

Borderline Personality Disorder

Christin Gardner, M.A., L.P.C.C.

Envision Counseling Center Training

What is Borderline Personality Disorder (BPD)

Etiology

DSM

Lack of Understanding/Common
Misconception

High comorbidity

Assessment/Diagnosis/Misdiagnosis

Treatment

Safety Planning/Relapse Prevention

Long-term Prognosis/Support

Etiology

- No conclusive research; cause not defined, early stigma- Freud
- Biology, Environment, Abuse, Neglect, Trauma (Heritability 67%)
- Parts of Self- Attachment Rupture
- Biblical Reference (True self/Inner Critic)
- 50% more common than Alzheimer's
- APA affects 2% directly
- 10% Suicide Rate
- 14 Million Americans (more common than Bipolar and Schizophrenia combined)
- Unclear data Predominantly Women/Equal Across genders

DSM

- 1980 DSM
- Pg 325-326 Diagnostic and Statistical Manual- APA (2013)- 5th ed.
- Name Origination: Border of Psychotic and Neurotic Behavior, originally thought to be a mild form of Schizophrenia.
- Personality Disorder – *Must be inflexible and maladaptive* - **3 Clusters**
- Cluster A: **Odd or Eccentric** (Schizophrenia, Paranoia, Schizotypal)
- Cluster B: **Emotional or Dramatic Behavior** (Antisocial, BPD, Narcissistic)
- Cluster C: **Anxious or Fearful** (Avoidant, Dependent, OCD)

Symptomatology

Loss of self (split ego) Attachment Survival	Feeling Empty/Fear of Abandonment	Black and White thinking (impaired dialectical thinking)	Strained interpersonal relationships	Impaired social awareness	Trauma Bonds (toxic relationships) Friend exclusivity
Strained coping, processing, co	Shame and Guilt	Anger; overreactions; sensitivity to rejection; criticism	Low self esteem, worthlessness, unlovable	Oversharing	Lack of Boundaries
Emotional lability, volatility	Love/Hate – Therapist Person Centered Awareness	Dissociation	Substance Abuse/Instant Gratification	Self Harm; Suicidality	Eating Disorders

Assessment, Diagnosis, Misdiagnosis

- Adolescent, early adulthood, less likely in middle age. DX 18 of age
- BDI
- Adult Self Assessment
- Genogram
- Pattern Identification, relational health
- Adverse Childhood Experiences (ACE) assessment
- Attachment Assessment (Anxious attachment)
- Identity, loss of self, ego
- Often Misdiagnosed Bipolar Disorder (cycle vs consistent) 40%
- DES Dissociative Experience Scale (Adult) A-DES (Adolescent)
- Millon Clinical Multiaxial Inventory-III (MCMI-II), Mental Status Exam, HAM-D

Common Misconceptions

- “Most misunderstood and stigmatized mental health disorder” – Constance Dolecki, PhD
- Referred to as the “leprosy of mental illness”
- Thought to be Self Centered, Oppositional, Needy
- Compelling attraction (desperation, need to be accepted or needed)
- Untreatable, overwhelming
- Bipolar (Medication mismanagement)
- Professional rejection- “Deemed as manipulative, tx resistant” with High Burnout Rates

High Comorbidity

- Anxiety
- Depression
- Eating Disorders
- Suicidality
- Mood disorders (Bipolar Disorder)
- ADHD/ADD
- OCD/ODD
- SES/Interpersonal Violence/Incarceration (1/2 sx of personality disorder)
- Narcissism
- Phobias

Treatment

Multimodal Approach

CBT/DBT/REBT/ACT/MCBT (Dr. Marsha Linehan)

Attachment

Internal Family Systems (IFS)

Eye Movement Desensitization and Reprocessing (EMDR)

Somatic, Polyvagal

Psychoeducation (Light Plug Analogy) Emotion Wheel; Maladaptive Patterns; Respond vs React

Behavior Modification, Positive Reinforcement

Psychoanalysis- Transference, Model Safe Attachment

Gestalt- Empty Chair

Acudetox- Ear Acupuncture

NEWER: Mentalization Based Therapy (MBT), Transference Focused Psychotherapy (TFP), Good Psychiatric Management (GPM)

Pharmacology

Group, Family, and Marital Therapy

Safety Planning, Relapse Prevention

- Symptoms are products of adaptive and maladaptive coping skills- we must allow time and space for healing and understanding the cause and need for the symptoms and skills prior to removing them.
- Anger wants to be heard, not banished (Do not ignore or silence them)
- Difficult to treat; Treatment planning (substance is a coping skill)
- Crisis Mitigation
- Healthy Boundaries

Long-term Prognosis, Support

“70% of people related to or in a relationship with have sought support”- Constance Dolecki, pg. 7

Long-term therapy needed; insurance rarely covers

Social Support,
Podcasts, Financial,
Parental, Family, Suicide
Hotline

Advocate for
therapeutic awareness
and stop the stigma

Retraumatize,
Consistency,
Therapeutic Alliance

Additional Resources

NADA- Acudetox [Home - National Acupuncture Detoxification Association \(acudetox.com\)](http://acudetox.com)



The Attachment Theory Workbook- Annie Chen, LMFT



No Bad Parts: Healing Trauma and Restoring Wholeness with the Internal Family Systems Model- Richard Schwartz.



[Online Communities - BPD Central](http://www.bpdcentral.com)



<https://www.bpdcentral.com/support-groups/>

Sources

The Everything Guide to Borderline Personality Disorder- Constance Dolecki MS., PhD

Stop Walking on Egg Shells- Paul Mason, MS

Surviving A Borderline Parent: How to Heal your childhood wounds- Kimberly Roth

Beyond Borderline: True Stories of Recovery from Borderline Personality Disorder- John Gunderson, M.D., Perry Hoffman PhD.



Borderline Personality Disorder

This disorder is difficult. Everyday is a battle in your head. Fighting your emotions, reminding yourself that you are good enough and your friends don't hate you.

One wrong word, one look, anything that feels like rejection, IS rejection. Then you obsess about it. You pick things apart. It is a war zone in your own mind. Trying to control everything in your head is pain staking. Exhausting.

You want to be alone but you don't want to be lonely. When you do make a connection, you attach yourself. You obsess because that is what you do. No calls, no messages, no dates = rejection. It doesn't matter the reason. You become overbearing, annoying. Bad enough that you push people away. Then you are alone.


How many people are standing on the bridges you burn?

Some days it feels like you don't have a heart. Other days it feels like it is going to explode out of your chest.

Some days suck, some days are great but you never know what each day holds. You never know who you will be in the morning.

Always exhausted but never able to sleep. There is no end. This disorder is a prison and learning to live with it is the only way to survive it.

M.H. 1/10/16



She is a mess

but she is

a

masterpiece.

Lz