





Borderline Personality Disorder

By

Reham Khalil Anwar Khalil

*BSN. BLS .Researcher in Master's Degree
in Psychiatric and Mental Health Nursing
Clinical instructor in psychiatric and Mental
Health Department at BUC*



16th & 17th April 2025



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Outline

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- **Definition of personality disorder**
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- **Sign and symptoms of Borderline Personality Disorder**
- **Types of Borderline Personality Disorder**
- **Diagnosis of Borderline Personality Disorder**
- **Treatment / management of Borderline Personality Disorder**



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Personality

What is personality?

- **Personality is a set of uniquely expressed characteristics that influence our behaviors, emotions, thoughts, and interactions.**
- **Particular characteristics – called traits – lead us to react in fairly predictable ways as we move through life.**
- **Personality is also flexible, allowing us to learn and adapt to new environments For those with personality disorders, however, that flexibility is usually missing.**



Personality Disorders

What is a personality disorder?

- **An enduring, rigid pattern of inner experience and outward behavior that impairs sense of self, emotional experience, goals, and capacity for empathy and/or intimacy The rigid traits of people with personality disorders often lead to psychological pain for the individual or others**
- **Prevalence Personality disorders are relatively common, found in 0.5% to 2.5% of the general population. The personality disorder forms as the personality itself is developing, making these maladaptive patterns ingrained into the sense of self. - Pinpointing the onset is also very difficult.**



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Classifying Personality Disorders

- **Defining Personality Disorders, The DSM IV defines 10 specific personality disorders, based on category. These disorders are different than most of the previously discussed disorders because they are classified as Axis II. - The DSM IV divides the personality disorders into 3 groups or clusters: A, B or C**
- **A personality disorder typically becomes recognizable in adolescence or early adulthood These are among the most difficult psychological disorders to treat Many sufferers are not even aware of their personality problems It has been estimated that 9% to 13% of all adults may have a personality disorder**



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Classifying Personality Disorders

- **The DSM-5 identifies ten personality disorders and separates these into three groups or “clusters”:**
- **Odd or eccentric behavior**
- **Paranoid, schizoid, and schizotypal personality disorders**
- **Dramatic, emotional, or erratic behavior**
- **Antisocial, borderline, narcissistic, and histrionic personality disorders**
- **Anxious or fearful behavior**
- **Avoidant, dependent, and obsessive-compulsive personality disorders**



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What is the origin of the term “borderline personality disorder”?

- The term “borderline” was first described by the psychoanalyst Adolf Stern in 1938. He used it to refer to a group of patients whose conditions worsened during therapy and who showed masochistic behaviour and psychic rigidity, indicating a protective mechanism against any perceived changes in the environment or within the individual. The term was later expanded in the late 1960s and 1970s by Otto Kernberg; this diagnosis was used in empirical studies conducted by Grinker and Werble. Gunderson and Singer reviewed the literature and listed several features that identify borderline personality disorder, and a diagnostic interview based on these features was later developed by Gunderson and colleagues.





- **The diagnosis was included in the DSM-III and was slightly revised in the DSM-IV, with the addition of a ninth criterion for cognitive symptoms, but both sets of criteria were based primarily on clinical experience and the work of Gunderson and Singer. The definition in the DSM-IV-TR is unchanged, although important modifications have been proposed for DSM-5. In particular, the diagnostic system for personality disorders will become a hybrid model, with both categorical diagnoses, including borderline personality disorder, and a dimensional system based on personality traits. The proposed categorical diagnosis of borderline personality disorder includes traits and symptoms that are generally similar to those in previous versions of the DSM.**



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- **Borderline personality disorder (BPD) is a mental health condition characterized by pervasive patterns of instability in mood, self-image, and interpersonal relationships, as well as marked impulsivity. Fear of abandonment and chronic feelings of emptiness further compound the complexity of this disorder.**



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Etiology

- **Stresses during early childhood may contribute to the development of borderline personality disorder. A childhood history of physical and sexual abuse, neglect, separation from caregivers, and/or loss of a parent is common among patients with borderline personality disorder.**
- **Certain people may have a genetic tendency to have pathologic responses to environmental life stresses, and borderline personality disorder clearly appears to have a heritable component. First-degree relatives of patients with borderline personality disorder are 5 times more likely to have the disorder than the general population.**
- **Disturbances in regulatory functions of the brain and neuropeptide systems may also contribute but are not present in all patients with borderline personality disorder.**



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Signs and symptoms

- Features that typically begin in adolescence or young adulthood in patients with BPD include the following:
- Disturbances in experiencing oneself as unique, poor boundaries between self and others, and poor emotion regulation.
- An inability to soothe themselves adequately, resulting in excess emotional reactions to stresses and frustrations; maladaptive attempts at self-soothing, suicide threats, self-harm, and angry behavior
- An unstable sense of self with poor ability for self-direction and impaired ability to pursue meaningful short-term goals with satisfaction
- Marked instability in functioning, affect, mood, interpersonal relationships, and, at times, reality testing
- Disturbances in empathy and intimacy.



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Types of Borderline Personality Disorders

Petulant

Unpredictable mood swings, passive-aggressiveness, and a need to feel in control

Discouraged

Fears of being abandoned, neediness.
Emotional mood swings

Impulsive

Binging, risky and aggressive behaviors

Self-destructive

Partaking in self-harming and abusive behaviors

verywell



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Borderline personality disorder

- Diagnosing BPD requires that the patient fulfil five out of nine In the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, DSM-5 criteria. This means that two people with BPD can have markedly different symptoms and presentations. The mnemonic **IMPULSIVE** is a helpful way to remember BPD criteria:
- Impulsiveness in two potentially damaging areas (e.g., sex, substance use, shopping)
- Mood instability due to marked reactivity
- Paranoia or dissociation under stress
- Unstable self-image
- Labile intense relationships
- Suicidal gestures
- Inappropriate anger
- Vulnerability to abandonment, frantic efforts to avoid real or imagined abandonment



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Emptiness, chronic feelings of emptiness

- **The mental status examination is crucial in assessing individuals for BPD. The specific elements and findings of the examination can vary depending on each case of BPD. Assessment of patients should include the following:**
- **Appearance: Individuals with BPD may have excessive tattoos, piercings, or scarification. The patient should be assessed for scars from cutting.**
- **Behavior: Splitting behavior may be present, and the clinician should be sensitive to this dynamic. Patients with BPD may be angry, antagonistic, or violent.**
- **Affect: Patients with BPD may present with constricted, dysphoric, or angry affect.**
- **Thought content: Assess for thoughts of self-harm, suicidality, or thoughts of harming others. Transient psychosis may be present.**



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Emptiness, chronic feelings of emptiness

- **Thought process: Individuals with BPD are usually clear and coherent but may dissociate at times.**
- **Cognition: Individuals with BPD are usually cognitively intact and oriented to person, place, and date.**
- **Insight: Typically, individuals with BPD have a poor understanding of how their behaviors are related to their feelings, dysregulated emotions, and interpersonal difficulties.**
- **Judgment and impulse control: Poor judgment and poor impulse control are common in patients with BPD.**



Management

Historically, treatment of patients with BPD has been difficult. Therapy for BPD is as follows:

- **Psychotherapy**
- **Sometimes medications**
- **Psychotherapy**
- **The mainstay of treatment for borderline personality disorder is psychotherapy.**
- **Several different psychotherapeutic interventions are effective in reducing suicidal behaviors, ameliorating depression, and improving function in patients with this disorder**



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Cognitive-behavioral therapy focuses on emotional dysregulation and lack of social skills. It includes the following:

- **Dialectical behavioral therapy (a combination of individual and group sessions with therapists acting as behavior coaches and available on call around the clock)**
- **Systems training for emotional predictability and problem solving (STEPPS)**
- **STEPPS involves weekly group sessions for 20 weeks. Patients are taught skills to manage their emotions, to challenge their negative expectations, and to better care for themselves. They learn to set goals; avoid illicit substances; and improve their eating, sleeping, and exercise habits. Patients are asked to identify a support team of friends, family members, and clinicians who are willing to coach them when they are in crisis.**



Other interventions focus on disturbances in the ways patients emotionally experience themselves and others. These interventions include the following:

- **Mentalization-based treatment.**
- **Transference-focused psychotherapy.**
- **Schema-focused therapy.**



Mentalization refers to people's ability to reflect on and understand their own state of mind and the state of mind of others. Mentalization is thought to be learned through a secure attachment to the caregiver. Mentalization-based treatment helps patients do the following:

- **Effectively regulate their emotions (eg, calm down when upset)**
- **Understand how they contribute to their problems and difficulties with others**
- **Reflect on and understand the minds of others.**
- **It thus helps them relate to others with empathy and compassion.**



Transference-focused psychotherapy centers on the interaction between patient and therapist. The therapist asks questions and helps patients think about their reactions so that they can examine their exaggerated, distorted, and unrealistic images of self during the session. The current moment (eg, how patients are relating to their therapist) is emphasized rather than the past. For example, when a timid, quiet patient suddenly becomes hostile and argumentative, the therapist may ask whether the patient noticed a shift in feelings and then ask the patient to think about how the patient was experiencing the therapist and self when things changed. The purpose is:

- **To enable patients to develop a more stable and realistic sense of self and others**
- **To relate to others in a healthier way through transference to the therapist**



Schema-focused therapy is an integrative therapy that combines cognitive-behavioral therapy, attachment theory, psychodynamic concepts, and emotion-focused therapies. It focuses on lifelong maladaptive patterns of thinking, feeling, behaving and coping (called schemas), affective change techniques, and the therapeutic relationship, with limited re-parenting. Limited re-parenting involves establishing a secure attachment between patient and therapist (within professional limits), enabling the therapist to help the patient experience what the patient missed during childhood that led to maladaptive behavior.

The purpose of schema-focused therapy is to help patients change their schemas. Therapy has 3 stages:

- **Assessment: Identifying the schemas**
- **Awareness: Recognizing the schemas when they are operating in daily life**
- **Behavioral change: Replacing negative thoughts, feelings, and behaviors with healthier ones**



- **While most types of psychotherapy for borderline personality disorder require specialized training and supervision, "good psychiatric management" is an approach to patients with borderline personality disorder that is designed for the general clinician. It involves a set of principles and practices that include individual therapy once a week; psychoeducation about borderline personality disorder, treatment goals, and expectations; and sometimes medications. It focuses on the patient's reactions to interpersonal stressors in everyday life.**
- **Supportive psychotherapy is also useful. The goal is to establish an emotional, encouraging, supportive relationship with the patient and thus help the patient develop healthy defense mechanisms, especially in interpersonal relationships.**



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Medications

- Medications are not consistently effective for core symptoms of borderline personality disorder and should be used sparingly. In general, their use should be limited to discrete comorbid psychiatric conditions (eg, major depressive disorder).
- When used, selective serotonin reuptake inhibitors (SSRIs) are usually well-tolerated; risk of a lethal overdose is minimal. However, SSRIs are only marginally effective for depression and anxiety in patients with borderline personality disorder. Other medications that may be used to treat comorbid psychiatric conditions include
- Mood stabilizers: For depression, anxiety, mood lability, and impulsivity
- Atypical (2nd-generation) antipsychotics: For anxiety, anger, mood lability, and cognitive symptoms, including transient stress-related cognitive distortions (eg, paranoid thoughts, black-and-white thinking, severe cognitive disorganization)
- Benzodiazepines and stimulants are not recommended because of the potential risks of dependency, overdose, disinhibition, and diversion of medications.



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