CLINICAL EDUCATION AND INTERVENTIONS FOR DEFENSE STRUCTURES OF CO-OCCURRING POPULATIONS

Brian G. Lengfelder

LCPC, CAADC, CCJP, SAP, MAC, CSAT, CMAT, ACRPS

WHAT CONSTITUTES DEFENSE MECHANISMS

- **The term 'defense mechanisms' was coined over 100 years ago to describe a construct of psychological mechanisms for coping with intrapsychic conflicts.**
- **Defense mechanisms and conflicts are two hypothetical constructs that have remained at the core of psychodynamic approaches to understanding and treating clinical psychopathology.**
- **Defense mechanisms mediate between an individual's wishes, needs, and affects on the one hand, and both internalized object relations and external reality on the other.**

Freud, S. The neuro-psychosis of defense, in Strachey, J. (ed.): The Standard Edition of the Complete Psychological Works of Sigmund Freud, London, Hogarth, (original work published 1894), 1962, pp. 43-68.

DEFENSE MECHANISMS DEFINED

- Mechanisms that mediate the individual's reaction to emotional conflicts and to external stressors. Some defense mechanisms (e.g., **projection, splitting, acting out**) are almost invariably maladaptive. Others (e.g., **suppression, denial**) may be either maladaptive or adaptive, depending on their severity, their inflexibility, and the context in which they occur.

2013, DSM-5

American Psychiatric Association

DEFENSE MECHANISMS DEFINED

- Defense mechanisms (or coping styles) are automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or stressors. Individuals are often unaware of these processes as they operate. Defense mechanisms mediate the individual's reaction to emotional conflicts and to internal and external stressors.

2000, DSM-IV-TR

American Psychiatric Association

SAMHSA'S CONCEPT OF TRAUMA

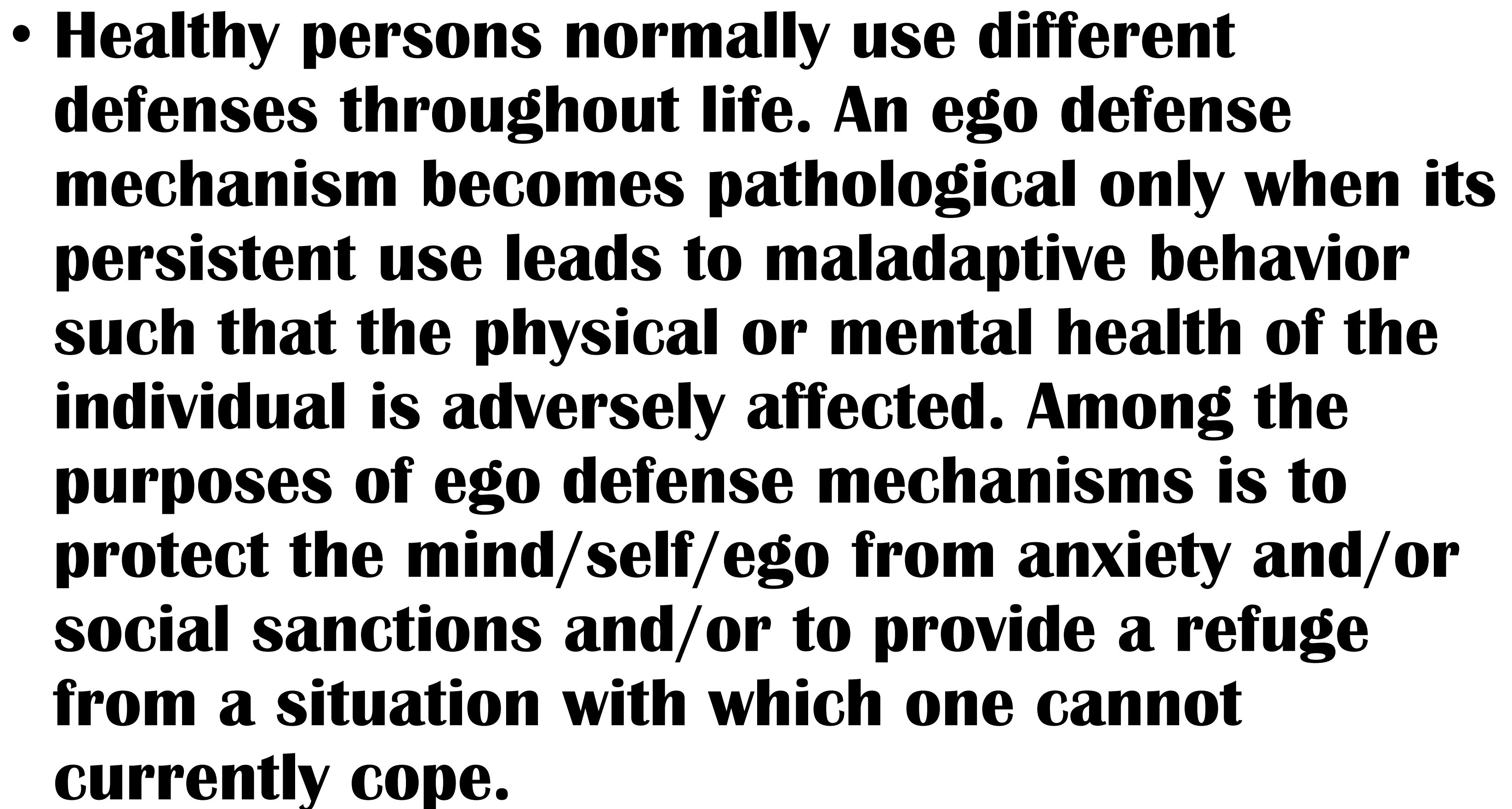
- **Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.**

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) xx-xxxx. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

PSYCHOANALYTIC THEORY

SIGMUND FREUD/ANNA FREUD

- **A defense mechanism is an unconscious psychological mechanism that reduces anxiety arising from unacceptable or potentially harmful stimuli. Sigmund Freud was one of the first proponents of this construct.**
- **Defense mechanisms may result in healthy or unhealthy consequences depending on the circumstances and frequency with which the mechanism is used. In psychoanalytic theory, defense mechanisms are psychological strategies brought into play by the unconscious mind to manipulate, deny, or distort reality in order to defend against feelings of anxiety and unacceptable impulses and to maintain one's self-schema.**

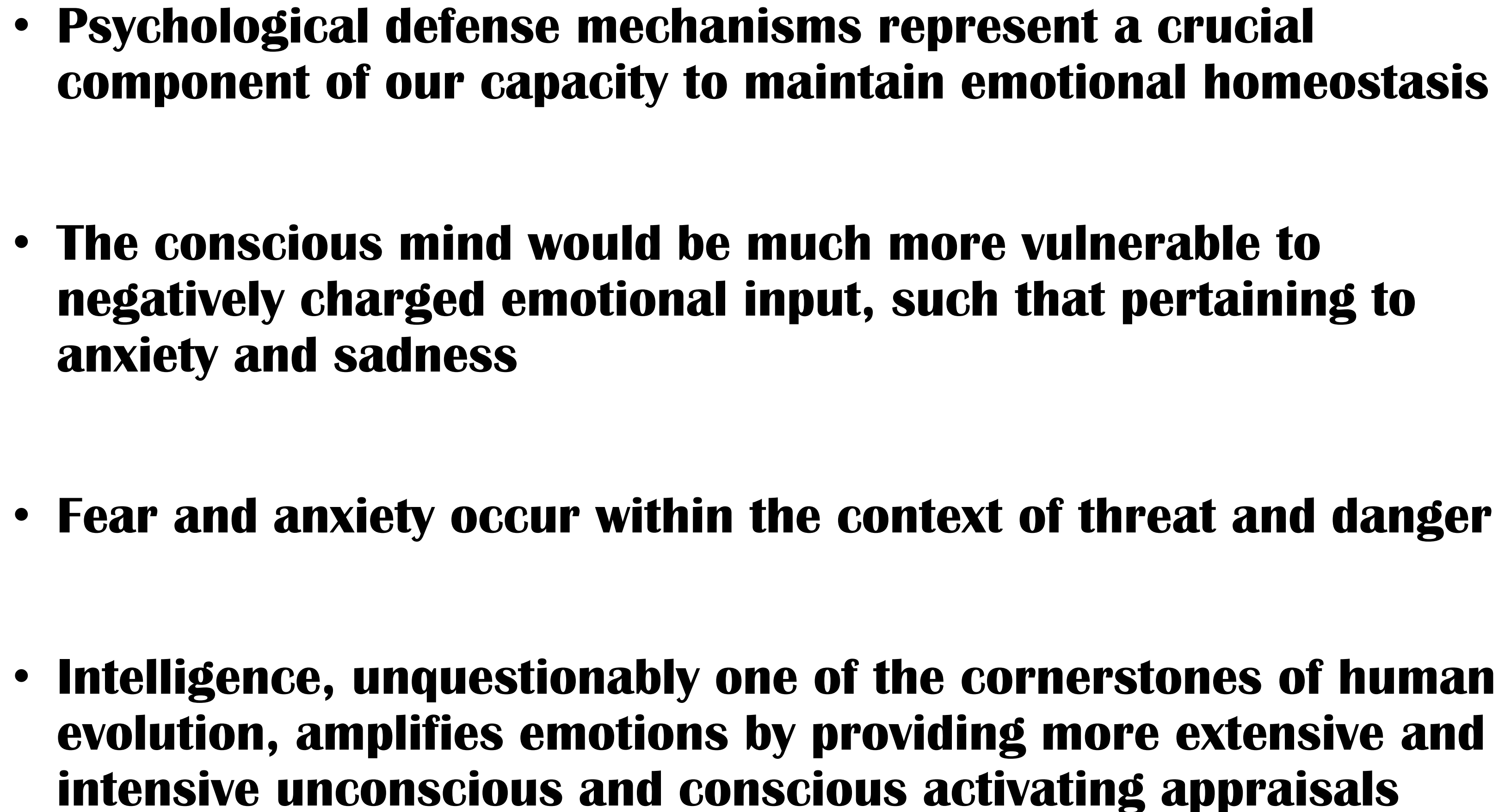


- **Healthy persons normally use different defenses throughout life. An ego defense mechanism becomes pathological only when its persistent use leads to maladaptive behavior such that the physical or mental health of the individual is adversely affected. Among the purposes of ego defense mechanisms is to protect the mind/self/ego from anxiety and/or social sanctions and/or to provide a refuge from a situation with which one cannot currently cope.**

- **Approaching psychological defense mechanisms from the perspective of an evolved strategy, it is proposed that there are two basic templates – dissociation and cognitive distortions.**

- **Dissociation provides the capacity to adaptively detach from disturbing emotional states**

- **Cognitive distortions place a positive ego-enhancing spin on experience**


• Psychological defense mechanisms represent a crucial component of our capacity to maintain emotional homeostasis
• The conscious mind would be much more vulnerable to negatively charged emotional input, such that pertaining to anxiety and sadness
• Fear and anxiety occur within the context of threat and danger
• Intelligence, unquestionably one of the cornerstones of human evolution, amplifies emotions by providing more extensive and intensive unconscious and conscious activating appraisals

COMMON DEFENSE MECHANISMS

Tactical

- Vagueness
- Speaking in Generalities
- Contradictory statements
- Sarcasm
- Changing Subject
- Argumentativeness
- Dismissive
- Blaming
- Distancing
- Non-verbals
- Acting out

Formal

- Denial
- Rationalization
- Intellectualization
- Projection
- Reaction Formation
- Displacement
- Repression
- Splitting
- Regression
- Sublimation
- Compartmentalization

GASLIGHTING

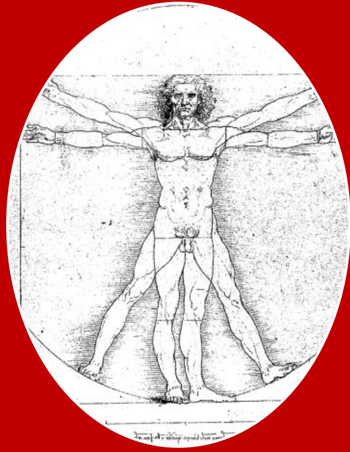
- **Gaslighting** is a form of manipulation that seeks to sow seeds of doubt in a targeted individual or group, hoping to make the target question their own memory, perception, and sanity. Using persistent denial, misdirection, contradiction, and lying, it attempts to destabilize the target and delegitimize the target's belief.

Dorpat, Theo. L. (1994). "On the Double Whammy and Gaslighting." Psychoanalysis & Psychotherapy. 11 (1): 91–96.

- *Gas Light* (known in the United States as *Angel Street*) is a 1938 play by the British dramatist Patrick Hamilton. The play (and its film adaptations) gave rise to the term Gaslighting with the meaning "a form of psychological abuse in which false information is presented to the victim with the intent of making him/her doubt his/her own memory and perception".

Tactics used by the gaslighter

- Discrediting you
- Using a mask of confidence, assertiveness, and/or fake compassion
- Changing the subject
- Minimizing
- Denial and avoidance
- Twisting and reframing



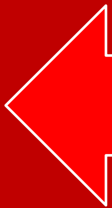
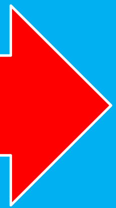
Biological

Psychological

Emotional

Social

Spiritual

MOTIVATIONAL INTERVIEWING

HELPING PEOPLE CHANGE
MILLER & ROLLNICK
3RD ED, 2013

- 3 Definitions
  - Layperson's
    - MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
  - Practitioner's
    - MI is a person-centered counseling style for addressing the common problem of ambivalence about change.

- MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

THE CORE SKILLS OF MI

- The practice of MI involves the flexible and strategic use of some core communication skills
  - Open Questions
  - Affirming
  - Reflective Listening
  - Summarizing
  - Informing and Advising

THE PROCESS OF MI

- Partnership
  - MI is done “for” and “with” a person
  - MI is a way of activating their own motivation and resources for change

- Engaging
- Focusing
- Evoking
- Planning

absolute worth

autonomy

Acceptance

affirmation

accurate empathy

3 STYLES OF FOCUSING

- Directing
  - Provider determines focus
- Following
  - The focus is on the client's priorities
- Guiding
  - Promotes a collaborative search for direction, a meeting of expertise in which the focus of treatment is negotiated

EVOKING/CHANGE TALK

- Desire
  - Every language on the face of the earth contains words signaling that one wants something
- Ability
  - A person's self-perceived ability for change
- Reason
  - Statements of specific reasons for change
- Need
  - Reflected in imperative language that stresses the general importance or urgency for change

PLANNING/ SIGNS OF READINESS

- Increased Change Talk
  - The more people describe their desire, ability, reasons, and need for change, the more they are opening to consider how it might occur
- Taking Steps
  - Leaning towards change is reason for optimism, curiosity, and affirmation
- Diminished Sustain Talk
  - The arguments against change diminish and gradually stops defending the status quo
- Resolve
  - Clinical intuition, demonstration of emotion, the mind is shifting

- Language indicate the person is thinking about what it would be like to make the change, imagining future

- Questions About Change
  - Asking questions in the process of considering change
- Developing a Change Plan
  - The planning process in MI is to be with someone while they form a change plan that will work
- Dynamics of Planning
  - Stay attuned to how the person is responding and continue to work with guidance

COGNITIVE-BEHAVIORAL THERAPY

- Cognitive behavioral therapy (CBT) is a psychotherapeutic approach that addresses dysfunctional thoughts, beliefs, emotions and maladaptive behaviors that are influencing psychological problems.
- CBT is present, action-oriented, brief, controlled, and is customized for each person.

BASIC PRINCIPLES OF CBT

JUDITH BECK

- **Cognitive behavior therapy is based on an ever-evolving formulation of patients' problems and an individual conceptualization of each patient in cognitive terms.**
- **Cognitive behavior therapy requires a sound therapeutic alliance.**
- **Cognitive behavior therapy emphasizes collaboration and active participation.**
- **Cognitive behavior therapy is goal oriented and problem focused.**
- **Cognitive behavior therapy initially emphasizes the present.**
- **Cognitive behavior therapy is educative, aims to teach the patient to be their own therapist, and emphasizes relapse prevention.**

THE CORE OF THERAPY

- **Active** - clients engage in specific actions to alleviate their problems. Clients do something about their difficulties, rather than just talk about them. Exercising self-control has three important advantages.
- Being responsible for the change is personally empowering.
- People who take action in changing their own behaviors are more likely to maintain the change.
- People who become skilled in dealing with their problems may be able to cope with future problems on their own, which makes a self-control approach cost effective in the long run.
- **Present focus** - the focus of cognitive-behavior therapy is in the present. Although clients problems may have originated in the past, it exists in the present. CBT therapy is focused on the present rather than the past.
- **Learning focus** - most problem thoughts/feelings/behaviors (TFB) develop, are maintained, and change primarily through learning. Although not all TFBs result from learning, almost all TFBs are affected by learning, even if they have biological components. CBT therapy provides people with learning experiences in which new (adaptive) TFBs replace old (maladaptive) TFBs.

CBT PRINCIPLES

- The **cognitive principle**: it is interpretations of events, not events themselves, which are crucial.
- The **behavioral principle**: what we do has a powerful influence on our thoughts and emotions.
- The **continuum principle**: mental-health problems are best conceptualized as exaggerations of normal processes.
- The **here-and-now principle**: it is usually more fruitful to focus on current processes rather than the past.
- The **interacting-systems principle**: it is helpful to look at problems as interactions between thoughts, emotions, behavior and physiology and the environment in which the person operates.
- The **empirical principle**: it is important to evaluate both our theories and our therapy empirically.

THE FOUR SYSTEMS

- Problems can usefully be described in terms of the interactions between four systems:
- The *cognitive* system - what a person thinks, imagines, believes.
- The *behavioral* system - what they do or say that can be directly observed by others.
- The *affective* system - their emotions.
- The *physiological* system - what happens to their body, such as autonomic arousal or changes in appetite.

3 LEVELS OF COGNITION

- **Negative automatic thoughts - specific thoughts that arise spontaneously in various situations, which have a negative effect on mood, and which are relatively accessible to consciousness.**
- **Dysfunctional assumptions - "*rules for living*" that guide behavior and expectations in a variety of situations, and which are often in conditional (if … then …) form.**
- **Core beliefs - very general beliefs about oneself, other people or the world in general, which operate across a wide range of situation but which are often not immediately conscious.**

Spiegler, M. D., & Guevremont, D. C. (2010). *Contemporary behavior therapy (5th ed.)*. Belmont, CA: Wadsworth, Cengage Learning.

Westbrook, D. E., Kennerley, H., & Kirk, J. (2011). *An introduction to cognitive behavior therapy: skills and applications (2nd ed.)*. Los Angeles: SAGE.

SCHEMA THERAPY

BRICKER, D., YOUNG, J. 2012

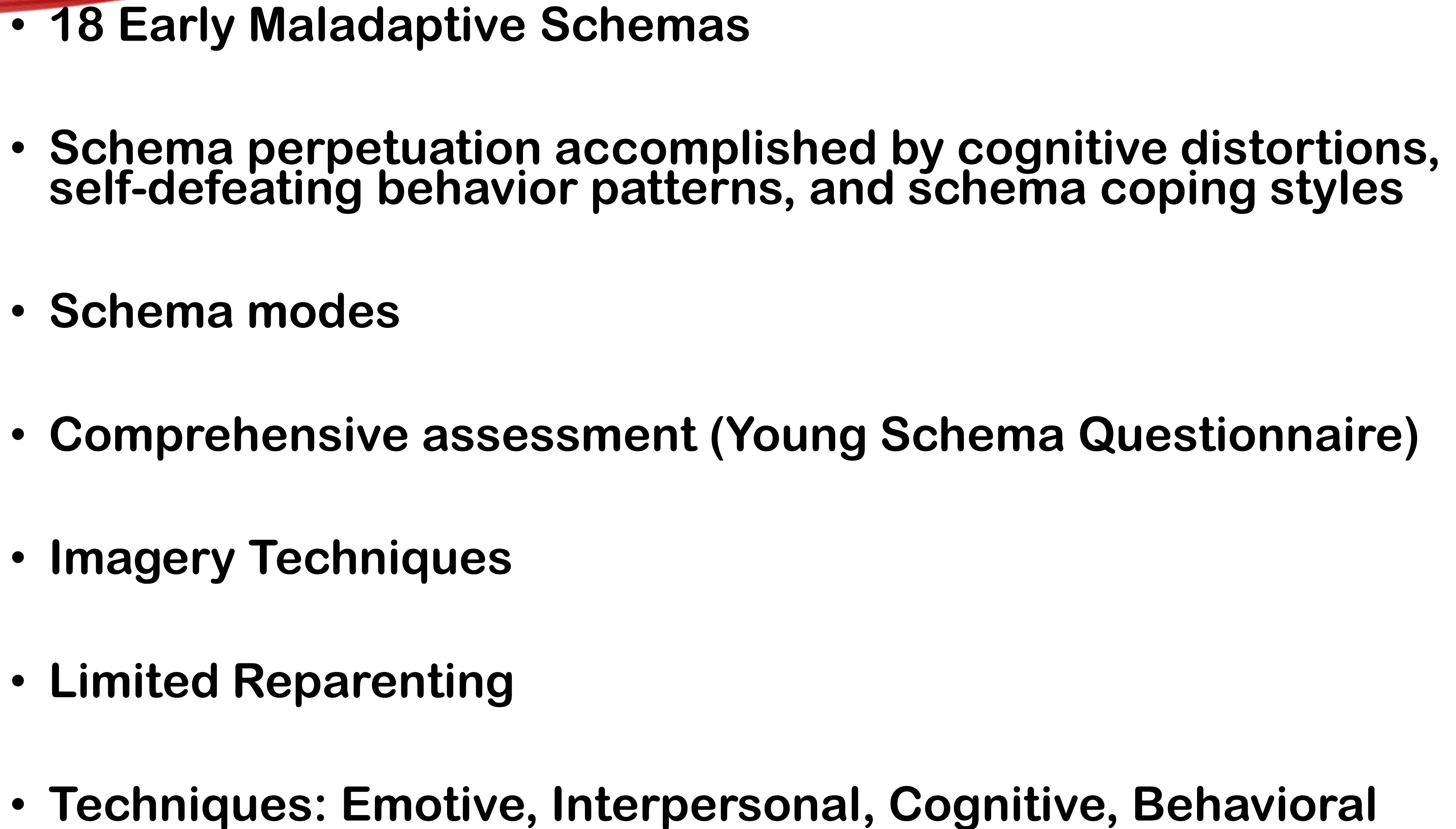
- Developed by Dr. Jeffrey Young
- Schema therapy is an integrated psychotherapy combining theory and techniques from previously existing therapies, including cognitive behavioral therapy, psychoanalytic object relations theory, attachment theory, and Gestalt therapy.
- Schema therapy can help people change long-term patterns, including the ways in which they interact with other people.

- According to Young and colleagues (2003) an Early Maladaptive Schema is defined as “a broad, pervasive theme or pattern, comprised of memories, emotions, cognitions, and bodily sensations, regarding oneself and one’s relationships with others, developed during childhood or adolescence, elaborated throughout one’s lifetime and dysfunctional to a significant degree” (Young et al., 2003, p. 7). Young and colleagues posited that the origin of EMS stems from the frustration of core emotional needs by negative experiences.

- The proposed five core emotional needs include:

1. Secure attachments to others (includes safety, stability, nurturance, and acceptance);
2. Autonomy, competence, and sense of identity;
3. Freedom to express valid needs and emotions;
4. Spontaneity and play; and
5. Realistic limits and self-control.

From their perspective, Young and colleagues (2003) claimed that the combination of early experiences (nurture) and innate temperament (nature) can result in either gratification or frustration of these needs. EMS result from the frustration of these needs by negative experience.


• 18 Early Maladaptive Schemas
• Schema perpetuation accomplished by cognitive distortions, self-defeating behavior patterns, and schema coping styles
• Schema modes
• Comprehensive assessment (Young Schema Questionnaire)
• Imagery Techniques
• Limited Reparenting
• Techniques: Emotive, Interpersonal, Cognitive, Behavioral

SCHEMA THERAPY: A PRACTITIONER'S GUIDE. GUILFORD PUBLICATIONS. 2003
JEFFREY YOUNG

- Early Maladaptive Schemas are self-defeating emotional and cognitive patterns that begin early in our development and repeat throughout life. Note that, according to this definition, an individual’s behavior is not part of the schema itself; Young theorizes that maladaptive behaviors develop as responses to a schema. Thus behaviors are driven by schemas but are not part of schemas.

DISCONNECTION AND REJECTION

- The expectation that one's needs for security, safety, stability, nurturance, empathy, sharing of feelings, acceptance, and respect will not be met in a predictable manner. Typical family origin is detached, cold, rejecting, withholding, lonely, explosive, unpredictable, or abusive.

IMPAIRED AUTONOMY AND PERFORMANCE

- Expectations about oneself and the environment that interfere with one's perceived ability to separate, survive, function independently, or perform successfully. Typical family origin is enmeshed, undermining of child's confidence, overprotective, or failing to reinforce child for performing competently outside the family.

IMPAIRED LIMITS

- Deficiency in internal limits, responsibility to others, or long-term goal orientation. Leads to difficulty respecting the rights of others, cooperating with others, making commitments, or setting and meeting realistic personal goals. Typical family origin is characterized by permissiveness, overindulgence, lack of direction, or a sense of superiority rather than appropriate confrontation, discipline, and limits in relation to taking responsibility, cooperating in a reciprocal manner, and setting goals. In some cases, the child may not have been pushed to tolerate normal levels of discomfort or may not have been given adequate supervision, direction, or guidance.

OTHER DIRECTEDNESS

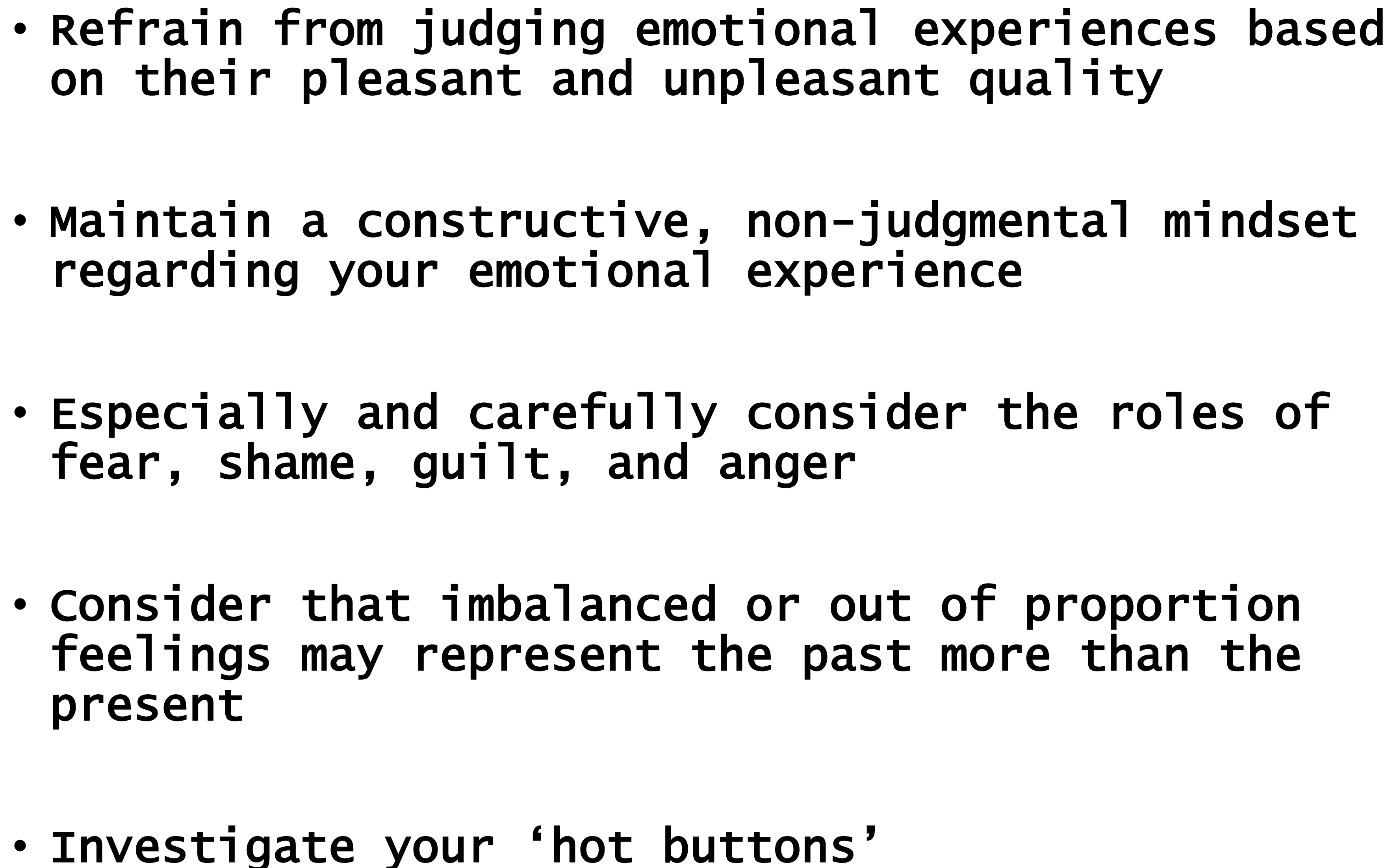
- An excessive focus on the desires, feelings, and responses of others, at the expense of one's own needs in order to gain love and approval, maintain one's sense of connection, or avoid retaliation. Usually involves suppression and lack of awareness regarding one's own anger and natural inclinations. Typical family origin is based on conditional acceptance: Children must suppress important aspects of themselves in order to gain love, attention, and approval. In many such families, the parents' emotional needs and desires—or social acceptance and status—are valued more than the unique needs and feelings of each child.

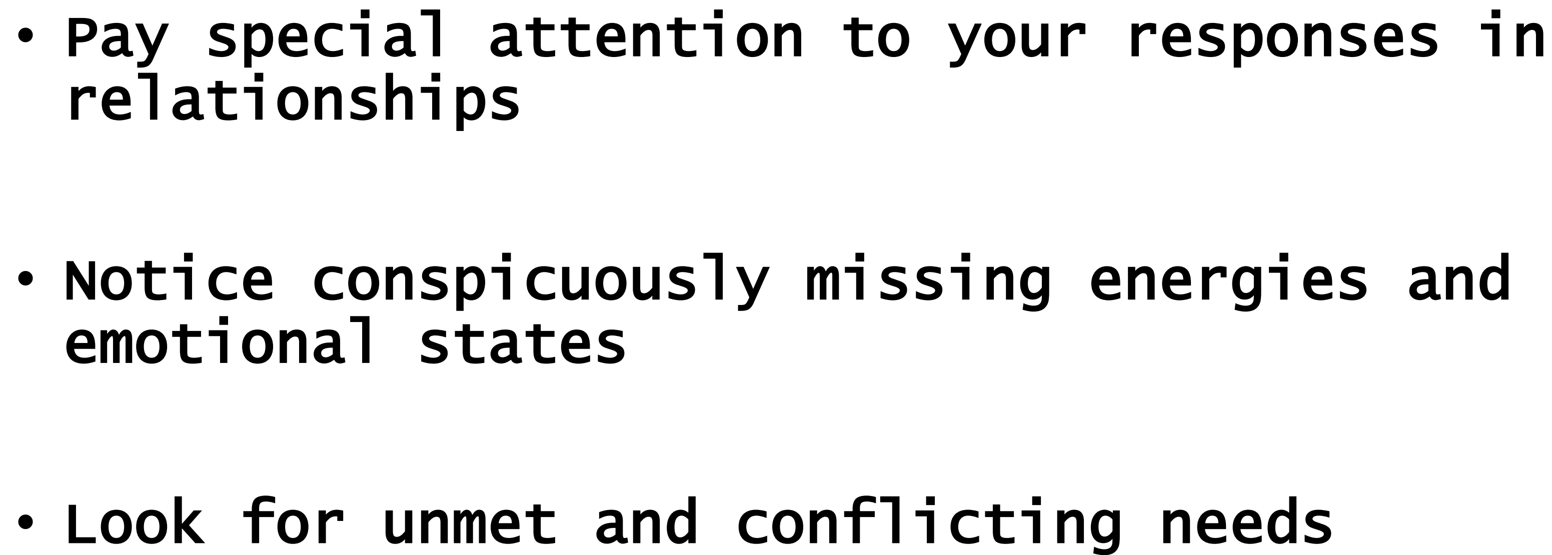
OVERVIGILANCE AND INHIBITION

- Excessive emphasis on suppressing one's spontaneous feelings, impulses, and choices or on meeting rigid, internalized rules and expectations about performance and ethical behavior, often at the expense of happiness, self-expression, relaxation, close relationships, or health. Typical family origin is grim, demanding, and sometimes punitive: performance, duty, perfectionism, following rules, hiding emotions, and avoiding mistakes predominate over pleasure, joy, and relaxation. There is usually an undercurrent of pessimism and worry that things could fall apart if one fails to be vigilant and careful at all times.

RECOGNIZING AND ADDRESSING DEFENSE MECHANISMS

- Temporarily detach from strong emotional experiences
- Define and name the feelings and needs involved in strong emotional experiences
- Identify and investigate the inner images, sounds, and sensations underlying your emotional experiences
- Identify and contact the psychological party from which the experience originates


• Refrain from judging emotional experiences based on their pleasant and unpleasant quality
• Maintain a constructive, non-judgmental mindset regarding your emotional experience
• Especially and carefully consider the roles of fear, shame, guilt, and anger
• Consider that imbalanced or out of proportion feelings may represent the past more than the present
• Investigate your 'hot buttons'


• Pay special attention to your responses in relationships
• Notice conspicuously missing energies and emotional states
• Look for unmet and conflicting needs