Community Education Series

The Recovery Village and Advanced Recovery Systems

Presentation Topic:

Creating a Deeper Understanding of People Diagnosed With Borderline Personality Disorder

Speaker:

Allison Johanson, LCSW

About the Speaker:

Allison Johanson, LCSW

Allison Johanson, LCSW has over a decade of experience treating people suffering from trauma. She is certified in Eye Movement Desensitization and Reprocessing (EMDR) and is a Consultant in training with this modality. She is also fully trained in comprehensive Dialectical Behavioral Therapy (DBT) from Behavioral Tech Institute and worked for many years with a comprehensive DBT program. She currently has a private practice in the DTC and works with clients suffering from both identified and overt trauma as well as that struggling with ineffective behaviors. She utilized EMDR with informed DBT skills to work with people toward meeting their goals.

DSM 5 CRITERIA FOR BPD

- Frantic efforts to avoid real or imagined abandonment.
  - Note: Do not include suicidal or self-mutilating behavior covered in criterion 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 2 areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
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- Recurrent suicidal behavior, gestures or threats, or self-mutilating behavior.
- Affective instability due to a marked reactivity of mood (e.g., 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 (e.g., frequent displays of temper, constant anger, recurrent physical fights).
- Transient, stress-related paranoid ideation or severe dissociative symptoms.

MYTH VS REALITY

Things I hear that make me cringe:

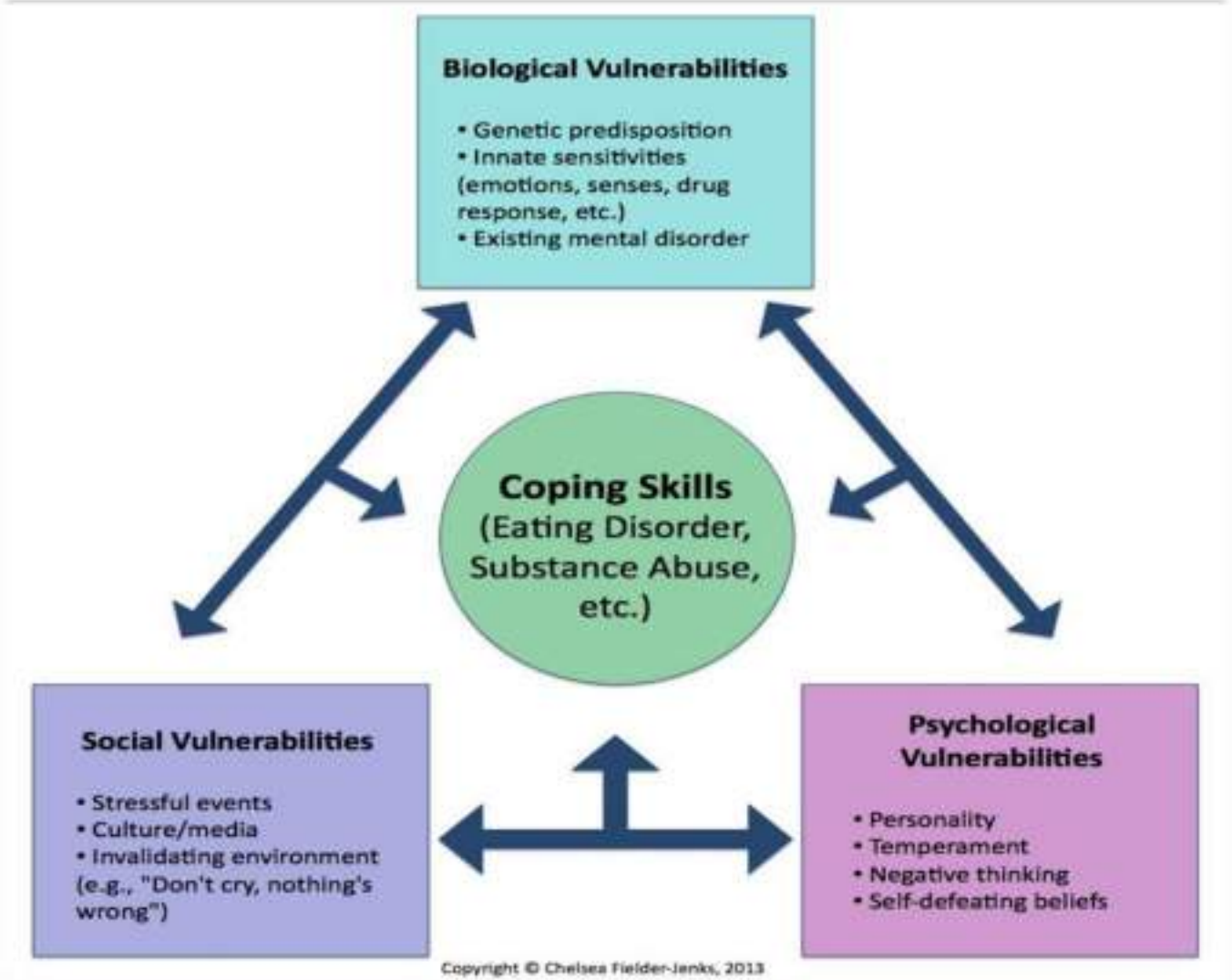
- Borderline Personality Disorder is untreatable
- They just want to get attention
- They will manipulate you
- Ugh another "borderline"
- They are "SO EXHAUSTING"

Trauma Informed way of looking at it:

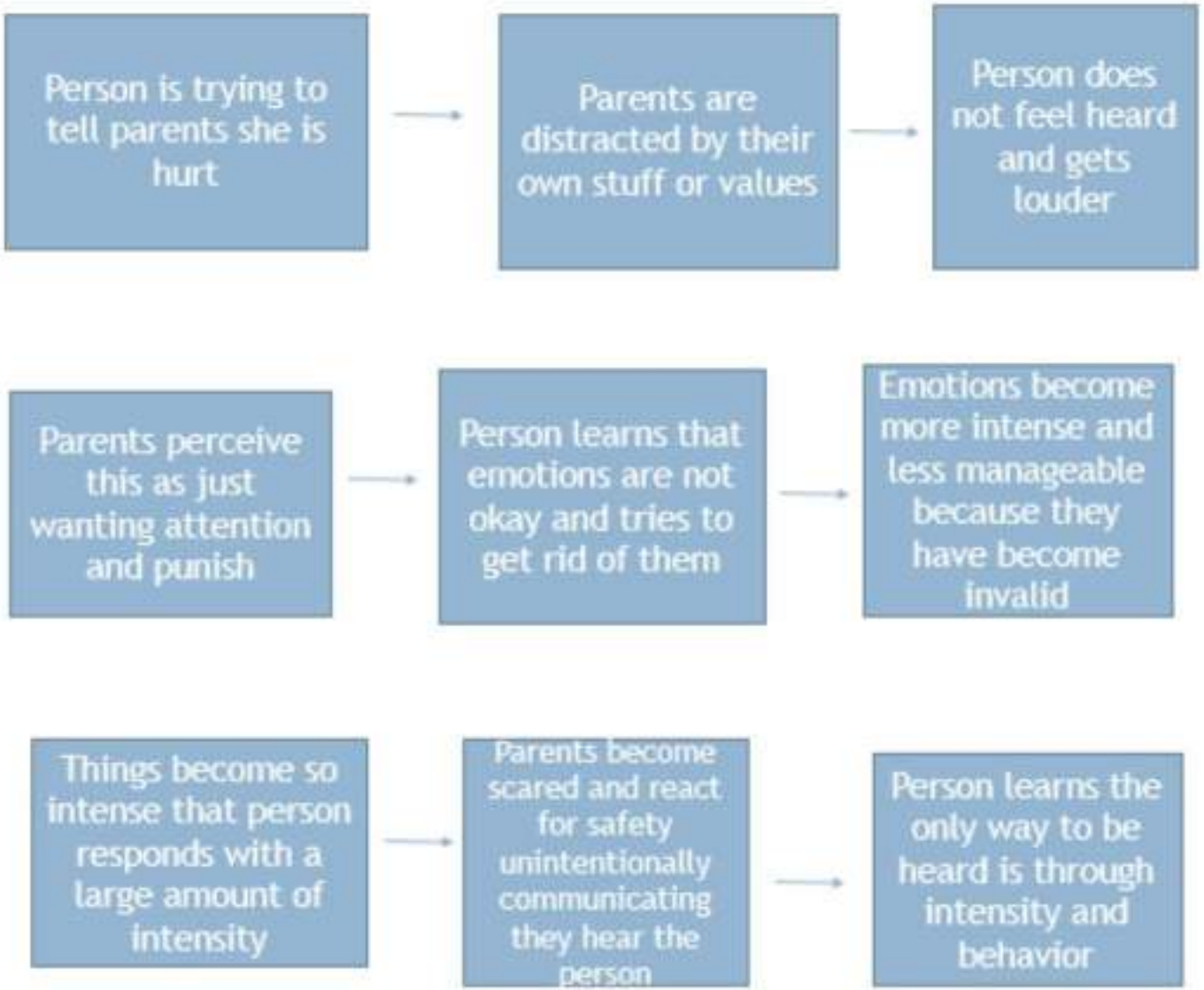
- There are many evidence-based treatments including DBT that have been proven to allow for "BPD in remission
- People from invalidating environments have learned to find validation through ineffective behaviors
- When a person has not been seen or heard their system develops ways to be seen and heard
- This person is in a lot of pain. They meet criteria for the diagnosis of Borderline personality disorder

ASSUMING MAKES AN ASS OUT OF YOU AND ME

BIOSOCIAL MODEL



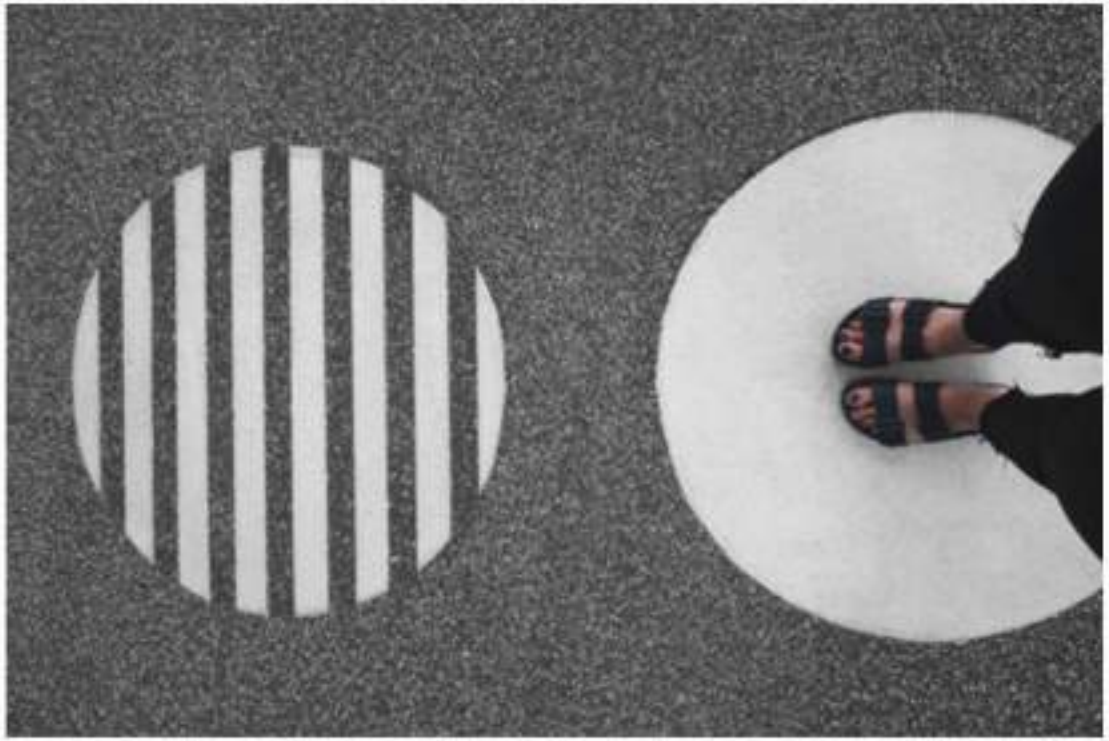
EXAMPLE OF HOW THIS LOOKS



VALIDATION

LEVELS

1. Stay Awake: Unbiased listening and observing
2. Accurately reflect
3. Articulating the unverbalized emotions, thoughts, or behavior patterns
4. Validation in terms of past learning or biological functioning
5. Validation in terms of present in text or normative function



HOW?

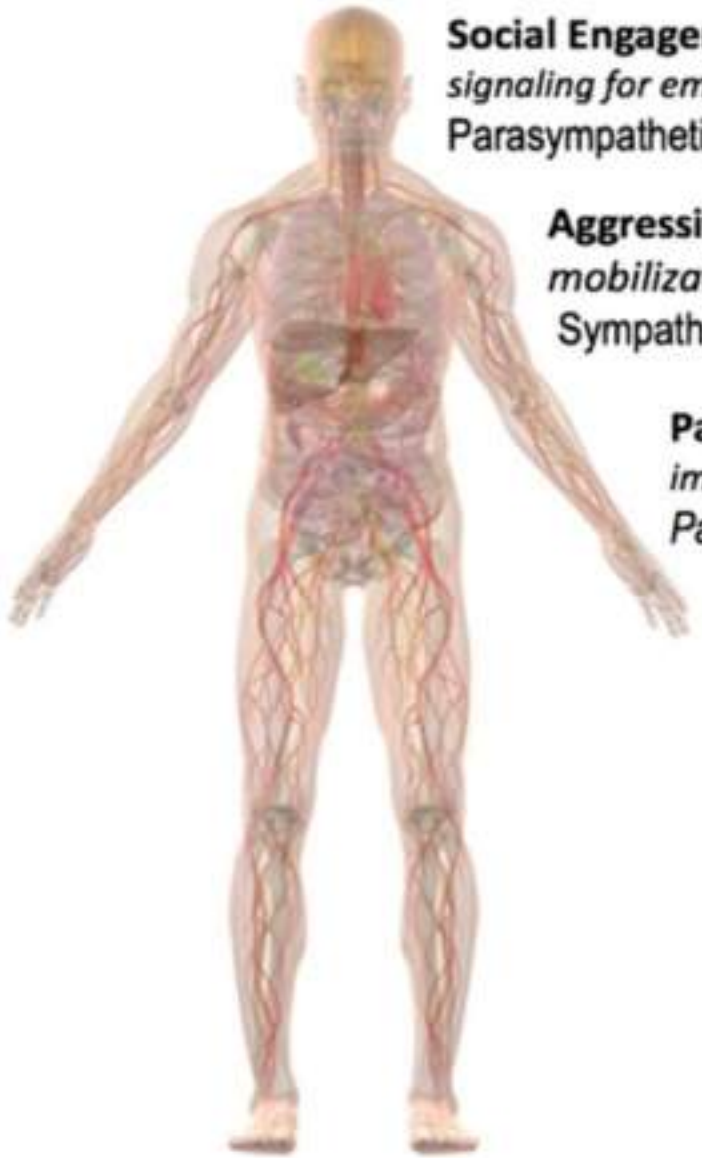
- Listen and pay attention
- Reflecting, acknowledging in her point of view
- Workingto understand, asking questions, making hypothesis, checking in
- Understanding their problems in context
- Normalize responses when NORMATIVE
- Extending, matching own vulnerability
- Find the kernel of truth

WHAT VALIDATION IS NOT

- Positivity
- Warmth
- Agreeing
- Validating the invalid
- Avoidance
- Parroting
- Implying liking

PUT YOURSELF IN THEIR SHOES

POLYVAGAL RESPONSE AND BORDERLINE PERSONALITY DISORDER



Social Engagement System
signaling for emotion, motion, communication
Parasympathetic Ventral Vagal Complex

SAFE
optimal relaxation & activation (*rest, digest, relate)*
eye contact, facial expression, voice

Aggressive Defensive System
mobilization for fight or flight
Sympathetic Nervous System

DANGER
↑ arousal, ↑ *heart rate, stress, muscle tension*
fear, anger, aggression, rage

Passive Protection System
immobilization for freeze or feint
Parasympathetic Dorsal Vagal Complex

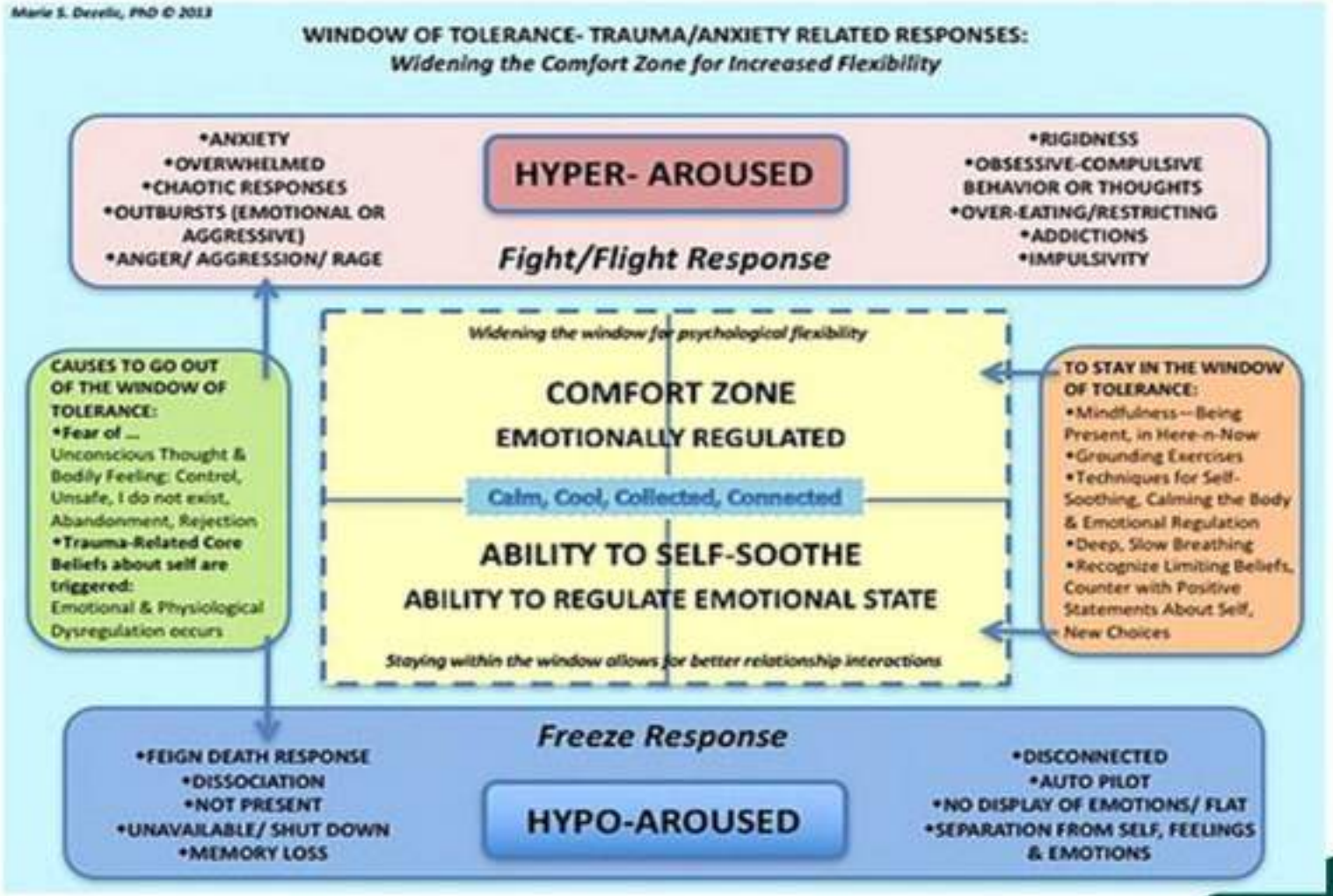
LIFE THREAT
↓ arousal, frozen activation, ↓ *heart rate,*
dissociated, frozen, collapsed, limp

Poly Vagal Theory

by Stephen Porges PhD

HTTP://WWW.WISEMINDBODYHEALING.COM/

WINDOW OF TOLERANCE



http://bodyalchemy.rebeccamridge.com/

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RESPONSES TO HYPERAROUSAL (EMOTION MIND) HYPOAROUSAL (RATIONAL MIND)

- Safety
- Validation
- Grounding
- Kind irreverence with caution

Tipp Skills

- Temperature
- Intense exercise
- Paced breathing
- Paired breathing

Self Sooth with Senses

- Smell
- Taste
- Touch
- Hear
- See

BUILDING SAFETY

- Consistency
- Compassion
- Empathy
- Checking in on your own distress
- Ability to express your own limits
- **Validation**
- Putting yourself in the other persons shoes
- Team work
- Foot in the door/ door in the face / turning the table

DIALECTICS

- Flexibility - Rigidity
- Change - Acceptance
- Apparent Competence - Active Passivity
- Self Invalidation- Emotional Validation

- Normalizing Pathological Behavior - Pathologizing Normative Behaviors
- Forcing Autonomy - Fostering Dependence
- Excessive Leniency - Authoritarian Control

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Facebook Group: Integration of DBT and EMDR

Questions?

THANK YOU