

Cognitive therapy for personality disorders

Dr Roger MK Ng
Consultant (Psychiatry)
Kowloon Hospital

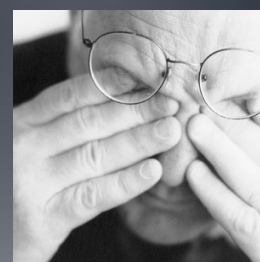
What is your automatic thought?



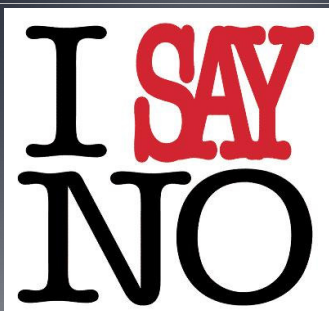
What about this one?



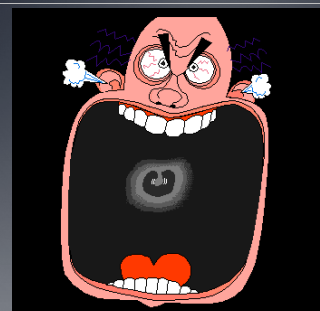
How would you feel about receiving such a referral?



What would you do?



Or you would...



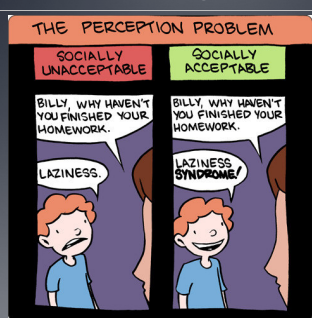
Or you would....



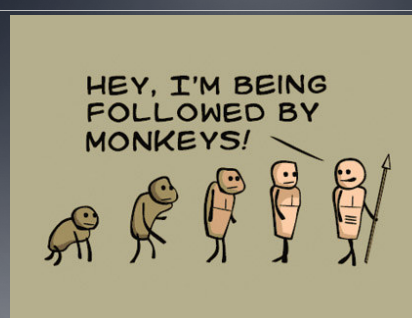
Theories of personality disorder



Theories of personality disorder:
labeling?



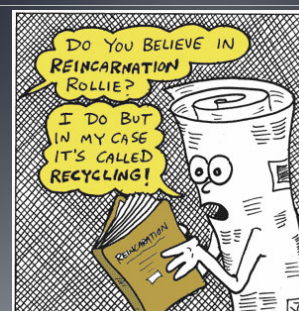
Theories of personality disorder:
evolution?



Theories of personality disorder:
evolution?

- Attachment seeking: dependent traits
- Submission/ avoidance in face of defeat: avoidant traits
- Reproductive advantage: histrionic traits
- Fight/aggression in face of threat: anti-social traits
- Self-preservation: narcissistic traits

Which explanation serves better?



First principle: careful assessment



First principle: careful assessment

- Accurate diagnosis?
- Co-morbid Axis 1 disorder especially drug abuse (impulse disorders), depression or psychosis
- Physical problems – infections
- Risk assessments – suicide, imminent dangers, violence to others
- Current social circumstances especially housing & financial difficulties
- Past experiences: parents, siblings, teachers, peers, political & social situations

Second principle: case formulation

Crucible under flame of Bunsen Burner



What are the ingredients inside?

- Client experiences
- Therapist experiences
- Clients' strengths
- CBT theory and research
- Collaborative empiricism as the 'flame'

Functions of case formulation?

- Blueprint for guiding strategy: 'map for a war'
- Predicting roadblocks and challenges in treatments
- Sharing of case formulation: enhancing collaboration and checking out the hypothesis with the 'expert'
- Enhancing therapist's empathy in face of roadblocks
- Peer supervision

Third principle: crises management



- 'If I do not deal with this now, how likely will my patient come back next time?': suicide, termination, at-risk situations
- A mini-crisis? Guerilla warfare?

Fourth principle



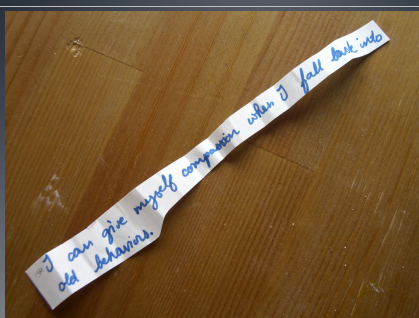
Fifth principle, especially when in doubt



Sixth principle: 'put yourself into his/her shoes'



Seventh principle: self-compassion



Always look for..



Standard CBT strategies?

- Behavioural strategies like relaxation & exercise
- Problem-solving skills: get down to specific issues & obtain evidence (over-general memory)
- Role-plays and role-reversals (in-vivo evidence)
- Agenda or homework?

Standard CBT strategies?

- Socratic dialogue
- Thought records: de-centering from worry and ruminations
- Materials: between, right before, and during the session
- Action-oriented nature of CBT: more resistances & roadblocks – dismissal as poor motivation
- Reframing as opportunities for understanding: repairing alliance rupture (Safran & Muran, 2000)

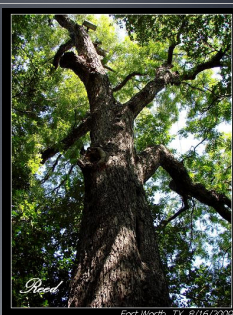
Acceptance strategies

- Balance of validation and change
- Acceptance by patient (especially emotions)
- Acceptance by therapist
- Cultural concept about endurance, tolerance and acceptance in our culture
- Power of apology (acceptance of flaws and errors: courage)
- Personal disclosure for the service of patient

Use of metaphors & pictures



Compassionate imagery



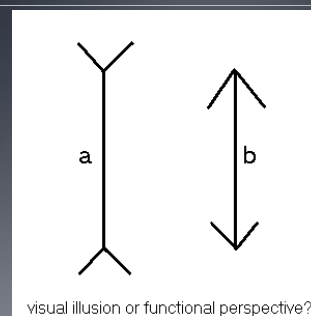
Mindfulness techniques



Schema

- Mindful of early schemas that are not in verbal forms (sensory or visual schemas)
- Micro-conceptualizations in the session
- Schemas= deep-seated beliefs: be simple in explanation, avoid jargons!
- Normalization as understandable adaptive beliefs during that time
- Emotional understanding versus intellectual understanding

Schema in a picture



Schema-focused strategies

- Socialization & education
- Schema-driven behaviors
- Schema dialogues (two-chair techniques)
- Imagery techniques to visualize past schemas & current schemas (dialogue between emotional understanding & intellectual understanding)
- Prospective data logs

Remember...

- Personality disorder is a highly chronic & severe disorder
- High morbidity & mortality
- No single treatment is a panacea
- Process is sometimes more important than outcome for therapists' experience
- Acceptance of occupational hazards as a therapist
- Seek peer or senior supervision (do not work alone)

Thank you!

