

Effective Engagement with individuals with Personality Difficulties

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A bit about me..

- Qualified as an RGN in 1990
- Worked initially as a staff nurse in General Medicine and then as a Stroke Specialist Nurse
- Lecturer Practitioner in Clinical Neurosciences
- Developed an interest in psychological impact of trauma
- Worked as a researcher in probation whilst retraining in psychology
- Trainee Forensic Psychologist – National Probation Service
- Chartered Forensic Psychologist
- PhD in Applied Social Sciences

Current Role

- Risk assessment/ risk management and intervention work with individuals committing sexual or violent offences
- North West Probation Service Lead responsibility for the national personality disorder strategy
- Jointly funded and resourced initiative, to ensure a psychologically informed basis to working with individuals with personality disorder

Today's Workshop

- Relaxed, informal and useful
- Ask questions at any point
- The workshop element...A game of hangman

Aim of the workshop

- Describe personality disorder and its development
- Recognise how the system can exacerbate challenging personality traits
- Recognise how are own interaction style can exacerbate challenging personality traits
- Top tips to help mitigate difficult exchanges

Personality Disorder

- Personality traits cause suffering to the person or to others
- Hinder interpersonal functioning
- Estimated to affect 4-11% of total population
- 60-70% of prisoners are thought to meet the criteria for personality disorder

Your client groups...



The 3 P's

- Problematic – unusual and causing distress to self or others
- Persistent – starting in adolescence and continuing to adult hood
- Pervasive – affecting a number of different areas in the person's life

Research Tradition: 'Normal' Personality



"I'm neither a good cop nor a bad cop, Jerome. Like yourself, I'm a complex amalgam of positive and negative personality traits that emerge or not, depending on circumstances."

Personality difficulties...

- Meeting normal needs in a problematic ways...

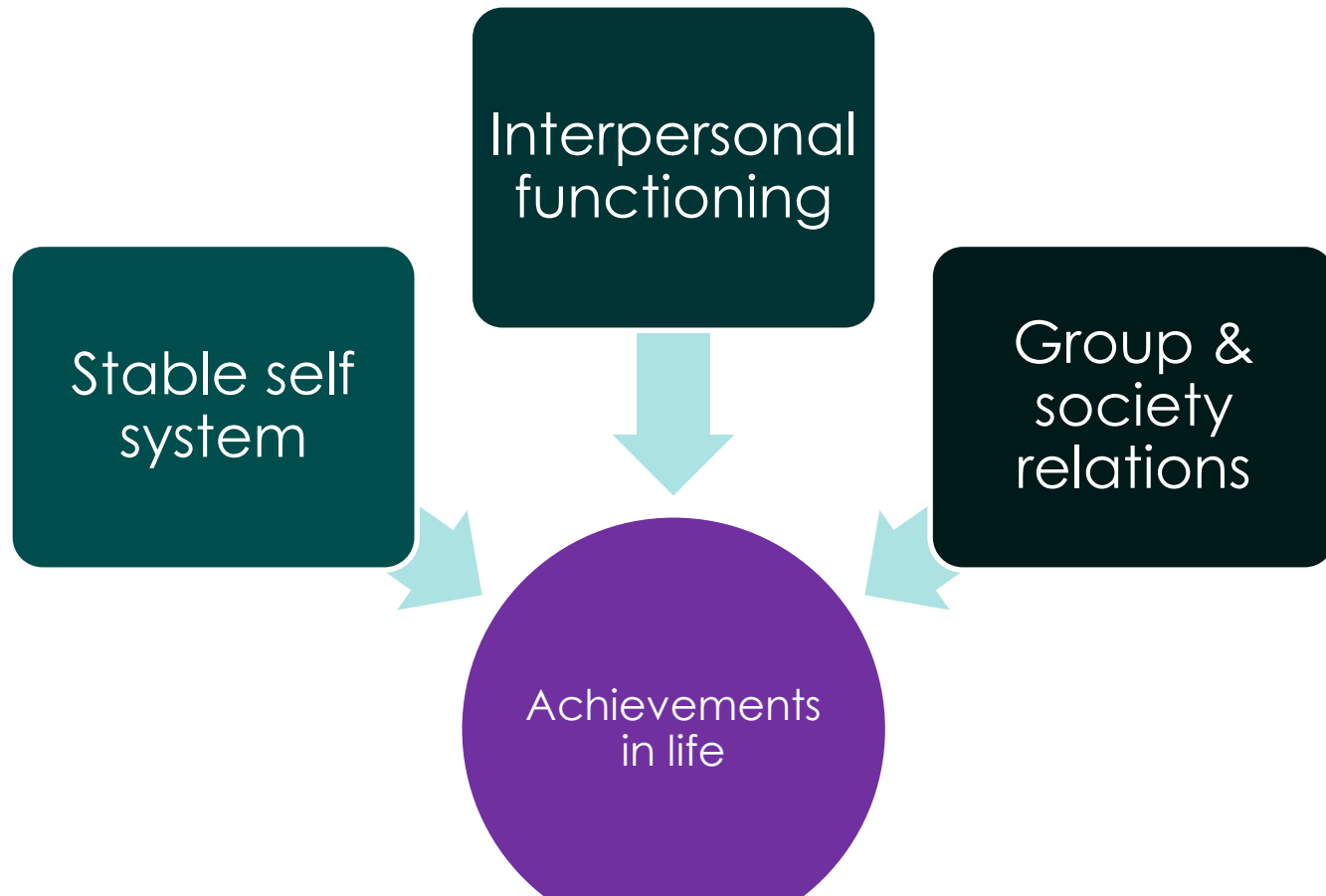
Diagnosis of personality disorder

- Is it helpful?
- Does it hinder progress?
- The lifelong impact of labelling (psychiatric reports)
- Diagnosis of exclusion

My Approach

- Avoid assessment (usually assessed all their lives..same questions, same outcome)
- What does the person do that's unhelpful for them and others?
- How much insight do they have into these difficulties?
- How does the person make you feel?

What is Personality For?



Attachment Theory

- Life long interpersonal strategy to respond to threat/ danger, which reflects an interpersonal strategy for processing information

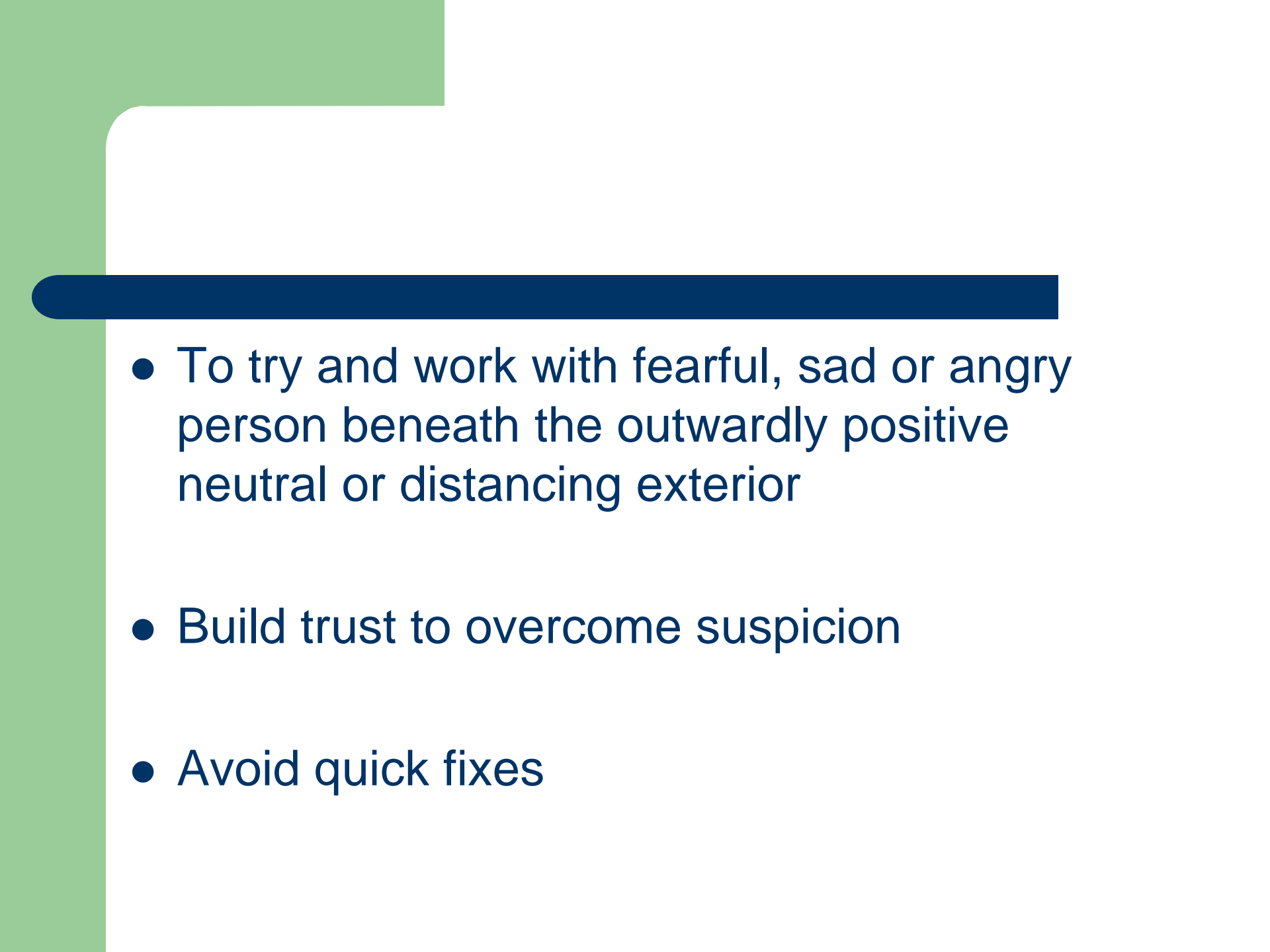
Attachment Theory

Broadly speaking, A, B and C Styles:

- A = Infant learns to value thinking and cut off feelings (rule driven, over regulate, strict boundaries)
- B = Infants learn to integrate and give equal value to both thoughts and feelings
- C = Infant leans to value feelings more than thinking (feelings rule, under regulate, collapse boundaries)

'A' strategy

- Fear of intimacy versus fear of isolation
- More concerned about what happened than how they felt about it
- “My thinking will keep me safe and help me survive”
- An exterior presentation that inhibits negative affect.

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- To try and work with fearful, sad or angry person beneath the outwardly positive neutral or distancing exterior
 - Build trust to overcome suspicion
 - Avoid quick fixes

‘ C’ strategy

- Fear of abandonment versus fear of losing autonomy
- “My feelings will keep me safe and help me survive”

C Strategy

- Clear structures and boundaries
- Unpick clients assumptions, errors, distortions
- Help the client separate their own feelings from those of others

Cluster A
Odd / Eccentric

Cluster B
Dramatic / Unstable

Cluster C
Anxious / Avoidant

Paranoid

Antisocial

Avoidant

*PD Not
Otherwise
Specified*

Schizoid

Borderline

Dependent

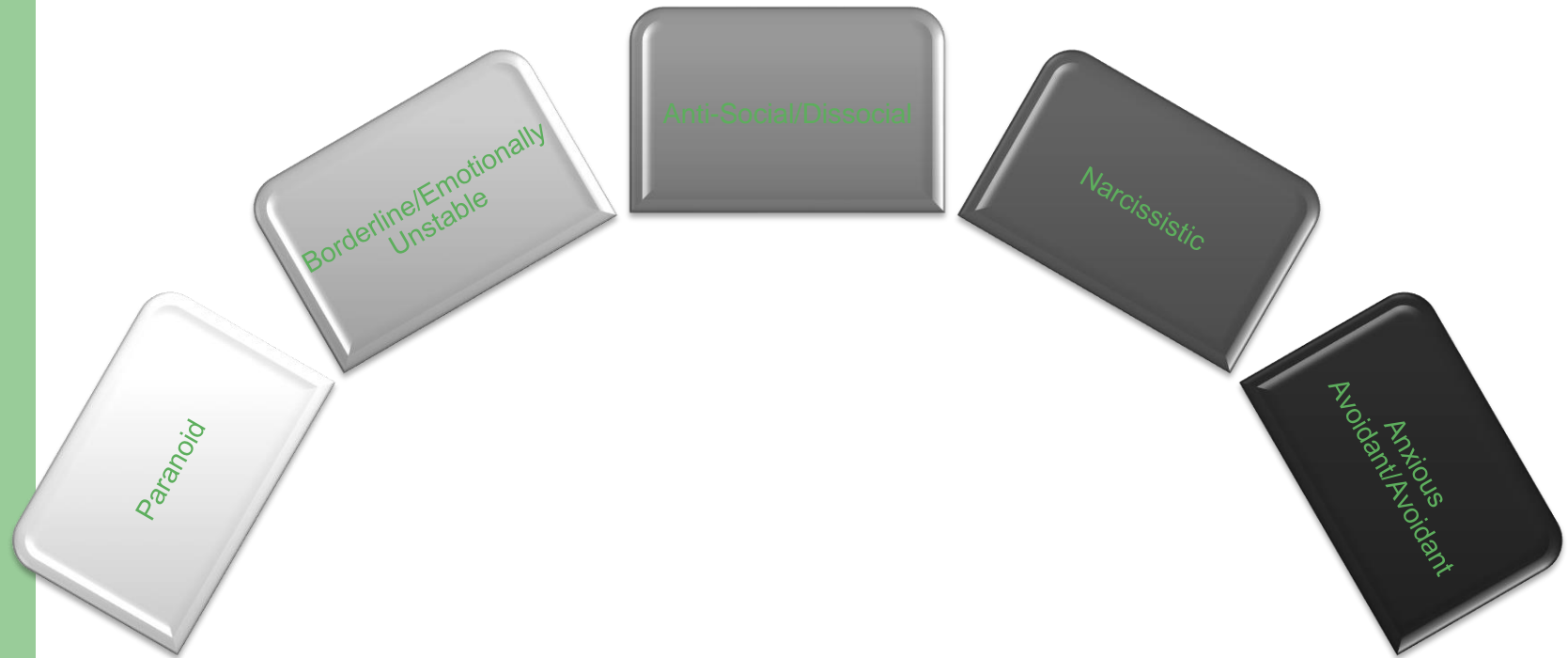
Schizotypal

Histrionic

Obsessive-Compulsive

Narcissistic

Personality Disorders Encountered in Practice



Distinguishing PD from Mental Illness

- Mental illness has an identifiable point of onset
- Mental illness is traditionally treated with medication, which usually returns the individual to their baseline level of functioning
- PD is chronic and enduring and generally less responsive to medication
- Co-morbidity is relatively common

Anti-social personality Disorder

- Rule breakers
- Don't respect authority
- Feel readily antagonised
- Hostile view of the world
- Struggle to perspective take

Self-aggrandizer



Narcissistic PD

- Inflated self worth, self-focus, exaggerates own achievements and abilities
- Sees self as unique and special and others as inferior
- Main strategy – use others, transcend rules, compete, manipulate



- May feel entitled to exploit others. When sense of superiority is threatened, may be prone to feelings of shame and rage.

Dependent PD

- See self as weak and helpless and others as strong and over whelming
- Feel a need to be taken care of
- Fear being alone and so attach themselves to others
- Highly suggestible and struggle to make decisions
- Strategy – submissive /attached

Avoidant personality Disorder

- Social anxiety
- Feeling of inadequacy
- Shy, withdrawn and socially awkward
- Hypersensitive to rejection



Emotionally Unstable Personality Disorder (Borderline personality disorder)

- Unstable sense of self, moods and relationships.
- Frequent emotional crisis, think in extremes
- Self harm, suicide
- Frantic efforts to avoid abandonment
- Unstable intense interpersonal relationships
- Idealisation and devaluation

Origins

Biological

- Genetic
- Temperament
- Neuroanatomical & Biochemical

Psychological

- Childhood Neglect
- Childhood Abuse
- Post-Traumatic Stress Disorder (PTSD)
- Family History
- Attachment

Social

- Culture
- Peer Groups
- Socio-economic Disadvantage
- Gender



"What do you say we blame your parents and knock off early?"

Biological Factors

Genetic

Studies looking at genetic factors in the development of personality traits suggest that genetic variables account for up to 50 per cent of the components of personality.

Temperament

Children vary in their response to environment & variability of behaviour in newborns thought to have underlying biological base. Temperament affects reactivity, self-regulation and shapes responses of caregivers.

Neuroanatomical & Biochemical

Particular connections between the development or stimulation of areas of the brain and particular emotional difficulties. Research in brain biochemistry has shown we inherit 'chemical templates'.

Psychological Factors

Childhood
Neglect
& Abuse

Causes changes in brain physiology & abnormalities in cognitive, emotional, behavioural, social functioning.

PTSD

PTSD occurs when an individual has been overwhelmed by terror & helplessness.

Family
History

High degree of dysfunction in families of individuals who develop PD, e.g. depression, alcoholism, poverty, unemployment, family breakdown, domestic violence, time in care.

Attachment

Infant elicits protection, seeks comfort & security. Leads to Internal Working Models: others; self.

Social Factors

Culture

Cross-cultural studies using dimensional models of personality have shown that the same personality traits occur in the majority of human societies.

Peer Groups

In childhood move from relationships with families to peer groups. Peer groups influence development of behaviour & attitudes, which can influence personality functioning.

Socio-economic Disadvantage

Poverty, unemployment & poor scholastic achievement are correlated with raised levels of antisocial activity & personality disorder in particular individuals.

Gender

Gender differences in probability of different types of childhood maltreatment - predisposes men/women to different sorts of personal dysfunction in context of male/female identities developing differentially in society.

My Top Tips...



The Challenges – what is the impact on you?

Possible reactions which might indicate the presence of PD...

- Staff fall out / disagree on approach to be used
- Agencies are falling out
- You find yourself behaving unprofessionally
- You feel drained
- You don't want to see the individual
- You get over involved in the case
- You feel threatened in the individual's presence

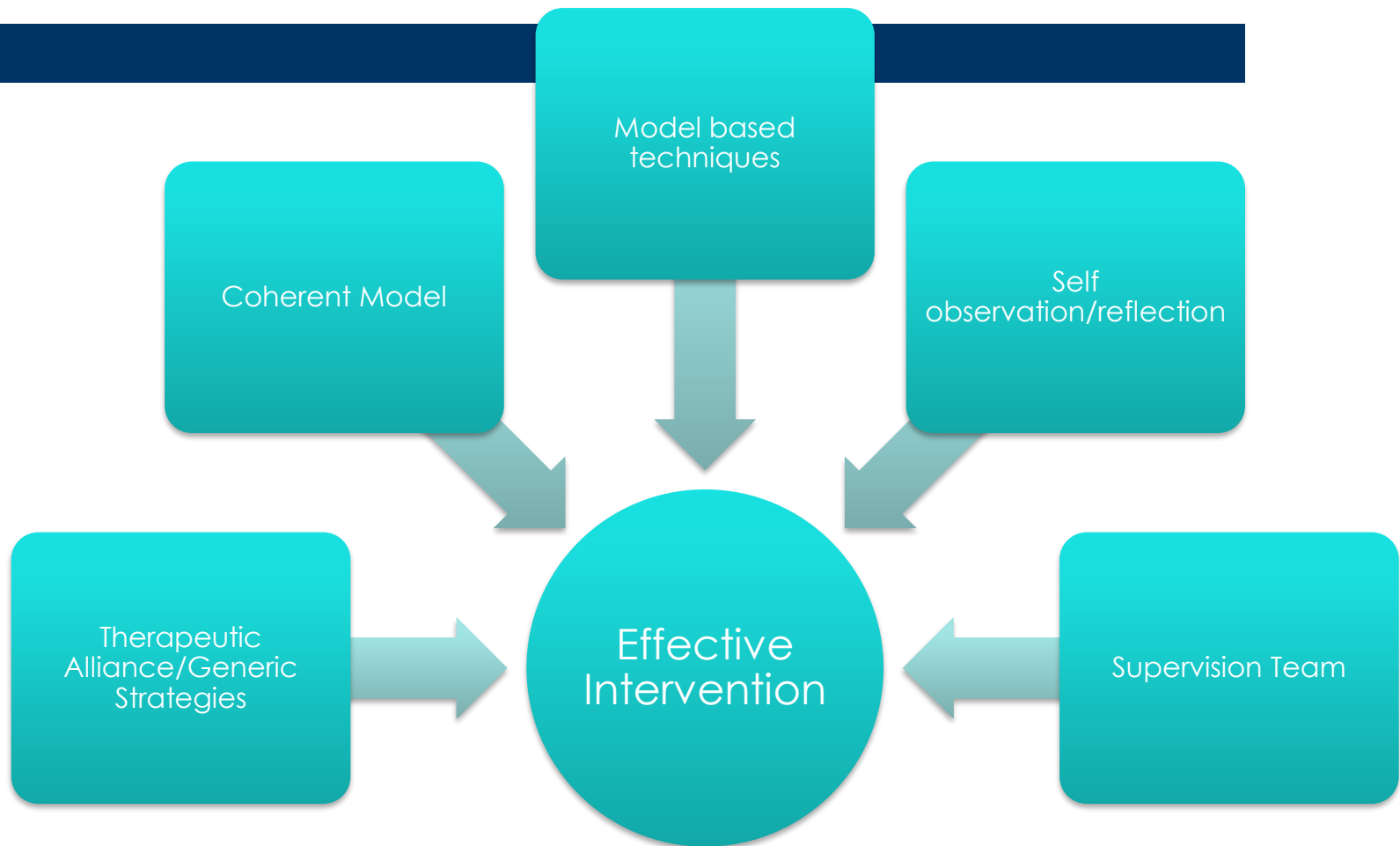
Remember....

- Personality traits are the individual's ways of coping with and understanding the world
- Become established because at least in the short-term they work for the individual
- Destabilising this world view can be frightening and bewildering for the person
- For this reason sabotage is common

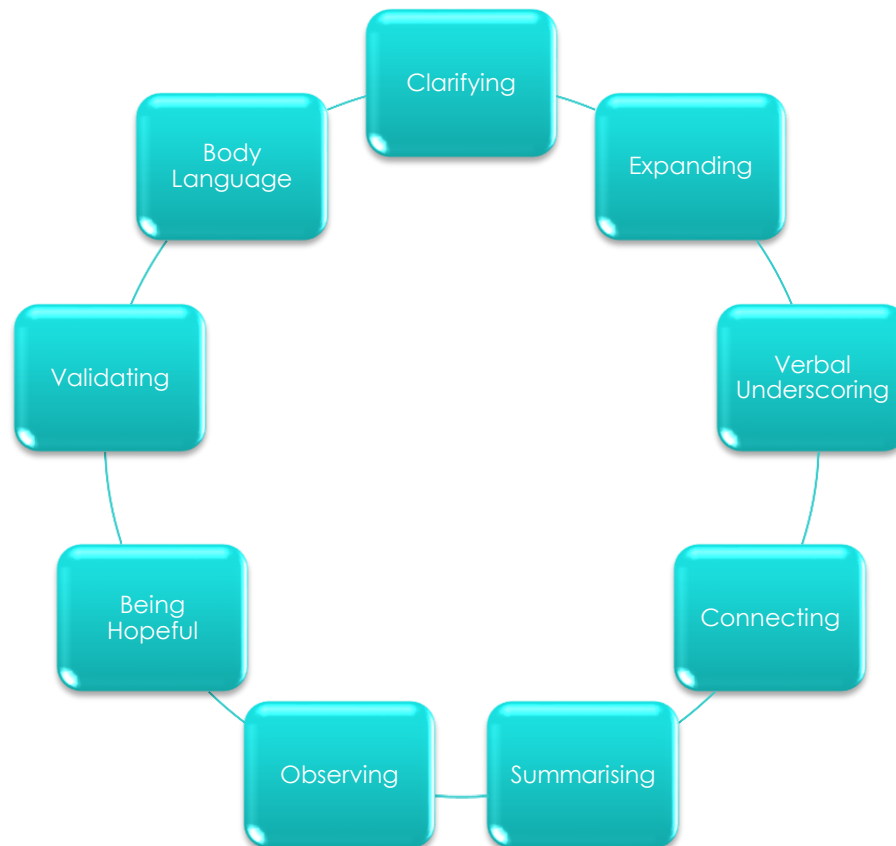
Your starting point...

- The individual may have distorted and unstable beliefs about themselves and others. They may expect relationships to be characterised by themes of power and submission, with associated roles of bully, victim and rescuer.

Factors Common to Effective Interventions



Active Listening



Basic principles.....

- Traits emerge when past experiences are triggered by interpersonal events
- Being in the room with you can be enough!
- Clients (like everyone) cannot think when emotions are running very high because schemas are activated

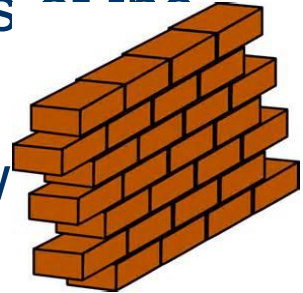


Working with 'Angry Child'

1. **Active listening**, especially validation
 2. **Encourage** expression of anger
 3. **Observe** shifts back into vulnerable child or healthy adult
 4. **Problem solve** only when emotions have shifted
- Self:** Try not to get drawn into being punitive

Shifting the Detached Protector

1. **Externalise or Label it:** “there’s a part of you that becomes like a wall, or putting the shutters up”
2. **Explore the pros and cons** using questions or interpretations:
 - “I wonder if you think there are any advantages of the shutter or wall?” “what about disadvantages?”
 - “maybe because you don’t trust me or think I will make things worse for you, it protects you. But it stops me from getting to know you.



Self: notice feelings of frustration

Working with Self-aggrandiser



1. **Labelling/externalising:**
2. “its like there’s a part of you that often tries to criticise me”.
3. **Exploring pros and cons** using questions and interpretations:
 - “ I wonder what advantages there are for you of being like that?”
 - “How do you think that part of you affects other people”
 - “that part of you ends up pushing me away”..
4. **Set limits:** “I’m not comfortable with how that part of you (or trait) talks to me”; “why might that part of you is now taking over?”
- **Self:** urges to compete; criticise back; be in control

Basic Principles

- Consider capacity for personal control and change
- Likely response to externally imposed controls
- Options to alter the environment to compliment traits
- Generally individuals with PD are rule breakers – give them fewer to break!
- Anticipate rather than react
- Do not be put out if the person undermines or apposes your or other's authority

Individuals with personality difficulties in the main respond to what we respond well to:

- Pro social modelling
- Legitimacy
- Fair and open practice
- Feeling respected and listened to

Regardless of our position or supposed authority.

We need to build credibility and not assume it is a given

If relationships go wrong, then relationships are where we put things right

Thank you for listening

- Now it's time for a game of hangmen...