

# Borderline Personality Disorder and Treatment Options



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# Objectives

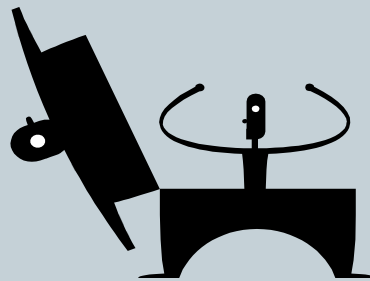
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- Define Borderline Personality (BPD)
- Educate on the DSM-5 Proposed Diagnostic Criteria
- Identify possible functional impairments
- Identify treatment options (including goal setting, challenges for therapists, and therapeutic interventions to use while in the hospital)

# Borderline Personality Disorder

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- Ø **Borderline Personality Disorder (BPD):** Instability of self-image, personal goals, interpersonal relationships and affects, accompanied by impulsivity, risk taking, and/or hostility (DSM-5, 2013)
- Ø **BPD is marked by unstable moods, behavior, and relationships** (NIMH, 2014).



# Demographics

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## According to the National Institute of Mental Health (2014)

- 1.6% of adults in the United States have BPD
- Usually begins during adolescence or early adulthood
- 85% of people with BPD also meet the diagnostic criteria for another mental illness.
  - Women: major depression, anxiety disorders or eating disorders, and substance abuse
  - Men: substance abuse or antisocial personality disorder

# Factors in BPD

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**NIMH reports the combination of the following factors are likely to contribute to BPD:**

- Ø Genetics**
- Ø Environmental factors**
- Ø Brain abnormalities (i.e. emotion regulation or chemicals)**

# DSM-5

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## DSM-5 Proposed Diagnostic Criteria (2013):

- A.** Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in 2 or more of the following 4 areas:
- 1.** Identity: Markedly impoverished, poorly developed, or unstable self-image
  - 2.** Self-direction: Instability in goals, aspirations
  - 3.** Empathy: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted)
  - 4.** Intimacy: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment

# DSM-5

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**B.** Four or more of the following 7 pathological personality traits, at least one of which must be (5) Impulsivity, (6) Risk taking, or (7) Hostility:

- 1.** Emotional lability (an aspect of Negative Affectivity): Unstable emotional experiences and frequent mood changes.
- 2.** Anxiousness (an aspect of Negative Affectivity): Intense feelings of nervousness, tenseness, or panic often in reaction to interpersonal stresses.
- 3.** Separation insecurity (an aspect of Negative Affectivity): Fears of rejection by and/or separation from-significant others.

# DSM-5

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4. **Depressivity (an aspect of Negative Affectivity):** Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; thoughts of suicide and suicidal behavior.
5. **Impulsivity (an aspect of Disinhibition):** Acting on the spur of the moment in response to immediate stimuli.
6. **Risk taking (an aspect of Disinhibition):** Engagement in dangerous, risky, and potentially self-damaging activities.
7. **Hostility (an aspect of Antagonism):** Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.



# Self-injurious Behavior

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## Self-injurious behavior

### – Suicide and suicide attempts

- Approximately 80% of people with BPD have suicidal behaviors (NIMH, 2014)
- 4 to 9% commit suicide (NIMH, 2014)

### – Self-harming behaviors (i.e. cutting, burning, hitting, head banging, hair pulling)

- Often these individuals do not have a desire to die. However, some of these behaviors may be life threatening.
- May be a way to help regulate their emotions, punish themselves, or express their pain.
- Do not always see these behaviors as harmful.

# Functional Impairments

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- ∅ **Intense and Chaotic Relationships (“I hate you,” “don’t leave me”)**
  - | Broken marriages
  - | Difficulty maintaining friendships
  - | Difficulty managing social activities
- ∅ **Inability to maintain employment or school performance**
  - | Frequent job losses
  - | Frequent changes in plans and goals regarding school or career choices
- ∅ **Impaired self-image**
  - | Feelings of hopelessness, worthlessness

# Functional Impairments

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## ∅ Impulsive and risky behavior

- ∣ Reckless driving
- ∣ Unsafe sex
- ∣ Substance abuse/Illicit drugs
- ∣ Gambling sprees
- ∣ Recurring self-injurious behaviors (suicidal behaviors or self-harming behavior)

∅ Can have brief psychotic episodes or dissociative symptoms (such as feeling cut off from oneself or losing touch with reality).

# Treatment Options

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## Psychotherapy (individual and/or group)

- Cognitive behavioral therapy (CBT)
- Dialectical behavior therapy (DBT)
- Schema-focused therapy

## Medications

## Family Sessions

# Treatment Options

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## Cognitive behavioral therapy (CBT)

- Focuses on identifying and changing core beliefs and/or behaviors that underlie inaccurate perceptions of themselves, others, and problems interacting with others.
- CBT may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal or self-harming behaviors (Davidson, et al., 2006).

# Treatment Options

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## Dialectical behavior therapy (DBT)

- Focuses on the concept of mindfulness and awareness of the current situation.
- DBT teaches skills to control intense emotions, reduces self-destructive behaviors, and improves relationships.
- This therapy differs from CBT in that it seeks a balance between changing and accepting beliefs and behaviors (McMain, et al., 2007).

# Treatment Options

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## Schema-focused therapy

- Focuses on combining elements of CBT with other forms of psychotherapy on reframing schemas or the ways people view themselves.
- Examines the dysfunctional self-image—that affects how people react to their environment, interact with others, and cope with problems or stress (Kellogg, et al., 2006).

# Treatment Options

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## Medications

- There are no medications approved by the U.S. Food and Drug Administration to treat BPD
- Medications may be helpful in managing specific symptoms (i.e. reduce symptoms such as anxiety, depression, or aggression).
- Psychotherapy and medications are often the used to treat BPD.

## Family Involvement

- Include family in treatment
- DBT-family skills training (DBT-FST)



# Goals and Strategies

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## Goals

- Enhance the patient's ability to experience self and others as coherent, integrated, realistically perceived individuals
- Reduce the need to use defenses that weaken ego structure

## Strategies

- Develop a strong working alliance in order to work on developing better relationships with other people
- Make sure that therapy is structured, consistent, and regular
- Focus on skills training, introspection, and validation
- Maintain firm boundaries
- Avoid contracts, as people with BPD are likely to manipulate around contracting

# Patient Goals to Consider

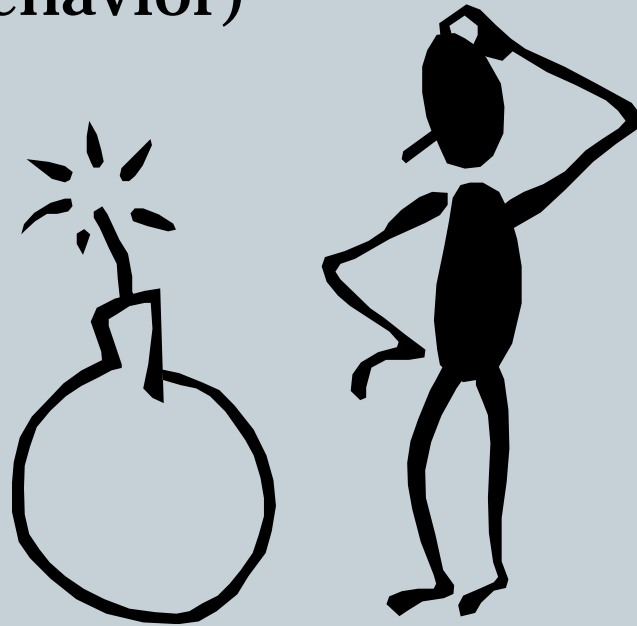
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- ∅ Increase self-awareness
- ∅ Increase ability to regulate mood
- ∅ Increase stability of relationships
- ∅ Increase tolerance of anxiety
- ∅ Identify triggers to anger or impulsive behavior and develop more productive coping strategies
- ∅ Increase ability to exercise better judgment in management of daily life
- ∅ Understand BPD and other mental illnesses (if indicated)
- ∅ Manage co-morbid mental illnesses and seek treatment for substance abuse, if present

# Patient Goals to Consider

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- ∅ Learn and practice healthy ways to ease painful emotions, rather than inflicting self-injury
- ∅ Decrease self-injurious behaviors (suicidal behaviors or self-harming behavior)



# Challenges for Therapists

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- Ø Patients are likely to bring relationship issues into the treatment relationship (manipulation, love-hate relationships)
- Ø Black or white thinking (Splitting)
- Ø Patients might have difficulty forming the stable relationship needed for effective psychotherapy
- Ø Transference and counter-transference issues
- Ø Patients may be continuously suicidal or engage in self-harm behaviors for months or years
- Ø Patients tend to undermine themselves when a goal is about to be realized
- Ø Some patients drop out of treatment within a few months due to impulsivity or lack of a stable relationship with the therapist or moving from one therapist to another

# Therapeutic Interventions to Assist While in the Hospital

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- Establish and maintain trust
- Maintain safety and structure
- Provide positive and assertive role modeling
- Focus on strengths and reinforce goal–directed behavior
- Promote internal regulation of unwanted feelings/emotional distress
- Promote developing of coping skills to help the patient tolerate emotional distress
- Promote problem solving and interpersonal skills
- Set clear boundaries and/or limits regarding acceptable behavior

# Questions

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