

Borderline Personality Disorder



What is Borderline Personality Disorder?

- Borderline personality disorder (BPD) is a serious mental disorder marked by a pattern of ongoing instability in moods, behavior, self-image, and functioning. These experiences often result in impulsive actions and unstable relationships. A person with BPD may experience intense episodes of anger, depression, and anxiety that may last from only a few hours to days.
- Some people with BPD also have high rates of co-occurring mental disorders, such as mood disorders, anxiety disorders, and eating disorders, along with substance abuse, self-harm, suicidal thinking and behaviors, and suicide.



BPD Symptoms

- **Fear of abandonment:** even if the “abandonment” is minor or imagined. Frantic efforts to avoid being alone.
- A pattern of intense, **unstable relationships**. Quickly attaches to new partners. Lack of boundaries. Idealizes/devalues-can’t tolerate ambiguity
- **Impulsivity:** self-damaging acts. Inability to control impulsivity: shoplifting, drug abuse, spending sprees, binge eating, etc.
- **Emotional instability:** frequent and dramatic changes in affect too short to be considered changes in mood-but “moody.”
- **Suicidality:** threats or gestures-overdoes not intended to be lethal, self-mutilation, suicide notes frequently written and left in areas easily found
- Persistent feelings of **emptiness** or **guilt**.
- **Inability to regulate emotion:** difficulties with anger control-cutting, slashing, burning, acts of violence.
- Episodes of **dissociation**, paranoid ideas or illusions are transient and induced by stressful external events.
- Disturbances of **self-image**/self-concept, bad or inexistent.



Diagnostic Criteria for BPD

1. A pervasive pattern of instability of interpersonal relationships, self-image, and affects and marked impulsivity beginning by early adulthood and present in a variety of contexts as indicated by five (or more) of the following: Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideation or severe dissociative symptoms



Borderline Personality Disorder

“Please don’t immediately dismiss EVERY feeling, idea, and thought someone with BPD has just because they have the diagnosis.

Just because we have BPD doesn’t mean ALL of our thoughts are BPD related.

We have plenty of VALID feelings that are unrelated to BPD and are the same feelings most ‘normal’ people would have in the same situation.

Thank you for listening.”

-Person with BPD



BPD Symptoms

Those with BPD may experience extreme mood swings and display uncertainty about who they are, so their interests and values can change rapidly.

Other symptoms include:

- Frantic efforts to avoid real or imagined abandonment
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviors or threats or self-harming behavior such as cutting
- Intense and highly changeable moods with episodes lasting a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts
- Having severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality



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Suicide and Non-Suicidal Self-Injurious Behavior (NSSI)

- The severity of BPD is perhaps best seen in the high mortality rate of the disorder. Approximately 10% of BPD patients eventually die by suicide. The suicide rate is much higher among the 36 to 65% of BPD individuals who have attempted suicide or otherwise injured themselves intentionally at least once in the past. Looking at suicide rates from the reverse angle, 12 to 33% of all individuals who die by suicide meet criteria for BPD. (Linehan)
- Originally thought to be relatively rare and limited to psychiatric populations, NSSI is now understood to occur frequently in both clinical and non-clinical populations: approximately 4% to 6% of the general adult population reports engaging in NSSI [Briere J, 1996]. Further, this behavior seems to occur at higher rates among adolescents and young adults with 15% to 38% of college students reporting to engage in NSSI (Muehlenkamp JJ,, 2012)



Borderline Personality Disorder

“Borderline individuals are the psychological equivalent of third-degree burn patients. They simply have, so to speak, no emotional skin.

Even the slightest touch or movement can create immense suffering.”

-Marsha Linehan



Prevalence of BPD

Borderline personality disorder (BPD) represents a major health problem for the 1990s and beyond. It is a prevalent disorder that is severe, chronic, and persistent. The number of individuals meeting criteria for the disorder is high, approximately 11% of all psychiatric outpatients and 20% of psychiatric inpatients. In addition to being prevalent, follow up studies consistently indicate that the diagnosis of BPD is chronic. Between 57 and 67% continue to meet criteria four to seven years after the first diagnosis and up to 44% continue to meet criteria fifteen years later.



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Quality of Life

- The emotional costs of BPD are enormous. BPD individuals describe chronic feelings of anger, emptiness, depressions and anxiety.
- They experience extreme frustration and anger, and occasionally experience brief psychotic episodes.
- They describe chaotic relationships and "confused identities." Even among those who have not attempted suicide, suicide ideation is common.
- The quality of life ratings for some of the problems frequently experience by BPD individuals suggest that their quality of life is amongst the lowest.



Dialectical Behavior Therapy (DBT)

A Biopsychosocial Model

- DBT suggests that both the cause and the maintenance of BPD is rooted in biological disorder combined with environmental disorder.
- The biological disorder is in the emotion regulation system and may be due to genetics, intrauterine factors before birth, traumatic events in early development that permanently affect the brain, or some combination of these factors.
- The environmental disorder is any set of circumstances that pervasively punish, traumatize, or neglect this emotional vulnerability, or the individual's emotional self, termed the invalidating environment.



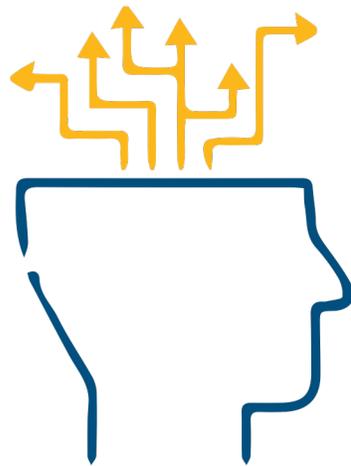
2 Factors in Emotional Difficulties in BPD

- Individuals with 1) emotional vulnerability plus 2) deficits in skills needed to regulate emotions
- The components of emotion vulnerability are sensitivity to emotional stimuli, emotional intensity, and slow return to emotional baseline.
- “High sensitivity” tendency to pick up emotional cues, especially negative cues, react quickly, and have a low threshold for emotional reaction.
- “Emotional intensity” refers to extreme reactions to emotional stimuli, which frequently disrupt cognitive processing and the ability to self soothe.
- “Slow return to baseline” refers to reactions being long lasting, which leads to narrowing of attention towards mood, biased memory, and biased interpretations, all of which contribute to maintaining the original mood state and a heightened state of arousal.



DBT

An important feature of DBT is the assumption that it is the emotional regulation system itself that is disordered, not only specific emotions of fear, anger, or shame. As a result, individuals may also experience intense and unregulated positive emotions such as love and interest. All problematic behaviors of individuals are seen as related to re-regulating out of control emotions or as natural outcomes of unregulated emotions.



I prefer to not think of myself as having Borderline Personality Disorder. I prefer to think of it as being really awesome and letting everyone know through outbursts of emotion.

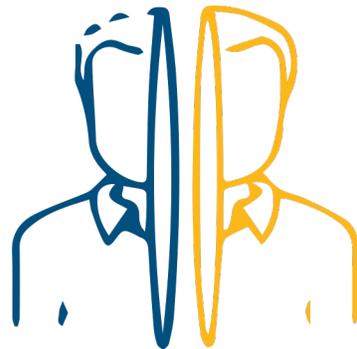


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DBT: The Treatment Model

DBT assumes the problems of BPD individuals are two-fold:

- First, is to increase interpersonal skills, emotional and self regulation capacities (including the ability to self regulate biological systems) and the ability to tolerate distress.
- Second, personal and environmental factors block coping skills and interfere with self regulation and often reinforce maladaptive behavioral patterns, and punish improved adaptive behaviors.



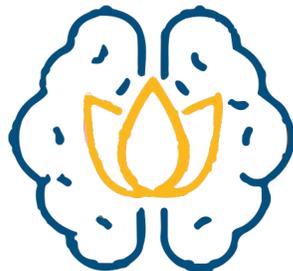
3 Primary Ways to Refer to States of Mind

1. Emotion mind occurs when our thoughts are being controlled by our emotions. If the emotions are fear, or anger they may keep our thoughts so volatile that we have trouble being reasonable.
2. Reasonable mind is when we can think logically, be rational about what is occurring.
3. Wise mind is the interception between emotion and reasonable mind. Wise mind is part reason and part emotion and what makes us know we're in this mind is often a sense of intuition. It can sometimes be described as that "aha" moment.



Distress Tolerance Skill

1. Activities: engage in exercise or hobbies, visit a friend, etc
2. Contributing: contribute to someone, do volunteer work, etc
3. Comparisons: compare yourself to people coping the same as you or less well than you
4. Emotions: do activities or go to events that create different emotions; choose things that “bring on” the desired emotion
5. Pushing away: build imaginary walls between yourself and the situation, put it in a box, etc
6. Thoughts: count to 10, work on puzzles, read, watch tv, etc
7. Sensation: hold ice in your hand, squeeze a rubber ball, etc



DBT Skills

Self Soothe with 5 senses:

- Taste
- Smell
- See
- Hear
- Touch



Types of Coping Skills

Self-Soothing: comforting yourself through your five senses

- Something to touch (stuffed animal, stress ball)
- Something to hear (music, meditation guides)
- Something to see (snow globe, happy pictures)
- Something to taste (mints, tea, sour candy)
- Something to smell (candles, perfume)

Distraction: taking your mind off the problem for a while

- Examples: puzzles, books, crafts, knitting, crossword puzzles, etc

Opposite Action: doing something the opposite of your impulse that's consistent with a more positive emotion

1. Affirmations and Inspiration (looking at or drawing motivational statements or images)
2. Something funny or cheering (funny movies, tv or books)



Types of Coping Skills

Emotional Awareness: tools for identifying and expressing your feelings

- A list of emotions, a journal, writing/drawing/art supplies

Mindfulness: tools for centering and grounding yourself in the present moment

- Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises

Crisis Plan: contact info of supports and resources, for when coping skills aren't enough

- Family
- Friends
- Psychiatrist
- Hotline
- Crisis Team/ER
- 911



What Can Staff Do?

- Do not take it personally. Remember, the intensity of the emotions whether they love or hate you is not about you, its about them
- Their suffering is real, don't let your frustration show
- Clear and appropriate boundaries laid firmly but kindly
- Recognize that this diagnosis can be highly lethal so take threats seriously, even if they have been made repeatedly.
- Reinforce for them that they have skills and can use apply them to the environment which is always changing
- Don't call them manipulative, or view behavior that way. They are trying to get their needs met as they likely have much distress and low distress tolerance
- Show compassion at every turn!



Secrets of People Who Live with BPD

