Borderline Personality Disorder

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Goals

1. Provide a broad overview of BPD
2. Review effective treatments and how they work
3. Discuss resources

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DSM-5 CRITERIA of BPD

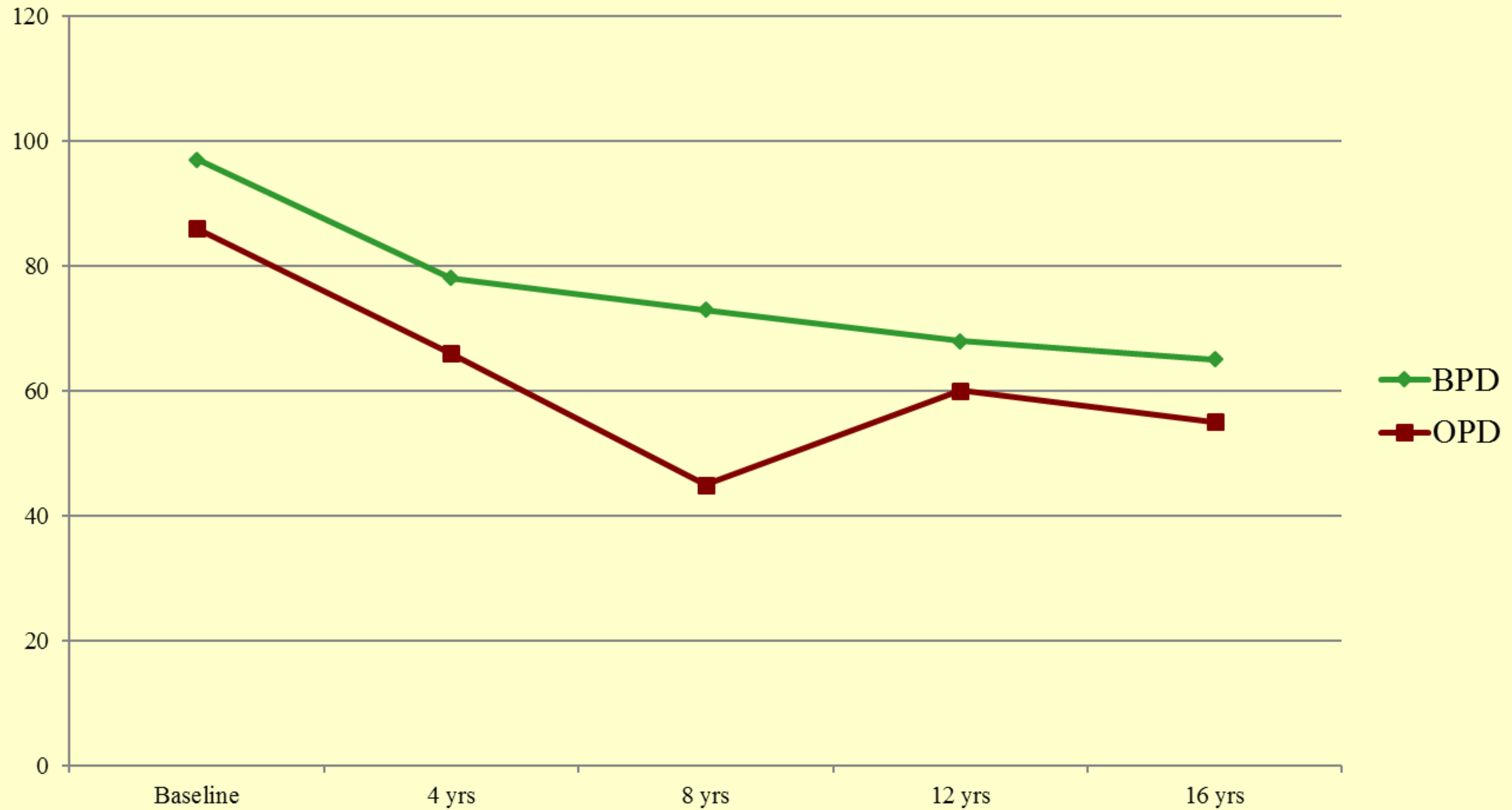
A pervasive pattern of instability of interpersonal relationships, self-image, and mood, and marked impulsivity beginning by early adulthood. $\geq$ 5/9

1. Fear of abandonment
2. Unstable and intense relationships
3. Unstable self-image or sense of self
4. Impulsivity
5. Recurrent suicide attempts or self-injury
6. Unstable mood and reactivity
7. Chronic feelings of emptiness
8. Frequent anger outbursts
9. Transient paranoia or dissociation

Prevalence of BPD

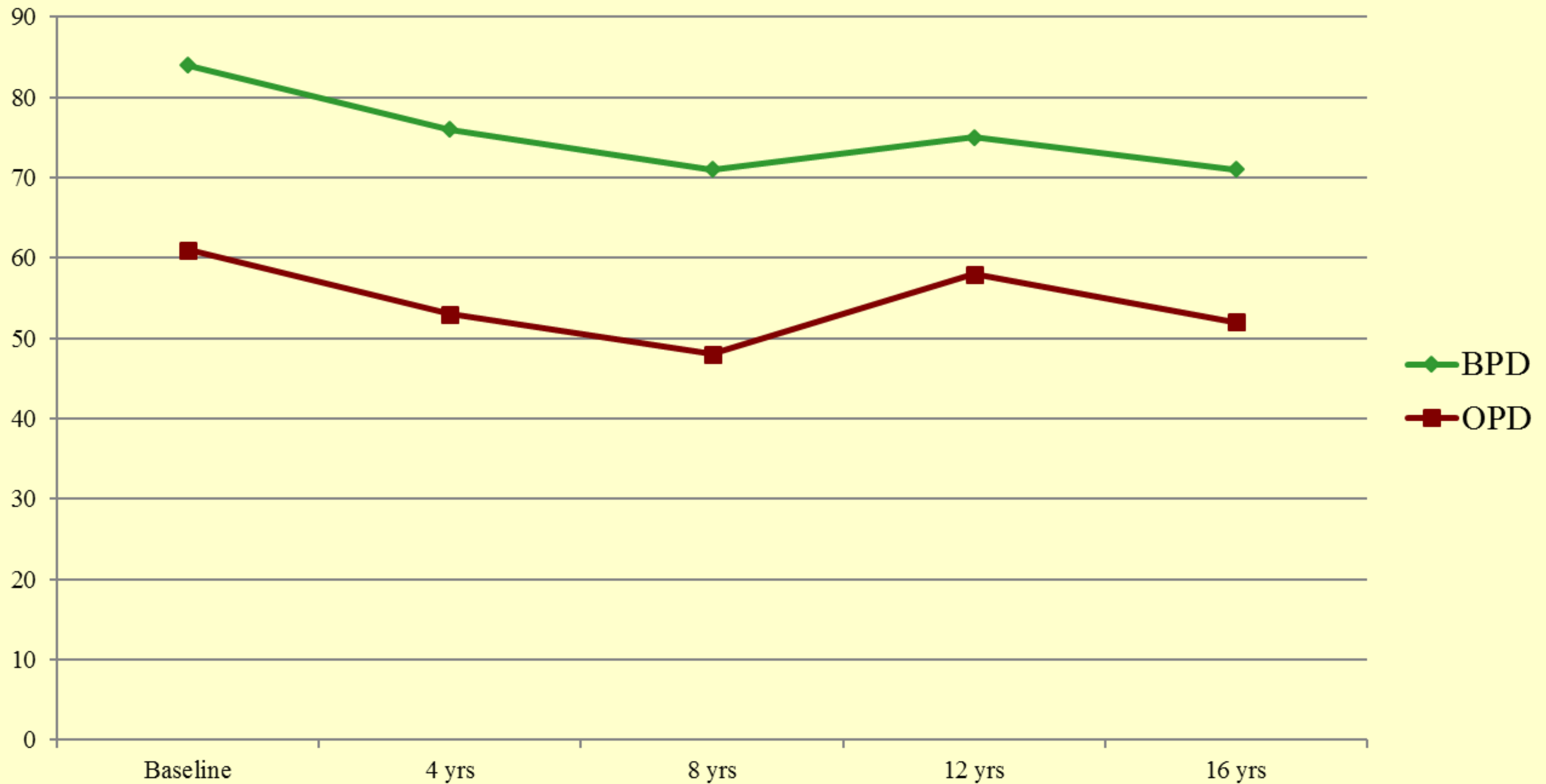
- 1.4% point prevalence, 6% lifetime prevalence
- 10% of outpatient mental health clinics and 20% of inpatients on psychiatry units
- 10% of outpatient drug & alcohol rehabilitation and 20% of inpatients in rehab
- 45% of adults hospitalized for suicide risk

% Patients Still Receiving Psychotherapy



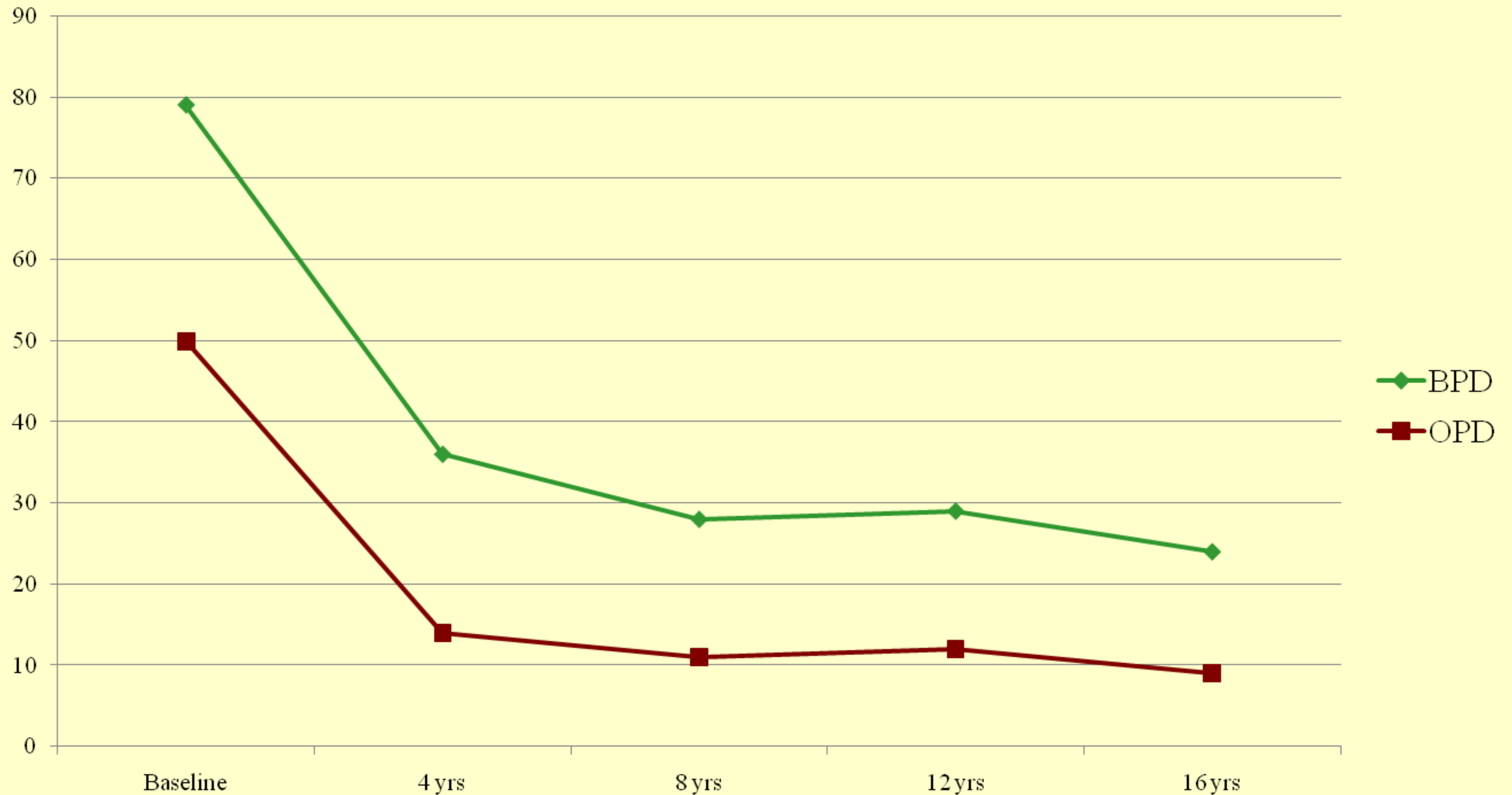
Zanarini et al: Psych Services, 2015

% Patients Still Receiving Psych Meds



Zanarini et al: Psych Services, 2015

% Patients Hospitalized (Psychiatric)



Zanarini et al: Psych Services, 2015

Relationship between BPD and other mental disorders

- 80% of patients with BPD have both depressive and anxiety disorders *(Zanarini et al., 2004)*
  - 67% substance use disorders,
  - 50% eating disorders or PTSD,
  - 25% OCD or panic,
  - 15% bipolar
- Treatments for co-occurring disorders often ineffective
- Improvement in co-occurring disorders is predicted by improvement in BPD, and not vice versa *(Gunderson et al., 2004; Zanarini et al., 2004)*

NIMH RESEARCH FUNDS

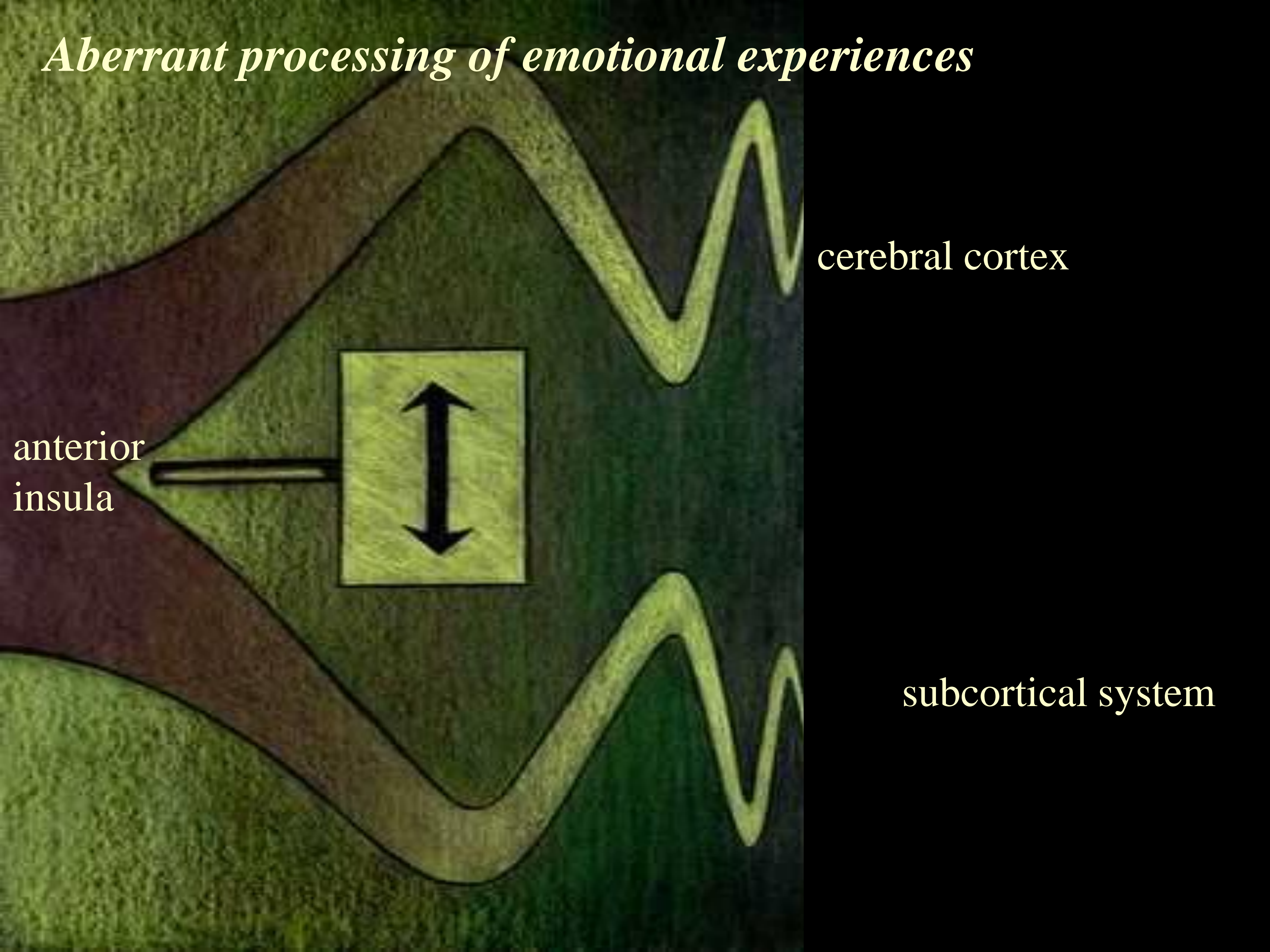
Disorder	Amount (millions)	% Population
Schizophrenia	300	0.4%
Bipolar Disorder	100	1.6%
Borderline PD	6	1.4-6.0%

Theory

According to *Dynamic Deconstructive Psychotherapy:*

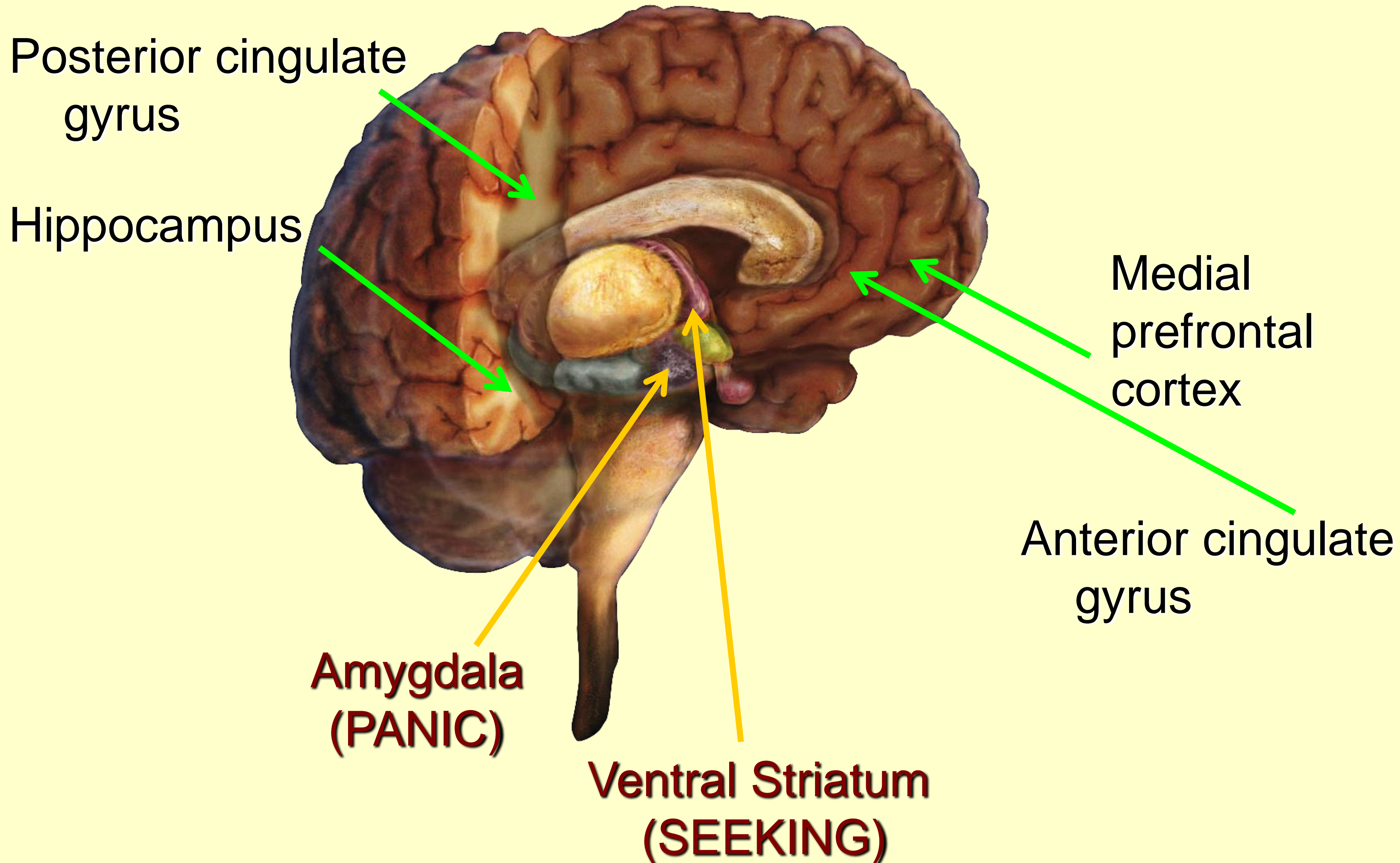
BPD symptoms stem from **two core problems:**

1. Emotion processing
2. Embedded badness



Aberrant processing of emotional experiences
cerebral cortex
anterior insula
subcortical system

aberrant processing of emotional experiences



Cortical Deactivation

- ***Association***: Putting our experiences into words--autobiographical memory: vmPFC, hippocampus, insula, and vlPFC *(Buccino et al., 2004; Nelissen et al., 2005)*
- ***Attribution:*** Complex meanings, rather than over-general memories and "black and white thinking": hippocampus, middle and posterior cingulate *(Viamontes & Beitman, 2006)*
- ***Alterity***: Self-awareness, cognitive empathy, theory of mind, and self/other differentiation: vmPFC, TPJ *(Koenigs & Tranel, 2007; Mitchell et al., 2005; Shamay-Tsoory et al., 2005)*

Subcortical Hyperactivation

- Amygdala mediates **PANIC**, irritability, and separation distress *(Tragesser 2007)*
- Ventral striatum mediates **SEEKING** impulsive pleasure and/or attachment, which dampens amygdala activity *(Ernst et al. 2005, Koelsch et al. 2007)*

Hyperarousal – PANIC system

I think of it like the way I felt before crashing on my long board as I was going down that hill. You get these speed wobbles as the board is shaking underneath you, and you know you're going to fall. You start to panic because you're going so fast, 30 or 40 mph. It's that moment right before you get hurt. It's that really palpable feeling of panic and dread and fear, but it's elongated over time. You never end up crashing; you always just stay in that spot of, 'I'm going to crash, I'm going to fall, I'm going to die.' That never goes away!

Impulsivity – SEEKING system

I just came from my mother's. She went on and on about my weight and how I look. With my Mom, I couldn't sense what was happening. I stayed there over 2 hours and then I left, and it was like I was on autopilot. I drove all the way to Walmart and bought $50 worth of nuts and dried fruit, thinking I was going to make a trail mix. I ended up buying a bag of Doritos and ate the whole bag; went to Burger King and ate 2 hamburgers, and then I ate the nuts that I got. Then on the way here I realized I was angry; furious with my mother. But it was an automatic reaction; I just kept eating and eating.

Pseudonarrative

I get so sick of people coming to me for advice. When my friends are talking about what jerks their boyfriends are and how unfair their parents are, I keep thinking about suicide because no one around me thinks I'm going through anything at all.

? Narrate a specific interaction

? Label emotions

Treatment Implications
(neurotrophic effect)

- Repeatedly activate cortical pathways for emotion processing
  - Narrate recent interactions or behaviors and label specific emotions *(Association technique)*

Psychotherapy can remediate brain function

fMRI studies:

Psychotherapy can modify activity of neural networks within the prefrontal cortices, anterior and posterior cingulate, and insula
(Frewen, Dozois, & Lanius, 2008)

When I think about myself compared to even a couple months ago, I actually can say some things, and it feels incredible. I just didn't expect it was going to be like this. I didn't know that you could actually feel. Or I didn't know how you could feel. It totally does feel like coming alive, which is why it's scary.

Lower level of emotion awareness associated with lower level of identity integration: *Johansen MS et al, J Pers Disorders, 30:633-652, 2016*

Embedded Badness

Embedded Badness

1. **Avoiding self-awareness**

   → dissociation, substance use

2. **Splitting/black and white thinking**:

   → unstable relationships, identity, & mood

3. **Rejection sensitivity**: *(Chesin 2015; De Panfilis 2016)*

   → mood reactivity, depression, suicide risk

   → false self, manipulation

BPD generates strong reactions making it hard for us to maintain objectivity
(Tandler N, J Pers Disorders, 2016)
visualparadox.com

Treatment Implications

Help them to:

1. **Describe their emotion-laden experiences**
2. **Develop new ways of relating** by asking about alternative perspectives and by responding in a different way from how your buttons are pushed
3. **Mourn painful realities, limitations of self and others, and past trauma** working towards self-acceptance (later stages of therapy)

Substance Abuse & Mental Health Services Administration (SAMHSA)

National Registry of Evidence-Based Programs and Practices

http://nrepp.samhsa.gov

Lists Two Evidence-Based Treatments for BPD:

- Dialectical Behavior Therapy
- Dynamic Deconstructive Psychotherapy

http://nrepp.samhsa.gov

Included in SAMHSA's National Registry of Evidence-based Programs and Practices

Dialectical Behavior Therapy

- Most readily available evidence-based treatment
- Combined individual and group therapy
- Teach *emotion regulation* skills and how to apply them in various life situations

Dynamic Deconstructive Psychotherapy *(developed at Upstate)*

- Combines the neuroscience research on emotion processing with object relations theory
- Weekly individual psychotherapy over 12 months
- Activate the regions of the brain that aren't functioning well through practice in sessions

DDP Research

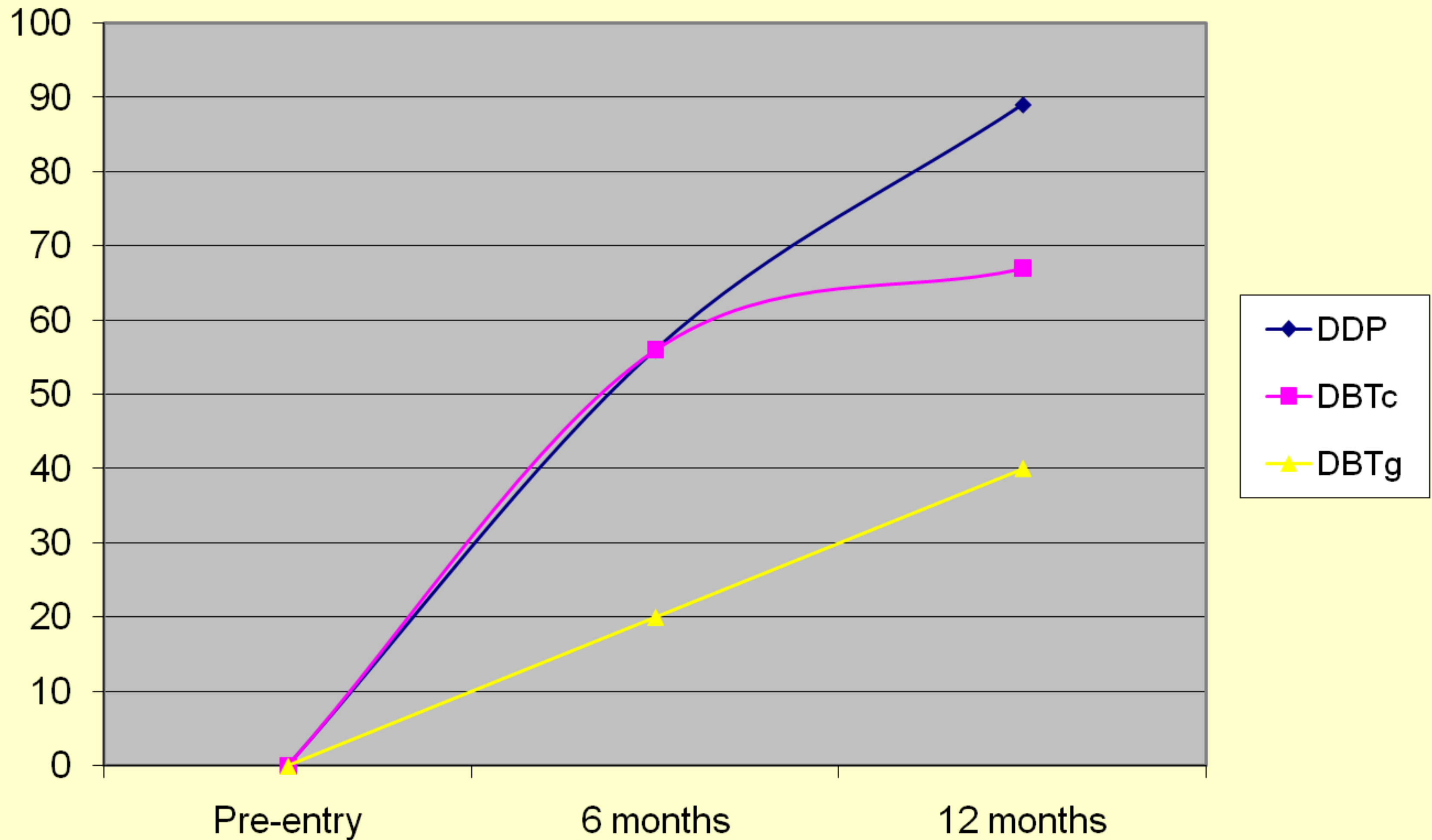
- Theory *(Gregory, 2004; 2005; 2007; 2008)*
- Outcomes:
  - BPD + ETOH *(Gregory et al., 2008; 2010)*
  - BPD + Dissociative Identity Disorder *(Chlebowski & Gregory, 2012)*
  - BPD *(Gregory & Sachdeva, 2013; 2016)*
  - BPD *(Ara et al., in press)*
- Mechanisms *(Goldman & Gregory, 2009; 2010)*
- Training *(Deranja, Manring & Gregory, 2010)*

Effective Treatments

- Dialectical Behavior Therapy
- Dynamic Deconstructive Psychotherapy
- Mentalization-Based Treatment
- Transference Focused Psychotherapy

What is the 12-month response rate?

Gregory & Sachdeva, 2013; 2016



Relatively Ineffective Approaches

- Standard psychodynamic psychotherapy
- Standard CBT
- Counseling
- Medications alone

Medications

- Antidepressants (Zoloft, Effexor, etc.)
- Mood stabilizers (Lamictal, Depakote, etc.)
- Antipsychotics (Seroquel, Abilify, etc.)

- NOT benzodiazepines (Xanax, Klonopin, Ativan, Valium, etc.)

Upstate Adult Psychiatry Clinic -- DBT

Ages 18 and up

713 Harrison Street

Call (315) 464-3100

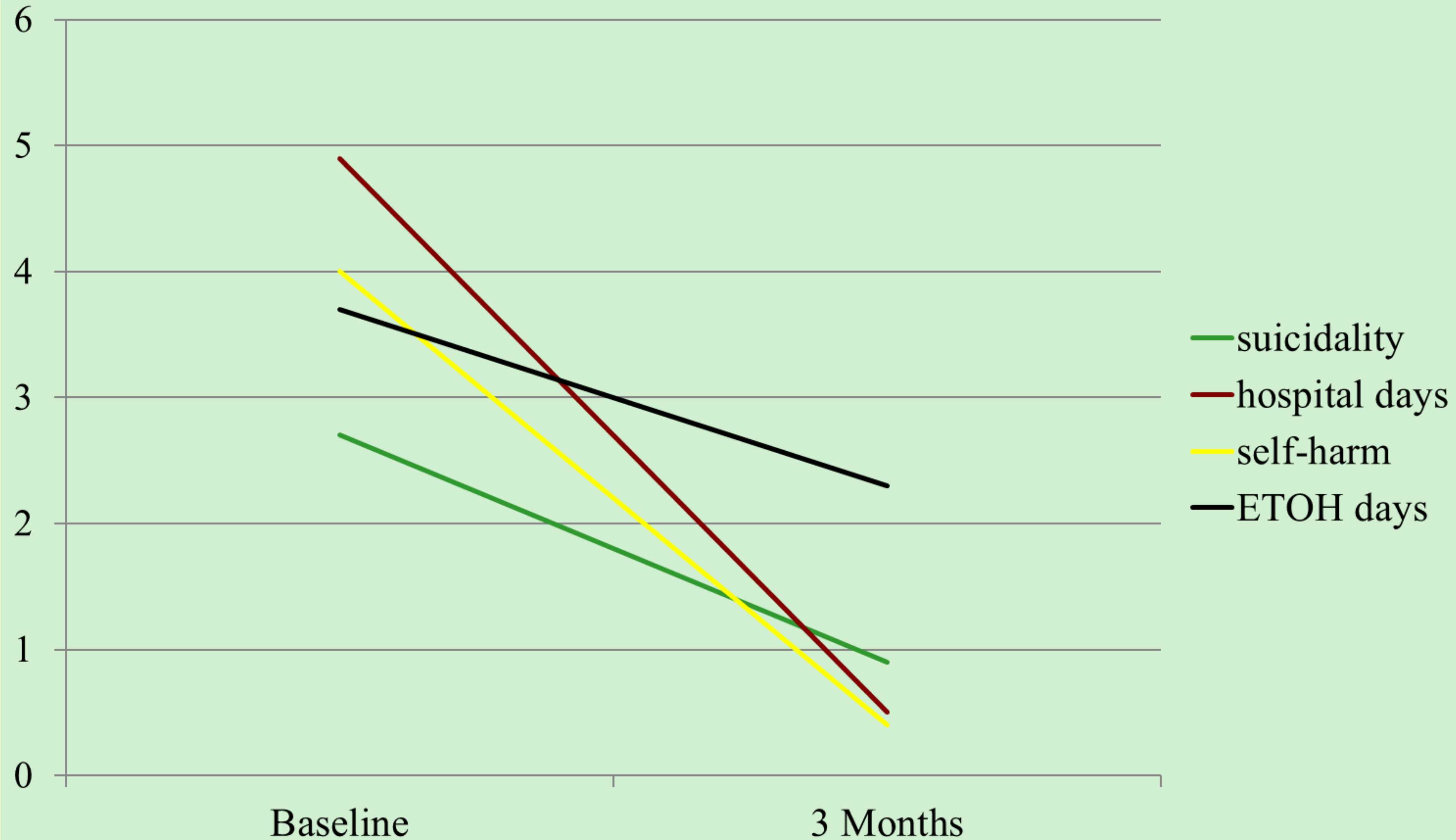
Psychiatry High Risk Program -- DDP

Ages 16-40 years

600 E. Genesee Street

Call (315) 464-3117

3-Month Outcomes
Upstate's *Psychiatry High Risk Program*



Websites and Organizations

NAMI

www.nami.org

Dynamic Deconstructive Psychotherapy

www.upstate.edu/ddp

National Education Alliance for BPD

www.borderlinepersonalitydisorder.com