CONFLICT OF INTEREST

› Ms. Marcus has no conflicts of interest.
› There are no discussions of off-label medications in this presentation

OBJECTIVES

› Define the behaviors that comprise the criteria for the diagnosis for Borderline Personality Disorder (Case Study)
› Discuss new research into biological etiology of BPD
› Identify three nursing interventions that reduce the symptoms of anxiety and impulsive behavior that are commonly exhibited by an individual with BPD

DSM-5 Diagnostic Criteria

A pervasive pattern of instability of interpersonal relationships
Disturbed self-image
Instable affects
Marked impulsivity beginning by early adulthood and is present in a variety of contexts

DSM 5 CRITERIA FOR BPD

Frantic efforts to avoid real or imagined abandonment
Unstable and intense interpersonal relationships – alternating between extremes of idealization and devaluation
Identity disturbance; unstable self-image or sense of self
Impulsivity in at least two areas that are potentially self-damaging
- Spending
- Sex
- Substance abuse
- Reckless driving
- Binge eating

Recurrent suicidal behavior, thoughts, or threats, or self-harming behavior

Affective instability due to a marked reactivity of mood
- Intense episodic dysphoria
- Irritability
- Anxiety
- Usually lasting a few hours; not more than a few days

Chronic feelings of emptiness

Inappropriate intense anger or difficulty controlling anger

Transient, stress-related paranoid ideation

Severe dissociative symptoms

Jessie is a 25 year old women who was admitted to the inpatient unit due to a suicide attempt after her boyfriend broke up with her. She had pushed him after he refused to take her to a popular singer's concert. He left her house after she pushed him and told him that the relationship was over. The relationship has been rocky during its duration, over the last 3 months.

Jessie responded to her boyfriend leaving by cutting her wrists and calling 911. This is her second admission in 6 months. Each admission had to do with a break up with a significant relationship.

Jessie has a history of sexual abuse when she was ages 5–10 by her mother's brother.
Low 5-HT (Serotonin 5-hydroxytryptamine) synthesis capacity in corticostriatal pathways may contribute to impulsive behaviors in individuals with BPD.

Female and male subjects with BPD who have high impulsivity scores have serotonergic disturbances.

Brain imaging research shows no clear specific neurocircuitry model for BPD.

There is a decrease in volume, especially gray matter in the anterior cingulate gyrus; particularly in men.

Women may have a reduction in gray matter in the medial temporal lobe.

The above changes in volume may be due to comorbidity of PTSD and MDD.

Continue research on structural imaging in adolescents with BPD.

Study of the response of prefrontal modulation during emotional provocation.

Understand molecular abnormalities to define discrete symptoms in BPD.

Study the physiological components that contribute to interpersonal disruptions, such as misinterpretation of facial emotional expression.

Definition: "stability and depth of the patient’s relations with significant others as manifested by warmth, dedication, concern, and tactfulness."
Qualitative aspects:
- Empathy
- Understanding
- Ability to maintain a relationship when it has conflict or frustration

Developed a theory of separation and individuation
This theory discusses the child’s intrapsychic self-representation and separate representation of the mother

The child’s tasks during the first three years of life: to develop a separate identity
Development of object constancy occurs around twenty-five months of age

Object constancy is the ability to maintain a relationship even during times of frustration and changes in the relationship
Self soothing is used to cope when the child’s needs are not met by the care taker

Self soothing represents the care taker to the child
As an adult, object constancy is more abstract but represents someone/or something that is meaningful to the individual and is calming

A person with Borderline Personality Disorder has not been able to achieve object constancy and can not utilize any self soothing mechanisms to calm his/her fears, emotions take over the behavior
OBJECT RELATIONS: JAMES MASTERS

Identified four defenses that block the patient's growth based on Mahler's stages
- Projection
- Clinging
- Denial
- Avoidance

Six constituent feelings related to feelings of abandonment
- Depression
- Anger and rage
- Fear
- Guilt
- Passivity and helplessness
- Emptiness and void

OBJECT RELATIONS: JAMES MASTERS

Individuals with BPD react to abandonment anxiety with impulsive behavior such as suicidal ideation, self-harm, alcohol and/or substance use, binge eating, and shop lifting

PATIENT'S VIEW OF SELF

Feels different: "No one understands me."
- Frequently suicidal
- Self-harm occurs to decrease feelings of numbing and/or intense affect, such as rage

The feelings often experienced by the individuals with BPD are:
- Fear
- Anger
- Depression
FAMILY DYNAMICS

- Linehan’s work involved assessing the family communication patterns that demonstrate invalidating environment
- Family members respond to each other in an emotional reactive and unpredictable manner

ASSOCIATED FEATURES

- Individuals with BPD often have a history of physical and sexual abuse, neglect, conflict, early parental loss, separation or neglect.
- The individual with BPD may experience transient psychotic-like symptoms, such as hearing their name called during times of stress

ASSOCIATED FEATURES

- Individuals with BPD unconsciously undermine their achievement of goals by severely regressing or becoming impulsive

ASSOCIATED FEATURES

- People with BPD have difficulty with interpersonal relationships.
- They may relate to positively to pets or inanimate objects
- Individuals with BPD have difficulties relating to others, and blames others for the interpersonal conflicts

COMORBIDITY

- Commonly comorbid with mood disorders, substance related disorders, eating disorders, particularly bulimia, PTSD, panic disorder and ADHD
- Can have comorbidity with antisocial, avoidant, histrionic, narcissistic, and schizotypal personality disorders
There is a high rate of death by suicide, 8–10%, which is 50 times higher than the general population. There is a higher rate of suicide if the individual is young (in his/her 20's), and has co-occurring mood disorders or substance use disorders.

Death by suicide is more common after the age of 30 when there have been failed attempts of obtaining treatment for BPD. High rate of impulsivity and a history of childhood abuse increases the possibility of suicide attempts in individuals with BPD. Poor social relationships increase the possibility of suicide.

Difficulty functioning at work or in an academic setting, particularly if there in an unstructured environment. High rate of job loss or interrupted education.

High rate of interpersonal relationship problems at work, school and in friendships or marital relationships. High rate of divorce.

Is the patient demanding, hostile? Does the patient have a history of aggressive actions? Is there poor impulse control? Does the patient have thoughts of harming self or others?
ASSESSMENT

- Is the patient suspicious of others?
- Does the patient express fear or high anxiety?
- Are there feelings of helplessness?
- Does the individual demonstrate critical behavior towards self and/or others?
- Does the individual have a low self-esteem?

ASSESSMENT

- Is the individual concerned about how others will evaluate him/her?
- Is the individual vindictive?
- Does the individual demonstrate low frustration tolerance?
- Does the person demonstrate mood lability?

ASSESSMENT

- Does the patient demonstrate cognitive distortions by misinterpretation of stimuli and communication of others?
- Does the person’s identification of problem areas involve blaming others?
- Is the person impulsive?
- Does the person learn from his/her mistakes?

ASSESSMENT

- What is the presence of risk-taking and impulsive behaviors?
- Are there mood disturbances and emotional reactivity?
- Is there suicidal ideation and intent?
- Is there a risk of violence towards others and/or property?

ASSESSMENT: SELF-HARM

- How did the patient identify his/her feelings prior to self-harm?
- Did the cutting (or other acts) relieve tension?
- Is feeling pain or seeing blood an important part of this activity?

ASSESSMENT

- Are there the use of substances?
- Does the patient have the ability to care for self and others, such as children and pets?
- What are the financial concerns and resources?
- How does the patient identify his/her psychosocial stressors?
- Who constitutes the patient’s support system, family and friends?
**EFFECTIVE THERAPEUTIC PRACTICES**

- Psychotherapy:
  - Weekly meetings
  - One to two group sessions weekly
  - Dialectical behavior therapy consists of cognitive behavioral therapy that takes place in 1 hour individual therapy and 2.5 hours of group skills training per week for 6–12 months.
  - Therapists must be trained in the specifics of DBT (Linehan, et al.)

**INTERVENTIONS THAT WORK: SUICIDAL IDEATION**

- Assess using the CASE Approach (Shea)
- Consider this a serious psychiatric emergency
- Determine impulse control
- Personalize the need for safety monitoring
- Assist the individual to recognize the precipitant of the ideation during this episode
- Determine other options for solving the current crisis
- Use the Safety Planning Intervention (Stanley, B and Brown, GK. (2012)

**SELF-HARM DUE TO ALEYTHYMIA**

- Teach the person about the concept of alexythymia
- Assist the person to recognize intensely emotional periods by using a journal
- Teach the person exercises to reassociate
- Wrapping is self soothing (Dresser, 1999)

**PSYCHOPARMACOLOGICAL INTERVENTIONS**

- SSRI antidepressants treat the symptoms of affective dysregulation and impulse dyscontrol
- SSRI decrease depressed mood, anger, and impulsive aggression, including self-harm
- Lithium carbonate and anticonvulsant mood stabilizers can be used to treat the symptoms of affective dysregulation and behavioral dyscontrol
- Neuroleptics can reduce the acute symptoms of psychosis, anger and hostility

**PSYCHOPARMACOLOGICAL INTERVENTIONS**

- Anxiolytic agents can be used to treat anxiety.
- **NOTE:** The use of alprazolam was associated with greater suicidal drive and behavioral dyscontrol
- The use of anxiolytic agents can increase the potential for abuse and tolerance
NURSE’S INTERACTIONS CAN ENHANCE PATIENT FUNCTIONING

BASICS FOR EFFECTIVE TREATMENT

» Be consistent
» Be honest !!!!!
» Admit mistakes
» Learn the patient's language
» Ask the patient what he/she is thinking and feeling (these are often different)

BASICS FOR EFFECTIVE TREATMENT

» Constantly clarify what was heard (and what meaning was drawn from it)
» Teach appropriate self nurturance
» Keep consequences clear and consistent and up front

BASICS FOR EFFECTIVE TREATMENT

» Set limits when you are not angry
» Teach to recognize, label and share feelings verbally
» Assist the patient to connect his/her feelings with behavior
» Use language and actions that emphasize accountability
» Encourage realistic goal setting and self acknowledgment

BASICS FOR EFFECTIVE TREATMENT

» Discuss ways to use humor
» Use analogy to known things
» Develop strategies for managing boundaries
» Assist in recognizing personal "warning signs"
**BASICS FOR EFFECTIVE TREATMENT**

- Create “bridges” for effective coping during crisis
- Address: “If I get better, you will go away”

**IDENTIFY YOUR OWN FEELINGS**

- Reflect on your own feelings
- Determine how your interaction effects the patient’s therapeutic goals
- Maintain professional boundaries
- Utilize clinical supervision and/or peer supervision
- Recognize when you have needs that you need to meet prior to working with complex patients

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