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Understanding Borderline Personality Disorder Using a DBT Lens

Presenter:
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Meet the Presenter: Emily Dreher

- Licensed Professional Counselor
- Linehan Board Certified Clinician since 2019
- Over 14+ years of clinical experience
- Current role is Evidenced Based Practice Trainer for Illume (department of Places for People in St. Louis, MO)

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Quick Facts about BPD

- The term “borderline” was first used in 1930s and introduced by psychoanalyst Adolf Stern
- Introduced in the DSM III
- Prevalence: 1.4% of the general population *(NIMH)*
- Up to 10% will die by suicide *(Paris, J. 2019)*
- Historically viewed as untreatable

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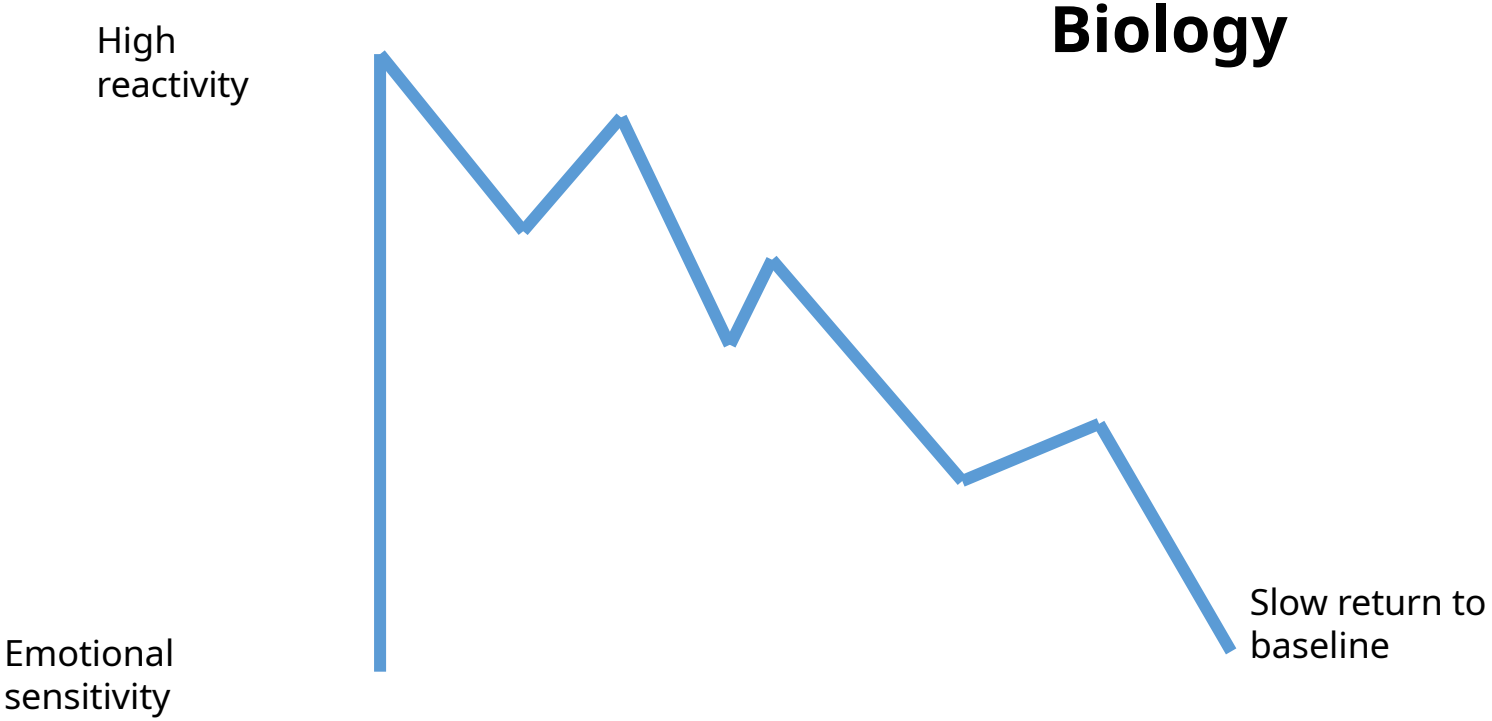
Foundational theory: Biosocial Theory

Vulnerable Biology



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Biosocial Theory contd

Invalidating environment

- Caregivers persistently and consistently fail to respond as needed to primary emotions and their expression
- The individual's personal experiences are trivialized, ignored, dismissed
- Often attributed to lack of motivation; overreactivity; inability to see things realistically

This is all **transactional!**

"Normal" amount of invalidation + extreme emotional vulnerability = emotional dysregulation

Highly invalidating environment + low emotional vulnerability = emotional dysregulation

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DSM-5 Criteria of BPD

1. Frantic efforts to avoid abandonment
2. Unstable and intense relationships
3. Unstable sense of self
4. Impulsivity in at least two areas
5. Recurrent suicidal behavior and/or self-injury

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DSM-5 Criteria of BPD

6. Affective instability

7. Chronic feelings of emptiness

8. Inappropriate, intense anger or difficulty controlling anger

9. Transient, stress related paranoid ideation

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Difficulties in 5 Areas of Functioning

BPD=
Borderline Personality Disorder

Emotions: People with BPD have been described as "emotional burn victims" due to extreme sensitivity. Their interior world can be constantly shifting, unpredictable and difficult to express to others or understand.

Behaviors: People with BPD may typically use impulsive, self-destructive behaviors as a way to regulate intense, negative emotions and cope with life.

Relationships: People with BPD may have difficulty tolerating separation or perceived rejection from those they are closest to and can live in constant fear of abandonment.

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Difficulties in 5 Areas of Functioning

Self-Image: People with BPD may have a fragile and shifting sense of self. A sudden change, even a good one, can destabilize a person's sense of themselves and their place in the world.

Cognition: People with BPD can have impaired and distorted thinking, especially under stress or when triggered.

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Treatments for BPD

What is *not* effective?

Medication as a “stand alone” treatment

Frequent hospitalizations

Bisk R., Paris, J, 2012

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Treatments for BPD

What *is* effective?

Specialized psychotherapies including:

- Dialectical Behavior Therapy (DBT)
- Mentalization Based Therapy (MBT)
- Transference-focused Therapy (TFT)
- Good(General) Psychiatric Management (GPM)
- Systems Training for Emotional Predictability and Problem-Solving (STEPPS)

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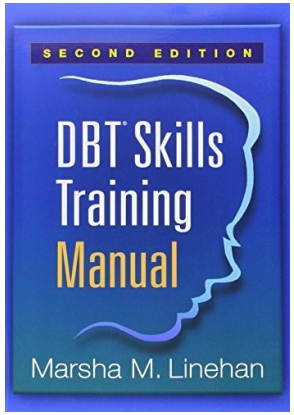
DBT at a Glance



Well researched and comprehensive treatment designed to help people who have difficulty regulating their emotions.

Highly structured

Combines behavioral principles, mindfulness, and dialectical philosophy

Views suicidal behavior as a maladaptive way of problem solving

Emphasizes balance of acceptance and change

Not suicide prevention → building a life worth living

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Five Functions of Comprehensive DBT

1. Enhance client capabilities by teaching new skills

2. Enhance client motivation to use new skills and stay in treatment

3. Encourage generalization of new skill

4. Assist in structuring the environment in a way that will support and maintain progress and advancement towards goals

5. Provide support for therapists

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The Four Modes of a Full Model DBT Program

1. Individual Weekly Therapy
2. Weekly Skills Group
3. Phone coaching
4. DBT Consultation Team

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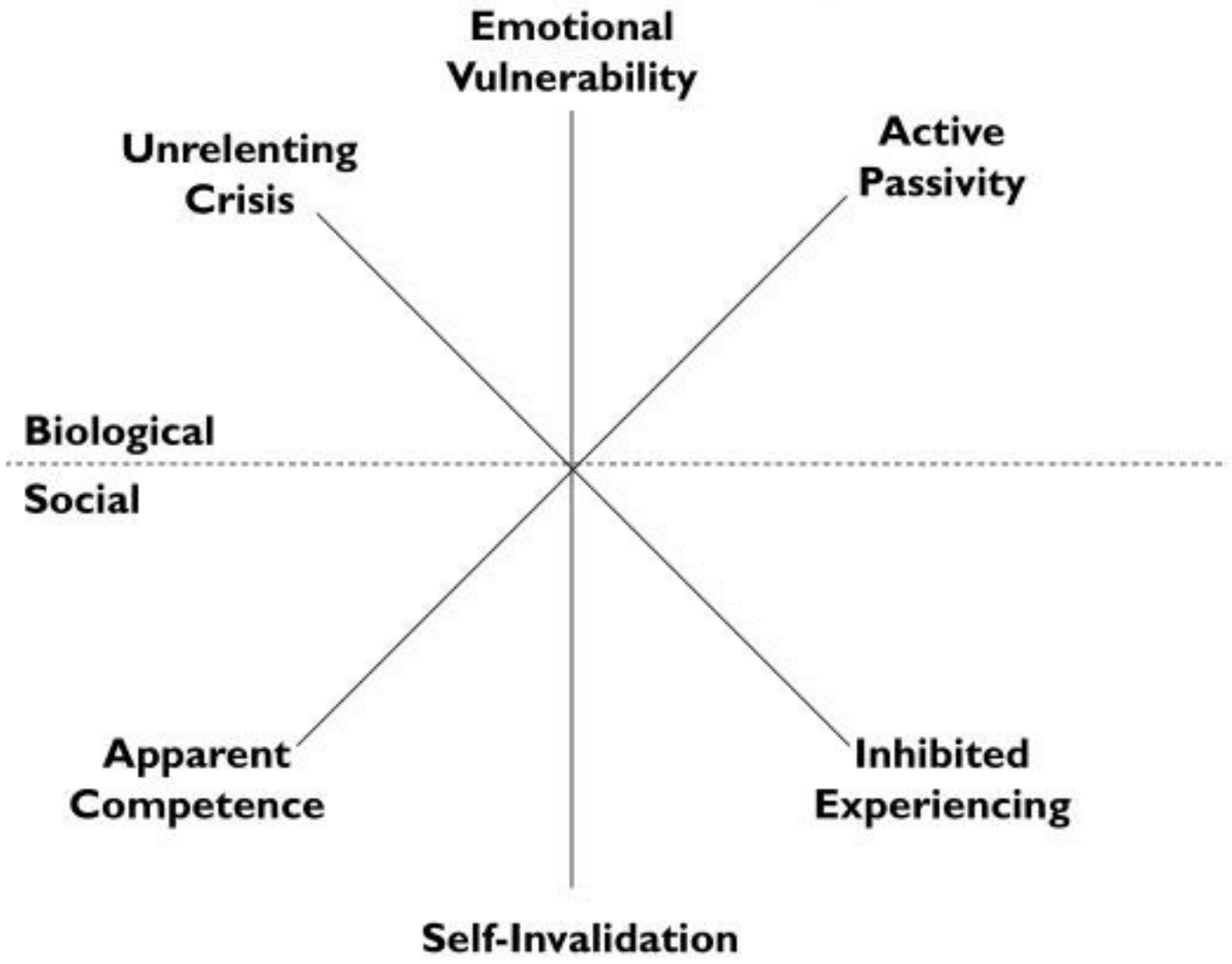
The “D” in DBT

The “D” stands for **Dialectics**

Dialectics means two things that seem like opposites (or are) can both be true. There is no absolute truth.

Therapist find a **balance** between accepting clients as they are and helping them work towards change

Dialectical Dilemmas



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The “B” in DBT

The “B” stands for **Behavior**

DBT requires a behavioral approach

Behaviors can be overt or covert

Most problem behaviors are viewed as attempts to **change intense emotions** or as **outcomes of emotion dysregulation**

DBT Foundational Theory: Behavior is Functional

Behavior functions to solve a problem

Behaviors exist b/c they are functional

Behavior is "Working" if it sticks around

Behaviors would not continue to exist if they didn't function to solve a problem

Behavior is Contextual

Behaviors occur in specific circumstances

Behaviors can be understood by looking at the environmental circumstances in which they occur

Behaviors are not seen as Spontaneous

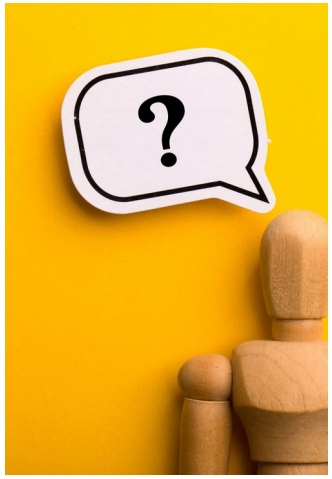
Searching for Context, gives you clues regarding the Function

DBT and Behaviors

In DBT, most problem behaviors are viewed as attempts to **change intense emotions** or as **outcomes of emotion dysregulation**.

Example: Drugs and alcohol are often used to reduce painful emotions, whereas difficulty controlling intense emotions may lead to impulsive behaviors including substance use.

DBT and Behaviors: WTF (What's the Function)



Our goal is to help clients:

Identify the **Behavior**

Identify the potential **Function**

Identify the **Problem being solved or need being met**

INSERT alternative/adaptive means of solving the problem permanently or effectively

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DBT Assumptions about Clients

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

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DBT Assumptions about Clients

- The lives of our clients are unbearable
- Clients must learn new behaviors in all relevant contexts
- Clients cannot fail in therapy
- DBT team members need support

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Thank you!

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