



# Borderline Personality Disorder: Informing Patients and Family

NEA BPD Call-In

8:00 p.m. Sunday, October 30, 2011

# Workshop Faculty

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# Disclosing the BPD Diagnosis

- BPD is a common psychiatric disorder (1% - 2%) in the general population
- BPD is disproportionately represented in inpatient and outpatient psychiatric treatment settings
- BPD has potential to cause significant distress in the lives of patients and families
- The diagnosis of BPD is often withheld from patients and families

# Disclosing BPD Diagnosis

- The diagnosis of BPD can be difficult to make
- Co-occurring diagnoses can complicate the accurate diagnosis of BPD
- Insufficient history can complicate the accurate diagnosis of BPD
- Clinicians may withhold the BPD diagnosis from patients *even* when accurately made

# Disclosing the BPD Diagnosis

- Non-disclosure of serious illness, once common in medicine
- Disclosure now standard practice
- Almost universal disclosure in oncology
- Disclosure of schizophrenia diagnosis now widespread
- Reasons for disclosure: psychoeducation, reduction of stigma, encouraging autonomy

# Disclosing the BPD Diagnosis

Why not disclose the BPD diagnosis?

- Questions about the validity of the BPD diagnosis
- Concern that the BPD diagnosis is stigmatizing
- Transference/Countertransference Paradigms

# Disclosing BPD Diagnosis

## Questions About the Validity of BPD

- Difficult to distinguish BPD from other diagnoses
- Diagnosis is invalid because of heterogeneity
- Frequent co-occurrence with other Axis I and Axis II diagnoses

# Disclosing the BPD Diagnosis

- Higher yield for Axis II diagnoses in research settings
- Higher yield for Axis II diagnoses when clinicians use structured interviews in addition to standard clinical examinations
- Do clinicians *avoid* asking questions which would lead to a BPD diagnosis?



# Disclosing the BPD Diagnosis

## Stigma

- BPD symptoms can be frightening and frustrating for clinicians
- Clinicians can misuse the BPD diagnosis as a pejorative term for individuals provoking anger or dismay
- Other diagnoses with symptoms of suicidality or anger are not considered stigmatizing in the same way

# Disclosing the BPD Diagnosis

## Stigma

- Fear that the BPD diagnosis will engender hopelessness and despair
- Fear that the BPD diagnosis will communicate an “environmental” and not “biological” etiology
- Fear that the BPD diagnosis will communicate insensitivity to a trauma history

# Disclosing the BPD Diagnosis

## Transference/Countertransference

- Avoiding disclosure because of closeness and sympathy or hatred and fear
- Is it giving patients “the benefit of the doubt ?”
- Fear of rageful or self-destructive reactions:  
Consistent with research?

# Disclosing the BPD Diagnosis

## Reasons to Disclose

- Patient autonomy
- Psychoeducation
- Accurate diagnosis can guide treatment
- Self-discovery of the diagnosis

# Disclosing the BPD Diagnosis

## Patient Autonomy

- Standard of care in medicine now
- Including patient in decision-making
- Respecting patients' values
- Encouraging self-determination

# Disclosing the BPD Diagnosis

## Psychoeducation

- Relief with a name to the distress?
- Education about the diagnosis leading to empowerment and mastery
- New treatments and new research specific for individuals with BPD

# Disclosing the BPD Diagnosis

## Psychoeducation

- Revised thinking about stability of BPD given data from longitudinal studies?
- Emerging data from treatment studies: DBT, TFP, MBT, STEPPS, SFT
- Discussion of the borderline diagnosis is *essential* to these treatments

# Disclosing the BPD Diagnosis

## Accurate Diagnosis Guides Treatment

- Clinician and patient's shared understanding of treatment options
- Realistic goals for pharmacotherapy and psychotherapy
- Referral to treatments specific for BPD



# Disclosing the BPD Diagnosis

## Self-Discovery of the Diagnosis

- Patients learning diagnosis from chart or insurance form
- Patients learning diagnosis from internet
- Patient learning diagnosis from referral to treatments for BPD (e.g., DBT, TFP, STEPPS)
- “Why didn’t you tell me?”

# Disclosing the BPD Diagnosis

- APA Guidelines recommend disclosure of BPD diagnosis
- Clinical practice suggests this is often not done
- Reasons are compelling for making discussion of the diagnosis part of treatment
- Public health implications of patients known to be high utilizers of medical and psychiatric services unaware of their diagnosis