Borderline Personality Disorder and Treatment Options

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Objectives

- 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 (BPD): Instability of self-image, personal goals, interpersonal relationships and affects, accompanied by impulsivity, risk taking, and/or hostility (DSM-5, 2013)

BPD is marked by unstable moods, behavior, and relationships (NIMH, 2014).
Demographics

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

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

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


7. Hostility (an aspect of Antagonism): Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.
Self-injurious Behavior

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

- 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

- 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

Psychotherapy (individual and/or group)
  √ Cognitive behavioral therapy (CBT)
  √ Dialectical behavior therapy (DBT)
  √ Schema-focused therapy

Medications

Family Sessions
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).
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).
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

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

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

- 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

- 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

- Patients are likely to bring relationship issues into the treatment relationship (manipulation, love-hate relationships)
- Black or white thinking (Splitting)
- Patients might have difficulty forming the stable relationship needed for effective psychotherapy
- Transference and counter-transference issues
- Patients may be continuously suicidal or engage in self-harm behaviors for months or years
- Patients tend to undermine themselves when a goal is about to be realized
- 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

- 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
References

