CLINICAL OBSERVATIONS OF AND TREATMENT RECOMMENDATIONS FOR INDIVIDUALS WITH PERSONALITY DISORDERS
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OBJECTIVES

1. Identify 2-3 clinical observations of individuals with Borderline Personality Disorder, Antisocial personality disorder and Narcissistic Personality disorder.
2. Understand “red flags” that raise awareness of possible personality disorder/traits that could impact treatment and treatment plan.
3. Identify limit setting strategies to use with patients/clients with personality traits for individual and group treatment.
4. Identify treatment recommendations for working with this population.
PREVALENCE OF MENTAL ILLNESS

- General Population- National Institute for Mental Health (NIMH)
  - Antisocial Personality Disorder-1%
  - Borderline Personality Disorder-1.6%

- St. Mary’s Hospital
SEEN IN ALL PRACTICE AREAS

- Schools
- Pediatric outpatient settings
- Private practice
- Rehab
- Nursing homes
- Hospitals
- Home health
- Homeless shelter
“One thing you who had happy or secure childhoods should understand about those of us that did not; We who control our feelings, avoid conflicts at all cost or seem to seek them, Who are hypersensitive, self-critical, compulsive, workaholic, And above all, survivors; We’re not that way from perversity and we cannot just relax and let it go. We’ve learned to cope in ways you never had to.”

-Piers Anthony, Fractal Mode
CLINICAL OBSERVATIONS

• Borderline Personality Disorder

I hurt myself
Today
to see if i still feel
BORDERLINE PERSONALITY DISORDER

- Low risk/High rescue suicide attempts (suicide gesture)
- Self harm
- Manipulation vs learned maladaptive ways for needs to be met
- Attention seeking behavior
- TMI
- Assessment of staff and over-investment in other patients
CREATIVE WRITING EXAMPLES

“and when you are here you don’t feel like you need to put a gun to your head…”
Paloma negra
Paloma negra
donde, donde....
Perfection
Rejection
love
hate
go away
love me
I hate you
please love me
CLINICAL OBSERVATIONS

- Antisocial Personality Disorder

"When I go crashing down, I wonder every time
Will a cure come into style
Is there a cure for my kind of style"
ANTISOCIAL PERSONALITY DISORDER

- Staff Splitting
- Poor personal boundaries-overly involved with other patients
- Superficial, glib (Hare’s Psychopathy Test)
- May be seen as charming or helpful
- Always have their own best interest in mind
- Inappropriate comments seem to fly close to -but just under- radar
CLINICAL OBSERVATIONS

- Narcissistic Personality Disorder

I wanna talk about ME
NARCISSISTIC PERSONALITY DISORDER

- Grandiose
- Usually want to lead the group or speak down to the leader of the group
- Quite upset with redirection
  - May storm out of room or become angry when monologue interrupted
- Will complain about inferiority or stupidity of others
- Overwhelming need for admiration from others, lack of empathy
NPD INTEREST IN YOU IS A PRETENSE

the only time a narcissist pays attention

is when they study their target in order to mimic & read them to strategize their method to gain supply
RED FLAGS
RED FLAGS

- “I’ve never told anyone this before…”

- “You are the best therapist I’ve ever had… No one has ever helped me this way before.”

- Being just under the radar with inappropriate statements
• Terrible negative self talk, that is stated out loud, almost constantly (examples)

• Does not accept compliments, responds with negative self statements

• Constantly seeking approval from authority/staff: “Do you like it? What color should I use? How does this look?”
• Attempting to gain extra time/space—lingering after session

• Requesting special permission

• Pushing staff buttons/boundaries: complimenting staff looks, touching staff in sexual or boundary crossing in non-sexual manner
• Overly offering to assist others

• Attempting to speak re: very distant past

• Oversharing excessive, inappropriate information

• Saying that they “need to learn coping skills”
• Spending time with other individuals with personality disorders

  “Birds of a feather…”

• Making negative statements about other providers

• Seeking out a patient whom is perceived to be the weaker link—acting like a friend, but manipulating that person
Use of transitional security items
WATCH FOR THESE ON CLOTHING IF ABOVE RED FLAGS ARE PRESENT!
LIMIT SETTING STRATEGIES

• Give clear boundaries that the pt can and should be expected to function in and learn new skills.

• Use assertive communication skills

• When you say you will do something, do it.

• Only set limits that you can follow through on. Only set what is in your control-not the RN, The MD, The SW.
LIMIT SETTING STRATEGIES

• Be clear and concise.
• “When you are able to _____, you can…”
• “When you _____, I am able to …”
• Focus on what the person can do… “You are able to..” vs “You can’t…”

• Love and Logic Principles/parenting strategy
TREATMENT RECOMMENDATIONS

“But one must go where one's road leads, even when it's a distressing road.”
— Piers Anthony, Crewel Lye
TREATMENT RECOMMENDATIONS

• Give every patient the ACLS!

• Inform the patient of expectations during initial eval, or as soon as you can, if you are picking up on “red flags”

• Get buy-in from the patient
  
  Learning healthy coping with less negative consequences

  Do not do more than 50% of the work
TREATMENT RECOMMENDATIONS

• **Expect** help rejecting statements/behaviors. Don’t get angry. Try humor and therapeutic feedback.
• Praise every small accomplishment in the right direction
• Immediately give feedback in the moment for inappropriate behaviors/actions/statements
• Be very firm with boundaries/limit setting (make sure the entire team is aware and on board)
• Be consistent
TREATMENT RECOMMENDATIONS

- Model appropriate socialization and healthy coping/problem solving
- Don’t be a cheerleader, be a coach
- Do not allow staff splitting
- Redirect discussion/treatment/session to current issues with future planning.
- More is not more!
- Do your own self care!
COUNTER-TRANSFERENCE

- **Countertransference** is a condition where the therapist, as a result of the therapy sessions, begins to transfer the therapist's own unconscious feelings to the patient.
TREATMENT SESSIONS

- DBT-Dialectical Behavioral Therapy, Linnehan
- DBT house
- Low Frustration Tolerance group-scenarios with healthy/unhealthy responses
- Basic Cognitive Behavioral therapy
- Check Pinterest for self esteem/mindfulness projects
TREATMENT GOALS

• Problem Area:

  **Ineffective Coping**

  • Pt will engage in and complete 2 structured tasks to demonstrate healthy coping (as alternative to self harm) to improve functioning for home/community.

  • Pt will identify 2-3 coping strategies to use at home to manage symptoms.
References:
http://linehaninstitute.org

Resources:
DBT House  www.elsa-support.co.uk/dbt-house/
Pinterest  Self esteem and mindfulness activities  www.pinterest.com