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(u10d1) Discussion: Patients with BPD

Student Name:

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Instructor

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Patients with BPD

As a common personality illness, borderline personality disorder (BPD) affects approximately 10% of patients in outpatient setting. These patients exhibit impulsive, aggressive, and rude defense mechanisms behaviors, including projective identification, denial, splitting and suicide behavior (Lee et al., 2020). Besides, severe patients with BPD use maladaptive defensive styles and are more likely to attempt suicide. BPD patients use image-distorting defense mechanisms such as affiliation and adaptive defense styles, including maladaptive and self-sacrificing simultaneously (Lee et al., 2020). Based on the case provided, defense mechanisms portrayed by the client, include demeaning behavior, aggressiveness and sarcasm towards those who take care of her.

Upon reviewing the article by Yang & Linehan (2018), it is crucial to consider and apply the American Psychiatric Association (APA) fundamental ethics code of fairness, beneficence, and maleficence to guide the treatment process. Dialectical behavioral therapy (DBT) is a frontline treatment of BPD involving consultation of teams working together to provide treatment, such as primary therapists to maintain motivation in the delivery of effective treatment and advance their skills (Yang & Linehan, 2018). Informed consent should be obtained before DBT to ensure the privacy and confidentiality of the patient. The therapist should examine protective factors by engaging the consultation team using the best available tools to address the client's diagnosis and effective treatment. A well-written documentation on the therapeutic process should be warranted as a component of thorough suicide risk assessment, and management with clinical contact as a means to protect yourself (Yang & Linehan, 2018). In DBT, there is a need for careful adherence to boundaries to minimize violation of ethics in therapy, such as anxiety and emotive retorts that might inhibit with therapy and provision of

treatment. Therapists should address burnout to achieve teamwork, group supervision, and use mindfulness practices. The patient should be encouraged to use 24-hour calls offering consultation, treatment, learn distraction skills, and obtain crisis intervention articulated in DBT treatment goals.

References

- Lee, Y. J., Keum, M. S., Kim, H. G., Cheon, E. J., Cho, Y. C., & Koo, B. H. (2020). Defense Mechanisms and Psychological Characteristics According to Suicide Attempts in Patients with Borderline Personality Disorder. *Psychiatry investigation*, 17(8), 840–849.
<https://doi.org/10.30773/pi.2020.0102>
- Yang, J. P., & Linehan, M. M. (2018). F60. 3 borderline personality disorder.
<http://dx.doi.org/10.1037/0000069-016>