Understanding and treating Borderline Personality Disorder

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THEORIES informing understanding of PERSONALITY DEVELOPMENT and PROBLEMS

- Neuroscience
- Trauma Theories
- Attachment Theories

These are combined within biosocial theories of personality development

DBT BIOSOCIAL THEORY

Transaction between:

Biological dysfunction in the emotion regulation system
(leading to emotional vulnerability)
+
Invalidating social environment (persistent & ranging from overt abuse to poorness of parent/child fit)
=
Pervasive emotion dysregulation

EMOTION DYSREGULATION

Pervasive emotion dysregulation means that a person is:

- Emotionally vulnerable

  and, at the same time

- Unable to regulate the emotions

EMOTIONAL VULNERABILITY

- High sensitivity
  (low threshold for emotional reactions and reactions are generally immediate)
- High reactivity
  (extreme reactions)
- Slow return to baseline
  (long lasting reactions, contributing to sensitivity to next emotional stimulus)

INVALIDATION

Pervasively negating or dismissing the child's behaviour independent of the validity of the behaviour, eg:

- Rejecting the child's self description as inaccurate
- Rejecting the child's responses to events as incorrect
- Dismissing or disregarding
- Directly criticising or punishing

CONSEQUENCES of INVALIDATION

The child *DOES NOT* learn to:

- Understand and identify their emotions
- Regulate their emotional arousal
- Tolerate distress
- Trust their emotional responses as valid

The child *DOES* learn to:

- Actively self invalidate – dismiss or criticise self
- Over-simplify life's problems, set unrealistic goals
- Look to others for guidance on how to act & feel
- Extreme emotional displays to gain a response

→ Subsequent invalidation from others and from self triggers ongoing emotion dysregulation

COMMON RESULTING SYMPTOMATIC EXPERIENCES

- Difficulty in regulating emotion and tolerating distress
- Poor ability to self soothe
- Poor tolerance to stress
- Anxiety
- Difficulty in interpersonal relationships (relationship template)
- Poorly developed or negative sense of self
- Poor, maladaptive problem solving
- Transient psychotic phenomena

ASSOCIATED MENTAL HEALTH DIAGNOSES

- Borderline Personality Disorder
- Other Personality Disorders
- Complex PTSD
- Dissociative Identity Disorder
- Substance Abuse
- Depression / Dysthymia
- Adjustment Disorder
- Psychotic Disorders

CURRENT APPROACHES TO TREATMENT

What?

- Basing our practice on sound clinical and therapeutic principles, evidence based
- Using an evidence-based model or well considered, agreed, therapeutic, collaborative, recovery-oriented plans
- Following the plans, and/or the treatment model!

How?

- Non-judgmentally, validating relationships
- Willingness to reflect on our practice, observe our own reactions, acknowledge and repair mistakes
- If doing DBT - balance of acceptance and change in a context of validation and mindfulness!

Specialist Treatments for BPD

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Treatments	Originators	Validation Study
Dialectical Behaviour Therapy (DBT)	Marsha Linehan	Linehan et al., 1991
Mentalization Based Therapy (MBT)	Peter Fonagy, Mary Target, Anthony Bateman	Bateman and Fonagy, 1999
Schema Focused Therapy (SFT)	Jeffrey Young	Giesen-Bloo et al., 2006
Transference Focused Psychotherapy (TFP)	Otto Kernberg	Clarkin et al., 2007
Systems Training for Emotional Predictability and Problem Solving (STEPPS)	N Blum	Blum et al., 2008
General Psychiatric Management	John Gunderson	McMain et al., 2009
Cognitive Analytic Therapy	Anthony Ryle	Chanen et al., 2009

Summary of common factors in specialist and generalist treatments

Therapist factors

- Adequately trained
- Access to Supervision
- Hopeful
- Willing
- Enthusiastic
- Active and engaged
- A clear treatment model & a coherent theoretical approach
- Self reflection

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Summary of common factors in specialist and generalist treatments cont'd

Therapy factors

- Treatment framework
- Consensus on the goals of treatment
- Collaborative approach and consensus on how to achieve the goals
- Therapeutic relationship
- Therapy focused on achieving change
- Attention to affect (both patient affect and therapist affect)

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Summary of common factors in specialist and generalist treatments cont'd

Therapy factors (continued)

- Exploratory and change oriented interventions
- Focusing on patients' mind, not just behaviours
- Empathy, Validation
- Balance of limits and flexibility
- Attention to management of crisis and analysis of crisis and sentinel events
- Individualised approach to patient care

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Summary of common factors in specialist and generalist treatments cont'd

Other factors

- Organisational willingness and support
- Consensus between treatment teams
- Supervision to therapists/teams
- Psycho-education
- Diagnostic formulation
- Management of co-existing disorders
- Differentiating acute and chronic risks
- Differentiating self-injury from suicidality
- Improving functioning

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Incorporating common factors into treatment for BPD

- Willingness and enthusiasm of clinicians to undertake treatment
- Requires up skilling therapeutic skills – knowledge of common factors for BPD treatment
- Access to supervision to incorporate the BPD specific common factors in to the therapeutic interventions
- Thorough treatment plans
- Many of these ingredients are already offered, but in a less structured and less consistent fashion.

OVERARCHING GOAL (of DBT):

a life worth living!

- The most caring thing a therapist can do is help clients change in ways that bring them closer to their own ultimate goals
- Everything you do in treatment is to help the client to progress towards this goal

ASSUMPTIONS ABOUT CLIENTS (DBT)

Clients...

- are doing the best they can
- want to improve
- need to do better, try harder, and/or be more motivated to change
- must learn new behaviours in all contexts
- may not have caused all of their problems but they have to solve them anyway

The lives of suicidal BPD individuals are unbearable as they are currently being lived

TREATMENT RELATIONSHIPS

- Validating
- Listening vs judging / labeling / assuming / knowing
- Willing vs willful
- Tolerant
- Flexible but focused
- Observing limits
- Relationship as a reinforcer

… and goal directed !

WHY VALIDATE

Focus on change + Invalidation of self beliefs

↓

AROUSAL!!

sense of out of control

↓

Failure to process new information

VALIDATION

- Gets arousal down
- Builds relationship
- Teaches client to identify what is valid in their experience (vs what they have learnt historical)
- Normalises client's experience
- Helps client to stay connected to treatment goals & keep going when the going gets hard

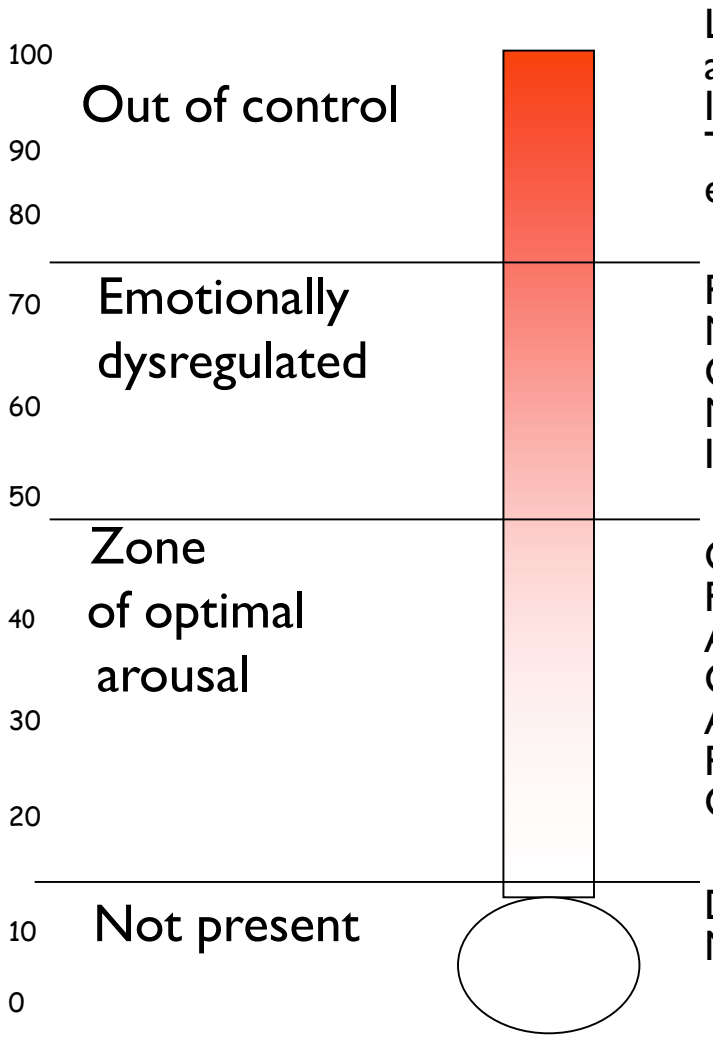
Treatment will only work in a context of validation

DBT LEVELS OF VALIDATION

1. Staying awake
2. Accurate reflection
3. Expressing the unexpressed
4. Validating the person's behaviour in terms of their past history or biology
5. Validation according to normative responses, anyone would feel like that
6. Radical genuineness

MANAGING INTENSE EMOTIONS

EMOTIONAL AROUSAL SCALE



Likelihood of well learned automatic behaviours e.g. DSH
Impulsivity (acting without thinking)
Total identification with emotional state

Rational brain shuts down
Narrowing of attention
Global negative judgements
Not thinking clearly
Impaired performance

Capacity for self reflection
Fully present,
Awareness of connection to others.
Capacity for broad attention
Able to appreciate alternative viewpoints
Reasonable and emotional mind
Capacity for playfulness

Dissociated
Numb

STRATEGIES FOR DECREASING AROUSAL

First:

- Validate client's emotional state, listen, allow client to talk

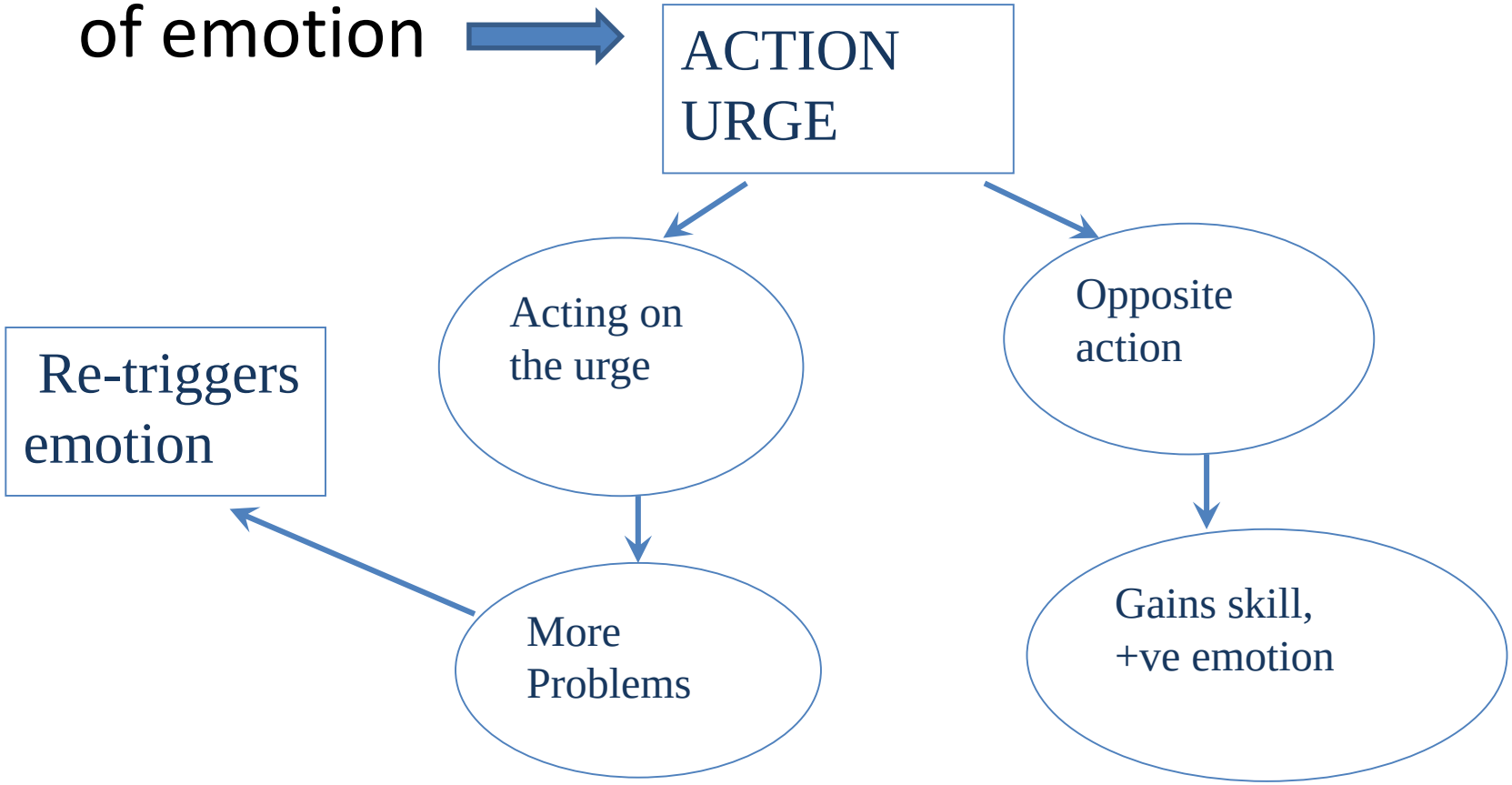
Then distress tolerance skills (DBT) including:

- STOP and TIP skills
- Distraction
- Self soothe
- Improving the moment
- Pros and cons
- Increased alternatives to additional medication!!


Just give me the fucking Valium.

EMOTION REGULATION: MODEL OF EMOTION

Trigger ➡ Interpretation ➡ Brain changes, face & body changes ➡ Subjective experience of emotion ➡



EMOTION REGULATION STRATEGIES

- Understand model of emotion
- Intervene with skills at any point

Skills

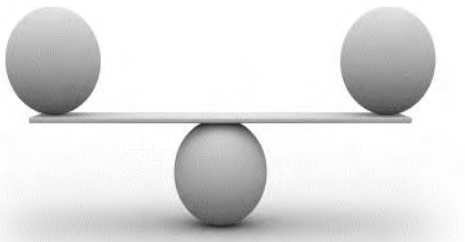
- See emotion as a wave, it will come and go
- Tolerate emotion
- Reframe interpretations, assumptions
- Recognise urges, separate urges from actions
- Act opposite to urges
- Urges surf
- Mindfulness, relaxation, distraction

MINDFULNESS

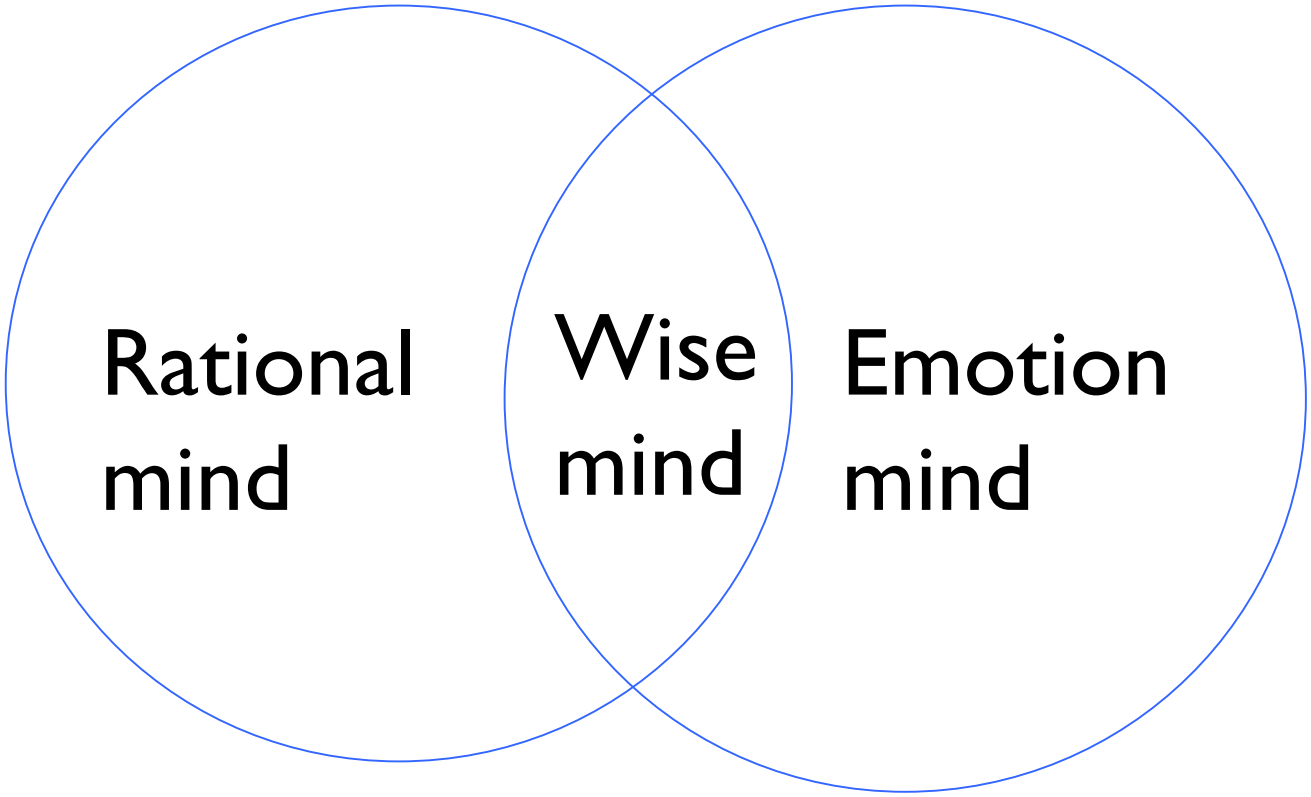
=

A way of paying attention

- ✓ On purpose
- ✓ In the present moment
- ✓ Without judgment
- ✓ In the present moment



PRACTICAL MINDFULNESS (DBT)



MANAGING RISK

- Separate chronic risk from acute risk
- Guidelines for risk assessment in NHMRC guidelines 2012
- Focus on vents leading up to risky behavior
- Maintain validation and focus on goals

MANAGING RISK cont'd

Risky behaviour patterns can be worked on using a chain analysis or behavioural analysis.

CHAIN ANALYSIS

- A step-by-step description of the chain of events leading up to and following an identified problem behaviour
- The aim is to identify learned unhelpful behaviours, & then develop new behaviours to replace these with

CLINICIAN FEELINGS and RISK OF BURNOUT

- Self care is fundamental to sustaining complex work in mental health
- Mindfulness of own responses, needs, emotions
- KINDFULNESS!

- Supervision!