PLEASE NOTE:

The contents of this manual are intended to promote further development and understanding of personality disorders in conjunction with other therapeutic modalities. This material is intended to resource appropriately qualified professionals in the mental health helping industry, and is not a qualification of competence. The author makes no guarantees in respect to the accuracy of content herewith, or advice for a particular patient/client. Readers should consult with an accredited supervisor before implementing any concepts into their clinical practice that are discussed within this manual. It should be noted that the information contained in this manual is only current as at the date of publishing. Post this date, research, website addresses, and information may be outdated. Neither the author, nor those responsible for the contents or production of this manual, shall be liable for any damages arising herefrom. Any application of these contents, clinical or otherwise, must be undertaken under the advisement of an accredited supervisor and the responsibility for any outcomes lies with the qualified clinician. This manual is not to be reproduced or distributed.

# Table of Contents

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Presenters | Jorg Thonnissen | 4 |
|  | Anne GalambosiTerrina Hatfield | 5 |
|  | Introduction to Personality Portraits ProfilesExtraversion versus Introversion (E-I)Sensing versus Intuiting (S-N)Thinking versus Feeling (T-F)Judging versus Perceiving (J-P)The 16 TypesISTJISFJINFJINTJISTPISFPINFPINTPESTPESFPENFPENTPESTJESFJENFJENTJ | 678910 |
|  | Overview of Personality DisordersDSM 5 Narcissistic Personality DisorderDSM 5 Borderline Personality DisorderDSM 5 Schizoid Personality Disorder | 11121315 |
| Day 1 Session 1 | Mind – identity creation, consciousness, Intro to PPP | 17 |
| Day 1 Session 2 | Intro to Personality Disorders | 18 |
| Day 2 Session 3 | Introversion/ Extroversion | 19 |
| Day 2 Session 4 | Narcissistic Personality Disorder | 20 |
| Day 2 Session 5 | Breakout session: Private Practice + Self Care | 21 |
| Day 3 Session 6 | Intuitive/Sensing and Thinking/Feeling | 22 |
| Day 3 Session 7 | Borderline Personality Disorder | 23 |
| Day 4 Session 8 | Judging/Perceiving | 24 |
| Day 4 Session 9 | Schizoid Personality Disorder | 25 |
| Appendix | Intake Form TemplatePre-session Intake FormCredit Card Consent FormMedicare Rebate Processing FormAuthority to Obtain or Release InformationConsent to TherapyEmergency Contact SupportSession Intake FormDevelopmental History | 262728293037 |

# Jorg Thonnissen

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jorg holds a Bachelor of Psychology as well as a Master of Applied Psychology (organisational) and a Doctorate of Psychology [Clinical]. He has written a book on mindfulness (The True Purpose of Conflict) and published two theses, of which one is concerned with self-esteem building measures in children and young adolescents, and the other with the effectiveness and validity of psychological measures in recruitment. Jorg’s doctoral thesis in the clinical field was concerned with Psychopathology and Personality: Parenting Styles and Child Development. Previous to this undertaking, he was working on a scholarship sponsored Phd thesis investigating the effectiveness of stress management strategies in the workplace, and how a specially designed hypnotherapy intervention assists in reducing perceived stressors.

Before entering private practice, Jorg received extensive training in mediation and conflict resolution from a large Western Australian (WA) based organization specialising in relationship counselling. Consequently, he holds facilitator certificates enabling him to work with individuals, couples, or groups in workshop environments to identify, address and mediate their various issues of concern. Furthermore, Jorg worked for the same organization in the capacity of group facilitator, providing psycho-educational training to their wide-ranging client base.

In his capacity in the field of organisational psychology, Jorg has been working with the WA Police Recruitment and Selection Branch conducting psychological interviews and various psychological assessments, as well as working in WA prisons to evaluate the implementation of staff performance systems. He also mediated successful outcomes for organisations seeking to resolve work related conflict.

Jorg trained with the Australian Academy of Hypnosis in the application of Traditional Hypnosis for clinical purposes under direct guidance of Dr. Rick Collingwood, a widely acclaimed stage hypnotist who won gold and platinum awards for his record-breaking hypnosis recordings. Further, Jorg has also has completed advanced hypnotherapy training with the Californian based psychotherapist and hypnotherapist Cal Banyan. His 5 Path process is widely acclaimed as being one of the best approaches to hypnotherapy.

Jorg continues to facilitate professional development opportunities to his peers by providing a number of training courses throughout the year at various locations overseas and in Australia.

# Anne Galambosi

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anne holds a BCouns, GradDipPsych, BSc(Hons), MPsych); Counselling (B.Couns);  and Life Coaching (Cert).  Anne started her professional career in the public and private sectors, and has now built a successful private practice (CORE Clinical Psychology, since 2002). Utilising evidenced-based practice, Anne helps her clients work toward developing a healthy self-relationship; and from that place of wholeness, develop healthy relationships with others. Anne continues to mentor students and therapists; offering supervision, university lecturing in undergrad and master’s program on therapeutic interventions, writing and facilitating training programs and takes a consultative position on the Edith Cowan University Undergrad and Postgrad Consultative Committee. Thus, she believes that the key to successful therapy relies heavily on therapists that understand themselves.

In addition to presenting at retreats for mental health professionals, Anne has spoken at events that have reached thousands with the message that everyone can grow in capacity.

# Terrina Hatfield

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terrina is an endorsed Clinical Psychologist and holds a Master’s Degree in Clinical Psychology from the Australian National University.  She is a member of the APS and Clinical College.

Terrina’s background is in community mental health services working in rural and remote areas.  In 2007, Terrina established Coral Coast Psychology and she has built it up to become a busy, well-respected practice.  Working alongside up to five other psychologists, she understands the various challenges inherent in owning and managing a private practice.

Terrina will facilitate the breakout session on Private Practice Management where there will be an opportunity to discuss:

* Managing your business with excellence (solo and group private practice)
* Promoting your practice and growing your referral base
* Medicare/Better Access compliance
* Self-care to survive and thrive

# Introduction to Personality Portraits Profiles

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This unique retreat aims to provide clinicians with resources to provide insight into their client’s personality organisation.

Jorg is going to expand on his version of the MBTI derived from the Jung Type Indicator (JTI), named the Personality Portraits Profile (PPP) questionnaire. Based on the research by psychologist Carl Jung, this self-report can be utilised with all client presentations. It helps people understand how they perceive the world around them and shows what we pay attention to; which influences decision making and behavioural patterns. This measure is often used in the context of organisations. What Jorg brings to this well-known measure is a depth of interpretation that is not normally found in organisational psychology. Thus, the PPP explanations bring something to the clinical setting that is accessible and useful for therapeutic intervention.

Knowing our own individual differences and understanding the individual differences in others helps us to build strong relationships. When we embark on self-development, we naturally foster greater self-awareness and self-acceptance. The PPP will assist clinicians to be equipped to help clients understand individual differences, identify and develop strengths and growth areas, help manage unnecessary relational conflict, and increase emotional intelligence.

According to Jungian personality theory, MBTI type instruments reveal your preference on four scales. Each scale is a dichotomy; that is, it presents you with one of two choices. The four measures are as follows:

## Extraversion versus Introversion (E-I)

This measure describes where you focus your attention and reflects whether you are an extravert or an introvert. Extraverts spend their time out in the world. They focus their perception and judgement on people and objects. They draw energy from spending time with other people. Introverts spend their time inside their heads. They focus their perception and judgement on concepts and ideas. They often need time alone to ‘recharge’.

## Sensing versus Intuiting (S-N)

This measure looks at perception: it describes how you absorb information about the world. People who have a Sensing preference rely first and foremost on the real world as they see and hear it. They rely on observation. People who have an Intuiting preference are more likely to rely on meanings, concepts and connections which are made in the unconscious or subconscious mind.

## Thinking versus Feeling (T-F)

This measure looks at judgement: it describes your decision-making process. People with a Thinking preference are more likely to look at the facts and make a logical, rational decision which fits the situation. People with a Feeling preference look at the human element and consider the ethical side of a question when making their decision.

## Judging versus Perceiving (J-P)

This measure describes the way that you deal with the information that you absorb about the outside world. A person with a Judging preference is more likely to use their Thinking / Feeling processes to make sense of the outside world. A person with a Perceiving preference is more likely to use their Sensing / Intuiting processes to make sense of the outside world.

(taken from [www.coursehero.com/file/p16kc2b/Thinking-versus-Feeling-T-F-This-measure-looks-at-judgement-it-describes-your/](http://www.coursehero.com/file/p16kc2b/Thinking-versus-Feeling-T-F-This-measure-looks-at-judgement-it-describes-your/))

# The 16 Types

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The result you receive after completing the JTI gives you a score on each of the four measures, which shows which choice you prefer in each case. With two options per measure, this gives sixteen different possible combinations – the sixteen types. Each type is referred to by the unique combinations which form it. For instance, a person might score Extraverted, Sensing, Thinking, Judging. This is abbreviated to ESTJ, which is their personality type. Each type has its own strengths, weaknesses, and blind spots.

Jung’s theory suggests certain relationships between the preferences. Each type has a dominant process and an accompanying auxiliary process. Each type also characteristically uses these processes in Introverted or Extraverted attitudes. The particularly personality of each type is formed by the interaction of these processes. The sixteen possible personality types in JTI are displayed below.

|  |  |  |
| --- | --- | --- |
|  | SENSING | INTUITING |
|  | THINKING | FEELING | FEELING | THINKING |
| INTROVERSION | JUDGING | ISTJ | ISFJ | INFJ | INTJ |
| PERCEIVING | ISTP | ISFP | INFP | INTP |
| EXTRAVERSION | PERCEIVING | ESTP | ESFP | ENFP | ENTP |
| JUDGING | ESTJ | ESFJ | ENFJ | ENTJ |

# The 16 Types at a Glance

Taken from <https://www.capt.org/mbti-assessment/type-descriptions.htm>

by Charles Martin, Ph.D.

## ISTJ

For ISTJs the dominant quality in their lives is an abiding sense of responsibility for doing what needs to be done in the here-and-now. Their realism, organizing abilities, and command of the facts lead to their completing tasks thoroughly and with great attention to detail. Logical pragmatists at heart, ISTJs make decisions based on their experience and with an eye to efficiency in all things. ISTJs are intensely committed to people and to the organizations of which they are a part; they take their work seriously and believe others should do so as well.

## ISFJ

For ISFJs the dominant quality in their lives is an abiding respect and sense of personal responsibility for doing what needs to be done in the here-and-now. Actions that are of practical help to others are of particular importance to ISFJs. Their realism, organizing abilities, and command of the facts lead to their thorough attention in completing tasks. ISFJs bring an aura of quiet warmth, caring, and dependability to all that they do; they take their work seriously and believe others should do so as well.

## INFJ

For INFJs the dominant quality in their lives is their attention to the inner world of possibilities, ideas, and symbols. Knowing by way of insight is paramount for INFJs, and they often manifest a deep concern for people and relationships as well. INFJs often have deep interests in creative expression as well as issues of spirituality and human development. While the energy and attention of INFJs are naturally drawn to the inner world of ideas and insights, what people often first encounter with INFJs is their drive for closure and for the application of their ideas to people's concerns.

## INTJ

For INTJs the dominant force in their lives is their attention to the inner world of possibilities, symbols, abstractions, images, and thoughts. Insight in conjunction with logical analysis is the essence of their approach to the world; they think systemically. Ideas are the substance of life for INTJs and they have a driving need to understand, to know, and to demonstrate competence in their areas of interest. INTJs inherently trust their insights, and with their task-orientation will work intensely to make their visions into realities.

## ISTP

For ISTPs the driving force in their lives is to understand how things and phenomena in the real world work so they can make the best and most effective use of them. ISTPs are logical and realistic people, and they are natural trouble-shooters. When not actively solving a problem, ISTPs are quiet and analytical observers of their environment, and they naturally look for the underlying sense to any facts they have gathered. ISTPs do often pursue variety and even excitement in their hands-on experiences. Although they do have a spontaneous, even playful side, what people often first encounter with them is their detached pragmatism.

## ISFP

For ISFPs the dominant quality in their lives is a deep-felt caring for living things, combined with a quietly playful and sometimes adventurous approach to life and all its experiences. ISFPs typically show their caring in very practical ways, since they often prefer action to words. Their warmth and concern are generally not expressed openly, and what people often first encounter with ISFPs is their quiet adaptability, realism, and "free spirit" spontaneity.

## INFP

For INFPs the dominant quality in their lives is a deep-felt caring and idealism about people. They experience this intense caring most often in their relationships with others, but they may also experience it around ideas, projects, or any involvement they see as important. INFPs are often skilled communicators, and they are naturally drawn to ideas that embody a concern for human potential. INFPs live in the inner world of values and ideals, but what people often first encounter with the INFP in the outer world is their adaptability and concern for possibilities.

## INTP

For INTPs the driving force in their lives is to understand whatever phenomenon is the focus of their attention. They want to make sense of the world -- as a concept -- and they often enjoy opportunities to be creative. INTPs are logical, analytical, and detached in their approach to the world; they naturally question and critique ideas and events as they strive for understanding. INTPs usually have little need to control the outer world, or to bring order to it, and they often appear very flexible and adaptable in their lifestyle.

## ESTP

For ESTPs the dominant quality in their lives is their enthusiastic attention to the outer world of hands-on and real-life experiences. ESTPs are excited by continuous involvement in new activities and in the pursuit of new challenges. ESTPs tend to be logical and analytical in their approach to life, and they have an acute sense of how objects, events, and people in the world work. ESTPs are typically energetic and adaptable realists, who prefer to experience and accept life rather than to judge or organize it.

## ESFP

For ESFPs the dominant quality in their lives is their enthusiastic attention to the outer world of hands-on and real-life experiences. ESFPs are excited by continuous involvement in new activities and new relationships. ESFPs also have a deep concern for people, and they show their caring in warm and pragmatic gestures of helping. ESFPs are typically energetic and adaptable realists, who prefer to experience and accept life rather than to judge or organize it.

## ENFP

For ENFPs the dominant quality in their lives is their attention to the outer world of possibilities; they are excited by continuous involvement in anything new, whether it be new ideas, new people, or new activities. Though ENFPs thrive on what is possible and what is new, they also experience a deep concern for people as well. Thus, they are especially interested in possibilities for people. ENFPs are typically energetic, enthusiastic people who lead spontaneous and adaptable lives.

## ENTP

For ENTPs the driving quality in their lives is their attention to the outer world of possibilities; they are excited by continuous involvement in anything new, whether it be new ideas, new people, or new activities. They look for patterns and meaning in the world, and they often have a deep need to analyse, to understand, and to know the nature of things. ENTPs are typically energetic, enthusiastic people who lead spontaneous and adaptable lives.

## ESTJ

For ESTJs the driving force in their lives is their need to analyse and bring into logical order the outer world of events, people, and things. ESTJs like to organize anything that comes into their domain, and they will work energetically to complete tasks so they can quickly move from one to the next. Sensing orients their thinking to current facts and realities, and thus gives their thinking a pragmatic quality. ESTJs take their responsibilities seriously and believe others should do so as well.

## ESFJ

For ESFJs the dominant quality in their lives is an active and intense caring about people and a strong desire to bring harmony into their relationships. ESFJs bring an aura of warmth to all that they do, and they naturally move into action to help others, to organize the world around them, and to get things done. Sensing orients their feeling to current facts and realities, and thus gives their feeling a hands-on pragmatic quality. ESFJs take their work seriously and believe others should as well.

## ENFJ

For ENFJs the dominant quality in their lives is an active and intense caring about people and a strong desire to bring harmony into their relationships. ENFJs are openly expressive and empathic people who bring an aura of warmth to all that they do. Intuition orients their feeling to the new and to the possible, thus ENFJs often enjoy working to manifest a humanitarian vision, or helping others develop their potential. ENFJs naturally and conscientiously move into action to care for others, to organize the world around them, and to get things done.

## ENTJ

For ENTJs the driving force in their lives is their need to analyse and bring into logical order the outer world of events, people, and things. ENTJs are natural leaders who build conceptual models that serve as plans for strategic action. Intuition orients their thinking to the future, and gives their thinking an abstract quality. ENTJs will actively pursue and direct others in the pursuit of goals they have set, and they prefer a world that is structured and organized.

# Overview of Personality Disorders

Anne will speak to the clinical aspect of personality organisation, offering an overview of personality disordered organisations. Anne will also present cases from her own practice and there will be an opportunity for participants to bring their own cases for discussion.

Traditionally, psychology has postured a continuum of overall mental health functioning from healthy to disturbed. According to McWilliams (1979), personality character organisation can be conceptualised in two dimensions. The first dimension describes the continuum of health or disturbance from normal to neurotic to borderline to psychotic. The second dimension describes the type of character of the personality disorders commonly outlined in the history of the DSM.

Therapists often say that working with disordered personality presentations can be tricky. Genetics, exposure to trauma, and developmental factors contribute to the development of a personality disorder. These factors can be seen to impair the healthy growth of the autonomous self; namely, the ability to know and assert one’s own needs and desires. People with personality disorders find it difficult to see themselves and others as wholly integrated, with a good self and a bad self. The severity of a personality disorder can be seen by the extent in which the person is able to achieve the integration of good and bad segments of self-experiences. Where the self is not seen as separate from others, people with personality disorders may incorrectly perceive the thoughts and intentions of others. A difficulty arises then for the therapist who is helping the person to gain insight into how they can misjudge situations, themselves and/or other people. Anne is interested in building curiosity and practical skills when working with the unfinished, or hindered, early psychological character development that leads to these complex personality structures.

Three personality disorders will be discussed over the next four days: Narcissistic, Borderline and Schizoid personality disorders.

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

1. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.
2. One or more pathological personality trait domains or trait facets.
3. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.
4. The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or sociocultural environment.
5. The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

# Narcissistic Personality Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose narcissistic personality disorder, the following criteria must be met:

A. Significant impairments in personality functioning manifest by:

1. Impairments in self functioning (a or b):

1. Identity: Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes; emotional regulation mirrors fluctuations in self-esteem.
2. Self-direction: Goal-setting is based on gaining approval from others; personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.

AND

2. Impairments in interpersonal functioning (a or b):

a. Empathy: Impaired ability to recognize or identify with the feelings and needs of others: excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others.

b. Intimacy: Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others‟ experiences and predominance of a need for personal gain

B. Pathological personality traits in the following domain:

1. Antagonism, characterized by:

a. Grandiosity: Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescending toward others.

b. Attention seeking: Excessive attempts to attract and be the focus of the attention of others; admiration seeking.

C. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.

D. The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.

E. The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

# Borderline Personality Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:

A. Significant impairments in personality functioning manifest by:

1. Impairments in self functioning (a or b):

1. Identity: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.
2. Self-direction: Instability in goals, aspirations, values, or career plans.

AND

 2. Impairments in interpersonal functioning (a or b):

1. Empathy: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.
2. Intimacy: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal.

B. Pathological personality traits in the following domains:

1. Negative Affectivity, characterized by:

1. Emotional liability: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.
2. Anxiousness: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.
3. Separation insecurity: Fears of rejection by – and/or separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy.
4. Depressivity: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behaviour.

2. Disinhibition, characterized by:

1. Impulsivity: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behaviour under emotional distress.
2. Risk taking: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one’s limitations and denial of the reality of personal danger.

3. Antagonism, characterized by:

a. Hostility: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

1. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.
2. The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.
3. The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head

# Schizoid Personality Disorder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose schizotypal personality disorder, the following criteria must be met:

A. Significant impairments in personality functioning manifest by:

1. Impairments in self functioning:
2. Identity: Confused boundaries between self and others; distorted self-concept; emotional expression often not congruent with context or internal experience.
3. Self-direction: Unrealistic or incoherent goals; no clear set of internal standards.
4. Impairments in interpersonal functioning:

a. Empathy: Pronounced difficulty understanding impact of own behaviours on others; frequent misinterpretations of others‟ motivations and behaviours.

b. Intimacy: Marked impairments in developing close relationships, associated with mistrust and anxiety.

B. Pathological personality traits in the following domains:

1. Psychoticism, characterized by:

a. Eccentricity: Odd, unusual, or bizarre behaviour or appearance; saying unusual or inappropriate things.

b. Cognitive and perceptual dysregulation: Odd or unusual thought processes; vague, circumstantial, metaphorical, over-elaborate, or stereotyped thought or speech; odd sensations in various sensory modalities.

c. Unusual beliefs and experiences: Thought content and views of reality that are viewed by others as bizarre or idiosyncratic; unusual experiences of reality.

1. Detachment, characterized by:

a. Restricted affectivity: Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference or coldness.

b. Withdrawal: Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.

1. Negative Affectivity, characterized by:

a. Suspiciousness: Expectations of – and heightened sensitivity to – signs of interpersonal ill-intent or harm; doubts about loyalty and fidelity of others; feelings of persecution.

1. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.
2. The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.
3. The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

|  |
| --- |
| DAY 1  |
| 9:00am | Session 1 | Mind – identity creation, consciousness Intro to Jorg’s Personality Portraits ProfileJorg Thonnissen |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| DAY 1  |
| 11:00am | Session 2 | Intro to Personality DisordersAnne Galambosi |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 2  |
| 9:30am | Session 3 | Introversion/Extroversion |
|  |  | Jorg Thonnissen |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 2 |
| 11:00am | Session 4 | Narcissistic Personality DisorderAnne Galambosi |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 2 |
| 1:00pm | Session 5 | Solo and Group Private Practice + Self CareTerrina Hatfield |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 3 |
| 9.30am | Session 6 | Intuitive/Sensing and Thinking/Feeling |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 3 |
| 11:00am | Session 7 | Borderline Personality Disorder |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 4 |
| 9:30am | Session 8 | Judging/Perceiving |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| DAY 4 |
| 11:00am | Session 9 | Schizoid Personality Disorder |

|  |
| --- |
| Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# Intake Form Template

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When beginning a new therapeutic relationship, clients can feel anything from mild tension to a sense of threat. It is quite possible that the client’s state is not within the ‘window of tolerance’ where they are hypo-aroused (withdrawn) or hyperarousal (agitated). This means they are likely operating from the brain’s limbic system rather than the brain’s pre-frontal cortex. Therefore, answers to questions around traumatic experiences may lack insight if answered from the limbic system in the absence of reasoning from the pre-frontal cortex. To avoid re-traumatising the client, it is best to ask questions face to face about information that may provoke traumatic memories. Provided below are examples of questions sent out prior to appointment, followed by in-session questions you may wish to ask. All questions are suggested and rely on the discernment of the clinician to ask at the time.

## Pre-Session Intake Form

Dear Client,

Please note that all information provided in this questionnaire will be kept strictly confidential in line with our policies outlined in “Provision of Psychological Services” (see attached).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize

YOUR NAME/ORGANISATION to provide the Personality Portraits questionnaire and psychotherapy services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Credit Card Consent Form

|  |  |
| --- | --- |
| Credit card full nameI give consent for automatic payments to be deducted from my credit card when I attend sessions with CLINICIAN NAME, and when I fail to cancel with less than 24 hour’s notice.  | Print Name:Sign: |
| Credit card number |  |
| Credit card type (eg. Mastercard, Visa etc) |  |
| Expiry Date |  |

## MEDICARE Rebate Processing Form

(Must have a GP mental health plan to be eligible to receive a Medicare rebate)

|  |  |
| --- | --- |
| Medicare Card No. |  |
| Medicare Card Individual Ref No. |  |
| Medicare Card Exp Date |  |
| Dr Name (Referral and Mental Health Plan)  |  |
| Dr Provider Number |  |
| Dr Practice name and address |  |
| Dr Letter Date Of Referral |  |
| Dr Email Address |  |

## Authority to Obtain or Release Information to Health Practitioner

I ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address)

give permission for CLINICIAN’S NAME to obtain/release information regarding my psychological health to my health practitioner.

## Consent to Therapy

As part of providing a psychological service to you, CLINICIAN’S NAME will need to collect and record personal information from you that is relevant to your situation, such as demographics, medical history and relevant information. This information is kept securely and used only by CLINICIAN’S NAME and authorised practice personnel as necessary.

* Cancelation Policy.

24 hours is required to cancel an appointment. If I fail to give 24 hours notice I will be liable for the full $??? fee no matter the circumstance, and the amount will be automatically deducted from my credit card.

* Provision of Reports.

CLINICIAN’S NAME does not provide court reports. Please tell her if you may need one and you will be referred to a psychologist who is competent to help you. I agree not to request a court report.

* Limits of Confidentiality.

This service is provided confidentially, except when you state that you intend to harm yourself or others, and in the case where your notes may be subpoenaed. You will allow CLINICIAN’S NAME to consult with her supervisor about your case in order to assist with your therapy. Further, should CLINICIAN’S NAME be unable to continue offering you services for emergency reasons, SUPERVISOR’S NAME will contact you.

Please sign that you have read, and agreed to conditions of therapy outlined above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Please read on:

## Emergency Contact Support

|  |  |
| --- | --- |
| Email response times | I will endeavor to read and respond to emails within 24 hours (unless otherwise specified). I do not check emails on Saturday, Sunday or public holidays. |
| Emergency contacts | If your matter is urgent and/or you can’t get in touch with me contact the following organisations: Lifeline: 13 11 14 (24 hour 7 days free emergency counseling)<http://www.lifelinewa.org.au/>BeyondBlue: 1300 22 4636 (for depression, anxiety, issues of substance abuse)<http://www.beyondblue.org.au/>Family Help Line: 1800 643 000 (for families experiencing distress)<http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=2565>Kids Help Line: 1800 55 1800 (for kids experiencing distress)<http://www.kidshelp.com.au/>Parenting WA Help Line: 08 6279 1200 (for parents experiencing distress)<http://www.communities.wa.gov.au/parents/Pages/default.aspx>Drug & Alcohol WA Help Line: 08 9442 5000 (for drug and alcohol issues) <http://www.dao.health.wa.gov.au/>Mental Health Emergency Response Line: 08 9224 8888: (for psychiatric issues) <http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=172> |

## Session Intake Form

Dear Client,

Please note that all information provided in this form will be kept strictly confidential in line with our policies outlined in “Provision of Psychological Services” (see attached).

Please note that you are required to complete section A (Personal Details), whereas responses to sections B, C, and D should not be completed if you feel that answering questions about your past or current situation is just too distressing. In this case DO NOT complete the questionnaire beyond section A.  If necessary, we will then discuss this together here at your first appointment.

If you have any queries about the questions or your responses to the questions, please discuss your concerns with me.

PLEASE REMEMBER TO BRING THIS FORM TO YOUR FIRST VISIT

1. Personal Details:

|  |  |
| --- | --- |
| Today’s Date | Current □ Single □ Engaged □ Married Status □ Separated □ Divorced □ Defacto  |
| Full Name |
| Address |
| Date of Birth | Age | Mobile Number |  Occupation |
| Place of Birth | Email |
| Emergency Contact Name | Contact Number |
| By whom were you referred |
| Medicare Card No. | Individual Ref No. | Medicare Card Exp Date |
| Dr Name | Date of Dr referral  |
| Dr email address  | Provider Number |

1. Briefly answer the following questions:

|  |
| --- |
| Who have you previously consulted about your problem? |
| Have you ever been diagnosed with any of the following: Epilepsy: Depression, Psychosis, Schizophrenia, Bi Polar Disorder, Multiple Personality Disorder, Borderline Personality Disorder? If Yes, please describe diagnosis and when diagnosed.  |
| Any other known significant mental health issues (if yes, please identify):  |
| Are you taking any medication? If yes, what and how much? |
| Have you ever had thoughts of harming yourself or anyone else? If so, give details. |
| With whom have you previously consulted about your current problem? Friend? Psychologist? |
| How often do either you or your partner drink alcohol or take drugs to intoxication? What type of alcohol or drugs? |
| Have either you or your partner struck, physically restrained, or used violence against another person? |
| Have you been charged/convicted of a crime? If ‘yes’, please state the charge? |
| Have you ever had thoughts of harming yourself or anyone else? If so, give details. |

If you had to pick only one word to describe your life, what would it be?

|  |
| --- |
|  |

If you had to pick only one word to describe your problems, what would it be?

|  |
| --- |
|  |

If you had to pick only one word to describe the good times in your life, what would it be?

|  |
| --- |
|  |

Please complete the following sentences:

One of the things I feel proud of is

|  |
| --- |
|  |

One of the things I feel bad about is

|  |
| --- |
|  |

I am happiest when

|  |
| --- |
|  |

If I were braver, I would

|  |
| --- |
|  |

I get so angry when

|  |
| --- |
|  |

I am most saddened by

|  |
| --- |
|  |

All my life

|  |
| --- |
|  |

Ever since I was a child

|  |
| --- |
|  |

One of the ways I could better help myself is

|  |
| --- |
|  |

It is hard for me to admit

|  |
| --- |
|  |

I am a person who

|  |
| --- |
|  |

A mother should

|  |
| --- |
|  |

A father should

|  |
| --- |
|  |

A true friend should

|  |
| --- |
|  |

Please give short answers to the following questions:

What motivates you?

|  |
| --- |
|  |

What makes you happy?

|  |
| --- |
|  |

Which behaviours do you believe are getting in the way of your happiness?

|  |
| --- |
|  |

What would you like to start doing more of?

|  |
| --- |
|  |

What would you like to stop doing?

|  |
| --- |
|  |

I truly believe that

|  |
| --- |
|  |

I also truly believe that

|  |
| --- |
|  |

I truly value

|  |
| --- |
|  |

I also truly value

|  |
| --- |
|  |

What do you see or imagine yourself doing in 5 years from now?

|  |
| --- |
|  |

What do you see or imagine yourself doing in 6 months from now?

|  |
| --- |
|  |

What would have to change or be different for that to happen?

|  |
| --- |
|  |

1. Briefly answer the following questions:

Please note down your most significant memory, experience or event from each of the following ages. Include all ages – even past your age (where you imagine yourself to be at that age). If you cannot recall a significant event, don’t worry, just skip the line.

0-5

|  |
| --- |
|  |

5-10

|  |
| --- |
|  |

10-15

|  |
| --- |
|  |

15-20

|  |
| --- |
|  |

20-25

|  |
| --- |
|  |

25-30

|  |
| --- |
|  |

30-35

|  |
| --- |
|  |

35-40

|  |
| --- |
|  |

45-50

|  |
| --- |
|  |

50-55

|  |
| --- |
|  |

55-60

|  |
| --- |
|  |

60-65

|  |
| --- |
|  |

65-80

|  |
| --- |
|  |

1. Please answer the following question in only two or three sentences

For what particular issue/problem – issues/problems are you seeking help? Please state the most important issues you would like to address in therapy.

Issue 1

|  |
| --- |
|  |

Please rate on a scale from 1-10 how strongly you believe this issue is affecting you day to day

|  |  |  |
| --- | --- | --- |
| Not very strong | Moderately strong | Quite strongly |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

In your opinion, what could be causing this problem/issue?

|  |
| --- |
|  |

Issue 2

|  |
| --- |
|  |

Please rate on a scale from 1-10 how strongly you believe this issue is affecting you day to day

|  |  |  |
| --- | --- | --- |
| Not very strong | Moderately strong | Quite strongly |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

In your opinion, what could be causing this problem/issue?

|  |
| --- |
|  |

Issue 3

|  |
| --- |
|  |

Please rate on a scale from 1-10 how strongly you believe this issue is affecting you day to day

|  |  |  |
| --- | --- | --- |
| Not very strong | Moderately strong | Quite strongly |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

In your opinion, what could be causing this problem/issue?

|  |
| --- |
|  |

When you make the changes you have come here to see me for, how would this positively affect your life (list 4 or more changes)?

|  |
| --- |
|  |

## Developmental History

Clinician to complete a genogram (Genogram of FOO and current)

# Consider these questions when completing Developmental History

Any family history of any mental health issues or relevant medical conditions

* Significant health history (e.g. hospitalisations, grommets, brain injury)
* Visual assessment (i.e. optometrist report, glasses prescribed)
* Auditory assessment (i.e. hearing deficits detected, auditory processing difficulties)

Developmental details – Don’t worry if you don’t know the answers, just tell me what you can remember.

What was your parents relationship like before you were born?

Do you know if you were you wanted?

Did they want a boy or a girl when they were pregnant with you?

Were there any problems with your pregnancy?

Did you reach your milestones on time, crawling, walking, talking?

Do you remember going to kindy/school.

What was it like to leave mum’s side?

What was primary school like? (friendships, learning)

How do you handle change in your life?

Who can you go to for comfort if you’re stressed?

*Assess areas of functioning:*

* work and profession
* love and sex
* social life and creativity