Excerpt from the Practice Guideline for Treatment of Borderline Personality Disorder from the American Psychiatric Association

Risk management issues

"Attention to risk management issues is important [I]. Risk management considerations include the need for collaboration and communication with any other treating clinicians as well as the need for careful and adequate documentation. Any problems with transference and counter-transference should be attended to, and consultation with a colleague should be considered for unusually high-risk patients. Standard guidelines for terminating treatment should be followed in all cases. Psychoeducation about the disorder is often appropriate and helpful. Other clinical features requiring particular consideration of risk management issues are the risk of suicide, the potential for boundary violations, and the potential for angry, impulsive, or violent behavior."

a)Splitting

The phenomenon of "splitting" signifies an inability to reconcile alternative or opposing perceptions or feelings within the self or others, which is characteristic of borderline personality disorder. As a result, patients with borderline personality disorder tend to see people or situations in "black or white," "all or nothing," "good or bad" terms. In clinical settings, this phenomenon may be evident in their polarized but alternating views of others as either idealized (i.e., "all good") or devalued (i.e., "all bad"). When they perceive primary clinicians as "all bad" (usually prompted by feeling frustrated), this may precipitate flight from treatment. When splitting threatens continuation of the treatment, clinicians should be prepared to examine the transference and countertransference and consider altering treatment. This can be done by offering increased support, by seeking consultation, or by otherwise suggesting changes in the treatment. Clinicians should always arrange to communicate regularly about their patients to avoid splitting within the treatment team (i.e., one clinician or treatment is idealized while another is devalued). Integration of the clinicians helps patients integrate their internal splits.

b)Boundaries

Clinicians/therapists vary considerably in their tolerance for patient behaviors (e.g., phone calls, silences) and in their expectations of the patient (e.g., promptness, personal disclosures, homework between sessions). It is important to be explicit about these issues, thereby establishing "boundaries" around the treatment relationship and task. It is also important to be consistent with agreed upon boundaries. Although patients may agree to such boundaries, some patients with borderline personality disorder will attempt to cross them (e.g., request between-session contacts or seek a personal, nonprofessional relationship). It remains the therapist's responsibility to monitor and sustain the treatment boundaries. Certain situations—e.g., practicing in a small community, rural area, or military setting—may complicate the task of maintaining treatment boundaries (7).

To diminish the problems associated with boundary issues, clinicians should be alert to their occurrence. Clinicians should then be proactive in exploring the meaning of the boundary

crossing—whether it originated in their own behavior or that of the patient. After efforts are made to examine the meaning, whether the outcome is satisfactory or not, clinicians should restate their expectations about the treatment boundaries and their rationale."