

Case Conceptualization

Introduction

The following is a realistic but fictitious case example of an individual suffering from Borderline Personality Disorder. The case will be presented through different sections including identifying information, assessment, client history and a summary or treatment plan for the client. The DSM 5 is the main source for presenting issues and assessment of the client along with other sources from peer reviewed sources that add to the diagnosis and treatment of the client.

Identifying Information

Client is a 22-year-old Caucasian female. Client has no history of mental illness and reports no previous counseling of any type. Client is a stay-at-home mother of two children (one biological, one stepchild) and has a husband of just over a year. Client has never worked for any significant period more than a few months at a time.

Presenting Problem

Symptom Presentation

Client has been in and out of relationships and never single for more than a month since the age of seventeen. Client seems to be afraid to be alone and is uncomfortable not being in a relationship. Client's relationship pattern goes from idealizing her partner one week to catastrophizing him the next week. This has gone on for most of the relationship and her family is concerned about her mental state because of it. Client often threatens self-harm and mentions suicidal ideation to her family when situations upset her, or things are not going the way she

hoped. Client frequently goes through periods of anxiety and is often very irritable. Client often binge eats during these periods and partakes in large amounts of alcohol to calm her down.

Client reports feeling this way for most of her life, even as a child. Client often seems to have outbursts of anger that she is unable to control. Client expresses she often feels no longing and no purpose in the world.

DSM 5 Diagnosis

Client presents with Borderline Personality Disorder (301.83). Client meets the criteria for this disorder by meeting the following indicating symptoms:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Impulsivity in at least two areas (binge eating, substance abuse) that are potentially self-damaging.
4. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
5. Affective instability due to a marked reactivity of mood (anxiety, irritability).
6. Chronic feelings of emptiness.
7. Inappropriate, intense anger or difficulty controlling anger.

Client meets seven of diagnosis criteria for Borderline Personality Disorder, only five criteria are required for diagnosis.

Factors

Predisposing Factors

Client has two family members (grandmother and uncle) that have been diagnosed with Borderline Personality Disorder. Client reports parental neglect as she was raised by a single mother and had little supervision growing up.

Precipitating Factors

Client's mother passed away shortly after her marriage to her husband. This was the triggering event that led to more aggressive symptoms that led to the referral for evaluation.

Perpetuating Factors

Client seems to be unhappy with the state of her life, she had her children young and did not go to college or have any "life accomplishments" before having them. Client idealizes how her life would be if she did not have children or a husband.

Protective Factors

Client has a very supportive husband that has stood by her, regardless of her threats of divorce, self-harm, and aggressive behavior. Client's sister often helps by watching the children when client is overwhelmed and dealing with anxiety attacks or extreme irritability.

Treatment Plan

According to Stone, "flexibility is necessary, since during emotional crises, supportive and limit-setting interventions will be needed" (2019). This suggests that reevaluation of interventions that are put into place with the client is dire to the outcomes of the client's mental health. Due to the age of the client, it is suggested by Chanen, Nicol, Betts, and Thompson that Dialectical Behavior Therapy (DBT) would be a good option for this client (2020). DBT focuses on mindfulness, acceptance, and emotional regulation. This along with Cognitive Analytic

Therapy (CAT) or talk therapy would benefit this client with her anxiety, and inability to control her anger. It is also suggested that the client takes part in an anger management group where she can learn some coping mechanisms for her outbursts, as it is one of the most disruptive behaviors she has according to her husband and sister. By incorporating the client's husband into her therapy sessions, it will "simultaneously target symptoms and the relational context in which they exist" (Fitzpatrick, Wagner, & Monson, 2019). Client should start DBT, CAT and anger management 2x per week, as soon as possible and will be evaluated in three months to drop down to weekly appointments depending on her progress.

Reference

- Chanen, A., Nicol, K., Betts, J., & Thompson, K. (2020). Diagnosis and treatment of borderline personality disorder in young people. *Curr Psychiatry Rep* 22(25).
<https://doi.org/10.1007/s11920-020-01144-5>
- American Psychiatric Association. (2013). Cautionary statement for forensic use of DSM-5. In *Diagnostic and statistical manual of mental disorders* (5th ed.).
<https://doi.org/10.1176/appi.books.9780890425596>. Cautionary Statement
- Fitzpatrick, S., Wagner, A., & Monson, C. (2019). Optimizing borderline personality disorder treatment by incorporating significant others: A review and synthesis. *American Psychological Association* 10(4). 297-308. <http://dx.doi.org/10.1037/per0000328>
- Stone, M. (2019). Borderline Personality Disorder: Clinical guidelines for treatment. *Psychodynamic Psychiatry* 47(1). 5-26. <https://doi.org/10.1521/pdps.2019.47.1.5>