



# Relational Aspects when working with people with labels of ID and PD

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# Personality Disorders

## What is a personality disorder?

- Personality traits that are maladaptive in many situations
- Traits are relatively enduring features of a person that are persistent over time and situations
- People with personality disorders tend to have histories of trauma, and have developed these traits as ways to survive



## Prevalence of PD in people with Intellectual Disabilities

Alexander & Coorey 2003

Community 1%-91%

Inpatient 22%-92%

Lindsay et al 2006 – file review, interview with clinician,  
observer ratings and SAP interview (n = 164)

High secure – 57%

Medium / low – 26.2%

Community 33.3%

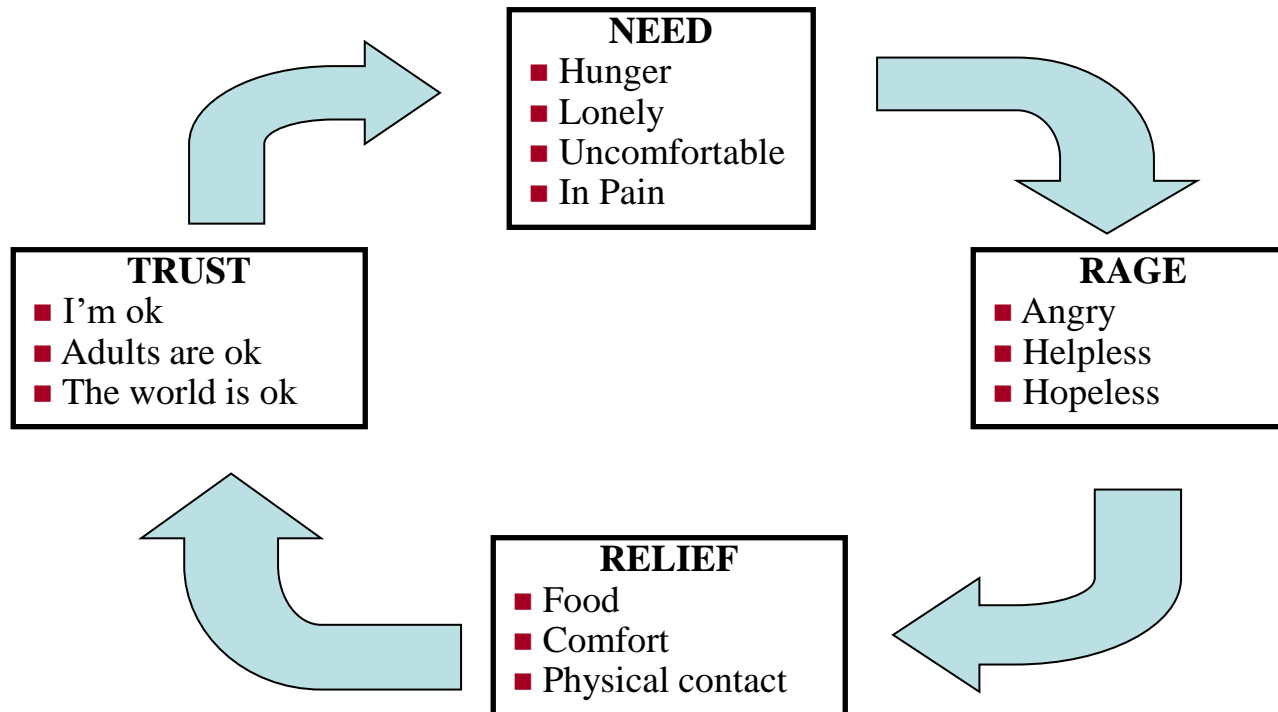


## Attachment Theory

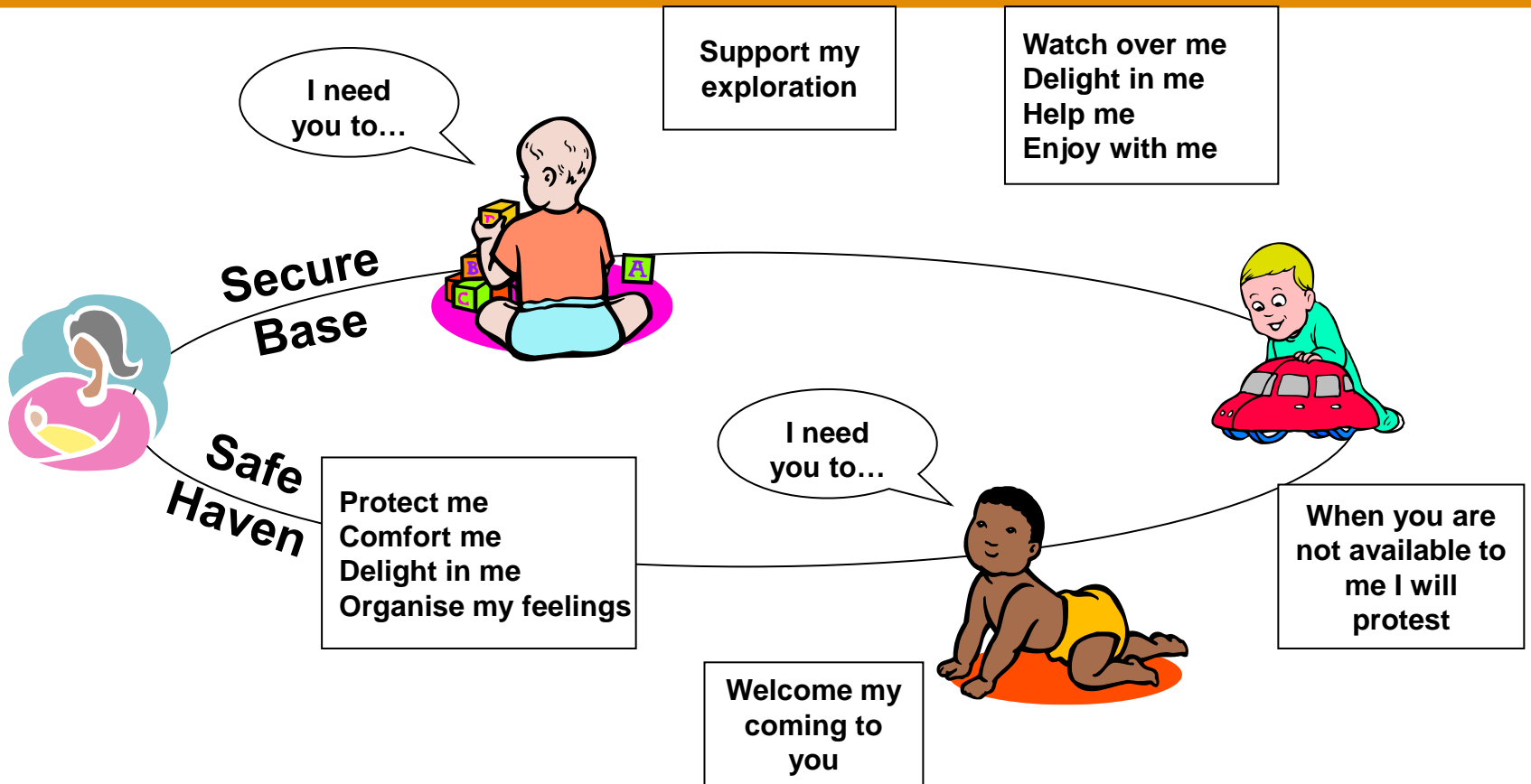
- Formulated by psychiatrist and psychoanalyst John Bowlby (1960s to 1980s)
- Interdisciplinary study encompassing the fields of psychological, evolutionary and ethological theory
- Attachment: Inborn tendency to seek proximity to a conspecific considered stronger and/or wiser at times of perceived threat or danger.

# The Cycle of Bonding and Attachment

## First Year of Life: Secure Attachment



# Attachment behaviours





## Evolutionary Perspective

- Adaptive nature of attachment. Goal of attachment behaviours is protection, gained by seeking proximity to the caregiver. This increases probability of survival.
- But if the caregiver isn't consistently available, the child will try to find other ways to make the caregiver available to them.
- This gives rise to a system of thoughts, memories and emotions about the self, others and the world. This can then guide all future relationships that person has.

## What happens when attachment relationships are insecure, unavailable or frightening?

- The child cannot rely on the parent to help him feel safe and secure
- Insecure attachments:
  - Avoidant
  - Ambivalent
  - Disorganised

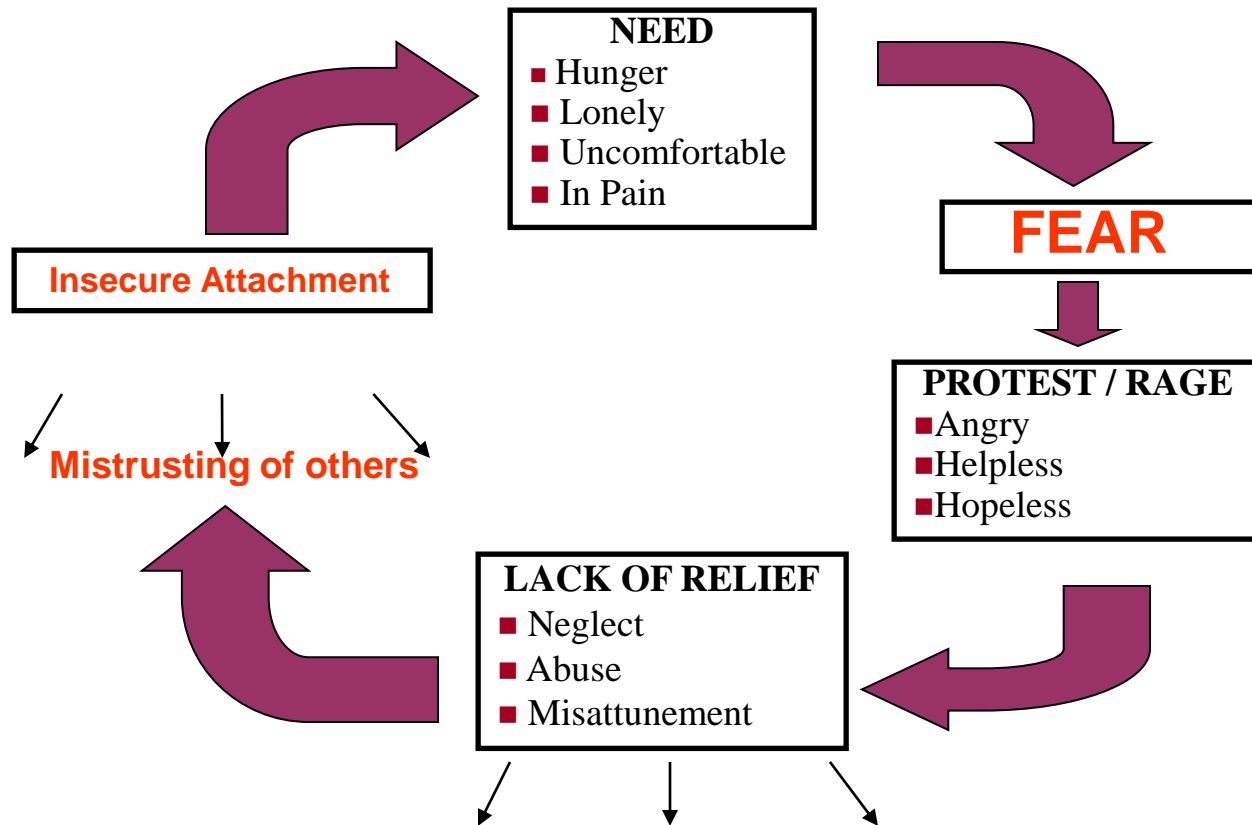






# The Cycle of Bonding and Attachment

## First Year of Life: Insecure Attachment



Rage/aggression Withdrawal



## Living with a personality disorder

- Stigmatisation
- Overwhelming difficult feelings



## Working with people in pain or distress can be painful and distressing at times (Bolton et al, 2014)

- Irritated and frustrated (can feel service users are ungrateful)
- Feeling helpless to changing PD behaviours (guilt over feeling you don't do enough)
- Being defensive
- Fearful of confrontation
- Feeling exploited
- Feeling tried and losing empathic approach
- Becoming punitive and hostile
- Becoming over-involved (never saying no)
- Avoiding service users with PD
- Aware of uncomfortable parallels between their life and yours
- Staff burnout



# You may have noticed..

Working with people with personality difficulties can elicit feelings of anger, rejection, anxiety, fear and unfairness.

- You became over-involved.
- You began to avoid.
- You became more punitive.
- You became less boundaried



# Challenging behaviours (1)

## Self-harm

- 'He's self-harming to make us run around after him'
- Examples - misusing drugs/medication, hitting things, hurting self
- Can make the staff member feel anxious/angry/uncertain
- Act of self-harm can serve a function – emotional management (getting rid of bad feeling; feeling in control; concrete form of emotional pain; to gain a response; to punish self)



# Challenging behaviours (2)

## Not making progress

- 'He never learns, no matter how much we challenge the same behaviour'
- Examples – rejecting help, repeating the same problems, acting as if above the rules/help
- Can make the staff member feel hopeless/angry/frustrated
- Belief that survival is only possible through existing strategies – resisting of help needed
- Fearful of building relationships due to endings, triggering feelings of abandonment/rejection



# How do we build a therapeutic relationship?

Individuals with PD often have significant impairment of their ability to form healthy interpersonal relationships

**That means with you, too!** These traits are pervasive; it's not just with their intimate partners or family members they struggle with. They'll also struggle with you.

The development of a strong relationship is linked to better results

Understand  
their  
formulation

Use formulation  
to provide  
meaning/  
function to  
behaviour.

Adapt  
where you  
can

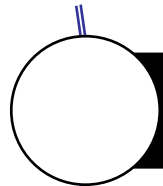
Be honest and  
compassionate

# Validation

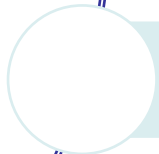


Communicating to the client that their responses make sense and are understandable within current situation.

Why validate? Client feels understood, reduces distress, teach client to validate self.



Situation – ‘I can see why you are so distraught, it’s frightening to feel alone.’



Validating the emotion not the behaviour



Not condoning behaviour but also not ignoring emotional distress





# Looking after ourselves

- Use of reflective spaces – sensitivity and supervision
- ‘Like eating a meal’ – chewing it over, and digesting what happened
- Reflection on what is the PD behaviour and what are our own issues
- Make decisions with the team about how to respond
- Working as an effective team (listening, considering hidden message that others can’t communicate, trying to understand, reflecting together, decision making to form action, communicating to resident)
- Using staff counselling sessions
- Staff training – where available. PD workshops/conferences.



## With thanks to...

- The CaPDID Training Manual (Anderson et al, 2020)
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Psychologists