

**PSYCHOEDUCATION FOR
PATIENTS WITH
BORDERLINE
PERSONALITY DISORDER
AND THEIR FAMILIES**

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The New Practice of Medicine

- Patients are informed by physicians about their condition, their prognosis, and their treatment
- Patients do their own reading
- Information is shared and the atmosphere is collaborative rather than authoritative

Rationale for Disclosure of the Diagnosis of BPD

(Lequesne and Hersh, 2004):

- Patient autonomy
- Psychoeducation

Linehan, (1993):

- Therapy begins by understanding the nature of the problem and building a collaboration

Why Are Clinicians Reluctant to Share the Diagnosis?

- Some don't "believe" in BPD and see it as a form of bipolar disorder
- Some are afraid that patients will feel a painful stigma (may have been used in a perjorative way by other clinicians)
- Some fear that diagnosis fails to take into account the patient's individuality

Advantages of Sharing the Diagnosis

- Transparency
- Provides patients with a framework for understanding the nature of their problems
- A opening towards obtaining information on the net as well as formal psychoeducation

The One Empirical Study

- Zanarini and Frankenburg, 2008: 50 late adolescents with BPD of whom 30 were randomized to a psychoeducational workshop
- Immediate psychoeducation concerning the BPD diagnosis associated with a significantly greater decline in impulsivity and storminess of close relationships.
- It did not result in significantly improved psychosocial functioning (that is not really surprising!)

What Should We Tell Patients About BPD?

- This is a disorder that usually gets better with time
- Treatment will make the process go faster
- We do not know what causes BPD but we have effective treatments supported by research

Patients May Be Relieved to Receive the Diagnosis

- “I thought I was some weird person who didn’t respond to Prozac”
- “I read up on it and for the first time somebody was really describing my problems and experiences”

Many Patients Have Been Misdiagnosed!

- Clinicians often write “Axis II deferred” and concentrate on depression (resulting in fruitless Rx for “treatment resistant” cases)
- Many if not most patients today are being called bipolar-II (even if they have never had a hypomanic episode”

Many Patients Have Been Mistreated!

- BPD patients rarely have access to specialized programs or to evidence-based psychotherapies
- They are more likely to have been treated with polypharmacy, suffering the side effects of atypical neuroleptics

Problems When The Diagnosis is Changed

- Patients were attached to previous treaters and previous models, even when they were ineffective
- There is still a tendency for patients to see BPD as stigmatic--it is perceived as making them responsible for bad behavior, as opposed to suffering from “chemical imbalances”

Educational Tools

- BPD internet sites
- Reading materials (e.g., McLean Hospital's pamphlet : "BPD in Brief")
- Formal courses

Psychoeducation as Part of Treatment

- DBT--emphasis on emotion dysregulation and impulsivity
- Briefer psychotherapies (Stanley, Davidson) that may be suitable for less severely ill patients
- Kim Gratz (a short course run in groups, with a specific topic each week)
- Igor Weinberg (a short course of group therapy incorporating education)

Psychoeducation for Families

- Hoffman and Fruzetti, 2005:” Family Connections” provides education about family functioning, managing negative reactions, and obtaining social support. A small trial found that FC provides relief for relatives, and it was replicated by Hoffman, Fruzetti and Buteau, 2007

Basic Concepts

Hoffman and Fruzzetti, 2007:

- Do not see relatives as *causing* BPD, but as confused and in need of guidance on how to handle difficult family members
- As therapists, we also have trouble with these issues!

Principles for Families

- Do not over-react or panic, and do not respond with hostility (“BPD in Brief”)
- But stay engaged, do not withdraw (Hooley and Hoffman, 1999)
- Don’t take criticism personally, even if that is how it is expressed
- NB: all these ideas apply to therapy

Summary: How To Conduct Psychoeducation

- Explain the meaning of personality disorder
- Inform patients about the diagnosis from the beginning and show them the criteria
- Teach patients what is known about the causes, course, and treatment of BPD
- Involve families at an early stage and make them into collaborators rather than enemies or victims

The Good News

- BPD has a good prognosis--the other disorders (especially bipolar) with which it is confused have a much poorer outcome
- The main treatment is psychotherapy, and drugs are only adjunctive
- Recognize the nature of the problem, hang in there, and things will usually get better