

Principles for Organizing Integrated Treatment for Personality Disorder

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Challenges of an Integrated Approach

- How to select treatment methods from the various treatments for PD that have been shown to be effective
- How to coordinate the delivery of an eclectic array of treatment methods draw from different therapeutic models

Three Principles for Organizing Integrated Treatment

1. Decompose personality disorder into its components:
 - Select appropriate interventions for each component
2. Conceptualize treatment methods as:
 1. General or generic methods common to all therapies
 - Used throughout treatment
 2. Specific treatment methods drawn from different treatment models:
 - Used to treat specific domains of psychopathology
 - Methods used changes during the course of treatment
3. Divide treatment into phases with different domains being treated during different phases:
 - Hence specific treatment methods differ across phases of treatment

Problem Domains

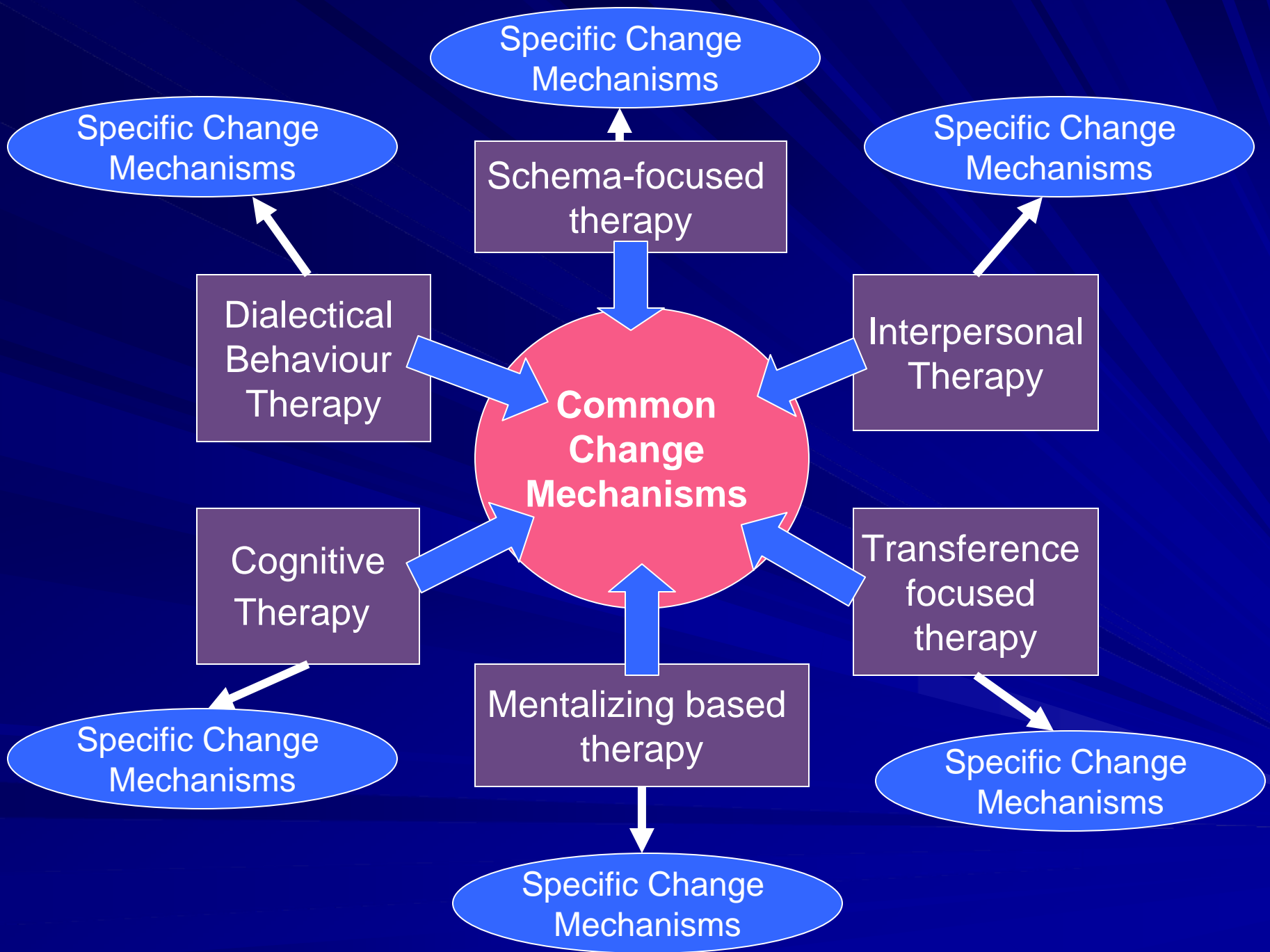
Symptoms	Anxiety, dysphoria
Situational/Environmental	Relationships that encourage maladaptive life style
Regulation/Control	Impulsive drinking, unstable emotions
Maladaptive Traits	Affective lability, submissiveness, sensation seeking
Interpersonal	Chronic interpersonal problems; few relationships; boundary problems
Self or Identity	Unstable self image or concept
Basic Cognitive Processes	Metacognitive processes (Impaired mentalizing)

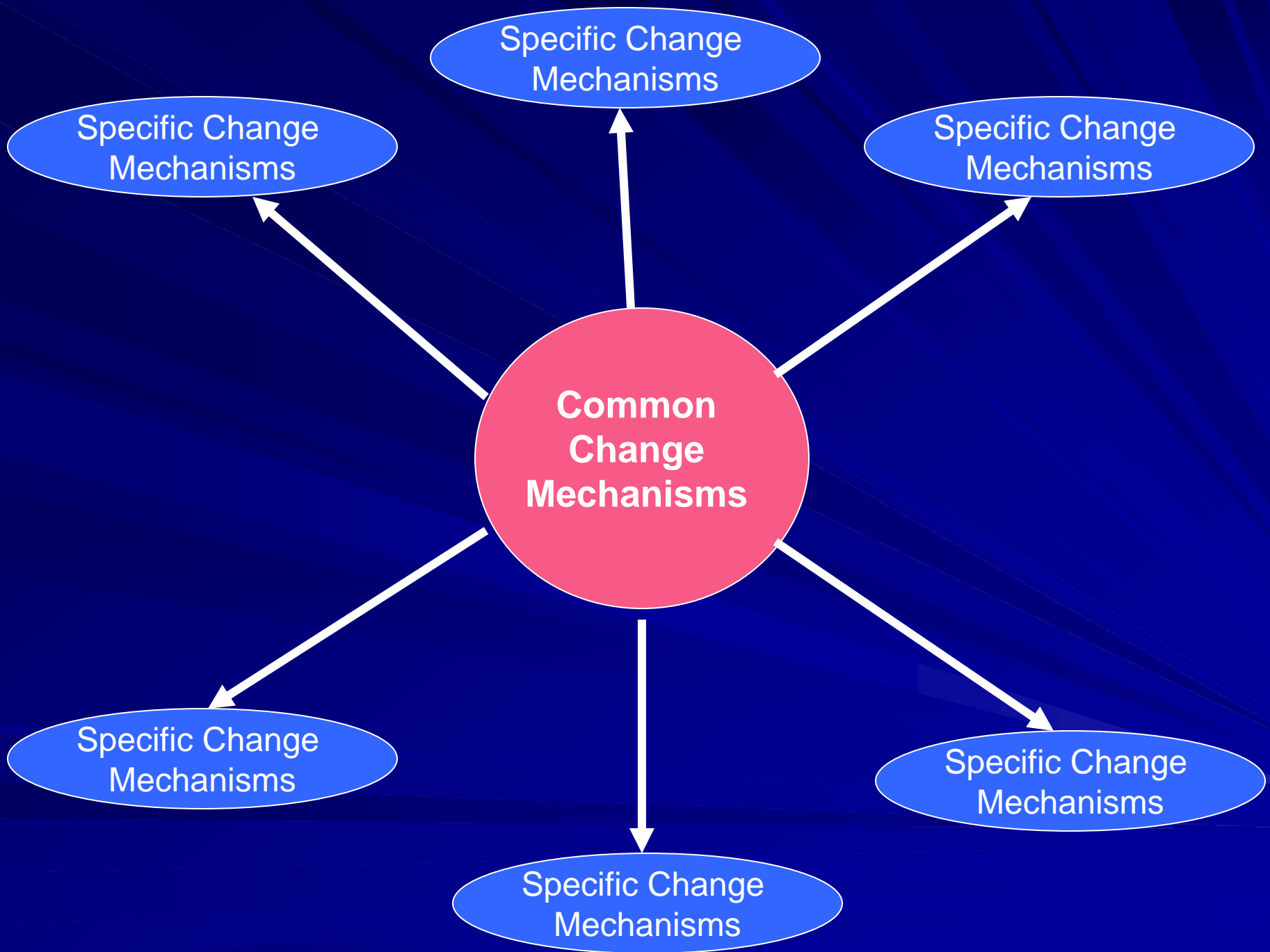
Problem Domains and Therapy

Symptoms	Medication; Cognitive-behavioral interventions
Situational	Cognitive-behavioral interventions Skill training
Dysregulation	Cognitive-behavioral interventions, Medication
Traits	Cognitive-behavioral interventions
Interpersonal	Psychoanalytical interventions Interpersonal therapy interventions Cognitive-behavioral interventions
Self or Identity	Psychoanalytical interventions Interpersonal therapy interventions Narrative methods
Metacognitive	Interventions from most psychotherapies

Three Principles for Organizing Integrated Treatment

1. Decompose personality disorder into its components
2. Conceptualize treatment methods in terms of:
 1. General or generic methods common to all forms of therapy that will be used throughout treatment
 2. Specific treatment methods drawn from different treatment models that are used to treat specific domains of psychopathology
3. Divide treatment into phases





Nature of Generic Mechanisms

- Generic mechanisms have relationship and technical components:
 - Relationship component: support based on the therapeutic relationship
 - Technical component: provides new learning experiences and opportunities to apply new skills (Lambert & Bergin, 1994)
- “Therapeutic change is greatest when the therapist is skillful and provides trust, acceptance, collaboration, and respect for the patient and does so in an environment that both supports risk and provides maximum safety” (Beutler & Harwood, 2002, pp.56)

General Treatment Methods

- Therapist activity establish and maintain conditions for change:
 - Treatment factors:
 - Structured and consistent treatment process
 - Collaborative treatment alliance
 - Patient factors:
 - Motivation and commitment to change
 - Self-reflection/appraisal

Carl Rogers

- ❑ Crucial conditions for change:
 1. Accurate empathy
 2. Non-possessive warmth
 3. Genuineness
- ❑ Accurate empathy appears to account for most outcome change

Accurate Empathy

- Two components:

1. Attentiveness component:

- Offers a new relationship experience
- Engages the patient and draws him or her into the therapeutic relationship
- Suggests that the therapist “values” the patients utterances and hence builds self-worth
- Creates a safe, supportive (“holding”) environment

2. Reflective component:

- Clarifies and amplifies the patient’s own material without imposing the therapist’s own material on the patient
- Models collaboration

Advantages of Emphasizing Common or Generic Mechanisms

- Makes maxim use of change mechanisms with the greatest impact on outcome
- Reduces stress on the patient-therapist relationship by providing support and empathy
- Effective way to build a collaborative alliance
- Increases motivation and retention
- Provides a continuous corrective experience that addresses many of the core components of personality disorder, especially relationship problems and self pathology

Structure of Treatment

- Basic structure of treatment is provided by an emphasis on building a collaborative alliance through support, empathy, and validation
- Specific interventions selected from different treatment models are added to this structure as needed to:
 - Tailor treatment to the problems of individual patients
 - Match the flow of patients concerns and the progress being made

Three Principles for Organizing Integrated Treatment

1. Decompose personality disorder into its components and select appropriate interventions for each component
2. Conceptualize treatment methods in terms of:
 1. General or generic methods
 2. Specific treatment methods
3. **Divide treatment into phases with different domains being treated during different phases**

Stability and Changeability of Domains of Psychopathology

Symptoms

Situational/Environmental

Regulation/Control

Interpersonal Problems

Maladaptive Traits

Self or Identity

Most plastic

Increasing stability
and
decreasing amenability
to change

Most stable



Phases of Change

1. **Safety:** Ensure safety of patient and others
2. **Containment:** Contain and settle affective and behavioral instability
3. **Control and Regulation:** Reduce symptoms, increase self-management of affects and impulses including self-harm
4. **Exploration and Change:** Modulate cognitive, affective, and situational factors contributing to problem behavior
5. **Integration and Synthesis:** Forge a new sense of self and more integrated representation of self and others

Value of a Phases of Change Approach

- Most changeable aspects of personality pathology are dealt with first
- Increases motivation for change
- Builds the therapeutic relationship
- Brings order to the treatment process

Sequence of Interventions

1: Safety:

Provision of structure and support

2: Containment:

Generic supportive and containing interventions
Medication

3: Control and regulation:

Medication
Skill building; affect tolerance and control:
cognitive-behavioural interventions

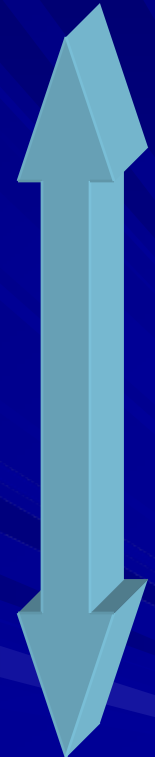
4: Exploration and change:

Cognitive, interpersonal, and psychodynamic
interventions

5: Synthesis:

Cognitive and psychodynamic interventions

Structured

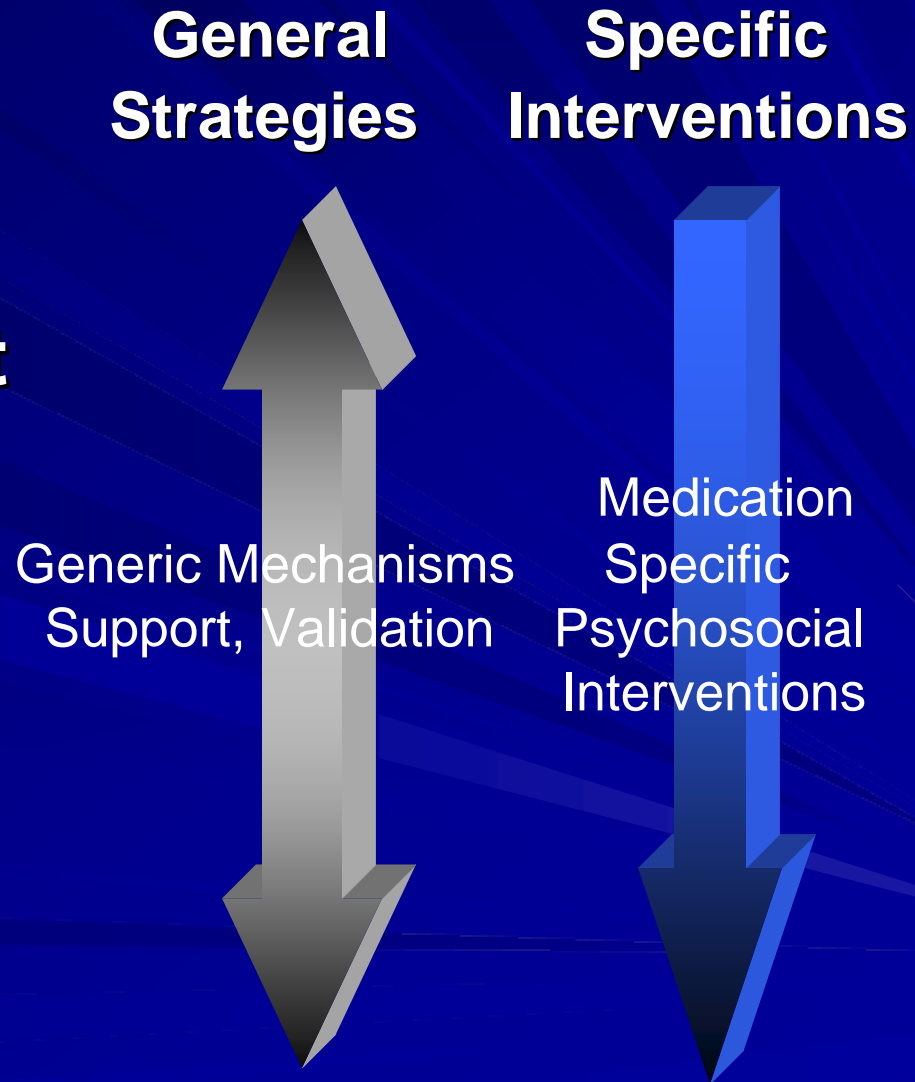


Less

Structured

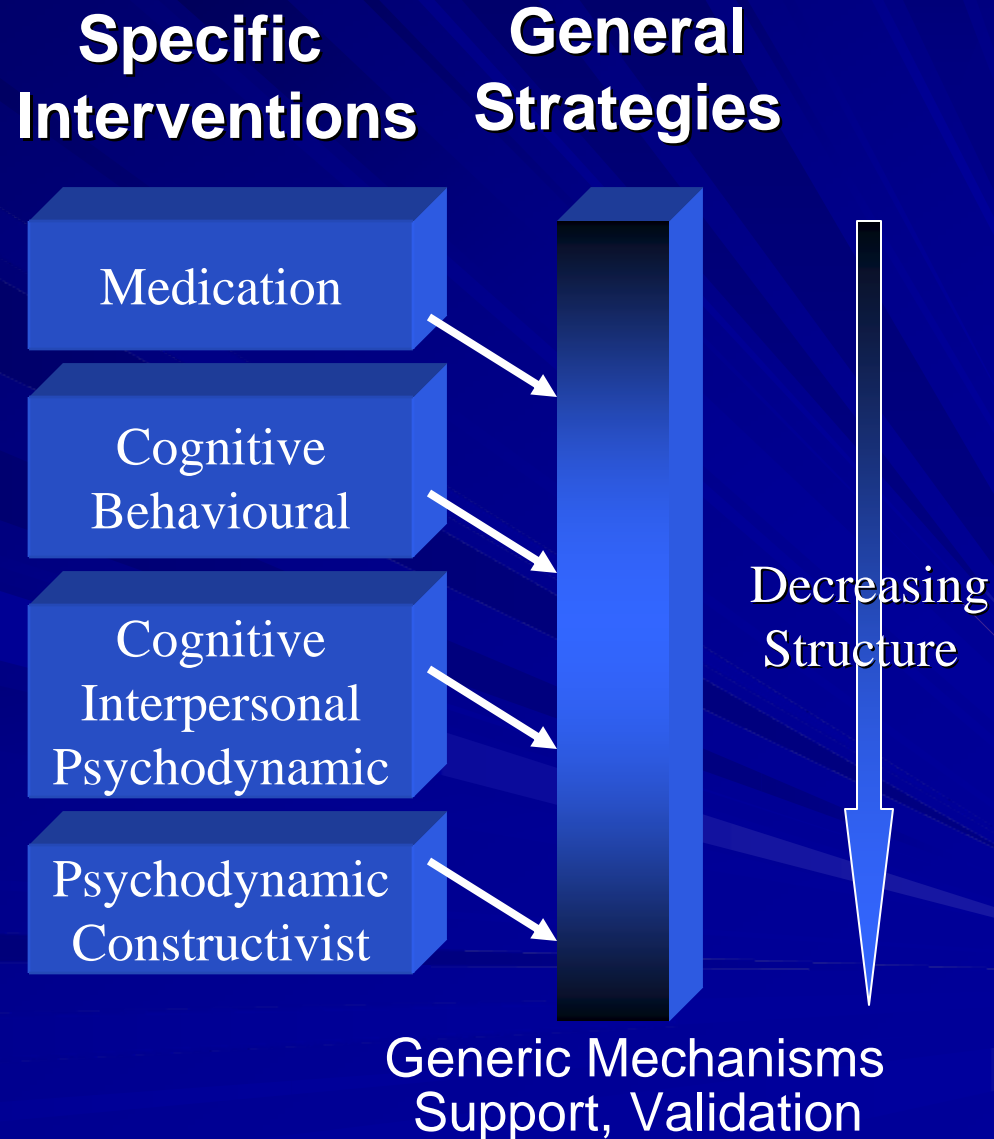
Sequence of Interventions

- **Phase 1: Safety**
- **Phase 2: Containment**
- **Phase 3: Control and regulation:**
- **Phase 4: Exploration and change**
- **Phase 5: Integration and Synthesis**



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- **Phase 1: Safety**
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- **Phase 5: Integration and Synthesis**



1: Safety:

Provision of structure and support

2: Containment:

Generic supportive and containment interventions

Medication

3: Control and regulation:

Medication

Affect tolerance and control skills

Impulse control

4: Exploration and change:

Cognitive, interpersonal, and psychodynamic interventions

5: Synthesis:

Cognitive and psychodynamic interventions

1. Crisis management

2. Increase regulation of impulses and emotions

3. Exploration of more affect arousing material

4. Construct a more adaptive life script

Conclusions

- Integrated treatment (IT) is feasible
- Most experience clinicians use an integrated approach
- Integration is state of mind for the clinician (Clarkin, in press)
- Integration requires:
 - A model for conceptualizing personality disorder
 - A model for conceptualizing treatment
 - A flexible approach
- IT emphasizes that treatment should be tailored to the needs and psychopathology of the patient
- New research strategies are needed that focus on:
 - What interventions work for each domain of psychopathology
 - How interventions interact with therapist, patient, and relationship variables