People with “Personality Disorder”

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Personality Disorder

A. Pervasive, persistent maladaptive behavior
   Not attributable to Axis I
   Medical illness
   Or cultural role difficulties.

B. We all have different ways of protecting ourselves

C. We all have bits and pieces of effective as well as maladaptive behavior

D. Any label gives very incomplete information

Personality Disorders: DSM IVTR classification

Cluster A: odd or eccentric
Cluster B: dramatic, emotional or erratic
Cluster C: anxious or fearful

- Paranoid
- Schizoid
- Schizotypal

- Antisocial
- Borderline
- Histrionic
- Narcissistic

- Avoidant
- Dependent
- Obsessive-compulsive

Paranoid Personality Disorder

- Suspicious of other people and of intentions,
- Querulous, blameful, sensitive to criticism, counter-attacking response
- Grievance, has been let down by people
- Assumes problems are always caused by other people
- Unwillingness to confide in others
- Preoccupied by ideas of adequacy, power and prestige
- Tendency to rewrite history to fit their world view
Cluster C:
Anxious or fearful

- Avoidant
- Dependent
- Obsessive-compulsive

Avoidant Personality Disorder

Cluster B:
dramatic, emotional or erratic

Antisocial
Borderline
Histrionic
Narcissistic

* I’m being an asshole on this because I’m an asshole on everything! *

Antisocial Personality Disorder
Pervasive pattern of disregard for and violation of the rights of others

- Repeated illegal behavior
- Deceitfulness
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard to safety of self or others
- Consistent irresponsibility
- Lack of remorse

Personality Disorders:

Some personality disorders more treatable than others
Some people more treatable than others
Treatment usually requires ongoing effort over time
Jails and prisons become place of last resort for people who do not follow societal rules

Borderline Personality Disorder

I was diagnosed with BPD about 2 years ago. I’m not sure if I really agree with it, but I guess I do fit into the criteria, just not the stereotype. I think that almost everyone on earth could fit into the BPD criteria somehow though. I didn’t feel bad about the diagnosis until I started reading about it. Then it seemed to be this horrid curse that labeled me a self-centered, attention-seeking jerk. I don’t see myself this way. I hope I am not.
Core Deficits in People with Borderline Disorder

A. Affective Instability
B. Impulsivity and low frustration tolerance
C. Sense of self as being damaged/defective/not good
D. Difficulty maintaining their own sense of identity/poor object constancy
E. Poor understanding of rules of normal interpersonal relationships

Borderline Personality Disorder

Prevalence of BPD in general population:
8 published studies (Torgersen in press)
Median 1.42 %, mean 1.16 %

Estimated
10-20 % in Psychiatric Outpatients
15-20 % in Psychiatric Inpatients

We react negatively to the “borderline” diagnosis

“Having that diagnosis resulted in my getting treated exactly the way I was treated at home. The minute I got the diagnosis people stopped treating me as though what I was doing had a reason.”

Judith Herman
Trauma and Recovery

Chestnut Lodge Study

• 16% with depressive symptoms completed suicide
• Typical course of BPD was continued poor adaptation through 20s and early 30s, followed by better functioning during the 40s

Rather be dead!!!.. just venting!
I don’t understand how I am supposed to deal with my ‘stuff’. I don’t feel like living this way anymore... I want to s/i so badly but I am afraid that if I don’t make it a FINAL act I will have severe consequences to pay and will end up feeling worse. What am I supposed to do with all these feelings? I wish I could just die for a little while, I hate this so much I am so mad and I don’t know where to put the blame. Is it my fault that I am borderline and end up fucking up my relationships and just my whole life in general! I think I’d rather be dead! What fucking choices to I have that don’t suck!!

Significance of a “Healing Relationship”

• 45% of patients identified a significant other as responsible for their improvement
• 29% identified a therapeutic relationship as responsible for improvement

Links and Heslegrave 2000
Borderline Personality Disorder: How to work with people who have it

- Know the limits of your responsibility
- Be aware of your own feelings
- Monitor and regulate interpersonal distance
- Be aware of "splitting"—being "right" may be less important than being a team

Words that Interfere with Relationship

- Manipulative
- Treatment Resistant
- Unmotivated
- Attention Seeking
- Too ill to know what is good for herself

Core issue: inability to maintain a stable relationship

- Problems negotiating boundaries
- Problems with "splitting"
  - living up to the role of being perfect
  - being with someone who believes you are evil and terrible
- Problems with someone who needs more than you can provide
- Problems with chronic crisis and risk

Support the client's own sense of competence

Assumptions about borderline patients and therapy (from Lenihan)

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

Planning can be extremely helpful

- This may be a one-time event for you, but it is part of ongoing chaos for the person and other people in the system
- Planning can allow you to be proactive
- Involve the client
### Try to involve the person in what has worked, and what has not worked

Many people with a borderline diagnosis have been in the system for years
- What has the person tried
- What has gotten in the way
- How has the person responded to problems
- Exceptions when things have gone well, or at least gone a bit better

### Consider that problem behavior is exacerbated by:

- Treatable medical illness
- Co-existing mental illness
- Sequela of trauma
- Always consider substance abuse

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### Core Strategies for working with someone with borderline disorder

- Validation
- Problem solving
- Skills training

Marsha Lenihan

### The importance of hope

- Building motivation
- Getting through the bad times

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### Harm reduction

- Problematic behaviors are unlikely to completely stop
- The goal is to decrease risk
  - Decrease frequency
  - Decrease the most risky behavior

### Sexual Abuse and BPD

- 60-86% of people with BPD have childhood histories of childhood sexual abuse
- Most people with childhood sexual abuse do not develop BPD
- Some people with BPD have no childhood history of sexual abuse
BPD and PTSD
(Post Traumatic Stress Disorder)

- Flashbacks
- Sustained dissociative periods
- Fear of attachment

Herman 1992

Risk

- There is no way to work with people with borderline personality disorder without taking risks
- Need to balance short term vs. long term risks
  
  Ongoing risk of suicide.
  Responding to each suicidal event may make it more difficult for people to stabilize their lives.

Cutting:
I cut when I can't stand the pain anymore ....sometimes I get such an overwhelming wave of emotional pain that I feel like my soul will surely shatter completely....I can feel the pressure building up till I have to do something. Suicide has proven a failure for me, so I resort to cutting, cutting gives me immediate release.... and the pain will subside for a while, giving me enough of a break to pull my Sh*T together temporarily.

Role of the hospital

- Clear goals for use of hospital
- Use of crisis homes and other alternatives
- Use of hospital contracts