An Introduction to Borderline Personality Disorder

Jacqueline Felczak, LPC, LCADC, ACS
Amanda Davis, LCSW
Integrity House
Learning Objectives

Describe the DSM5 definition of a Personality Disorder and list the three clusters of disorders

Explain the prevalence of BPD and the risk of co-morbidity with other mental health issues

Name effective treatment interventions for people with BPD

Explain the possible causes of Borderline Personality Disorder

Describe how the stigma of BPD affects the therapeutic alliance and progress toward treatment goals
What is personality?

- Personality is a unique and long-term pattern of inner experience and outward behavior.
- Tends to be consistent and is often described in terms of “traits”.
- Also flexible, allowing us to learn and adapt to new environments. For those with personality disorders, however, that flexibility is usually missing.
Personality Disorders

• An enduring, rigid pattern of inner experience and outward behavior that impairs sense of self, emotional experience, goals, and capacity for empathy and/or intimacy
• The rigid traits of people with personality disorders often lead to psychological pain for the individual or others
Personality Disorders

• A personality disorder typically becomes recognizable in adolescence or early adulthood and symptoms last for years
• Among the most difficult psychological disorders to treat
• Many sufferers are not even aware of their personality disorder
• Estimated that 9% to 13% of all adults may have a personality disorder
Personality Disorders

- **High comorbidity**
  - Complicates a person’s chances for a successful recovery from other psychological problems
  - ***With Borderline personality***
  - PTSD 50%, Substance Use Disorder in a lifetime 30–50%, Eating Disorders 25%, Mood Disorders 60%, Anxiety Disorders 40% (NIMH, 2000)
The DSM-5 identifies ten personality disorders and separates these into three groups or “clusters”:

- Odd or eccentric behavior
  - Paranoid, Schizoid, and Schizotypal
- Dramatic, emotional, or erratic behavior
  - Antisocial, Borderline, Histrionic, and Narcissistic
- Anxious or fearful behavior
  - Avoidant, Dependent, and Obsessive–Compulsive
Odd or Eccentric

Extreme suspiciousness, social withdrawal, and peculiar ways of thinking and perceiving things
“Dramatic” Personality Disorders

- Behaviors so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying
- More commonly diagnosed than the others
  - Only antisocial and borderline personality disorders have received much study
- Causes of the disorders not well understood
- Treatments range from ineffective to moderately effective
Antisocial Personality Disorder

- Aside from substance use disorders, this is the disorder most linked to adult criminal behavior.
- The DSM–5 requires that a person be at least 18 years of age to receive this diagnosis.
  - Most people with Antisocial Personality Disorder displayed some patterns of misbehavior before they were 15 years old (Conduct Disorder).
Antisocial Personality Disorder

- 4 times more common in men than women
- Often arrested, therefore researchers frequently look at prison populations
- Higher rates of alcoholism/substance use disorders
Borderline Personality Disorder

Five or more of the following:

1. Frantic efforts to avoid abandonment
2. Unstable and intense relationships
3. Unstable self image
4. Impulsivity (self destructive)
5. Suicidal behavior
6. Affective instability
7. Chronic feelings of emptiness
8. Inappropriate, intense anger
Borderline Personality Disorder

- Close to 75% of those diagnosed are women
  - Highly comorbid
- The course of the disorder varies
  - In the most common pattern, the instability and risk of suicide reach a peak during young adulthood and then gradually wane with advancing age
How Do Theorists Explain Borderline Personality Disorder?

- Because a fear of abandonment tortures so many people with the disorder, psychodynamic theorists look to early parental relationships to explain the disorder
  - Lack of early acceptance or abuse/neglect by parents
How Do Theorists Explain Borderline Personality Disorder?

- Biological abnormalities: such as an overly reactive amygdala and an underactive prefrontal cortex
- In addition, sufferers who are particularly impulsive apparently have lower brain serotonin activity
- Close relatives of those with borderline personality disorder are 5 times more likely than the general population to have the disorder
Treatments for Borderline Personality Disorder

- Dialectical Behavior Therapy
- Schema Therapy
- Anger Management
- Cognitive Behavioral Therapy
- Medications
Histrionic Personality Disorder

Five or more of the following:

• Uncomfortable if not the center of attention
• Inappropriately seductive or provocative
• Rapidly shifting and shallow emotions
• Use of appearance to draw attention
• Speech is impressionistic and lacking in detail
• Self-dramatization, theatricality
• Suggestibility
• Considers relationships more intimate than they are
How Do Theorists Explain Histrionic Personality Disorder?

- Most psychodynamic theorists believe that, as children, people with this disorder experienced unhealthy relationships in which cold parents left them feeling unloved.

- To defend against deep-seated fears of loss, the individuals learned to behave dramatically, inventing crises that would require people to act protectively.
Treatments for Histrionic Personality Disorder

• Unlike people with most other personality disorders, more likely to seek treatment on their own
• Working with them can be difficult because of their demands, tantrums, seductiveness, and attempts to please the therapist
Narcissistic Personality Disorder

Five or more of the following:

- Grandiose sense of self-importance
- Preoccupied with fantasies of unlimited success, power, brilliance, etc.
- Belief that he or she is “special”
- Requires excessive admiration
- Sense of entitlement
- Interpersonally exploitative
- Lacks empathy
- Often envious
- Arrogant or haughty
How Do Theorists Explain Narcissistic Personality Disorder?

- Cognitive Behavioral theorists propose that Narcissistic Personality Disorder may develop when people are treated too positively rather than too negatively in early life.
  - Those with the disorder have been taught to “overvalue their self-worth”
“Anxious” Personality Disorders

- People with these disorders typically display anxious and fearful behavior
- Although many of the symptoms are similar to those of anxiety and depressive disorders, researchers have found no direct links between this cluster and those diagnoses
- As with most of the personality disorders, research is very limited
  - Treatments for this cluster appear to be modestly to moderately helpful, considerably better than for other personality disorders
Video

https://www.youtube.com/attribution_link?a=GRVdngn9xiMH5ECa&u=/watch?v=Up45cBVHHi%26feature%3Dem-share_video_user
More on Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity:

Abandonment issues

Unstable and intense relationships (peer, significant other, family)

Identity disturbance (example, from born again christian to gang member or outlaw biker)
Borderline Personality Disorder Cont’d

Impulsivity ****

Suicidal behavior

Affective instability****

Chronic feelings of emptiness

Inappropriate anger*****

Transient paranoia or dissociation under stress (“micropsychotic episodes”)
Our Language with Persons with BPD

Manipulative or Desperate to get needs met

Attention Seeking or in so much emotional pain and can’t communicate or manage it effectively

Choosing to be this way or doing the best they can

Consequences will NOT work if person does not have a new set of tools to do life differently!!!!!
Case Study

Yesterday, my client was admitted to the hospital for, I think, the eighth time. When will she understand she does not need to keep using the hospital? I almost welcome the break, because she is one of the most needy clients I have. She is being such a borderline, and her constant need for attention is exhausting. We keep reviewing the coping skills, but she keeps ER hopping and avoiding the real problem. She tells everyone she is suicidal, gets crisis responders worked up, and as soon as she gets admitted, she gets angry with people for sending her to the hospital. I think she is just manipulating things so she can move out of that housing program. She clearly does not want to get well.

- What significant countertransference is going on with this case manager?
- What how could client and case manager work together differently?
Countertransference

Defined as redirection of a therapist's/Case manager/Doctor, feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient. A therapist's attunement to their own countertransference is nearly as critical as understanding the transference.
What is Splitting? How to Handle It

Splitting is refers to black and white thinking, where the person with BPD can't see a middle ground or gray area. Everything is either completely positive or completely negative.

1. **Remind Your Client that You Care:** People with BPD are often terrified of being rejected or abandoned and many of their behaviors may result from the intense emotions that come from rejection sensitivity. Often, knowing that you care about them will help reduce the splitting behavior.

2. **Maintain Lines of Communication:** When someone is engaging in splitting within the you, the best thing you can do is to keep lines of communication between the client open. For example if client refuses to engage with you as their counselor, elicit the helps of a team member to reach out to client.

3. **Set Boundaries and Limits:** State what you will tolerate as a case manager and set limits if client continues to ignore boundaries
Video

https://youtu.be/rZdjbLFPr5k
Good News

There is now reliable research evidence that patients with borderline disorder do improve significantly with appropriate treatment.

It appears that the therapeutic approach which is effective for most patients, a combination of medications and psychotherapy.
What is Dialectical Behavioral Therapy?

The term "dialectical" means a synthesis or integration of opposites. The primary dialectic within DBT is between the seemingly opposite strategies of acceptance and change.

For example, DBT therapists accept clients as they are while also acknowledging that they need to change in order to reach their goals.

In addition, all of the skills and strategies taught in DBT are balanced in terms of acceptance and change.

For example, the four skills modules include two sets of acceptance-oriented skills (mindfulness and distress tolerance) and two sets of change-oriented skills (emotion regulation and interpersonal effectiveness). (Linehan, 1999)
Sections of Dialectical Behavioral Therapy

1. Core mindfulness – identity confusion and emptiness

2. Interpersonal effectiveness – interpersonal chaos and fear of abandonment

3. Emotion regulation – affective lability and inappropriate anger

4. Distress tolerance – impulsivity, suicidal threats, parasuicide
Using DBT

DBT Pre- and Post-Test Analysis 2017

The modified DBT Skills group’s efficacy was tested with pre-tests and post-tests.

Clients were asked to fill out the BSL-23 (Borderline Symptom List) form at their first and last session. An analysis of pre-and post-tests for the DBT groups in Newark and Secaucus showed an overall reduction of symptoms in average scores from 1.9 to 0.8, a decrease of 59 percent.
Hierarchy of Needs in Treatment Planning

1. Attention to suicidality
2. Preserve therapeutic relation
3. Deal with life-threatening symptoms [drug abuse, anorexia]
4. Deal with other symptoms [mild depression, bulimia]
5. Deal with key personality traits [jealousy, irritability]
6. Work on life-goals, aspirations, hobbies; urge patient to work or attend school, if pertinent
Important Tips for Working with a Client with BPD

**Experience** – With Borderline patients being some of the most challenging and complex to treat, an extensive knowledge of the disorder and how it manifests is essential.

**Boundaries** – A core issue with Borderline patients is that of boundaries and related struggles. It is therefore essential that a therapist treating Borderline clients be consistent in their boundaries – and that these boundaries are clear from the start. Remember that this client-therapist relationship could very well be the first relationship an individual has experienced which has healthy boundaries.

**Consistency & structure** – If a therapist works according to a specific structured approach, as one does within the realm of DBT, it is generally advisable to not stray from this structure.

**Falling into reassurance-seeking traps** – “Are you angry with me?”, “Have I disappointed you?”, “I’m too much for you to deal with”, “Everybody hates me” – These are just some familiar things a BPD client will ask or state especially within a therapeutic relationship. Answer the client once.

**Remembering important information** – Many Borderline patients will be hyper-vigilant. If a client’s counselor forgets information a client has previously shared, it is likely to lead the client to feelings of anger, resentment, inadequacy and hurt at the thought that their therapist “doesn’t care enough”
Commitment long-term – A counselor treating someone with BPD needs to be aware of the longevity and investment needed for a client’s long-term recovery and needs. There is no quick-fix and no temporary solution. A long-term therapeutic relationship is the way to go, and the therapist needs to know, expect and commit to this from the onset.

Validation – Acknowledging the extent of the pain the client is going through, no matter what the trigger or cause. An individual’s experience and pain is their own – it is what it is, and it is their truth and their reality. No one can take that away.

Minimizing, shaming and judgments – There are no ‘shoulds’ or ‘should not’ allowed in a therapeutic milieu with regards to the subjective experiences of a client. Use motivational interviewing
Following through with promises – If a therapist says that they are going to do something, it is essential that they carry this promise out within the timeframe they have committed to. Borderlines take promises very seriously, and are likely to remember what has been said by their counselor word for word. If certain commitments are not followed through, it is likely to result in feelings of inadequacy, anger, upset and distrust for the client, who – with this opportunity – will possibly be testing for your commitment to them.

Enabling ineffective behaviours – In DBT, the primary treatment for patients with BPD, there is emphasis on how unhelpful it can be to provide positive reinforcement for ineffective behaviours. Watch for over reaction.

Attitude – Compassion, empathy, patience, flexibility and a sense of humour

Consult with other team members constantly!!!
Working with a Client with BPD Cont’d

Discuss case with other systems involved (if client gives permission)

Educate client and family on BPD

Remember to care for yourself!