

P-921 - A WORKING CLINICAL PERSPECTIVE: BORDERLINE PERSONALITY DISORDER OR TRAUMA AND LEARNED BEHAVIOR?

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As clinical practitioners, we often encounter clients who present with certain behaviors that might mimic criteria found in more than one disorder. Many times it is difficult to separate what are learned behaviors, coping skills, or personality traits; navigating this while providing a sound and comprehensive level of care can be a lengthy process.

Because clients who have a long history of trauma frequently do not report it upon intake, clinicians working with some of the most vulnerable populations (eg. those suffering from poverty, domestic violence, sexual abuse and under-education) find themselves working with clients who could present at first glance as meeting criteria for Borderline Personality Disorder (BPD). The critical decision for the clinician is whether BPD is actually the best descriptor for understanding the client. The differential diagnosis is not only essential for defining the clinical approach, but care must be taken before characterizing a client as BPD due to the reservations that clinicians have working with this population.

When looking at the nine criteria for Borderline Personality Disorder found in the DSM, there are parallels that can be drawn to criteria from Post-Traumatic Stress Disorder. This is not to say that the two are the same, or even possibly co-morbid in presentation. It is important as sound practitioners to unravel and peel back how certain responses came to be in a client. Understanding the motivation or sub-text for behavior becomes a puzzle.