



Resource Sheet For:

***BPD vs CPTSD: Understanding The Overlap & Key Differences***

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## Quick reference: BDP & CPTSD Criteria

Domain	Borderline Personality Disorder (DSM-5)	Complex PTSD (ICD-11)
<b>Core Symptom Type</b>	Pervasive patterns of unstable relationships and affect	PTSD core symptoms <i>plus</i> disturbances in self-organization and significant dissociation
<b>Etiology Required</b>	Trauma exposure is <u>common, but not required</u>	<u>Trauma exposure required</u> — prolonged/repeated interpersonal trauma
<b>Attachment / Relationship Patterns</b>	Unstable, intense relationships; alternating idealization and devaluation; frantic efforts to avoid abandonment	Difficulties sustaining relationships and feeling close to others; mistrust or emotional detachment
<b>Identity / Self-Concept</b>	Markedly unstable self-image or sense of self	<u>Persistent</u> beliefs about oneself as diminished, defeated, or worthless
<b>Emotional Regulation</b>	Affective instability (intense mood shifts that can last hours to days)	Persistent difficulties in regulating emotions; emotional numbing, dysphoria, or chronic shame
<b>Behavioral Symptoms</b>	Impulsivity (e.g., reckless behaviors), recurrent suicidal gestures or self-injury	Avoidance of trauma reminders; re-experiencing trauma; hypervigilance
<b>Sense of Emptiness</b>	Chronic feelings of emptiness	Often present as emotional numbing or detachment (not specifically listed as "emptiness" in ICD-11 but similar experience common)
<b>Anger</b>	Inappropriate, intense anger or difficulty controlling anger	Irritability or anger can be present but is <u>not a core diagnostic criterion</u>
<b>Paranoia / Dissociation</b>	Transient, stress-related paranoid ideation or severe dissociative symptoms	Dissociation common; hypervigilance and reliving symptoms

<b>Re-experiencing (Intrusions)</b>	<u>Not a required criterion</u> (though may occur if comorbid PTSD is present)	<u>Core symptom</u> — intrusive memories, flashbacks, nightmares related to trauma
<b>Avoidance</b>	<u>Not a core diagnostic criterion</u> (though avoidance of relationships may occur in practice)	<u>Core symptom</u> — avoidance of trauma-related reminders
<b>Hypervigilance / Arousal</b>	<u>Not a required criterion</u> , though chronic hyperarousal is sometimes observed	<u>Core symptom</u> — persistent sense of current threat, hyperarousal
<b>Dissociation / Numbing</b>	Often transient and stress-related; identity fragmentation common	Often chronic dissociation or emotional numbing as part of affect dysregulation
<b>Suicidal / Self-harming Behavior</b>	<u>Core criterion</u> — recurrent suicidal behavior, gestures, threats, or self-injury	<u>Not a core criterion</u> , though high-risk behaviors may occur in individuals with severe C-PTSD or comorbid conditions
<b>Developmental Timing</b>	Symptoms typically begin in adolescence or early adulthood	Symptoms may begin at any age following sustained trauma; often develop after childhood trauma but can also follow adult traumatic experiences

## **Case Studies: PT 1**

## Case Study 1: Brianna

"I've always felt like I'm 'too much' for people. My emotions go from zero to a hundred in seconds, and once they take over, I can't pull myself back down. One minute I'm okay, even hopeful, and the next I'm drowning in shame or anger over something tiny — a delayed text, a weird tone in someone's voice, a mistake I made at work. It's like my reactions don't match the situation, but I can't stop them.

I started cutting around 15. It happens when I feel like I'm going to explode or when I suddenly go numb and everything feels unreal. Sometimes it's impulsive — I don't even remember the decision to do it. Other times I feel this desperation to *feel something* or to make the chaos in my head quiet down.

Sleep is a mess too. I can't settle my mind, and when I finally pass out, I have intense, overwhelming nightmares. They're not about anything specific from my past — more like being abandoned, trapped, watched, or forgotten. I wake up shaking, confused, and already irritable.

Relationships are the hardest part. I get attached fast — friends, partners, even therapists — and then I panic that they don't actually care about me. If someone doesn't respond right away, it feels like proof they're about to leave. I either cling to them or push them away before they can reject me. My last partner broke up with me after I accused him of not caring just because he didn't text me back quickly enough. I knew it sounded irrational, but in the moment, it felt like life or death.

My sense of self changes constantly. Some days I feel confident, like I'm finally getting it together. Other days I feel empty, like there's nothing inside me at all. I've cycled through hobbies, jobs, and identities trying to figure out who I am, but nothing sticks.

My family doesn't really get it. My mom tells me I'm overreacting, and my dad just says to calm down — which makes me even more overwhelmed. I don't have many close friends left because people say I create 'drama,' but I'm not trying to. I just feel everything so intensely and I can't control how I react.

My body feels constantly tense — headaches, stomach pain, fatigue — but doctors say nothing is wrong. It feels like my emotions have taken over my whole system.

Even in therapy, I catch myself testing my therapist. I'll cancel last minute, or show up flat and say I'm fine even when I'm not, just to see whether she still wants to work with me. Part of me is terrified she'll give up on me, but another part of me is sure she eventually will.

I feel like I'm swinging between being way too much and completely invisible. And underneath all of it is this emptiness I can't ever seem to fill."

## Case Study 2: Caleb

"I'm here because my girlfriend finally said she can't handle my outbursts anymore. And my boss made it clear that one more write-up and I'm done. I don't feel out of control most of the time... until something hits me the wrong way. Then it's like I'm back in survival mode. One second I'm holding it together, and the next I'm yelling — at my partner, my coworkers, even my kids. I hate myself afterward. But in the moment, it feels automatic, like something old is taking over.

Afterward I crash hard. I go numb, shut down, and disconnect from everything. Sometimes I zone out so much I lose track of hours. It scares me, but it also feels familiar — like the way I learned to disappear growing up.

I don't talk to anyone about this stuff. I was raised to handle things on my own. My parents were strict — unpredictable, really — and needing anything from them usually made things worse. So I learned early not to depend on anyone. Even now, when people get close, I freeze. My girlfriend says I push her away exactly when she's trying to support me. I don't mean to. It's just that closeness feels dangerous, like the other shoe is about to drop or like I'll mess everything up.

With my kids, it's complicated. I love them, but sometimes it's like I'm watching life from the outside. I'm there, but not fully *there*. And when I do try to connect, I get overwhelmed or scared I'll repeat old patterns.

Sleep barely happens. Three or four hours if I'm lucky. My body never shuts off — I wake up tense and ready to defend myself, even though nothing is happening. Lately I've been getting these flashes — a smell, a sound, a look on someone's face — and suddenly my heart is pounding. I don't always know what memory they're connected to, but it feels like danger.

I've been drinking more than I should. It's the only thing that slows my thoughts and gets my body to settle. I know it's not helping long-term, but for a few hours, everything feels quieter.

Work used to be the one place I felt competent. I could stay focused, calm. Now I'm on edge all the time. I've snapped at people without meaning to. Management notices. Everyone notices.

The worst part is this feeling that deep down, something in me is damaged beyond repair. Like no matter how much I try, I'll ruin things or get left behind. Maybe that's why I tell myself to keep people at a distance. If they don't get close, they can't see how broken I am. And they can't leave."

### Case Study 3: Malia

"I don't even know how to explain it anymore. Most days, it feels like there's this deep emptiness inside me — like a hollow space I can't fill no matter what I do. I can be surrounded by people at work or sitting next to my partner, but I still feel alone... disconnected. And then the thoughts start: *You're worthless. You're going to screw everything up. No one actually wants you.* They play on a loop, and I can't shut them off.

Relationships drain me. I'm terrified of being abandoned — it feels like this old wound that never healed. I'll cling to people, do anything to keep them close, but the moment they really see me or get too close, I panic. I start finding reasons to push them away, criticizing them, or withdrawing completely. Then the shame hits and I hate myself for hurting them. It's like I'm stuck swinging between needing people desperately and feeling like I have to protect myself from them.

I get panic attacks out of nowhere. Sometimes it's a tone of voice or even a smell that hits me wrong, and suddenly I'm shaking, can't breathe, and convinced something terrible is about to happen. There have been moments where I zone out — like the world goes far away — and when I come back, I realize I've lost an hour. Those episodes scare me more than anything.

As a kid, nothing 'dramatic' happened, at least not in the way people think trauma looks. But I was alone a lot. My parents were always working, stressed, unavailable. Emotions weren't exactly welcome in the house. My older sister and I fought constantly — yelling, slamming doors, silent treatments that lasted days. I learned early that the best way to stay safe was to keep the peace, be perfect, and never need anything from anyone.

In relationships now, I repeat the same patterns. Every partner starts out amazing — I put them on a pedestal — and then something shifts. A delayed text, a change in tone, a small argument, and suddenly I feel rejected or unsafe. I'll send a dozen messages, show up needing reassurance, or start assuming the worst. Then I crash into shame and fear that I'm "too much." Eventually everything falls apart, and I'm left feeling abandoned all over again.

I've tried therapy before. I actually really liked some of my therapists, maybe too much. I'd start to open up, and then I'd get overwhelmed by the fear that they'd get tired of me or see how messed up I really am. So I'd quit or start shutting down in sessions. Then I'd come back months later, because I can't keep living like this.

I don't want to feel broken anymore. I just want to feel like I belong somewhere — like I'm not constantly fighting myself or reliving something I can't fully remember."

## Reflection Questions: Case Studies Pt 1

1) Based on this narrative, which diagnosis do you believe best fits this client: **Borderline Personality Disorder (BPD)**, **Complex PTSD (C-PTSD)**. Why?

2) What specific **DSM-5 or ICD-11 diagnostic criteria** are you seeing (or not seeing) that inform your decision?

3) Are there **symptoms or patterns** in this case that could "belong" to both BPD and C-PTSD?

How are you weighing these overlapping symptoms?

What additional **assessment questions** or **clinical information** would you want to gather to make a more confident diagnosis?

4) What potential risks are there if we **misdiagnose** or **over-focus** on one diagnosis versus another with this client?



## Case Studies: Pt 2

## Case Study: Elena

### Demographics:

- 33-year-old Latina woman
  - Single, no children
  - Employed part-time as a graphic designer (remote)
  - Currently in therapy referred by primary care due to chronic depression and physical complaints
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### Presenting Concerns:

Elena reports long-standing feelings of emptiness, low mood, and fatigue. She says, “I go through life like a ghost—like I’m watching everyone else live.”

She experiences frequent intrusive memories and nightmares related to her childhood, though she avoids going into detail about them. Smells and sounds often trigger intense panic attacks; for example, hearing a particular male voice or a door slam causes her heart to race and induces a strong desire to flee.

She reports periods of complete emotional numbness, where she “disconnects from everything and everyone.” During these times, she describes herself as “robotic” and unable to feel joy, sadness, or even anger.

Elena struggles with relationships. She maintains some distant contact with one younger brother but describes most relationships—friendships and romantic—as unstable and exhausting. She oscillates between wanting connection and withdrawing completely when she feels vulnerable. She says, “If I get too close, I get scared they’ll hurt me or leave me.”

Her self-concept is deeply negative. Elena describes herself as “worthless, defective, and broken beyond repair.” She is hypercritical of herself and often engages in harsh internal monologues. She struggles to believe positive feedback from others and often attributes any kindness to pity or manipulation.

She frequently experiences unexplained physical symptoms, including migraines, stomach pain, and joint pain, which medical evaluations have not fully explained.

Elena has a history of self-injury (cutting), primarily during adolescence and early adulthood, but reports she has not self-harmed in over a year. She describes current urges to self-injure as less frequent but still present under extreme stress.

She avoids crowded places, loud environments, and certain types of media, which can trigger flashbacks or overwhelming emotions. Sleep is poor; she often wakes multiple times per night, hypervigilant and disoriented.

In therapy, Elena struggles with trust. She initially formed a strong attachment to her therapist but began fearing abandonment after missing a session due to illness. This triggered a spiral of shame and withdrawal, though she was eventually able to discuss it in therapy after several weeks.

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**Developmental History:**

Elena grew up in a home with pervasive emotional neglect and chronic physical and emotional abuse. Her father was an authoritarian figure prone to explosive rage episodes; her mother was emotionally distant and critical.

Beginning at age 4, Elena experienced ongoing verbal abuse and frequent physical punishment from her father, including beatings for minor infractions. Her mother minimized the abuse and often told her to "stop being dramatic" when she cried.

Between ages 6–12, Elena was subjected to inappropriate sexualized touching by an older cousin who babysat her regularly. She never disclosed this to her parents, believing she would not be believed or would be blamed.

In school, Elena was socially isolated and bullied. Her home environment left her unable to form secure relationships with peers or adults.

By adolescence, Elena had developed pervasive self-loathing and engaged in self-injury as a means to manage overwhelming feelings of shame and inner emptiness.

In adulthood, she entered several emotionally abusive romantic relationships, often mimicking the dynamics of her childhood. She has attempted therapy multiple times but struggled with trust and emotional avoidance, dropping out prematurely until her current therapy engagement.

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**Additional Notes:**

- No current substance abuse
- No history of psychosis
- No history of manic or hypomanic episodes
- No documented eating disorder history

- No diagnosed medical conditions explaining somatic symptoms

## Case Study: Jonah

### Demographics:

- 29-year-old White cisgender male
  - Single, no children
  - Works as a freelance musician and part-time retail worker
  - Seeking therapy after a recent breakup and increase in emotional distress
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### Presenting Concerns:

Jonah reports feeling chronically empty and disconnected from himself. He describes intense mood swings that he feels powerless to control—"I'm either completely overwhelmed or totally numb."

He experiences severe fear of abandonment in relationships and notes that he has sabotaged most of his close friendships and romantic relationships due to mistrust and pre-emptive distancing. He often floods partners with texts and calls if they seem emotionally distant, then shuts down and withdraws in shame when he feels he's "come on too strong."

Jonah has struggled with self-injury (cutting and burning) since late adolescence, usually triggered by perceived rejection or emotional overwhelm. He has been hospitalized once following a suicide attempt two years ago during a relationship breakup.

He experiences occasional episodes of dissociation—described as "spacing out" or losing time—usually under stress or during relational conflicts. Jonah also describes periods of intense anger and rage, sometimes toward loved ones, sometimes self-directed.

Sleep is variable; when he feels secure in a relationship, he sleeps well. When relationships feel unstable, he becomes hypervigilant and struggles with insomnia.

He describes a negative self-concept, alternating between grandiose and shame-based beliefs about himself. For example, he reports sometimes believing he is uniquely talented and destined for success, and at other times believing he is "worthless and unlovable."

His interpersonal relationships are intense and unstable. He forms very quick emotional bonds and idealizes people early on, then devalues them when they inevitably "let him down." He reports often feeling "betrayed" by friends or partners over relatively small disappointments.

Jonah has been to therapy on and off but struggles with trust and commitment. He tends to form strong attachments to therapists but becomes fearful of abandonment or perceived criticism and will often abruptly quit therapy when triggered.

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### **Developmental History:**

Jonah describes his childhood as “fine” and “totally normal”. When pressed, Jonah does admit that he was often lonely and that he always felt “wrong”, even when it came to his feelings. He was a highly sensitive, emotionally intense, creative child raised by emotionally distant and pragmatic parents.

His father was an engineer, logical and stoic. His mother was preoccupied with her own chronic health issues and dismissed Jonah’s emotional needs.

Common family phrases included:

- “You’re too sensitive.”
- “You need to toughen up.”
- “There’s no need to get so upset over nothing.”
- “Stop being dramatic.”

Jonah was frequently shamed for crying or expressing vulnerability. Emotional needs were either ignored or criticized.

At school, Jonah struggled with bullying related to his sensitivity and artistic nature, which he did not feel safe sharing with his parents. Over time, he learned to hide his feelings and perform as a “high achiever” or class clown, masking his distress.

In adolescence, Jonah began experiencing intense emotional outbursts and internal shame cycles. He had several volatile friendships and relationships, often marked by dramatic ruptures and reconciliation attempts. He first began self-injuring at age 16 after a friend rejected him.

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### **Additional Notes:**

- Denies any physical, sexual, or emotional abuse
- Describes his childhood as “emotionally traumatic”
- No reported substance abuse
- No psychotic symptoms
- No bipolar spectrum symptoms

- No significant medical conditions

# BPD & C-PTSD Resource Handout

*For Clients & Clinicians*

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## For Clients

### Books & Workbooks

#### Borderline Personality Disorder (BPD):

- [\*The Dialectical Behavior Therapy Skills Workbook\*](#) by McKay, Wood, Brantley
- [\*DBT Skills Training Handouts & Worksheets\*](#) by Linehan
- [\*I Hate You—Don't Leave Me: Understanding the Borderline Personality\*](#) by Kreisman & Straus
- [\*Stop Walking on Eggshells\*](#) by Mason & Kreger (for family members)

#### Complex PTSD (C-PTSD):

- [\*The Boy Who Was Raised As A Dog\*](#) by Bruce Perry
  - [\*It Didn't Start With You\*](#) by Mark Wolynn
  - [\*My Grandmother's Hands\*](#) by Resmaa Menakem
  - [\*What My Bones Know\*](#) by Stephanie Foo
  - [\*Securely Attached\*](#) by Eli Harwood
  - [\*Complex PTSD: From Surviving to Thriving\*](#) by Pete Walker
  - [\*The Body Keeps the Score\*](#) by Bessel van der Kolk
  - [\*The Complex PTSD Workbook\*](#) by Arielle Schwartz
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### Websites & Online Communities

#### BPD:

- [National Education Alliance for Borderline Personality Disorder \(NEABPD\)](#)
- [BPDRecovery.com](#) — self-help resources and forums

#### C-PTSD:



- [The National Child Traumatic Stress Network \(NCTSN\)](#)
  - [r/CPTSD on Reddit](#) — large online peer support community
  - [ComplexTrauma.org](#) — resource hub for C-PTSD survivors and clinicians
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## Apps

### BPD & DBT Support:

- [DBT Diary Card & Skills Coach App](#)
- [DBT Coach](#)

### Trauma & C-PTSD Support:

- [Insight Timer](#) — free meditation & grounding app
- [PTSD Coach](#) — developed by the VA, but excellent for C-PTSD as well

# For Clinicians

## Professional Trainings

- [EMDR International Association \(EMDRIA\)](#) — EMDR training & certification
  - [Sensorimotor Psychotherapy Institute](#) — training in somatic trauma work
  - [Somatic Experiencing International](#) — SE training
  - [PESI Continuing Education](#) — affordable DBT, trauma, BPD, and somatic training courses
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## Clinical Tools & Assessment

- [PCL-5 \(PTSD Checklist\)](#)
  - [Adverse Childhood Experiences \(ACE\) Questionnaire](#)
  - [McLean Screening Instrument for BPD \(MSI-BPD\)](#)
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## Clinical Reference Books

- [\*Treating Complex PTSD: A Clinical Guide\*](#) by Courtois & Ford
  - [\*Trauma and Recovery\*](#) by Judith Herman
  - [\*Healing the Fragmented Selves of Trauma Survivors\*](#) by Janina Fisher
  - [\*Schema Therapy for Borderline Personality Disorder\*](#) by Farrell & Shaw
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## Supervision & Peer Support

- [ISTSS \(International Society for Traumatic Stress Studies\)](#) — find trauma experts, join consultation groups
- Local DBT consultation teams — many DBT-trained clinicians form peer supervision groups (check with DBT Linehan Board of Certification: <https://dbt-lbc.org>)
- EMDRIA regional peer groups

## Citation Sheet

### Books

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### Articles & Studies

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