“Borderline Personality Disorder”

What Is It, and How to Work More Effectively With People Who Have It

State Public Defenders Conference
September 2005

Ronald J Diamond M.D.
Department of Psychiatry
University of Wisconsin

Borderline Personality Disorder

1. What is it?
2. How it might interfere with your relationship with this person
3. How to work with people who have it?
4. Crisis intervention and the role of hospital
5. The role of medication

Personality Disorder

A. **Pervasive, persistent maladaptive behavior**
   - Not attributable to Axis I
   - Medical illness
   - Or cultural role difficulties.

B. **We all have different ways of protecting ourselves**

C. **We all have bits and pieces of effective as well as maladaptive behavior**

D. **Any label gives very incomplete information**

DSM IV Criteria

(American Psychiatric Association, 1994)

A. Avoidance of abandonment
B. Unstable, intense interpersonal relationships
C. Identity disturbance
D. Potentially self-damaging impulsiveness
E. Recurrent suicidal or self-mutilating behavior
F. Affective instability
G. Chronic feelings of emptiness or boredom
H. Inappropriate anger
I. Transient paranoid ideation or severe dissociative symptoms

Today is my birthday. Thoughts about growing up

Angel Panda ·

I fear being alone in the next few years... I have lived my whole life with someone in my life. They didn't necessarily love me the way I needed, but they were there….I have never been alone, and it is my biggest fear.

Borderline Personality Disorder

Prevalence of BPD in general population:
8 published studies (Torgersen in press)

Median 1.42 %, mean 1.16 %

Estimated

10-20 % in Psychiatric Outpatients

15-20 % in Psychiatric Inpatients

We react negatively to the “borderline” diagnosis

“Having that diagnosis resulted in my getting treated exactly the way I was treated at home. The minute I got the diagnosis people stopped treating me as though what I was doing had a reason.”

Judith Herman
Trauma and Recovery

Borderline Personality Disorder

I was diagnosed with BPD about 2 years ago. I'm not sure if I really agree with it, but I guess I do fit into the criteria, just not the stereotype. I think that almost everyone on earth could fit into the BPD criteria somehow though. I didn't feel bad about the diagnosis until I started reading about it. Then it seemed to be this horrid curse that labeled me a self-centered, attention-seeking jerk. I don't see myself this way. I hope I am not.

Core Deficits in People with Borderline Disorder

A. Affective Instability

B. Impulsivity and low frustration tolerance

C. Sense of self as being damaged/defective/not good

D. Difficulty maintaining their own sense of identity/poor object constancy

E. Poor understanding of rules of normal interpersonal relationships

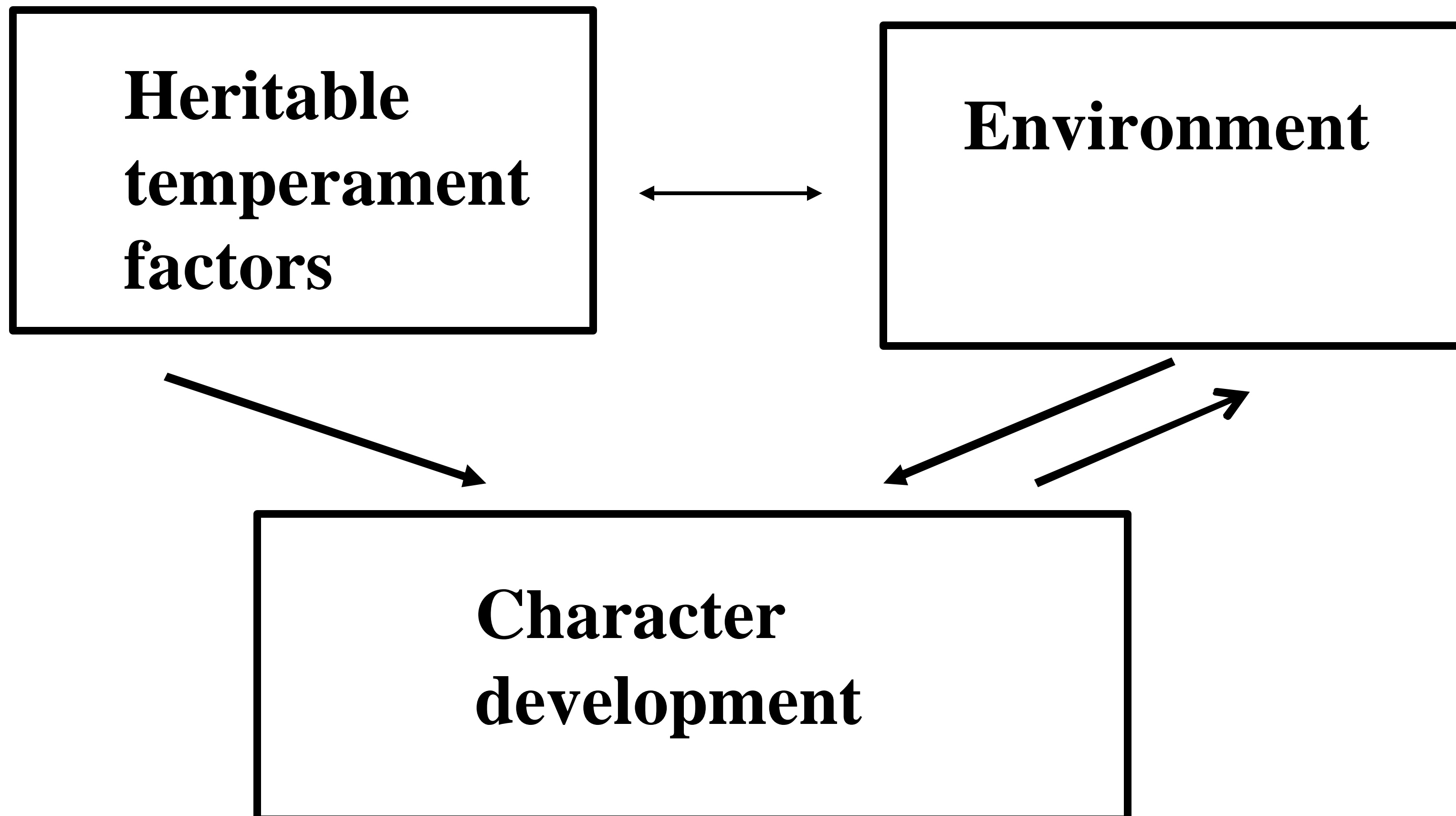
Diary of a Borderline.... raging · posted 11/6/99

Who am I? One day I am a raging violent crazed bitch and the next a sweet, calm young woman. Am I that sex-crazed maniac that rears her head periodically or the depressed shopaholic that keeps me in constant debt?

I dreamed of being successful in my career and well off early in life; I dreamed of having head turning gorgeous looks; Here I am , 25 years old with all I had hoped for, but what good is it all without being happy. I mean , I am

happy SOMETIMES, but for most of the time I feel like an emotional roller coaster.

Personality



Sexual Abuse and Borderline Disorder

- **40-71 % of people with BPD report childhood sexual abuse**
- **19-46% of controls also report childhood sexual abuse**
- **Most abuse survivors do not develop severe adult psychopathology**

Zanarini 2000

BPD and Chronic PTSD

- Intrusive re-experiencing of traumatic event
- Numbing of general responsiveness
- Increased state of arousal

Early history of trauma permanently desensitizes hypothalamic-pituitary axis and may increase risk of developing PTSD

Figueroa and Silk 1997

Chestnut Lodge Study

- 16% with depressive symptoms completed suicide
- Typical course of BPD was continued poor adaptation through 20s and early 30s, followed by better functioning during the 40s

Significance of a “Healing Relationship”

- **45% of patients identified a significant other as responsible for their improvement**
- **29% identified a therapeutic relationship as responsible for improvement**

Links and Heslegrave 2000

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Core issue: inability to maintain a stable relationship

- **Problems negotiating boundaries**
- **Problems with "splitting"**
  - living up to the role of being perfect
  - being with someone who believes you are evil and terrible
- **Problems with someone who needs more than you can provide: relationship intensity**
- **Problems with chronic crisis and risk**

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The goal is to stay in a long term, stable relationship:

- Know the limits of your responsibility
- Be aware of your own feelings
- Monitor and regulate interpersonal distance
- Be aware of "splitting"--being "right" may be less important than being a team

Support the client's own sense of competence

"Harry! You?"

Practical Suggestions

- **Overdose on validation**
  - Validate feelings
  - Stress what the person is doing well
  - Celebrate success
- **Plan ahead for next predictable event**
- **BPD”**
- **“Strike when the iron is cold”**

Words that Interfere with Relationship

- **Manipulative**
- **Treatment Resistant**
- **Unmotivated**
- **Attention Seeking**
- **Too ill to know what is good for herself**

Assumptions about borderline patients and therapy (from Lenihan)

- **Patients are doing the best they can**
- **Patient want to improve**
- **Patients need to do better, try harder and be more motivated to change**
- **Patients may not have caused all of their own problems but they have to solve them anyway**

Assumptions about borderline patients and therapy (cont)

- The lives of suicidal, borderline individuals are unbearable as they are currently being lived
- Patients must learn new behaviors in all relevant contexts
- Patients cannot fail in therapy
- Therapists treating borderline patients need support

Be clear about the contract

A. What does the client want

- What are the client's goals
- What commitment is the person willing/able to make
- What is the client NOT able or willing to do?

Be clear about the contract (cont)

B. What do you want?

- What are your requirements
- What are you able to deliver
- What can you not tolerate
  - Behavior
  - Risk

Harm reduction

- **Problematic behaviors are unlikely to completely stop**

- **The goal is to decrease risk**
  - **Decrease frequency**
  - **Decrease the most risky behavior**

Risk

- There is no way to work with clients with borderline personality disorder without taking risks
- Need to balance short term Vs long term risks
  - High lifetime risk of suicide.
  - Responding to each suicidal event may make it more difficult for people to stabilize their lives.

Balancing risks

- Discussed carefully with the client
- Other members of the treatment team and support system
- The client's family and other stakeholders

When you are stuck, enlarge the field.

A. Involve other people in the client's support system.

B. Involve the treatment system.

C. Involve supports and consultants for yourself.

Crisis Intervention is Critical

Crisis Vs ongoing life chaos

- **Is this a crisis?**
- **Whom is this a crisis for?**
- **What is the crisis?**

Do not get overwhelmed by the client's sense of crisis.

Crisis (cont.)

Suicide is a real risk

- Need to feel pain Vs need to be dead
- Suicidal people do not want to be dead, they just do not want their life to continue as it is
  - Loss of hope
  - Impulsivity and poor object constancy
  - Substance use increases suicide risk
- Suicide involves someone beside patient

Cutting:

I cut when I cant stand the pain anymore ....sometimes I get such an overwhelming wave of emotional pain that I feel like my soul will surely shatter completely.....I can feel the pressure building up till I have to do something. Suicide has proven a failure for me, so I resort to cutting, cutting gives me immediate release.... and the pain will subside for a while, giving me enough of a break to pull my Sh*T together temporarily.

Crisis (cont.)

Be careful about premature problem solving-especially

- Can interfere with relationship
- Can cause client to feel problems are being trivialized
- Can reinforce client’s sense of powerlessness
- Often client just wants to be heard

Crisis (cont.)

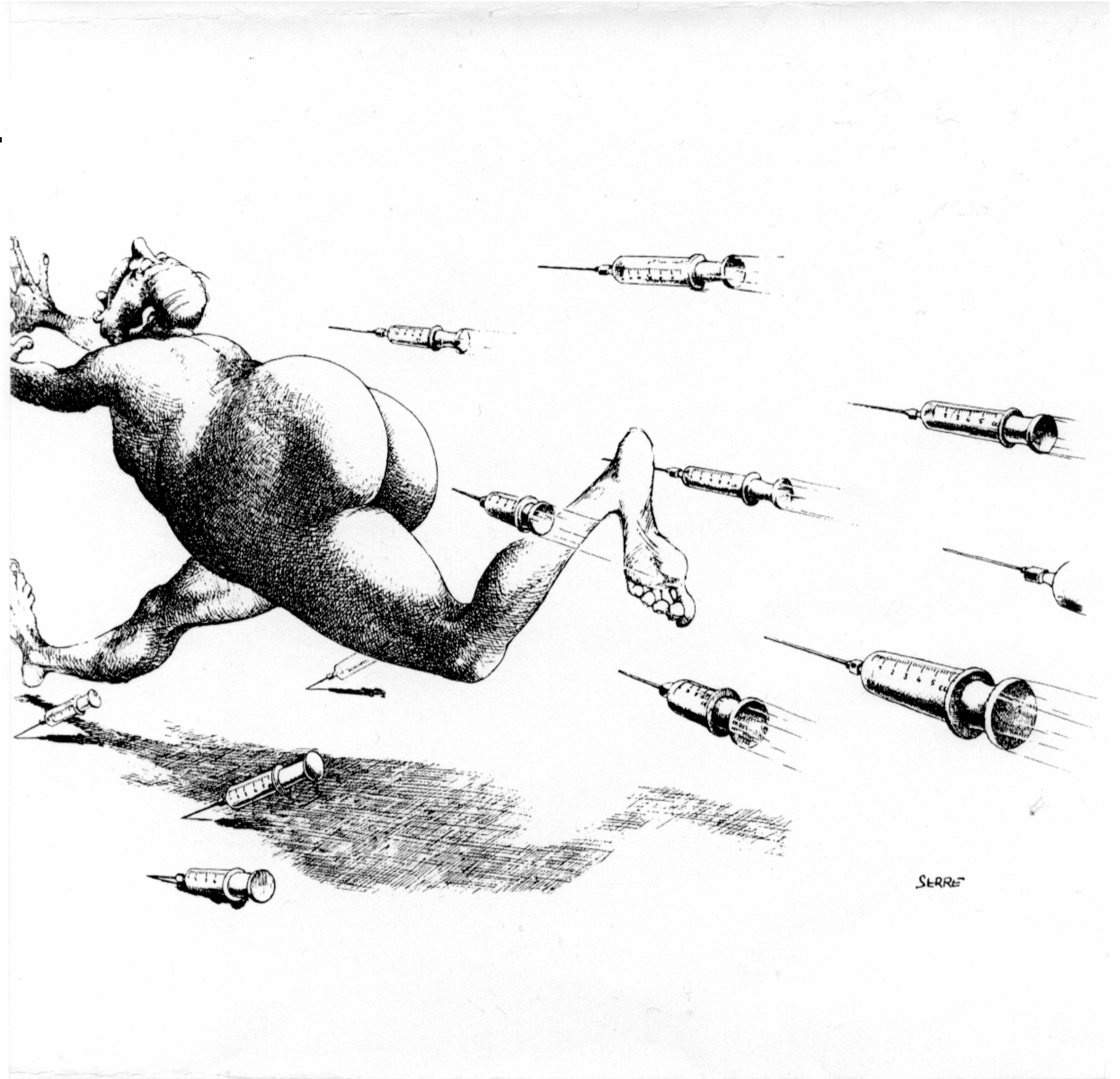
Plan for crisis before the crisis

- Involve the client
- What works, what does not
- What can be tried that is different
- Who else can be involved

Role of the hospital

- Clear goals for use of hospital
- Use of crisis homes and other alternatives
- Use of hospital “contracts”

5. The role of medication



Pharmacological Treatment:

- **Decisions about medication are NEVER an emergency**
- **Medication MAY help, but it is important not to have unrealistic expectations**
- **Difficult to prescribe for a patient who is impulsive, angry, and tends to have major issues with control.**
- **Patient may be abusing alcohol or drugs.**

Pharmacological Treatment

Medication becomes the metaphor:

- Control
- Do you care?
- Have you given up?
- Will you listen?
- Am I really ill?