

Borderline personality disorder – extracted from Webinar MHPN ([link to resources](#))

1. Affective instability
2. Inappropriate anger
3. Chronic feeling of emptiness
4. Stress-related paranoid ideation/dissociation
5. Identity disturbance
6. Impulsivity
7. Recurrent deliberate self-harm
8. Unstable relationships
9. Avoidance of abandonment

What makes people with BPD tick?

Having BPD is not deliberate; people do not choose to have it

- Constant internal pain or feeling absolutely nothing
- Unable to trust
- Anger
- Heightened overwhelming emotions
- Life in turmoil

What do you see - how are behaviours challenging?

People that you don't particularly like, people you feel compassion for or people who are a challenge?

- Self-harm
- Threatened suicide
- Missed appointments - then needing instant access
- Lashing out
- Anger
- Other health issues (e.g. substance abuse)

Why do people act this way?

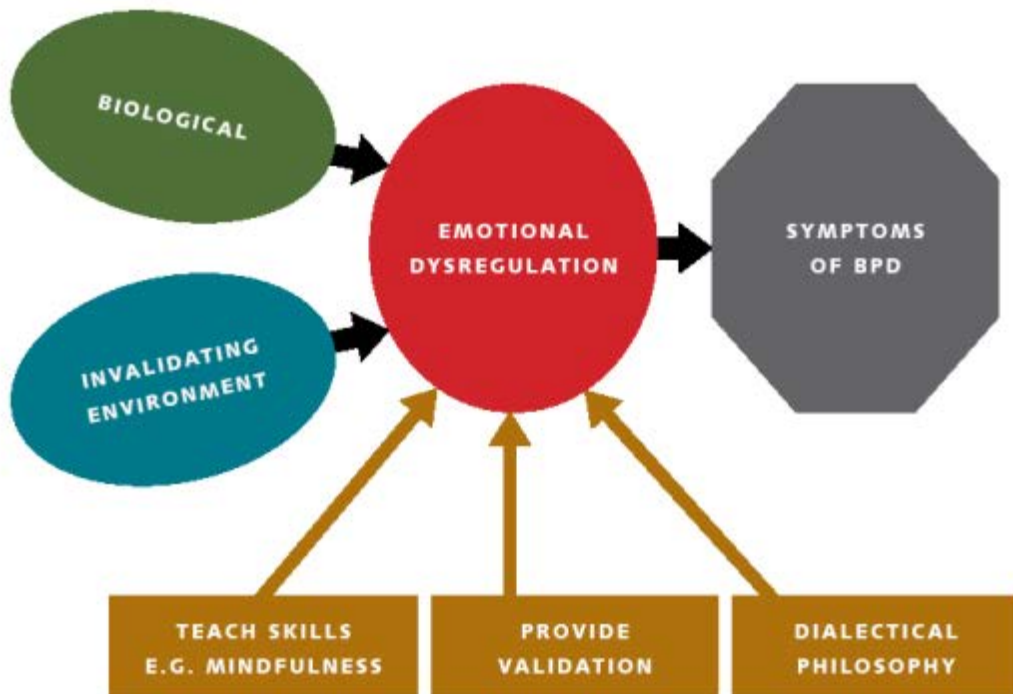
People do whatever they need to in order to –

- Ease the constant internal pain or actually feel something
- Lessen overwhelming emotions
- Regain sense of order
- Feel back in control

GP perspective

- Acknowledge the distress triggering the behaviour
- Seek to strengthen their coping repertoires
- Structured problem solving
- Setting reasonable limits for them and yourself
- Acknowledge that their safety is in their hands
- Negotiate agreement to a crisis plan that is shared with other members of team, and family/carers if appropriate
- Maintain professional relationship – beware of your emotional response to their challenging behaviours
- Give a sense of hope but don't fall into the trap of “rescuer”
- Work as a team and seek support - “first rule at traffic accident”
- Take a long term perspective

Summary



Dialectical Behavioral Therapy

DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice.

Non-Judgmentally

This is the action of describing the facts, and not thinking about what's "good" or "bad", "fair", or "unfair." These are judgments because this is how you feel about the situation but isn't a factual description. Being non-judgmental helps to get your point across in an effective manner without adding a judgment that someone else might disagree with. "People with BPD are doing the best that they can manage"

One-Mindfully

One-mindfully (focus on one thing) is helpful in keeping from straying into emotion .

Reflection & Validation (Non Directive Counselling)

- restating what is said by the client to seek comment and clarification
- Leading statement – "Tell me more about that"
- Clarification - "You sound angry / sad about that"
- Summarization & validation - reviews what has been said thus far

See also – Summary of [managing BPD and substance use](#)