


2010

# Borderline personality disorder and suicidal attempts : how to calm an uprising dilemma

Ashley Anne Welter  
*University of Northern Iowa*

Copyright ©2010 Ashley Anne Welter

Follow this and additional works at: <https://scholarworks.uni.edu/grp>

 Part of the [Counseling Commons](#), and the [Mental Disorders Commons](#)

*Let us know how access to this document benefits you*

---

## Recommended Citation

Welter, Ashley Anne, "Borderline personality disorder and suicidal attempts : how to calm an uprising dilemma" (2010). *Graduate Research Papers*. 223.

<https://scholarworks.uni.edu/grp/223>

This Open Access Graduate Research Paper is brought to you for free and open access by the Graduate College at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact [scholarworks@uni.edu](mailto:scholarworks@uni.edu).

---

# Borderline personality disorder and suicidal attempts : how to calm an uprising dilemma

## **Abstract**

Patients with Borderline Personality Disorder (BPD) are more likely than patients with any other personality disorder to commit suicide. Many programs have been found successful in helping these patients control their thoughts. Using the Behavioral Activation Treatment for Depression (BATD) with a cathartic journal process in addition to the treatment, instead of hospitalization, it is hypothesized that BPD patients will reduce thoughts and attempts of suicide. This is a five year program that will be implemented to see how patients progress through the treatment. There will be a pretest-posttest control group design used in this research. With adding a journaling process, the patients will be able to release their emotional burdens which will then decrease their time dwelling on those thoughts. Therefore, this will help to decrease the thoughts and attempts of suicide within people with BPD.

**BORDERLINE PERSONALITY DISORDER AND SUICIDAL  
ATTEMPTS:  
HOW TO CALM AN UPRISING DILEMMA**

A Research Paper  
Submitted  
in Partial Fulfillment  
of the Requirements for the Degree  
Masters of Education

Ashley Anne Welter  
University of Northern Iowa  
May 2010

Ashley Anne Welter

Borderline Personality Disorder and Suicidal Attempts 2

University of Northern Iowa

May 2010

**BORDERLINE PERSONALITY DISORDER AND SUICIDAL**

**ATTEMPTS:**

**HOW TO CALM AN UPRISING DILEMMA**

A Research Paper

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Masters of Arts or Masters of Education

Approved:

Jan Bartlett

Dr. Bartlett, Advisor

Victoria L. Robinson

Dr. Robinson, Department Chair of  
Educational Leadership, Counseling,  
Postsecondary Education

Ashley Anne Welter

University of Northern Iowa

May 2010

**Abstract:** Patients with Borderline Personality Disorder (BPD) are more likely than patients with any other personality disorder to commit suicide. Many programs have been found successful in helping these patients control their thoughts. Using the Behavioral Activation Treatment for Depression (BATD) with a cathartic journal process in addition to the treatment, instead of hospitalization, it is hypothesized that BPD patients will reduce thoughts and attempts of suicide. This is a five year program that will be implicated to see how a patients progress through the treatment. There will be a pretest-posttest control group design used in this research. With adding a journaling process, the patients will be able to release their emotional burdens which will then decrease their time dwelling on those thoughts. Therefore, this will help to decrease the thoughts and attempts of suicide within people with BPD.

### **Introduction and Literature Review**

Numerous research studies have shown that there is a strong correlation between Borderline Personality Disorder and suicidal behavior. Suicidal behavior has been stated to occur in up to 84 % of patients who have Borderline Personality Disorder (Black et al., 2004). Borderline Personality Disorder, or BPD, symptoms include seeing things in extremes, believing that something is one of only two possible things, and ignoring any possible “in-betweens”. There are also disturbances in one’s self image and BPD creates instability in relationships with others. These major symptoms cause for a patient to see problems in a different light (Grava, 2006). Due to these symptoms, patients begin believing that suicide is one of their only options to solving their problem (Rietdijk et al, 2001). Once they have the idea of suicide it is difficult to change their thought process.

Thus a dilemma is created due to the seriousness of suicide gestures. The suicide gestures occur from the ongoing pattern of self demeaning activities. Patients with BPD have more thoughts about suicide, are more likely to attempt suicide, and are more likely to make multiple attempts compared to any other patient with or without mental impairment (Hopko et al, 2003). However, longitudinal studies have showed that, suicide is not as frequently completed by patients with BPD as it is with rest of the population. Ninety percent of people diagnosed with BPD who threaten or attempted suicide, never complete it (Paris, 2004). Yet these thoughts still occur and the attempts are still being made.

Hospitalization of a BPD person is a frequent choice made by physicians when these patients come in with suicidal attempts but this may not be the best solution (Reynolds et al, 2006). Hospitalization does nothing for their BPD but rather attempts to calm the patient's suicidal thoughts (Reynolds et al, 2006). The item that is rarely considered is that these thoughts will reoccur since it is part of their mental impairment. This means that the patient will return to the hospital time and time again with no effective use of a treatment. (Paris, 2004; Brodsky et al, 2006)

Since hospitalization is not as effective as one may believe, another treatment needs to be looked at. One such treatment that has been proposed for patients is Behavioral Activation Treatment for Depression combined with a cathartic journal; patients with BPD will have reduced thoughts of suicide leading

to less suicidal attempts. The other treatments that have been tested will be discussed to why they are not as effective as BATD. Lastly, BATD with a cathartic journal will be explained as to why this is a better solution for patients with Borderline Personality Disorder and how this treatment could help them reduce suicidal thoughts.

Other treatments that have failed to meet their goals include hospitalization, as discussed briefly before, contracts, family intervention, and group therapy (Reynolds et al, 2006; Sansone, 2004). Hospitalization has been shown effective only if the patient can help determine a goal that is realistic with the therapist or family. Sansone (2004) used a study where he reviewed what the hospital asked of these patients. They asked the patients to within three days come to a goal that would help benefit the patients themselves. However, since the behaviors of patients with BPD are constantly changing, they could be sent to the hospital numerous times and continually making the same goals and breaking them. Thus leaving the patient back at step one and not meeting the needs of how to stop suicidal thoughts (Sansone, 2004). The patients could also try and access or “work the system” whenever they feel that they are not secure in their thoughts. Therefore, using hospitalization as just a cushion and not something they can use for assistance (Paris, 2004). Paris (2004) found that by leaving the patient as uncomfortable and short as possible in hospitalization that they are less likely to use it as a crutch and is more likely to search for actual assistance.

Contracts can help find a defining boundary for the treatment with the therapist (Sansone, 2004). On the other hand, they could be broken very easily with little to no consequences. The consequences that may occur may be sending the patient back into hospitalization which would push them further away from finding a way to reduce their suicidal thoughts (Sansone, 2004). Brodsky et al (2006) found that even though these contracts may have some sort of effect on how the patient may view suicide; there may be ways to sneak around the contract by inflicting self harm only with no intent on death. This causes a whole different dilemma to whether or not the patient is taking the contract seriously or not.

Family intervention is a difficult treatment to impose because it involves educating the family on the matters of how to help the patient with BPD (Sansone, 2004). There could be added stresses to the families' lives if the patient did decide to complete suicide. There can also be a burden left on the families of wonderment to whether or not it was their fault. This could be stressful and highly dangerous to the relationships the family already has as well. The patient may believe that the family is trying to control them and the patient may push them away, leaving the BPD patient with little to no support (Sansone, 2004). Black et al (2004) found that impulsivity is the leading cause for suicide attempts. Consequently, if a patient loses their family ties it could put them at a higher risk of an attempt.



Lastly, group therapy may also be a dangerous situation. If a person were to make attempts while in the group therapy treatment, others in the group may seem to think that the treatment is not working and start to doubt their own progress. This would leave them more vulnerable to regress into a suicidal state (Reynolds et al., 2006). Reynolds et al (2006) stated that there was a thirty percent increase in suicidal thoughts after interviewing the patients after group sessions (Reynolds et al. 2006).

Behavioral Activation Treatment for Depression is based on the idea that behavior is maintained and conceptualized by a choice. Every choice has a consequence either negative or positive that will make an alternative behavior occur. Therefore, this treatment also realizes that with little activity, thoughts of suicide become more prevalent and acts on this threat by creating more activity for the patients (Hopko et al 2003). This has been used in patients with BPD already and has been showing positive results (Hopko et al, 2003). Hopko (2003) summarized a patient's journey through BATD who made tremendous progress with reducing suicidal thoughts and attempts.

However, there are also many complications to the treatment that include resistance to the activities and problems when patients are left to be on their own (Hopko et al, 2003). This is where the cathartic journal would help benefit the patients because they would be able to write down their thoughts whenever they felt them (Lester, 2004; Sansone, 2004). A cathartic journal is a way to let

emotional baggage off in a positive direction. The patient would be instructed to write in the journal but not allowed to go back and reread it. This way, they are able to express their suicidal thoughts on paper and not dwell on them (Lester, 2004). As a result, being able to write down thoughts has been effective in helping to re-channel fears and ideas to be observed to try to benefit the patient (Sansone, 2004). BATD with a cathartic journal includes a one on one session with a therapist and time to evaluate your own thoughts. Lester (2004) discussed that the life of a girl named “Katie” would have been immensely different if her journal writing were to be cathartic and not looked over repeatedly. Lester (2004) believes that she would have had less suicidal thoughts and would have had less of a risk of completing suicide.

As seen through the different treatments listed above, there have been many treatments that have not been effective to BPD patients. They have hindered them from progressing to find a way to control and reduce their suicidal thoughts. BATD with an accurate journaling process is a proposed method with the best chances of helping these patients. With BPD being one of the most lethal of all psychiatric disorders with an average of three lifetime attempts per patients, something different needs to be done to help them (Soloff et al 2005). By allowing patients to meet with a therapist in a one on one session, the patient will be able to release the emotions and thoughts of suicide and starting new with a clean slate. The clean slate would occur because the counselor would collect the

journal pages from the patient as to keep the temptation away of wanting to reread them. The main questions that need to be addressed are; is BPD mainly a behavioral disorder that through counseling and journaling can reduce suicidal thoughts and attempts? Or is BPD a mental illness where there is nothing that can be done to reduce suicidal thoughts and attempts?

### **Instrumentation and Methods**

The target population is patients with Borderline Personality Disorder. A sample of 100 patients with BPD would be taken who have had previous suicidal ideations. Fifty of them would be in the control group while the other fifty would be assigned to treatment. The patients would need to be 18 years old or older to participate and gender does not matter. The research agency would need to be set in the University of Iowa Hospitals and Clinics in Iowa City and St. Luke's Hospital in Cedar Rapids since a trained counselor is needed. The participants would need to find their own transportation to the hospitals and there would be no parking fees at the facility during their time spent with the research. We would inform people about the research through counselors talking to their patients with BPD, newspaper advertisements, and through people already enrolled in the BATD program. Those already enrolled through the BATD or going to a therapist would be offered this research because BPD has been diagnosed correctly in these patients therefore saving time for the counselors. The only requirements for this program are that the person be 18 years or older, have been

diagnosed with BPD, and have had any thoughts of suicide within their lifetime.

Race, gender, and employment do not matter in finding those who want to be involved in research.

Data will be collected through the therapists' notes about the progression of the patients and through the journals that the patient are assigned to complete. Data may also be collected by video or audio taping sessions, if agreed upon by a mental competent patient who has signed an informed consent form. The research design would be descriptive because we want to know what the patient is thinking about or going through while they are having suicidal thoughts. The program will be evaluated on a biweekly basis to make sure everything is on track. Once there is a strong hold on the program it will be evaluated monthly to make sure everything is running smoothly.

The patients will meet with the therapists two to three times a week to begin with so that they can establish a trusting relationship between each other. Once the program is in full swing with the patient, they will meet weekly to collect the journals and discuss what the patient has recorded. The BPD patients will continue to go about with their life normally would but they would need to keep track in their journal any emotions or feelings they have that day. They may use it as often as they want but need to write in it at least once a day. When the patient meets with the counselor, the patient will then hand over the journal pages preventing them from looking back at those thoughts and recreating that suicidal

mood. The only question the counselor is required to ask of the patient during their time is whether or not they have had suicidal thoughts and if so how often. They then can let the patient discuss whatever they wanted to discuss with the therapist. The BATD has the patients request that family and friends do not focus on self-harm but rather the efforts of the patient to have healthy alternatives (Hopko et al, 2003). This way the patient is reducing unhealthy behaviors outside of the program to create a healthier environment. This is a five year program because we need to uncover whether their suicidal thoughts decrease or if it was a single occurrence.

The assessment of the patients will occur throughout the five year program and then reanalyzed at the end of the program. The data will be analyzed by viewing the videos for those who consented, reading the journals by the patients, and reading the notes by the therapist. These things will be looked at for suicidal thoughts and behaviors progression throughout the program. There will be a follow up in three to six months to see if the patient has chose to continue using the journal and to see how their suicidal thoughts and behaviors have either increased, decreased, or stayed the same. Suicidal thoughts and behaviors will be measured using the impulsivity and parasuicide sections of the Borderline Personality Disorder Severity Index (BPDSI; Rietdijk et al, 2001). It includes nine different self destructive or suicidal behaviors including; cutting, burning, suicide threats, preparations for suicide attempts, and actual suicide attempts (Rietdijk et

al, 2001). Each one of these is weighted with a number and those numbers will be processed through a spread sheet format to see results from the treatment. We are hoping that through this we will see a decline in suicidal thoughts and attempts to help the patient with BPD have more control over their disorder. The entire program is voluntary participation with informed consent.

As stated above, there will be no deception and the patient can know any of the information they request. Confidentiality will be made through randomized numbers on the file which only the therapist will know. Counseling will be available upon further request for those involved in the program and also for the family and friends if they are struggling keeping a positive attitude about suicidal thoughts and behaviors.

Through this program patients will be able to reopen communicate barriers with family members by acknowledging that they want to live in a healthier environment (Hopko et al, 2003). The program will also create more structure to what is often a very chaotic and impulsive life (Hopko et al, 2003). It will help the patient gain more control over how they feel and how they act (Hopko et al, 2003). It may also help alleviate depressive symptoms and reinforce successes in their life instead of failures (Hopko et al, 2003). By adding a journal to the process it will help the patient to see day by day how emotions are changing and realize that there can be a change.

As stated before, this could benefit the patient by reopening communication barriers with family and friends, creating a healthier environment to live in, and enhancing the well-being of their life. It also gives them control over their thoughts and life which they once may have lost through their Borderline Personality Disorder. It will benefit the community because it will reduce the suicidal rates among patients with BPD therefore creating a sense of hope for those who have recently been diagnosed with the same disorder. It will also benefit the practice community because the patients would not be sent to the hospital anymore with suicidal attempts but enrolled in the program. This will free up more hospital beds, more time, and less repeat hospitalizations.

### **Limitations and Risks**

Limitations that may occur are the time constraint on both the patient and the counselors. There may be an overload or an event that occurs that causes either one of them to drop the program. The patient may exhibit resistance toward the exercises and uncertainty about the program causing them to create a rash decision. Since one of BPD's common symptoms is impulsivity the program could have many patients who drop out.

The psychological risks that could occur are that the patient may leave with a lower self-esteem and have a sense that they are not being successful in the program. However, this is prevented through the BATD program because it is required for the counselors to give successful feedback. A social risk may be that

their family is not understanding of the BATD program and may only focus still on the suicidal thoughts and behaviors. This could jeopardize the patient's treatment and reclude the communication barriers even further. A physical risk may occur if the patient chooses to reread their journal before meeting with the therapist and self harm or suicidal attempts may be present. This is why it is important that the patient understands that it is required for the treatment not to go back through the pages. There is no deception used in the program and there are no legal or economic risks.

### **Conclusion**

In conclusion, several methods have been utilized thus far in attempts to hinder suicidal rates in BPD patients. However, these methods leave clients feeling stigmatized, lonely, or even more propelled to do harm. The proposed method would be to use BATD and a cathartic journaling process through individual counseling to help patients challenge their own view points. The methods and instrumentations proposed have the ability to create a safer environment for BPD patients, their family, and their community.



**References:**

- Black, D., Blum, N., Pfohl, B., Hale, N. (2004) Suicidal Behavior in Borderline Personality Disorder: Prevalence, Risk Factors, Prediction and Prevention. *Journal of Personality Disorders*. 18, 226-239
- Brodsky, B., Groves, S., Oquendo, M., Mann, J., Stanley, B. (2006) Interpersonal Precipitants and Suicide Attempts in Borderline Personality Disorder. *Suicide and Life-Threatening Behavior*. 36, 313-322
- Grava, G., Ceroni, G., Rucci, P., Scudellari, P. (2006). Suicidal Behaviors and Personality Structure. *Suicide and Life-Threatening Behavior*. 36, 569-577.
- Hopko. D., Sanchez. L., Hopko. S., Dvir. S., and Leinez. C. (2003). Behavior Activation and the Prevention of Suicidal Behaviors in Patients with Borderline Personality Disorder. *Journal of Personality Disorders*. 17, 460-478.
- Lester, D. (2004) *Katie's Diary, Unlocking the Mystery of a Suicide*. New York, New York: Brunner-Routledge.
- Paris, J. (2004) Is Hospitalization Useful for Suicidal Patients with Borderline Personality Disorder? *Journal of Personality Disorders*. 18, 240-247
- Reynolds, S., Lindenboim, N., Comtois, K., Murray, A., Linehan, M. (2006) Risky Assessments: Participant Suicidality and Distress Associated with Research Assessments in a Treatment Study of Suicidal Behavior. *Suicide and Life-Threatening Behavior*. 36, 19-35.
- Rietdijk, E., van den Bosch, L., Verheul, R., Koeter, M., van den Brink, W. (2001) Predicting Self-Damaging and Suicidal Behaviors in Female Borderline Patients: Reasons For Living, Coping and Depressive Personality Disorder. *Journal of Personality Disorders*. 15, 512-520.
- Sansone, R. (2004) Chronic Suicidality and Borderline Personality. *Journal of Personality Disorders*. 18, 215-225
- Soloff, P., Fabio, A., Kelly, T., Malone, K., Mann, J. (2005) High-Lethality Status in Patients with Borderline Personality Disorder. *Journal of Personality Disorders*. 19, 386-399.