

Understanding Borderline Personality Disorder

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no I don't need
**ANGER
MANAGEMENT**

You need to stop
**PISSING ME
OFF!**

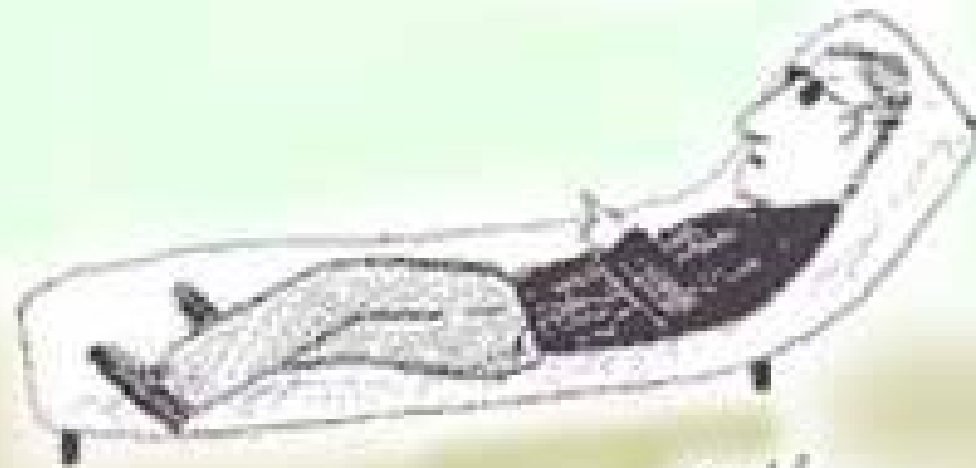


"Attachment disorder?
Is that the best you can come up with, Doc?"



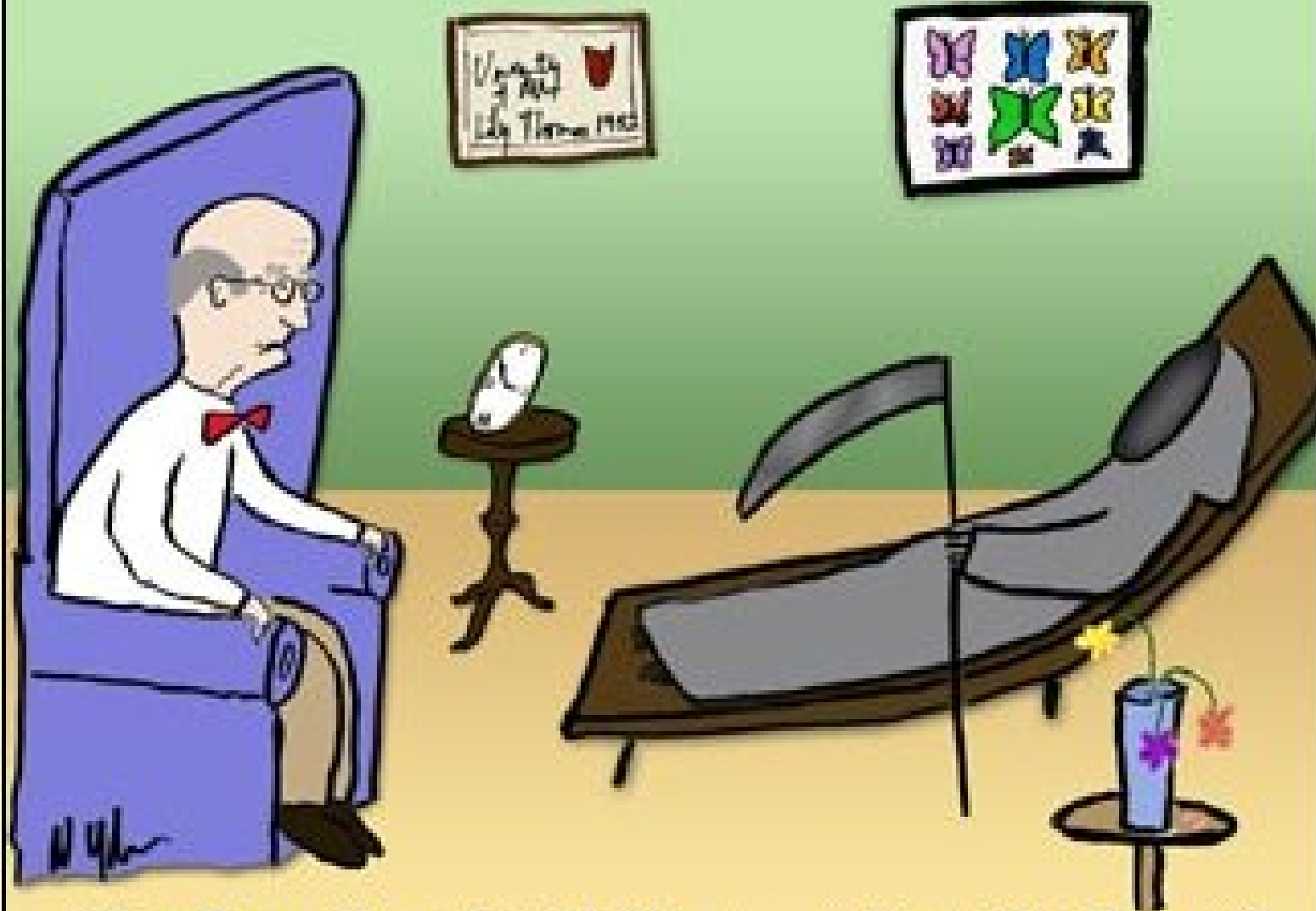
DO NOT
DISTURB
THE
DOCTOR

DONT RUIN MY
FOUL MOOD!



V. Yalom

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“No Doc, I’m afraid it’s your time that’s up”

My Hopes

- To increase your understanding of and appreciation for the experiences of people diagnosed with Borderline Personality Disorder
- To cultivate compassion, wisdom, and effectiveness in response to the suffering brought on by Borderline Personality Disorder

ACTION PLAN

Don't let a good idea get away!

Research shows that if you use an idea within 24 hours of hearing it, you are more likely to integrate it permanently. So, when you hear something in the workshop that you would like to use, *write it down on this page immediately*. Then, when you return home, place this sheet in a place where you cannot miss it. That way, you will put your Action Plan into action!

No.	The Actions I'll Take	I'll Get Started By
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

"What we think, or what we know,
or what we believe is, in the end, of little consequence.
The only consequence is what we do."
- John Ruskin -

Borderline Personality Disorder (Reorganized) – Marsha Linehan

- Emotion Dysregulation
 - Affect Lability
 - Problems with Anger
- Interpersonal Dysregulation
 - Chaotic Relationships
 - Fears of Abandonment
- Self Dysregulation
 - Identity Disturbance
 - Difficulties with Sense of Self
 - Sense of Emptiness

Borderline Personality Disorder (Reorganized) – Cont.

- Behavioral Dysregulation
 - Parasuicidal Behavior
 - Impulsive Behavior
- Cognitive Dysregulation
 - Dissociative Responses
 - Paranoid Ideation

Frequency of Reported Symptoms (McGlashan et al., 2005)

■ Affective Instability	95%
■ Inappropriate Anger	87%
■ Impulsivity	81%
■ Unstable Relationships	79%
■ Feelings of Emptiness	71%
■ Paranoia or Dissociation	68%
■ Identity Disturbance	61%
■ Abandonment Fears	60%
■ Suicidality or Self-Injury	60%

What is Parasuicide?

- It is the nonfatal, intentional self-injurious behavior resulting in actual tissue damage, illness, or risk of death.
- The outcome is considered to be instrumental in bringing about changes in consciousness and/or social condition.
- 69-80% of those with BPD are parasuicidal.
- 8-12% of those with BPD commit suicide and those who have a history of parasuicide are twice as likely to kill themselves.

Types of Self-Injury

- Self-Mutilation (e.g.s., cutting, burning, picking, scratching, hitting, head banging)
- Substance Abuse
- Eating Disorder
- Sexual Risk-Taking

Reasons for Self-Harm

- Relieve anxiety, tension, and anguish
- Express anger and aggression
- Escape from numbness and emptiness
- Regain a sense of control
- Punish self in response to guilt
- Feel the warmth of blood and euphoria
- Attempt to communicate
- Influence others covertly

Epidemiology of BPD

■ Point Prevalence:

- General Population 1.4%
- Urban Primary Care Patients 6.4%
- Psychiatric Outpatients 9.3%
- Psychiatric Inpatients 20.0%

■ Gender Difference:

- Clinical Population 3 ♀ : 1 ♂
- General Population 1 ♀ : 1 ♂

Epidemiology of BPD (Cont.)

- Trauma History:
 - Sexual Abuse 16-71%
 - Physical Abuse 10-73%
- Suicide Rate: 8-12%
- Comorbid Disorders:
 - Mood Disorder 96%
 - Anxiety Disorder 88%
 - Substance Use Disorder 64%
 - Eating Disorder 53%

Biosocial Theory Of Borderline Personality Disorder

*Biological Dysfunction in the
Emotion Regulation System*



Invalidating Environment



Pervasive Emotion Dysregulation

What Makes Up Emotion Dysregulation?

Biological Emotional Vulnerability

- *High sensitivity to emotions*
- *Intense response to emotions*
- *Slow return to baseline*

The diagram consists of two orange rectangular boxes with white text. The top box is titled 'Biological Emotional Vulnerability' and contains a bulleted list of three items: 'High sensitivity to emotions', 'Intense response to emotions', and 'Slow return to baseline'. Below this box are two red arrows: one pointing downwards and one pointing upwards. The bottom box is titled 'Inability to Modulate Emotions'.

Inability to Modulate Emotions

Tasks in Emotion Modulation

- Decrease or increase physiological arousal associated with emotion
- Reorient attention
- Inhibit mood-dependent action
- Organize behavior in the service of external non-mood-dependent goals

Biosocial Theory Of Borderline Personality Disorder

*Biological Dysfunction in the
Emotion Regulation System*



Invalidating Environment



Pervasive Emotion Dysregulation

Invalidating Environment

It is one in which there is pervasive negating or dismissing behavior independent of the actual validity of the behavior.

Examples of Invalidating Responses

- Reject self-description as inaccurate
- Reject response to events as incorrect or ineffective
- Dismiss or disregard
- Directly criticize or punish
- Neglect
- Pathologize normative responses
- Reject response as attributable to a socially unacceptable characteristic

Consequences of Invalidating Environment

- Individual does not learn to:
 - Label emotions in a manner normative to the larger social community
 - Effectively regulate emotions
 - Trust experiences as valid responses to events
- Environment teaches individual to:
 - Actively self-invalidate and search for social environment for cues on how to respond

Clinical Examples of Invalidation

- Insisting on an interpretation of behavior that is not shared by the client
- Setting firm expectations for performance over what the client can (or believes she can) accomplish
- Treating the client as less competent than she actually is

Clinical Examples of Invalidation (Cont.)

- Failing to give the client the help that would be given if the clinician believed the client's current perspective to be valid
- Criticizing or punishing the client's behavior
- Ignoring important communications or actions of the client
- Giving simple solutions to complex problems

Emotional Reactions to Invalidation

- Anger at the clinician for being so insensitive
- Feeling of dysphoria at being so misunderstood and alone
- Anxiety and panic because of the belief that the clinician who cannot understand and validate the client's current state cannot possibly help
- Shame and humiliation at experiencing and expressing such emotions, thoughts, and behaviors

Behavioral Reactions to Invalidation

- Avoidance, such as, suicide, quitting therapy, missing appointments, coming late for appointments, depersonalization, dissociation, shutting down, and verbally withdrawing within the session
- Increased efforts at communication and gaining validation, such as, calling the therapist between sessions, making extra appointments, writing letters, soliciting friends and other mental health professionals to call the therapist, and suicidal behaviors

Behavioral Reactions to Invalidation

- Attacking the therapist, such as, judging and blaming the therapist, little empathy for the difficulties of the therapist in trying to understand and validate the client, pejorative name-calling, questioning the motives of the therapist, and damaging the property of the therapist

BPD is a Pervasive Disorder of the Emotion Regulation System



**BPD criterion behaviors
function to regulate emotions
or are a natural consequence
of emotion dysregulation**

Dialectical Dilemmas

- Emotional Vulnerability versus Self-Invalidation
- Unrelenting Crisis versus Inhibited Grieving
- Active Passivity versus Apparent Competence

Dialectical Dilemma 1: Emotional Vulnerability vs. Self-Invalidation

■ Emotional Vulnerability

- Emotional sensitivity, reactivity, intensity, and tenacity
- Having no emotional skin like a burn victim
- Goal is to increase emotional modulation

■ Self-Invalidation

- Looking to others for validation of reality and adopting characteristics of the invalidating environment
- Goal is to increase self-validation (Wise Mind)

Dialectical Dilemma 2: Unrelenting Crisis vs. Inhibited Grieving

■ Unrelenting Crisis

- State of chronic, overwhelming crisis
- Inability to recover from one stress to another
- Goal is to increase realistic decision-making and judgment

■ Inhibited Grieving

- Avoiding or inhibiting painful emotions related to trauma and loss such that integration and resolution is not possible
- Goal is to increase emotional experiencing

Dialectical Dilemma 3: Active Passivity vs. Apparent Competence

■ Active Passivity

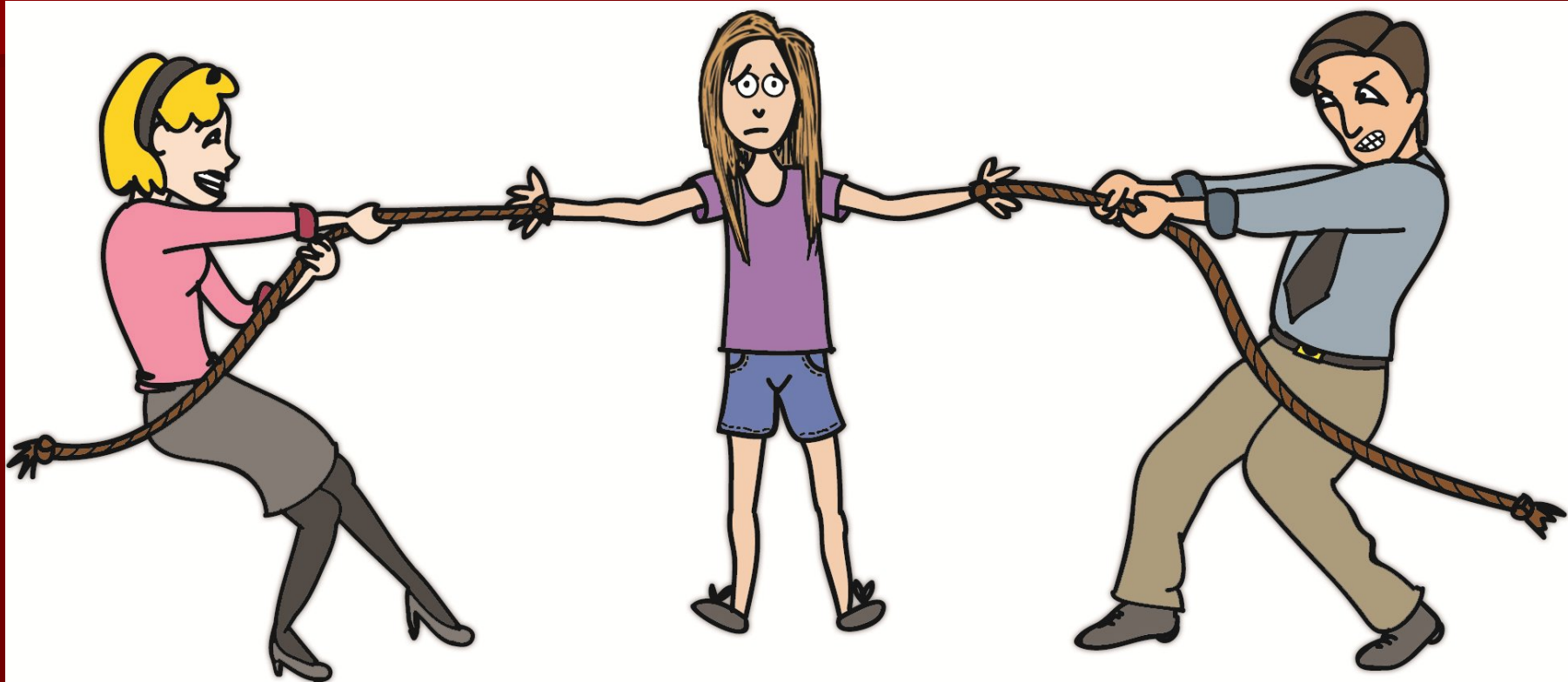
- Approaching problems passively and helplessly
- Getting others to solve problems
- Goal is to increase active problem-solving

■ Apparent Competence

- Appearing competent and able to cope with life but fail to generalize skills or feel adequate
- Goal is to increase accurate communication of emotions and competencies

To Get Help or Not To Get Help?

- Getting Help = Shame
 - Acknowledging emotional vulnerability
 - Accepting inability to cope
 - Having others solve problems
- Not Getting Help = Anguish
 - Turning to doubting self for validation
 - Continuing to avoid resolving pain
 - Maintaining the appearance of competence





Treatment Approaches

- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
- Mentalization-Based Therapy
- Schema Therapy
- Transference-Focused Psychotherapy
- Pharmacotherapy
- Inpatient Hospitalization
- Self-Help

Balance Core Strategies

ACCEPTANCE

CHANGE



Dialectics

Balance Core Strategies

VALIDATION

PROBLEM
SOLVING



Dialectics

Dialectical Philosophy of Treatment



Levels of Validation

- Staying awake
- Accurate reflection
- Articulating the un verbalized emotions, thoughts, or behaviour patterns
- Validation in terms of past learning and biological dysfunction
- Validation in terms of present context or normative functioning
- Radical genuineness

What is the first
question that comes to you?

“My dad says I'm lucky
to find a sucker to take
care of a worthless
person like me.”

What is the first
question that comes to you?

“You get paid to do what
you do and you don’t
really care about me.”

“My dad says I'm lucky to find a sucker to take care of a worthless person like me.”

Domain of Attention	Example of Response
Cognition	“Why do you think he believes that?”
Emotion	“How does it feel to hear that from your father?”
Behavior	“What did you say in response?”
Physical	“How did your body react when you heard this from your father?”
Spiritual	“What is the meaning of all this emotional suffering for you?”
Interpersonal	“How would you describe this relationship?”
Experiential	“What is it like to remember this?”

“You get paid to do what you do
and you don’t really care about me.”

Domain of Attention	Example of Response
Cognition	“Can there be other reasons that motivate me to do my job? ”
Emotion	“How does it feel to think that?”
Behavior	“What would show you that I care?”
Physical	“What do you notice in your body when you don’t feel cared about?”
Spiritual	“Do you believe in someone or something larger than you who cares?”
Interpersonal	“What does this mean for our relationship?”
Experiential	“How is this thought affecting you right now?”

Principles for Managing Crises (NICE Guidelines, 2009)

- *Be aware of any judgments toward the person and replace them with a non-pejorative understanding of the behavior*
- *Use validation to de-escalate an emotional crisis*
- Maintain a calm and non-threatening attitude
- Try to understand the crisis from the person's point of view

Principles for Managing Crises (NICE Guidelines, 2009) – Cont.

- Explore the person's reasons for distress
- Use empathic open questioning, including validating statements, to identify the onset and the course of the current problems
- Seek to stimulate reflection about solutions
- Avoid minimizing the person's stated reasons for the crisis

Principles for Managing Crises (NICE Guidelines, 2009) – Cont.

- Refrain from offering solutions before receiving full clarification of the problems
- Explore other options before considering admission to a crisis unit or inpatient admission
- Offer appropriate follow-up within a time frame agreed with the person

Some Possibly Useful Validation-Plus-Change Statements

- “I can see that you are extremely upset right now. I know that we do not know each other but perhaps you can tell me what is troubling you and I can see how I may be able to help.”
- “I know that you are used to coping with upset feelings by harming yourself. For now, can we just talk to try figure things out?”

Some Possibly Useful Validation-Plus-Change Statements (Cont.)

- “There may have been times in your life when people have controlled you and no one likes this feeling. Will you allow me to help you find a way through this crisis? (or I would like to help you find a way through this crisis.)”
- “I can tell that you are really angry and the last thing you probably want to hear is for someone to tell you to calm down. Nevertheless, can we try to calm the brain down?”

Some Possibly Useful Validation-Plus-Change Statements (Cont.)

- “Safety may not be the first thing on your mind right now but this situation is rather frightening for the both of us for different reasons. Is there any way that we could help each other out?”
- “I know no one likes to feel forced to do things. I wish there was another option besides bringing you to the ER to make sure you are safe. I hope you can understand our responsibility and be willing to come with us.”

Role-Plays, Questions, And Discussion

Resources

- Burdick, D. (2013). Mindfulness skills workbook for clinicians and clients. Eau Claire, Wisconsin: PESI Publishing.
- Chapman, A. L., & Gratz, K. L. (2007). The borderline personality disorder survival guide. Oakland, CA: New Harbinger.
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Resources (Cont.)

- Nichols, M. P. (2009). The lost art of listening. New York: Guilford.
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Closing

Thank you for
your participation.

Please complete the
Evaluation Form.