



Working with Personality Disorders in Addiction Treatment

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Personality Disorders

An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. Manifested in 2 or more areas:

- Cognition
- Affectivity
- Interpersonal functioning
 - Impulse control

General Considerations

- Clients with a co-occurring Personality Disorder have difficulty forming therapeutic alliances
- They are limited in their ability to receive, accept or benefit from corrective feedback
- They have limited abilities to do “feelings” work
- The best structure tends to be the therapeutic community model and group therapy, rather than individual work

Types of Personality Disorders

Paranoid, Schizoid, Schizotypal (DSMIV Cluster A)

Histrionic, Narcissistic, Borderline, Antisocial (DSMIV Cluster B)

Avoidant, Dependent, OCD (DSMIV Cluster C)

Histrionic PD

Characteristics

Difficulty relating on anything but a superficial level

Exaggerated emotions

Attention seeking

Flamboyant

Dramatic

Seductive

Easily influenced by situations and circumstances

Histrionic PD

General Problems

We may misdiagnose as Borderline or Narcissistic PD

Emotionally shallow

Difficulty responding to insight-oriented therapy

Fragile ego-strength

Needy and desiring special attention

Will respond negatively to interventions that challenge their self-perception

Histrionic PD

Suggestions for Treatment

- Strong and clear boundaries and treatment structure
- Behavioral approach
- Cannot handle intense emotional interventions
- Stick with the structure of their Treatment Plan
- Don't necessarily need to confront distortions
- Well-developed Relapse Prevention Plan
- Need strong personal boundaries. They can be seductive

Narcissistic PD

Characteristics

Love to be the center of attention and have power

Grandiose

Overemphasize their importance and abilities

Feel superior to others

Narcissistic PD

General Problems

Lack of empathy for others and their problems

Try to force their agenda onto staff

Attempts to manage their own course of treatment

Can be compliant but never “surrender”

May include you in their plans as a manipulation

Narcissistic PD

Suggestions for Treatment

- Point out their distortions of reality
- Get group feedback
- Boundaries
- Treat them like everyone else – No special favors
- Confront their denial
- Strong behavioral Relapse Prevention Plan

Narcissistic PD

Suggestions for Treatment

- Detach
- Set boundaries and limits
- Don't react
- Don't act out their "stuff"
- Insight may eventually come but our task is to help them to live within the context of a supportive community

Borderline PD

Characteristics

They do not feel safe in the world

General background of trauma

Black and white thinking

Consistent problems with relationships

Confusion and distress regarding their emotional state

Projection as primary defense mechanism

Borderline PD

General Problems

They will test the rules for safety

They will try and split the staff

They can bring a community into chaos

Little tolerance for others' problems and issues

Like to be the center of attention

Peers end up avoiding them or forming alliances

Staff tend to either hate them or love them

Borderline PD

Suggestions for Treatment

- Provide a safe environment
- Treat them the same as everyone else
- Confront cognitive distortions
- Don't use the diagnosis as an excuse
- Focus on the process
- Point out the projections of their internal process
- Don't get upset – stay calm and even-tempered

Borderline PD

Suggestions for Treatment

- Enforce the rules
- Give them some early attention
- Straightforward Treatment Plan
- Assess any risk of self-harm and intervene quickly
- Set clear boundaries and expectations
- Assist client in developing skills to manage negative emotions

Antisocial PD

Characteristics

Cannot empathize with others or form social bonds

Unable to function as a member of a community

Violate boundaries and rights of others

Unable to be self-reflective regarding their behaviors

Antisocial PD

General Problems

They may make fun of other's work

May not feel the need for treatment

Other clients may be confused or frightened

Can charm or isolate from peers

Other clients may become frustrated and harm the client

Will break rules without forethought or regard

Antisocial PD

Suggestions for Treatment

- Maintain strict program and group rules
- Enforce the rules
- Watch your boundaries
- Focus on them and their behavior
- Do not try to challenge their denial
- Have a clear and concrete Master Treatment Plan
- Focus on negative effects of alcohol/drug use

Antisocial PD

Suggestions for Treatment

- Do not show them fear or sympathy
- Your feelings are the best tool you've got!
- No insight-oriented therapeutic interventions
- Use consequences to help them understand
- There is no cure for APD (don't try)

Special Considerations

- Preparation for group
- The Container Model
- Questions to keep in mind
 - What are the expectations and rules of the group?
 - What are the themes and feelings of the group?
 - Why is what's happening, happening now?
 - How do I feel?
 - A good counselor knows what's going on in the group
 - A great counselor knows what's going on inside

Special Considerations

- Projection/Projective Identification
- Need to be moved towards responsibility
- Tolerating Tension
- Trauma Work and Containment

Finally:

- How do we know when we've done all that we can?
 - Behaviors/Attitude
 - Possible Causes
 - Intervention Ideas