

# The All-or-None Phenomenon in Borderline Personality Disorder

Borderline Personality Disorder (BPD) causes great pain to those that suffer from it and their loved ones. Most major theories about BPD draw from a 1980 paper on the All-or-None Phenomenon by Clarence Schulz, M.D. Keith Hannan, Ph.D., who had the privilege of co-leading a training seminar with Dr. Schulz for many years, will define the All-or-None Phenomenon and show how major theories today utilize Schulz' conceptualization. He will identify ways this phenomenon impacts treating professionals. He will also identify useful techniques to assist patients with BPD.

**Target Audience**  
Psychologist      Social Workers      Counselors  
Teachers          Therapists          Case Managers  
Nurses            Addiction Counselors  
Course Level: Intermediate

**Learning Objectives**  
At the end of this seminar, participants will be able to:  
1. Define the concept of the All-or-None Phenomenon  
2. Identify how the All-or-None Phenomenon expands on the concept of splitting.  
3. Identify ways that the All-or-None Phenomenon is similar to a dialectic.  
4. Explain how emotion dysregulation is at the root of the All-or-None Phenomenon, splitting, and dialectics.  
5. Identify one countertransference manifestation of the All-or-None Phenomenon.

**Seminar Schedule**  
10 AM-11:30 AM ET

**How To Register:**  
On-Line at [tzkseminars.com](http://tzkseminars.com)  
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Outline  
The All-or-None Phenomenon  
Clinical Examples  
Projective Identification  
Countertransference  
Warmth Through Friction  
Treatment Implications

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**The Presenter**  
Keith Hannan, Ph.D. earned his Ph.D. in clinical psychology from Auburn University in 1989. He spent the early years of his career working in a state hospital where he directed an APA-accredited pre-doctoral internship and co-lead a psychotherapy seminar for psychology interns with Clarence Schulz, M.D. In the second half of his career, he has worked with adolescents in a variety of settings including inpatient psychiatric units, community mental health centers, private practice, and juvenile services facilities for both boys and girls. He served as the Director of Behavioral Health Services for a juvenile services facility for girls. In this capacity, he provided clinical supervision for mental health staff, designed behavior management systems, and consulted with administrative staff. He is currently conducting post-adjudicatory evaluations with adolescent offenders for the courts in Maryland. He has conducted over 2000 such evaluations. He has participated in the training of many psychologists. In addition, he has assisted in training direct care staff in numerous facilities for juvenile offenders.

