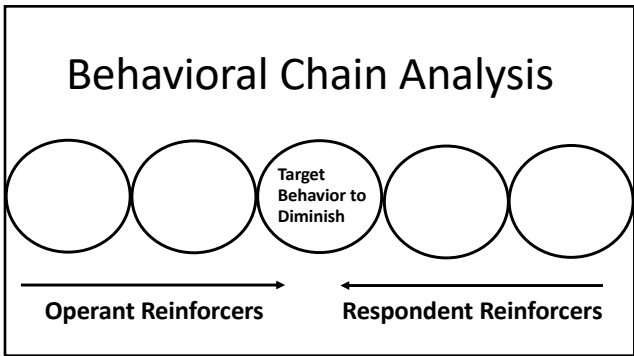
---

---

---

---

---



182

---

---

---

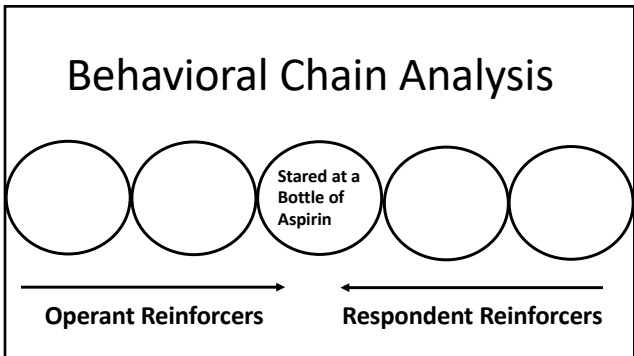
---

---

---

---

---



183

---

---

---

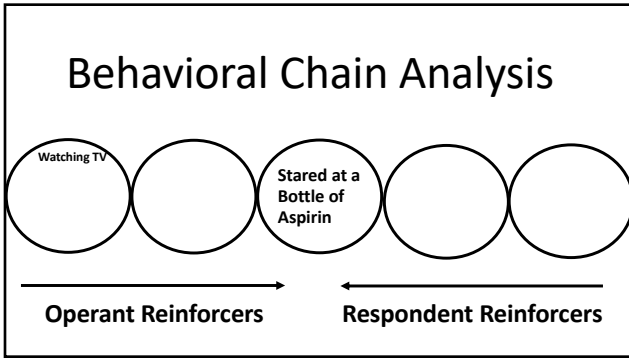
---

---

---

---

---



184

---

---

---

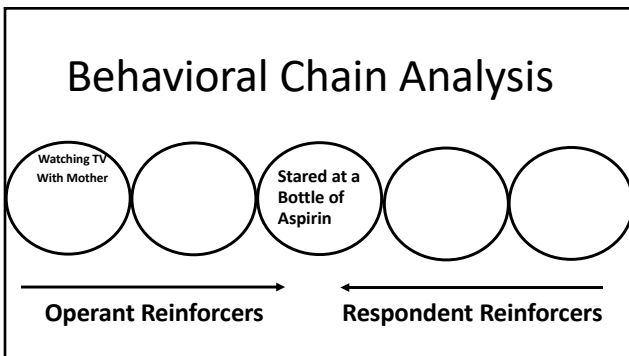
---

---

---

---

---



185

---

---

---

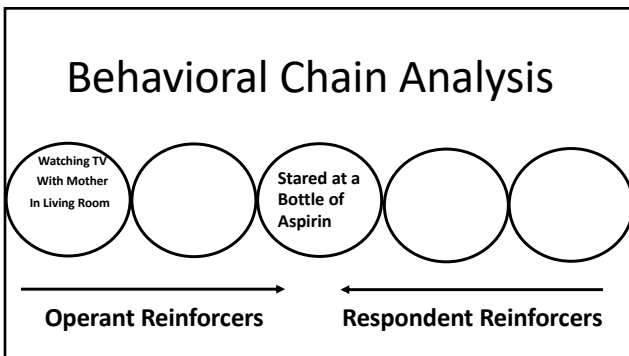
---

---

---

---

---



186

---

---

---

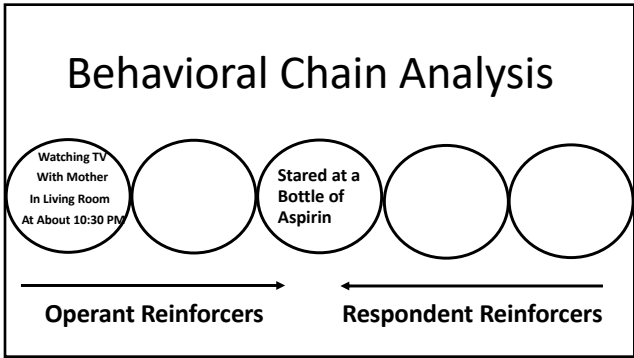
---

---

---

---

---



187

---

---

---

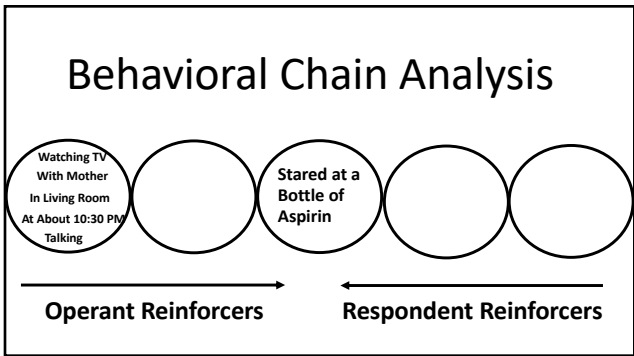
---

---

---

---

---



188

---

---

---

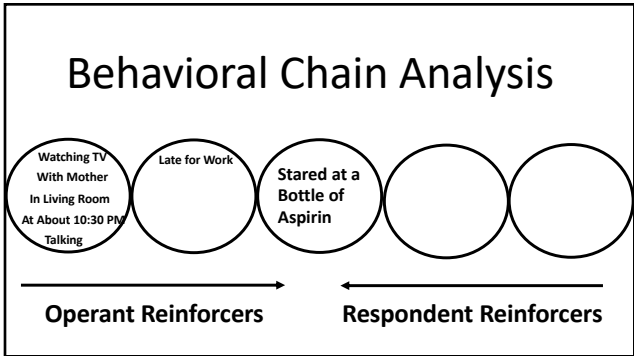
---

---

---

---

---



189

---

---

---

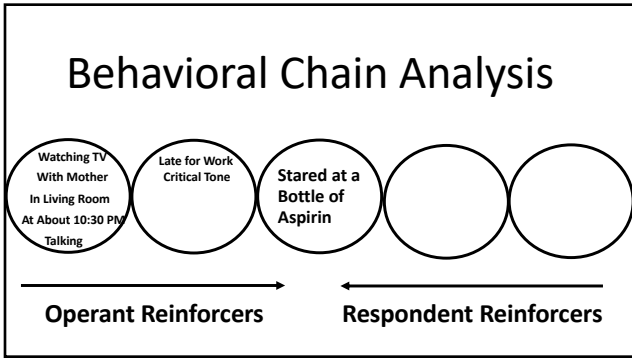
---

---

---

---

---



190

---

---

---

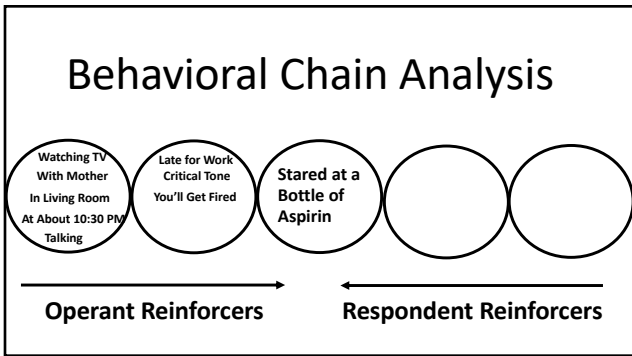
---

---

---

---

---



191

---

---

---

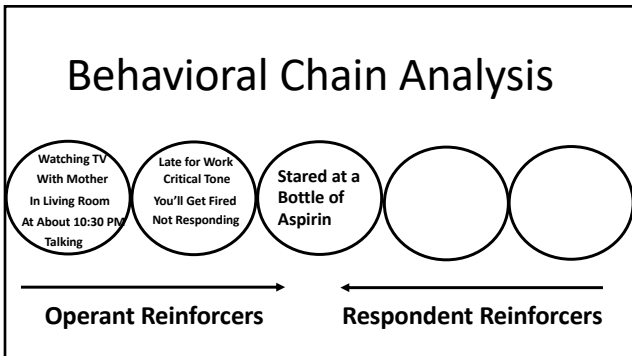
---

---

---

---

---



192

---

---

---

---

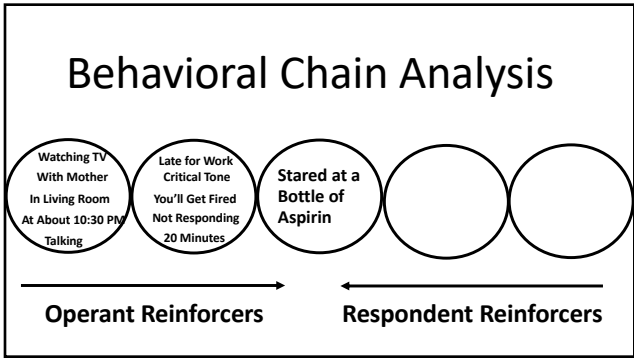
---

---

---

---





193

---

---

---

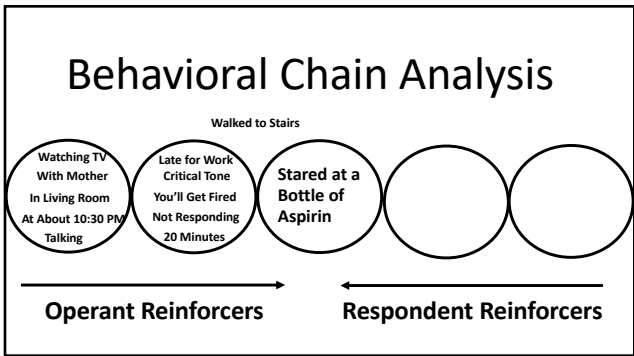
---

---

---

---

---



194

---

---

---

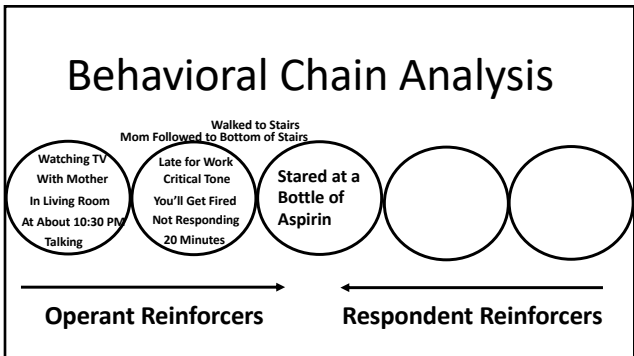
---

---

---

---

---



195

---

---

---

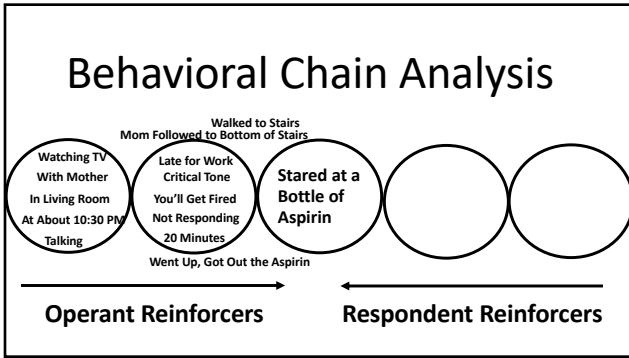
---

---

---

---

---



196

---

---

---

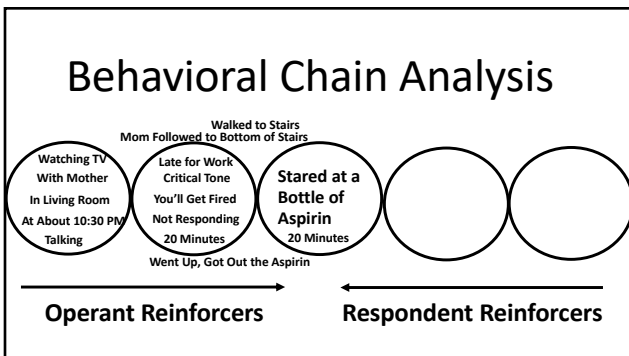
---

---

---

---

---



197

---

---

---

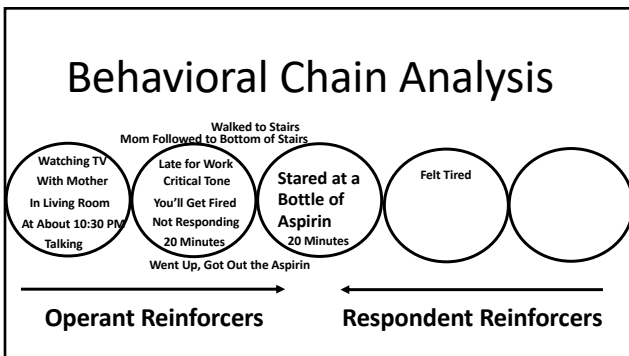
---

---

---

---

---



198

---

---

---

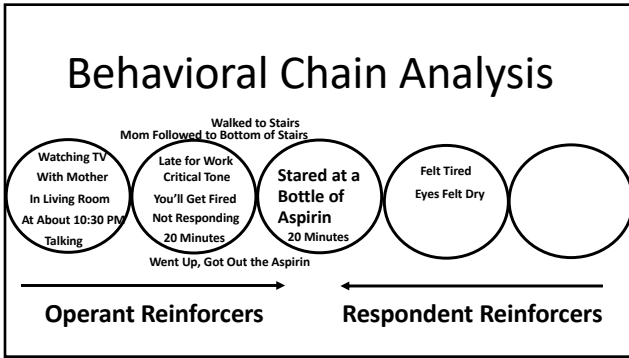
---

---

---

---

---



199

---

---

---

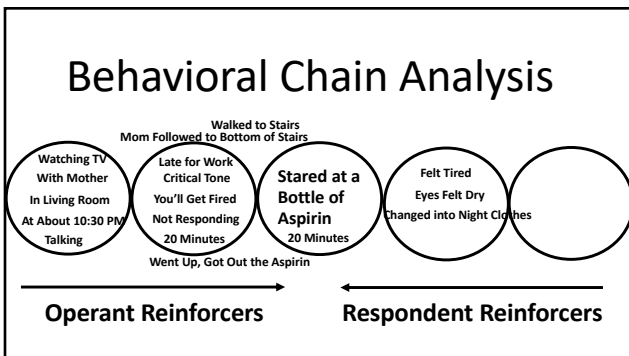
---

---

---

---

---



200

---

---

---

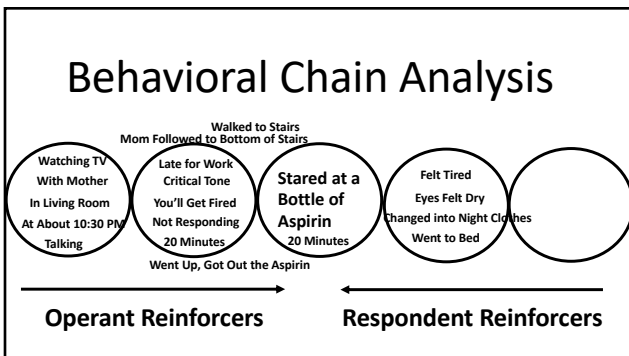
---

---

---

---

---



201

---

---

---

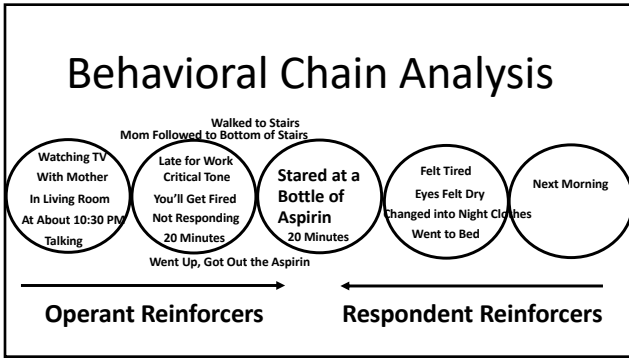
---

---

---

---

---



202

---

---

---

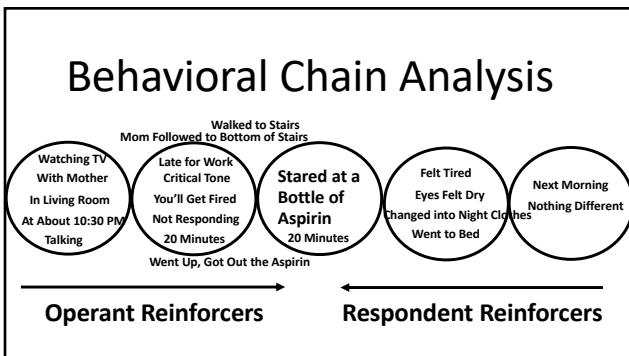
---

---

---

---

---



203

---

---

---

---

---

---

---

---

1. Gives Information to Break the Pattern

204

---

---

---

---

---

---

---

---

- 1. Gives Information to Break the Pattern
- 2. Requires Observing Ego Review

205

---

---

---

---

---

---

---

- 1. Gives Information to Break the Pattern
- 2. Requires Observing Ego Review
- 3. Teaches Life Has Options

206

---

---

---

---

---

---

---

- 1. Gives Information to Break the Pattern
- 2. Requires Observing Ego Review
- 3. Teaches Life Has Options
- 4. Experiences Non-Escalated Review

207

---

---

---

---

---

---

---

- 1. Gives Information to Break the Pattern
- 2. Requires Observing Ego Review
- 3. Teaches Life Has Options
- 4. Experiences Non-Escalated Review
- 5. Fills in the "Blanks"

---

---

---

---

---

---

---

---

208

- 1. Gives Information to Break the Pattern
- 2. Requires Observing Ego Review
- 3. Teaches Life Has Options
- 4. Experiences Non-Escalated Review
- 5. Fills in the "Blanks"
- 6. **Adds Aversive Stimuli to the Behavior**

---

---

---

---

---

---

---

---

209

**Chain Their Refusal  
to Chain!**

---

---

---

---

---

---

---

---

210

**S**

211

---

---

---

---

---

---

---

**S  
E**

212

---

---

---

---

---

---

---

**S  
E  
T**

213

---

---

---

---

---

---

---

**Support**  
**E**  
**T**

214

---

---

---

---

---

---

---

**Support**  
**Empathy**  
**T**

215

---

---

---

---

---

---

---

**Support**  
**Empathy**  
**Truth**

216

---

---

---

---

---

---

---



Pattern Interrupts

217

---

---

---

---

---

---

---

---

Behavioral Chain Analysis

218

---

---

---

---

---

---

---

---

Behavioral Chain Analysis  
SET

219

---

---

---

---

---

---

---

---

Behavioral Chain Analysis  
SET  
Pattern Interrupts

220

---

---

---

---

---

---

---

---

Treatment  
Techniques

221

---

---

---

---

---

---

---

---

1. Treatment Frame

222

---

---

---

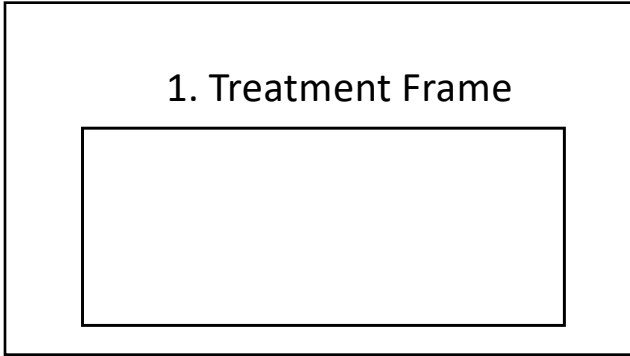
---

---

---

---

---



223

---

---

---

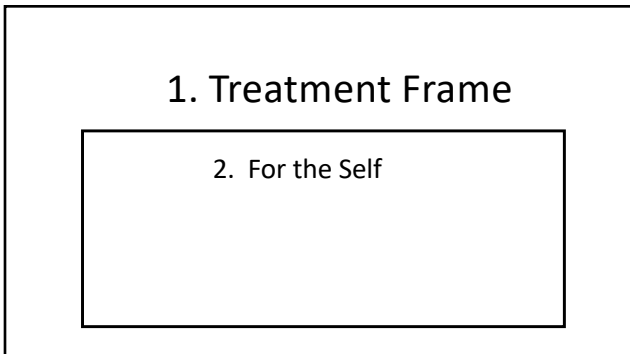
---

---

---

---

---



224

---

---

---

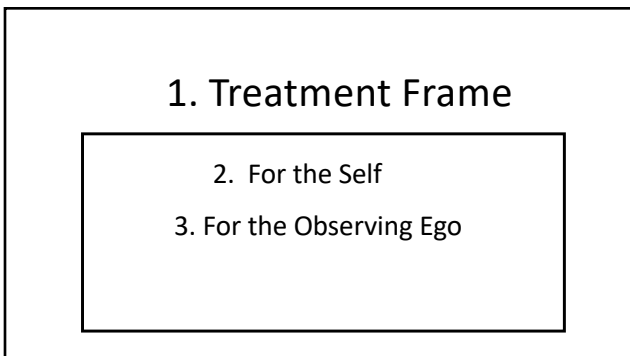
---

---

---

---

---



225

---

---

---

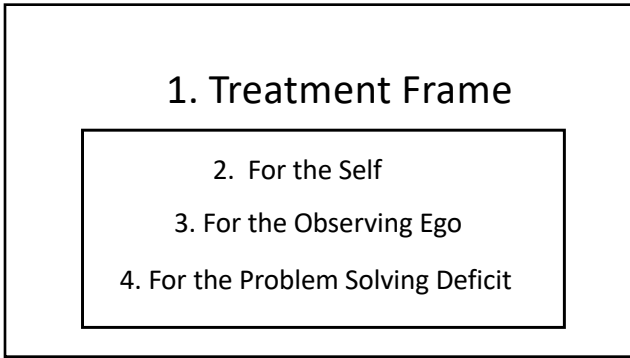
---

---

---

---

---



226

---

---

---

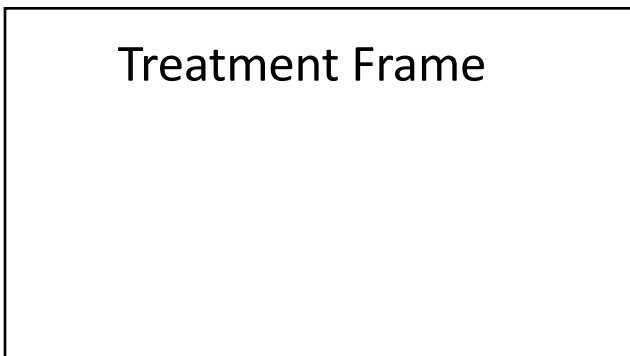
---

---

---

---

---



227

---

---

---

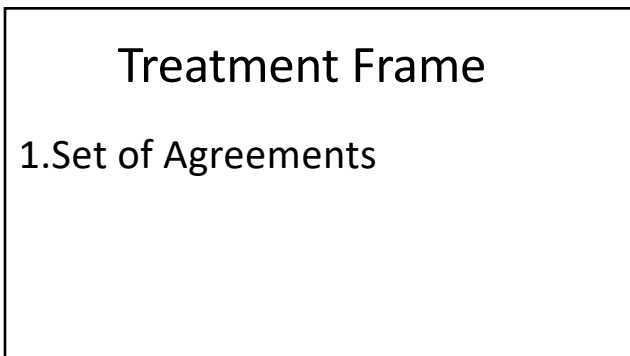
---

---

---

---

---



228

---

---

---

---

---

---

---

---

**Treatment Frame**  
1.Set of Agreements  
2.For the Procedures of Treatment

229

---

---

---

---

---

---

---

**Treatment Frame**  
1.Set of Agreements  
2.For the Procedures of Treatment  
3.Enforced With a Threat

230

---

---

---

---

---

---

---

**Blackmail**

231

---

---

---

---

---

---

---

The Only Patients Who Are Treatable are Those Who Can **Keep Agreements**

232

---

---

---

---

---

---

---

---

The Only Patients Who Are Treatable are Those Who Can **Keep Agreements**

You "Manage" Everyone Else

233

---

---

---

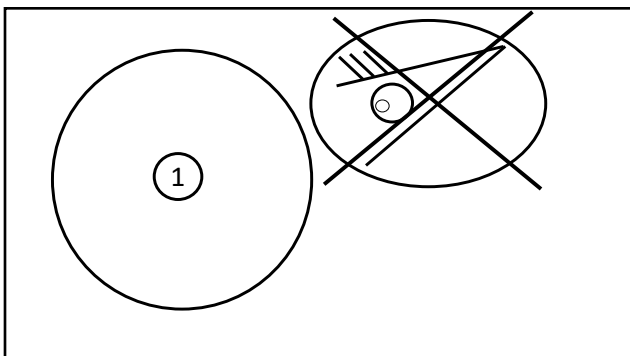
---

---

---

---

---



234

---

---

---

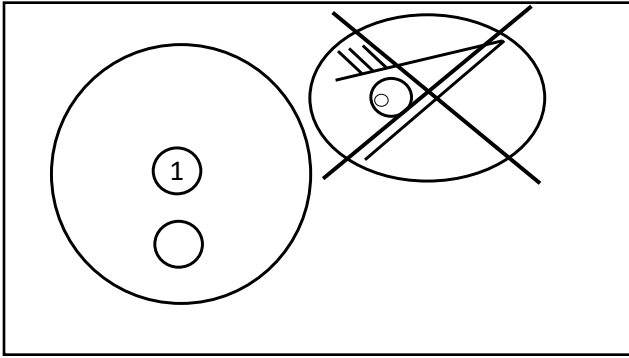
---

---

---

---

---



235

---

---

---

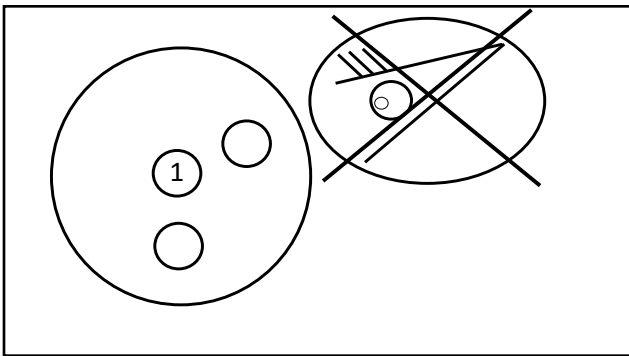
---

---

---

---

---



236

---

---

---

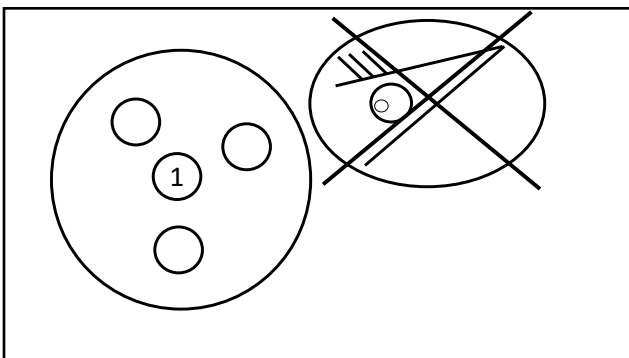
---

---

---

---

---



237

---

---

---

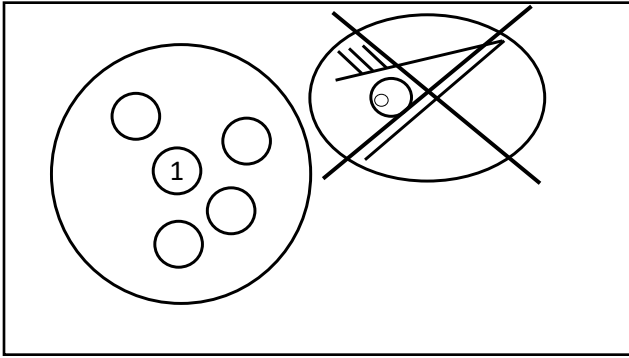
---

---

---

---

---



238

---

---

---

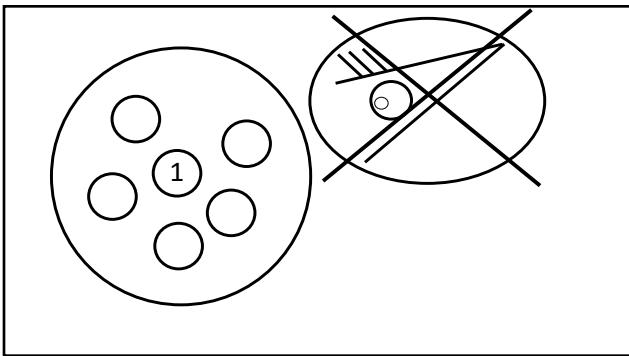
---

---

---

---

---



239

---

---

---

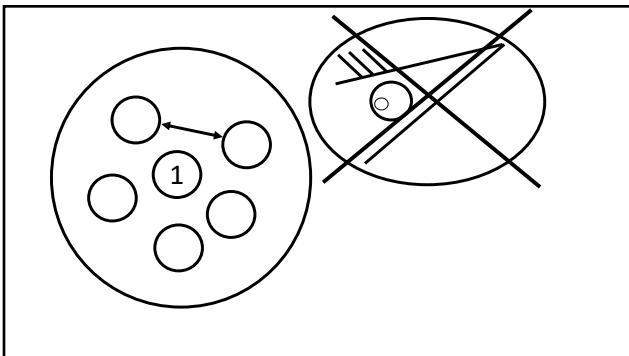
---

---

---

---

---



240

---

---

---

---

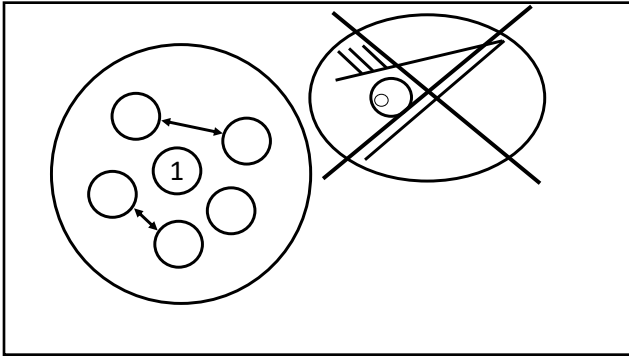
---

---

---

---





241

---

---

---

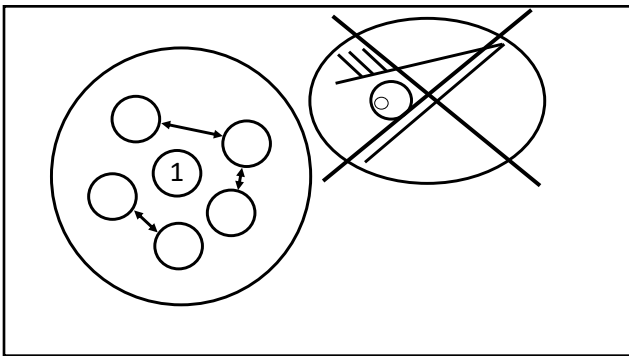
---

---

---

---

---



242

---

---

---

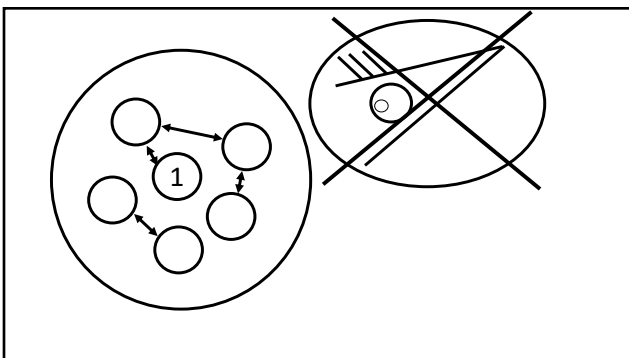
---

---

---

---

---



243

---

---

---

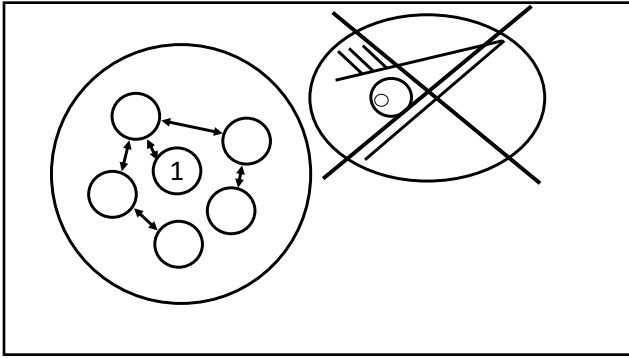
---

---

---

---

---



244

---

---

---

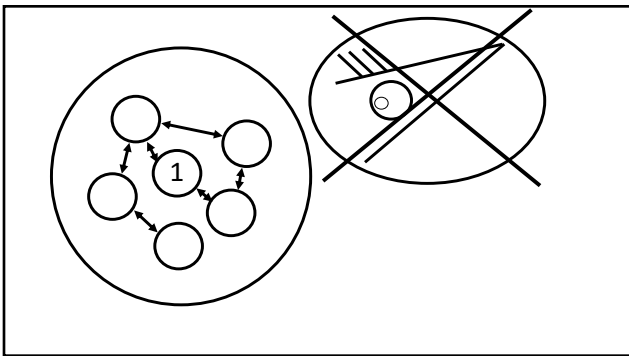
---

---

---

---

---



245

---

---

---

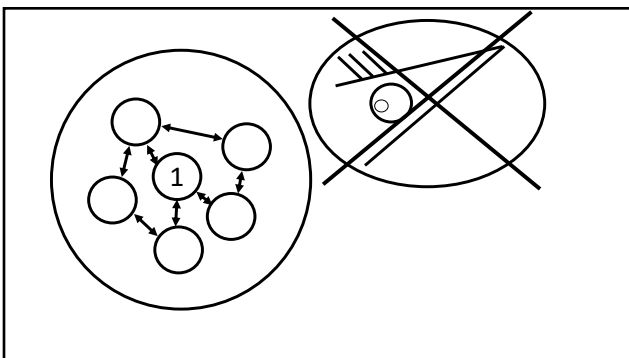
---

---

---

---

---



246

---

---

---

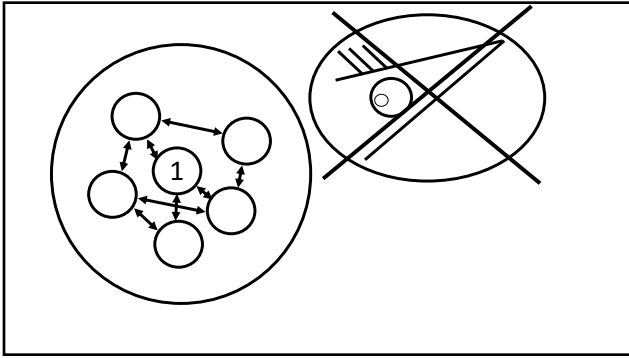
---

---

---

---

---



247

---

---

---

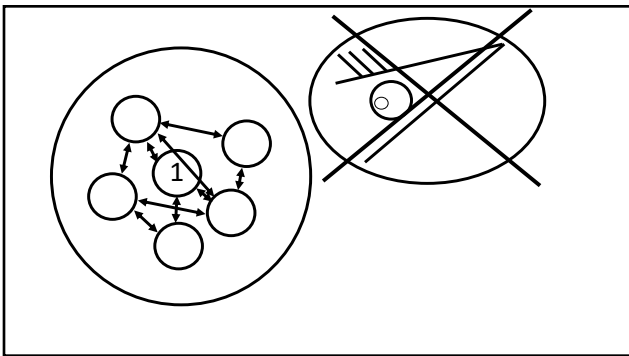
---

---

---

---

---



248

---

---

---

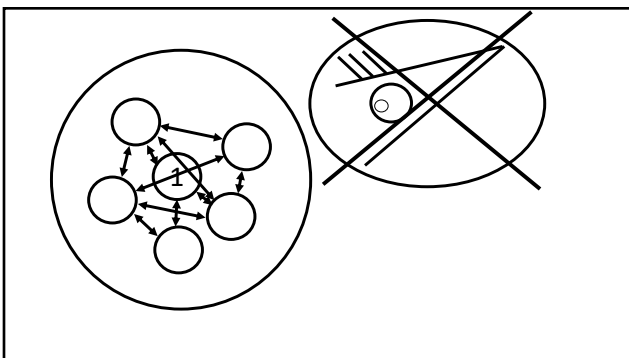
---

---

---

---

---



249

---

---

---

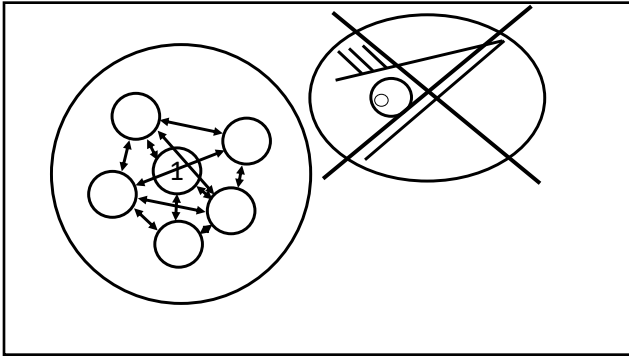
---

---

---

---

---



250

---

---

---

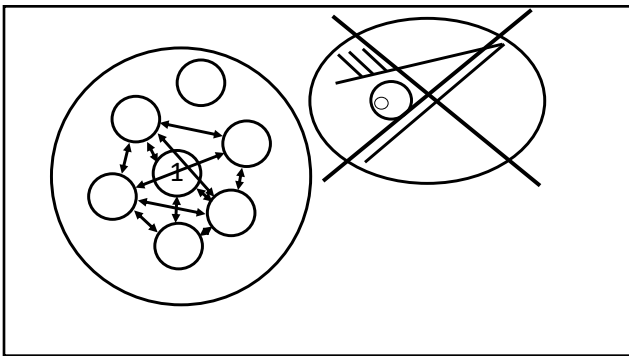
---

---

---

---

---



251

---

---

---

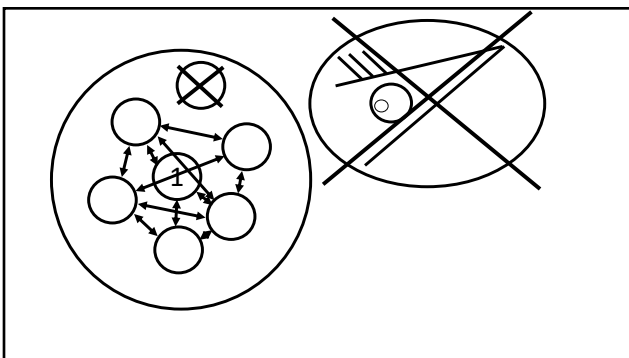
---

---

---

---

---



252

---

---

---

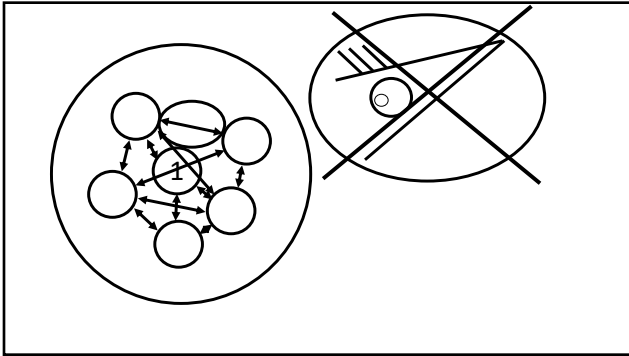
---

---

---

---

---



253

---

---

---

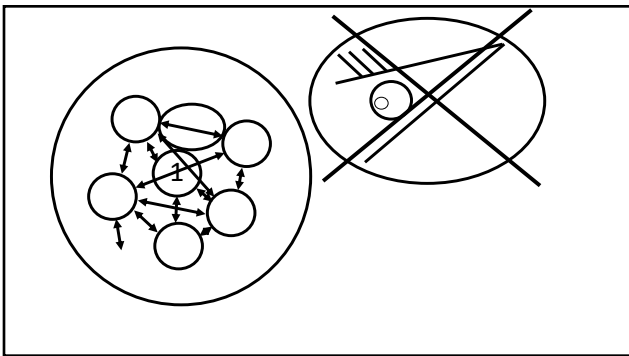
---

---

---

---

---



254

---

---

---

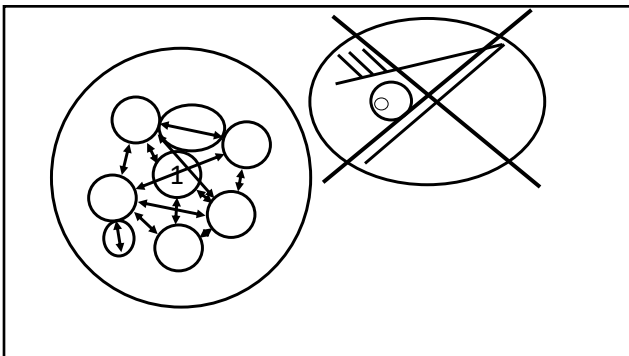
---

---

---

---

---



255

---

---

---

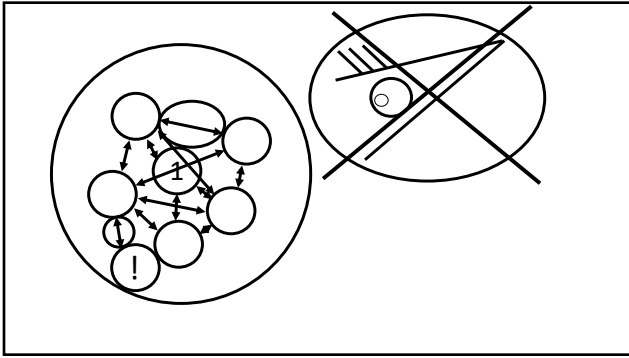
---

---

---

---

---



256

---

---

---

---

---

---

---

---

**Make New Connections**  
To Expand the Self

257

---

---

---

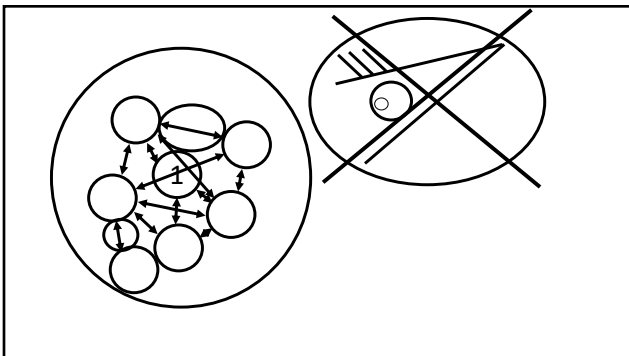
---

---

---

---

---



258

---

---

---

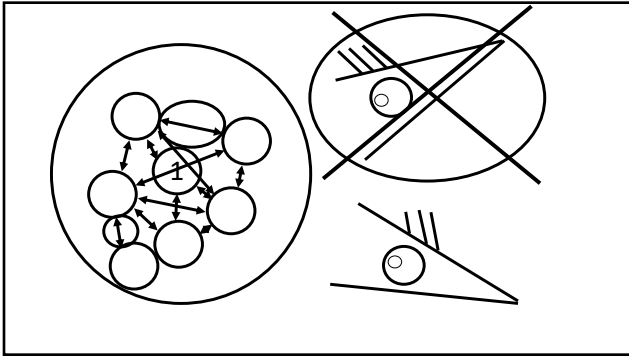
---

---

---

---

---



259

---

---

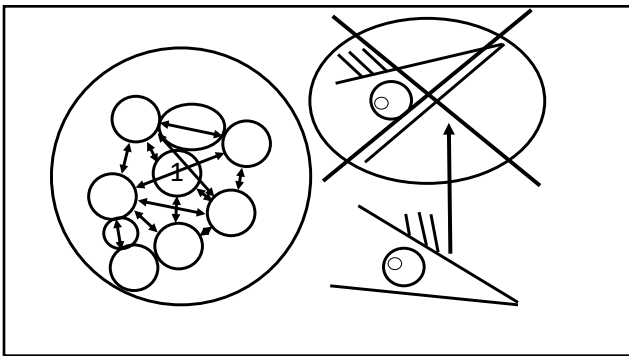
---

---

---

---

---



260

---

---

---

---

---

---

---

Make **Observations**  
to Install the Observing Ego

261

---

---

---

---

---

---

---

## Problem Solving

---

---

---

---

---

---

---

---

262

## Problem Solving

1. Identify a Problem

---

---

---

---

---

---

---

---

263

## Problem Solving

1. Identify a Problem
2. State the Problem in Behavioral Terms

---

---

---

---

---

---

---

---

264



### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions

---

---

---

---

---

---

---

265

### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions
- 4. Evaluate the Solutions

---

---

---

---

---

---

---

266

### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions
- 4. Evaluate the Solutions
- 5. Adopt a Solution

---

---

---

---

---

---

---

267

### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions
- 4. Evaluate the Solutions
- 5. Adopt a Solution
- 6. Refine the Solution Based on the Outcome

268

---

---

---

---

---

---

---

### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions
- 4. Evaluate the Solutions
- 5. Adopt a Solution
- 6. Refine the Solution Based on the Outcome

269

---

---

---

---

---

---

---

### Problem Solving

- 1. Identify a Problem
- 2. State the Problem in Behavioral Terms
- 3. Create a List of Possible Alternative Solutions
- 4. Evaluate the Solutions
- 5. Adopt a Solution
- 6. Refine the Solution Based on the Outcome

270

---

---

---

---

---

---

---

### Problem Solving

1. Identify a Problem
2. State the Problem in Behavioral Terms
3. Create a List of Possible Alternative Solutions
4. Evaluate the Solutions
5. Adopt a Solution
6. Refine the Solution Based on the Outcome

271

---

---

---

---

---

---

---

### Problem Solving

1. Identify a Problem
2. State the Problem in Behavioral Terms
3. Create a List of Possible Alternative Solutions
4. Evaluate the Solutions
5. Adopt a Solution
6. Refine the Solution Based on the Outcome

272

---

---

---

---

---

---

---

### Problem Solving

1. Identify a Problem
2. State the Problem in Behavioral Terms
3. Create a List of Possible Alternative Solutions
4. Evaluate the Solutions
5. Adopt a Solution
6. Refine the Solution Based on the Outcome

273

---

---

---

---

---

---

---

## Problem Solving

1. Identify a Problem
2. State the Problem in Behavioral Terms
3. Create a List of Possible Alternative Solutions
4. Evaluate the Solutions
5. Adopt a Solution
6. Refine the Solution Based on the Outcome

274

---

---

---

---

---

---

---

## Frame

275

---

---

---

---

---

---

---

## Frame Connections

276

---

---

---

---

---

---

---

Frame  
Connections  
Observations

---

---

---

---

---

---

---

277

Frame  
Connections  
Observations  
Problem Solving

---

---

---

---

---

---

---

278

**Personality Disorders**

---

---

---

---

---

---

---

279

**Personality Disorders**  
Deficit in Resources for Living

280

---

---

---

---

---

---

---

---

**Personality Disorders**  
Deficit in Resources for Living  
Self Deficiency

281

---

---

---

---

---

---

---

---

**Personality Disorders**  
Deficit in Resources for Living  
Self Deficiency  
Self-Corrective Capacity Deficiency

282

---

---

---

---

---

---

---

---

**Personality Disorders**

Deficit in Resources for Living  
Self Deficiency  
Self-Corrective Capacity Deficiency  
Manage to Reduce Excesses

---

---

---

---

---

---

---

283

**Personality Disorders**

Deficit in Resources for Living  
Self Deficiency  
Self-Corrective Capacity Deficiency  
Manage to Reduce Excesses  
Treat to Increase Resources

---

---

---

---

---

---

---

284