

Borderline Personality disorder is a controversial topic throughout the psychiatric community. This diagnosis can be characterized by repetitive lying with no psychological motive, or external benefit. A client's lies often appear to be purposeless and in some cases self-incriminating or damaging in which presenting behaviors to be incoherent. Observations of diagnosis in patients are believed that lies told are delusional, being impulsive and unplanned. Observations have also raised doubts of the person's ability to control lying behaviors. Borderline Personality disorder may present as fantasy life, helping the client escape from stressful situations, compensation of developmental traumas, guilt reduction that motivates patients to believe lies told. Pseudo fantastica has been associated with deception, mimicking certain personality disorders such as: antisocial, borderline, histrionic and narcissistic; in this particular case I would like to explore a client that has endured a borderline personality diagnosis; clients story being as told:

Babara presents as angry and frustrated due to being forced to attend a therapy session contingent upon her living situation. She currently resides with her middle daughter. It has been reported that Babara has a strong history of childhood trauma that has decreased her confidence in herself, resulting in excessive lying, creating false narratives of events and scenarios in her head. During face to face Babara engaged in a false story ( as stated by family) on how she used to be a nurse in the military, along with her plans to retire in a mansion that she owns. Babara struggles with fear of rejection and abandonment and insecurity about not being good enough. She has a history of impulsivity, aggression, and self-injurious behavior.; especially when being redirected out of false narratives.

Babara has only had one job her whole entire life. She is currently 75 years old. Her family states that they have always maintained the responsibility to take care of her responsibilities due to her impulsive behaviors. Babara has 4 children; 2 of which have passed

away. Barbara disassociates the trauma of losing her youngest children and redirects it in false narratives to create a comfort in her head.

Babara struggles with being diagnosed with borderline personality disorder due to denying all behaviors. It is evident that Babara's traumatic and unstable childhood has shaped the way she views the world. She was sensitive to any hint of abandonment due to feeling discarded by both of her parents due to A&D issues along with a history of untreated mental health issues. She existed in a state of hypervigilance as a means of self-protection and shut down her feelings to avoid reliving the terrible experiences from growing up in poverty and violence. Babara is the oldest of 33 siblings. In the past, Babara has attended therapy but has not been consistent due to being forced to seek treatment to reassure that she has a place to live. Based on the initial interaction my plan is to continue to build rapport with the client, introducing trauma therapy (CBT) to redirect false narratives and excessive lying.

Diagnosis of a personality disorder may be determined by the following: physical exam, a psychiatric evaluation and a diagnosis per DSM-5. Generally a diagnosis is determined by long term marked deviation from cultural expectations that leads to distress and or impairment in at least two of the following areas: the way the client perceives and interprets self, other people and events, emotional responses, functioning when dealing with other people throughout relationships and how the client controls impulses. Pseudo Fantastica can be determined through genetics and environmental factors such as: childhood trauma, verbal abuse, high reactivity and peer relationships. I am diagnosing this client with borderline personality disorder due to the client's history of trauma, instability in interpersonal relationships, emotions, self-image, and impulsive behaviors ( excessive lying and false narratives) ( Zimmerman, 2021).

The type of modalities recommended for a personality disorder include: CBT (cognitive

behavioral therapy), DBT (dialectical behavioral therapy), IPT (interpersonal therapy and family focused therapy). The purpose of cognitive behavioral therapy, CBT assists clients with recognizing and altering inaccurate perceptions of self endured throughout relationships and society. This specific modality is considered to be a combination of both behavioral and cognitive therapies, with the goal to replace one's unhealthy thoughts, and creating a higher self esteem. CBT also helps to examine early childhood, identifying characteristics of the personality disorder. CBT can serve as an alternative for clients who do not desire to take medications and/or for clients who have thoughts and behavioral patterns that display characteristics of mental illness, alongside antidepressants or medication (Guide,2021).

Dialectical behavioral therapy assures that the client's behavior and actions are understood, with the goal to transition unhealthy behaviors. Interpersonal therapy focuses mainly on family and friend relationships, treating depression. Interpersonal treatment focuses on how the client communicates with others and how it affects one's moods and feelings; with the goal of improving communication skills to improve depression. This specific therapy educates the clients support system by advocating and providing psychoeducation to effectively handle or manage difficulties associated with diagnosis (Guide, 2021).

Studies have shown that there is no specific medication treatment for Borderline Personality disorders; however, certain medications assist with the following co-occurring symptoms: depression, impulsiveness, aggression and anxiety. These medications fall under the category of antidepressants,antipsychotics or mood stabilizers.These medications aim to address the following symptoms in the clients served: sadness, low mood, anxiety, and emotional reactivity; however having less of a strong effect on anger and impulse (Kristalyn Salters-Pedneault, 2021).

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