



Personality Disorders Commonly Seen in the Medical Setting



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PERSONALITY

- Enduring thoughts, emotions and behaviors that characterize the way an individual adapts to the world
- A person's traits and habits
- How we view ourselves and the world



HEALTHY PERSONALITY

- Being able to function at home and work
- Ability to adjust to changing demands of life
- Contentment and satisfaction with one's life
- Disagreements from time-to-time and able to resolve them



CAUSES OF PERSONALITY DISORDERS

- Abuse
 - Borderline Personality
 - Antisocial
- Learned Behavior
- Genetics?
- Structural problems in the brain?
- We really don't know



DSM-5

- The next DSM will likely list Borderline Personality Disorder in the trauma category



PEOPLE WITH PERSONALITY DISORDERS SEEK HELP WHEN...

- Substance abuse
- Somatic problems
- Relationship problems
- Mood disorders
- Referred by court, significant other, employer



ASSESSMENT

- As I was told in graduate school: “If the client makes you angry in the first few minutes, they likely have a personality disorder.”
- Remember, if a patient talks negatively about past providers, they will likely do the same about you in due time.
 - Be attentive
 - Be firm with your boundaries



ASSESSMENT

- Mental health assessment is commonly used for diagnosis
- Psychological testing may be required



SUICIDE

- People with Borderline Personality are more likely to complete the act of suicide
- Risk Factors in all personality disorders
 - Depression and/or substance abuse
 - Recent problems in life
 - Past sexual abuse



SELF HARM

- Cutting
 - Arms
 - Legs
 - Often find ways to hide behavior
 - Soles of feet
 - Inner thighs (often sign of sexual abuse)
- Burning
- Even breaking one's own bones



BORDERLINE PERSONALITY

- Great difficulty forming/maintaining relationships
 - Black and White thinking
 - Life of drama
 - May be suicidal frequently
 - May injure self (cutting, burning)
-
- Freud said this was the borderline between neurosis and psychosis



ANTISOCIAL PERSONALITY

- Failure to confirm to social norms
- Criminal activities
- Risk taking
- Disregard for others
- General sense of entitlement
- Lack of conscience
- Often have substance abuse



MEDICATION OR THERAPY?

- Therapy helps to
 - Change thinking patterns (CBT)
 - Teach coping skills (DBT)
 - Develop insight into maladaptive behavior
- Antisocial Personality
 - Therapy can increase manipulation
 - Address risk-taking and substance abuse instead



MEDICATION

- There is a pill for everything...
 - except personality problems
- Meds can treat co-occurring mood disorders and improve functioning
 - Antidepressants
 - Anti-anxiety
 - Anti-psychotics on occasion



MEDICATION AND COMORBID CONDITIONS

- UK National Institute for Health and Clinical Excellence (NICE) 2009 clinical guideline for the treatment and management of BPD recommends: "Drug treatment should not be used specifically for borderline personality disorder or for the individual symptoms or behaviour associated with the disorder" but "drug treatment may be considered in the overall treatment of comorbid conditions..."



BIOLOGICAL BASIS

- Borderline and Antisocial Personality
 - Prefrontal Cortex and Limbic system changes
 - This creates difficulty with regulating emotions and decision making/impulsivity

- (Barlow & Durand, 2009; Caccaro & Siever, 2005)



CO-MORBIDITY

- Hypochondriasis
 - Hysteroic, dependent, Obsessive-Compulsive personality
- Body Dysmorphic Disorder
 - Borderline personality
- Eating Disorders
 - Borderline personality
 - Obsessive-Compulsive Personality
- Substance Abuse
 - Antisocial personality



DIALECTICAL BEHAVIOR THERAPY (DBT)

- For treatment of Borderline Personality
- Mindfulness
 - Accept and tolerate powerful emotions
- Distress Tolerance
- Emotion Regulation
 - Find coping skills for these emotions
- Interpersonal Effectiveness
 - Assertiveness and problem solving

- Marsha Linehan



CHOICE THEORY

- Focus on person's choice
 - External control does not work
 - Action=Consequence
-
- William Glasser



CBT

- Positive self talk
- Monitoring feelings
- Change environment when appropriate
- ...as simple as exposing yourself to sunlight



FOCUS ON SOMETHING POSITIVE

- Focus on something else
 - Focusing on emotional symptoms will make them worse
- Don't think of a pink elephant



STRESS REDUCERS

- Exercise
- Hobbies
- Learning Communication Skills
- Journaling
- Relaxation techniques



HUMOR 😊

- Laugh!
- More importantly, laugh at yourself
- Keep a journal of absurdities
- Find the comedies in the tragedies



SUICIDE/HOMICIDE

- People with personality disorders are often impulsive.
- Watch for suicidal/homicidal ideation.
- Remember the duty to warn
- A referral for therapy is needed.
- Bring client in for emergency assessment if a danger to self or others



DE-ESCALATION

- Take inventory of your own feelings
- Keep a calm voice
- Show relaxed body language
- Don't feed into drama
- Use family support if possible
- Develop plan to handle crisis
- Seek hospitalization if all else fails



CONSIDER THERAPY WHEN...

- Impaired functioning
- Frequent drama
- Suspicion of self injurious behaviors
 - Cutting
 - Eating disorder
 - Burns
- Suspicion of mood disorder



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