

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

Psychotic	Neurotic
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

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Psychoanalysis

Ego Analysts

13

Psychoanalysis

Ego Analysts
Neo-Freudians

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Psychoanalysis

Ego Analysts
Neo-Freudians
Object Relations Analysts

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DSM III Committee

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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

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DSM III Committee

Problems with Psychoanalytic Model:

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

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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 Symptoms Run a Course	Disorder
<hr/> Axis I	

28

Psychiatric Illness Symptoms Run a Course	Disorder Characteristics
<hr/> Axis I	

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Psychiatric Illness Symptoms Run a Course	Disorder Characteristics Pervasive, Enduring
<hr/> Axis I	

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Psychiatric Illness Symptoms Run a Course — Axis I	Disorder Characteristics Pervasive, Enduring — Axis II
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Psychiatric Illness Symptoms Run a Course — Axis I	Personality Disorder Characteristics Pervasive, Enduring — Axis II
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DSM-5 eliminated “Multiaxial Diagnosis” because our science has progressed to the point where multiple axes are no longer needed for effective diagnosis.

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But - Personality Disorders
are Still Considered Unique

34

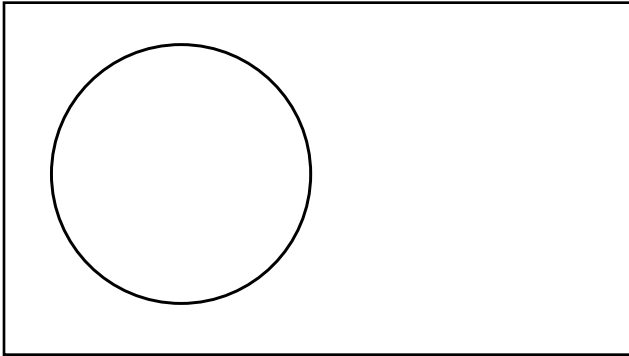
“The diagnostic approach used in this manual represents
the categorical perspective that personality disorders are
qualitatively distinct clinical syndromes.”

DSM 5, pg 646, emphasis added

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What is “Personality”?

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

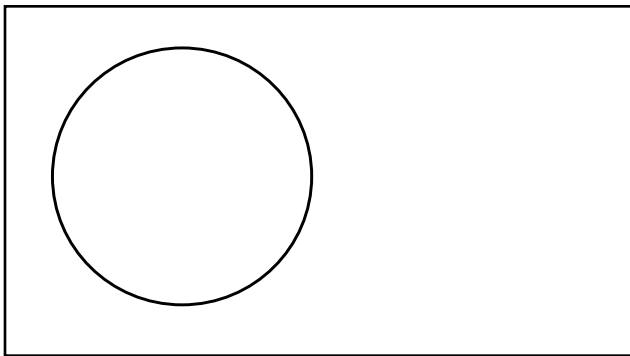
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The Tools in Your Personality
Toolkit are Things
Called “Traits”

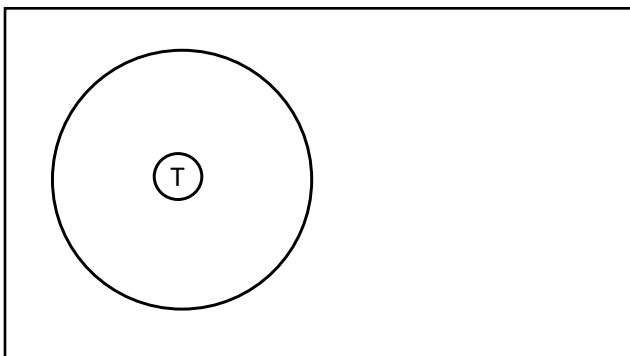
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A "Trait" is a Cohesive Set
of Feelings, Experiences,
and Behaviors
Designed to Handle Part
of Life

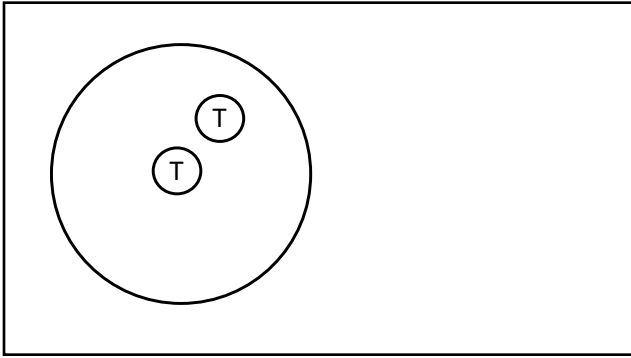
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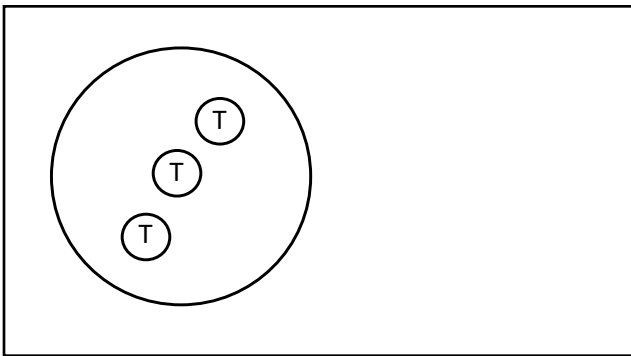
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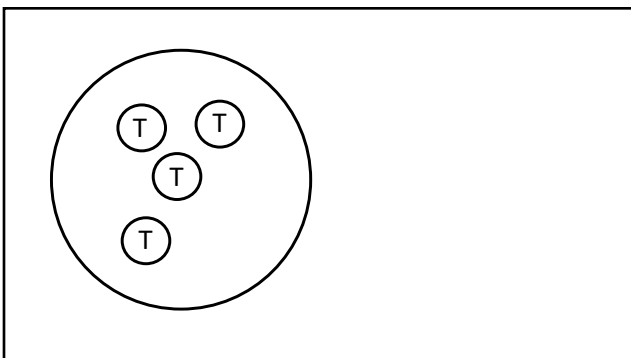
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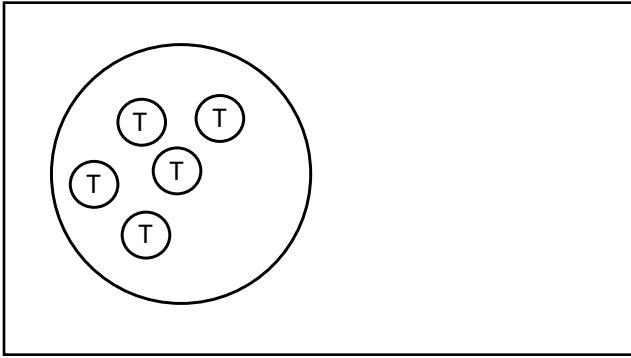
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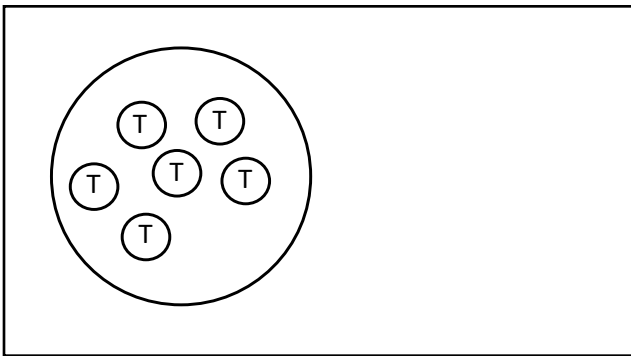
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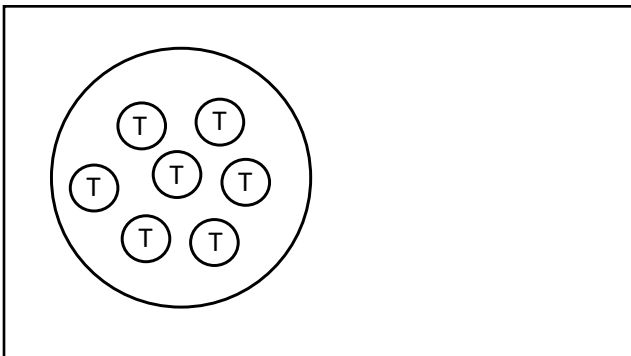
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Personality is a Tool of
Flexibility and **Adaptability**
In Life

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What is “Normal” Personality?

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“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

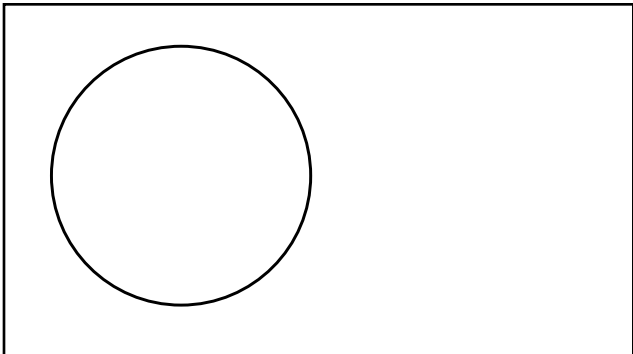
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“Normal” Personality Means
Your Flexibility and Adaptability
are **Good Enough** to Get
You More Positive than Negative
Consequences in Life

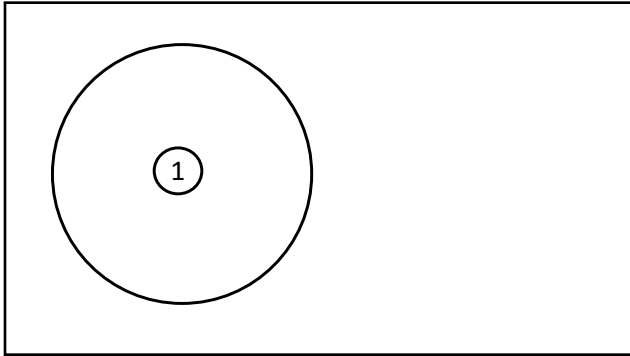
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What is “Disordered”
Personality?

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Psychologically
Incomplete
Human Beings

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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

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Dinosaurs

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

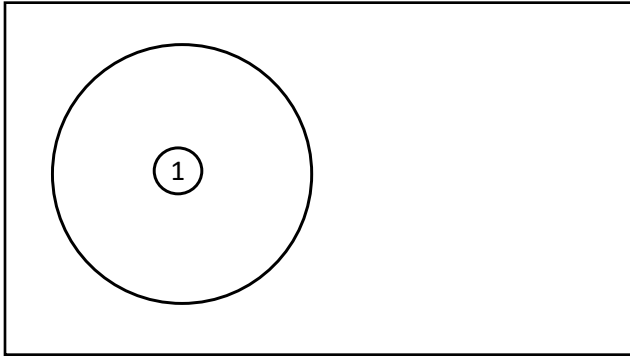
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It is “**Creative**”

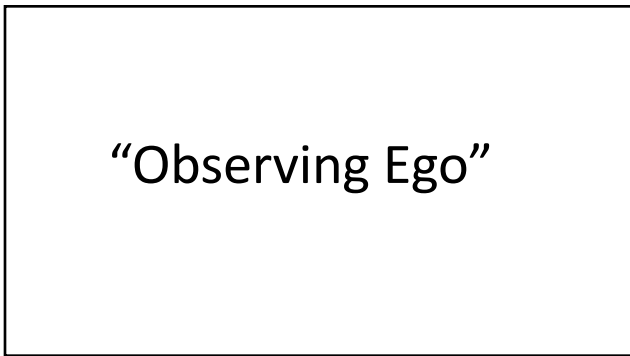
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Remember:
The **Trait** is Not the Disorder,
it is the **Exclusivity**
of the Trait that is the Disorder

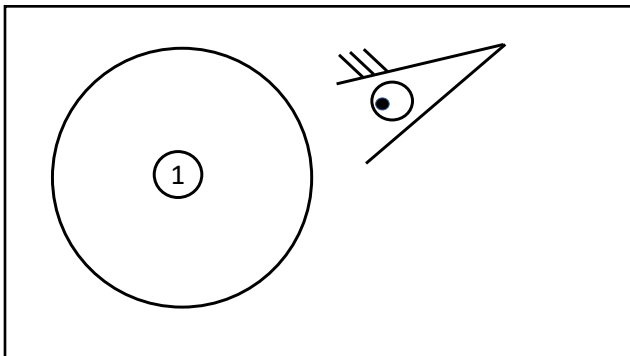
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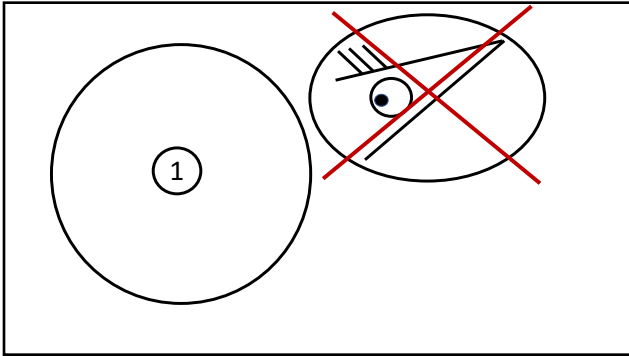
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They are Deficient in
Self-Corrective Function

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“Telling” Doesn’t Work

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

73

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

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

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

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

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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

Problem Solving

$(RP) \rightarrow (V)$

82

Problem Solving

$(RP) \rightarrow$

$(RP) \rightarrow (V)$

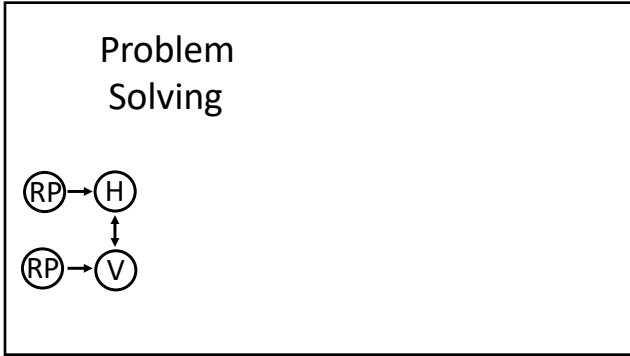
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Problem Solving

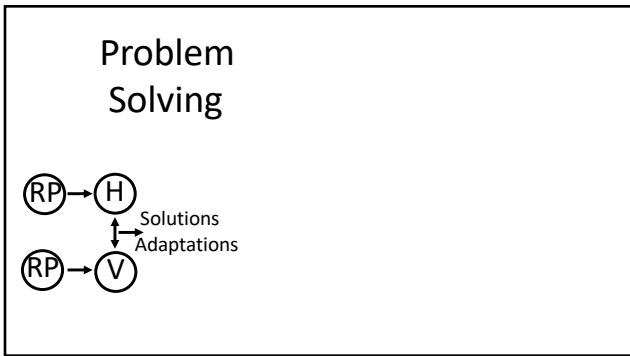
$(RP) \rightarrow$

$(RP) \rightarrow (V) \updownarrow$

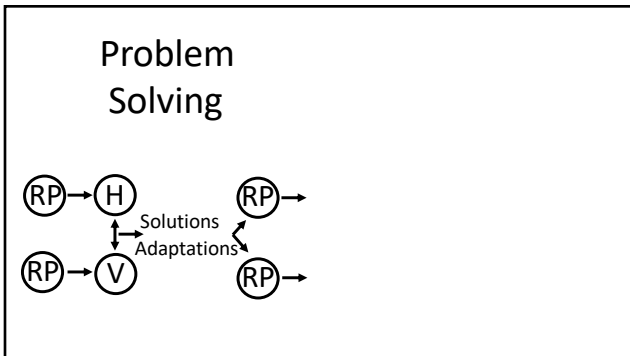
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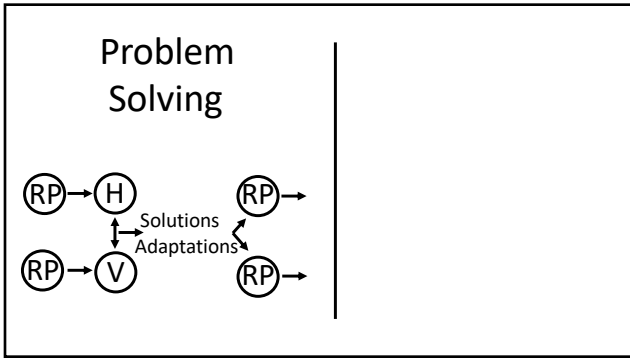
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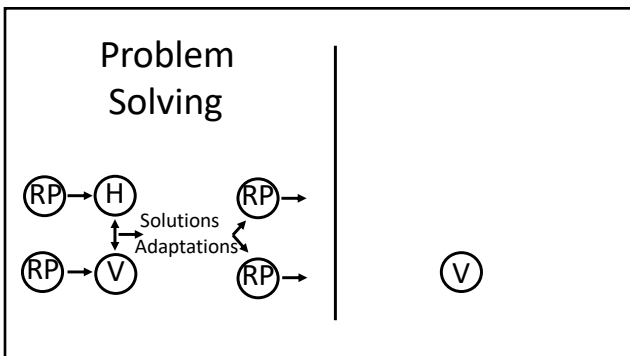
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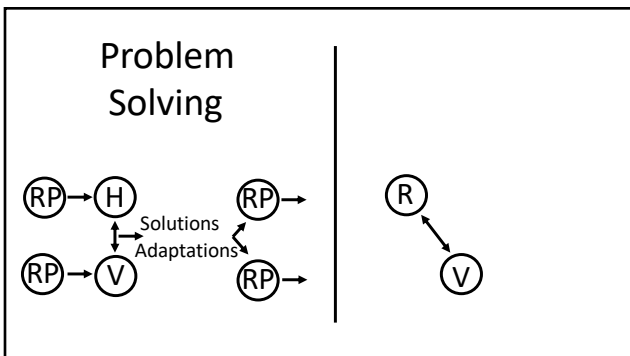
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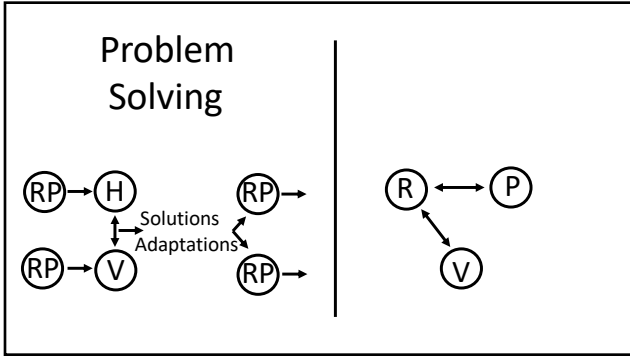
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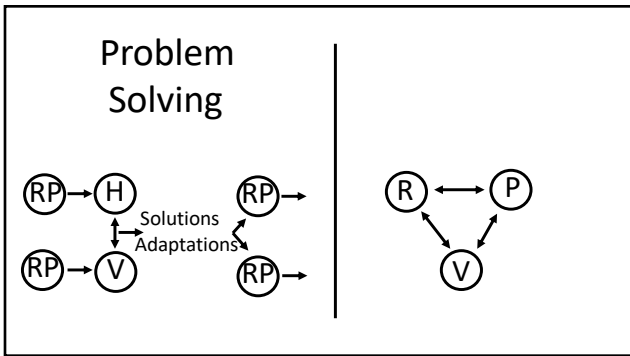
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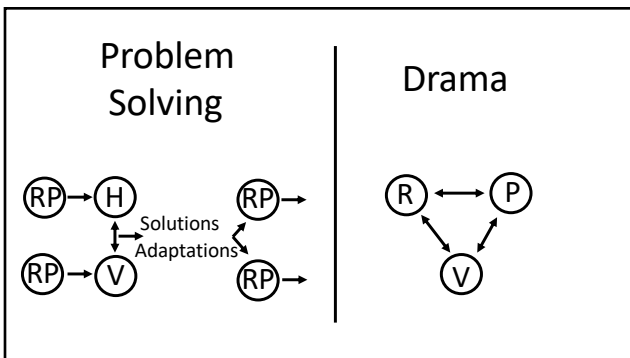
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Personality Disordered People are
Drama Generation Machines

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

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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

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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

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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

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Subtype
"Threshold" Model

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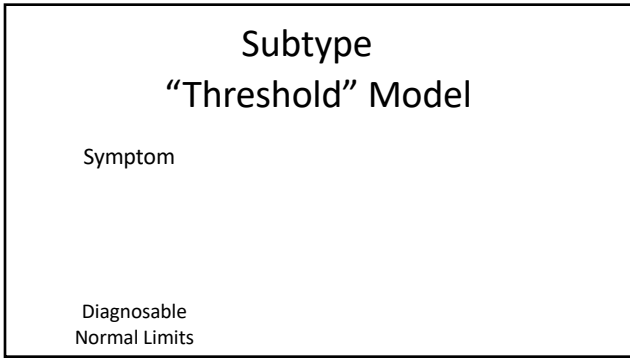
Subtype
"Threshold" Model
Symptom

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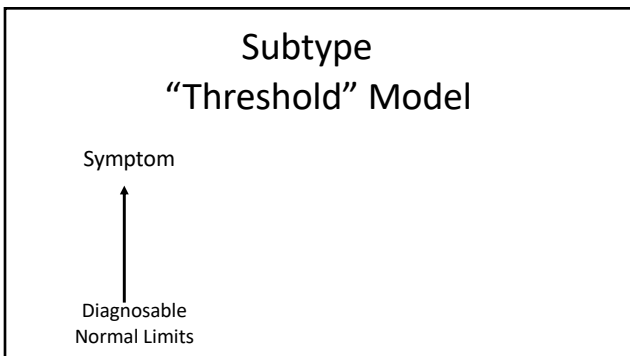
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"Threshold" Model
Symptom

Normal Limits

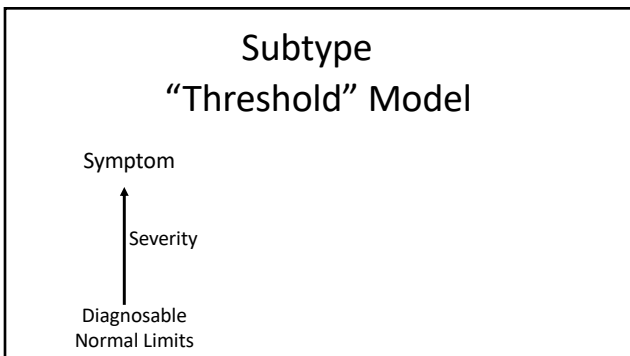
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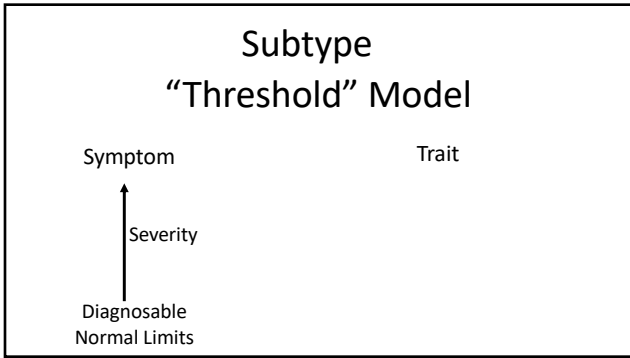
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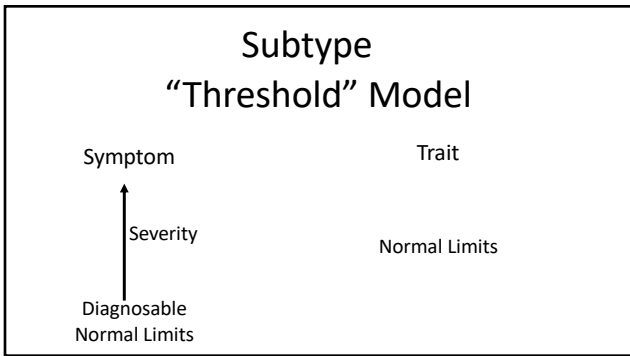
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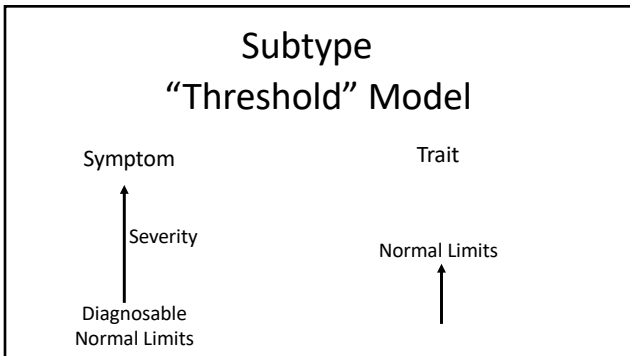
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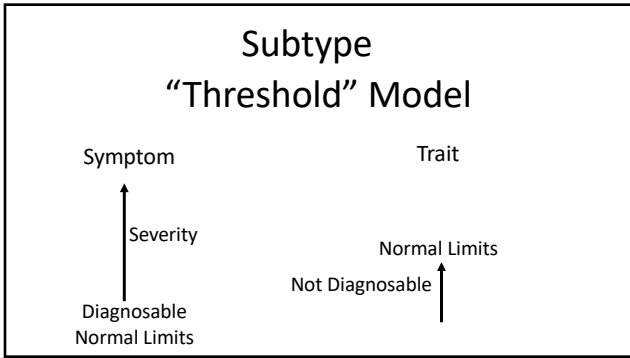
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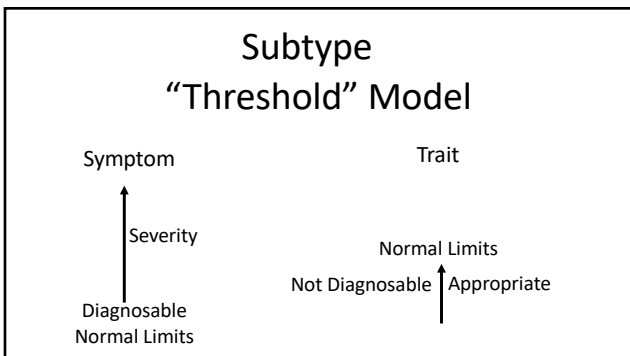
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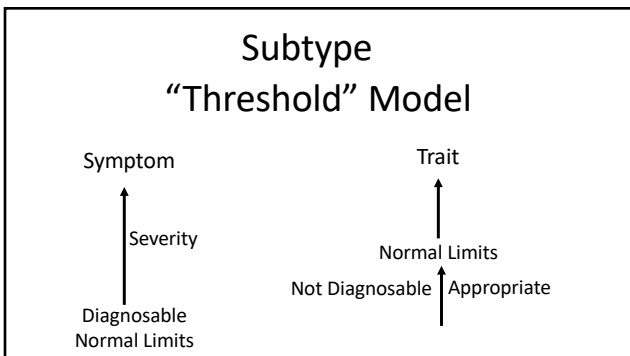
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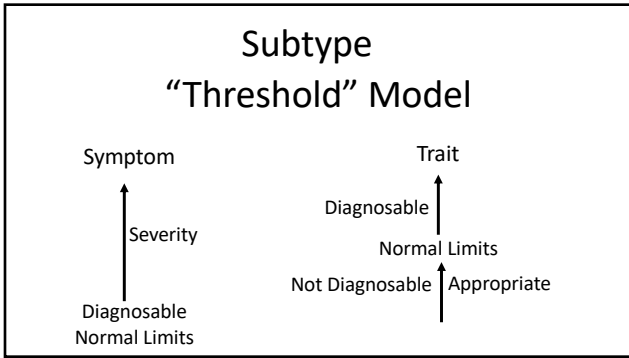
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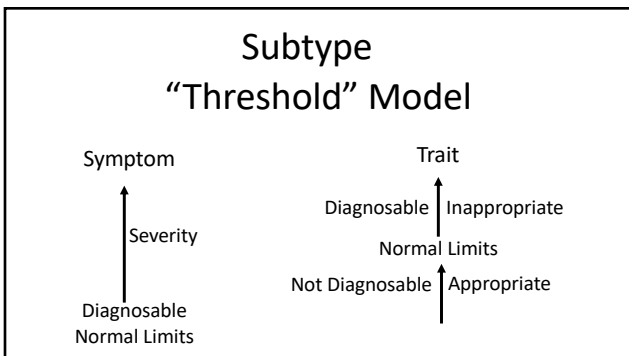
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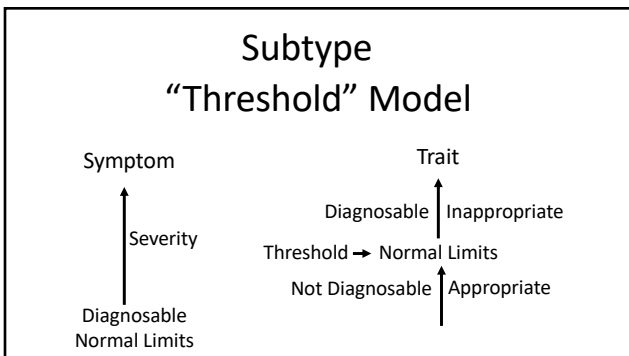
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123

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

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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

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Each Subtype is:

An Excess of "One Way to Be" (Trait)

A Deficiency in "Other Ways to Be" (Traits)

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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

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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.

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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

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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

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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

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Interventions

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Interventions

Two Targets:

150

Interventions

Two Targets:

Excesses

151

Interventions

Two Targets:

Excesses

Deficiencies

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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

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The Two
Categories of Interventions

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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

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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

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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

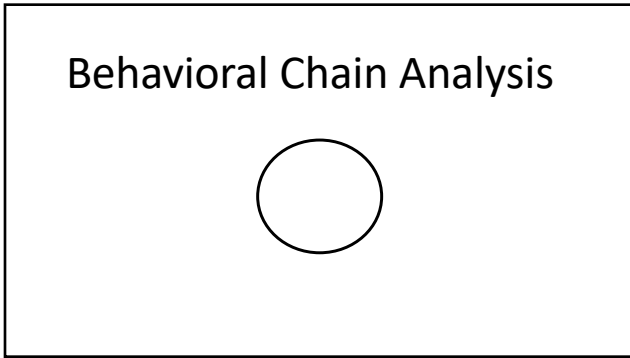
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Management Techniques

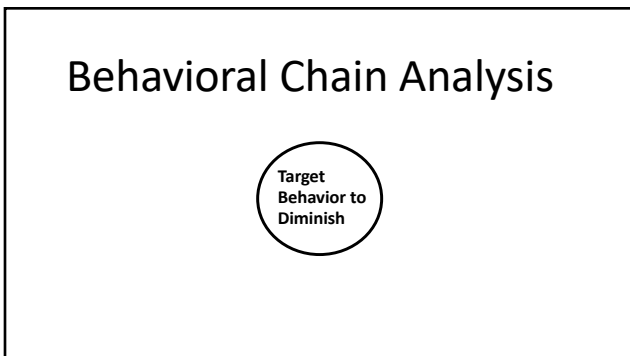
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Behavioral Chain Analysis

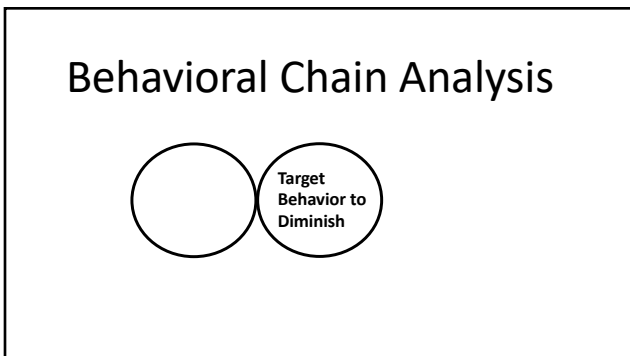
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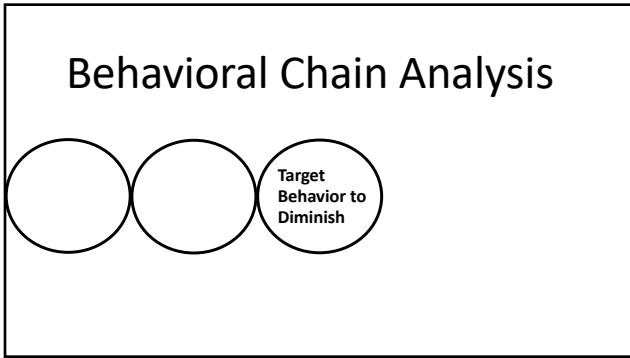
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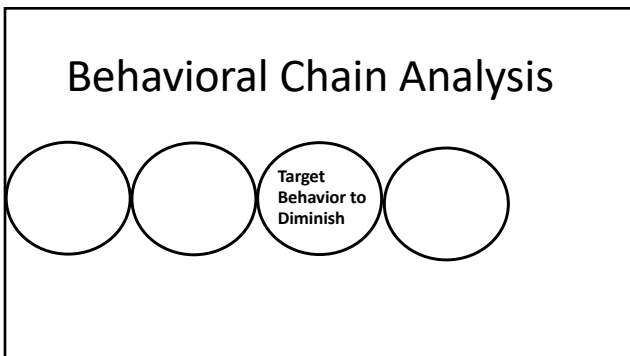
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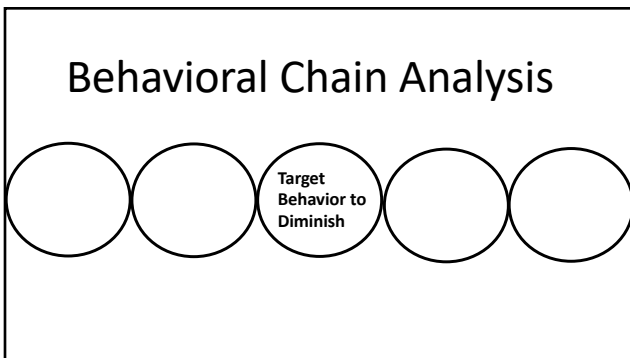
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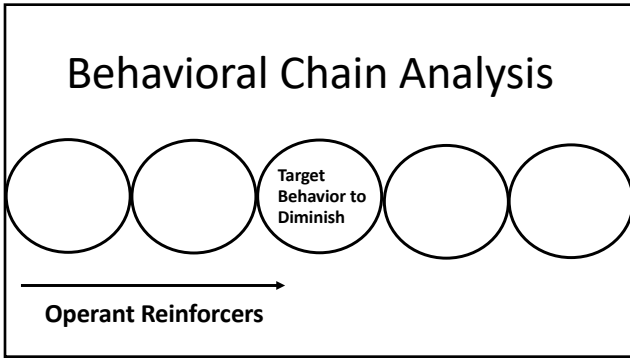
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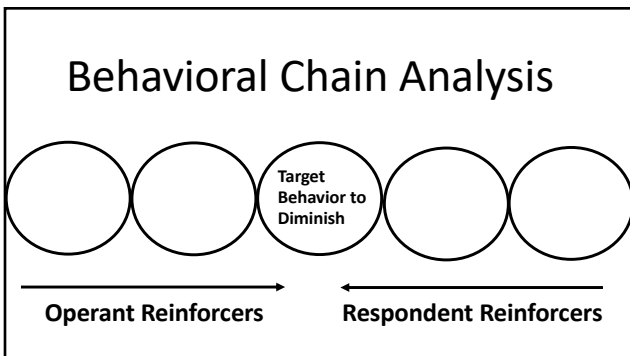
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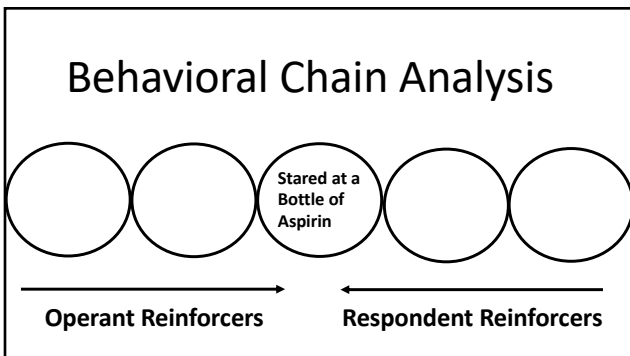
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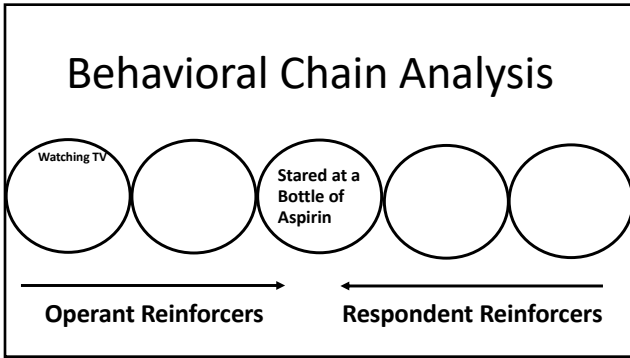
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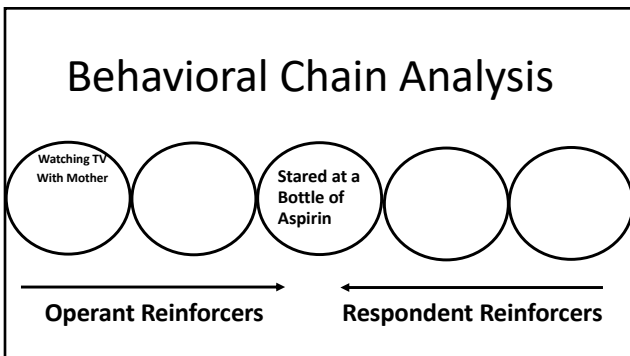
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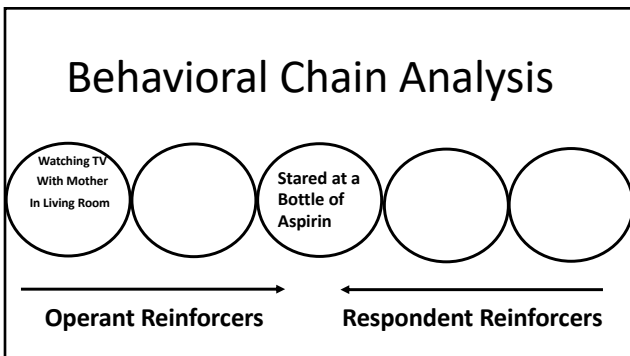
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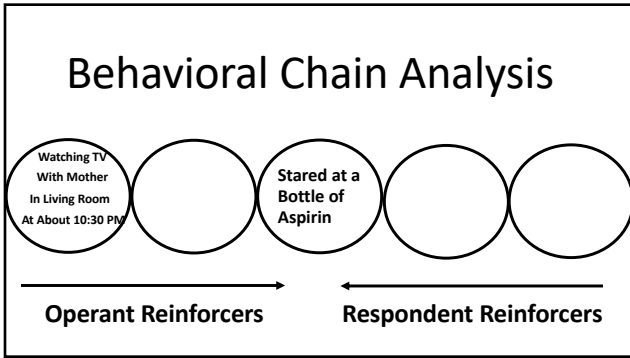
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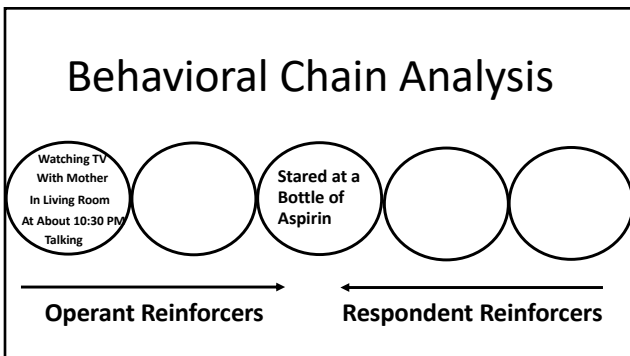
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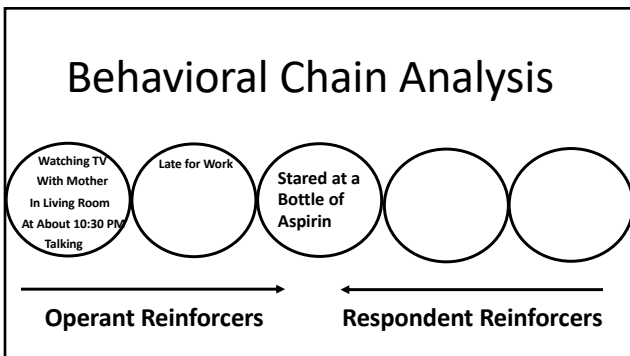
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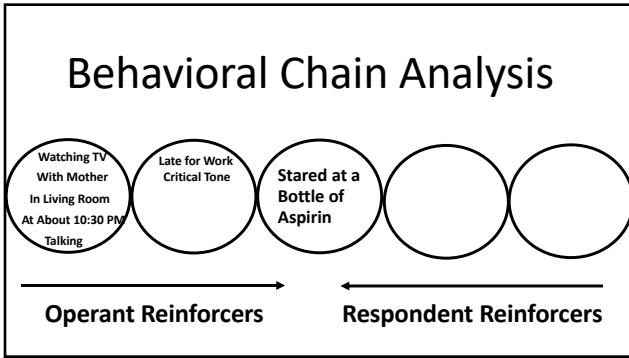
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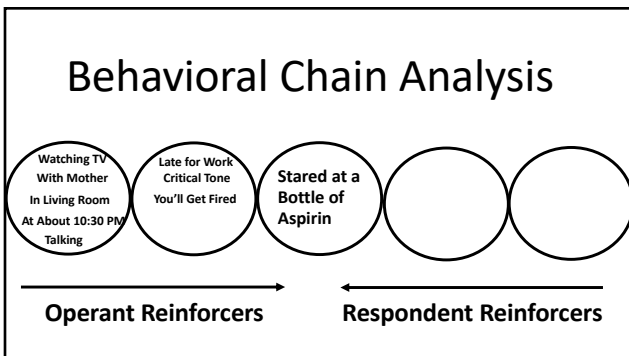
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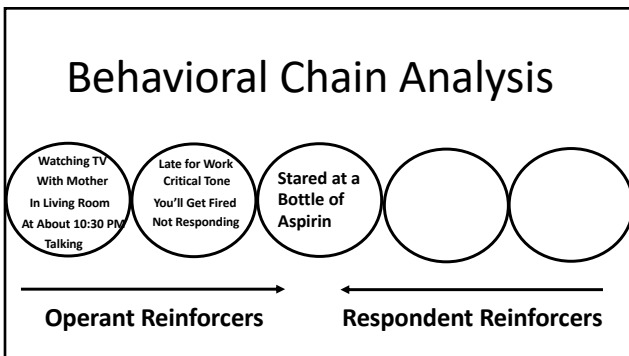
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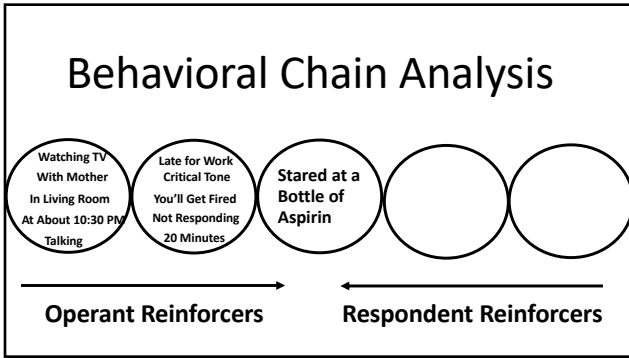
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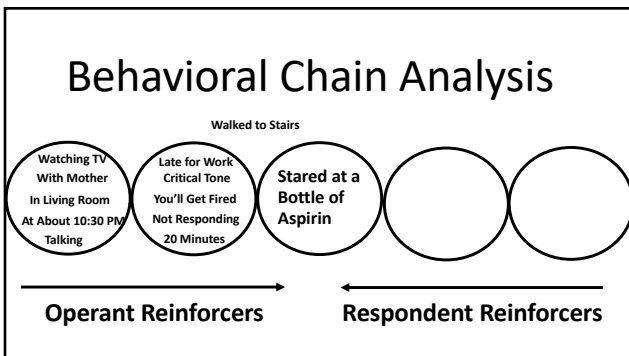
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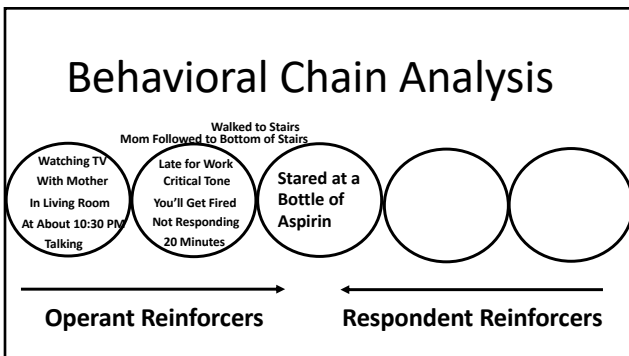
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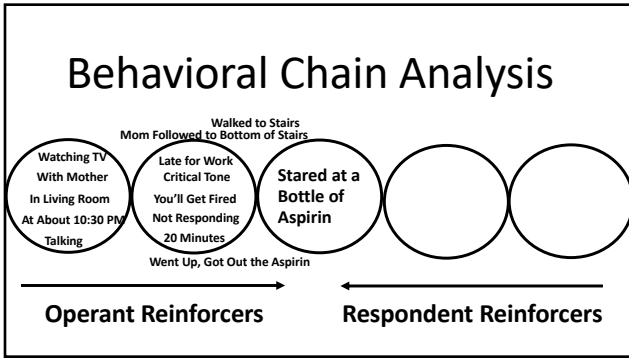
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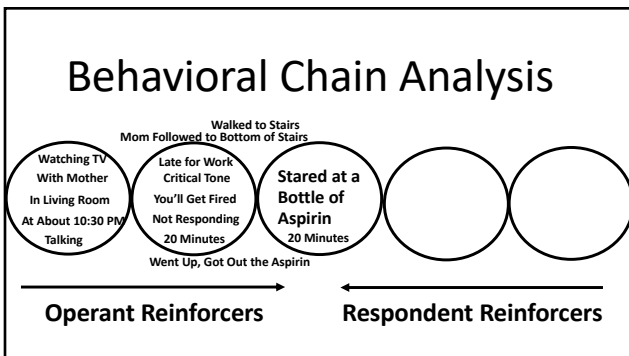
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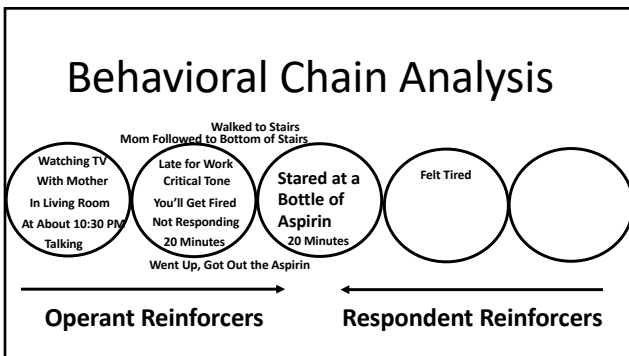
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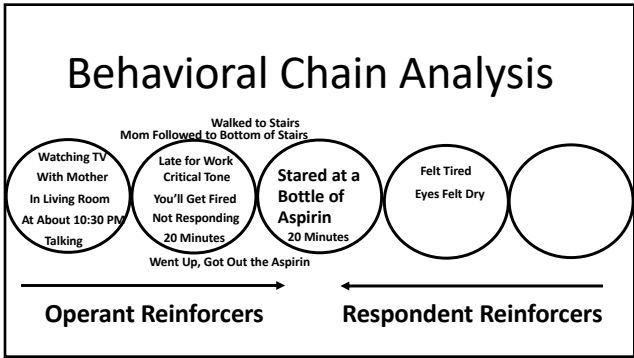
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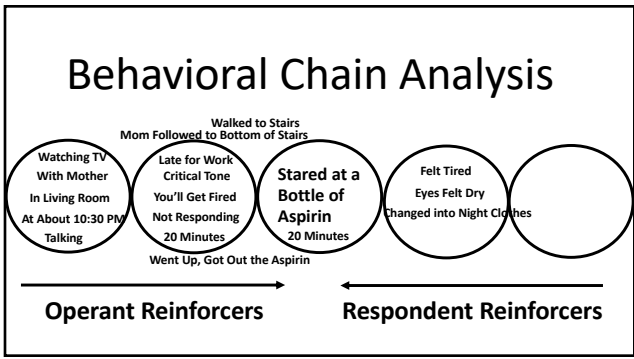
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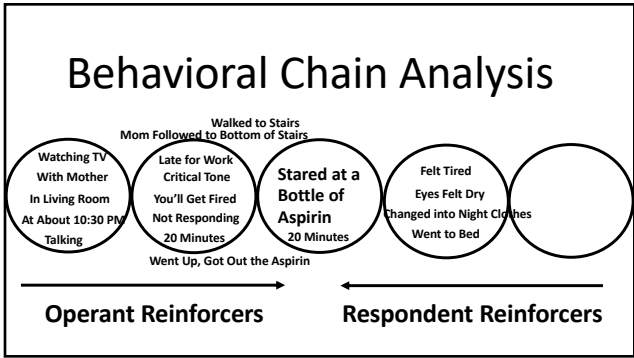
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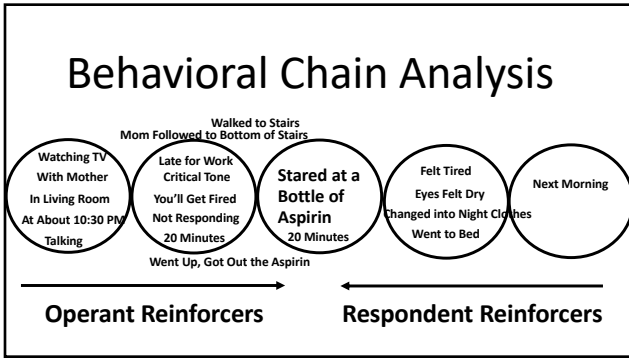
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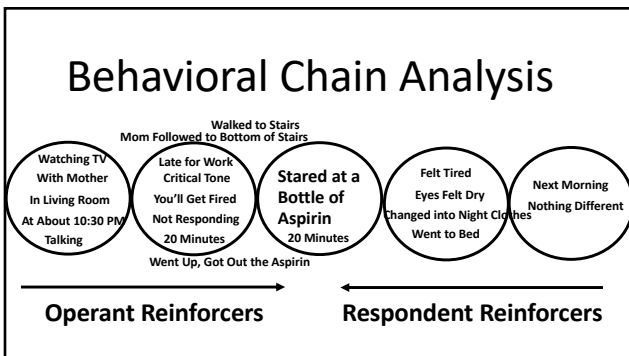
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201



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

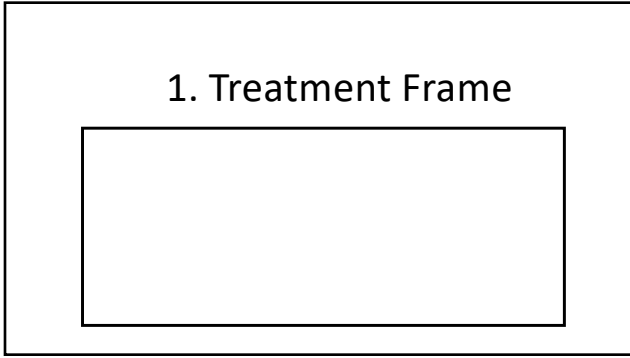
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Treatment
Techniques

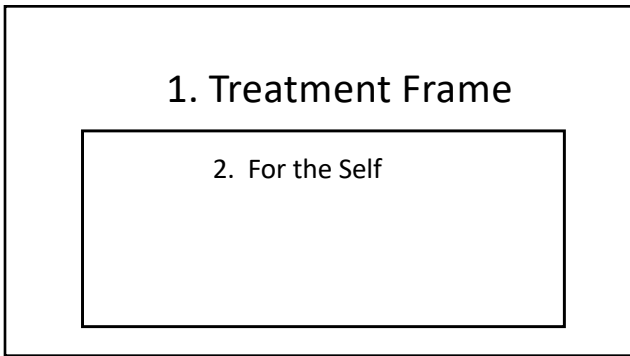
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1. Treatment Frame

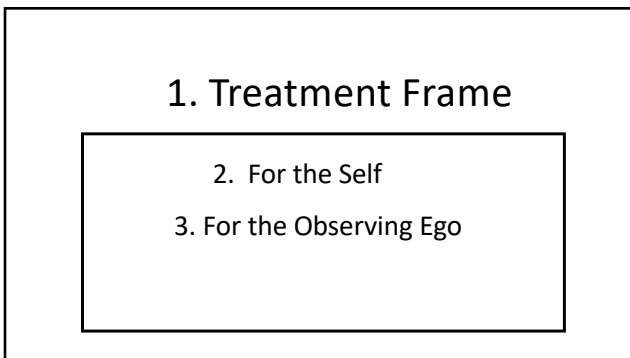
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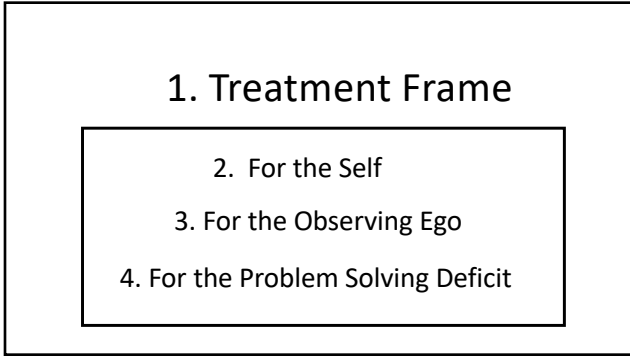
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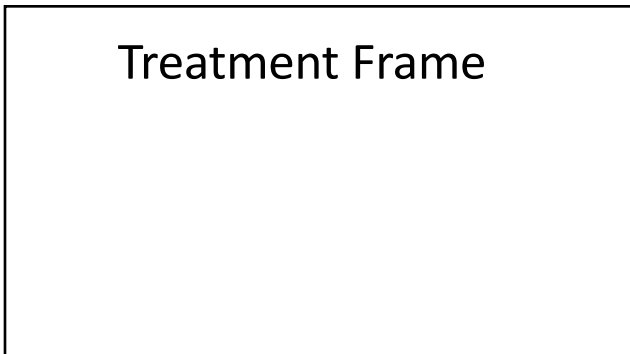
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225



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

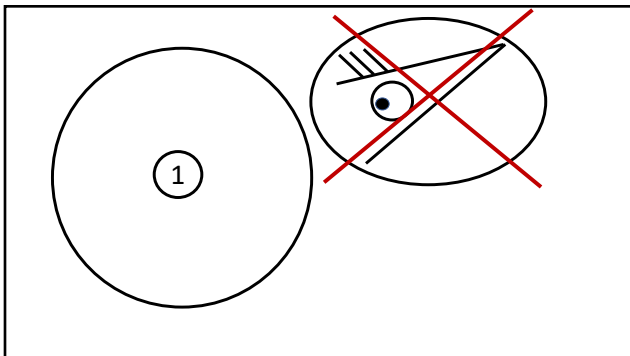
The Only Patients Who Are Treatable are Those Who Can **Keep Agreements**

232

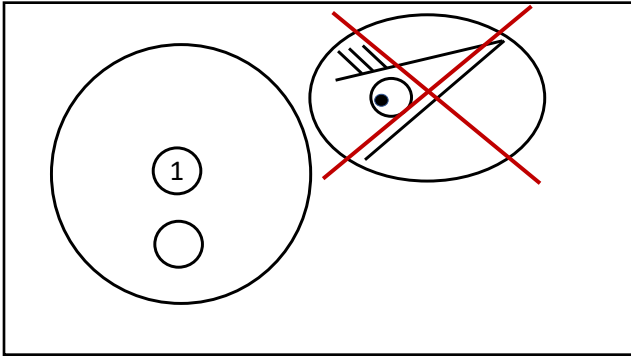
The Only Patients Who Are Treatable are Those Who Can **Keep Agreements**

You "Manage" Everyone Else

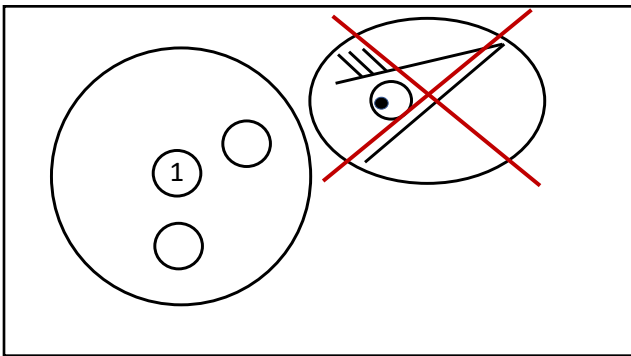
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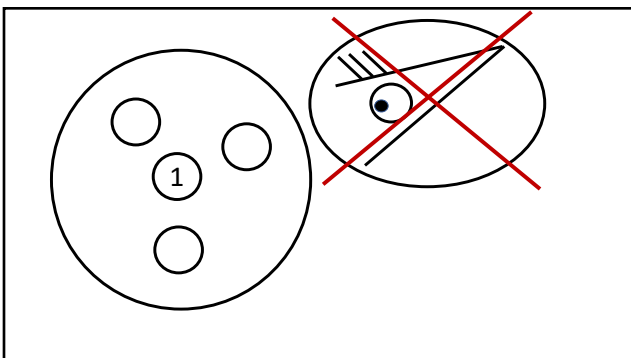
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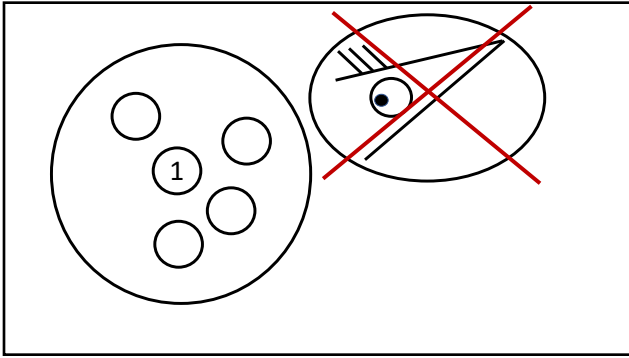
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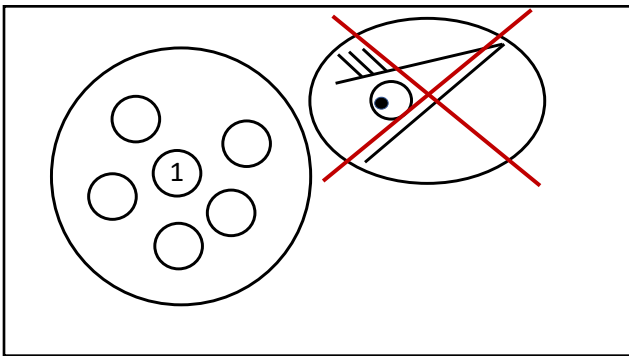
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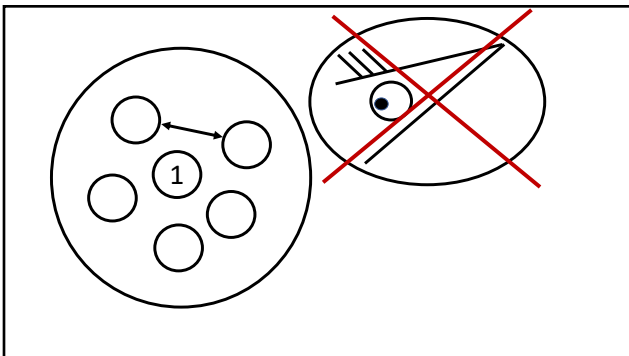
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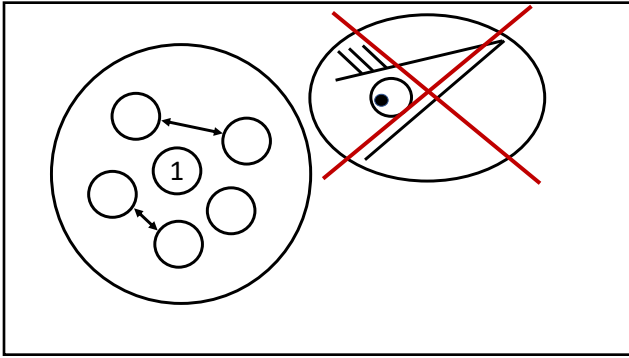
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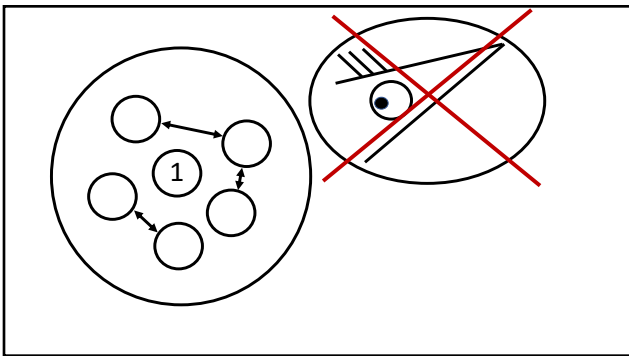
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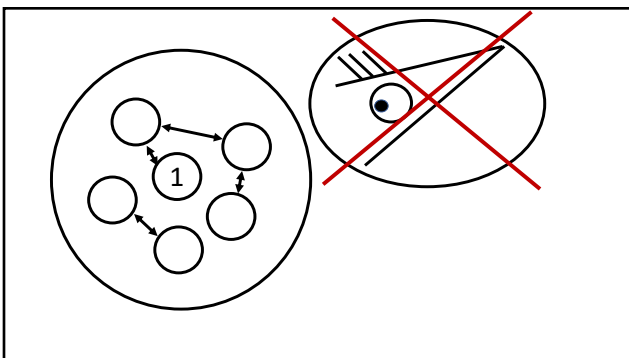
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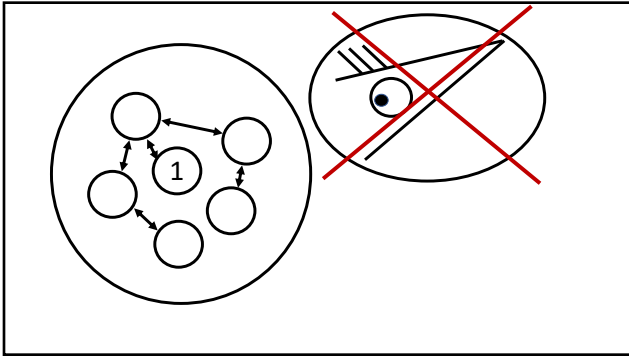
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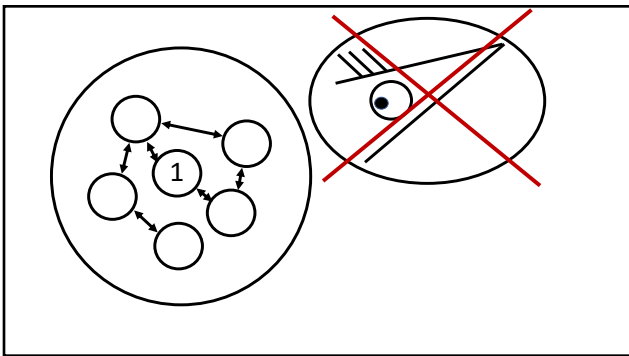
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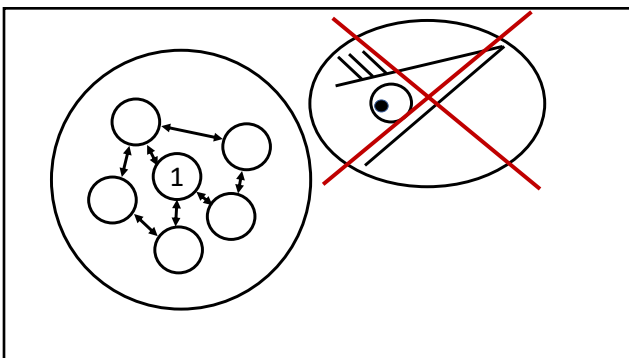
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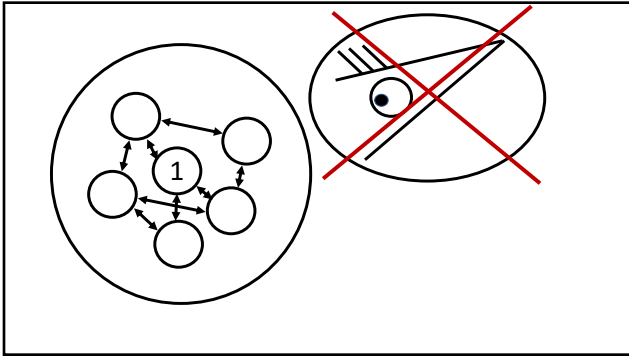
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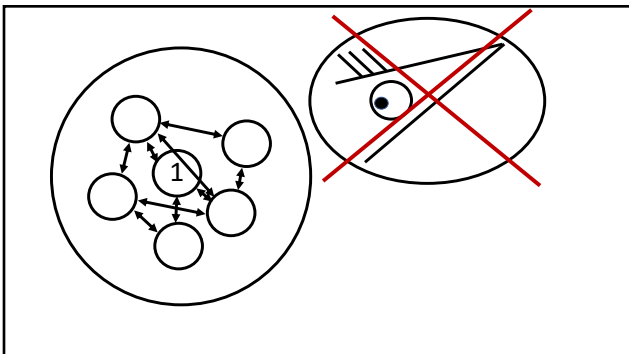
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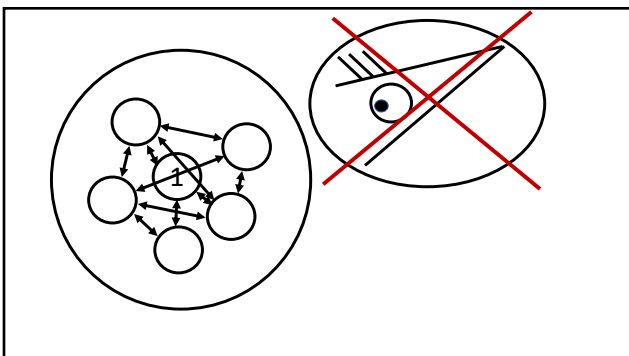
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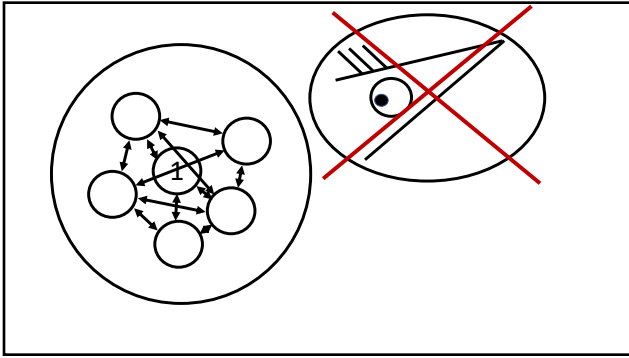
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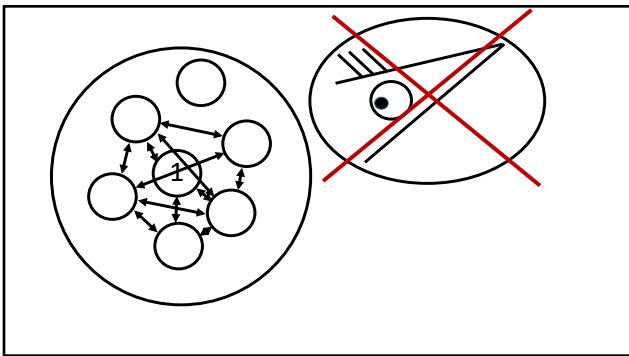
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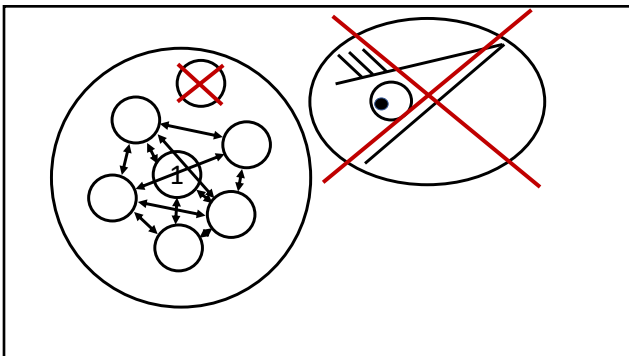
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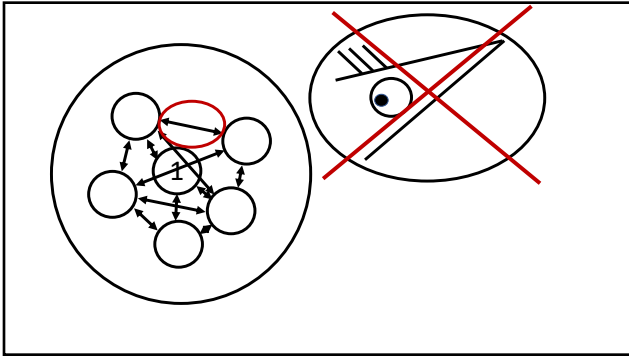
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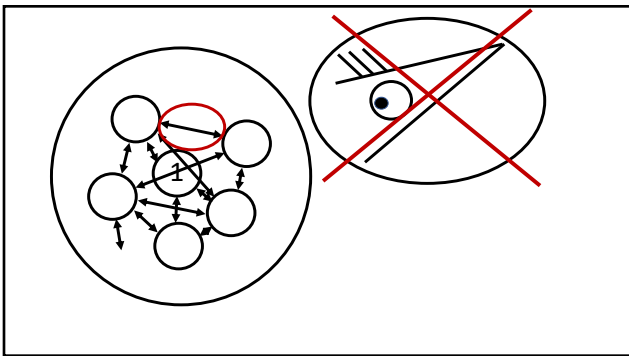
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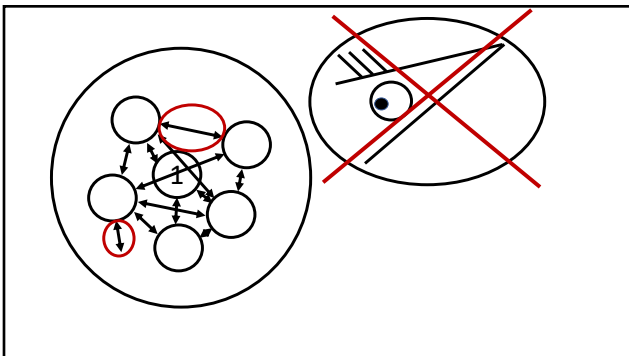
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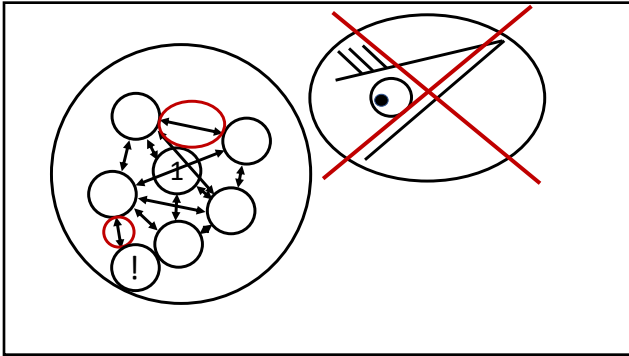
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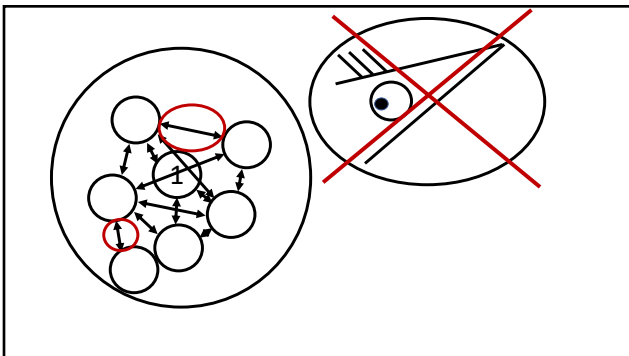
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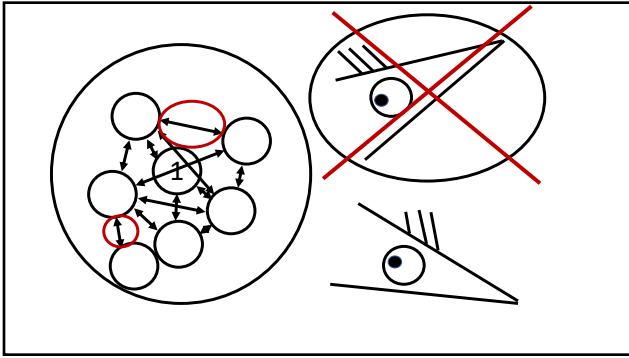
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Make New Connections
To Expand the Self

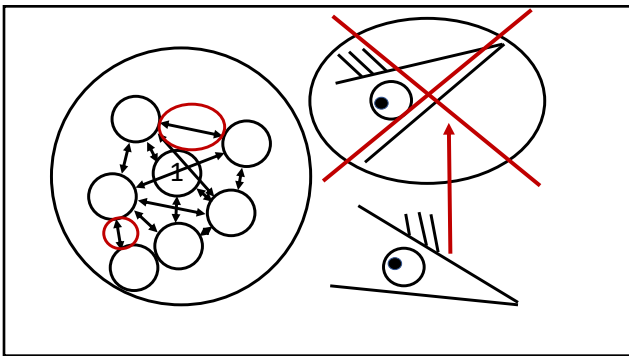
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Make Observations
to Install the Observing Ego

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Problem Solving

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Problem Solving
1. Identify a Problem

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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

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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

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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

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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

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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

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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

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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

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Frame

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Frame Connections

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Frame
Connections
Observations

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Frame
Connections
Observations
Problem Solving

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Personality Disorders

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Personality Disorders
Deficit in Resources for Living

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Personality Disorders
Deficit in Resources for Living
Self Deficiency

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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