

Care of Patient with Borderline Personality Disorder

Introduction

Patients with borderline personality disorder are unable to control their emotions and often appear to be in a crisis of interpersonal relationships, mood, or behavior. As a result, they may impulsively self-harm or mutilate as an expression of anger, a cry for help, or an attempt to numb themselves from emotional pain. These patients sustain a pattern of instability throughout their adult lives with impulsivity, intense and rapid mood swings, and unstable interpersonal relationships that impact their ability to achieve their full potential in school, work, or social situations. Depression, anxiety, eating disorders, and alcohol and drug problems are also commonly found in patients with borderline personality disorder. (See *Diagnostic criteria for borderline personality disorder*.)

DIAGNOSTIC CRITERIA FOR BORDERLINE PERSONALITY DISORDER⁴

Borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects and marked impulsivity beginning by early adulthood and is present in a variety of contexts as indicated by five or more of the following:

- ✓ frantic efforts to avoid real or imagined abandonment (*Note: Don't include suicidal or self-mutilating behavior covered in criteria 5.*)
- ✓ a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- ✓ identity disturbance: markedly and persistently unstable self-image or sense of self
- ✓ impulsivity in at least two areas that are potentially self-damaging (such as spending, sex, substance abuse, reckless driving, and binge eating) (*Note: Don't include suicidal or self-mutilating behavior covered in criteria 5.*)
- ✓ recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- ✓ affective instability due to a marked reactivity of mood (such as intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- ✓ chronic feelings of emptiness
- ✓ inappropriate, intense anger or difficulty controlling anger (such as frequent displays of temper, constant anger, recurrent physical fights)
- ✓ transient, stress-related paranoid ideation or severe dissociative symptoms.

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Borderline personality disorder affects about 2% of adults and accounts for about 20% of all psychiatric-related hospitalizations. It's more common than bipolar disorder or schizophrenia, and women are affected more than men.

Predisposing factors for borderline personality disorder may include:

- developmental factors such as disrupted family systems
- biological factors (genetics may contribute to maladaptive social responses)
- sociocultural factors such as social isolation.¹¹

Treatment for borderline personality disorder primarily consists of dialectical behavior therapy, which is a treatment designed specifically for individuals with the disorder and those who self-harm. (See [Dialectical behavior therapy](#).) Additionally, group and individual psychotherapy as well as antidepressants, antipsychotics, and mood stabilizers may be used for some patients.¹¹

DIALECTICAL BEHAVIOR THERAPY

Dialectical behavior therapy is a modification of standard cognitive behavioral therapy in which the therapist incorporates the concepts of acceptance, validation, and problem-solving to help a patient gain control over his behavior and inner conflicts. The most important goal in dialectical behavior therapy is to help the patient create a life that he considers worthwhile.

Patients receiving dialectical behavior therapy participate in three main types of treatment:

- *Individual therapy*—the patient has once-weekly individual sessions with a therapist (typically lasting 1 to 1½ hours). During these sessions the patient and therapist focus on learning new behaviors.
- *Skills group*—the patient is required to attend 2-hour weekly group therapy sessions for at least 1 year. These group sessions teach skills for self-control of behaviors.
- *Phone coaching*—the patient calls his therapist before attempting to hurt himself so that the therapist can help the patient identify alternatives to self-harm or suicidal behaviors. The focus is on learning new behaviors.

Dialectical behavior therapy organizes treatment into four stages (as outlined below). Each stage addresses specific behavior problems.

Stage I: Stabilizing and achieving behavioral control

- Decreasing life-threatening behaviors
- Decreasing behaviors that interfere with treatment
- Decreasing behaviors that destroy quality of life
- Learning skills in mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance

Stage II: Replacing emotional blockages with experiencing emotions fully in a nontraumatic manner

- Helping the patient experience feelings without him having to shut down by dissociating or avoiding life

Stage III: Achieving an ordinary life, adjusting to happiness and unhappiness, reducing ongoing problems of living

- Working on and resolving life's common problems, such as marital or partner conflict and job dissatisfaction
- Defining career goals

Stage IV: Resolving a sense of incompleteness and forming connections

- Eliminating feelings of emptiness or incompleteness
- Identifying possible changes in spirituality, relationships, or career paths

Equipment

Medications as ordered

Implementation

1. Review the patient's medical history, psychiatric diagnosis, and therapeutic regimen.
2. Confirm the patient's identity using two patient identifiers according to your facility's policy.^[6]
3. Observe the patient for mood instability, impulsivity, hypersensitivity, self-destructive behavior, profound mood shifts, and unstable and intense interpersonal relationships.
4. Closely monitor the patient for suicidal ideation, which is common in patients with borderline personality disorder.
5. Assess the nature of the disorder and the range of behaviors presented.
6. Monitor for maladaptive social responses such as anxiety, defensiveness, interrupted family processes, ineffective role performance, chronic low self-esteem, self-mutilation, impaired social interaction, and self- or other-directed violence.
7. Develop a patient education plan for modifying impulsive behavior and make a contract with the patient for this behavior.^[1]
8. Provide dialectical behavior therapy *to decrease days of hospitalization, decrease the number and severity of parasuicidal episodes, and lower attrition.*
9. Consider partial hospitalization for 18 months *to increase the quality of social and interpersonal functioning and decrease the number of suicide attempts, acts of self-harm, psychiatric symptoms, and inpatient days.*
10. Administer medications, which may include antidepressants, anticonvulsants, and atypical antipsychotics.^[1]
11. Administer noradrenergic agents, such as desipramine, as ordered *to improve mood.*
12. Administer serotonergic agents, such as fluoxetine, as ordered *to decrease impulsivity.*
13. Implement a nursing treatment plan *to promote the patient's work toward achieving maximal interpersonal satisfaction.*
14. Document the procedure.^[7]

Special Considerations

- Precipitating stressors for crisis states in patients with borderline personality disorder may include sociocultural stressors (such as stress from decreased stability of the

family unit and separation from significant others during hospitalization) and psychological stressors (such as when prolonged or extremely intense anxiety coexists with a limited ability to cope).

Patient Teaching

For treatment to be most effective, teach the patient about borderline personality disorder and its treatment *to assist him in understanding the reason for the various treatments and how they may help him*. Such teaching should be done before implementing interventions.¹¹

Complications

The patient with borderline personality disorder who is in a crisis state may self-mutilate or attempt suicide. Such patients may need one-on-one monitoring as necessary.

Documentation

Document daily observations, interactions, therapeutic interventions (including name, amount, and route of any medications administered), and response to treatments in serial progress notes filed in chronological order in the patient's record.

References

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3. Observe the patient.
4. Assess the nature of the disorder and the range of behaviors presented.
5. Monitor for maladaptive social responses.
6. Develop a patient education plan and make a contract with the patient.
7. Provide dialectical behavior therapy.
8. Consider partial hospitalization for 18 months.
9. Administer medications as ordered.
10. Implement a nursing treatment plan.
11. Document the procedure.