Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. Introduction

According to the author, John D. Preston, people with personality disorders top the list of patients who are difficult to treat. He reports that these difficulties are magnified in the context of today's managed care environment because of cost containment and:

a. Inability to access and diagnose effectively because of a poor referral system
b. Refusal of clinicians to accept these difficult clients due to insurance restrictions
c. The desire to reduce human emotional suffering as quickly as possible
d. All of the above

2. Current literature addressing psychological and psychiatric treatments of Borderline Personality Disorder (BPD) almost exclusively recommends lengthy treatment. Which of the following most accurately describes these treatment recommendations?

a. The usual recommendation is either three to four times per week for a year or twice a week therapy that extends for a number of years
b. Dialectical Behavior Therapy (DBT) is typically offered on a once-a-week basis usually extending for a period of eighteen to twenty-four months
c. In a study of 800 borderline patients, the mean number of sessions needed to yield positive results was thirty
d. Longer-term intensive treatment is recommended because of the severe, pervasive, and chronic psychopathology associated with BPD

3. Therapists who take on BPD clients are often at a loss about how to treat them when shorter-term therapy is usually mandated by third-party payers or limited financial resources are all that is available. However, clinicians can do a great deal to help these clients cope more successfully and suffer less, even with shorter-term treatment.

a. True b. False

4. Chapter One: Diagnosis

In the early 1940s and early 1950s the first articles were written describing a perplexing group of psychotherapy patients who often looked healthy but were seen as neurotic, and who exhibited behaviors such as severe regressions, explosive emotions, self-mutilation, and psychosis. Early clinicians and writers described these clients as pseudo-neurotic schizophrenics, borderline schizophrenics, as having borderline states, and ultimately as borderline personality disorder.

a. True b. False
5. Evidence is abundant that borderline personality disorder is a heterogeneous group of disorders that is not easy to define. BPD has been described as having four clusters which include each of the following EXCEPT:

a. “Base Borderlines” who present with a history of very unstable interpersonal relationships, and have a tendency to experience depression, exhibit intense anger and acting out behavior, and who are likely to become psychotic

b. Borderline patients who are prone to transient psychotic episodes and who exhibit impairments in thinking

c. Borderline patients with a dominant presentation of affective blandness and emptiness who appear to have a grossly underdeveloped sense of self

d. Borderline patients who are severely dysthymic, clingy, emotionally reactive, and highly egocentric individuals

6. For many theorists and clinicians, the defining hallmark of borderline level pathology is that it represents a persistent disorder that often first develops in late childhood or early adulthood, and is a pervasive problem that results in long-term instability and significant signs of ego weakness. Ego weakness may be the result of an inability for children to accomplish three parallel goals in ego development including the ability to survive, to adapt to the demands of the social/interpersonal world, and to:

a. Develop emotional stability

b. Control impulsivity

c. Gradually develop a unique self

d. None of the above

7. A group of patients who are characterized by such traits as emotional constriction and rigidity, a lack of humor, excessive devotion to work, a tendency to overintellectualize, and anal-retentive behaviors may be described as “compulsive personalities”.

a. True

b. False

8. The prevalence of borderline personality disorder is somewhere between 1.8 percent and 4 percent of the general population, but BPD patients represent ____ percent of clients seen in outpatient mental health settings and ____ percent in inpatient settings.

a. 13; 25

b. 11; 23

c. 9; 21

d. 7; 19

9. In 1973, Bellack and colleagues developed a model to describe ego functions, which tend to be inadequate in borderline pathology. Which of the following is NOT a true statement about these ego functions:

a. People who are able to develop resistance to dysfunction and have well-developed ego strength are able to function and do not emotionally collapse when faced with serious stressors

b. Decompression refers to the phenomenon of progressive breakdown or emotion of ego functioning when an individual is under stress and in people functioning at a high or neurotic level, decompression

c. Decompression refers to the phenomenon of progressive breakdown or emotion of ego functioning when an individual is under stress and in people functioning at a high or neurotic level, decomposition
occurs in frequent and unlimited ways

b. Those with poor ego strength may become seriously impaired and remain quite symptomatic for a prolonged period of time after major stressors subside.

d. People with strong egos absolutely experience and express a full range of human emotions during crises and their ability appropriately express feelings is one sign of their personality strengths.

10. Neurotic-level people likely exhibit overcontainment of emotions, emotional lability, and pronounced dyscontrol.

  a. True
  b. False

11. Three types of emotional responses—overcontrol, dyscontrol, and emotional tolerance—appear to have an impact on personality functioning. Which of the following is an accurate statement about these emotional responses?

  a. Dyscontrol is a state of mind in which a person either automatically or consciously attempts to ward off the experience of a painful feeling, and it is maintained by avoiding situations that could potentially trigger emotions.

  b. Emotional tolerance is a state of mind in which a person experiences very strong emotions and yet is able to tolerate them, and these experiences don't lead to disorganization.

  c. Overcontrol occurs when a person is overwhelmed by extremely intense emotions or impulses that can result in severe fragmentation or disorganization of the personality.

  d. All of the above

12. Defense operations such as a mild level of denial, rationalization, intellectualization, humor, and distractions are employed during times of intense stress, and the hallmark of neurosis is an underreliance on defenses.

  a. True
  b. False

13. This chapter illustrates a case study of Mr. C. who lost his wife, but who has always functioned at a borderline level and who has very little capacity to experience strong feelings in an adaptive way. Which of the following is NOT an accurate statement about strategies that should be employed to assist Mr. C?

  a. The priority should be to help Mr. C get in touch with his emotions so that he will be able to grieve for his wife.

  b. Treatment must be focused on stabilizing Mr. C and helping him improve ego functioning.

  c. Forcing Mr. C to explore intense feelings of sorrow and loss could push him into dyscontrol which could lead to disastrous consequences.

  d. Strategies should be employed to help Mr. C bolster his faltering defenses.
14. The patient's history is the first area to assess for ego functioning, and almost all borderline patients have what many experts would call a “checkered past”. With BPD, difficulties seem to appear most frequently in the areas of interpersonal relationships and academic and/or occupational functioning.

a. True  

b. False

15. “Red flag” symptoms are described as those that increase the index of suspicion that the client is likely borderline. These symptoms include suicide attempts, self-mutilation, psychotic symptoms, antisocial behavior, and:

a. High degree of attention-seeking behavior  
   c. Severe substance abuse and marked sexual and exaggerated thoughts and feelings  

b. Inability to show empathy and interpersonal explosiveness  
   d. All of the above

16. In working with BPD clients, it is easy for clinicians to focus on the chaos, pain, and out-of-control behaviors that these clients tend to exhibit. However, successful treatment for clients with borderline personality disorder requires therapists to develop their skills in noticing and acknowledging the BPD’s ego strengths.

a. True  

b. False

17. According to the author, if there were only one word to describe severe personality disorders, it would probably be __________.

a. Instability  
   c. Insecurity  

b. Inconsistency  
   d. Immaturity

18. People who are able to form intimate connections are capable of empathy, altruism, and commitment, and are able to establish relationships based on trust and give and take, while at the opposite end, are those who are either profoundly detached or who enter relationships only to hurt or use the other person. BPD patients fall somewhere in the middle of this continuum, and each of the following is an accurate statement about their relationships EXCEPT:

a. Those with BPD will often display fits of temper or rage when others do not meet their needs and will withdraw and insist on being alone when disappointed by their partners  

b. For most borderline-level clients, interpersonal relationships are a source of tremendously intense pleasure and pain  

c. Often times their relationships are based on intensely egocentric levels of relating, with an “I come first” attitude  

d. It is quite common to fall in love quickly or to idealize others, and yet shift into anger or devaluations when others don't meet their needs

19. Many borderline clients may be seen as neurotic until the emergence of more clear-cut signs of serious pathology. Magical thinking, entitlement, the loss of empathy, and extremely intense transference reactions are considered __________ themes.
20. Beyond a formal diagnosis and an assessment of the level of functioning, a number of other variables that may significantly influence treatment outcomes are very important to consider. Which of the following is NOT included in these variables?

a. The presence or absence of success in employment
b. The degree of psychological mindedness
c. The level of intellectual functioning
d. The presence or absence of a social support network

21. Borderline individuals tend to have a false sense of self and defense mechanisms that are too rigid, while neurotics tend to have inadequate defense mechanisms and impaired ego functions.

a. True
b. False

22. Between borderlines and neurotics are a fairly large group of people that are treated in mental health settings who may, in the midst of a significant life crisis or DSM Axis I disorder, reveal what looks like borderline traits or symptoms. Which of the following statement correctly describes these clients, who are referred to as paraneurotics?

a. Although they typically present many of the chaotic and unstable characteristics of borderlines, they usually have been able to function relatively well for moderate periods of time
b. When the stress subsides or there is a resolution of the Axis I disorder, only a few of the borderline features will likely remain
c. These patients are not likely true BPD patients, but rather are likely responding to severe stress, and approximately 40-50 percent of them do not look borderline when seen several years after the initial episode
d. The best way to make the distinction between this group and true borderline patients is to evaluate their history and the presence of a number of very positive personality attributes, even in the midst of some more pathological symptoms

23. Many borderline people are profoundly dependent, and interpersonal rejections and losses tend to be the most toxic set of losses they can encounter.

a. True
b. False

24. It is not generally advisable to formulate a working diagnostic hypothesis during the first session because this may interfere with providing an accepting an empathic relationship with the client.

a. True
b. False
25. **Chapter Two: Etiological Issues**

Neurobiological issues and traumatic events may be significant factors in the development of borderline personality disorder. Which of the following is an accurate statement about these issues?

a. Some people come into the world in a state of extreme biologically based emotional sensitivity, which could lead to inadequate ego development and could support the notion that BPD is genetic, as evident in the fact that it is three times more common in first degree relatives

b. Research indicates that approximately twenty percent of borderline patients come from intact families without evidence of early stress or trauma

c. Some people develop what appear to be borderline characteristics after sustaining neurobiological injuries, and in addition to cognitive difficulties, the most common emotional/behavioral consequences are impaired emotional controls

d. All of the above

26. Although borderline people must be held accountable for their behavior, the therapist must realize that neurological deficits are permanently set in concrete and malleable, and therefore need to be considered in treatment.

a. True

b. False

27. There has been a great deal of focus on the role of childhood trauma and its part in derailing normal emotional development, and some authors suggest that up to __________ of people with BPD experienced severely traumatic events as youngsters.

a. 95 percent

b. 90 percent

c. 85 percent

d. 80 percent

28. Although many borderlines have lived through horrible experiences of physical, emotional, and sexual abuse, it seems likely that single traumatic events do not generally have such a profound effect as to completely derail personality development.

a. True

b. False

29. In addition to the trauma most have encountered, BPDs have likely endured chronic, ongoing, psychologically noxious experiences such as repeated rejection, harshness, brutality, or severe neglect. Each of the following is an accurate statement about these experiences EXCEPT:

a. Severely disturbed early child-parent interactions may be due to lack of ability for parent to bond, lack of empathy, egocentricity of the parent, or severe post-partum depression and all of these may effect emotional development

b. Many parents of BPD clients provide poor behavior models and are often chaotic, impulsive, and extreme in their emotional reactions, and unable to help teach or model self-control, appropriate social behavior, and problem-solving skills
b. Fate may cause the bonding of babies and parents to be interrupted, and extreme emotional sensitivity and other signs of significant ego impairment often are the consequences of major deprivation in the earliest months of life.

d. When an environment is characterized by the child's communication of inner needs, beliefs, and feelings being met by inappropriate, nonaccepting, and extreme reactions by the parents, this is known as a counterbalancing environment and it may have a profound negative effect on the development of internal affective controls.

30. Early life events have the power to alter brain development which may result in entrenched negative beliefs that are carried into later life and may lead to an ongoing sense of bitterness, pessimism, and/or hopelessness.

   a. True   b. False

31. Chapter Three: Core Characteristics and Treatment Implications

When treating borderline clients, there are a number of important behavioral features that often become apparent as treatment is initiated with these clients. Which of the following is not included in these classes of behavior?

   a. Affective dysfunctions and cognitive paralysis
   c. Emotional dysregulation and intense anger
   b. Loss of temporal perspective and interpersonal instability
   d. Primitive defenses and ease of regressions

32. The capacity to contain or modulate emotional responses, curb impulsivity, and behave in adaptive ways is very dependent on one's ability to hold action in check and to:

   a. Emulate   c. Reflect
   b. Imitate   d. Resonate

33. Many emotionally healthy people are prone to react in impulsive ways when in danger or under stress, but in general they do not succumb to extreme impulsivity, even during times of extreme stress. Borderline people, on the other hand, are quite prone to a much more maladaptive information processing style, and which of the following most accurately describes this?

   a. They often experience extreme black-and-white thinking, jumping to unrealistic conclusions, and a severe loss of a realistic perspective
   c. Borderlines tend to have an approach to thinking known as “incitement-bound” which makes them so focused on the events of the moment that they tend to lose perspective and awareness of historical antecedents or future consequences
   b. The breakdown of cognitive functioning has a great deal to do with the client's intellectual level, and those with higher intellectual functioning tend to use clearer
thinking and more reflective abilities when under stress, and therefore are less impulsive

34. Helping borderline people develop more adaptive strategies for thinking and problem solving is a very important aspect of their treatment, and it requires the patient to call on at least momentary impulse/emotional control.

a. True  
b. False

35. When borderline clients are in crisis, an important role for the therapist is to serve as an “auxiliary ego” and to do for them what they cannot do for themselves: reality test, reflect on past experiences, and:

a. Help clients grieve loss appropriately  
b. Regain a more realistic view of the self  
c. Help them self-soothe  
d. Divert them from focusing on hurt despair, and negative feelings

36. Because the early experiences of borderlines were often colored by tremendously harmful relationships which may have included destructiveness, neglect, harshness and smothering, this can have a profound effect on the internalization of interpersonal relationships, which are known as target affiliations.

a. True  
b. False

37. Core schemas and beliefs may continue for a lifetime and have a great impact on day to day experiences. One marker of psychopathology is the degree to which core schemas can be modified by early life experiences.

a. True  
b. False

38. One of the most important factors for treatment of borderline cases is the therapist's ability to tolerate the patient's distorted perceptions about the relationship. Perhaps the only chance the person will ever have to modify the relationship is if the therapist:

a. Resists the urge to reject the patient  
b. Stands firm when being attacked  
c. Helps the person gain needed insight  
d. All of the above

39. Some borderline patients become terrified in situations where there is intimacy or emotional closeness, and although they may seek out others to some degree, if the other gets too close, it frightens them. This is a likely characteristic in each of the following EXCEPT:

a. Lower-level borderline pathology  
b. Schizotypal disorder  
c. Schizoid disorders  
d. Higher-level borderline pathology

40. Borderlines may exhibit obnoxious interpersonal behavior where they frequently do and say things that wound deeply or are hard to forgive, such as using intense, degrading expressions of anger.

a. True  
b. False
41. According to the author, _____________________ is possibly the most central feature of borderline-level pathology.
   a. The lack of affective tolerance  
   b. A low frustration tolerance  
   c. Emotional dysregulation  
   d. The inability to express emotions in a mature, well-modulated way

42. One of the most common behaviors seen in people with severe personality disorders is anger, and the phenomenon of borderline anger is quite complex. Which of the following most correctly describes anger and BPD?
   a. The anger expressed by borderline patients is often very intense, and may have a raw or primitive edge to it
   b. A sense of profound powerlessness is a frequent experience for borderline people, and outbursts of anger may fall on the heels of moments of intensely felt vulnerability, helplessness, or shame
   c. Anger may commonly emerge at times when the patient is beginning to feel too close to another person
   d. All of the above

43. The primary defense against the awareness of painful inner feelings, impulses, and needs for borderline clients is splitting, which is characterized by the person forming overgeneralized conclusions about others or one's self.
   a. True  
   b. False

44. Projective identification is a defense that begins with some experience of inner emotion that distresses the patient, who at this point has little conscious awareness of the emotion beyond feeling a vague uneasiness. This then motivates the patient to engage another person in an interaction that is generally provocative.
   a. True  
   b. False

45. The capacity to regress in a healthy way can certainly be an asset and is a reflection of good ego strength. However, an important defining characteristic of BPD is the ease in which borderlines are easily provoked into marked and very maladaptive states of regression. Factors that promote regression in therapy that clinicians should be aware of include all of the following EXCEPT:
   a. Lack of structure  
   b. Uncovering techniques  
   c. Primary gratification  
   d. Infrequent sessions

46. **Chapter Four: Fundamental Treatment Decisions**

Basic therapeutic interventions may be described as taking two major paths: insight-oriented therapy and behavioral interventions, each that are characterized by particular techniques and interventions, and primarily defined by overarching goals and objectives.
47. Insight-oriented therapy has been referred to as expressive, exploratory, and uncovering therapy. Which of the following is NOT one of the goals of this type of therapy?

a. To facilitate a process that helps the client increase his/her awareness of inner experiences
b. To help increase understanding of one's behavior by making sense of past experiences and getting clear about inner truths
c. To increase insight into awareness of needs, longings, feelings, values, and beliefs
d. To decrease arousal and improve adaptive self-control

48. Interventions used to decrease arousal are destined to fail unless the client first feels truly heard and his/her feelings are validated. Which of the following is an example of an arousal decreasing intervention?

a. Gaining perspective  
   c. Confronting derivatives
b. Dealing with resistance  
   d. Probing

49. When there is evidence of too much emotional dyscontrol or accelerated acting out, it is wise for the therapist to carefully assess what he/she is doing in the sessions and then shift interventions in a more stabilizing direction.

a. True  
   b. False

50. Chapter Five: Common Features in Various Treatments

Although some may recommend different theories and models for the treatment of borderline personality disorders, it is also clear that there are certain elements of treatment that have been generally agreed upon. Each of the following are commonly agreed upon elements EXCEPT:

a. Having a stable therapeutic frame and maintaining the conditions and limits of therapy such as beginning and ending sessions on time, payment of fees, and maintenance of a strictly professional relationship between patient and therapist are all critical
b. Using moments of silence and inactivity with BPD clients is very effective in helping the client stay in the “here and now” and begin to deal with inner experiences
   c. Learning to ride out affective storms with BPD clients and trying to meet the rage and devaluation with compassion and neutrality
   d. Making connections and helping clients increase awareness, put feelings into words, and heighten their understanding that certain situations provoke strong emotions

51. Although BPD patients are generally aware that their behavior is maladaptive and self-destructive, when they are in the moment, they often experience their acting out as necessary and helpful.
52. BPD clients go through great lengths to avoid intensely painful emotions, often by engaging in highly dangerous behaviors. A crucial goal in the treatment of borderline patients is to put limits on acting out. One study of negative therapeutic outcomes showed that failure to set limits was a key factor in the poor outcome of ______ of the eleven cases studied.

a. Eight  
b. Nine  
c. Ten  
d. Eleven

53. Borderline patients evoke all kinds of strong emotional responses in therapists—both common human responses and more uniquely personal reactions. The therapist should stay alert to the emergence of countertransference reactions and avoid these reactions if at all possible.

a. True  
b. False

54. Chapter Six: Prognosis and Treatment Goals

In addition to degree of intelligence, psychological mindedness, and courage to face pain, three additional criteria make for a better prognosis, especially when considering brief treatment. Which of the following is NOT one of the additional criteria that the author recommends?

a. A willingness to accept an initial therapy contract and limit setting  
b. Some evidence of a positive interaction with the therapist  
c. The existence of at least some social support and a desire to be with others  
d. The existence of a fairly discrete, focal problem such as a recently occurring stressor that has resulted in emotional upset or destabilization

55. Profound cognitive disorganization and a history of extreme regression/decompensation in response to separation stresses are likely to suggest a poorer prognosis for brief therapeutic interventions.

a. True  
b. False

56. While eliminating substance abuse and preventing suicide and/or violence toward others are not likely realistic goals for shorter term therapy, decreasing dangerous acting out and achieving better containment and control of emotions and impulses probably are.

a. True  
b. False

57. Many therapists get frustrated in working with borderline clients because they feel that clients continue to be dysfunctional and emotionally unhealthy. However, it is important to realize that changes such as abstinence from alcohol abuse, less chaos, less dangerous behavior, no self-mutilation, no suicide attempts, and no psychosis are positive and indicate less suffering.
58. Chapter Seven: Therapeutic Strategies

For most borderline patients, their twenties and thirties are filled with chaos and great suffering. However, many of these clients begin to improve as they get older. Which of the following is an accurate statement about this improvement?

a. Approximately 50-60 percent of BPD clients experience a noticeable positive change in their forties  
b. Many of those who were initially diagnosed with BPD, but later failed to meet criteria for this diagnosis, had left abusive relationships or toxic work environments as they had gotten older  
c. With age comes less erratic behavior and often less troubled interpersonal relationships, which studies have shown are due to neurological changes that occur with age  
d. All of the above

59. For those BPD clients who don't tend to show improvement in midlife, the single most distinguishing factor appears to be:

a. Ongoing substance abuse  
b. Comorbidity of BPD and other disorders  
c. Trauma in later life  
d. Lack of a positive social support system

60. It is important for a therapist to establish clear limits on the length of treatment, since the awareness of a time constraint will provide a frame for therapy and may provide needed structure.

a. True  
b. False

61. Therapeutic contracts are designed to make it abundantly clear from the start of treatment that there are certain expectations for both the client and therapist, and that particular rules must be followed for treatment to succeed. The contracts are designed to reduce disruptive behaviors in therapy and to:

a. Enable the client to anticipate therapeutic expectations  
b. Reduce behaviors that are potentially dangerous to self and others  
c. To acknowledge the feelings and opinions of both the therapist and client  
d. None of the above

62. As part of the therapeutic contract, it is critical that clients are required to stay for the entire session so that they can learn to find ways to face difficult feelings without running away.

a. True  
b. False
63. A formal contract with very firm limits is likely needed for high-level borderline clients who are prone to severe regression, suicide, self-mutilation, and dangerous acting out.

a. True  
b. False

64. Rules regarding between session phone calls should be established in the beginning of a therapeutic relationship. Generally it is advantageous to limit phone calls to one call between sessions, because completely disallowing phone calls can promote maladaptive regression.

a. True  
b. False

65. Contracts can be spelled out verbally or in writing, and the therapist should be very clear on what will happen if rules are broken. Which of the following is NOT an accurate statement about broken contracts?

a. Rigid guidelines for broken contracts ultimately prove to be very important to a good outcome in psychotherapy  
b. Some therapists use a violation of the contract to readdress the issues and make sure the original contract was understood  
c. The author believes that it is important to follow through with consequences, and with borderline clients the first time a rule is broken, the contract must be honored, even if this means terminating the relationship  
d. Ensuring that a contract is not broken builds structure into treatment, and ultimately contributes a great deal to reducing chaos and instability

66. Borderline clients frequently experience some degree of sleep impairment, especially during times of crisis. Sleep deprivation can lead to:

a. Significant daytime fatigue and lower frustration tolerance  
b. Difficulties with thinking clearly and irritability  
c. Decreased emotional controls and decreased ability to inhibit expressions  
d. All of the above

67. Although alcohol, if ingested in moderate to heavy amounts, causes sedation and may help people fall asleep, a few hours after ingesting it some of the metabolic by-products hit the brain and actually cause arousal.

a. True  
b. False

68. Caffeine is also a substance that is well known for causing sleep disturbances so it is important to take a caffeine history during assessment. Which of the following is a true statement about the amount of caffeine contained in common substances?

a. While coffee contains approximately 90mg for a 6 oz serving, caffeinated soft  
b. Green tea contains approximately 20mg per serving, and hot chocolate contains about
drinks contain between 65-75mg per 12oz serving

25mg for a 6oz serving

b. Over the counter medications such as No Doz, Vavarin, and appetite-control pills contain between 100mg and 200 mg each
d. None of the above

69. Using a degree of necessity matrix system to organize “must do activities” and “will do if I have time” activities not only helps bring organization into borderline clients’ lives, but it also helps them identify and acknowledge what their own values, needs, priorities, and interests really are.

a. True
b. False

70. Many borderline people grew up in homes where their needs were seldom recognized, or their expression of needs or feelings was met with harshness and punishment and as a result, they have not likely learned to set limits. Most of this is simply a skills deficit where they do not yet know how to say no, and this skill can still be learned.

a. True
b. False

71. The impact of highly dysfunctional interactions with others is enormous and likely the most common factor that accounts for emotional destabilization. It is often helpful for BPD clients to make a list of the people in their lives and separate them into those who provide trouble for them and are unreliable and those who provide healthy and supportive relationships. This is known as a:

a. Toxic-people list
b. People to avoid list
c. Unhealthy people list
d. Poisonous people list

72. A Daily Activity Diary is a tool used to help clients notice, acknowledge, and feel the results of positive events. BPD clients are instructed to carry a notebook with them each day and jot notes in the book regarding positive developments. Each of the following is part of the grading system EXCEPT;

a. P for pleasure
b. N for nurturing
c. M for mastery
d. I for important or personally meaningful event

73. For therapy to be successful with BPD clients, it is very important to agree upon a specific goal or problem very early in treatment, and focus on this during subsequent therapy sessions. Which of the following is an accurate statement about the goals of therapy?

a. A critical focus should be on how current life experiences relate to past hurtful experiences
b. Not allowing clients to discuss past hurts may lead to them feeling misunderstood
c. Focusing on the past with BPD clients may open up old wounds and precipitate the eruption of intense emotions and regression
d. None of the above
and alienated and may do harm to the therapeutic process

74. Clinicians may use a valuable technique that works to keep the BPD client focused on the “here and now” and that shifts awareness away from distressing cognitions and memories to current, less intense realities, and this is known as a “stabilizing technique”.

a. True  b. False

75. Chapter Eight: Therapeutic Strategies for Reducing Emotional Arousal and Dyscontrol

Borderline clients often have a propensity to experience heightened emotional arousal and dyscontrol. According to the authors, which of the following is NOT one of the critical elements that demonstrates dyscontrol?

a. Excessive vulnerability which leads to an inability to outwardly express emotions  c. A neurologically based tendency for excessive emotional sensitivity
b. The tendency to commit cognitive errors that result from distorted perceptions and inaccurate conclusions  d. Poor judgement which leads BPD individuals to seek out connections with other people who are also emotionally disturbed or provocative

76. When faced with emotion provoking experiences, people will either respond with reactive behavior or will inhibit action and engage in some sort of cognitive reflection of what just happened. As BPD clients learn to develop the ability to “stop and think” before reacting, this new-found ability can gradually translate into an increased sense of self-control.

a. True  b. False

77. Almost always, during times of very intense emotional arousal, borderline people engage in the kind of thinking and inner perceiving that has been described by therapists as cognitive distortions or negative self-talk. When a client makes a statement such as “No one will ever love me” or “My life will always be screwed up”, this is an example of:

a. All-in-one thinking  c. Arbitrary conclusions
b. Tunnel vision: seeing only the negative  d. Negative distortions

78. In the case example in Chapter Eight, Gail is experiencing inaccurate and unrealistic thinking and is becoming distraught as she is telling the therapist what happened. The therapist uses a technique where he interrupts her and helps her reframe her thinking to broaden her perception and help her calm down.

a. True  b. False

79. In the same case, it is important for the therapist to ask Gail for her opinion on the situation in order to give her power, while also making sure to include his opinion and suggestions.
80. The sixty second reality check can be used when clients are having a strong emotional reaction. Which of the following is NOT a true statement about this intervention?

a. The goal is to help clients turn down the volume on emotional reactions and to buy enough time so they can more successfully decide how they want to respond.
b. Since the technique may be difficult to use if the emotions of the moment are extremely intense, clients need to work on spotting emotional arousal early, before it escalates.
c. While it is important to practice this technique in therapy, it is not recommended that the client try it in real-life circumstances until all of the therapy sessions have been completed.
d. As part of this process, clients need to learn to take a “time-out” when necessary to temporarily remove themselves from the stressful situation.

81. Although transference reactions occur relatively infrequently, when they do occur they are characterized by a significant distortion in the perception of the therapist, and a resulting strong emotional response.

a. True
b. False

c. False

d. False

82. When borderline clients develop transference issues, they often overidealize their therapists and believe that the clinician is totally wonderful and nurturing. Although the therapist should tactfully present the client with reality, it is also critical to be gentle, as the idealizing transference may be inspiring and hopeful for the client.

a. True
b. False

c. False

d. False

83. Often times the emotional needs of BPD clients may compel impulsive actions such as becoming involved in extremely unhealthy relationships. Which of the following is an accurate statement about how therapists can help BPD clients with these issues?

a. Clinicians should attempt to work through the underlying dynamics that propel borderline people back into noxious relationships.
b. Because the reality is that the length of time for therapy will likely be brief, the therapist needs to be direct with the client and tell him or her what to do when encountering toxic people.
c. Clients should be encouraged to open their eyes, gather more data, and be more thoughtful before leaping into situations that are at high risk for disappointment and emotional pain.
d. All of the above
84. Along with the tendency for extremely maladaptive, emotional dyscontrol, BPD clients seem to have poorly developed abilities to express legitimate inner feelings. Which of the following is NOT one of the three ingredients that need to be considered in helping BPD clients access, experience, and express feelings in adaptive ways.

a. To acknowledge feelings as understandable and legitimate  
   b. To help clients sort out the sources of their anguish  
   c. To reduce secondary/unnecessary pain and suffering  
   d. To understand that ultimately some deep pain must be expressed in order for growth and healing to take place

85. It is crucial that BPD clients learn strategies to manage the pain that they will inevitably encounter. The author recommends taking a bath, curling up with a warm blanket, or using relaxation techniques as part of which strategy?

a. Engaging in nondestructive distractions  
   b. Going to a place you have created that is pleasant, safe, and private  
   c. Altering arousal and bodily response  
   d. None of the above

86. As clients begin to share recent distressing experiences, they need to be taught steps for adaptive problem solving and for dealing with the emotions that arise for them. Each of the following correctly describes problem solving actions EXCEPT:

a. At the first sign of escalating emotions, the person can go outside or into another room to allow for some distance and time so that they can later engage in productive cognitive activity  
   b. Clients should tend to and observe what happened in the moments leading up to the distress and try to evaluate concrete events and behaviors rather than trying to infer feelings and intentions of others  
   c. The client should attempt to make a distinction between “wants” and “shoulds”, and try to view interactions from the prospective of, “I don’t want him to do that” rather than, “He should do that”  
   d. Clients should describe in words what happened, while the therapist ensures that they make brief, succinct statements, rather than rambling on with too many details

87. The net gain in learning problem solving strategies, ultimately, is feeling more in control of oneself and reducing the frequency and intensity of impulsive behavior. It can also lead to actions or reactions that are likely to be more adaptive.

a. True  
   b. False

88. Chapter Nine: Self-Destructive Behavior

Self mutilation is often inflicted when a BPD client is in a state of tremendous emotional distress. Many borderline patients report that their motive for cutting or burning is to:
a. Reduce suffering  
B. Inflict pain  
c. Punish themselves  
d. All of the above

89. With many self mutilators, especially cutters, the moment of pain or seeing blood may assure them that they are indeed alive, especially if they have been in a state of numbness, dissociation, derealiztion, or emptiness.

a. True  
b. False

90. Often times BPD clients develop strong attachments to their therapists, so the simple act of the therapist telling the client to stop hurting him/herself may have a great deal of impact, especially if the request is delivered with compassion and in the context of understanding.

a. True  
b. False

91. Many cases of self-mutilation and some suicidal behaviors are motivated by a very strong desire to influence others and seek attention when feeling extremely needy and fearing abandonment.

a. True  
b. False

92. It is not always easy for therapists to make a clear distinction between manipulative threats and lethal intent, but they must take all threats of suicide seriously. Which of the following is an accurate statement about lifetime risk for suicide for BPD clients?

a. 12.6 percent of BPD clients die by suicide  
b. Most borderline suicides occur during the first five years of the illness  
c. BPD suicides dramatically drop off after the age of forty  
d. Predictors of greater risk of suicide for borderlines include co-morbid major depression, a history of serious prior attempts, and substance abuse

93. Chapter Ten: Psychopharmacology

The appropriate use of selected psychotropic medications can greatly facilitate the treatment of borderline clients. In order to evaluate how patients respond to these medications, it helps to identify them by subtypes. BPD patients who present with a significant degree of emotional lability and are exquisitely sensitive to interpersonal rejection, loss, and abandonment fall into which category?

a. Hysteroid  
b. Schizotypal  
c. Emotive-impulsive  
d. None of the above

94. While no medication can directly treat personality disorders, psychotropic medications are used to ameliorate certain target symptoms. Each of the following is an accurate statement about using medication to relieve symptoms EXCEPT:
a. A reduction in target symptoms can contribute significantly to improved coping ability and reduced levels of emotional despair

b. Recommending pharmacological treatment may be perceived by the patient as an assault on their self, and they may conclude that the therapist only sees them as a patient with a biochemical disorder

c. Low doses of antipsychotics are given for hystero-dysphoria and angry-impulsive borderline subtypes

d. Noncompliance can be a significant issue, as it can draw the therapist into a role of monitoring the client, and in a sense telling them what to do

95. Treatment with anti-anxiety medications is risky with borderline patients because they can be at risk for tranquilizer abuse. Additionally, since this group as a whole engages in frequent suicidal acting out, it is advisable to treat borderline clients with medications that have a low degree of toxicity when taken in overdose.

a. True b. False

96. Chapter Eleven: When You Have Time for Longer-Term Therapy

Clients and therapists must contend with limitations on treatment dictated by third-party payers and other agencies of managed care, so therapists must do the best they can with what is available to them. Which of the following is an accurate statement about the length of treatment for borderline clients?

a. About one-half of borderline patients drop out during the first six months of therapy, and this often occurs as the initial, more superficial relationship starts to become more meaningful to the client

b. While sometimes therapists and clients collude in creating an infantilizing or regressive, dependent relationship that can be harmful, some patients are so profoundly wounded and incapacitated that very long-term supportive treatment is absolutely appropriate

c. In general, one to five sessions are appropriate for brief therapy to treat co-morbid disorders, and/or to work toward improved affective control and specific problem solving centered on a focal life problem or event

d. All of the above

97. If fundamental changes in the self are to occur in therapy, many would agree that very long-term treatment is necessary. One area of change that is able to occur with longer term therapy is the modification in the client's introjects, which are powerful and enduring beliefs, attitudes, and themes that are generally assumed to develop early in life.

a. True b. False

98. Longer term therapy enables the clinician to work on negative self-talk, which is common in many BPD patients. While the client should be encouraged to generate conclusions and test their own reality, the most valuable work comes when the therapist continuously gives a more accurate perception.
In working with borderline clients, termination issues should be woven together with the specific and realistic goals of therapy. Each of the following is an accurate statement about termination with BPD clients EXCEPT:

a. When clients are worried about where and what will happen to them when therapy ends, it is helpful to remind them about the gains they have made and to assist them in strengthening their support system before therapy ends

b. In some settings it may be possible and entirely reasonable for BPD clients to continue being seen for medication or for an additional round of brief therapy if the client encounters significant life stressors down the road

c. Termination allows borderline individuals to express certain emotions around loss and sadness as well as gratitude toward the therapist, which they may have not been able to do before, and may further help the client learn to face and express pain

d. Prior to termination it is important to try to get BPD clients involved in social support activities, although self help groups such as AA or Al-Alon are usually not appropriate because of the lack of a professional facilitator to deal with the emotional dyscontrol

Mental health disorders cause tremendous personal suffering and yet psychiatric benefits are usually extremely limited compared to general health benefits. In one study that compared a group of patients who participated in group and individual sessions of dialectical behavior therapy compared to a control group that received treatment as usual in the community, the overall savings for the DBT group after treatment was $5000 per patient per year.