



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 been... a lot, I guess. My feelings get so big so fast, it's like I can't control them. Some days I'm fine, even happy. But then something small will happen — someone ignores my text, or I make a mistake at work — and suddenly I'm spiraling. The shame is unbearable.

I've been cutting since I was about 15. It's not all the time, mostly when I feel like I'm going to explode or like nothing is real. Sometimes I don't even remember doing it until afterward. Other times I'll go numb — like I'm not even in my body — and I'll feel this urge to do something, *anything*, to wake myself up.

Sleep is awful. I toss and turn most nights, and when I do fall asleep, I have nightmares. They're usually about being trapped, or someone watching me. I wake up in a panic, heart racing, soaked in sweat.

Relationships... they're a disaster. I get really attached to people — friends, partners, even therapists — and then I get scared they're going to leave me. So I either cling too hard or cut them off first. It's like I can't find a middle ground. My last relationship ended when I accused him of not caring enough because he didn't text me back fast enough. I hated myself for it, but I couldn't stop.

I barely talk to my parents anymore. My mom says I'm 'too dramatic,' and my dad just tells me to calm down. I don't really have close friends anymore. The ones I had got tired of the drama.

Physically, I'm exhausted all the time. My body hurts constantly — headaches, stomachaches, muscle tension. The doctor ran all kinds of tests and says there's nothing wrong. But I know something is.

Even in therapy, I find myself testing my therapist. I think she's going to give up on me eventually, like everyone does. Sometimes I'll skip sessions or say I'm fine when I'm not, just to see if she'll still care.

It's like I'm always either too much or not enough. And no matter what I do, I feel broken inside."

## Case Study 2: Caleb

"I guess I'm here because my girlfriend finally told me she's had enough of my outbursts. And my boss told me if I get written up again, I'm out.

Thing is, I don't feel like I'm out of control... until I am. It comes out of nowhere. One second I'm fine, and the next I'm screaming at someone — my partner, my coworkers, even my kids. I hate myself afterward. But during, it's like this switch flips and I can't stop. Then I shut down completely. I go numb. Can't feel anything for hours, sometimes days.

I don't really talk to anyone about this. I've always handled my own problems. Growing up, I learned real quick not to rely on anyone else. My parents were strict — old school, you know. You dealt with things on your own.

Now, I can't seem to connect with anyone. My kids — I love them, but sometimes it's like I'm not really there with them. My girlfriend says I pull away right when she needs me most. She's not wrong. It's safer that way. Every time I get close, I feel like I'm going to mess it up or get hurt.

I can't sleep. I get maybe three, four hours a night. And when I do, I wake up ready to fight. It's like my body is stuck in high gear. I've been having these flashes — images, smells — that hit me out of the blue and send my heart racing. I'm not sure why.

Drinking helps, at least for a little while. It slows everything down. But I know I'm drinking too much.

Work is hard. I used to be good at it — cool under pressure. Now I'm on edge all the time. I've snapped at coworkers. Management is watching me.

I don't think anyone can really fix me. I'm broken, and people should just leave me alone."

### Case Study 3: Malia

"I don't even know how to explain it. Most of the time, it's like there's this emptiness inside me I can't get rid of. I'm surrounded by people at work, I have a partner who cares about me, and yet I feel alone — hollow. And then the thoughts start... 'You're worthless. You'll ruin everything. You don't deserve to be here.' They just run on a loop in my head and I can't shut them off.

Relationships are exhausting. I get so scared of being left that I'll do anything to keep someone close. But once they start getting too close, I panic — I start finding faults, criticizing them, or pulling away. Then I hate myself for it. It's like I'm trapped in this cycle.

I have panic attacks sometimes. Certain voices or even smells can trigger them. Out of nowhere, I'll feel like I can't breathe or like something terrible is going to happen. I've had a few episodes where I lose track of time — I'll zone out and then realize an hour has passed. It's terrifying.

Growing up? I mean, nothing 'terrible' happened, I think. My parents were busy, always working. I was close with my younger brother, but things got complicated with my older sister — lots of fights and tension. I've always been the one trying to make everyone happy, trying to be perfect so no one would get mad at me.

My romantic relationships are a mess. I've been in three long-term relationships, and every single one has ended in conflict. I go from idealizing the person to thinking they're the worst. And the whole time I'm terrified they'll leave me. I'll blow up their phone with texts or show up at their place needing reassurance, and then I'll hate myself for being 'needy.'

I've tried therapy a few times. It always gets too intense. I'll start to feel close to the therapist, and then I get scared they're going to abandon me or judge me, so I quit. But I keep coming back because I can't keep living like this.

I just want to feel normal. I want to stop being so broken."

## 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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Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2023). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 14, 1105742.

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