Slide 1

**Personal Judgment Day**

- “…in the same way, your Father in heaven is not willing that any of these little ones should be lost.” Matthew 18:14
- “But the tax collector stood at a distance. He would not even look up to heaven, but beat his breast and said, ‘God, have mercy on me, a sinner.’” Luke 18:13
- “For we do not have a high priest who is unable to sympathize with our weaknesses, but we have one who has been tempted in every way, just as we are, yet was without sin. Let us then approach the throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need.” Hebrews 4:11-16

Slide 2

**Personality Disorders Treatment Planner**

- www.ashland.edu/library
- Click on “research databases” on the left menu
- Once in the research database listing scroll down to “netlibrary” and click.
- Type in “personality disorders treatment planner”
- Choose the specific personality disorder from the topic listing.

Slide 3

**APC 851 Week 4**

I hate you...don't leave me:
Borderline Personality Disorder
DSM IV TR Diagnostic criteria
A pervasive pattern of instability of interpersonal relationships, self-image, affects, and control over impulses beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

- Frantic efforts to avoid real or imagined abandonment.
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- Identity disturbance: persistent and markedly disturbed, distorted, or unstable self-image or sense of self.
- Impulsivity in at least two areas that are potentially self-damaging.
- Recurrent suicidal behavior, gestures, or threats or self-mutilating behavior.
- Affective instability due to marked reactivity of mood.
- Chronic feelings of emptiness.
- Inappropriate, intense anger or a lack of control of anger.
- Transient, stressful paranoid ideation, or severe dissociative symptoms.

Common Features of BPD:
- History of unstable relationships.
- Affective instability: “hemophiliacs of emotion”.
- Impulsivity.
- Splitting of self, others.
- Intense, uncontrolled anger/rage.
- Marked identity uncertainty.
- Extreme effort to avoid abandonment.

Five Factor Personality Model and BPD
- Neuroticism: Very High.
- Extraversion: Low to average except for excitement seeking (high).
- Openness: High-fantasy, ideas, values, Very High; Aesthetics.
- Agreeableness: Low to average.
- Conscientiousness: Overall Average, note mixture: High: order, achievement striving; Low: Deliberation, dutifulness; Average: self-discipline, dutifulness, competence.
Slide 7

**Clinical Implications of Five Factor Profile**

- **Neuroticism**: bitterness, insecurity, rumination, unpredictable, despondent
- **Extraversion**: Alternately cold, detached and shy; bold and adventurous.
- **Openness**: creative, open minded, dissociative
- **Agreeableness**: aggressive, cynical and suspicious, oppositional
- **Conscientiousness**: alternate between perfectionistic, unreliable and hasty

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Slide 8

**Etiology**

- History of “severe abuse” (60% - 80%)
- Passive infants in “low energy families”
- Highly reactive temperament (autonomic arousal)
- Interaction of passivity, family dynamics and temperament reinforce performance acceptance orientation.
- “Holding nothing” internalized object (Adler)
- Predisposition to dysregulation that is reinforced by the environment (Linehan)

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Slide 9

**Factor relationships in BPD: results from the CLPD Study**


- Prospective, repeated measures study.
- N = 668, n= 224 diagnosed as BPD
- 64% female, 76% Caucasian, aged 18-45
- CFA -> “goodness of fit”
- 3 factor model tested on subset (n=498) at 2 years after initial evaluation.
- Empirical Confirmation of DSM IV diagnostic criteria
- Note high correlation of factors
Slide 11

**A.P.A. treatment guidelines**


- Borderline psychopathology is complex and multidimensional.
- A flexible and individualized treatment approach is required.
- Multimodal treatment is most successful: medication AND psychotherapy simultaneously.
- Inpatient admission and care should be standardized.
- Standardized treatment recommendations (DBT for everyone!) may not be appropriate for higher functioning clients.
- Need to temper psychopharmacology with tendency to “layer” medications.
- Few specific guidelines for sx. other than impulsivity.
- Inpatient guidelines are quite broad, general.

**Positives**

**Criticisms**

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Slide 12

**so, what do we think?**

- BPD is a very complex and heterogeneous syndrome.
- Several treatment approaches are empirically validated for this disorder.
- Treatment must incorporate the individual client’s history, unique sense of self and the world, style of defense and interaction.
- Validate the strengths inherent in the often-aggravating presentation and interaction style.
- This client is a child of God, not unlike (or any worse than) anyone whom Jesus healed.
Slide 13

**Spiritual Struggles for persons diagnosed with BPD**
(Wetherbee, personal communication, 2006)

- Instability of God image
- Acceptance of Grace, Mercy, Forgiveness
- Practice of worship, spiritual disciplines
- Works righteousness
- Becoming a part of a local body of believers
- Perfectionism
- Discernment of God’s will in their lives
- Repentance

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Slide 14

**Spiritual Struggles for persons diagnosed with BPD: interventions**

- Instability of God image
- Acceptance of Grace, Mercy, Forgiveness
- Practice of worship, spiritual disciplines
- Works righteousness
- Becoming a part of a local body of believers
- Perfectionism
- Discernment of God’s will in their lives
- Repentance

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Slide 15

**Treatment**

- Psychoanalytic Psychotherapy
- Supportive therapy
  - Long term
  - Short term
- Group therapy
- Cognitive Behavior Therapy
- Dialectical Behavior Therapy (DBT)
- Formational Counseling
**Dialectic Behavior Therapy**

Marsha Linehan

- BPD is seen as a disorder of the “emotional regulation system”
- Acting-out behaviors (especially suicide attempts) temporarily relieve the tension of emotional dysregulation.
- These behaviors are seen as an outgrowth of the damaged perspective held by the client with BPD.
- The pattern of trigger → acting out → decrease in affective response was initially a solution for the client.
- The short-lived relief from overwhelming reactivity reinforces the dysfunctional acting out.
- Most productive treatment approaches focus on interrupting this pattern toward improved functioning.

**Slide 17**

![Trigger](Linehan_1987_1993a)

**Slide 18**

**DBT conceptually**

![Diagram](Linehan_1987_1993a)
Solution?
“Dialectical Balancing”

Change Strategies  Acceptance Strategies

Mindfulness
- observing
- describing
- participating

“awareness of what is without judgment through direct and immediate experience”
“the practice of directing attention to only one thing; this one moment”

Trigger

emotional dysregulation

Distress tolerance

Linear, 1997, 1993a
**Slide 22**

**Mindfulness: Observing**

- “Paying attention to direct experience at the level of pure sensation without adding concepts or categories”
- directing attention
- allowing, noting experiences
- maintaining alertness
- “teflon mind”
- Adapted from Gestalt psychology, Buddhist meditation

**Slide 23**

**Mindfulness: Observing**

- Why observe?
  - to enhance description toward changing behavior
  - improve noticing “what is”
  - related events, precipitants
  - foundation for problem solving later in treatment
  - begin the process of interrupting “automatic” responses
  - improve ability to guide attention away from that to which they may not wish to attend
  - purely affective reactions
  - post traumatic flooding

**Slide 24**

**Mindfulness: Describing**

- “pathology is reacting in the current moment with rules from the past” (Linehan, 1993a)
- Developing a vocabulary of experience
- Noting and labeling
- Jack Webb school of experience: “just the facts”
- “If you don’t observe it, you can’t describe it”
- Ability to discriminate
  - observation
  - perception
  - thought
  - emotional responses
  - automatic thoughts
- Allows feedback that can impact cognitive distortions
Slide 25

Mindfulness: Participating

- spontaneous responding
- Overcoming self consciousness
- Engaging completely
- Becoming “one” with the activity
- Joining with, “opting in”
- Becoming involved
- Combining action and awareness

Slide 26

Why is Participation Important?

- Teaches client to integrate, to “flow”
- extinguishes boredom
- more associations with POSITIVE affect
- Overrides sense of exclusion
- “Peak experiences”
- Reinforces new skills, behavioral repertoires becoming automatic.

Slide 27

O.K. So HOW?

Mindfulness

- Teach clients to see “what is” without judgment
- Clients are assigned doing one thing at a time with awareness in the moment
- remains in the present moment
- one thing at a time
- full awareness
- remaining present to what you are doing again and again in spite of distractions.
Slide 28

“Effectively” (Linehan 1993a)

- Focus on “what works” rather than being right.
- Follow the rules of reality rather than dysfunctional thoughts, feelings, memories.
- Focus on goals and values
  - objectives
  - relationship
  - self respect
- Acting skillfully
- Giving up opinions in favor of facts.

Slide 29

Radical Acceptance

- “This fully open experience of what is, just as it is, by unreservedly entering into reality, just as it is, at this moment.” (Linehan, 1987)
- “The mind of sinful man is death, but the mind controlled by the Spirit is life and peace; the mind controlled by the sinful nature is enmity against God; it does not submit to God’s law, nor can it do so. Those controlled by the sinful nature cannot please God” Romans 8:6-8 NIV

Slide 30

Willingness

- Readiness to respond thoughtfully and without a grudge.
- Incorporates needs of the individual and others
- Acting wholeheartedly without reservation
- Realization that one is already part of a larger purpose.
- Openness—“experiencing your own experience, as it is, without trying to control it, avoid it, or escape from it…” (Hayes et. al., 2001)
Slide 31

Clinical Purposes of Mindfulness

- Targets ‘experiential avoidance’
- ‘Experiential avoidance’ results in ineffective regulation.
- ‘Mindless’ response, based on past rather than the present.
- Mindfulness changes reaction to event based on perceiving what is, rather than good or bad.
- Thus reduced splitting, dysregulation.
- Thus we reduce emotional reactivity for we want clients to be fully alive.
- Reduces ‘refiring’ of emotions, so increases affective regulation.

Slide 32

Scriptural examples of Mindfulness

- “For you did not receive a spirit that makes you a slave again to fear, but you received the Spirit of sonship. And by him we cry ‘Abba, Father.’ The Spirit himself testifies with our spirit that we are God’s children. Now if we are children, then we are heirs—in and co-heirs with Christ, if indeed we share in his sufferings in order that we may also share in his glory.” Romans 8:15-17
- “Jesus replied ‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment.” Matthew 22:37-38

Slide 33

Scriptural examples of mindfulness

- “Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind.” Romans 12:2
- “Create in me a pure heart O God, and renew a steadfast spirit within me.” Psalm 51:10
- “And you, my son Solomon, acknowledge the God of your father, and serve him with wholehearted devotion and with a willing mind, for the Lord searches every heart and understands every motive behind the thoughts.” 1 Chronicles 28:9a.
Behavioral Mindfulness

- homework seeks to change the client’s perception of and reaction to previously avoided experiences.
- not merely the removal of fear, but the learning of new associations, meanings, affective responses.
- establishing an internal context for experiences that overrides the previously automatic dysfunctional reaction.
- experiencing without judgment results in learning of new associations (e.g., safety, rather than danger).
- internal context is always available regardless of the external experience.

Is this sounding familiar to any of you? Can you think of a method of treatment that’s very much like DBT, but in a sanctified form?

Spiritual Practices of Mindfulness

- Linehan characterizes prayer as “one part of yourself talking or responding to another part of yourself” (Linehan, 1992).
- For Christian caregivers, contemplative prayer is a powerful practice to teach clients.
- Journaling as a part of regular devotions tracks the changes in perception that result from mindfulness and a growing openness to the Holy Spirit.
- Discipleship with another, more mature believer can be another important part of treatment.
- Initially this will have to be the therapist due to need for consistent boundary maintenance, building of trust, skill development in relationships.
- Through a growing relationship with God, the person diagnosed with BPD develops the “mind of Christ”
- to see themselves as God sees them
- fruits of the Spirit (love, patience, kindness)
- Peace

Inner Healing Prayer as Treatment

- “Formational counseling is a ministry of the Holy Spirit into some of the most troubling places within the human soul.”
- Voice in the counseling session
  - Client
  - Significant others who impacted the client
  - Counselor
  - The evil one
  - The Lord
Formational Counseling Scriptural Fundamentals a brief reminder...

- **Life Change**: II Corinthians 3:17-18 "For the Lord is the Spirit, and wherever the Spirit of the Lord is, there is freedom. So all of us who have had that veil removed can see and reflect the glory of the Lord. And the Lord who is Spirit makes us more and more like him as we are changed into his glorious image" (NLT)

- **Freedom**: Isaiah 58:6-7 "No, this is the kind of fasting I want: Free those who are wrongly imprisoned; lighten the burden of those who work for you. Let the oppressed go free, and remove the chains that bind people. Share your food with the hungry, and give clothes to those who need them, not hide from relatives who need your help." (NLT)

- **Praising from Mourning**: Isaiah 57:18-19 "I have seen what they do, but I will heal them anyway! I will lead them. I will comfort those who mourn, bringing words of praise to their lips. May they have abundant peace, both near and far." Says the Lord who heals them. (NLT)

- **Isaiah 49:13b, 23b**: "For the Lord has comforted his people and will have compassion on his afflicted. Kings and queens will serve you and care for all your needs, they will bow to the earth before you and lick the dust from your feet. Then everyone who knows the Lord will be ashamed who did not listen to the voice of the Lord. Those who were not put to shame will live with you." (NLT)