**Ashley P. Post to week 2 discussion 1**

Case 15: Borderline Personality Disorder

Hello Karen. My name is Ashley Pangalangan and I would love to get to know more about you. I value you as a unique person and if you are willing to work with me, I believe that I can help you… First Karen, I want to talk with you about your childhood experiences and history.

Question 1: Can you tell me what your life was like growing up?

Rationale: It is important to first discuss Karen’s full history in order to gain an appreciation of her experiences. One of the risk factors in developing borderline personality disorder is being a victim of sexual abuse as well as being in an invalidating environment. This information would be gathered here by asking Karen about her past experiences such as molestation and abuse (Gorenstein & Comer, 2015).

Karen’s answer: My parents beat me a lot. Even when I was good, they would beat me. They had to keep the devil out of me is what my father used to say. When I turned 6 years old, my father started touching me on my private parts and other forms of oral-genital contact. After he touched me, he would call me names like “cheap whore” and tell me that I was going to hell. After that he would make me kneel and pray and confess my sins. My oldest brother John would also force me to have sex with him. I told my mother but she beat me for being seduced by the devil.

I am so sorry those things happened to you Karen and I want you to know that you did not deserve any of that. Karen, I now want to talk with you about why you were admitted to the West Raymond Medical Center. I understand that you deliberately took 30 pills combined with alcohol.

Question 2: Can you tell me why you wanted to harm yourself and is this your first suicide attempt?

Rationale: Individuals suffering from borderline personality disorder may have a repeated history of self-mutilating or suicidal acts/gestures. Asking Karen why she wanted to harm herself will reveal her self-concept. Asking Karen if this is her first suicide attempt will reveal patterns of repeated self-mutilating acts (Gorenstein & Comer, 2015).

Karen’s answer: This is my third time trying in the past 2 years. I cut myself when I feel rejected or abandoned. I use a razor blade and cut myself when I feel depressed and empty. It is a release to me and makes me feel better at the time. I was in love with someone that just stopped loving me. We did everything together and then he started ignoring me. That is when I started to cut myself again…and then he still would not answer me. After he changed his Facebook status to single, I knew then that it was really over. I grabbed a bottle of wine and drank it all but that still didn’t help. That’s when I took the pills…

I understand now that you harm yourself as a coping mechanism to deal with stressful situations. Your self-harming patterns seems to occur after a bad break-up or separation.

Question 3: Talk with me about your past relationships; how do you feel when you are alone?

Rationale: Individuals suffering from borderline personality disorder display impulsive patterns in their relationships. Asking Karen to talk about her past relationships would prove this pattern to be accurate. One of the symptoms of borderline personality disorder is using desperate efforts to avoid abandonment. Therefore, Karen will not like to be alone and possibly feel uncomfortable even being asked this question (Gorenstein & Comer, 2015).

Karen’s answer: I hate to be myself, to feel abandoned…my last therapist will not even see me anymore because I took them pills…Everyone leaves me though. My roommate does not like to hang out with me anymore either. I was married once…he beat me too thinking I was flirting with other men all the time. He was killed in a car accident. All the men I have desperately loved also left me one by one. I try so hard and I love even harder. They all still go. George, Eric, Jim, Gary…not one of them really loved me. I have begged and pleaded with them to stay. I told Gary I would have given him space. I did not mean to grab his hand the way I did when he tried to go in the movie theater. I know I should not have left that mean message to him on his Facebook wall. I was so hurt though and I knew he was truly done with me. I could not bare it. I do not want to be alone…

Karen, I understand that your thoughts and feelings have not been taken seriously and that you have been repeatedly victimized. I do believe that I may be able to help you. I want to ask something of you. I know you do not trust me but this is something I believe we can build on slowly. I can only imagine how much fear and mistrust you have developed because of unsuccessful treatments in your past. You have used harming yourself, dependent relationships and alcohol to cope with your stress. I admire you for still trying to find hope and talking with me so that I can help you. Your problems fit a pattern known as borderline personality disorder. I have arranged a special treatment program just for you. I want you to participate in a behavioral skills training group. Here, we will work on your behavioral skills. I will also see you individually in order to assist you with daily struggles and offer any assistance to you that you may need. This treatment plan will involve learning more effective ways of coping with your emotions.

Question 4: Would you be willing to try this program for a minimum of 6 months?

Rationale: During the pretreatment stage, the therapist should explain the principles of dialectical behavior therapy and ask the client with borderline personality disorder to commit themselves to the treatment program for a minimum period.  Many of these clients have had disappointing past experiences in therapy that lead to impulsive, premature terminations of treatment (Gorenstein & Comer, 2015).

Karen’s answer: I am impressed with how organized your treatment sounds. No other therapist has made a plan for me like that but it does make sense to me. I think I can try it for at least 6 months.

Thank you Karen. This is a step in the right direction for you and I am excited to begin working with you. I want us to develop a good relationship, you and I. With that being said, I also want to encourage you to contact me between our sessions and visits. You may call or text me any time of day or night.

Question 5: In fact, before you decide to cut yourself again, would you please call me first instead?

Rationale: This type of contact in between sessions is an opportunity for the therapist to provide immediate help in a crisis, to guide the client in problem solving at the time of the problem and to help the client deal with any negative emotions that may develop between sessions. This type of contact will also help to create a validating environment for the client (Gorenstein & Comer, 2015).

Karen’s answer: That might actually be a good idea for me to try. I like that idea. The last therapist abandoned me and rejected me for cutting. This gives me a sense of calming and comfort. I will do my best to call you…and thank you.

I want to focus on your tendency to harm yourself, Karen. It is very important you call me before you cut yourself. I promise to never get angry or scold you for this. That is not my intention. In fact, if you cut yourself first before calling me, then you must wait 24 hours to call me. Hopefully this will make you want to call me first…I am also going to invite you to join a file-hosting serve that contains folders full of forms and coping mechanisms.

Question 6: Finally Karen, I want to ask you to keep a daily record discussing your level of suicidal thinking, your misery level, any urges to self-harm yourself, self-harm actions, and what you can do to cope with these feelings instead of harming yourself.

Rationale: The therapist is able to access these records and review them prior to the next session. These records will reveal the frequency and extent of harmful behavior. This will allow the therapist to respond to each instance with a behavioral analysis and try to get the client to see how the cutting serves as a function (Gorenstein & Comer, 2015).

Karen’s answer: This seems easy enough. I just hope you do not end my treatment like the last lady but I will not try not give up so easily.

Reference

Gorenstein, E., & Comer, J. (2015). [Case studies in abnormal psychology](https://ashford.instructure.com/courses/82266/modules/items/4162228)(2nd ed.). New York, NY: Worth Publishers. ISBN: 9780716772736. Retrieved from https://redshelf.com