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Understanding Borderline Personality Disorder

By Mary Conner, MA, LP

What is Borderline Personality Disorder (BPD)?

Does this scenario sound familiar? A female patient seems to be in crisis during most clinic visits. Often, prior to the visit she has just intentionally cut or burned herself. In the last few months she has been hospitalized three times for suicidal ideation. The front desk and CMAs frequently complain about her behavior and during office visits you feel as if she alternates between idealizing and punishing you. If you recognize this situation you have most likely treated a patient with BPD.

The most recognizable traits of BPD patients are unstable personal relationships, poor self-image, extensive mood swings, impulsive behavior and frequent suicidal ideation or self-mutilation.

In a primary care setting BPD patients tend to be extremely distrustful of doctors, psychologists and psychiatrists. Often they may delay getting appropriate medical care. Once they finally seek care, they tend to vacillate between idealizing, despising or fearing their doctor will abandon them. This combination along with ongoing crisis and self-destructive behaviors make BPD patients particularly difficult to treat.

According to the DSM-IV, a patient can be diagnosed with BPD if he or she has at least five of the following criteria:

1) Frantic efforts to avoid real or imagined abandonment.
2) A pattern of unstable and intense interpersonal relationships characterized by alternating between the extremes of over-idealization and devaluation.
3) Identity disturbance: markedly and persistently unstable self-image or sense of self.
4) Impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance abuse, reckless driving, or binge eating.
5) Recurrent suicidal threats, gestures, or behavior, or self-mutilating behavior.
6) Affective instability due to a marked reactivity of mood.
7) Chronic feelings of emptiness or boredom.
8) Inappropriate, intense anger or difficulty controlling anger.
9) Transient, stress-related paranoid ideation or severe dissociative symptoms.

What causes BPD?

Jeffrey Young, founder of Schema therapy, and Marsha Linehan, founder of Dialectical Behavior Therapy (DBT), describe BPD as a combination of biology and childhood trauma. The BPD patient seems to be emotionally labile by nature. In addition the BPD patient has usually experienced childhood trauma in the form of parents who are:

- Physically, sexually or emotionally abusive
- Absent through death or an inability to provide consistent parental nurturing and empathy
- Critical and rejecting
- Unable to separate their needs from their child's needs, suppressing the individual needs and feelings of the child.

In these kinds of situations the child can grow up feeling unloved, abandoned, deprived, or ignored. The child believes he or she does not deserve to be loved and yet experiences deep longing for love. The child also believes he or she is bad and fundamentally flawed. These beliefs, along with a biological tendency to emotionally overreact, create BPD.

Treatment options for BPD patients

Initially psychodynamic therapy and medication were the preferred treatment for BPD patients. Currently two cognitive behavioral approaches, DBT and Schema Therapy, along with medication seem effective in dealing with BPD. Marsha Linehan's DBT therapy is widely used throughout the United States. DBT addresses BPD patients' problematic behaviors including frequent suicidal ideation, self-injury and crisis-strewn lives. DBT includes individual and group therapy and is an educa-

tional model teaching BPD patients more productive ways to deal with emotional trauma. In a DBT group, patients are taught "interpersonal effectiveness, distress tolerance/ reality acceptance skills, emotional regulation and mindfulness skills." (www.palace.net/~llama/psch/ dbt.html)

Schema Therapy assists BPD patients in understanding and transforming the underlying schemas or self-destructive life patterns that create their problems. Schema therapy is based on the idea that BPD patients switch rapidly between four kinds of schemas: the abandoned child, angry child, punitive parent and detached protector.

Each schema has a protective function. For example, when the patient feels vulnerable, he or she may switch to the abandoned child schema. When in this schema, the patient cannot figure out how to get his or her needs met. If the patient becomes upset he or she may switch to the angry child schema and may become belligerent and aggressive. If the patient feels bad about a behavior or makes a mistake, the punitive parent schema takes over. In this schema the patient is apt to punish him- or herself and is extremely self-critical. The fourth schema's function is to numb all emotions. When in the detached protector schema the patient may seem cooperative but feels empty and lost on the inside.

Dealing with BPD patients can be disconcerting for doctors. Watching them switch between schemas can be overwhelming. A typical BPD scenario might begin when a patient misinterprets the front desk staff's request for an insurance form to be filled out and becomes angry, switching to the angry child schema. She may then worry that her favorite doctor won't like her if she seems upset. These feelings switch her into the abandoned child schema. The patient seems unable to listen to the doctor explaining medication management and the doctor becomes frustrated. Once home the patient berates herself for angering the doctor and, in the punitive parent schema, punishes herself by burning her arm. This action doesn't bring the desired emotional relief so the detached protector steps in to numb all feelings.

Using DBT and Schema Therapy in Primary Care Settings

In the above example DBT therapy would help the BPD patient stop self-mutilating behaviors and learn more appropriate ways to deal with anger and feelings of vulnerability. Schema therapists would help the patient understand the schemas and chose more appropriate ways of getting his or her needs met.

Physicians do not need to understand the therapeutic steps DBT and Schema Therapists would use to treat BPD patients but can use the concepts to better understand their patients' behaviors. These concepts can also help with counter-transference issues. There are a few key concepts that physicians need to remember:

BPD patients need to learn to manage their impulsiveness and self-destructive behaviors. Physicians can assist by:

- Referring patients to psychiatry and therapy.
- Setting clear boundaries around suicidal behavior and self-mutilation by clearly discussing what the physician will do when a patient describes suicidal ideation or mutilates him or herself.
- If necessary, limiting the number of emergency calls to the clinic if it seems the patient is calling excessively.
- Limiting the amount of time you spend in office visits discussing the most recent crisis. Avoid becoming too emotionally involved in their problems.
- Watching counter-transference around suicidal behavior

BPD patients can abruptly switch from idealizing to devaluing their physician.

- The patient may be in the abandoned child or angry child schema. When in those schemas, patients are unable to respond as adults
- Watch for counter-transference. Idealization can feel good and devaluing can feel bad. Both are just reactions to outside stimuli and have little to do with the skill of the physician.

BPD patients' behaviors seem manipulative. Remember:

- BPD patients are genuinely in need.
- How the schemas work and see if the BPD patients' behaviors are reactions to being in one of the schemas. Their behaviors may not seem manipulative if examined from a schema perspective.
- The BPD patient is like a vulnerable child, and may need to be treated as such.

BPD patients can mistrust physicians and medical advice.

- Schedule appointments on a regular basis.
- Remember that patients may not respond as adults when given information that scares them.
- Be aware that BPD patients may rapidly switch from schema to schema during office visits.
- Talk to coworkers about reactions to working with BPD patients.

Resources:

Young, J. (1999) *Cognitive therapy for personality disorders: A schema-focused approach.* Professional Resource Press, Sarasota, FL

Young, J. and Klosko, J. (1993) *Reinventing your life: The breakthrough program to end negative behavior and feel great again.* Plume, New York

Web site for Schema Therapy: www.schematherapy.com

Web site for DBT: www.palace.net/~llama/psch/dbt.html

Mary Conner, MA, LP, is the psychologist and patient advocate at Smiley's Clinic. If you wish to contact her about any information in this article call her at (612) 343-7134.