

The rewards and challenges of working with people with personality disorder

Professor Mike Crawford

Division of Psychiatry, Imperial College London

m.crawford@imperial.ac.uk

@MikeMCrawford

1

- Interest in people more than pathology
- Variety and diversity
- Trying to help people who others seemed to want to avoid
- Challenging to form a therapeutic relationship...but enjoying the challenge
- Realisation that how you feel and react and your awareness of how you feel and react can make a difference

2

- Interest in people more than pathology
- Variety and diversity
- Trying to help people who others seemed to want to avoid
- Challenging to form a therapeutic relationship...but enjoying the challenge
- Realisation that how you feel and react and your awareness of how you feel and react can make a difference

3

- ICD-11
- Language
- Challenges to working with people with personality disorder
- Rewards

4

Personality disorder in ICD

ICD-10 Version:2010

- ▼ F60-F69 Disorders of adult personality and behaviour
 - ▼ F60 Specific personality disorders
 - F60.0 Paranoid personality disorder
 - F60.1 Schizoid personality disorder
 - F60.2 Dissocial personality disorder
 - F60.3 Emotionally unstable personality disorder
 - F60.4 Histrionic personality disorder
 - F60.5 Anankastic personality disorder
 - F60.6 Anxious [avoidant] personality disorder
 - F60.7 Dependent personality disorder
 - F60.8 Other specific personality disorders
 - F60.9 Personality disorder, unspecified
 - F61 Mixed and other personality disorders

5

Personality disorder in ICD

ICD-10 Version:2010

- ▼ F60-F69 Disorders of adult personality and behaviour
 - ▼ F60 Specific personality disorders
 - F60.0 Paranoid personality disorder
 - F60.1 Schizoid personality disorder
 - F60.2 Dissocial personality disorder
 - F60.3 Emotionally unstable personality disorder
 - F60.4 Histrionic personality disorder
 - F60.5 Anankastic personality disorder
 - F60.6 Anxious [avoidant] personality disorder
 - F60.7 Dependent personality disorder
 - F60.8 Other specific personality disorders
 - F60.9 Personality disorder, unspecified
 - F61 Mixed and other personality disorders

ICD-11

- ▼ Personality disorders and related traits
 - ▼ 6D10 Personality disorder
 - 6D10.0 Mild personality disorder
 - 6D10.1 Moderate personality disorder
 - 6D10.2 Severe personality disorder

6

Severity

- Sense of self (self-direction, sense of identity, self worth)
- Interpersonal relationships (occupational and social roles)
- Pervasiveness
- Harm to self or others

MILD: Mild dysfunction, some but not all areas, not substantial harm

MODERATE: Moderate dysfunction, most relationships and roles

SEVERE: Severe disturbance, virtually all contexts, usually with significant harm

7

Optional - trait domains

- **Detachment, Dissocial, Anankastic** (perfectionistic, rigid, stubborn)
- **Disinhibition:** reckless, impulsive, focus on immediate/ short term
- **Negative affectivity:** fear, anger, hostility, guilt, and shame, tendency to over react to negative thoughts and events. Burden and distressed by negative emotions, mistrustfulness

Bach & First BMC Psychiatry 2018

Moderate (severe) personality disorder with prominent negative affectivity

8

ICD-11: Complex Post Traumatic Stress Disorder

- 1) Exposure to an event or series of events of an extremely threatening or horrific nature, prolonged domestic violence, and repeated childhood sexual or physical abuse
- 2) All three core elements of PTSD: Re-experiencing (flashbacks/ nightmares), avoidance and hypervigilance
- 3) Severe and pervasive **affect dysregulation** e.g. heightened emotional reactivity and emotional numbing
- 4) Low self-esteem, **pervasive feelings of shame, guilt or failure**
- 5) Persistent difficulties in **sustaining relationships** and in feeling close to others.
- 6) **Suicidal ideation and behaviour**, substance abuse, depressive symptoms, psychotic symptoms, and somatic complaints may be present.

9

'Complex emotional needs'

- Recognition of the stigma associated with the diagnosis of personality disorder
- Recognition of complex nature of the problems that people with a diagnosis of personality disorder and Complex PTSD experience

10

Challenges

11

Assessment

- Has to be pervasive: Fundamental attribution error (disposition rather than circumstances)
- Unstable mental states > more than one occasion. History > mental state. Alexithymia
- Patient may be unreliable – dissocial > informant
- Use of self complete questionnaires (SAPAS, SASPD, PDS-ICD-11)

12

Therapeutic relationship

- Interpersonal difficulties
- Mistrustfulness - trauma informed approach: consistent, collaboration, trust, choice, empowerment
- Knowing your limits and boundaries, and explaining these
- Avoiding extremes e.g. dismissing-taking over, excusing-demonising
- Transference
 - mentalizing, teamwork, supervision

13

Mentalization

- The ability to think about thinking
- Helps to make sense of our thoughts, beliefs, wishes and feelings and to link these to our actions and behaviours
- A normal capacity that we all use in everyday life to make sense of our contact with others
- Subjective and inter-subjective (having the other persons' mind in mind, as well as your own)

- Recognising when we have stopped mentalizing
- Trying to avoid acting until you have recovered yourself

14

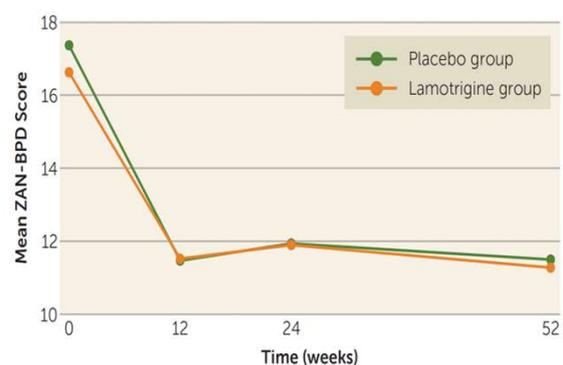
Challenges - treatment

- No licensed drug treatments
- Patient request to 'do something' is a common reason for prescribing
- Commission bias: 'better to be safe than sorry'
- Emotional instability and regression to the mean

15

Challenges - treatment

- Large placebo effect (hope)
- *Start > improve > crisis > increase > stable > crisis > add another*
- 'Doing something' (short term antihistamine)
- Short term use of antipsychotic medication (explain plan to reduce from the start)



276 people with BPD, up to 400mg lamotrigine daily of placebo, 70% had masked follow-up over one year

16

Rewards

17

Service developments

- Funding through NHS LTP
- 'Complex emotional needs pathways'
- Consultation support for hub staff/ CMHTs
- Increased access to high and low intensity psychological treatments
- Lived experience practitioners
- Get to know your local team

18

Seeing people get better

- 20 year FU of British primary care sample: Cluster B improved, cluster A (paranoia, rigidity and stubbornness) more pronounced
- Treatment seeking 'borderline' personality disorder patients impulsivity and self-harm (50% recovered at 2 years, 80% at 10)
- Clinician bias (seeing the patients who don't get better)

Gunderson et al. 2011 CLPS (aged 18-45) 63% FU

19

Working psychologically

20

Working psychologically - validation

- To give attention to someone and what they are experiencing
- To be mindful of 'drifting off' or non-verbal expressions of frustration or disinterest
- To acknowledge the validity of what someone is saying or feeling
- Showing understanding; I can see why you felt [*angry*] given that you told me this wasn't the first time it happened
- Emotions are always valid (avoiding telling someone they ARE NOT or SHOULD not feel a certain way)
- Behaviours may not be (*validate the valid*)

21

Working psychologically - promoting mentalizing

- Being curious...not knowing
- Asking questions to promote exploration
- Ask about patient's understanding of motives
- Highlighting alternative perspectives
- Avoiding overly complex interventions
- Avoiding overly simplified/ trite explanations
- Model honesty and courage via acknowledgement of your own mistakes

22

Working psychologically - supporting self help

- DBT skills
- <https://dbtselfhelp.com/>
- Youtube resources:
DBT: RU
- *Try using the yourself before recommending to others*

23

Not a quick fix, but reasons to be optimistic

- New services
- Better support for frontline staff
- Excellent self management resources
- Use a psychologically informed practice and a consistent team approach to help people get a better understanding of the steps they can take to improve their mental health

24