

The National Bestselling Classic
Completely Revised and Updated

**I Hate
You—**

Don't Leave Me

Understanding the
Borderline Personality

Jerold J. Kreisman, MD, and Hal Straus

PERSONALITY DISORDERS (AXIS II)

Cluster A (eccentric)

?Paranoid

?Schizoid

Schizotypal

Cluster B (dramatic)

Antisocial

Borderline

?Histrionic

!Narcissistic

Cluster C (anxious)

Avoidant

?Dependent

Obsessive-compulsive

MOOD INSTABILITY

mood lability

suicidal, self-mutilating behaviors

emptiness

abandonment fears

BEHAVIORAL DYSCONTROL

self-defeating impulsivity

anger

INTERPERSONAL PSYCHOPATHOLOGY

unstable relationships

identity disturbance

COGNITIVE-PERCEPTUAL DISTORTIONS

dissociation

*“There is a Monster in me and you know it!
I want to be well, but the Monster gets me and won’t let go.
No matter how good it gets,
the Monster has its way with me and tells me what to do.
It scares me.
It won’t let me sleep.
It makes me go up and down and back and forth,
and I hate it.
I will die if it doesn’t let me alone.”*





SADNESS - HATE

CONFUSION



FRUSTRATION

REJECTION

SHAME

LOWLINESS

**10-25% of Patients in Psychiatric Treatment
Satisfy Criteria for
BPD!**

So...Why Don't We Make the Diagnosis?

- MISDIAGNOSIS
- STIGMA
- INSURANCE
- BIAS

DIFFERENTIAL DIAGNOSES

Dx age	IMPUL- SIVE	MOOD INST	RAGE	I-PERS CONFL	DRUG ABUSE	SELF- DESTR	PSYCH	CONTIN- UOUS
BPD <teen ~6%	X	X	X	X	X	X	X	X
BAD >25 ~2%	X	X	X		X	X	X	
ADD child ~8%	X	X	X	X	X			X

DIFFERENTIAL DIAGNOSES

Dx age	IMP	MOOD INST	RAGE	I-PERS CONFL	DRUG ABUSE	SELF- DESTR	PSYCH	CONTIN- UOUS
BPD <teen	X	X	X	X	X	X	X	X
BAD >25	X	X			X	X	X	
MDD <25		X				X	X	
ADD ~6	X	X		X	X			X
SUD teen	X	X	X	X	X			
IED >teen	X		X	X				
SCZ >teen			X	X	X	X	X	X

PROGNOSIS

1. 99% remission after 16 years
2. Recovery in 60% in 24 months—with Tx
3. Recovery in 50% in 10.5 years—w/o Tx
4. 10% relapses (after 8 year remission)
5. Persistent impairment in social/work function
6. 10% suicide

POSITIVE PROGNOSTIC FACTORS

1. Self-discipline
2. Talent
3. Likeableness
4. Physical attractiveness
5. Supportive relationships
6. Intelligence

TREATMENT OF BPD

(circa 1990)

1. Long-term, intensive, individual psychotherapy.
2. Drugs may sometimes help.
3. Thank you for your attention. Let's eat

PHARMACOTHERAPY

<u>symptom</u>	<u>1st choice</u>	<u>2nd choice</u>	<u>3rd choice</u>	<u>4th choice</u>
Mood instability	SRI	different SRI or SNRI	add NL, clonazepam; or switch to MAOI	add MS
Impulse dyscontrol	SRI	add NL	add MS; or switch to MAOI	
Cognitive/perceptual distortions	NL	add SRI or MAOI; or different NL		

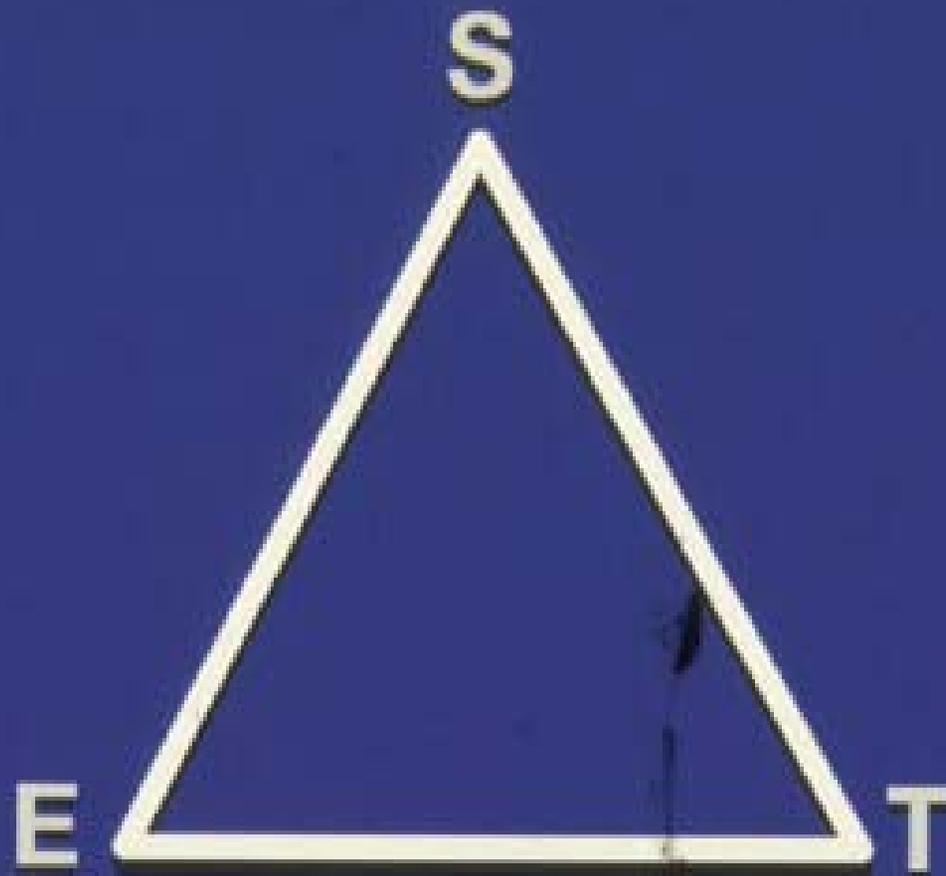
SRI= serotonin reuptake inhibitor
NL= neuroleptic

MAOI= monoamine oxidase inhibitor
MS= mood stabilizer

EFFECTIVE PSYCHOTHERAPEUTIC TECHNIQUES

1. Dialectical Behavioral Therapy (DBT)--Linehan
2. Systematic Training for Emotional Predictability and Problem Solving (STEPPS)
--Bartels, Blum
3. Schema Focused Therapy (SFT)--Young
4. Mentalization Based Therapy (MBT)--Fonagy, Bateman
5. Transference Focused Therapy (TFP)—Kernberg
6. Good Psychiatric Management (GPM)--Gunderson

THE *SET* SYSTEM
OF
COMMUNICATION



S = Self-Statement of Support

E = Empathy

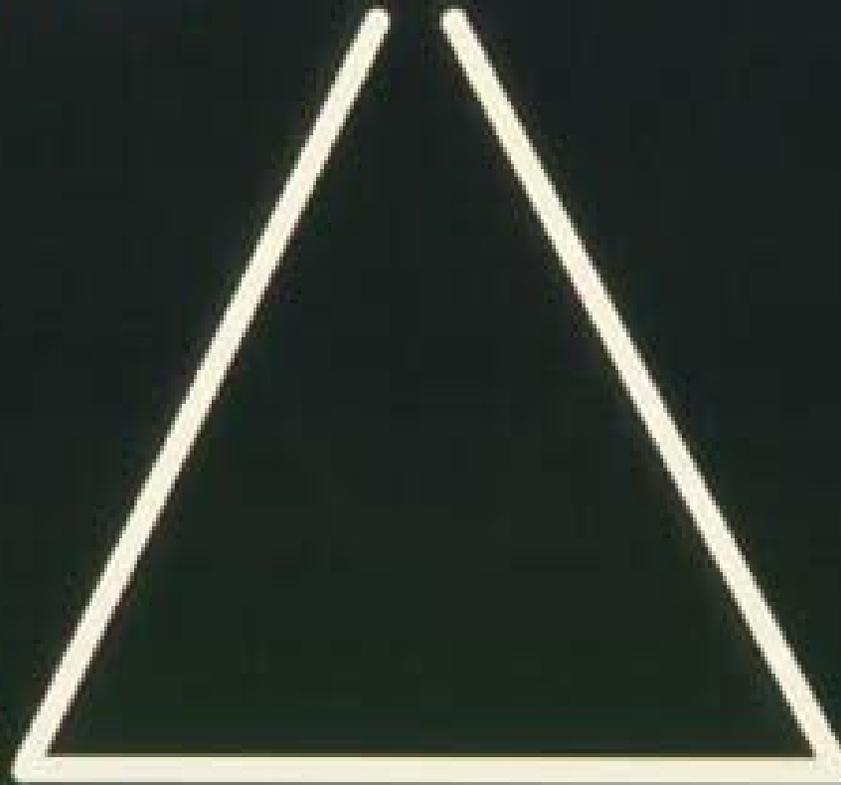
T = TRUTH

**“You don’t
care...”**

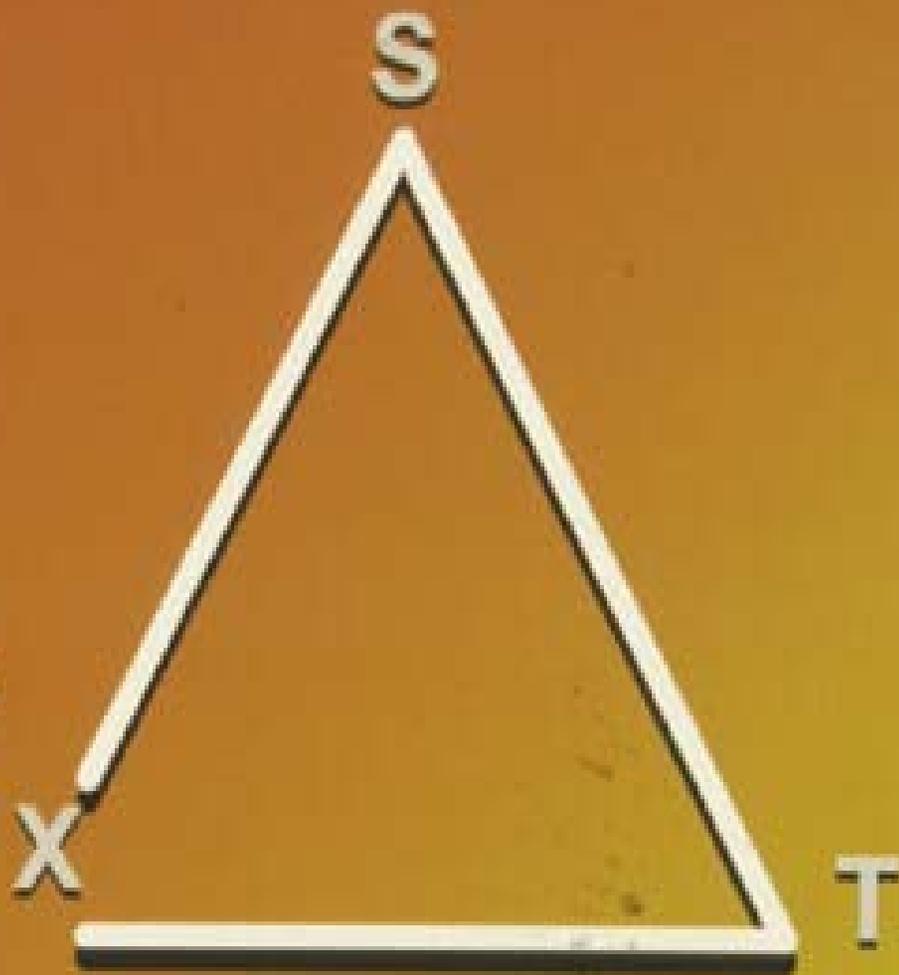
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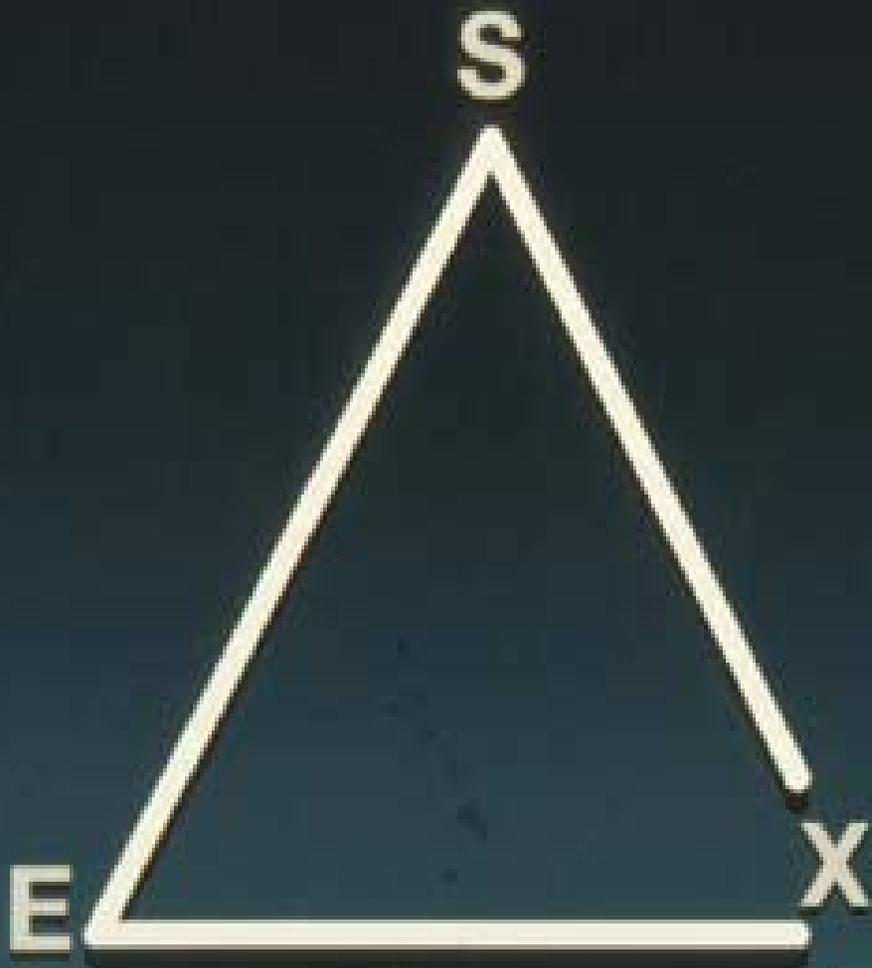
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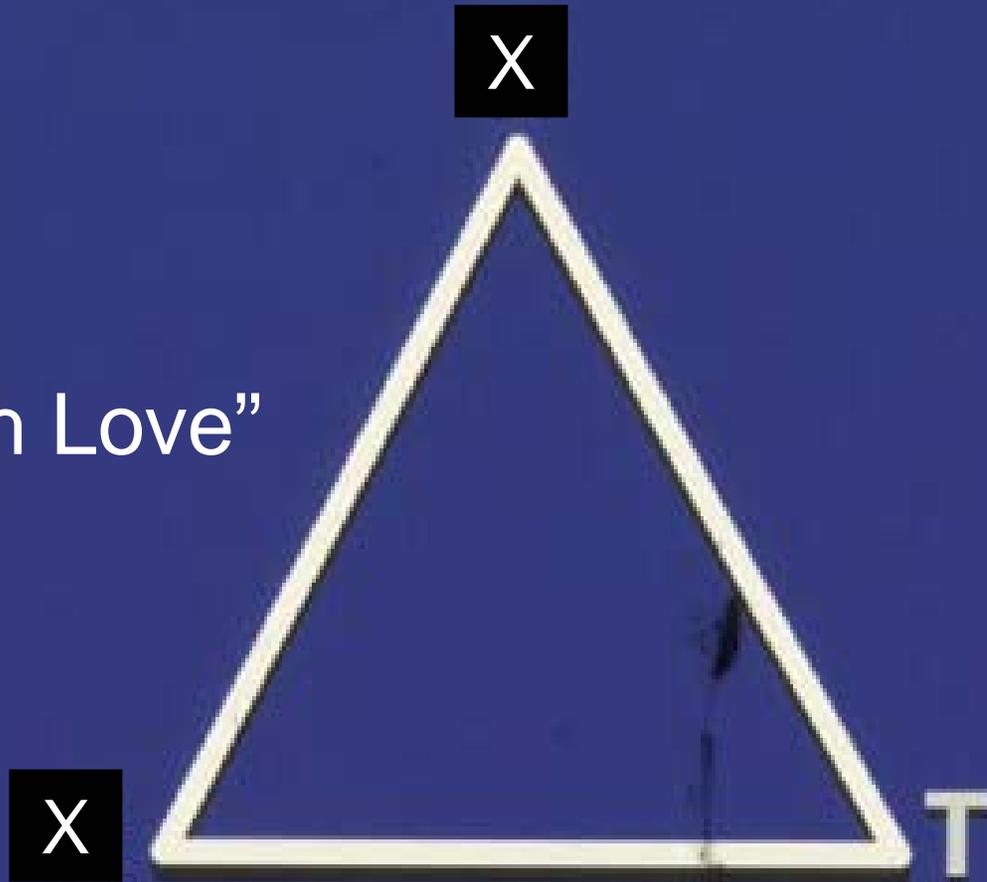
**“You don’t
know how
I feel...”**





Enmeshment

“Tough Love”



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