Engaging With Difficult Clients: Utilizing Motivational Interviewing with Clients With Personality Disorders

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Overview

- General Criteria for Personality Disorder
- Diagnostic Criteria for Borderline and Antisocial Disorder
- Discussion of Primary Motivation, Defenses, Expectation of Others and Counter-Transference
- Proposed Research Model For Diagnosing Borderline Personality Disorder
- Engagement With Motivational Interviewing
- Gambling as a Pay-Off. What's the Benefit?

Research Model For Diagnosing Borderline Personality Disorders

- Level of Personality Functioning
  - Difficulty functioning in at least two of the following: Identity, self-direction, empathy, intimacy
- Pathological Personality Traits
  - Four or more of the following seven pathological personality traits, at least one of which must be impulsivity, risk taking or hostility.
    - Emotional lability, anxiousness, separation insecurity, depressivity, impulsivity, risk taking and hostility.

A Meta-Analysis of Research on Motivational Interviewing Treatment Effectiveness (MARMITE)

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Conclusions

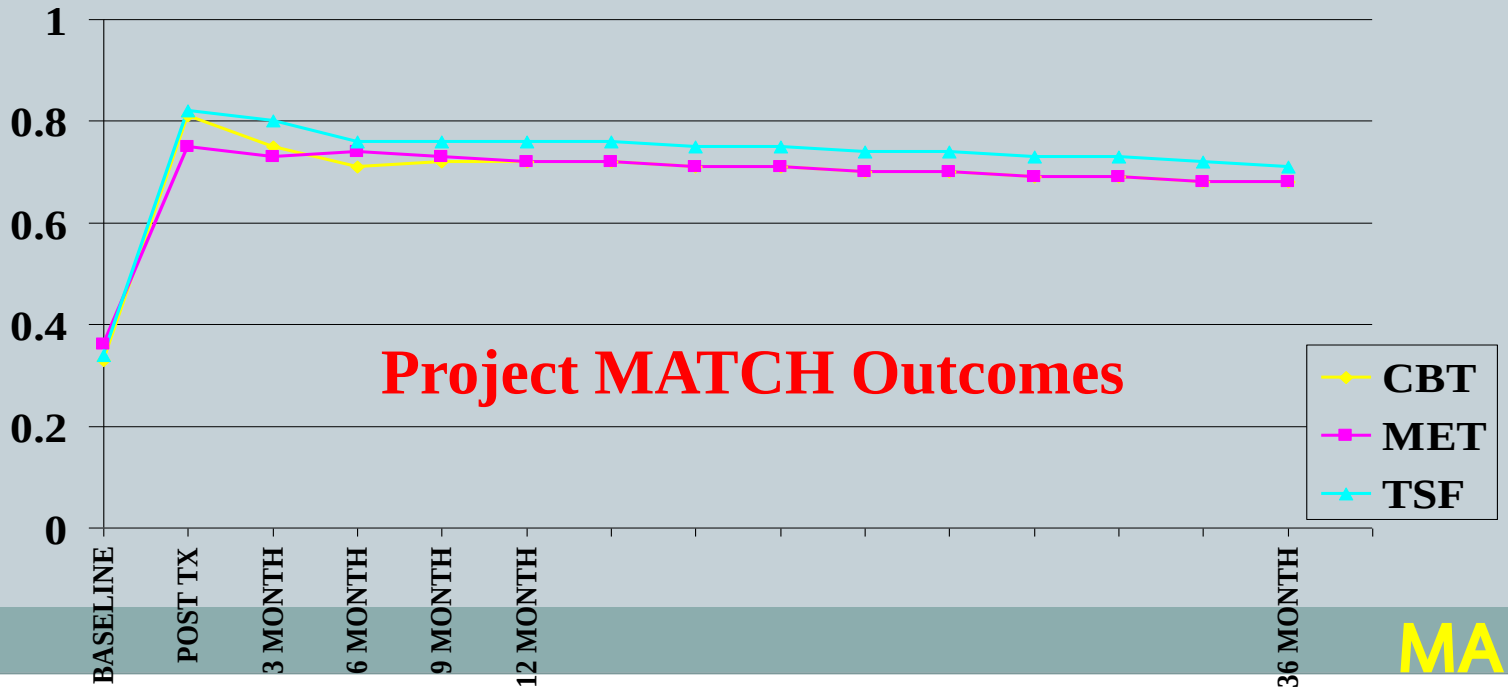
1. Robust and enduring effects when MI is added at the beginning of treatment

   - MI increases treatment retention
   - MI increases treatment adherence
   - MI increases staff-perceived motivation

MARMITE

Conclusions

- 2. The effects of motivational interviewing emerge relatively quickly
  - (This is also true of other treatments)



MARMITE

5 Principles of MI

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self-efficacy

FRAMES

- Feedback of personal risk or impairment
- Emphasis on personal Responsibility for change
- Clear Advice to change
- A Menu of alternative change options
- Therapist Empathy
- Facilitation of client Self-efficacy or optimism

SIGNS OF RESISTANCE

- Interrupting
- Arguing
- Sidetracking
- Minimizing
- Defensiveness
- Not answering
- Teasing
- Brandishing weaponry

THINGS TO DO

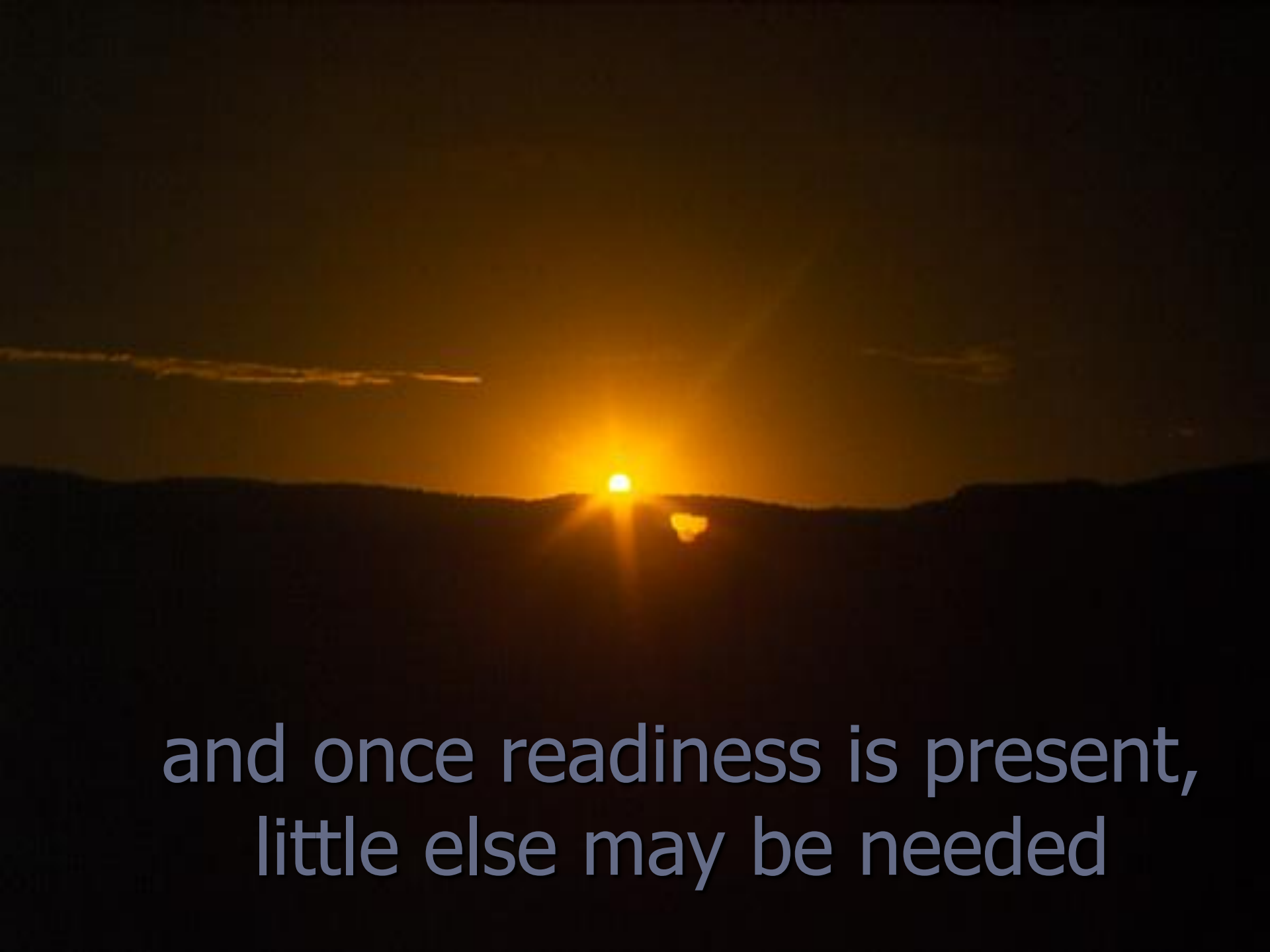
- Listen with empathy
- Affirm
- Provide feedback
- Handle resistance
- Use simple and double-sided reflections
- Shift the focus
- Roll with resistance
- Discuss goals
- Highlight ambivalence
- Write a change plan
- Ask for commitment
- Summarize
- End on an upper

Opening Strategies (OARS)

- Open questions
  - "What brings you in today?"
- Affirmations
  - Statements that compliment,encourage,support.
- Reflections
  - Proving you understand what the client says and feels.
- Summaries
  - Gathering up all that you've heard in a statement

From Contemplation

To Action


and once readiness is present,
little else may be needed

1. Express Empathy

- ACCEPTANCE FACILITATES CHANGE
- SKILLFUL REFLECTIVE LISTENING IS FUNDAMENTAL
- AMBIVALENCE IS NORMAL

2. Develop Discrepancy

- Awareness of consequences is important
- Discrepancy between behaviors and goals motivates change
- Have the client present reasons for change

3. Avoid Argumentation

- Resistance is signal to change strategies
- Labeling is unnecessary
- Arguing is counterproductive
- Clients' attitudes shaped by *their* words, not yours

4. Roll with Resistance

- Use momentum to your advantage
- Shift perceptions
- Invite new perspectives, do not impose them
- Clients are valuable resource in finding solutions to problems

5. Support Self-efficacy

- Belief that change is possible is important motivator
- Client is responsible for choosing and carrying out actions to change
- There is hope in the range of alternative approaches available

General Diagnostic Criteria For A Personality Disorder

- (A) An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture.
- The pattern is manifested in two or more of the following areas….

Diagnostic Criteria (Cont.)

- (1) Cognition: ways of perceiving and interpreting self, other people, and events;
- (2) Affectivity: the range, intensity, lability, and appropriateness of emotional response;
- (3) Interpersonal Functioning
- (4) Impulse Control

Diagnostic Criteria (Cont.)

- (B) The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- (C) The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (D) The pattern is stable and of long duration and its onset can be traced back to at least adolescence or early adulthood.

Diagnostic Criteria (Cont.)

- (E) *The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder* (emphasis mine).
- (F) The enduring pattern is not due to a the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

Borderline Personality Disorder

- Individuals with BPD have a history of unstable interpersonal relationships. They have difficulty interpreting reality and view significant people in their lives as either completely flawless or extremely unfair and uncaring (a phenomenon known as "splitting").

Borderline Personality Disorder

- These alternating feelings of idealization and devaluation are the hallmark feature of borderline personality disorder. Because borderline patients set up such excessive and unrealistic expectations for others, they are inevitably disappointed when their expectations aren't realized.

Borderline Personality Disorder

- The term "borderline" was originally used by **psychologist** Adolf Stern in the 1930s to describe patients whose condition bordered somewhere between **psychosis** and **neurosis**. It has also been used to describe the borderline states of consciousness these patients sometimes feel when they experience dissociative symptoms (a feeling of disconnection from oneself).

Borderline Personality Disorder

- Pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
  - 1. Frantic efforts to avoid real or imagined abandonment.
  - 2. Pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
  - 3. Identity disturbance: markedly and persistently unstable self-image or sense of self.

Borderline Personality Disorder

- 4. Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating).
- 5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
- 6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
- 7. Chronic feelings of emptiness.
- 8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- 9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Borderline Personality Disorder

- Primary Motivation: To be taken care of and to avoid abandonment.
- Major Defenses: Dependency, clinging, splitting, withdrawal.
- Expectations of Others: Intense pressure to indulge regression and helplessness.
- Common Counter-transference: Wish to rescue, take care of, or indulge. Or, the wish to punish, anger, or helplessness. Hopelessness.

Borderline Personality Disorder

- Therapeutic Task: Constant commitment to the client's competence; that is, confrontation of their helplessness and regression.
- When Under Stress: Decompensation into Bipolar, with or without psychotic features, with rapid cycling. Atypical psychosis, not otherwise specified.

Borderline Personality Disorder

- **Trigger and Empathic Failure**
  - View of Self: Vulnerable
  - Trigger: People, expectations.
  - World View Thought: Pick me up; put me down. Come back here so I can tell you to leave.
  - Emotional Response: Labile mood and affect; rotating needs.
  - Behavioral Response: Changing goals and reactions to others.
  - Clinical Response: Anger, frustration, reactivity.

Borderline: Engagement

Positive:

- emotional
- out-front
- attached to others

Excess:

- changeable
- labile
- unpredictable

Borderline: Purpose of Gambling?

- Makes Life More Interesting
- Probably an Action Gambler
- Recovery Goal: Finding Alternative Excitements

Borderline Personality Disorder

- How Others Typically Experience Them:
  - Unreasonable, hostile and dependent, chronic emotional pain and discomfort, overly intense, vaguely threatening, dramatic, manipulative, all or nothing-black/white thinker, rageful, vicious, spiteful, sharp-tongued, emotionally inconsistent, sees others as all-good or all-bad (splitting), intolerant of both separation and intimacy.

Borderline Personality Disorder

- How Others Typically React to Them:
  - Anger, fear, placating, distancing, exasperation, “feel sorry for”, want to merge with/get approval from, make excuses for, frustrated and helpless, enamored at first and angry and confused later.

Antisocial Personality Disorder

- Antisocial personality disorder is recognized through patterns of behavior that do not fit into standards which society defines as normal. People experiencing this disorder tend to be irresponsible individuals who frequently break laws or violate the rights of others and never show remorse for their actions.

Antisocial Personality Disorder

- Often these individuals are seen not in a clinical setting, but in a prison or rehabilitation service. These attempts at rehabilitation often prove to be unsuccessful because these individuals do not take responsibility for their actions.

Antisocial Personality Disorder

- A. Pervasive pattern of disregard for and violation of the rights of others, occurring since age 15, as indicated by three or more of the following:
  - 1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
  - 2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
  - 3. Impulsivity or failure to plan ahead.
  - 4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.

Antisocial Personality Disorder

- 5. Reckless disregard for safety of self or others.
- 6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
- 7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B. The individual is at least age 18 years.

C. There is evidence of conduct disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

Antisocial Personality Disorder

- Functional Trait: Exploitation
- Motivation: Self-esteem.
- Major Defenses: Rationalization, projection, ego inflation.
- Expectations of People: Wants attention and expects special consideration.

Antisocial Personality Disorder

- How Others Experience Them:
  - **Charming, untrustworthy, immature, self-centered, sincere, duplicitous, manipulative, dangerous and rageful, cognitively inflexible, externally oriented (everything is everyone else's fault), rationalizing, justifying, haughty and contemptuous.**
- How Others Typically React to Them:
  - **Fear, anger, bargaining, denial, avoidance, desire to hurt them and get back at them, glee at their misfortune.**

Antisocial Personality Disorder

- When Under Stress: Decompensation into Major Depression.
- Trigger: Social standards, rules and restrictions.
- View of Self: I am the ultimate authority. I want it now!
- View of Others: Suckers
- World View: Dog-Eat-Dog
- Emotional Response: Impulsively angry, hostile and cunning.

Antisocial Personality Disorder

- Behavioral Response: Violation of rules, laws and acting out.
- Clinical Response: Power tripping, fear, submissive.

Antisocial Personality Disorder

- Therapeutic Task: The three C's (Evans and Sullivan, (2001).
  - **Corral** them. Without the walls or legal mandates, most antisocials will not seek treatment.
  - **Confront** the antisocial. Chip away at their defenses. Help establish mutual goals. Be aware of the "King Baby" syndrome. Puffed up ego with no underlying self-esteem.
  - **Consequences** for the behavior. These need to be immediate, concrete. Need for repeated negative consequences (slow learners).

Antisocial: Engagement

Positive:

- tough
- adventurous
- take-charge

Excess:

- impulsive
- irresponsible
- aggressive
- rule-breaking

Antisocial PD: Purpose of Gambling?

- Disinhibits Acting out. Excitement. Feeling of Power. Big-shotism.
- Probably an Action Gambler. Craps player?
- Recovery Goal: Finding other means to raise self-esteem and be the center of attention.