spectrum

Specialising in Personality Disorder and Complex Trauma

Treatment Principles for BPD and or CPTSD

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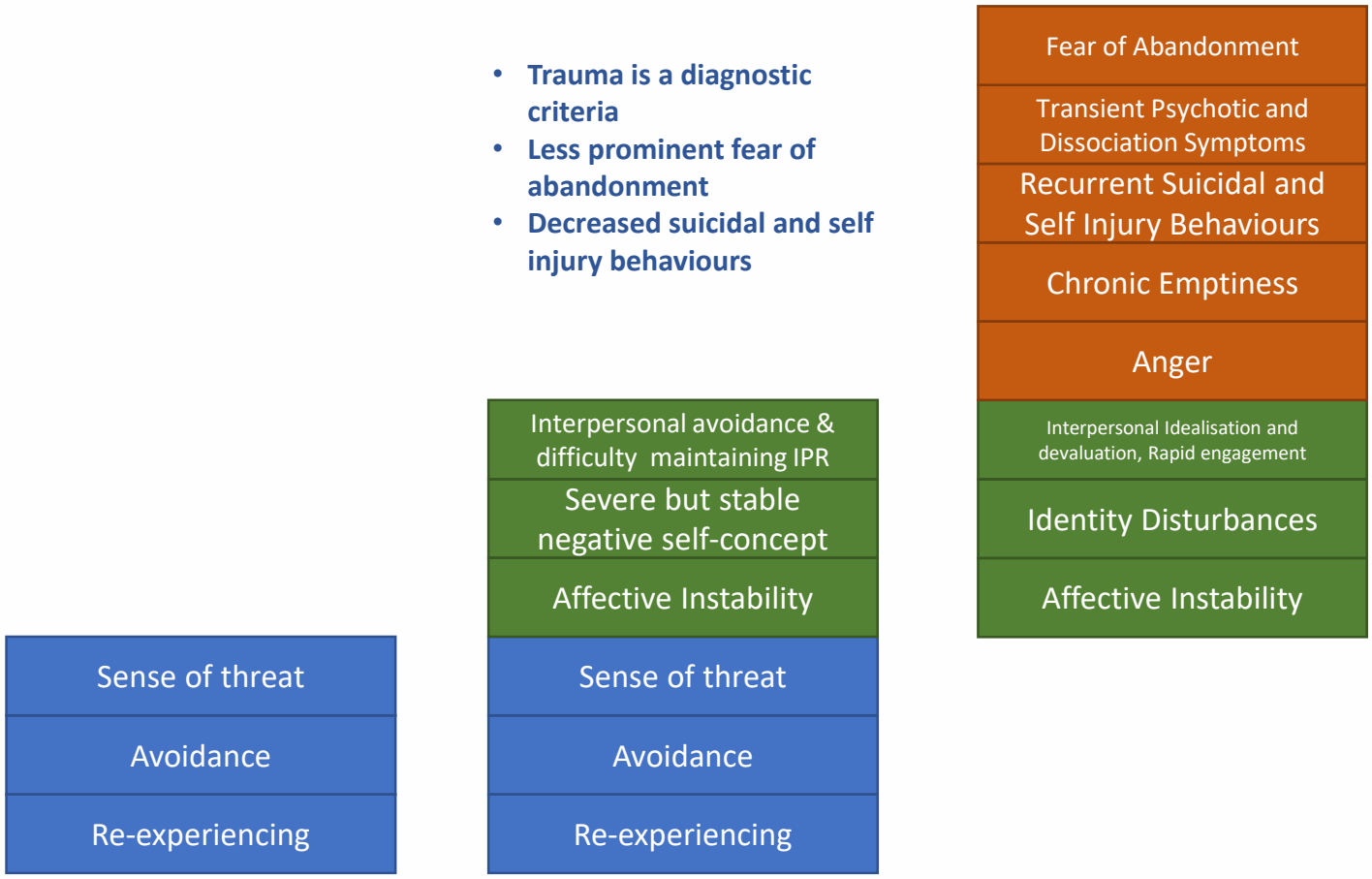
Objective

To highlight the treatment principles

- for Borderline Personality Disorder (BPD)
- and when BPD co-occurs with Complex Post Traumatic Stress Disorder (CPTSD)

PTSD, Complex PTSD and BPD

- **Trauma is a diagnostic criteria**
- **Less prominent fear of abandonment**
- **Decreased suicidal and self injury behaviours**



Ref: European Journal of Psychotraumatology 2013, 4:20706 and DSM-5

Overlap between BPD, PTSD and CPTSD

- CPTSD can co-exist with approximately **50%** of women diagnosed with BPD
- BPD co-exists with only approximately **8%** of those diagnosed with CPTSD
- **60%** of people with BPD can have PTSD

Principles of care for people who experience BPD

1. Comprehensive assessment:
    - Work out diagnosis of BPD and any co-occurring disorders- PTSD, CPTSD, SUD, Depression, psychosis etc.
    - Social issues- homelessness, unemployment, support, family relationships
    - Trauma history
    - Risk behaviours
    - Persons framing/narrative/formulation of self and behaviours and the world around her

2. Provide psychoeducation to the person and their family.
3. Advocate for the person's right to access appropriate care.
4. BPD-specific psychological treatments where available and work as a team with other multi-disciplinary team (MDT) members to provide holistic care.

Principles of care for people who experience BPD

5. Clear, structured, treatment framework
6. Focus on the treatment relationship
7. Active clinician, willing, hopeful
8. Be mindful of creating a safe therapeutic space.
9. Collaborative, cooperative treatment relationships
10. Focus on emotions underlying behaviours (persons and therapist)

Principles of care for people who experience BPD

11. Change-orientated interventions, balanced with validation
    11. Focus on mindfulness
    12. Helping the patient to make sense of themselves
    13. Help develop skills to manage painful thoughts and emotions, self-sabotage, self-harming behaviours, and interpersonal relationships.

12. Trauma-sensitive care

13. Recovery focus
    - Jobs
    - Relationships

Principles of care for people who experience BPD

14) Be aware of the limited role of medications for treating BPD and of criteria for consideration of acute hospital care.
15) Develop a treatment and crisis plan involving family and/or carers where appropriate.
16) Deliver holistic care. Provide appropriate physical and mental health screening for concurrent conditions and manage them as appropriate.
17) Provide continuity. Assist patients in their long journey of recovery after they have engaged in evidence-based treatments and achieved clinical remission, to enable them to realise improved quality of life.
18) Practise self-reflection and self-care.
19) Clinician self-awareness and supervision/support

When CPTSD coexists

- Therapist expertise
- Pay extra attention to positive safe, trusting therapeutic relationship
- Group work- challenging
- Use a trauma-informed approach which is pragmatic and compassionate but has clear and consistent boundaries.
- Self loathing and self hatred
- Guilt
- Chronic low mood
- Social isolation
- Trauma treatments
- EMDR
- Exposure and Response Prevention
- DBT- Prolonged Exposure
- DBT PTSD protocols
- Must seek supervision
- Long-term care

Conclusion and take home message

- More research is needed to understand the treatment of CPTSD and CPTSD with BPD.

- Until more research is done clinicians are best advised to treat CPTSD with BPD treatment principles but have a clear trauma informed, trauma focused and trauma specific approach.

References

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