



# **PSYCHOTHERAPY IN PERSONALITY DISORDER**

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# PERSONALITY DISORDERS

- Longstanding, pervasive, inflexible, extreme, and persistent patterns of behavior and inner experience
  - Unstable positive sense of self
  - Unable to sustain close relationships

# TYPES OF PSYCHOTHERAPY

1. Transference-focused psychotherapy (TFP).
  2. Mentalization-based therapy (MBT).
  3. Schema-focused therapy.
  4. Dialectical behavior therapy (DBT) .
  5. Cognitive- behavioral Therapy (CBT).
  6. Good psychiatric management.
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Psychoanalysis & psychodynamic psychotherapy

Individual and group therapy

- TFP , MBT , SCHEMA: doctor patient relationship
- DBT ,CBT : teaching skill
- GPM: support

**Multiple view and flexibility**



- Efficacy 70%

- Common factors 89%



# **COMMON FACTOR**

1. Empathy
2. Validation
3. Structure and Organization
4. Patient need to be heard and observed and understood
5. Good therapeutic alliance

# THERAPIST EFFECT

- Personality characteristics of the therapist:
  - ❖ The capacity for empathy
  - ❖ The capacity to understand

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Alleginace factor

# TREATMENT INTERFERING

- Frame
- Safe space treatment

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- Completely honest with the therapist

# UNCOVERING EARLY LIFE TRAUMA

- ✓ Neglect
  - ✓ Abuse
  - ✓ Violence
  - ✓ Incest
  - ✓ Absence object
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**History of trauma = False memory**

- Antisocial personality
- Paranoid personality

1. Actual valance
2. Pyhsical abuse
3. domestic violence

- Narcissistic personality

1. Invalidating environment trauma

- Borderline personality
- Histrionic personality

1. Sexual abuse and incest

# THE GENERAL GOAL OF PSYCHOTHERAPIES

- ❖ How does a person see himself / herself
- ❖ How does one see others
- ❖ Distortion

# PSYCHOTHERAPY TRAINING

- ❖ Study
- ❖ Treatment of patients
- ❖ Supervision
- ❖ therapy

# DYNAMIC SUPPORTIVE THERAPY

- Strategy 1: Formulate the Case
- Strategy 2: Be a Good Parent
- Strategy 3: Foster and Protect the Therapeutic Alliance
- Strategy 4: Manage the Transference
- Strategy 5: Hold and Contain the Patient
- Strategy 6: Lend Psychic Structure
- Strategy 7: Maximize Adaptive Coping Mechanisms
- Strategy 8: Provide a Role Model for Identification

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- Strategy 9: Decrease Alexithymia
  - Strategy 10: Make Connections
  - Strategy 11: Raise Self-Esteem
  - Strategy 12: Ameliorate Hopelessness
  - Strategy 13: Focus on the Here and Now
  - Strategy 14: Encourage Patient Activity
  - Strategy 15: Educate the Patient (and Family)
  - Strategy 16: Manipulate the Environment



# FORMULATE THE CASE

“Why” and “Why now” Why is this particular patient presenting with these particular difficulties at this particular time

# BE A GOOD PARENT

- to the extent that a patient is functioning at a childlike level in significant domains of life, the supportive therapist assumes a parental role with respect to the patient.
- A key question that is often helpful in guiding therapeutic decisions in supportive therapy is: “What would a good parent do in this situation with this person”

# FOSTER AND PROTECT THE THERAPEUTIC ALLIANCE

- The therapist's task is to locate and identify healthy parts of the patient and ally with them or enlist them in the service of the best interests of the patient.
- When a therapist and a patient share common goals, they become allies and find it easier to work together.
- He or she is friendly (although not necessarily a friend), parental (but not paternalistic), flexible, creative, and, above all, human.

# MANAGE THE TRANSFERENCE

- the patient cannot accurately perceive who the therapist truly is because the latter is viewed through the colored lens of previous experiences with significant others.
- supportive therapists typically do not interpret the transference; they “manage” it.
- There are two key principles in the management of transference: First, positive transference is not interpreted / second, negative transference in supportive therapy must be aggressively confronted and corrected



# HOLD AND CONTAIN THE PATIENT

- The concepts of holding and containing refer to a therapist's attempts to be a good parent by providing empathy, understanding, and verbal soothing



# LEND PSYCHIC STRUCTURE

- auxiliary ego
- important ego functions that may be lent include problem analysis and solving, affect modulation, impulse control (“think before you act”) and reality testing
- The concept of lending psychic structure may be enlarged to include the lending of superego

# MAXIMIZE ADAPTIVE COPING MECHANISMS

- In all psychotherapy, including supportive therapy, an important goal is to increase a patient's coping skills and use of adaptive defense mechanisms. Adaptive defense mechanisms include intellectualization, rationalization, humor, anticipation, altruism, and sublimation

# PROVIDE A ROLE MODEL FOR IDENTIFICATION

- the supportive therapist should willingly provide him- or herself as a healthy role model with which the patient can identify.
- self-disclosure
- the supportive therapist does not hold him- or herself up as an impeccable role model with whom the patient should identify, but rather presents as a decent, mature human being .

# DECREASE ALEXITHYMIA

- the term refers to the inability to become aware of, or recognize, what one is feeling
- The very act of naming a feeling gives an individual a sense of understanding of and control over the emotion, analogous to finally learning the specific
- The goal is to help the patient recognize, acknowledge, identify, and label emotions.



# MAKE CONNECTIONS

- Connections between thoughts and feelings, between events and subsequent thoughts or feelings, and between an individual's behavior and the response of others are crucial to the ability to negotiate and function in the real world.
- a fundamental connection that is often deficient in personality-disordered and other severely psychologically impaired individuals is that between their behavior and the way in which others (particular people, the world in general) respond to them.



# RAISE SELF-ESTEEM

- perhaps the most direct and often the most robust means of raising self-esteem is by fostering an individual's competency in real skills.
- Encourage Employment

# AMELIORATE HOPELESSNESS

- Hopelessness in mentally ill individuals is often related to cognitive constriction, the patient's sense of having few options at his or her disposal.

# FOCUS ON THE HERE AND NOW

- Supportive psychotherapy is not a classical “depth psychology” in which the therapist attempts to explore the patient’s childhood experiences in order to understand the effect of those experiences on present-day thoughts, feelings, and behaviors.
- only that the primary focus should be on the “here and now” rather than the “there and then.”



# ENCOURAGE PATIENT ACTIVITY

- It is crucial that the supportive therapist help the patient to become active, to “do” rather than simply “say” or “talk about.”



# EDUCATE THE PATIENT (AND FAMILY)

- Education is invariably a large and important part of the supportive therapist's work.



# MANIPULATE THE ENVIRONMENT

- The supportive therapist, unlike the typical psychoanalysis, may intervene with other persons or agencies to help the patient, again with due regard for the patient's independence and privacy

PRIMER ON

# Personality Disorders

Robert E. Feinstein



**THANKS FOR YOUR ATTENTION**