

SYNERGISTIC PSYCHOTHERAPY FOR PERSONALITY DISORDERS

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Theodore Millon

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- ❑ August 18, 1928 – January 29, 2014
- ❑ Millon Clinical Multiaxial Inventory (MCMI)
- ❑ President of the International Society for the Study of Personality Disorders
- ❑ Founder of Journal of Personality Disorders
- ❑ Theodore Millon Award in Personality Psychology



- 2000, 2004
- John Wiley & Sons, Inc.
- Therapy must be more than the sum of its parts, just as personality is more than the sum of its parts.

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Dogmatism of the Historical Schools

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- Psychodynamic
- Cognitive
- Interpersonal
- Biological

Psychodynamic school

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- Importance of the unconscious, defense mechanisms, and early object relations
- Therapy should make the unconscious conscious,
 - ▣ or unravel the noxious residuals of early caretaker relationships.

Cognitive school

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- Importance of automatic thoughts and cognitive distortions and beliefs
- Therapy educates clients to identify such thoughts
 - ▣ And replace them with functional alternatives.

Interpersonal school

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- Principles of correspondence and complementarity
- Therapy should not become ensnared in the same old vicious cycles.
- But instead promote the development of novel modes of conduct;
 - ▣ Through noncomplementary responses.

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CONTEMPORARY TRENDS

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- Brief therapy
- The common factors approach
- Therapeutic eclecticism

Brief Therapy

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- “Work expands to fill the time allotted it.”
- Managed care
- Focused Approach (Malan, 1976)
- Anxiety-Provoking Approach (Sifneos, 1972)
- Confrontational Approach (Davanloo, 1980)
- Experiential Group Therapy (Budman, 1981; Budman & Gurman, 1988)
- Planned Single Session Therapy (Bloom, 1992)
- Brief Personality Approach (Horowitz et al., 1984)

APPRAISAL

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- The duration of therapy should be dictated by the nature of the problem,
 - ▣ not by economic necessity.
- The goal is to resolve immediate difficulties and terminate therapy.
 - ▣ Focus on presenting problem
- A bias toward what is overt and easily operationalized.
- Personality is enduring across time and situation.

Common Factors Approach

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- Treatment begins when an individual experiences a degree of discomfort
 - ▣ sufficient to lead to consultation with a therapist
 - ▣ as a socially sanctioned healer.
- Patients are universally afforded the opportunity to express their difficulties,
 - ▣ to confide personal matters,
 - ▣ and to unburden themselves
 - ▣ of confusing or troubling thoughts and feelings.
- In turn, the therapist exhibits attentive interest,
 - ▣ and asks questions
 - ▣ that elaborate what is presented.

Common Factors Approach

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- Further, every patient develops a relationship with the therapist.
 - ▣ Most are good alliances
 - ▣ with a reasonable level of mutual respect and trust.
- The patient gains the opportunity to rethink both self and situation
 - ▣ and gains perspective on reality,
 - ▣ as well as a sense of increased competence and good fortune.
- Last, most therapists believe in the effectiveness of whatever therapy they practice.

Common Factors Approach

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- Trustworthiness, competence, and the level of caring of the therapist
 - ▣ Fundamental for effective psychotherapy
- Also significant are:
 - ▣ Arousing hope
 - ▣ Encouraging behavioral change
 - ▣ Stimulating emotional arousal
 - ▣ Corrective emotional experience
 - ▣ Developing new ways of understanding yourself.
- All therapies must confront demoralization, particularly:
 - ▣ Loss of self-esteem
 - ▣ Feelings of incompetence, alienation, and hopelessness

APPRAISAL

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- It is doubtful that a single necessary and sufficient set of characteristics will prove uniformly effective for all mental disorders.
 - ▣ Cognitive therapy for depression more effective than simple warmth and empathy from a likable therapist.
 - ▣ Very surprising if all subjects could be treated effectively with cognitive therapy alone
 - Regardless of their personality disorder.
- The truth is not that all forms of therapy are about equally good, but that **they are all about equally bad.**
 - ▣ When applied to the personality disorders

Therapeutic Eclecticism

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- Whatever works!
- Lazarus (1973, 1976, 1981)
- Therapy techniques can be drawn from any number of schools,
 - ▣ and matched to the presenting problems,
 - ▣ without necessarily accepting the theoretical orientation
 - with which these techniques were originally associated.

APPRAISAL

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- Even if eclecticism were successful in almost every case, it would not be scientific until research could determine why it was effective.
- Psychotherapy cannot advance by simply documenting the effectiveness of a particular technique with a particular disorder.
- A technique or instrument may work well
 - ▣ and even be used to great social benefit,
 - ▣ But while its inner mechanisms remain a mystery, it begs for scrutiny.
- Discovering a highly effective therapy may make you famous,
 - ▣ But it does not make you a scientist.

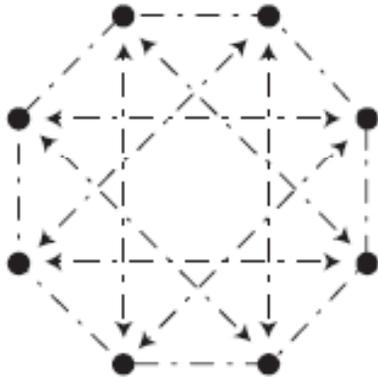
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SYNERGISTIC PSYCHOTHERAPY

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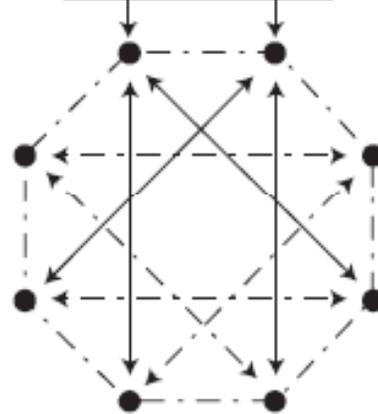
- Therapy must be more than the sum of its parts, just as personality is more than the sum of its parts.
- Each intervention technique should be selected not only for its efficacy in resolving a singular pathological feature,
 - ▣ but also for its contribution to the overall constellation of treatment procedures.
- Otherwise, the personality disorders are simply misnomered,
 - ▣ and would be better regarded as the “cognitive disorders,” the “interpersonal disorders,” or the “psychodynamic disorders”

Personality is a system of interacting domains. Each reinforces the others, contributing to the stability of the whole and making change difficult.



School-oriented therapy leaves remaining perspectives unaddressed.

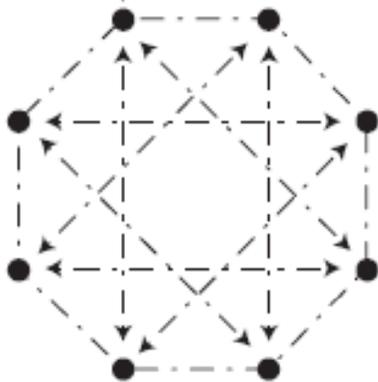
Psychodynamic



Eclecticism draws on techniques from various schools, but in a potentially random manner.

Psychodynamic

Cognitive

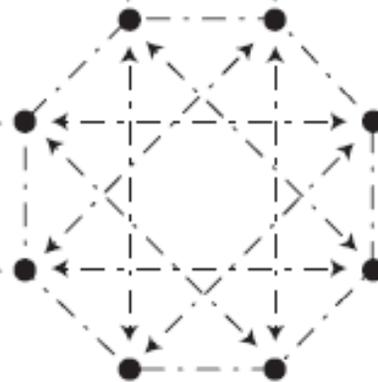


Interpersonal

Only synergistic psychotherapy coordinates therapy with the substance of the individual personality.

Psychodynamic

Cognitive



Interpersonal

Biological



Synergistic Psychotherapy

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- Every system naturally seeks the internal stability of homeostasis.
- For personality, each domain uses the others as ballast,
 - ▣ reinforcing the entire structure.
- By applying multiple techniques in coordination with the substantive characteristics of the individual case
 - ▣ as identified in the assessment,
 - ▣ Therapy can be applied so that the equilibrium of the personality is “punctured,”
 - ▣ setting into motion change processes that build on and reinforce each other,
 - leading to change across the entire system.

Synergistic Psychotherapy

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- Application of multiple techniques,
 - ▣ potentially drawn from every domain of personality,
- but selected specifically to exhibit an efficacy
 - ▣ beyond what would be expected from the application of any technique alone.

Potentiated Pairings

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- Two or more techniques applied simultaneously,
 - ▣ that might be refractory were each technique administered separately.

Catalytic Sequences

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- The opposite of a vicious circle
- Planning the order of interventions
 - ▣ as a means of optimizing their impact

Designing Synergistic Arrangements

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- What defense mechanisms are typically employed by the person?
- What are the sensitive issues that evoke these mechanisms?
- How do they impact relationships with others?
- How do they exacerbate long-standing problems?
- What cognitive style and interpersonal conduct descriptors best capture the flavor of the case?
- How do others react to the individual's interpersonal attitude?
- How does this attitude prevent or promote the solution of problems in relationships?
- What cognitive distortions perpetuate maladaptive appraisals of personal and social realities? ...

Designing Synergistic Arrangements

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- Each personality disorder is strongly associated with:
 - ▣ certain defense mechanisms,
 - ▣ with a particular cognitive style,
 - ▣ with certain interpersonal attitudes.
- Allowing multiple diagnoses gives a bigger picture.
 - ▣ Narcissist: rationalization vs Dependent: introjection
 - ▣ Narcissist-Dependent?
 - Rationalization or Introjection?
 - ▣ If both, which is preferred in what kind of situation?

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BARRIERS TO SYNERGISTIC PSYCHOTHERAPY

Confusion of Personality Styles and Personality Traits

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- Personality styles shade gently into personality disorders,
 - ▣ Styles in the normal range
 - ▣ Disorders in the pathological range.
- Both are higher order constructs composed of personality traits.
- Personality styles and disorders have various perspectives on personality;
 - ▣ Traits are not.
- When viewing traits as unitary, we won't assess the subsidiary domains of personality,
 - ▣ such as interpersonal conduct or cognitive style.

Current Diagnostic Standards

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- Often, the diagnostic criteria are redundant,
 - ▣ weighting the diagnosis heavily toward one perspective
 - ▣ while omitting another perspective completely.
- A therapist relying exclusively on the DSM-IV
 - ▣ may remain unaware of important aspects of functioning
 - that work to reinforce and perpetuate a patient's difficulties,
 - ▣ thus sabotaging the outcome of therapy

Lack of Criterion Standards for Outcome Studies

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- ❑ Criterion groups selected for outcome research would be weighted in accidental ways.
 - ▣ Because the DSM-IV weights certain domains on personality,
 - ▣ and omits others
- ❑ No efforts to equate diagnostic thresholds across disorders
 - ▣ with their associated level of severity. (Axis II vs Axis V)
- ❑ Consequently, we can't answer:
 - ▣ whether a particular technique is more effective with one personality than another. (E.g. borderline vs dependent)
 - ▣ Borderline are likely to be more pathological from the moment of sample selection

Professional Education

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- Therapists trained in only one school:
 - ▣ engage their clients through the same domains of personality repeatedly,
 - ▣ because their education permits nothing more.
- Even worse, they discover pathology only in those perspectives through which they were trained.

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Examples

Finding the Most Suitable Therapeutic Approach

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- Depressed male graduate student,
 - ▣ scored in the narcissistic range on MCMI-III
- Discovery of automatic thoughts and their connection with his self-image,
 - ▣ which featured quickly vacillating appraisals of his ability,
 - ▣ ranging from godlike to pathetically inadequate.
- After the first two sessions, the client seemed increasingly condescending,
- Automatic thoughts underlying the transference itself could be discussed,
 - ▣ synergizing psychodynamic, interpersonal, and cognitive approaches.
- By allowing therapy to temporarily refocus on the exploration of the narcissistic self,
 - ▣ the client's mood lifted
 - ▣ and the discovery of automatic thoughts proceeded more quickly.

From the Immediate Problem to Underlying Issues

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- A sophomore stuttering during her speech class
- Graded exposure through imagery
 - ▣ to help extinguish her anxiety reaction.
- Therapy began to focus more broadly on self-esteem issues
 - ▣ that had punished all attempts at self-assertion
 - almost from her earliest memories.
- Addressing the immediate problem
 - ▣ and then shifting the focus to broader personality issues
 - ▣ That would otherwise tend to reinstate the original problem

Presuming Diagnosis Undermines the Clinical Process

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- Intelligent-looking student complaining that his grades were slipping and that he felt “incredibly anxious.”
 - Recent move of his father
- Feared that without his father, he would no longer receive such high marks,
 - and others would revise their opinion of his intelligence accordingly.
- Narcissistic-dependent style (not personality)
 - Did not dominate and exploit others shamelessly, and was not void of empathy
- Cognitive techniques focused on identifying and refuting catastrophic cognitions
 - associated with the possibility of receiving a low grade.
 - “My father won’t love me anymore”
- Simultaneously, his narcissistic needs, along with his dependency on his father for esteem,
 - were addressed by suggesting that he tutor other students,
 - all of whom praised his command of the material.

SYNERGISTIC COMPREHENSIVENESS
IS THE WAVE OF THE FUTURE
IN THE THERAPIES
OF THE 21ST CENTURY.