Severe Personality Disorders

This book is about understanding and managing patients with severe personality disorders. It covers biological, psychoanalytic and cognitive behavioral approaches and provides a pragmatic guide to best practice, based on the published evidence, where this is available.

As well as discussing issues of severity, treatability and the range of appropriate management options, the content explores the common elements of effective interventions and covers early prediction, countertransference, disruptions of the therapeutic alliance, suicidal crises and what to do when dealing with dangerous, refractory and stalking patients.

The chapters are authored by an international cast of distinguished investigators and innovators from the field.

This is a holistic, practical guide to the treatment of patients with a range of these disorders and it should be read by all the members of the mental health team dealing with this challenging clinical group.

Bert van Luyn is Clinical Psychologist and Clinical Head of Transmural Services for Longterm Psychiatric Disorders, Symfora Groep, The Netherlands.

Salman Akhtar is Professor of Psychiatry at Jefferson Medical College and Supervising and Training Analyst at the Psychoanalytic Center of Philadelphia, USA.

W. John Livesley is Professor Emeritus in the Department of Psychiatry, University of British Columbia, Canada.

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Edited by

Bert van Luyn

Symfora groep, Amersfoort

Salman Akhtar

Department of Psychiatry, Jefferson Medical College, Philadelphia

W. John Livesley

Department of Psychiatry, University of British Columbia, Vancouver

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To

Henk-Jan Dalewijk
Colleague, friend and benefactor

Contents

Contributors

Salman Akhtar, M.D.
Professor of Psychiatry
Jefferson Medical College
Supervising and Training Analyst
Psychoanalytic Center of Philadelphia
Philadelphia, PA, USA

Arnold Allertz, M.D.
Managing Director Fornhese, Department of Child & Adolescent Psychiatry, and Emerhese, Center for Autistic Disorders
Symfora groep, Centers for Mental Health
Amersfoort, The Netherlands

Anthony W. Bateman, FRCPsych
Consultant Psychiatrist and Psychotherapist
Halliwick Unit, Barnet, Enfield, and Haringey Mental Health Trust
Visiting Professor
University College, London, UK

John F. Clarkin, Ph.D.
Clinical Professor of Clinical Psychology in Psychiatry
Co-Director, Personality Disorders Institute
Weill Medical College of Cornell University
New York, NY USA

C. Robert Cloninger, M.D.
Wallace Renard Professor of Psychiatry Genetics, and Psychology
Director, Sansone Family Center for Well-Being
Washington University School of Medicine
St. Louis, MO, USA

Peter Fonagy, Ph.D. FBA
Freud Memorial Professor of Psychoanalysis
Director Sub-Department of Clinical Health Psychology
Chief Executive Anna Freud Centre
University College London
London, UK

Theo Ingenhoven, M.D.
Clinical Head De Zwaluw and De Enk, Centers for Psychotherapy for Personality Disorders
Symfora groep, Centers for Mental Health
Amersfoort, The Netherlands

Otto F. Kernberg, M.D.
Professor of Psychiatry
Director Personality Disorders Institute
Weill Medical College of Cornell University
New York Presbyterian Hospital
Training and Supervising Analyst
Colombia University Center for Psychoanalytic Training and Research
New York, NY, USA

W. John Livesley, M.B., Ch.B., Phd., FRSC
Professor Emeritus
Department of Psychiatry

University of British Columbia
Vancouver, Canada

Bert van Luyn
Clinical Psychologist
Clinical Head Transmurale Langdurige Psychiatrie, Transmural Services for Patients with Long-term Psychiatric Disorders
Director Psychiatrie in Progressie, a Program of Postgraduate Education in Psychiatry and Psychotherapy
Symfora groep, Centers for Mental Health
Amersfoort, The Netherlands

J. Reid Meloy, Ph.D.
Associate Clinical Professor of Psychiatry
University of California
San Diego, CA, USA
Adjunct Professor
University of San Diego School of Law
San Diego, CA, USA
President, Forensis
San Diego, CA, USA

Paul E. Mullen, M.B. B.S., DSc., FRANZCP, FRCPsych
Professor of Forensic Psychiatry
Monash University
Clinical Director
Victorian Institute of Forensic Mental Health
Melbourne, Australia

Joel Paris, M.D.
Professor of Psychiatry
McGill University
Research Associate
SMBD-Jewish General Hospital
Montreal, Québec, Canada

Rosemary Purcell M Psych, Ph.D.
Senior Research Fellow
ORYGEN Research Centre
The Department of Psychiatry
The University of Melbourne
Victoria, Australia

James A. Reavis, Psy.D.
Director of Forensic Services
Relationship Training Institute
San Diego, CA, USA

Thomas Rinne, M.D., Ph.D.
Scientific Director
Dutch Institute of Forensic Psychiatry and Psychology
Member of the Board
Medical Director Pieter Baan Centrum, Forensic Psychiatric Observation Clinic
Utrecht, The Netherlands

Michael H. Stone, M.D.
Professor of Clinical Psychiatry
Columbia College of Physicians and Surgeons
New York City
Attending in Psychiatry and former Research Director
Mid-Hudson Forensic Psychiatric Center, retired
New Hampton, NY, USA

Guus van Voorst
Clinical Psychologist
Clinical Head Emerhese, Center for Autistic Disorders
Symfora groep, Centers for Mental Health
Amersfoort, The Netherlands

Preface

This book is about the understanding and treatment of severe personality disorders. The essays contained in it are all original, having been written specifically for this volume. The thrust is essentially clinical and pragmatic, based on best practice, and, whenever possible, the best evidence. Eschewing biological, psychoanalytic and cognitive behavioral theories, the book focuses upon issues of day-to-day management of patients with severe personality disorder. The topics covered range from early predictors, treatability, common elements of effective therapies, psychopharmacological interventions, countertransference, disruptions of the therapeutic alliance, and suicidal crises, to the management of the dangerous, refractory, and stalking patient. The book is a collective effort by distinguished investigators and innovators in the field of severe personality disorders. A common link among them is that they all have been involved with "Psychiatrie in Progressie," a postgraduate educational program of Zon and Schild, a Dutch psychiatric hospital, now part of the Symfora groep. The book is a tribute to Henk-Jan Dalewijk, who until 2005 was Executive Director of the Symfora groep. As a psychiatrist and administrator, he enabled the development of excellent teaching programs on psychiatry and psychotherapy, inspiring all the friends and colleagues who contributed to this volume.

The book comprises 13 chapters. In the first chapter, Michael H. Stone, an early researcher on the course and outcome of personality disorders, addresses one of the major issues of everyday practice: severity and treatability. Stone argues that the most ominous, "severe" personality disorders, such as antisocial or paranoid personality disorder, are not necessarily the most difficult to treat. A severe avoidant patient may be much more challenging. Stone reviews contemporary follow-up research on severe personality disorder, and discusses the numerous factors that influence amenability to psychotherapy; for example, age, work history, the main personality configuration, intensity of traits, psychological mindedness and mentalization, empathy, attachment style, concomitant symptom disorders and their severity, the skill of the therapist with a particular type of patient, matching, etc. In spite of the growing number of studies, Stone argues, we still do not know what

particular patient will respond best to what type of approach, and we still have to rely heavily on expert opinion.

In his contribution, John F. Clarkin thoughtfully elucidates the dilemmas of selecting the proper treatment strategy once treatment is indicated. He notes the difference in therapeutic approaches available and how the difficulty of choosing a particular form of treatment is compounded by the fact that patients vary greatly in their motivation, attachment patterns, and mentalization capacities. Attempting to control the therapist-related variables, which he acknowledges also play a role, Clarkin offers two clinical illustrations to highlight the workings of transference-based therapy and its effects. His contribution paves the way for further conceptual research for finding solid guidelines for differential therapeutics in this realm.

Next, Otto F. Kernberg provides a succinct yet thorough elucidation of the countertransference reactions experienced by therapists dealing with individuals with severe personality disorders. Anchoring his views in object relations theory, Kernberg demonstrates how the boredom, sleepiness, development of blind spots, and sadomasochistic enactments on the therapist's part reflect the impact of the patient's psychopathology. He distinguishes between acute and chronic countertransference reactions and notes that many self-destructive patients also unconsciously attempt to destroy the therapeutic situation. In all these realms, Kernberg offers guidelines for vigilance, self-observation, and maintenance of a therapeutic position vis-à-vis the patient.

Eschewing the traditional emphasis upon the negative aspects of personality disorder, C. Robert Cloninger focuses on the development of well-being. For him, the absence of positive personality features is the cornerstone of the dynamic understanding of these disorders. He also emphasizes that efforts to develop such features ought to be central to the therapeutic approach for patients with severe personality disorders. One may not fully agree with his optimistic emphasis, but he offers an intriguing and novel perspective on the nature and care of severe personality disorders.

More psychopathological aspects of development are discussed by Arnold Allertz and Guus J. P. van Voorst. While most chapters of this book deal with how one might help to end, or at least ameliorate, personality problems, they wonder when personality disorder begins – currently a topic of considerable debate – and whether there is psychopathological continuity over time. From their perspective of child and adolescent psychiatry, they give an overview of what early factors might contribute to later personality dysfunction. They discuss the possible effects of early maltreatment, problems in attachment, prenatal stress in the mother, and try to relate childhood psychopathology to later Axis II disorders. Given the lack of specificity of all kind of predictive markers, they tend to support the traditional cautiousness of child and adolescent psychiatry in using personality disorder diagnoses.

The treatment of patients with severe personality disorder rarely goes smoothly. Disturbed relationships are an inherent feature of these disorders and therapy is not immune from the effects of relationship problems of these patients. These disorders typically confront the therapist with crises and disruptions of the therapeutic alliance. Successful management of these disruptions and ruptures to the alliance is often a key factor in successful treatment. Salman Akhtar explores how disruptions emerge, how they can be understood, and how they can be repaired. He considers both patient and therapist contributions to these problems. In patients with severe personality disorder, internal deficits ("not knowing how to be") are often at the core of therapeutic disruptions. Their developmental history of lack of love, chronic neglect, and abuse often fills these patients with hurt and hatred and fuels an intrapsychic conflict of desperately seeking support while at the same time wanting to attack their caretaker. Using appealing clinical vignettes, Akhtar describes the different ways in which disruptions are manifested ranging from momentary disruptions of working alliance to broken therapeutic boundaries and threats of physical harm. At the same time, Akhtar elucidates a series of different psychotherapeutic techniques that directly deal with disruptions.

In spite of their threatening potential, Akhtar concludes with an interesting developmental perspective on disruptions. Disruptions are not all bad: ". . . developmentally speaking, disruption is not an exception but a rule." Disruptions often proceed and facilitate the development of new tasks, new insights, growth, and as such are a necessary part of the therapeutic endeavor.

In the subsequent chapter, Joel Paris, who has written extensively on borderline patients and is well-versed in the language of their despair, tackles the management of suicidal crises. Writing in a succinct and, at times, wry fashion, Paris raises doubts about the therapeutic utility of short-term hospitalization under such circumstances. This is especially because most suicides do not occur during a crisis situation and threat-induced hospitalizations have the potential of causing greater regression and gratifying infantile expectations. However, admitting a patient after a life-threatening suicide attempt can be valuable insofar as it might provide an opportunity to assess psychosocial stressors and to re-evaluate the treatment plan. In general, however, therapists dealing with a borderline patient should focus less on acute crisis than on the chronic distress that underlies it.

In their chapter on the role of day hospital in the treatment of borderline patients, Anthony W. Bateman and Peter Fonagy suggest that more "intense" treatments might stimulate rather than ameliorate their difficulties because of the destabilizing effects of their emotional intensity. They suggest that a day hospital offers a level of affect that is intermediate between inpatient and outpatient settings and thus constitutes an ideal setting for treating borderline patients. The authors elucidate the various strategies that constitute optimal care under such circumstances and lead

to enhanced mentalization of inner states by the usually overwhelmed borderline patient. Such techniques need to be offered in the context of a positive attachment relationship and consistently applied over a course of time. Mentalization strengthens attachment, and a secure attachment, in turn, facilitates mentalization.

Though pills do not change character, they are often useful agents in managing personality disorder. Thomas Rinne and Theo Ingenhoven, two Dutch psychiatrists, provide a thorough and thoughtful survey of the pertinent literature. Noting the conceptual biases and methodological flaws in many studies of the efficacy of medication and the inherent difficulties in such undertakings, they consider the role of medications in treating specific problems such as aggressiveness, impulsivity, affect deregulation, and psychotic-like symptoms. Thoughtful and cautious in their handling of the issues involved, they nonetheless provide clear guidelines that clinicians will find useful when deciding how to treat their patients. They are explicit about what has been established, what is conjecture, what is unreasonable optimism, and what is needed to develop a sound understanding of the contribution that medication can make as part of an overall treatment plan.

Bert van Luyn, and J. Reid Meloy and James A. Reavis tackle the difficult and challenging problems of refractory and dangerous cases. Van Luyn describes a management strategy for the refractory borderline patient. Referring to the severity and chronic nature of their illness, he claims that long-term assertive-community-treatment-like programs fit their capricious profile best. Acknowledging the inevitability of extended admissions for these patients, his strategy involves integrated inpatient and outpatient services. Psychoeducation, outreaching and rehabilitation facilities, training on the spot, and team support are key elements in this approach. In van Luyn's view, there is an important role for a psychotherapeutically trained professional in such an integrated program. More or less independent from the treatment setting, this professional "follows" the patient and helps them "mentalize," understand what happens, recognize behavioral patterns, and develop better strategies to fulfil his or her needs. Great emphasis is placed on developing a collaborative alliance.

Severe personality disorder in the form of psychopathy is discussed by Meloy and Reavis. Like any other personality disorder, psychopathy may vary from mild to severe. Though patients with psychopathy or psychopathic features are not the everyday patient, we all may meet them in clinical practice. Meloy and Reavis argue that the clinician better be careful: treatment of the severely psychopathic patient is difficult and may even increase the risk of future criminal behavior. There was certainly evidence of this in evaluations of early treatments based on therapeutic community models; more structured treatments however have not been systematically evaluated. Perhaps the only conclusion is that currently we simply do not know whether psychopathy is treatable using contemporary treatment strategies.

Given the nature of severe psychopathology Meloy's and Reavis' warning not to underestimate the danger of the psychopathic patient in general clinical settings is well-taken: psychopathy is the best predictor of violence in forensic and civil populations. Moreover, discerning the psychopathic core may not be so easy, since psychopathic patients are often very skilful in imitating the more mature emotional states that they observe the therapist wants them to feel. Meloy and Reavis address this problem by listing some typical countertransference reactions that may be sensitive indicators of this disorder that would warrant objective testing. They also offer valuable parameters to manage the risk involved once treatment is undertaken.

Paul E. Mullen and Rosemary Purcell deal with another difficult patient: the patient who stalks his or her therapist: a less uncommon phenomenon than we might think. Stalking of therapists is usually not restricted to brief intense periods of harassment lasting only a few days but unfortunately tends to involve a pattern of stalking that is more extended and far more damaging. It usually emerges from the patient's misplaced desire to establish an intimate relationship with the therapist or from feelings of resentment or anger for some actual or supposed injury. Stalkers of therapists are more likely to be male with a primary diagnosis of personality disorder. Mullen and Purcell warn for the temptation to look for technical and professional failings in the therapist: stalking therapists is an inherent risk in treatment, not therapeutic ineptitude. If faced with this situation, they advise not to retreat in rationalizations, denial, or empathic understanding but to share the concerns with colleagues, ask for professional and practical support, transfer the patient, inform relatives, and keep detailed records of all unwanted contacts. The impact on the clinician's psychological and social welfare can be huge.

Completing this volume W. John Livesley offers a thoughtful and comprehensive survey of the available literature on the treatment of personality disorders. With meticulous attention to conceptual detail, he takes the reader along on a search for the essential ingredients of an effective therapeutic approach for these conditions. Livesley sorts out the wheat from the chaff in a realm populated by models as diverse as psychoanalytic therapy, dialectical behavioral therapy, interpersonal therapy, cognitive therapy, transference-based therapy, and so on. He concludes that given modest evidence of differential effectiveness, it seems better to combine therapeutic elements that are common across different modalities and then tailor the interventional gestalt to the problems of individual patients. Livesley's integrated approach centers upon building and sustaining a collaborative relationship with the patient, maintaining consistency, offering validation of the patient's intrapsychic experience, and creating motivation and commitment to change. Anchoring his ideas in a convincing dialectic of empirical evidence and conceptual hypotheses, Livesley offers the reader a lesson in tempered optimism and realistic hope in regard to treating severe personality disorders.

This brief summary of the book's contents can hardly do justice to its broad scope and conceptual richness. Its purpose is simply to whet the reader's intellectual appetite. By offering a distilled overview of the text that is to follow, this summary might also make the reader's task easier; it is akin to a road map. In addition, recounting the various contributions to the book underscores both the diversity and harmony of its contents. It also is a reminder of the essentially collaborative nature of this academic venture. All four purposes of this summary (whetting the appetite, making learning easier, creating order out of seeming scatter, and valuing collaboration) are the attributes of a good administrator and good educator. Henk-Jan Dalewijk, our esteemed colleague to whom this book is dedicated, is both and we hope that he would find it a fitting tribute to his timeless efforts in the realm of mental health education and his deep concern for those with personality disorder.

We would like to express our gratitude to Annette Goozen, Monique Buijs, Roseann Larstone, and Melissa Nevin for their accuracy and patience in organizing and preparing the manuscript of this book.

Bert van Luyn

Salman Akhtar

W. John Livesley