



## **DEALING WITH PERSONALITY DISORDERS**

**Personality disorders come from life experiences, not genetics except for sociopaths.**

### **I. WAYS OF DESCRIBING PERSONALITY**

- A. Behavior – How does the client behave and what does it feel like?
- B. Interpersonal Style – How do you feel treated by this client?
- C. How a person impacts others.
- D. Attitudes and values that underlie how person impacts others
- E. Cognitive Style – Self
  - Others How does this affect behavior?
  - World
- F. Affective expression – How deep are feelings buried?
- G. Self-concept – What is the nature of self-concept?
  - What kinds of things make you feel good about yourself?
  - What kinds of things cause stress to you?
- G. Defense Mechanisms
  - denial
  - rationalization
  - projection

Look at client's capabilities for dealing with their environment – how they:

- A. Distort
- B. Transform
- C. Cope with the environment

### **TREATMENT:**

1. Challenge perceptions.
2. Increase cognitive awareness of how they think.
3. Help them identify: "How do I feel good?"
4. Discern their Implicit Agenda □ Client often wants to get counselor to feel good about them.



What is your attitude toward your presenting problem?

**Ego-Dystonic** - It doesn't feel good to them.  
I was wrong.  
I have a problem.  
I need help.

**Ego-Syntonic** - I need to feel this way because the world isn't safe. Tend to project problems and not be self-aware.  
Other people are the problem.

Personality Disorder lacks ability to:

Self-soothe

- Nurture oneself
- Comfort oneself
- Deal with pain oneself

Self-activate

- Take knocks and keep going
- Self-motivation

How do they feel good? → Help them with Task-oriented Therapy related to self-soothing and self-activating.

## II. RECOGNIZING PERSONALITY DISORDERS

- A. Symptoms are ego-syntonic.
- B. External locus of control - other people, places, things as control of their problem.
- C. Difficulty establishing therapeutic alliance \* How does it feel to be in the room with this client?
- D. Self-defeating styles of coping - alienates from others by self-defeating behavior. (examples: blaming, justifying, minimizing, victim thinking, etc.)
- E. Feeling that client is "spinning their wheels" in their life - coping strategies don't work.

**Caution:** Many can be successful if rewarded by environment. They may never come into treatment, (i.e. famous celebrities)



### III. CHARACTERISTICS OF PERSONALITY DISORDERS

*Clarence Rowe, M.D. (1980): An Outline of Psychiatry.*

- A. Characterized by life-long pattern of repetitive, self-defeating behavior, maladaptive responses.
- B. Disorders begin in childhood and adolescence and continue into adult life.
- C. People with personality disorders often do not develop symptoms that bother them – they bother everyone else.
- D. Tolerate stress poorly:  
Mild stress → anxiety  
Moderate stress → transient psychotic symptoms
- E. Some people with personality disorders can be successful when the environment or occupation rewards their behavior.
- F. Poor impulse control.
- G. Poor reality testing.
- H. Inability to delay gratification.
- I. Low frustration tolerance.
- J. They want symptom relief.

**Caution:** Difficulties in adjusting to living can be due to social stress, rather than personality disorder.

### IV. GOOD THERAPIST QUALITIES WITH PERSONALITY DISORDERS

1. Good Boundaries
2. Brief Therapy Focus
3. Treatment matched to client readiness.
4. Relapse Prevention
5. Community Reinforcers
6. Model for addictions works well for personality disorders.



**V. WHAT IS THE PROBLEM?**

What do they think about the problem?

What do you want to do about the problem?

What are your past efforts to work on the problem?