Personality Temperament, Traits, Problems, and Disorders

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more…

Consistency in the Group Setting

The importance of *consistenc*y in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:
1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):
1. THE BASICS, *Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not *"grade"* an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:
1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1:   Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3:   Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4:   Promoting Hope (page Master Tips 9)
5. Master Tip #5:   Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12:   Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13:   Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14:   Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16:   Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a "familiar topic" yet with a "present-day" focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any "present education-interact/discuss – present education-interact/discuss" combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that THE BASICS, *Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
2. Reading an inspirational or humorous curriculum handout from THE BASICS, *Second Edition*, or
3. Practicing a deep breathing or a stretching exercise, *or*
4. Sharing of one thing that each person is grateful for today, *or*
5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, or
6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.

* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

Personality Temperament, Traits, Problems, and Disorders
Volume I; Subject Two; Pages: Subject 2-40 − 2-56

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	**20 Minutes Total**
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not inter-personal processing or case management questions which do not apply to the entire group.) 　a. Ask the group members to tell the group their name. 　b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): 　a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. 　b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.	10 Minutes
Summarize Introduction of the Group Topic and Why It's Important (page Subject 2-40): Everyone has a personality and a personality style. It is what makes us the person we are. "Personality" is like fingerprints. Just as every person has physical features that make them distinctive, each person has unique personality features that set them apart from others. Personality can be seen in the way a person sees, thinks about, interacts, reacts, and relates to themselves, other people, and the wider world. It also embraces a person's moods, attitudes, thoughts, beliefs, perceptions, opinions, behaviors, and feelings. An individual's personality is the product of many complex and interacting forces, including genetic makeup, family relationships, cultural identity, and life experiences. Personality continues to be formed by the ongoing interaction of temperament, personality traits, character, and environment. Today we will talk about *temperament,* personality *traits,* personality *problems,* personality *disorders,* and the treatment of personality *disorders.*	5 Minutes

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
To the Facilitator(s): 1. Choices will need to be made of what you decide to discuss from this material in order to stay within the actual group time, while allowing time for discussions or questions throughout the group. 2. The main point of this group is to give *general* information about the main categories related to personality and Personality Disorders. 3. In-depth coverage of all Personality Disorders, of course, will not be possible due to the time constraints of this group. 4. Examples of brief coverage are provided for each section. However, if you want to cover one or two areas of this lesson in more depth you'll need to eliminate discussions of others or give the very briefest of overviews for some topics without any examples. 5. Leave time to include at least a general description of each of the Cluster B Personality Disorders which are the Personality Disorders that co-occur most frequently with substance use disorders. 6. The expanded and much more in-depth information on Cluster B Personality Disorders is located on pages APPENDIX II-45 – II-57. 7. You may also decide to present Personality Disorders throughout several groups instead of only one. 8. Additional information/education of the Myths, Defenses, and Treatment of Personality Disorders in the latter part of this group are much more important than continued, extensive symptom identification for each of the Personality Disorders. 9. It is particularly important when discussing personality and Personality Disorders to check in frequently with the group to see how they are doing. 10. Remind the group members that everyone – everyone – has personality traits. Each personality trait has the potential to be positive and helpful *or* negative and not helpful.			30 Minutes
Temperament	Subject 2-41	1. Summarize first paragraph. 2. Give a brief summary of the four temperament types. 3. Summarize last paragraph.	

TEMPERAMENT TYPE	BASIC MOTIVE & DESIRE FOR…	DESIRES	POSITIVE WANTS	QUALITIES	NOT-SO-POSITIVE QUALITIES
TRADITIONALIST	Peace	Moderation, Friendliness	To Belong, Be Useful	Dependable, Easy-Going	Directionless, Passive
ARTISAN	Popularity	Being Loved, Approval	Freedom, Enjoy Today	Competitive, Inspiring	Disorganized, Reacting
IDEALIST	Perfection	Accomplished, Accuracy	Have a Goal, To Be Genuine	Creative, Considerate	Confused, Too Sensitive
RATIONALIST	Power	Control, Influence	Be Seen as Competent	Ambitious, Leader	Always Right, Bossy

Personality Patterns and Traits	Subject 2-42	Summarize three paragraphs.
Character Defined	Subject 2-42	Summarize one brief paragraph.

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame
Appreciating Differences Among People Begins With Self-Knowledge	Subject 2-43	Summarize one paragraph.	continued
Personality *Problems* and Character Defects	Subject 2-43	Summarize three paragraphs.	
Personality *Problems* Versus Personality *Disorders*	Subject 2-43	Summarize three paragraphs.	

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. It is especially important to remember the fact that – as with every diagnosis – specific criteria must be met to actually diagnose a Personality Disorder. These are:
   a. A specific *set* of symptoms in specific areas like behavior, etc., *and*
   b. A specific *number* of symptoms, *and*
   c. A specific *duration* of symptoms, *and*
   d. Specific level of *severity* of symptoms as well as sufficient *effect* on functioning, *and*
   e. A diagnosis must also eliminate other causes for the symptoms.
2. Since Cluster B Personality Disorders co-occur more frequently with Substance Use Disorders, we will focus primarily on Cluster B Personality Disorders.
3. Identifying personality traits *or* personality characteristics *or* symptoms of Personality Disorders is very helpful, and is the first step toward identifying problems and beginning to change them.

Personality Disorders Defined	Subject 2-44	Summarize brief paragraph.
Diagnosing a Personality Disorder	Subject 2-44	1. Summarize information in table. 2. Give an example or two of the following problematic behaviors:

1	Cognition problems or difficulties in the ways of perceiving and interpreting self, other people, and events.
2	Affectivity or emotional difficulties in the areas of range, intensity, lability (openness to change), and appropriateness of emotional response.
3	Interpersonal functioning difficulties in relationships with others.
4	Impulse control problems or inability to control impulses.

Personality Disorders and Culture	Subject 2-45	Summarize one paragraph.
Personality Disorder Clusters A, B, and C	Subject 2-45	Summarize information in table.

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame
Types of Personality Disorders (PD)	Subject 2-45 – 2-46	1. Name the different personality disorders. 2. Give brief descriptions of each behavioral pattern as time permits.	continued

CLUSTER A	CLUSTER B	CLUSTER C
Paranoid PD	Antisocial PD	Avoidant PD
Schizoid PD	Borderline PD	Dependent PD
Schizotypal PD	Histrionic PD	Obsessive-Compulsive PD
	Narcissistic PD	

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. Remember, Personality Disorders do not mean that a person is "bad" or "weak" or anything like that.
2. Personality Disorders are primarily developed even before a person has much of a conscious say or decision in their personality development.
3. Personality Disorders typically develop from a combination of factors before the person is five years old.
4. Personality Disorders are then acted on and reinforced throughout a person's life.
5. It's difficult for all human beings to be objective about themselves, especially when it comes to identifying personality traits that sound less than flattering. It takes courage. Yet, self-awareness and self-discovery leads the way to making changes in personality characteristics that are causing problems…one trait at a time.
6. Personality Disorders may develop initially as a strength or protection or a way to cope. However, these disorders become established as inflexible patterns and traits that get in the way of a person developing healthy and mutually rewarding relationships with others.
7. Acknowledging these self-defeating personality traits, personality characteristics, or symptons of a Personality Disorder is a real challenge because it feels to the person like their very core or spirit is being criticized. Personality traits, patterns, or symptoms *can* be challenged and *can* be changed.
8. Do you have questions or comments on what we have talked about so far?
9. Do you see any areas or even minor characteristics that are familiar?

Break	**10 Minutes**

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Severity of Symptoms	Subject 2-46	Summarize one paragraph.	10 Minutes	15 Minutes
Cluster B Personality Disorders	Subject 2-46	Summarize brief paragraph.		
Symptoms of Cluster B Personality Disorders	Subject 2-47	Summarize one paragraph.		

Antisocial Personality Disorder & Symptoms	Subject 2-46 – 2-47	1. Summarize brief paragraph.
		2. State a few of the main symptoms like:
		    a. Social Behavioral Symptoms: Failure to Conform to Social Norms…, etc.
		    b. Interpersonal Behavioral Symptoms: Deceitfulness…, etc.
		    c. Emotional Symptoms: Irritability and Aggressiveness…, etc.		

Borderline Personality Disorder & Symptoms	Subject 2-47	1. Summarize brief paragraph.
		2. State a few of the main symptoms like:
		    a. Behavioral Symptoms: Frantic Efforts To Avoid Real or Imagined Abandonment…, etc.
		    b. Emotional Symptoms: Affective (emotional) Instability…etc.
		    c. Cognitive/Thinking/Perception Symptoms: Identity Disturbance…etc.		

Histrionic Personality Disorder & Symptoms	Subject 2-48	1. Summarize brief paragraph.
		2. State a few of the main symptoms like:
		    a. Behavioral Symptoms: Uncomfortable in Situations in Which He or She is Not the Center of Attention…, etc.
		    b. Emotional Symptoms: Displays Rapidly Shifting and Shallow Expression of Emotions…, etc.		

Narcissistic Personality Disorder & Symptoms	Subject 2-48	1. Summarize brief paragraph.
		2. State a few of the main symptoms like:
		    a. Cognitive/Thinking & Perception Symptoms: Grandiose Sense of Self-Importance…, etc.
		    b. Behavioral and Emotional Symptoms: Requires Excessive Admiration		

World View of Cluster B Personality Disorders	Subject 2-49	Briefly summarize information in table.		

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part II: Topics & Focusc (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
			continued	continued

1	ANTISOCIAL PERSONALITY DISORDER: People are there to be taken.
2	BORDERLINE PERSONALITY DISORDER: Other people must satisfy my needs.
3	HISTRIONIC PERSONALITY DISORDER: I need to impress.
4	NARCISSISTIC PERSONALITY DISORDER: I am special.

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. What comments do you have? Do you have any questions?
2. Do you relate to any of these personality traits?
3. Are there any personality traits that seem to cause you problems in your relationships with others?
4. Do you see a pattern of these traits throughout your reactions to others or their reactions to you?
5. Which ones? In what way?

Psychoeducation Part II: Topics & Focusc (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Symptoms Can Lead to Reluctance in Seeking Treatment	Subject 2-49 – 2-50	Summarize three paragraphs.	20 Minutes	25 Minutes
Defenses Protect People From The Unbearable	Subject 2-50 – 2-51	1. Summarize one paragraph. 2. Describe and explain each of the defenses shown in the table below related to Personality Disorders as a way of person protecting themselves. 3. Summarize three paragraphs.		
Motivations to Change Vary From Person to Person	Subject 2-51 – 2-52	Summarize three paragraphs.		
Myths and Facts About Personality Disorders	Subject 2-52	Summarize the two examples of myths and facts.		
Treatment Works!	Subject 2-53	Summarize four paragraphs.		

1	Acting Out	2	Avoidance & Distancing	3	Denial & Clinging	4	Projection

Personality Temperament, Traits, Problems, and Disorders; Volume I; Subject Two; Pages: Subject 2-40 – 2-56

Psychoeducation Part II: Topics & Focusc (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Treatment of Personality Disorders	Subject 2-53 – 2-56	Summarize the ten areas that treatment for PD might include and give examples as time allows:	continued	continued

1	Education	5	Psycho-Social Therapy	8	Support & Self-Help Groups
2	Psychotherapy	6	Group Therapy	9	Stress Management
3	Cognitive-Behavioral	7	Family Therapy	10	Harm Reduction or Goal of Abstinence
4	Dialectical Behavior Therapy (DBT)				

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:
1. Did you relate to any of these defenses? For example, do you find yourself "Acting Out" your emotions instead of feeling then and managing them? Do you "Avoid & Distance? yourself? How about "Denial & Clinging?" Have you noticed yourself "Projecting" emotions on others that are too uncomfortable to acknowledge?
2. Which of these treatments are you familiar with? How has it/them been helpful to you personally? Perhaps Stress Management? Self-Help Groups? Group Therapy? Others?
3. Which of these therapies – like education or family therapy – have been useful in helping you relate to others in a better way? In what way(s)?

Crisis Processing

Time-Frame

1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support.	10 Minutes

"Paper Work"

Time-Frame

Group participants fill out Group Notes.	5 Minutes

Group Closure

Time-Frame

Recommended INSPIRATIONAL HANDOUT "Today" located at the back of Subject Two. Presentation suggestions include: 1. Read the handout to the group, or 2. Give a copy of the handout to each group member, and/or 3. Ask a group member to read aloud the handout to the group, or 4. Read a daily meditation for the day of your choice.	5 Minutes