



Borderline Personality Disorder

Dr. Anne Dietrich, PhD

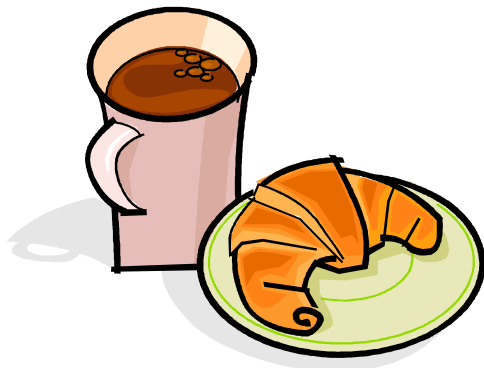
Registered Psychologist

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BPD

- Pervasive pattern where symptoms and/or behaviours affect most or all aspects of the individual's life:
 - Activities of Daily Living





BPD

- Pervasive pattern ...:
 - Relationships with family, friends, partners, colleagues, persons in authority



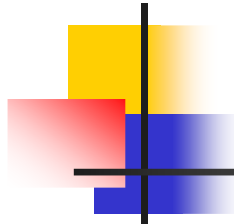


BPD

- Pervasive pattern where symptoms and/or behaviours affect most or all aspects of the individual's life:
 - Functioning at school, work, leisure

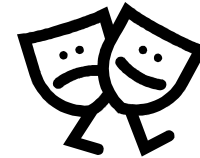
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BPD

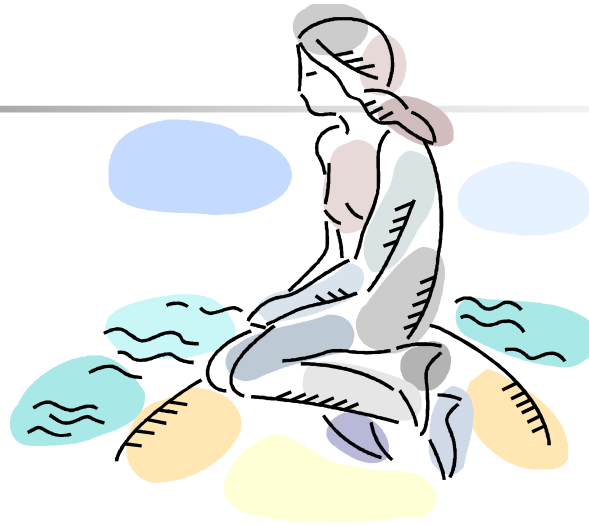
- Instability
 - Within relationships





BPD

- Instability



- View of Self or Self Image

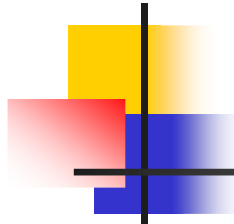




BPD

- Instability
 - Affects





BPD

- Marked impulsivity
- Evident by early adulthood
- Present in a variety of contexts



BPD DSM-IV-TR Criteria

5 or more required:

- 1. Frantic efforts to avoid real or imagined abandonment
 - Do not include suicidal or self-harming behaviours



BPD DSM-IV-TR Criteria

5 or more required:

- 2. A pattern of unstable and intense relationships, with extremes of idealization and devaluation
 - Therapist is “the best” – “never had a therapist like you before”; “you really get me”; “you’re amazing!”
 - “You just don’t understand!”; “you really get on my nerves – you just aren’t there for me and that shows how ‘good’ of a therapist you are! Good therapists are always there for their client”



BPD DSM-IV-TR Criteria

5 or more required:

- 3. Identity Disturbance – marked, persistent unstable self-image or sense of self
 - Who Am I????????????????????????????????
 - E.g., Frequent career changes, partner changes, appearance changes, sexual identity confusion



BPD DSM-IV-TR Criteria

5 or more required:

- 4. Impulsive in at least 2 areas that are *potentially* self-damaging:
 - Do not include impulsive suicidal or self-harming behaviour
 - E.g., spending
 - Sex
 - Substance abuse
 - Reckless driving
 - Binge eating



BPD DSM-IV-TR Criteria

5 or more required:

- 5. Recurrent suicidal behaviour, gestures or threats, or self-mutilation
 - Increased risk of completed suicide
 - Self mutilation: Why?
 - To feel
 - To punish self
 - To release inner tension/regulate affect



BPD DSM-IV-TR Criteria

5 or more required:

- 6. Affective instability due to marked reactivity of mood
 - E.g., intense episodes of dysphoria, irritability, or anxiety for anywhere from a few hours to a few days
 - Laughing one minute and snapping at you the next, for no apparent reason



BPD DSM-IV-TR Criteria

5 or more required:

- 7. Chronic feelings of emptiness
 - There's 'nothing' inside
 - Sometimes will become very agitated with relaxation exercises, guided imagery, mindfulness.



BPD DSM-IV-TR Criteria

5 or more required:

- 8. Inappropriate intense anger or problems controlling anger
 - E.g., frequent temper
 - Constant anger
 - Recurrent physical fights



BPD

DSM-IV-TR Criteria

5 or more required:

- 9. Transient stress-related paranoid ideation or severe dissociation



BPD Types?

- Symptoms can manifest themselves differently for different people who meet criteria. E.g.,
- Aggressive type
- Fearful/avoidant type
 - Nb. These are not official types, but rather are based on clinical observation



What Causes BPD?

- Many theories
- Marsha Linehan
 - Dialectical Behaviour Therapy
 - BPD is caused by the interaction of biology and environment
 - Innate tendency to be hyper-reactive to stimuli
 - Coupled with invalidation or abuse during childhood



What Causes BPD?

- Many theories
- Judy Herman
 - “Complex PTSD” aka Disorders of Extreme Stress Not Otherwise Specified (DESNOS);
Developmental Trauma Disorder
 - Chronic and/or severe abuse required
 - Biological predisposition not necessary; however, chronic stress/trauma can impact biology



What Causes BPD?

- Complex PTSD/DESNOS:
 - Affect Dysregulation
 - Altered States of Consciousness
 - Altered Self-Perceptions
 - Altered Relationships with Others
 - Altered Perceptions of Others
 - Somatization
 - Altered Systems of Meaning



Management of the Borderline Client

- Affect Dysregulation
 - Grounding skills
 - Use five senses
 - Counting breaths
 - Breathe
 - Say alphabet
 - Validation, but do not bring them deeper into their feelings; stay “cognitive”
 - Reflection of feelings will bring them further into the emotion
 - Validate experience; focus on problem-solving



Management of the Borderline Client

- Cognitive Dysregulation
 - E.g., confusion, dissociation
 - Grounding skills
 - Be matter-of-fact/reality-based
 - Use simple, concrete language. Short sentences
 - Check frequently, “Are you with me?” “Can you repeat what I just said?”



Management of the Borderline Client

- Behavioural Dysregulation
 - Impulsive acts
 - Suicidal behaviours
 - Substance abuse
 - Dangerous driving
 - Sexual or aggressive acting out
 - Self-mutilation



Management of the Borderline Client

- Behavioural Dysregulation
 - Suicidal behaviours
 - Your new client calls you 10-20 times each day stating she is highly suicidal and is going to kill herself. You have not yet found a referral source. What do you do?
 - If you believe she is at imminent risk, call 9-1-1
 - Otherwise:
 - Set boundaries from the first session. Let client know your policy on contact between sessions. Stick with the boundaries you set. VERY IMPORTANT



Management of the Borderline Client

- Behavioural Dysregulation
 - Suicidal behaviours
 - Suicide contract with client ?
 - Self-care



Management of the Borderline Client

- Behavioural Dysregulation
 - Substance Abuse
 - You are seeing a client for 2-3 sessions while seeking a referral. Your client tells you she is addicted to crystal meth and she shows up to her session with you in a hyper state and you suspect she has been using.



Management of the Borderline Client

- Behavioural Dysregulation
 - Dangerous Driving
 - Your client tells you that she has a serious medical condition that seriously affects her ability to drive safely, but is driving every day. What do you do?



Management of the Borderline Client

- Behavioural Dysregulation
 - Sexual Acting Out
 - Your client comes to session dressed in a very provocative manner. What do you do?
 - Nb. This may be based in a traumatic re-enactment of earlier sexual abuse



Management of the Borderline Client

- Behavioural Dysregulation
 - Aggressive Acting Out
 - A client gets increasingly angry during the intake process. She begins yelling and stands up, moving closer to you. What do you do?



Management of the Borderline Client

- Behavioural Dysregulation
 - Dissociation
 - A client you have never met before begins to stare off in space. She does not seem to see you. She does not seem to hear you and does not answer you when you ask her questions. She appears to be frozen. What do you do?



Management of the Borderline Client

- Behavioural Dysregulation
 - Self-mutilation
 - During an intake session, a new client pulls a disposable lighter from her pocket. She lights it and watches the flame for a few minutes and then touches the hot end of the lighter to her bare skin, leaving red marks. What do you do?



Referring

- You suspect that your new client has BPD and you want to make a referral. Now what?



Referring

- Vancouver General Hospital Outpatient Psychiatry – Intensive Program
 - Based on Linehan's DBT model
 - Group treatment only
 - Extensive waiting list
 - 604-875-4111, ask for Ambulatory Psychiatry



Referring

- **SAFER - (Suicide Attempt Follow Up Education and Research)**

Provides counseling and support to people who are feeling suicidal or who have attempted suicide, people who have lost someone to suicide and education and support for people concerned about someone who is suicidal - call: 604-879-9251.



Referring

- Crisis Intervention and Suicide Prevention Centre of BC
 - <http://www.crisiscentre.bc.ca/>
 - Volunteer-run services



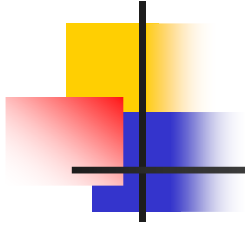
Referring

- Vancouver Community Mental Health
- http://www.vch.ca/community/mental_health.htm
 - **Mental Health Services Central Office**
200-520 West 6th Avenue
Vancouver, BC V5Z 4H5
604-874-7626
 - **Mental Health Emergency Services**
Phone: **604-874-7307** or **911**



Referring

- Psychiatrists
 - Referral by GP
 - Lengthy waiting lists
- Private Clinicians
 - BC Psychological Association Referral Service:
<http://www.psychologists.bc.ca/referral.html>



- Questions/Discussion