Borderline Personality Disorder Clinical Guidelines*
Developed in collaboration with the mental health centers associated with NBHP and FBHP
DSM-V Diagnostic Code: 301.83

Diagnostic Considerations:

1. **Review diagnostic criteria** in DSM-V: The essential features of BPD include patterns of functional impairment in relationships (intense patterns of switching between idealization and devaluation), self-image (inconsistent sense of self), and moods (impulsivity and self-harming gestures). See DSM-V for full criteria.

2. **Differentiate between BPD, mood disorders, and other personality disorders.** It is important to distinguish other mood disorders, anxiety disorders or PTSD, or personality disorders as symptoms can overlap:
   - Although depression can co-occur with BPD, differentiate between depression as a distinct diagnosis versus feelings of depression and emptiness in BPD. Neuro-vegetative symptoms such as suppressed appetite, sleep disturbances, anhedonia, and lack of energy tend to be indicators of a depressive disorder.
   - Other personality disorders may be confused with BPD because of similar symptoms. These include: Histrionic, Narcissistic, or Paranoid Personality Disorders

3. **Co-occurring disorders** include Major Depressive Disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, other anxiety disorders, eating disorders, substance abuse disorders, and other personality disorders.

4. **Individuals with BPD may engage in self-harming behaviors, suicidal gestures, and/or suicide attempts.** Self-harm and suicidal behaviors can become “coping” strategies for those with BPD. Assessing the function that suicidal behaviors serve for the individual is important. Self-harm, suicidal gestures, and completed suicides are most predominant in early adulthood.

5. **The prevalence** rate for BPD has been reported between 1.6% and 5.9% of the population. While it is typically diagnosed in early adulthood, traits can be identified at an earlier age. As individuals age, they may no longer meet diagnostic criteria for an ongoing diagnosis of BPD as symptoms improve throughout the lifespan. The prevalence rate is equal across genders although females are diagnosed at a much higher rate than males.

6. **Presentation differences** occur between males and females with BPD. Males tend to present with more antisocial and narcissistic personality characteristics, and substance use symptoms. This may be why more men present with BPD in a correctional setting; hence, identification of BPD symptoms while incarcerated is important. Females present with higher rates of eating disorders, PTSD, panic attacks, and self-harming behaviors. Both males and females may demonstrate explosive outbursts of temper.

7. **Consider risk factors** such as a history of trauma, especially in severe and/or sustained abuse. BPD is around five times more common in first-degree relatives also diagnosed with the disorder. The latest research suggests a socio-biological etiology. Although there is less evidence to support BPD as an inheritable diagnosis, traits such as mood dysregulation and inability to regulate anger have been identified in twin studies as having a genetic contribution. Early childhood experiences such as inconsistent parenting, unstable environment, or loss (physical loss or emotional absence) of a parent may contribute to BPD.
8. **Complete a psychosocial and diagnostic assessment.** A detailed clinical interview and history are the mainstays for assessing BPD especially for properly diagnosing men who may be less likely to volunteer information related to internalizing symptoms (such as fear of abandonment).
   - Three brief screening tools can be used to assess symptomology and severity, though are less useful for differential diagnosis:
     - Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD)
     - McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD)
     - Personality Inventory for DSM5 brief form (PID-5-BF; 25-items) are in the public domain [on the DSM5 website] and may be helpful in rating symptoms.
   - Broad scale assessment tools and diagnostic interviews can be helpful to more thoroughly assess functioning or assist in differential diagnosis include The Diagnostic Interview for Borderlines, Revised (DIB-R) and the Structured Clinical Interview (SCID-II).

**Treatment Guidelines**

1. **Complete a functional assessment.** Reactive or chaotic behaviors should be assessed to determine the level of impact in interpersonal, social, or occupational functioning. Individuals with BPD tend to have strained family and social relationships and this should be an area to focus assessments to identify skills deficits and areas to focus on in treatment.

2. **Continually assess for risk issues.** Risk factors such as suicidal gestures, threats, or actions as well as non-suicidal self-injury (NSSI) are common symptoms which need to be assessed on a regular and ongoing basis, along with substance use and abuse. Extra focus should be given at objective life transitions (i.e. breakup, job loss, housing change, feelings of loss) or when the therapist notices a deviation or increase from baseline behaviors. Avoid reinforcing inappropriate attention seeking. Develop a crisis or safety plan that identifies potential triggers and strategies or resources when crisis occurs. Trauma and/or abuse assessments should be completed on a regular basis as studies show ongoing trauma in adulthood has a strong association with a lack of remission from BPD over time.

3. **Psychotherapy.** Dialectical Behavioral Therapy (DBT) was designed specifically for the treatment of BPD and has the most research conducted to the treatment of BPD. Brief therapy may not be a sufficient intervention. Other treatments that have been shown to be effective include various forms of Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing therapy (EMDR). Trauma Informed Care is also important to consider as the co-occurrence of trauma with this disorder is particularly high.
   - **Dialectical Behavioral Therapy (DBT):** An evidence-based practice comprised of multiple modules that focus on mindfulness and distress management techniques through a combination of mediums including group therapy, individual therapy, and independent work for the client. DBT consists of four modules:
     - **Module 1: Mindfulness (or developing one’s “Wise Mind”)**
     - **Module 2: Distress Tolerance**
     - **Module 3: Emotion Regulation**
     - **Module 4: Interpersonal Effectiveness**

4. **Symptom-targeted psychopharmacology.** Studies have shown that some individuals with BPD may benefit from mood stabilizing medications, anti-depressants, anti-psychotics for thought disorders as well as medications for symptoms of other co-occurring disorders.

5. **Focus on the alliance.** Drop out is a very common problem with individuals who have BPD. Clinicians should focus on developing a persistent and trusting relationship in which open and consistent
communication occurs. Working with individuals who have BPD can be very difficult, so support through supervision and/or consultation is both beneficial and recommended.

6. Creating healthy relationships.
   - Develop a clear, consistent understanding of BPD with the client. It is common for these clients to be resistant to the diagnosis, and the sooner the clinician can connect behaviors with the diagnosis, the better the outcome. Clinicians that help the client accept a clear definition of BPD tend to make more progress.
   - Boundaries- Addressing and setting boundaries from the onset of treatment is crucial for a successful treatment episode. A clinician setting appropriate boundaries models healthy relationship skills for the client. Setting clear expectations around behaviors and how they will be responded to by client and therapist may be useful. Clients benefit from seeing that their clinician can tolerate their emotional responses without rejecting them as people, while at the same time not tolerating inappropriate behavior. Feelings of countertransference can be common in these types of therapeutic relationships.
   - Interpersonal Boundaries- Help clients identify their own goals for positive relationships. Some possible goals could be learning to set healthy boundaries in different types of relationships (i.e. being responsible to others vs. being responsible for others) as well as managing feelings of abandonment.

*The Clinical Guidelines are meant to assist providers in making the best decisions about appropriate treatment in specific clinical circumstances. You are not required to follow them nor are you expected to be proficient in all of the therapeutic models described below. However, following the guidelines is one way to help ensure that your care is consistent with the most current research and best practices and that it is medically necessary.

References and Resources


National Institute for Mental Health: http://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml#part1


**Screening and Assessment Tools:**

Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD)

McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD)
psychiatry.ucsd.edu/forms/Mclean.doc

Personality Inventory for DSM5 (PID-5 and PID-5-BF) http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures
Tips for Borderline Personality Disorder
Developed in collaboration with the mental health centers of NBHP and FBHP & the Client and Family Advisory Board

1. **Recovery is possible.** Despite the myth that personality disorders persist throughout the lifetime, research shows that many people improve over time. Ask your therapist about effective psychotherapy techniques, such as Dialectical Behavior Therapy and Cognitive Behavioral Therapy.

2. **Educate yourself.** Stigma exists about Borderline Personality Disorder (BPD) because of misinformation. Increasing your knowledge of how BPD develops, what the symptoms are and how it is treated can help you differentiate the myths from reality.
   - **Symptoms of BPD** include emotional instability, feelings of worthlessness or emptiness, extreme reactions when feeling angry, sad or alone, and a pattern of intense and often conflictual relationships.

3. **Practice the skills** learned in therapy and actively work toward improving relationships and feeling more in control of your feelings and behaviors.
   - **Mindfulness and relaxation** exercises help you to observe your thoughts and feelings in the moment before choosing how to respond. Talk to your therapist or search “mindfulness” videos on Youtube to learn more about how to use this technique.
   - **Increase your positive emotions** by engaging in activities you enjoy and take your mind off of the current stressor. When feeling upset, you may feel like staying home or staying in bed, but this only serves to increase negative thoughts and feelings. Getting out of the house, spending time with a friend, or watching a funny movie can break the cycle.
   - **Identify triggers that impact your mood.** If you are aware of the types of situations that can make you feel upset, you can then rehearse how to respond in the future. Remind yourself that acting impulsively out of anger usually does not lead to positive outcomes.
   - **Use skills to manage impulses.** Before responding to something that upsets you, wait for the strong emotions to pass and thoughtfully decide how you choose to respond. For example, journal about your feelings in the moment, and then wait 24 hours, review your feelings from a new perspective, and then choose how you want to respond.
   - **Notice thinking patterns** and practice new ways of thinking. For example, consider how a friend may look at the same situation differently or how you might feel about the situation six months from now and try to avoid all or nothing thinking (“always”, “never”, etc.). When making a decision, try thinking in terms of what would be “effective or ineffective” in getting your needs met.

4. **Reach out to others for support.** You may feel frustrated at people at times, which may lead to wanting to avoid others or wanting others to automatically know how you feel. Although it can be uncomfortable, talk to a trusted friend, be assertive and ask directly for the help you need, and be open to their perception of the triggering event.

5. **Create a healthy lifestyle** that includes a stable schedule including exercise, proper nutrition and getting regular sleep. Avoid using alcohol and/or drugs to cope. Alcohol and drugs can increase the intensity of your moods and also lead to more impulsive behaviors.

6. **Be consistent with therapy.** Keep going to therapy even when you feel frustrated or things get hard. If you feel upset about something that happens in therapy, tell your therapist what you’re thinking in order to work through barriers together.
Tips for Borderline Personality Disorder
Developed in collaboration with the mental health centers of NBHP and FBHP & the Client and Family Advisory Board

7. **Medications may be recommended.** Your therapist may identify symptoms that you experience, such as depression or anxiety, that could be treated with medication. If this is the case, your therapist may recommend consulting a mental health prescriber. Take medications consistently if prescribed.

8. **Set goals for yourself,** based on what is important to you and what you want your life to look like. Ask your therapist for help with tools to keep you moving towards your goals. It helps to break goals into small, achievable steps, so you can build your confidence and see the progress you are making.

9. **Develop healthy relationships** with others. In relationships with family, friends and loved ones, people with BPD can sometimes switch back and forth between feeling extreme closeness and love to viewing them with extreme dislike or anger. Working to see relationships in more realistic ways, recognizing that all people have strengths and weaknesses, and that we all make mistakes can help strengthen relationships.

**Resources for Clients and Families**

**Web Resources for Clients and Families:**
Borderline Personality Disorder: An Information Guide for Families:
https://knowledgex.camh.net/amhspecialists/resources_families/Documents/Borderline_Personality_Disorder.pdf

Center for Addiction and Mental Health (CAMH)
http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Pages/default.aspx

National Institute for Mental Health: http://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml#part1

National Alliance on Mental Health (NAMI), Borderline Personality Disorder: What you need to know about this medical illness
http://www.nami.org/Template.cfm?Section=Borderline_Personality_Disorder_(BPD)&Template=/ContentManagement/ContentDisplay.cfm&ContentID=81017

**Books and Skills Training Workbooks:**

The Dialectical Behavior Therapy Skills Workbook (2007) by Matthew McKay, Jeffrey C. Wood, and Jeffrey Brantley

The Essential Family Guide to Borderline Personality Disorder (2008) by Randi Kreger

I Hate You, Don’t Leave Me (2010) by Jerold J. Kreisman and Hal Straus

Mindfulness for Borderline Personality Disorder: Relieve Your Suffering Using the Core Skill of Dialectical Behavior Therapy (2013) by Blaise Aguirre and Gillian Galen
Consejos para el Trastorno límite de la personalidad
Desarrollado en colaboración con los centros de salud mental de NBHP y FBHP,
y la Comisión Consultiva del Consumidor y la Familia.

1. **Es posible recuperarse.** A pesar del mito de que los trastornos de la personalidad persisten a través de toda la vida, las investigaciones muestran que muchas personas se mejoran con el tiempo. Pregunte a su terapista sobre técnicas efectivas de psicoterapia como terapia dialéctica conductual y terapia cognitivo conductual.

2. **Edúquese.** Todavía existe un estigma en relación con el Trastorno límite de la personalidad (BPD, sigla en inglés de Borderline Personality Disorder) debido a la falta de información. Aumentar su conocimiento sobre cómo se desarrolla el BPD, sus síntomas y cómo se trata, puede ayudarle a diferenciar los mitos de la realidad.
   - **Los síntomas de BPD** incluyen inestabilidad emocional, sentimientos de inutilidad o vacío, reacciones extremas cuando se está enfadado, triste o solo y un patrón de relaciones intensas y por lo general conflictivas.

3. **Practique las técnicas** aprendidas en terapia y trabaje activamente para mejorar sus relaciones y sentirse en más control de sus sentimientos y comportamientos.
   - Los ejercicios de **prestar atención y relajación** le ayudan a observar sus pensamientos y sentimientos en el momento, antes de que escoja cómo responder. Hable con su terapeuta o busque videos de “meditación de prestar atención” en YouTube para aprender sobre cómo usar esta técnica.
   - **Aumente sus emociones positivas** practicando actividades que disfrute y le distraigan la mente de la situación o factor actual que le causa estrés. Cuando no se sienta bien, usted puede querer quedarse en casa o en la cama, pero esto solo va a ayudar aumentar los sentimientos y pensamientos negativos. Salir de la casa, pasar tiempo con un amigo o amiga, o mirar una película divertida pueden romper el círculo.
   - **Identifique los elementos desencadenantes que afectan su estado de ánimo.** Si usted está consciente de los tipos de situaciones que le pueden hacer sentir alterado, usted puede ensayar cómo responder en el futuro. Recuérdese que actuar impulsivamente como respuesta al enfado por lo general no lleva a resultados positivos.
   - **Use técnicas para manejar los impulsos.** Antes de responder a algo que le molesta, espere a que le pasen las emociones fuertes que eso le causa y deliberadamente decida cómo quiere responder. Por ejemplo, escriba en un diario sobre sus sentimientos en el momento y espere 24 horas. Revise sus sentimientos desde una nueva perspectiva y entonces escoja cómo quiere responder.
   - **Observe los patrones de pensamiento** y practique nuevas maneras de pensar. Por ejemplo, considere cómo un amigo puede ver la misma situación de manera diferente o cómo usted se va a sentir con respecto a la situación dentro de seis meses. Trate de evitar la manera de pensar extrema de todo o nada (“siempre", "nunca", etc.). Cuando tome una decisión, trate de pensar en término de lo que será "efectivo o inefectivo" en cubrir sus necesidades.

4. **Busque el apoyo de otros.** En ocasiones, usted puede sentirse frustrado con las personas, lo que puede llevarlo a evitarlas o querer que los otros sepan automáticamente cómo se siente usted. A pesar de que puede ser incómodo, hable con un amigo de confianza, sea firme y pídale directamente la ayuda que necesita, y esté abierto a su percepción del evento desencadenante.

5. **Establezca un estilo de vida saludable** que incluya un horario estable, así como ejercicio, nutrición adecuada y sueño regular. Evite usar alcohol y/o drogas para sobrellevar la condición. El alcohol y las drogas pueden aumentar la intensidad de su humor y también causar más comportamientos impulsivos.
Consejos para el Trastorno límite de la personalidad
Desarrollado en colaboración con los centros de salud mental de NBHP y FBHP,
y la Comisión Consultiva del Consumidor y la Familia.

6. **Sea consistente con la terapia.** Siga asistiendo a la terapia incluso cuando se sienta frustrado o las cosas se pongan difíciles. Si se siente molesto sobre algo que pasa en la terapia, dígale a su terapeuta lo que está pensando para que trabajen juntos en las barreras que se presentan.

7. **Puede ser que le recomienden medicamentos.** Su terapeuta puede identificar síntomas que usted tiene, como depresión o ansiedad, los cuales pueden ser tratados con medicamentos. Si ese es el caso, su terapeuta puede recomendar consultar a un profesional de la salud mental que pueda recetar medicamentos. Si le mandan medicamentos, tómeseles de manera consistente.

8. **Establezca metas,** con base en lo que es importante para usted y cómo quiere que su vida sea. Pida ayuda a su terapeuta para que le enseñe técnicas para seguir avanzando a conseguir sus metas. Le sirve de ayuda dividir sus metas en pasos pequeños, posibles de conseguir, de modo que pueda fortalecer su confianza y ver el progreso que está haciendo.

9. **Desarrolle relaciones saludables** con otros. En relaciones con la familia, amigos y de pareja, las personas con BPD a veces pueden variar de un extremo a otro; de sentirse cerca y amados pasar a verlos con desagrado extremo o enfado. Trabaje para ver las relaciones de manera más realista, reconociendo que todas las personas tienen fortalezas y debilidades, y que todos cometemos errores que pueden fortalecer las relaciones.

**Recursos para los clientes y las familias.**

**Recursos en línea para los clientes y las familias:**
Trastorno límite de la personalidad: Una guía informativa para las familias:
[https://knowledgex.camh.net/amhspecialists/resources_families/Documents/Borderline_Personality_Disorder.pdf](https://knowledgex.camh.net/amhspecialists/resources_families/Documents/Borderline_Personality_Disorder.pdf)

Centro para la adicción y la salud mental (CAMH, sigla de Center for Addiction and Mental Health).
[http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Pages/default.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Pages/default.aspx)


Alianza Nacional en Salud Mental (NAMI, sigla de National Alliance on Mental Health), Trastorno límite de la personalidad: Lo que usted necesita saber sobre esta enfermedad médica.
[http://www.nami.org/Template.cfm?Section=Borderline_Personality_Disorder_(BPD)&Template=/ContentManagement/ContentDisplay.cfm&ContentID=81017](http://www.nami.org/Template.cfm?Section=Borderline_Personality_Disorder_(BPD)&Template=/ContentManagement/ContentDisplay.cfm&ContentID=81017)

**Libros y libros de ejercicios de capacitación:**
La guía de sobrevivencia para el trastorno límite de la personalidad (2007) por Alex Chapman y Kim Gratz

El libro de ejercicios de capacitación para terapia dialéctica conductual (2007) por Matthew McKay, Jeffrey C. Wood y Jeffrey Brantley.

La guía esencial para la familia para el trastorno límite de la personalidad (2008) por Randi Kreger.
Consejos para el Trastorno límite de la personalidad
Desarrollado en colaboración con los centros de salud mental de NBHP y FBHP,
y la Comisión Consultiva del Consumidor y la Familia.

Te odio, no me dejes (2010) por Jerold J. Kreisman y Hal Straus.

Pensamiento presente para el trastorno límite de la personalidad: Libérese de su sufrimiento usado la técnica principal de terapia dialéctica conductual (2013) por Blaise Aguirre y Gillian Galen.