Borderline Personality Disorder: An Introduction

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BROADLEAF HEALTH

Dialectical Behaviour Therapy – Basic Skills for Primary Care

Dr. Andrew Ekblad

Day in Psychiatry 2018

Declaration of Conflict of Interest:

I DO have an affiliation (financial or otherwise) with a for-profit or not-for-profit organizations.

I am the chair of the board of Stonehenge Therapeutic Community (Substance abuse treatment facility)

I do not receive remuneration for this position

I am receiving an honorarium for this presentation from Grand River Hospital Foundation.

I DO NOT INTEND to make therapeutic recommendations for medications that have not received regulatory approval

(e.g “off-label”use).

Dialectical Behaviour Therapy – Basic Skills for Primary Care

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- The KW Pharmacy
- HLS Therapeutics

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Mitigating Potential Conflicts of Interest:

Not applicable

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Learning Goals

A. Brief review of the principles of DBT
B. Respond more effectively to self-harm behaviours/crisis presentations in the office
C. Develop a practical step-by-step approach to effective safety planning
D. Learn about and practice a specific form of validation for use with emotionally dysregulated patients

Comprehensive DBT

- "Comprehensive DBT" is an evidence based treatment for people with BPD
  - Initially, 1 year although length of time varies
  - 4 modes (individual, group, phone coaching, therapist consultation team meetings)
  - Dozens of behavioural skills
  - Numerous therapist strategies

Adaptations of DBT

- DBT has been adapted for:
  - Any population with impulse control problems (eating disorders, substance use, criminal system, adolescents with BPD traits, etc.)
  - Other special populations (hearing-impaired, geriatric, school children)
  - Any setting (individual therapy, inpatient, day treatment, ACT teams, jail, residential treatment, etc.)
- Any professional can implement selected strategies

Research on DBT

- 36 RCTs (1991-2016)
  - ↓ frequency of self-harm
  - ↑ retention in therapy (30% drop-out rate)
  - ↓ psychiatric hospitalization days
  - ↓ purging
  - ↓ hopelessness
  - ↓ anxiety

Fundamentally, what does DBT treat?

- Emotion dysregulation
  - Pervasive emotion dysregulation is explained by the Bio-Social Theory
  - Symptoms such as impulsivity & self-harm are effective short term emotion regulation strategies (with negative long term consequences)
- Symptoms such as dissociation stem from absolute failure to regulate emotion

Primary Treatment Targets

Stage 1: Achieve Behavioural Control

1. Eliminate life-threatening behaviours
2. Eliminate therapy-interfering behaviours
3. Eliminate quality-of-life interfering behaviours
4. Increase behavioural skills

Borderline Personality Disorder

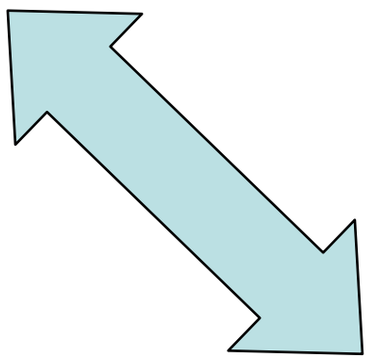
Five Areas of Dysregulation

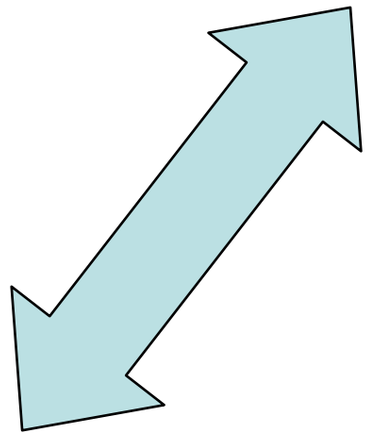
- **Emotional**: Moody, Angry
- **Behavioural**: Suicide/Self-Harm, Impulsive
- **Cognitive**: Dissociative/Paranoid
- **Interpersonal**: Abandonment, Idealize and Devalue
- **Sense of Self**: Emptiness, Identity

Etiology of BPD: Transactional Model

Emotionally Vulnerable Person

Invalidating Environment





BEHAVIOURALLY DYSREGULATED PERSON WITH BPD

(Crowell, Beauchaine, Linehan, 2009)

Discussing the Diagnosis with Patients

- Biosocial Theory is comforting to many patients and family members
  - Many start to feel “OK, this isn’t just me being crazy/ bad.”
  - “There are others like me”

- Many patients with BPD will identify with having always been told they are more “emotionally intense”, “temperamental”, or “difficult” even from an early age

- An invalidating environment can be described as a “poorness of fit” between person and environment

Validation

Validation

- Empathy ***plus*** seeing what is valid
- Empathy: accurately see the world from patient's perspective
- **Add**
- Actively communicate some part of perspective makes sense
- Validation doesn't require you to
  - Agree
  - Approve
  - Respond warmly

Why Validate?

- Reduces physiological and emotional arousal
(Shenk & Fruzzetti, 2011)
- Triggers alternative responses
- Broadens patients ability to respond skilfully
- Validation is the sugar coating on the bitter pill of change (behaviour therapy)

Why Validate?

Emotion Dysregulation → Less Processing of New Information

→ ***No*** **Learning**

↕

No **Therapeutic Change**

What to Validate

- **Facts**
  - “It is true, this medication is having more side effects than we hoped.”
    - “And it is still better than taking nothing.”
- **Feelings**
  - “Given everything that has happened it makes sense things feel hopeless right now.”
    - “And the situation may not be hopeless.”
- **Thoughts**
  - “It makes sense you want to give up right now, it seems like nothing is working.”
    - “And I’m wondering if you’d be willing to work on a safety plan with me.”

The Sky is Not Green:
What to *not* Validate

The Invalid

- “Things are so terrible, I have to kill myself.”
  - “Things are terrible. You do not have to kill yourself. There are alternatives you can choose.”

- “I can’t do this.”
  - “It makes perfect sense you feel you can’t do this, you’ve never done it before, it feels strange and awkward, and you can do it.

Radical Acceptance

Radical Acceptance

- Radical acceptance is complete and total openness to the fact of reality as they are.
- May also be described as Radical Acknowledgement.
- It is not “Yes, this is good.” Rather, “Yes, this is true.”
- Acceptance is essential to bringing about change.

What Has To Be Accepted?

1. Reality is what it is.

2. Everyone’s future has limitations.

3. Everything in the universe has a cause.

4. Life can be worth living even when it contains pain.

Why Accept Reality?

1. Rejecting or denying reality doesn’t change reality.
2. Changing reality requires first accepting reality.
3. Pain cannot be avoided.
4. Rejecting reality turns pain into suffering.
5. Accepting reality can bring freedom.
6. Acceptance may lead to sadness, and deep calm usually follows.
7. The path out of hell is through misery.

Willingness

- Willingness is readiness to enter and participate fully in life and living:

- Find a willing response to each situation.

- Replace willfulness with willingness.

- Willingness, step by step.

Willingness

- **Willingness** is the readiness to respond to life's situations wisely, as needed, voluntarily, and without grudge

- **Willfulness** is denying life or refusing to be a part of it. Giving up and sitting on your hands instead of doing what is needed in the moment

Willingness Step by Step

1. Observe wilfulness:
   - Label it, what does it feel like, what thoughts arise?
2. Radically accept that you feel and may be acting willful.
3. Turn your mind toward Acceptance and Willingness.
4. Try Willing Hands.
5. Useful questions:
   - “What’s the threat?”
   - “What has led me to willingness in the past?”

Mindfulness “How” Skills: Effectively

Why Act Effectively?

- We cannot reach our goals through rigid clinging to principles or beliefs.

- “Deep down what do you believe would be in your best interest right now.”

Effectively: How to Do It

1. Know the goal or objective.

2. Know what will and won’t work to achieve goals.

3. “Play by the Rules” when necessary.

4. Sacrifice a principle to achieve a goal when necessary.

Freedom to Choose

- Essence: highlighting patient's freedom to choose and the absence of alternatives.

- Increases patient's sense of empowerment; strengthens belief that there are no other ways to achieve goals.

- Clinician may still choose to express an opinion.

  - "I can't make you take this medication, and I think it would be effective to. If you are unwilling to take my help, what do we have to talk about?"

Common Traps

1. Fair vs. Unfair

"You're right, it is not fair. Unfortunately, when we talk about fair we talk about a world that does not exist."

2. Should vs. Shouldn't

"You're right, in a world that is all good, this should not happen. In a world where actions and circumstances have consequences, it unfortunately makes sense that this happened, even if we wish that it would not."

3. Good vs. Bad

"This is not a good thing. Are you willing to be effective in a world where this is true?"

Safety Planning Intervention

(Stanley & Brown, 2012)

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1. **Warning signs**
   - Increased suicidal ideation
2. **Internal coping skills**
   - Ice
   - Soothing playlist
3. **Social distraction skills**
   - Library
   - Coffee shop
4. **Social support**
   - Friend
   - Family member
5. **Professional support**
   - Therapist
   - GP
   - Crisis line
6. **Creating a safe environment**
   - Remove access to means

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