



# **BORDERLINE PERSONALITY DISORDER: A LITTLE COMPASSION CAN GO A LONG WAY**

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## LEARNING OBJECTIVES

- List the diagnostic criteria for borderline personality disorder
- Describe the essential components of Dialectical Behavior Therapy (DBT)
- Effectively implement new strategies for interacting with challenging patients



# PERSONALITY DISORDERS

- Enduring pattern of thoughts, affect, & behavior
- Deviates from cultural expectations
- Inflexible and pervasive across people & situations
- Stable and of long duration
- Leading to significant distress or impairment
- Not attributable to another mental illness or substance use



# BORDERLINE PERSONALITY DISORDER (BPD)

## **Instability of interpersonal relationships, self-image, and affect**

- Fear of abandonment
- Chaotic relationships
- Unstable self-image
- Impulsivity
- Recurrent suicidal or self-harm behavior
- Intense moodiness & reactivity
- Chronic feelings of emptiness
- Anger problems
- Paranoid ideation or dissociative symptoms



# BPD

## ○ Prevalence

- ~2% of general population
  - 6% in primary care settings
  - 10% in outpatient mental health clinics
  - 20% among psychiatric inpatients
- Diagnosed predominantly (~75%) in females
- However... ~6% lifetime prevalence for both men & women (Grant et al., 2008)

## ○ Common comorbid Dx:

- Major Depressive Disorder
- Post-Traumatic Stress Disorder
- Bipolar Disorder
- Substance-Related Disorders
- Eating Disorder (notably bulimia)

## ○ Historically viewed as “untreatable”



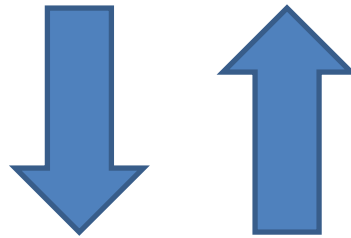
# BPD RECONCEPTUALIZED

- Emotion Dysregulation
  - moodiness & anger problems
- Interpersonal Dysregulation
  - chaotic relationships & fears of abandonment
- Self Dysregulation
  - unstable self-image & emptiness
- Behavioral Dysregulation
  - suicidal/parasuicidal behaviors & impulsivity
- Cognitive Dysregulation
  - dissociation, paranoia, black & white thinking



# BIOSOCIAL THEORY OF BPD

Biological Dysfunction in the Emotion Regulation System

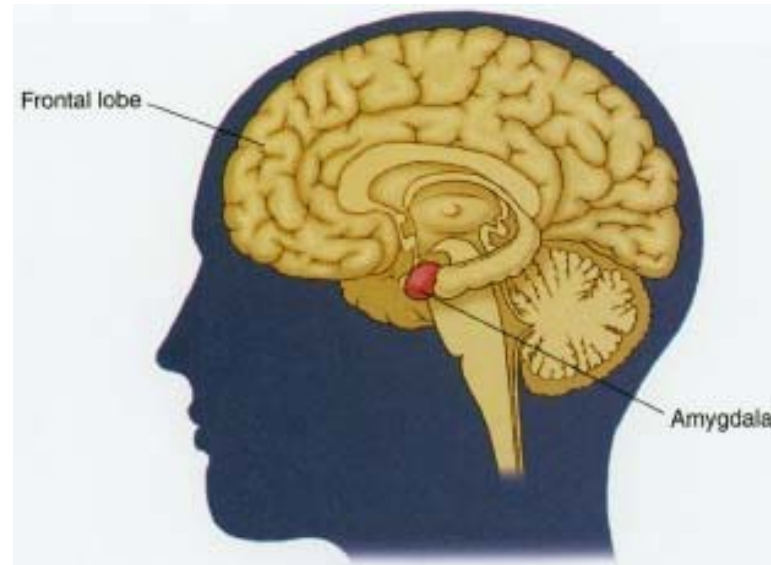


Invalidating Environment



# BPD AND BRAIN FUNCTIONS

- Regions that process anger and sadness are overactive
- Areas that help dampen negative emotion are underactive





# BIOsocial THEORY OF BPD

## Emotion Vulnerability

- High Sensitivity
  - immediate reactions
  - low threshold
- High Reactivity
  - extreme reactions
  - high arousal disrupts cognitive processing
- Slow return to baseline
  - long-lasting reactions
  - contributes to high sensitivity to next emotional stimulus

## Emotion Dysregulation

- Difficulty with...
  - modulating physiological arousal associated with emotion
  - re-orienting attention
  - inhibiting mood-dependent urges
  - organizing behavior around non-emotional goals



# BIO SOCIAL THEORY OF BPD: THE INVALIDATING ENVIRONMENT

- Thoughts, feelings, and reactions are rejected as invalid
  - Perceptions are seen as inaccurate or too extreme
  - Emotions and struggles are trivialized, disregarded, ignored, or punished (even when normal)
  - “I’ll give you something to cry about”
- Baseline efforts to get help are ignored
  - “Let it roll off your back.” “Don’t be so emotional.”  
“Talking just makes problems worse.”
- Extreme communications and behaviors are taken seriously



# TYPES OF INVALIDATING ENVIRONMENTS

- Chaotic families (may include abuse and neglect)
  - Substance abuse, financial problems, absent parents – little time given to children & no structure
  - E.g., daughter's abuse isn't believed
- Perfect families
  - Parents cannot tolerate negative emotional displays from their children – stress, inability, naïve fears of spoiling, self-centeredness
  - Emphasis on holding it together at all times
- Typical families
  - Emphasis on cognitive control of emotions, “self-control”
  - Mind over matter, “pull yourself up by your bootstraps”
  - Problem is – it only works when it works (and it doesn't work for people with BPD)



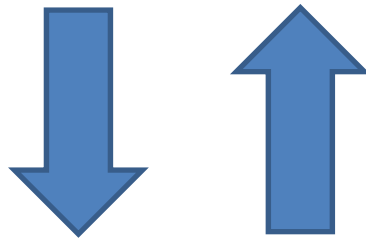
## CONSEQUENCES OF INVALIDATING ENVIRONMENTS

- Does not teach children how to label emotions or how to manage them
- Rather than problem solving, child is told to control her emotions (without instructions or tools)
- Teaches child that she cannot trust her own emotional and cognitive responses, such that she:
  - becomes intolerant of her own feelings
  - seeks reassurance elsewhere



# BIOSOCIAL THEORY OF BPD

Biological Dysfunction in the Emotion Regulation System



Invalidating Environment



Pervasive Emotion Dysregulation



# DIALECTICAL BEHAVIOR THERAPY (DBT)

- Developed by Marsha Linehan in the late 1970's
  - Interplay between science and practice
- Added acceptance-based interventions to traditional CBT to enhance validation
- Synthesis and balance of acceptance and change-oriented strategies
  - “dialectics”
  - Emphasizes “both... and” rather than “either... or”



# HOW TO VALIDATE (BE COMPASSIONATE)

- Communicate that the response makes sense
- Taking the responses seriously rather than discounting or minimizing them
- Recognizing and reflecting back the intrinsic validity in their reactions to situations
- Levels of Validation
  1. Listen with complete awareness
  2. Accurately reflect the client's communication
  3. Articulate nonverbalized emotions, thoughts, or behavior patterns
  4. Describe how the client's behavior makes sense in terms of past learning history or biology
  5. Actively search for the ways that the patient's behavior makes sense in the current circumstances and communicate this
  6. Be radically genuine



# DBT ASSUMPTIONS ABOUT PATIENTS

- Pts are doing the best they can
- Pts want to improve
- Pts must learn new behaviors in all relevant contexts
- Pts cannot fail in DBT
- Pts may not have caused all of their own problems, but they have to solve them anyway
- Pts need to do better, try harder, and/or be more motivated to change
- The lives of suicidal, borderline individuals are unbearable as they are currently being lived





# FUNCTIONS OF DBT

- Enhance skills
- Improve motivation
- Assure generalization to natural environment
- Structure the environment
- Enhance therapist capabilities and motivation to treat effectively



# STANDARD & COMPREHENSIVE OUTPATIENT DBT

- Weekly individual psychotherapy
- Weekly skills training group
- Phone coaching/consultation
- Weekly therapist consultation team meeting
- Uncontrolled Ancillary Treatments
  - Pharmacotherapy
  - Acute-inpatient psychiatric care



# DBT GOAL: GAIN CONTROL OF BEHAVIOR\*

## DECREASE

- Life-threatening behaviors
- Therapy-interfering behaviors
- Quality of life-interfering behaviors

## INCREASE

- Mindfulness
- Distress Tolerance
- Interpersonal Effectiveness
- Emotion Regulation

\* “Behavior” refers to anything a person thinks, feels, or does

# 4 SKILLS = 2 CHANGE + 2 ACCEPTANCE

## ○ Mindfulness

- Tendency to ruminate and worry
- Learn to focus on present moment

## ○ Interpersonal Effectiveness

- Tendency towards self-defeating behaviors
- Assertiveness & social skills training

## ○ Distress Tolerance

- Tendency to avoid, dissociate, or “shut down”
- Learn to experience pain & handle crises

## ○ Emotion Regulation

- Tendency toward emotion vulnerability and reactivity
- Learn to accurately label emotions, decrease vulnerability, & employ “opposite action”



# EVIDENCE-BASED PRACTICE GUIDELINES

- DBT is recognized across organizations (APA, NGC, NCCMH, NICE, etc.) as the most empirically supported treatment for BPD
- Some support for Mentalization-based treatment (partial hospital program)



# SINCE 1991: 8+ RANDOMIZED CONTROLLED TRIALS (3 RESEARCH CENTERS)

- DBT repeatedly outperformed TAU in:
  - reducing frequency & medical severity of parasuicide
  - reducing inpatient hospitalization days
  - reducing anger & aggressive behavior
  - reducing behaviors associated with Axis I disorders (substance use, binging/purging, depression, anxiety)
  - improving social adjustment
- Difficult to ascertain if improvements stem from specific ingredients of DBT (APA Practice Guidelines)



# THANK YOU!

## Where to find DBT in Peoria:

- University of Illinois College of Medicine at Peoria (UICOMP) Psychiatry & Psychology Outpatient Center
  - Resident Training DBT Clinic supervised by Dr. Clore
- The Antioch Group
- Agape Counseling

For more information on DBT and other empirically supported treatments go to:

- [www.behavioraltech.org](http://www.behavioraltech.org)
- [www.psychologicaltreatments.org](http://www.psychologicaltreatments.org)

