Fostering a Caring Psychosocial Environment - Borderline Personality Disorder

Brooklyn D. Washburn

Heritage University

NURS 314

Dr. Kathleen Sitzman

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The case study of Brianna Drake, who is 24-year-old women that was diagnosed with Borderline Personality Disorder (BPD), is a story that shows the complex nature of the psychosocial challenges that are often associated with this mental health condition. Brianna works as an administrative assistant. She currently lives alone, and he has a history of suicidal ideation and attempts. She also has a history of impulsive behaviors and intense emotional instability. Her current hospitalization was due to a severe self-inflicted injury after graduating from her community college. While initially Brianna presented calmly, and very sweet, complimenting the nurses, it is noted now that Brianna shifting between idolizing the staff to devaluing them. She frequency paces the unit halls, appearing angry. When asked what she is anxious about she states that she doesn't know and just feels empty inside. This paper will examine team collaboration, therapeutic communication, and strategies for promoting a caring environment that supports Brianna, her care team, and other involved in her treatment (Varcarolis, 2023, pp. 462–463).

Analysis and Planning

Therapeutic Communication

Caring for a patient like Brianna would require deliberate, repeated use of therapeutic communication. Given that individuals with borderline personality disorder have unstable interpersonal relationships, extreme mood changes, and abandonment fears, the communication must remain calm, congruent, and boundary-based. My responsibility as her nurse would be to provide her with feelings of being heard and safe while not enabling manipulative or destructive behavior.

One of the methods I would use to do this is by confirming her feelings while gently redirecting behavior. For example, if she stated, "I feel like nobody cares about me," I could respond with, "It sounds like you feel alone right now. I want you to know I'm here to listen to you, and we'll work through this together." This confirms her emotional state without over-identifying or invalidating her pain.

Alternatively, clear and consistent boundaries in a compassionate manner could be used. For instance, if Brianna asked for additional medication without any clinical need, I could reply with, "I understand you're nervous. The medication is forthcoming, but I can remain with you and talk or help you with some relaxation exercises until then." This keeps the interaction in a beneficial way without fostering dependency or inappropriate behavior.

Lastly, I'd use reflective listening to help her gain insight and learn to manage her emotions. If she became suicidal after experiencing a perceived rejection, I could say, "I hear that you're angry and hurt. Can we explore what went on and how you feel before you act?" This makes her pause and consider what she does, instead of acting upon impulse.

With the assistance of these therapeutic communication skills—validation, direct boundaries, and reflective listening—I can provide a consistent context upon which Brianna begins trusting the therapeutic process and becomes emotionally hard (Varcarolis, 2023).

Teamwork and Collaboration

Caring for a patient with borderline personality disorder like Brianna requires strong communication and collaboration between all members of the care team. When boundaries aren't upheld consistently, patients with BPD may split staff—idolizing one nurse while devaluing

another—which can disrupt care and increase staff frustration. Creating a unified, respectful, and supportive environment is essential (Varcarolis, 2023).

One of the ways I would promote teamwork is by going to daily interdisciplinary huddles or team meetings to share observations and revise the plan of care. An example would be, "I've noticed Brianna is requesting more medication and has been pacing more today. Has anyone else noticed a pattern preceding these behaviors?" This opens the door for others to input and prevents miscommunication or fragmented care.

Second, I would be consistent in setting boundaries and expectations, even when it is difficult. If Brianna broke a unit rule, I'd talk about what happened and then report to the team so everyone could intervene in the same manner. For instance: "Brianna was found with contraband again today. We reviewed the safety protocol with her and reminded her of expectations. Let's ensure we're all intervening consistently."

Lastly, I'd offer emotional support to my colleagues, especially those newer to psych nursing. Like in the case where Salma confided in Nancy, I'd normalize the emotional toll and say something like, "It's okay to feel frustrated. Patients like Brianna can be challenging, but we're not alone—we've got each other and a plan to follow." Encouraging one another helps prevent burnout and promotes a truly caring environment.

The teamwork founded on open communication, routine intervention, and backing of each other makes a significant difference in managing difficult psychiatric cases like Brianna's (Varcarolis, 2023).

Nursing Outcomes - Acute Phase

During the acute phase of treatment for borderline personality disorder, the focus is one maintaining safety, stabilizing emotional states, and building trust (Varcarolis, 2023). Outcomes during this phase are centered around risk reduction of self-harm or impulsive behavior.

Here are some productive outcomes I would work toward:

1.) **The patient will remain free from self-harm during hospitalizations.** To support this goal, I would frequently assess Brianna's mood including levels of agitation and emotional distress. I would document her behavior regularly and ensure that safety measures are in place. For example, I would remove sharp objects and check her belongings from contraband. I would encourage the health care team to do the same and have it outlined in her plan of care.

2.) **The patient will demonstrate decreased impulses verbally rather than through self-destructive measures**. I would support this by encouraging daily check-ins with Brianna. I would also suggest alternatives such as journaling.

3.) **The patient will demonstrate decreased impulsivity.** I can support this through structured routines, and teaching coping skills, as well as involving Brianna in setting personal goals for her behaviors each day, which aligns with Dialectical Behavioral Therapy (DBT) (Varcarolis, 2023.)

Nursing Outcomes - Maintence Phase

In the maintenance phase of borderline personality disorder care, objectives then shift from stabilizing crises to developing long-term coping mechanisms, enhancing interpersonal relationships, and reducing the risk of relapse. Outcomes in this phase should help the patient

develop a stable sense of self, improve emotional regulation, and improve relationship functioning.

Here are some outcomes I would like to be seeing worked towards:

1.) **The patient will attend scheduled outpatient therapy sessions consistently.** I could support these goals by educating Brianna on the importance of continued treatment, as well as helping her explore barriers to following through with her care. I would also involve the case manager in developing a discharge plan with clear appointment dates that are set before Brianna leaves the hospital.

2.) **The patient will identify and use at least three healthy coping mechanisms.** This should involve encouraging Brianna to explore activities like journaling, mindfulness, or physical movement when she feels like her emotions are becoming overwhelming. I would also equip Brianna with how to know when she is starting to feel overwhelmed so that she can do these techniques before things escalate further. I's use teach-back methods to ensure she can explain the coping mechanisms she is learning in therapy.

3.) **The patient will develop at least one supportive interpersonal relationship**. I would encourage this because many patients with bipolar disorder struggle with relationship instability. I would help Brianna identify one person she feels safe with, perhaps a family member or peer support group and support her in nurturing the relationship while also maintaining healthy boundaries.

Nursing Outcomes - Acute Phase

Caring for a patient with a personality disorder like Brianna's involves managing several ethical issues particularly on autonomy, safety, and professional boundaries. Nurses must balance

a patient's right to self-determination with the ethical duty of preventing harm to themselves or others (Varcarolis, 2023.)

One of the main challenges in Brianna's care is respect for autonomy versus the prevention of harm to self. For example, if Brianna were to resist care or decline the safety interventions that are put in place, I would need to assess her risk level and possibly initiate safety interventions (like 1:1 observation) while still attempting to engage and involve her in decision-making where possible. This reflects the principles of nonmaleficence (do no harm) and beneficence (act in the patient's best interest.)

A second regulatory challenge is the necessity of preserving professional boundaries. Patients with BPD are susceptible to splitting or seductive behavior, as when Brianna was found in bed with another patient. My moral obligation as a nurse would be to preserve strict professional boundaries and ensure that no staff member becomes involved in favoritism or personal entanglement. The ANA Code of Ethics clearly states that nurses must maintain boundaries in all professional relationships and avoid behaviors that could cause harm or interfere with therapeutic care (American Nurses Association, 2015, Provision 2.4).

Last, I would uphold informed consent and record keeping when administering medication or creating safety plans. Brianna regularly asks for anti-anxiety medications; proper assessment, charting, and team communication would be necessary to avoid abuse and protect her rights.

Lifelong Learning

To continue to evolve as a nurse who can comfortably and compassionately treat patients with complex psychosocial conditions like Borderline Personality Disorder, I believe it is

important to seek out active continuing education and skill development. Here are some ways I could continue my psychiatric care education:

1.) Continuing Education through the American Psychiatric Nurses Association (APNA): The APNA offers an excellent source of multiple online learning material.
2.) Mental Health Education through the National Alliance on Mental Illness (NAMI): NAMI offers a variety of free or low-cost education programs. NAMI also provides webinars on trauma-informed care and recovery-oriented practice, which are especially relevant for patients like Brianna (National Alliance on Mental Illness, 2024).

Summary

By integrating therapeutic communication, teamwork, evidence-based outcomes, and ethical awareness, the care plan for Brianna with Borderline Personality Disorder can actually create a healing and supportive environment. The model benefits not just the patient but also the care team and finally promotes safer, more empathetic psychiatric nursing practice. Brianna's intense emotional responses, impulsivity, and fear of abandonment present significant challenges. However, by using validation, boundary-setting, and reflective listening I can help her feel seen without reinforcing harmful behaviors. I also believe that through teamwork, like consistent limit setting and emotional support from staff, nurses can protect themselves from burnout but also prevent staff splitting. By establishing acute-phase goals as well as long term goals, we can work together to support Brianna in stabilizing, gaining coping skills that work for her, and form healthy relationships in the long run. Most importantly, when care is guided by ethics and empathy, both the patient and nurse are safer and more grounded. Knowing the complexity of mental illness and coping with it with compassion, is how we can construct a genuinely therapeutic relationship.

Reflection

Through this case study and course, I've developed a deeper appreciation for the emotional complexity of patients with psychosocial conditions. I feel like it is easy to get overwhelmed by the emotional highs and lows of BPD, the rule-breaking and the risk for harm to oneself, however, learning about the biological basis and the value of therapeutic communication has helped me view patients with Brianna with more compassion and less judgement. Another thing that I took away from this case study is that mental illness rarely exists in isolation. Patients like Brianna often will have co-existing conditions, such as substance abuse, chronic medical issues, or trauma related histories. Overall, this experience has strengthened not just my knowledge, but my empathy and professionalism. It helps me see that being a great nurse isn't only about having the clinical skills to help people with mental health conditions, but it is also about being present and understanding how to care for people even at their most vulnerable points when struggling with mental health related issues.

References

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