Borderline Personality Disorder

- Impacts the way you think and feel about yourself and others, causing problems functioning in everyday life.

- It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships.

Signs and Symptoms

- An intense fear of abandonment, even going to extreme measures to avoid real or imagined separation or rejection
- A pattern of unstable intense relationships, such as idealizing someone one moment and then suddenly believing the person doesn’t care enough or is cruel
- Rapid changes in self-identity and self-image that include shifting goals and values, and seeing yourself as bad or as if you don’t exist at all
- Periods of stress-related paranoia and loss of contact with reality, lasting from a few minutes to a few hours

• With borderline personality disorder, you have an intense fear of abandonment or instability, and you may have difficulty tolerating being alone.

• Yet inappropriate anger, impulsiveness and frequent mood swings may push others away, even though you want to have loving and lasting relationships.
Signs and symptoms

• Impulsive and risky behavior, such as gambling, reckless driving, unsafe sex, spending sprees, binge eating or drug abuse, or sabotaging success by suddenly quitting a good job or ending a positive relationship
• Suicidal threats or behavior or self-injury, often in response to fear of separation or rejection
• Wide mood swings lasting from a few hours to a few days, which can include intense happiness, irritability, shame or anxiety

Causes and Risk Factors

• Environmental factors — such as a history of child abuse or neglect
  • Many people with the disorder report being sexually or physically abused or neglected during childhood.
  • Some people have lost or were separated from a parent or close caregiver when they were young or had parents or caregivers with substance misuse or other mental health issues.
  • Others have been exposed to hostile conflict and unstable family relationships.

• Genetics. Some studies of twins and families suggest that personality disorders may be inherited or strongly associated with other mental health disorders among family members.
  • Hereditary predisposition. You may be at a higher risk if a close relative — your mother, father, brother or sister — has the same or a similar disorder.

Signs and Symptoms

• Ongoing feelings of emptiness
• Inappropriate, intense anger, such as frequently losing your temper, being sarcastic or bitter, or having physical fights
Causes and Risk factors

• **Brain abnormalities.** Some research has shown changes in certain areas of the brain involved in emotion regulation, impulsivity and aggression. In addition, certain brain chemicals that help regulate mood, such as serotonin, may not function properly.

Brain issues:

• **Executive Neurocognition**
  - A source of inhibitory control (attention, impulsivity and affect instability)
  - In addition possible visuospatial recognition, memory and processing speed issues

  **Outcome**
  - Social maturation and affect regulation are impaired

Highly reactive limbic system

• Emotional dysregulation

Our population—Parental influence

• **“Poorness of fit”** with parents
  - Parents of children with disabilities experience grief and loss
    - Attachment issues results
  - Parents struggle with validating the child's experience
    - Intolerance of emotional distress and emotional dysregulation problems
Additional issues or dual diagnoses (Triple)

- Other mental health disorders, such as:
  - Depression
  - Alcohol or other substance misuse
  - Anxiety disorders
  - Eating disorders
  - Bipolar disorder
  - Post-traumatic stress disorder (PTSD)
  - Attention-deficit/hyperactivity disorder (ADHD)
  - Other personality disorders

Diagnosis of IDD and BPD

- To make the diagnosis, it is recommended that the treatment team use behavioral observation and informant information, collected in a standardized manner, as a primary information source in making a diagnosis.

DM-ID-2 limitations

- The IDD itself is likely to present some features that are the same as those of personality disorder…
- The IDD is likely to have contributed to delayed development and a degree of immaturity.
- Institutional experience is pervasive among this client group, and adaptation to institutional life should be taken into account when considering a diagnosis.
- Many individuals with IDD have experienced a protected upbringing, giving them a reduced access to opportunities to learn social norms, community skills, and so on…
Abandonment issues are complicated

• Individuals with ID are “generally more reliant on caregivers than are other sections of the population”

• For example, if the criteria for avoiding real or imagined abandonment is to be met, care must be taken to remember that individuals with ID have real reason to fear if a primary, relied-upon caregiver is not present. This person may be responsible for transportation to work, helping with ADLs, or cooking meals. The absence of this person may constitute a real emergency, and not simply the threat of emotional abandonment.

“Yessing” the interviewer

• Additionally, making diagnosis more difficult is the interrogative suggestibility of those people with ID and the increased susceptibility to leading questions. This is often called “yessing” the interviewer—the individual answers questions with yes instead of admitting ignorance or providing an answer the individual predicts will upset the examiner.

Self injury and anger dysregulation

• Self-injury and anger dysregulation are often found in people with intellectual disability and that other causes be discounted before making a diagnosis of BPD.

• Otherwise, the DM-ID-2 leaves fairly unchanged the nine criteria for the diagnosis of BPD in individuals with ID.

Complications

• Borderline personality disorder can damage many areas of your life.

• It can negatively affect intimate relationships, jobs, school, social activities and self-image, resulting in:
Complications continued

- Self-injury, such as cutting or burning, and frequent hospitalizations
- Involvement in abusive relationships
- Unplanned pregnancies, sexually transmitted infections, motor vehicle accidents and physical fights due to impulsive and risky behavior
- Attempted or completed suicide

Treatment

- Good Psychiatric Management of Borderline Personality Disorder is described as once weekly individual therapy (if useful), case management, and prudent medication management if necessary.
- GPM has been shown to be as effective as DBT for individuals without ID across a broad range of outcome measures.
- The method proposed here is to adapt the core tenets of GPM to treatment of individuals with co-occurring ID and BPD. The basic principles of GPM are

Treatment

- Good psychiatric management. This treatment approach relies on case management, anchoring treatment in an expectation of work or school participation.
- It focuses on making sense of emotionally difficult moments by considering the interpersonal context for feelings.
- It may integrate medications, groups, family education and individual therapy.

Medications

- Although no drugs have been approved by the Food and Drug Administration specifically for the treatment of borderline personality disorder, certain medications may help with symptoms or co-occurring problems such as depression, impulsiveness, aggression or anxiety.
- Medications may include antidepressants, antipsychotics or mood-stabilizing drugs.
Bringing the Brain into Treatment

• The therapist/staff notices, celebrates, and builds on emerging skills as clients become more able to listen and respond to the body, gradually shifting to a state of wellbeing.

• These skills are necessary to reduce the dis-regulation associated with very painful memories or emotions.

DBT

• Dialectical behavior therapy (DBT). DBT includes group and individual therapy designed specifically to treat borderline personality disorder.

• DBT uses a skills-based approach to teach you how to manage your emotions, tolerate distress and improve relationships.

• Large reductions in challenging behaviors in individuals with ID and BPD were shown in a four-year study with DBT and a Skills System.

(DBT) that addresses the cognitive and behavioral aspects of BPD. This system focuses on cognitive behavioral training and restructuring to promote emotional and behavioral regulation.

While geared toward individuals with intact cognitive capacities, many aspects of the DBT treatment program, particularly the strategies of coping, distracting and soothing are appropriate for those with ID.

The survival brain is impulsive and responsive without any mentalising (flight or fight).

Being in survival mode suggests a lack of ‘safeness’ and security.

The individual’s need to survive in the face of threat dominates over the need for: Growth, Healing, Rejuvenation, Learning, Self development
• Behavior management further requires use of a structured behavior program that eliminates opportunities for destructive behaviors and provides support and reinforcement of strict limits.

• Lines need to be drawn in the sand, and consequences need to be clearly outlined and enforced.
  • Consequences – loss of reward

Approaches by caregivers

• Offer psychoeducation
• – Be active, not reactive
• – Be thoughtful
• – The relationship is real as well as professional
• – Convey that change is expected
• – Foster accountability
• – Maintain a focus on life outside of treatment
• – Be flexible when appropriate, pragmatic, and eclectic
• – Good Psychiatric Management for BPD, 2014

Mindfulness

• This technique encourages an increased awareness of the body, particularly the level of arousal, changes in voice, breath, movements, and posture associated with states of wellbeing.

• Develop a language for describing body states.
  • When you rise your voice, or when you hold your body this way, what is going on inside?
  • How does this make you feel?
  • Let’s take a slow deep breath together, repeat the step.
  • Now you do it.

Four-stage format (S.R. Wilson)

1. **Optimal functioning**
   Teach and reinforce appropriate behavior
   Maintain structure, Teach and practice skills for coping, soothing, and distracting.

2. **Antecedents/Precursors**
   Individual engages in behavior signaling impending instability
   Initiate procedures for coping, soothing, and distracting
4-stage format

3. **Crisis**: Individual is acting out
   - Initiate safety procedures, and observe for signs of resolution

4. **Resolution**: Person is calm or exhausted
   - Reinstall structure, validate feelings, initiate procedures for coping, distracting, and soothing

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**MBT**

- **Mentalization-based therapy (MBT)**. MBT is a type of talk therapy that helps you identify your own thoughts and feelings at any given moment and create an alternate perspective on the situation.
- MBT emphasizes **thinking before reacting**.

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- Our understanding of others critically depends on whether as infants our own mental states were adequately understood by caring, attentive, non-threatening adults.

- The most important cause of disruption in mentalizing is psychological trauma early or late in childhood, which undermines the capacity to think about mental states or the ability to give narrative accounts of one’s past relationships.

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