



BPD Spectrum Worksheet

NDL & BPD Session Guidance

Today we're mapping Borderline Personality Disorder (BPD) features compassionately and practically. We'll identify where difficulties cluster, prioritise the toughest areas, and design small skills-based experiments to try between sessions. If your experience differs at **work vs. home**, complete **two profiles** to capture transferable strengths.

- Validation first: your emotions make sense in context skills reduce suffering, not invalidate pain.
- Prioritise: we'll focus on the lowest-scoring domains, not everything at once.
- **Skills frame:** DBT-informed (mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness).
- Safety: if self-harm/suicidal urges are present, we'll co-create a safety plan.

Step 1: Concise Psychoeducation

BPD can look like a "high-gain" emotional system: feelings rise fast, peak higher, and take longer to settle. Contributors may include temperament, developmental experiences, trauma, attachment, and nervous-system reactivity.

Common co-occurrences: ADHD/Autism, PMDD, OCD, anxiety, depression, trauma. Skills training helps regulate the nervous system, strengthen identity, and build stable, values-based relationships.

- Core themes: emotion intensity, rejection/abandonment sensitivity, identity instability, impulsivity/risk behaviours.
- Therapy focus: increase choice under strong emotion, reduce harmful coping, and build a life that feels worth living.

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Step 2: McLean Screening Instrument for BPD (MSI-BPD)

Note: The MSI-BPD is a **10-item Yes/No** screening tool owned by McLean Hospital/partners.

Client instruction: "Please answer Yes/No for each statement as it generally applies to you."

Item #	MSI-BPD statement (insert licensed text)	Yes	No
1	Frantic efforts to avoid abandonment		
2	Unstable or intense close relationships		
3	Unstable self-image / identity disturbance		
4	Impulsivity in risky or self-damaging areas		
5	Recurrent suicidal thoughts/behaviours		
6	Non-suicidal self-injury (self-harm)		
7	Rapid mood shifts / affective instability		
8	Chronic feelings of emptiness		
9	Intense or hard-to-control anger		
10	Stress-related paranoia or dissociation		

Scoring: 1 point for each "Yes" | Total: ___/10

Interpretation (clinical guidance only): Higher totals indicate greater likelihood of meeting BPD criteria. A commonly used research cut-off is ≥7 endorsements. It's a screen, not a diagnosis—interpret with a clinical interview, risk assessment, differential dx, and cultural context.

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Step 3: BPD Profile Domains (rate each 0-10)

Guide: 0 = no difficulty; 10 = severe/problematic most days. If work vs. home differs, complete both.

Domain	Work (0–10)	Home (0–10)	Notes / Examples
Emotion intensity & rapid shifts (affective instability)			
Abandonment sensitivity / fear of rejection			
Relationships: idealisation ? devaluation; conflict/rupture/repair			
Identity disturbance / sense of self (values, roles, goals)			
Impulsivity (spending, sex, substances, food, risky acts)			
Self-harm urges / suicidal thoughts or behaviours			

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Chronic emptiness / boredom / meaning		
Anger: frequency, intensity, control, recovery time		
Dissociation / 'numbness' / para- noia under stress		
Shame / self-criticism / perfection- ism & people-pleasing		
Boundaries (setting, keeping, respecting)		
Functioning impact (work/school/parenting/ADLs)		
Emotion intensity & rapid shifts (affective instability)		

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Step 4: Brief Scenario Examples (for discussion)

- Emotion shifts: A short text delay → spike from calm → panic/anger in minutes.
- Abandonment: Neutral feedback feels like "I'll be fired" → urge to quit.
- Relationships: One disagreement flips view of partner to "doesn't care about me."
- Identity: Values/goals feel unclear; strong pull to mirror others.
- Impulsivity: After conflict, urges to binge/spend/message repeatedly.
- Self-harm urges: Intense shame → thoughts of hurting self to relieve pressure.
- Emptiness: Even when things go well, life feels flat; hard to start purposeful actions.
- Anger: 0→100 fast; long cool-down.
- Dissociation: Stress → feeling unreal/detached; thinking gets fuzzy.
- **Shame/people-pleasing:** Over-apologising; needs go unsaid; resentment builds then explodes.
- Boundaries: Say yes to avoid conflict → feel trapped → rigid cut-offs.

Step 5: Client Reflection Prompts

- 1. Which three domains scored highest? Why these now?
- 2. Where do work and home differ? Any transferable strengths?
- **3.** What triggers show up most (rejection, shame, boredom, stress, hormones)? Patterns over week/cycle?
- 4. What helps emotions settle faster? What pulls you back into loops?
- 5. What are small, doable steps toward "a life worth living" this month?

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Step 6: Menus of Supports (choose 1–2 to trial)

Aim: tiny, repeatable steps; evaluate after 2-4 weeks.

- **Mindfulness & regulation:** Wise Mind 3-breath check-in (Observe–Describe–Participate).
- Rapid downshift (TIP): ice/temperature shift, paced breathing, brief intense
 movement.
- PLEASE skills: sleep, nutrition, movement, meds/health, substance moderation.
- **Opposite Action:** approach when urge is to avoid (when emotion isn't fully factsbased).
- **STOP skill:** Stop–Take step back–Observe–Proceed mindfully (use a phone "pause card").
- Crisis survival box: self-soothe (5 senses), grounding, sensory aids (earplugs/ weighted blanket).
- **Urge surfing:** rate urge 0–10, ride 10–20 mins, track drop curve.
- Check the Facts: story → facts → alternative views → one action aligned with values.
- Interpersonal: DEAR MAN + GIVE + FAST; rehearse and send one message.
- Boundaries: pre-decide "what I do / don't"; one-line scripts.
- Meaning: schedule 2 small value-aligned activities/week (connection, creativity, nature, service).

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Step 7: Safety Plan (collaborative)

Differentiate urges from intent.

Plan steps befor	e you need them;	keep a copy or	າ vour phone.

- Early warning signs I notice:

- Steps I will take if risk increases:
- Remove/secure means; reduce alcohol/substances; follow my crisis plan.
- If acute risk: contact emergency services, local crisis team, or attend A&E.

Step 8: Prioritising Targets

Circle your three highest domains. Choose **ONE** primary target for the next fortnight.

- Primary target domain: _____ (Why this one?)

Step 9: Micro-Experiments (2-4 weeks)

- 1. When I notice _____ (trigger), I will use _____ (skill) for _____ minutes; I'll track emotion/urge 0-10.
- I will practise one **DEAR MAN** conversation on _____ and review the outcome next day.
- 3. I will schedule two value-aligned actions per week (______ and _____) and log mood before/after.

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Step 10: Review Plan

- Review date (after 2–4 weeks):
- What worked? What didn't? Any surprises/learning?
- Update targets and next steps.

Notes			

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