

MANAGING NARCISSISTIC, BORDERLINE AND ANTISOCIAL PERSONALITY DISORDERS (DSM-5)

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Axis II Personality Disorders

- **Totality of emotional and behavioral traits**
- **Onset teens**
- **Enduring, inflexible, consistent, and maladaptive**
- **Causes significant impairment and/or distress**
- **Traits vs. Disorder**

Psychobiological Model of Personality

- **Personality (Cloninger, 1993)**
 - **Temperament-50% heavily influenced by genetics**
 - **Affective Tone**
 - **Intensity and Reactivity**
 - **Character-50% heavily influenced by environment**
 - **Moral and Value System**

Psychobiological Model of Personality

- **Temperament**
 - Novelty-Seeking
 - Harm-Avoidance
 - Reward-Dependence
 - Persistence
- **Character**
 - Self-Directedness (Responsible, Purposeful & Resourceful)
 - Cooperativeness
 - Self-Transcendence
 - Altruism

Psychobiological Model of Personality

- **Genetics**

- **Example-Antisocial Personality Disorder**

- **Increased Impulsivity**
 - **Decreased Empathy**
 - **Low Frustration Tolerance**
 - **High Drive**
 - **High Sensation Seeking**

Treatment Considerations

- **Egosyntonic and Characterological**
- **Character traits more amenable to treatment**
- **Transference/Countertransference**
- **Stress a variable in intensity**

Treatment Considerations

- **Psychotherapeutic Treatment Strategies**
 - **Increase acceptance and tolerance**
 - **Reduce intensity of trait expression**
 - **Promote adaptive trait-based behavior**
 - **Create conducive environments**

Psychotherapeutic Treatment Strategies

- **Increase acceptance and tolerance**
 - Psycho-education
 - Identify adaptive features
- **Reduce intensity of trait expression**
 - Restructure triggering situations
 - Modify amplifying cognitions
 - Enhance incompatible behaviors
 - Medication

Psychotherapeutic Treatment Strategies

- **Promote adaptive trait-based behavior**
 - How and when to ask for help
- **Create conducive environments**
 - Modify environment to match client instead of asking the client to adapt to the environment that has been problematic

Create Conducive Environment

- **Help them find an environment they can flourish in**
 - **Especially true with Borderline PD**
- **Set appropriate limits**
- **Environmental Enrichment**

Setting Limits

Too Strict

Too Loose

A “Good Parent” Sets “Good Limits”

FAIR

CONSISTENT

AVAILABLE

Personality Disorders

- **Lack of Empathy Disorders**
 - **Narcissistic Personality Disorder**
 - **Antisocial Personality Disorder**
- **Impulsive Disorders**
 - **Antisocial Personality Disorder**
 - **Borderline Personality Disorder**

SPECT Study-Amen

- **The study found that the blood flow among murderers in the prefrontal cortex (PFC) of the brain was significantly decreased. This area of the brain is implicated in anger management and deficits here indicate a relative inability to utilize resources involved with inhibition, self-censorship, planning, and future consequences. The results suggest that murderers who commit acts of impulsive violence show a marked inability to utilize important cognitive resources when challenged by emotionally neutral tasks.**

Lower Levels of PFC Volume and Activity

- **Lower levels of PFC activity and volume found in impulsive murderers but not in cold, calculating criminals**
- **PFC volume of gray matter 22.3% deficient in unsuccessful offenders but PFC volume in normal range for successful offenders (avoiding capture as criteria for success)**

**Strueber et al. "The Violent Brain". *Scientific American Mind*.
Dec. 2006/January 2007.**

Anterior Cingulate

- **ANTERIOR CINGULATE CIRCUIT**
 - Motivates goal-directed behavior
 - Conflict monitoring
 - Component of reward circuitry
 - Emotional-cognitive integration
 - **Plays a part in experience of empathy**
 - **Bonding and Attachment**
- **If damaged-Apathy**
- **Early neglect and abuse negatively impact development causing deficits in anterior cingulate abilities**

Anterior Cingulate Deficits

- **Decreased maternal behavior**
- **Decreased empathy**
- **Decreased emotional stability**
- **Disruption of (Autonomic Nervous System) ANS and HPA (Hypothalamic-Pituitary-Adrenal) functioning**
- **Increased response to stress**
- **Decreased expressiveness**
- **Inappropriate social behavior**
- **Impulsiveness**

Empathy Also...

- **Requires**
 - Conceptual understanding (Dorsolateral)
 - Emotional attunement (Anterior Cingulate)
 - Ability to regulate affect (Orbitofrontal)
- **Damage to Dorsolateral Prefrontal Cortex**
 - Loss of cognitive flexibility
- **Damage to Orbitofrontal Cortex**
 - Impairs emotional resonance
- **Acquired Pseudopsychopathic Personality (Phineas Gage)**

PORGES POLYVAGAL THEORY

- **THREE SYSTEMS**

- – *Primitive ventral Vagus nerve (not Myelinated)*

- **Role: Shuts down system (dissociation)**

- **Primary molecules: endorphins and enkaphalins**

- – **More evolved dorsal Vagus nerve (myelinated)**

- **Role: Activates system (fight/flight)**

- **Primary molecule: Cortisol**

PORGES POLYVAGAL THEORY

- ***Most evolved: myelinated 6-layers (like neocortex)***
 - **Role: engagement/disengagement finely attuned**
 - **Keeps working when there is no perceived threat**
 - **Allows for attachments, well-being, balanced health**

Polyvagal Theory of Social Engagement

- **Three separate Autonomic Nervous System Subsystems**
 1. **“Vegetative” Vagus**
 1. **Controls body shutdown and immobilization**
 2. **Parasympathetic process**
 2. **“Fight or Flight” System**
 1. **Sympathetic branch of ANS**
 3. **“Smart” Vagus or Social Engagement System**

“Smart” Vagus or Social Engagement System

- **Exerts an inhibitory, modulatory or calming influence on Sympathetic NS arousal**
- **Allows for modulation of ANS in a prosocial way (makes possible courting and pair-bonding)**
- **Controls muscles of eyes, mouth, face and inner ears in social communication**
- **Depends of quality of attachment relationships in early childhood**

“Smart” Vagus or Social Engagement System

- **Interaction of temperament and character (attachment)**
- **Children with poor vagal tone**
 - **Difficulty in suppressing emotions in situations that demand attention**
 - **Difficulty in engaging parents**
 - **Difficulty sustaining shared focus with playmates**

“Smart” Vagus or Social Engagement System

- **Good vagal tone allows one**
 - **To become angry, anxious or upset with a loved one without withdrawing or becoming physically aggressive**

Theory of Mind

- **Ability to think about what another is thinking**
- **Starts as visceral-emotional sense of others gained from “mirror” neuron system**
- **Key component of social interaction**
- **Involves**
 - **Right Orbitofrontal Cortex**
 - **Decodes mental states**
 - **Left Orbitofrontal Cortex**
 - **Reasoning analysis of mental states**

Theory of Mind

- **Involves (continued)**
 - **Amygdala**
 - **Insula**
 - **Experience of self**
 - **Ability to distinguish self from other**
 - **Anterior Cingulate**
 - **Pair-bonding**
 - **Nurturance**

Theory of Mind

- **Involves (continued)**
 - **Dorsolateral Prefrontal cortex**
 - **Executive functions**
 - **Actions**
 - **Goals**
 - **Abstractions**

Mirror Neurons

- **Hard wired system designed to allow us to perceive the mental state of another**
- **Found in Left and Right Hemispheres**
- **Bridges Perceptual part of brain with Motor part of the brain**
- ***When visual, auditory (tone of voice), etc. sensory input is perceived by another, it is as if they are seeing and feeling what you are feeling***

Mirror Neurons

- **Perspective-survival (examples are a herd of cattle and one perceives a predator)**
- **The sensation of “feeling at one” with another**
- **A feeling of “intuition”**
- **Related to:**
 - ***THERAPEUTIC RELATIONSHIP***
 - ***EMPATHY***

Narcissism

- **Increasing in college students for past few decades**
- **Becoming a more narcissistic culture**
- **Narcissists are obsessed with their looks**
- **They like to talk about themselves**
 - **Use word “I” much more than “we”**

Narcissistic Personality Disorder

- **We live in a world of duality by *comparison***
 - **Grades**
 - **Money**
 - **Position**
- **That perpetuates infantile narcissism (EGO)**
- ***Secondary gain of the ego***
- **Must remove self from the race**

Narcissistic Personality Disorder

- **Who is the self that longs?**
- **Is it for completion, security or money?**
- **Will this give you the ability to be perfectly happy in a self-contained way?**
- **Why search for something that you already have?**

Narcissistic Personality Disorder

- **Excessive sense of self-importance**
- **Unrealistic fantasies of success**
- **Intense envy of others' accomplishments**
- **Feel they deserve special treatment**
- **Maybe made up of two presentations**
 - **Grandiose**
 - **Vulnerable**

Narcissistic Personality Disorder

- ***Grandiose narcissism* is the flamboyant, boastful form that characterizes leaders such as Benito Mussolini and Saddam Hussein and highly venerated figures such as General George Patton**
- **Vulnerable narcissism may resemble the self-effacing and thin-skinned characters such as portrayed by Woody Allen**

Narcissistic Personality Disorder

- **No known cause**
 - **One theory holds they are compensating for low self-esteem by becoming egotistical (weak scientific support)**
 - **Another theory suggests only vulnerable narcissists lack a sense of self-worth**
- **Self-destructive behavior may result from despair. Recent data suggests the vulnerable but not the grandiose narcissist is linked to suicidal thinking and self-harm**

Narcissistic Personality Disorder

- **Readily emerge as leaders in group discussions and are more likely to rise to top positions in business**
 - Amy Brunell, Ohio State University at Newark, 2009.
- **Performed well in job interviews because they are good at self-promotion**

Narcissistic Personality Disorder

- **Symptoms of Narcissistic Personality Disorder**
 - **Grandiosity**
 - **Sensitive to criticism**
 - **Lack of empathy**
- **Grandiosity is a world view that protects the EGO from experiencing the hurt, loneliness and isolation of existence.**



Narcissistic Personality Disorder

- **Other symptoms**
 - *Expectation of preferential treatment*
 - *Entitlement*
 - *Exaggerated self-importance*
 - *Arrogance*
 - *Exploitation of others*
 - *Controlling*
 - *Likely to engage in power struggles*
 - *Competitive*

Narcissistic Personality Disorder

- **Pathology of self**
 - *Excessive self-centeredness*
 - *Overdependence on admiration from others*
 - *Fantasies of success*
 - *Grandiosity*
 - *Bouts of insecurity and avoidance of reality*
- **Pathology of the relationship with others**
 - *Intolerance of criticism*
 - *Narcissistic rage*

Narcissistic Personality Disorder

- **Difficult to treat**
 - *Unable to admit personal weaknesses*
 - *Inability to appreciate the effect their behavior has on others*
 - *Lack of empathy*
 - *Failure to incorporate feedback*
 - *High drop out rate*

Narcissistic Personality Disorder

- **Three levels of Severity**
 - ***Mild***
 - ***Interpersonal problems in long-term interactions***
 - ***Generally functional***
 - ***Moderate***
 - ***Typical syndrome***
 - ***Grandiosity***
 - ***Sensitivity to criticism***
 - ***Lack empathy***

Narcissistic Personality Disorder

- **Three levels of Severity (continued)**
 - *Severe or Malignant*
 - *Antisocial behavior with lack of impulse control and tolerance*
 - *Self-directed or other-directed aggression*
 - *May have significant paranoid ideation*

Pride

- ***Entitlement*** comes from unresolved infantile narcissistic egocentricity (“BABY”)
 - **Produces lack of remorse**
 - **Justifies resentments**
 - **Real or perceived slight can cause incredible rage**
 - **Creates a “better than” attitude such that it is now OK to hold negative judgment**

Pride

ENTITLEMENT

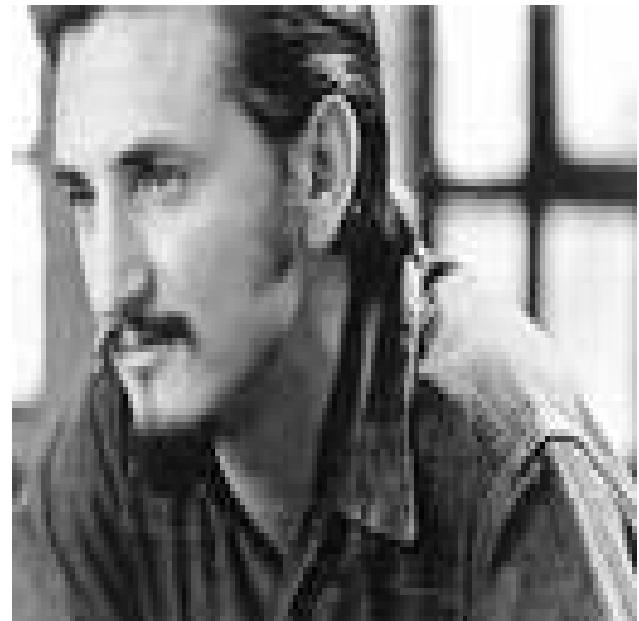
- **Tenacious, rigidly defended and sometimes uncorrectable (ASPD). The more the entitlement the less the level of empathy.**
- **This attitude is basically psychotic as the inner grandiosity is delusional.**
- **HARE PCL-R**

Management Considerations Narcissistic Personality Disorder

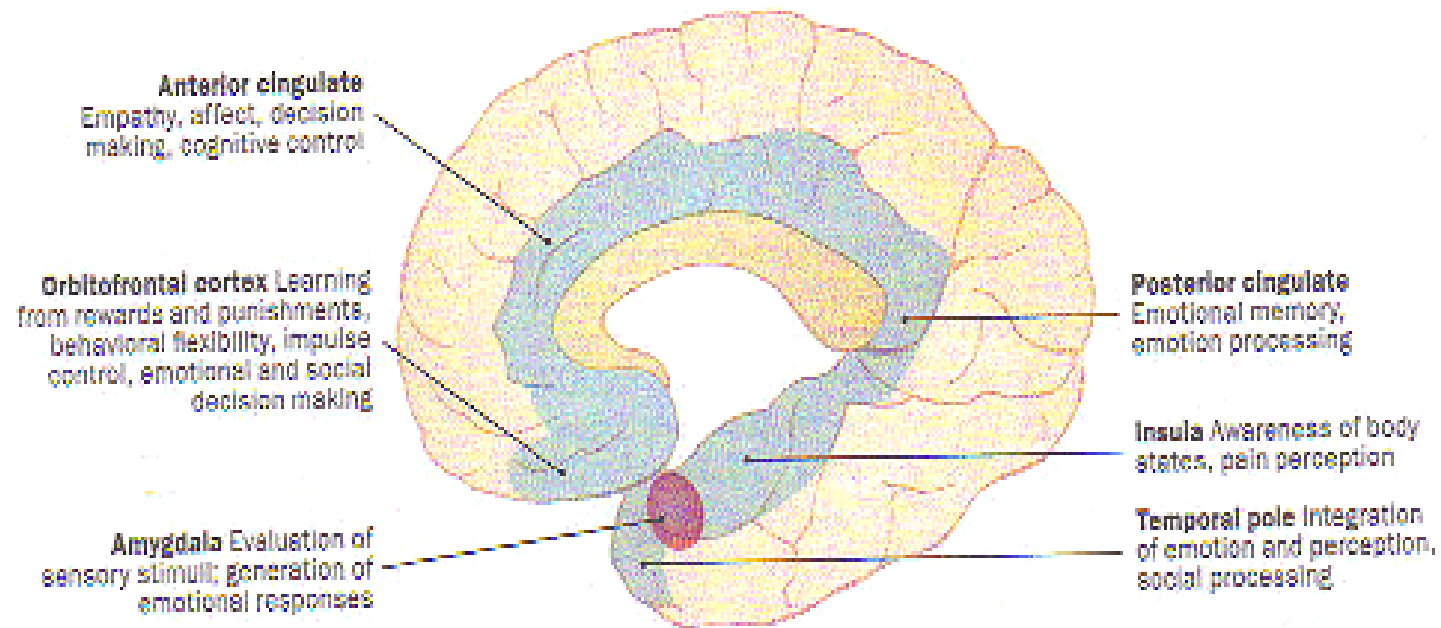
- ***Goal: To reduce the intensity and hue***
- ***Prerequisites- “Level playing field”***
- ***Business Like. Non-confrontational yet assertive while assuaging the sensitive ego***
- ***Behavioral***
- ***“Hook” the grandiosity***

Antisocial Personality Disorder

- **DSM-I categorized alcoholism under antisociality**
- **May have associated impulse control problems**
- **Higher incidence of Substance-Related Disorders and Pathological Gambling**



PARALIMBIC SYSTEM AND ASPD



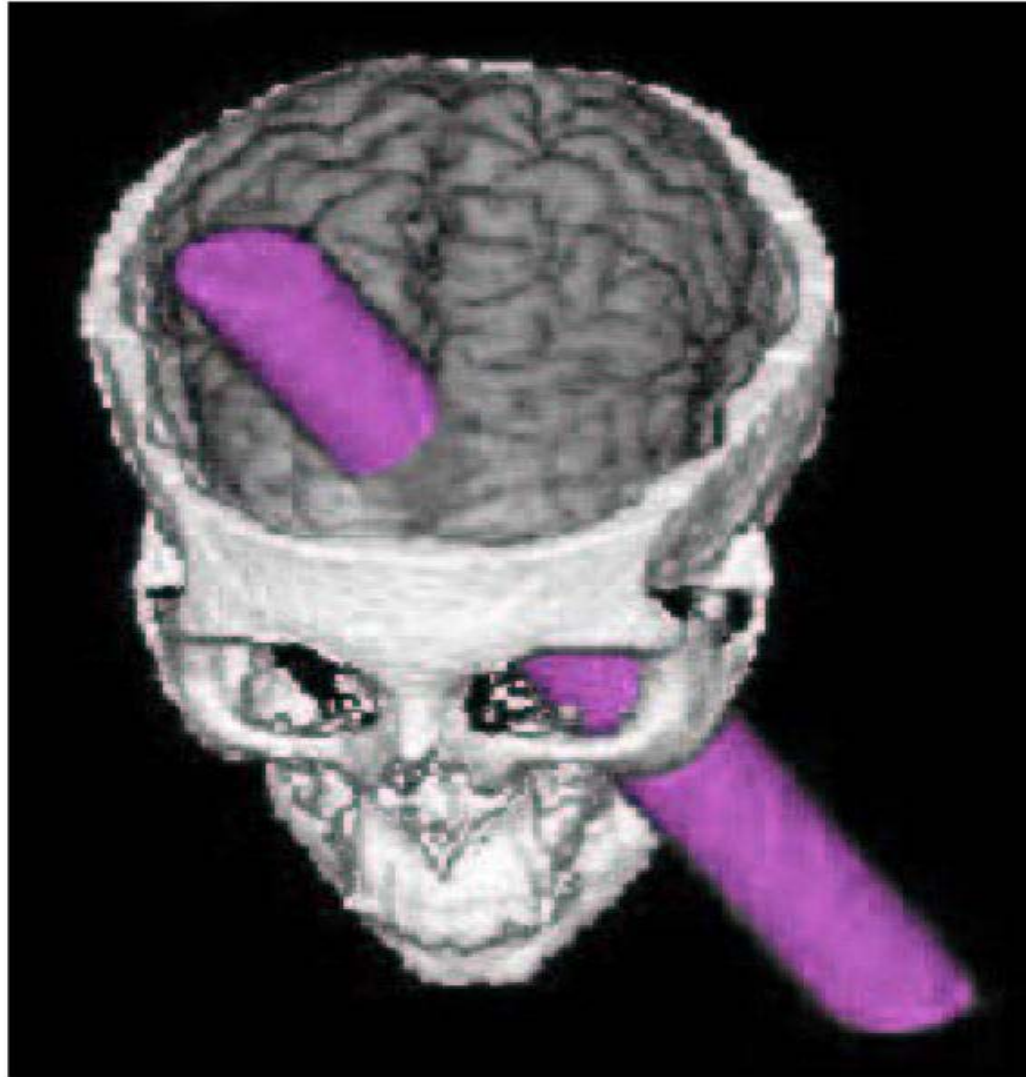
PARALIMBIC SYSTEM AND ASPD

- **PARALIMBIC SYSTEM IS A CIRCUIT OF INTERCONNECTED BRAIN REGIONS THAT MAY WELL BE THE AREA OF MALFUNCTION IN ASPD**
- **THESE INTERCONNECTED BRAIN REGIONS REGISTER FEELINGS AND OTHER SENSATIONS AND ASSIGN EMOTIONAL VALUE TO EXPERIENCES, AS WELL AS, BEING INVOLVED IN DECISION MAKING, HIGH LEVEL REASONING AND IMPULSE CONTROL**
- **AREA IS UNDERDEVELOPED IN ASPD AND DAMAGE TO THESE AREAS CAN CREATE PSYCHOPATHIC TRAITS**

PHINEAS GAGE



PHINEAS GAGE



PHINEAS GAGE

- **43 INCHES LONG, 1.25 INCHES IN DIAMETER AND WEIGHING 13.25 POUNDS THE TAMPING IRON PENETRATED THE LEFT CHEEK AND EXITING THROUGH THE SKULL**
- **LOST A PART OF HIS BRAIN CALLED THE VENTROMEDIAL PREFRONTAL CORTEX (VMPFC) AN AREA STRUCTURALLY SIMILAR TO THE ORBITOFRONTAL CORTEX (OFC)**

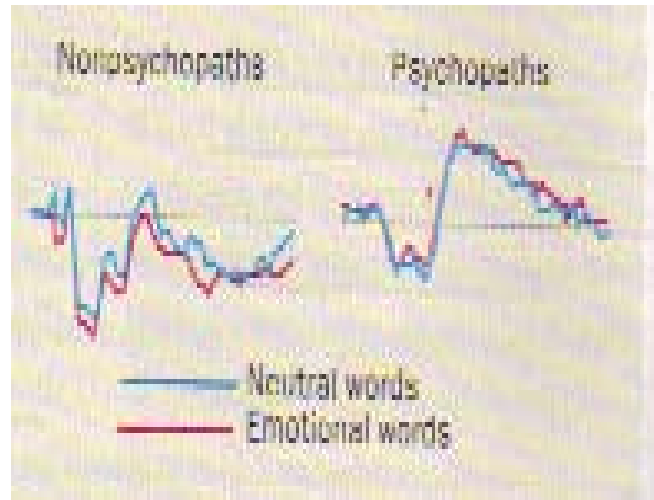
PHINEAS GAGE

- **OFC INVOLVED IN SOPHISTICATED DECISION-MAKING TASKS THAT INVOLVE SENSITIVITY TO RISK, REWARD AND PUNISHMENT**
- **LEADS TO PROBLEMS OF IMPULSIVITY AND INSIGHT AND LASH OUT IN RESPONSE TO PERCEIVED AFFRONTS**
- **THESE WERE GAGES'S PREDOMINANT SYMPTOMS ALTHOUGH HE STILL POSSESSED EMPATHY**

PARALIMBIC SYSTEM AND ASPD

- **EMPATHY INVOLVES MANY AREAS OF THE BRAIN BUT THE AMYGDALA SEEMS TO BE A CENTRAL PLAYER AS IT GENERATES EMOTIONS SUCH AS FEAR-CREATES FEARLESSNESS**
- **ASPD NOTED FOR FEARLESSNESS-WHEN CONFRONTED WITH AN ATTACKER THEY DO NOT BLINK**
- **THEIR EEG READINGS ARE CONSISTENT WHEN SHOWN WORDS LIKE “BLOOD” AND “HOUSE” (A NEUTRAL WORD), THE PATTERNS ARE ALSO DIFFERENT THAN CONTROLS**

PARALIMBIC SYSTEM AND ASPD



PARALIMBIC SYSTEM AND ASPD

- **EMPATHY INVOLVES OTHER AREAS OF BRAIN SUCH AS**
 - **ORBITOFRONTAL CORTEX**
 - **EMOTIONAL AND SOCIAL DECISION MAKING**
 - **ANTERIOR CINGULATE**
 - **AFFECT, DECISION MAKING AND COGNITIVE CONTROL**
 - **DORSOLATERAL PREFRONTAL CORTEX**
 - **COGNITIVE FLEXIBILITY**

PARALIMBIC SYSTEM AND ASPD

- **THE ANTERIOR CINGULATE REGULATES EMOTIONAL STATES AND HELPS PEOPLE CONTROL THEIR IMPULSES AND MONITOR THEIR BEHAVIOR FOR MISTAKES**
- **THE INSULA PLAYS A KEY ROLE IN THE RECOGNITION OF VIOLATION OF SOCIAL NORMS, AS WELL AS, THE EXPERIENCING OF ANGER, FEAR, EMPATHY AND DISGUST**
- **INSULA ALSO INVOLVED IN PAIN PERCEPTION AND PSYCHOPATHS ARE STRIKINGLY UNFAZED BY THREAT OF PAIN**

PARALIMBIC SYSTEM AND ASPD

- **fMRI IMAGES OF BRAINS (KIEHL)
SHOW PRONOUNCED THINNING OF
PARALIMBIC TISSUE INDICATING
THE AREA IS UNDERDEVELOPED**

PARALIMBIC SYSTEM AND ASPD

- **IS ASPD MADE OR BORN?**
 - **COMBINATION OF NATURE AND NURTURE-GENES AND ENVIRONMENT**
 - **SOME ARE SCARED BY EARLY ENVIRONMENT OTHERS ARE “BLACK SHEEP” OF STABLE FAMILIES**
- **ARE THEY TREATABLE?**
 - **ASPD IS A DISORDER OF RANGE, THE FAR END IS THE PSYCHOPATH WHO IS DIFFICULT, IF NOT IMPOSSIBLE, TO TREAT WITH TODAY’S TECHNOLOGY.**

PARALIMBIC SYSTEM AND ASPD

- **ONE WAY OF CONSIDERING TREATMENT IS TO THINK OF DEVELOPMENT AS OCCURRING EASIEST DURING CERTAIN PERIODS OF LIFE OFTEN CALLED “CRITICAL PERIODS”**
 - **CHILDHOOD AND EARLY ADOLESCENCE MAY BE A WINDOW FOR DEVELOPING SOCIAL AND COGNITIVE SKILLS WE CALL “CONSCIENCE”**

PARALIMBIC SYSTEM AND ASPD

- **HARE'S STUDIES SHOW THAT GROUP THERAPY FOR PSYCHOPATHS IN PRISON RESULTS IN MORE CRIMES THAN IF THEY HAD NO THERAPY.**
 - **NOTORIOUSLY GOOD AT LEARNING AND EXPLOITING THE WEAKNESSES OF OTHERS**
 - **THEY HAVE TROUBLE ABSORBING ABSTRACT IDEAS SO LECTURES ABOUT PERSONAL RESPONSIBILITY ARE UNLIKELY TO BE HELPFUL**
- **INSIGHT ORIENTED THERAPY ALSO INEFFECTIVE**

PARALIMBIC SYSTEM AND ASPD

- **TREATMENT OF INTRACTABLE JUVENILE OFFENDERS WITH PSYCHOPATHIC TENDENCIES AT MENDOTA JUVENILE TREATMENT CENTER IN MADISON, WI.**
(www.nrepp.samhsa.gov/ViewIntervention.aspx?id=38)
 - **INTENSIVE ONE-ON-ONE THERAPY KNOWN AS DECOMPRESSION AIMED ENDING THE VICIOUS CYCLE IN WHICH PUNISHMENT FOR BAD BEHAVIOR INSPIRES MORE BAD BEHAVIOR**
 - **150 YOUTHS WERE 50 % LESS LIKELY TO ENGAGE IN VILENT CRIME THAN A COMPARABLE GROUP TREATED AT REGULAR JUVENILE CORRECTIONS FACILITIES**

PARALIMBIC SYSTEM AND ASPD

- **HARE PSYCOPATHY CHECKLIST-REVISED**
 - **20 CRITERIA EACH GRADED 0,1, OR 2**
 - **AVG. GENERAL POPULATION SCORE IS 4**
 - **OVER 30 IS PSYCHOPATHIC RANGE**
 - **MEASURES**
 - **ANTISOCIAL BEHAVIOR**
 - **NEED FOR STIMULATION AND PRONENESS TO BOREDOM**
 - **PARASITIC LIFESTYLE**
 - **POOR BEHAVIORAL CONTROL**
 - **SEXUAL PROMISCUITY**
 - **LACK OF REALISTIC LONG-TERM GOALS**

PARALIMBIC SYSTEM AND ASPD

- **HARE PSYCOPATHY CHECKLIST-
REVISED**
 - **MEASURES**
 - **ANTISOCIAL BEHAVIOR (CONTINUED)**
 - **IMPULSIVITY**
 - **IRRESPONSIBILITY**
 - **EARLY BEHAVIOR PROBLEMS**
 - **JUVENILE DELINQUENCY**
 - **PAROLE OR PROBATION VIOLATIONS**
 - **EMOTIONAL/INTERPERSONAL TRAITS**
 - **GLIBNESS AND SUPERFICIAL CHARM**
 - **GRANDIOSE SENSE OF SELF-WORTH**
 - **PATHOLOGICAL LYING**

PARALIMBIC SYSTEM AND ASPD

- **HARE PSYCOPATHY CHECKLIST-REVISED**
 - **MEASURES**
 - **EMOTIONAL/INTERPERSONAL TRAITS (CONTINUED)**
 - **CONNING AND MANIPULATIVENESS**
 - **LACK OF REMORSE OR GUILT**
 - **SHALLOW AFFECT**
 - **CALLOUSNESS AND LACK OF EMPATHY**
 - **FAILURE TO ACCEPT RESPONSIBILITY FOR ACTIONS**
 - **OTHER FACTORS**
 - **COMITTING A WIDE VARIETY OF CRIMES**
 - **HAVING MANY SHORT-TERM MARITAL RELATIONSHIPS**

Conduct Disorder

- **Diagnostic Criteria**
 - Aggression to people or animals
 - Destruction of property
 - Deceitfulness or theft
 - Serious violations of rules
- **Subtypes**
 - **Child-Onset**
 - **Adolescent-Onset**

Conduct Disorder: Management

- **Child-Onset**

- **Non-normative peer relations**
- **Onset prior to 10 yo**
- **Aggressive style may be predatory**
- **Genetics involved**

- **Adolescent-Onset**

- **Normative peer relations**
- **Onset after 10 yo**
- **Emotional or passive-aggressive acting-out**

Management Considerations- ASPD

- **Goal**
- **Prerequisites**
- **Business-Like**
- **Behavioral**
 - **Limit setting**
 - **Treatment plan**
- **Incorporate
“observers”**



Violent Behavior Multi- **determined**

- **Genetic Tendencies**
- **Traumatic childhood experiences**
 - **Orbitofrontal Cortex**
 - **Reduction in serotonin levels**
- **Paranoid personality style**
 - **Organized or Disorganized**
- **Frontal cortex injury**
- **Alcohol/Drugs-acute and chronic**
- **Hormones-Testosterone**

Violent Behavior Multi-determined

- **Girls and women are not necessarily less violent than boys and men**
- **Female**
 - **Indirect**
 - **Covert**
- **Men**
 - **Immediate outward physical aggression**

Maltreatment Increases The Risk Of

- **Violent behavior**
- **Criminal activity**
 - **ANTISOCIAL PERSONALITY DISORDER**
- **Teenage pregnancy**
- **Becoming a perpetrator of abuse**
- **Becoming a victim of more trauma**
- **Psychiatric disorders**
 - **BORDERLINE PERSONALITY DISORDER**
- **Substance abuse (Opioids, Alcohol, stimulants and Cannabis)**

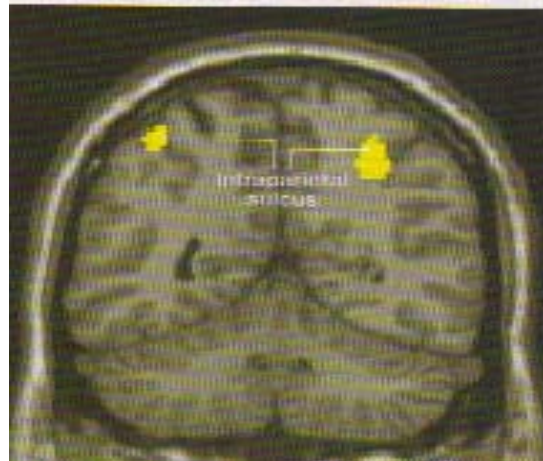
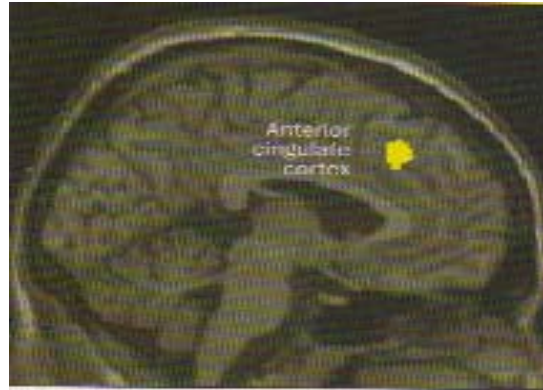
Borderline Personality Disorder

- 2% of general population
- 10% in an outpatient setting
- 20% or higher in a psychiatric inpatient setting
- **80% have history of trauma (especially early life trauma)**
- **Self Destructive Behavior can precipitate dopamine reward like an addictive substance**
- **Crisis may precipitate endorphin release**
- High incidence of Substance-Use Disorder (opiates, cocaine and alcohol), Eating Disorder, Dissociative Disorder, and Sexual and Identity Disorders.

BORDERLINE PERSONALITY DISORDER

- **BRAIN SCANS OF PEOPLE TRYING TO DISTANCE THEMSELVES FROM EMOTIONALLY CHARGED PICTURES**
- **BRAIN SCANS OF NON-BPD SUBJECTS REVEALED GREATER ACTIVITY IN THE DORSAL ANTERIOR CINGULATE CORTEX WHICH REGULATES EMOTION AND IN THE INTRAPARIETAL SULCUS WHICH DIRECTS VISUAL ATTENTION**
- **SUGGESTS BPD INDIVIDUALS HAVE UNUSUALLY WEAK BRAKES ON THEIR FEELINGS AND TROUBLE TURNING THEIR ATTENTION AWAY FROM DISTURBING SCENES**

BORDERLINE PERSONALITY DISORDER



BORDERLINE PERSONALITY DISORDER

- **WHY DO BPD CLIENTS HAVE MORE EMOTIONAL FLARE-UPS?**
 - **ONE POSSIBLE ANSWER IS HOW THEY READ FACIAL EXPRESSIONS (THOMAS LYNCH, DUKE, 2006)**
 - **ON AVERAGE PEOPLE WITH BPD RECOGNIZED BOTH PLEASANT AND UNPLEASANT FACIAL EXPRESSIONS AT A MUCH EARLY STAGE**
 - **THEY ARE HYPERAWARE OF EVEN SUBTLE EMOTIVE FACES WHICH IS PROBLEMATIC WHEN ONE IS INTENSELY REACTIVE TO OTHER PEOPLE'S MOOD STATES**

BORDERLINE PERSONALITY DISORDER



BORDERLINE PERSONALITY DISORDER

- **WHY ARE BPD CLIENTS SO SOCIALLY SENSITIVE AND MOODY?**
 - **SUBJECTS STUDIED PHOTOS OF PEOPLE CRYING, ACTING VIOLENTLY AND MAKING SEXUAL GESTURES (HAROLD KOENIGSBERG, MOUNT SINAI SCHOOL OF MEDICINE, 2009)**
 - **USING fMRI FOUND THAT THE UNPLEASANT IMAGES ELICITED MORE ACTIVITY IN SEVERAL REGIONS OF THE BRAIN IN BPD PATIENTS INCLUDING THE AMYGDALA WHICH GOVERNS EMOTIONAL REACTIVITY AND MEMORY AND THE SUPERIOR TEMPORAL GYRUS WHICH IS INVOLVED IN “REFLEXIVE” PROCESSING**
 - **REACT MORE STRONGLY AND MORE RAPIDLY TO DISAGREEABLE IMAGES WITH LESS TIME TO REFLECT**

BORDERLINE PERSONALITY DISORDER

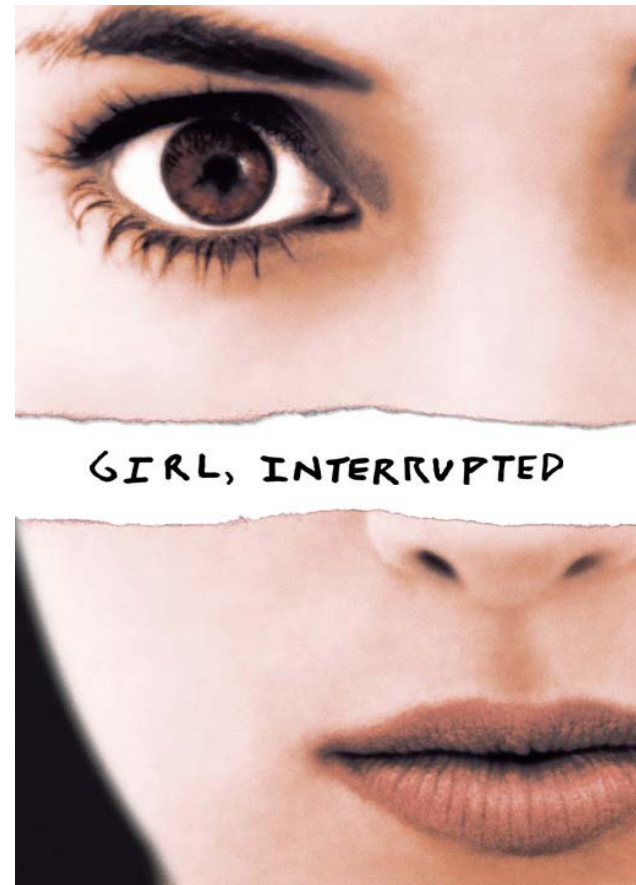
- **PEOPLE WITH BPD LACK THE BRAIN ACTIVITY THAT INTERPRETS SOCIAL GESTURES SUCH AS THOSE SIGNALING TRUST (BROOKS KING-CASAS, BAYLOR, 2008)**
 - **FOUND A PROBLEM WITH THE INSULA WHICH ORDINARILY MONITORS UNCOMFORTABLE INTERACTIONS WITH OTHERS SUCH AS THOSE STEMMING FROM THE VIOLATION OF TRUST AND OTHER SOCIAL NORMS. BPD PATIENTS TEND TO LACK THIS ABILITY TO GUAGE LEADING TO A DIFFICULTY IN TRUSTING OTHERS**

BORDERLINE PERSONALITY DISORDER

- **DIALECTICAL BEHAVIOR THERAPY
(MARSHA LINEHAN)**
 - **AN INNOVATIVE FORM OF CBT**
 - **HELPS DETECT AND COMBAT DISTORTED
THOUGHTS**
 - **COUNTERACT PROBLEMATIC BEHAVIORS AND
ASSOCIATED EMOTIONS**
 - **INCORPORATES MEDITATIVE PRACTICES-
MINDFULNESS**
 - **SELF-SOOTHING TECHNIQUES TO MANAGE
MOOD SWINGS (DEEP BREATHING, TAKING
WALKS, LISTENING TO MUSIC, ETC.)**
 - **BUILDING HEALTHY RELATIONSHIPS**

Treatment Planning Based on Symptom Clusters

- **Identity Cluster (Projection)**
 - Abandonment fears
 - Unstable self-image
 - Relationship problems
- **Affective Cluster (Splitting)**
 - Reactivity of mood
 - Inappropriate, intense anger
- **Impulsive Cluster**
 - Suicidal behavior
 - Potentially self-harming behavior (substance abuse, sex, binge eating, spending)



Self And Identity

- **Insecure attachment-Lack of confidence in “others” availability**
 - **Disorganized type**
- **Disorganized attachment themes**
 - **HELPLESSNESS**
 - **Abandonment**
 - **Betrayal**
 - **Failure**
 - **Dejection**

Self And Identity

- **Disorganized attachment themes**
 - **COHERSIVE CONTROL**
 - **Blame**
 - **Rejection**
 - **Intrusion**
 - **Hostility**

Self And Identity

- **A secure attachment is associated with:**
 - **Reduced firing of amygdala**
 - **Less anxiety**
 - **Increased nucleus accumbens activity**
 - **Enhanced reward in relationships**
 - **Reduced firing of orbitofrontal cortex**
 - **Reduced criticism of others**

Self And Identity

- **Secure attachment with therapist**
 - **Can be accomplished verbally**
 - **In a safe environment**
 - **Liberates client from past constraints of rigid personality**
 - **Facilitates self-observation (active scanning of inner-world)**
 - **Observe without criticism or evaluation**
 - **Enhances capacity for introspection**
 - **Reduces prediction error**

Therapeutic Relationship

***A SECURE ATTACHMENT THAT
PROMOTES GROWTH OF NEURAL
INTEGRATIVE FIBERS
(ESPECIALLY ORBITOFRONTAL
CORTEX)***

Abandonment Fear

TRAUMA → **ATTACHMENT PROBLEMS** →

ABANDONMENT FEAR → **INCREASED ANXIETY**

→ **INCREASED IMPULSIVITY**

Anterior Cingulate

- **Coordinates**
 - **Maternal behavior**
 - **Nursing**
 - **Play**
- **Monitors personal, environmental and interpersonal information**
- **Allocates attention to whatever is most salient**

Anterior Cingulate

- **Detection of errors**
- **Adjustment of response according to new information**
- **Clients with alexythymia (inability to experience or express feelings) have smaller anterior cingulate cortices**
- **Larger anterior cortices associated with worry and fearfulness**
- **Anterior cingulate has overlapping functions with the prefrontal cortex (anterior cingulate predated prefrontal)**

Spindle Cells

- **In anterior cingulate**
- **Spindle cells emerge after birth and are experience-dependent**
- **Early neglect and abuse negatively impact development causing deficits in anterior cingulate abilities**

MANAGEMENT CONSIDERATIONS

- **Time consuming**
 - Fewer resources
 - Fewer alternative
- **Powerful wishes to create clinician into a friend, lover, parent or enemy**
- **“Therapeutic rupture”**
- **Impulsivity-Limit Setting**
- **Affective Storm-Calmness and Unflappability**
- **Polarization of Thought and Attitude-Integration and Finding Middle Ground**

MANAGEMENT CONSIDERATIONS

- **GOAL**
- **PREREQUISITES**
 - Structure
 - Therapy threatening
 - Life threatening
- **MEDICATION IF NEEDED**
- **BEHAVIORAL**
 - Limit setting
 - Treatment plan
- **CLOSURE**



Borderline Personality Disorder

FOUR PRESENTATIONS

- **HYSTEROID DEPRESSIVE**
- **OBSERVED DEPRESSED**
 - **SCHIZOTYPAL**
 - **IMPULSIVE**

Identity Cluster

- **Treatment**
 - **Behavioral**
 - Structure
 - Immediate reward
 - **Medication**
 - Neuroleptics
 - SSRI's



Behavioral Foundation Program

TASK	MON	TU	WED	THU	FRI	SAT	SUN
SH							
TX							
FUN							
NUT							
PEX							

Affective Cluster

- **Treatment**
 - **Behavioral**
 - Structure
 - *Setting limits*
 - Fair
 - Consistent
 - Available
 - **Medications**
 - Mood stabilizers
 - Antidepressants



Labeling Our Feelings

- **“We found the more mindful you are, the more activation you have in the right ventrolateral prefrontal cortex and the less activation you have in the amygdala. We also saw activation in widespread centers of the prefrontal cortex for people who are high in mindfulness. This suggests people who are more mindful bring all sorts of prefrontal resources to turn down the amygdala.”**

Labeling Our Feelings

- **Verbalizing our feelings and labeling emotions makes them less intense.**
- **Photograph of an angry or fearful face causes increased activity in the amygdala**
 - Creates a cascade of events resulting in “fight or flight” response
- **Labeling the angry face changes the brain response**

Labeling Our Feelings

- **Labeling the response caused the amygdala to be less active and the right ventrolateral prefrontal cortex to activate.**
- **Using mindfulness and labeling the feelings one experiences allows the prefrontal cortex to override the amygdala.**
 - Matthew Lieberman, UCLA, Psychological Science, May 2007

Impulsive Cluster

- **Self-destructive behavior**
 - **A/D use**
 - **Suicidal and parasuicidal behavior**
 - **Hurt self**
 - Dissociation
 - Reduce anxiety
 - **Eating disorders**

Impulsive Cluster

- **Assessment**
 - Elaborate
- **Treatment**
 - **Contracts**
 - **Setting**
 - **Patient's responsibility**
 - **Alternatives**
 - **Medications**



Non-Suicidal Self Injury

- **What is the function of self-injury?**
 - **Did patient want to die?**
 - **Usually “No”**
 - **A way to tolerate inescapable and unbearable emotions, most often intense anxiety**
 - **Stuck in a bad situation and cannot find another way to cope**
 - **Self-injury is reinforced to the extent the behavior is effective**

Non-Suicidal Self Injury

- **Self-injury is reinforced to the extent the behavior is effective (continued)**
 - **Both positive and negative reinforcement**
 - **Negative reinforcement is rewarding by making and unpleasant situation stop**
 - **Positive reinforcement is rewarding by gaining something after the behavior**
- **When negative reinforcement generally relieves uncomfortable emotions like anger, anxiety, guilt and numbness**
- **When positive reinforcement includes “feeling something even if it is pain”, punishing oneself and feeling relaxed**

Non-Suicidal Self Injury

- **When positive reinforcement includes “feeling something even if it is pain”, punishing oneself and feeling relaxed (continued)**
 - **Males more likely to want to “make others angry”**
 - **Females more likely to want to “punish myself”**
- **Endogenous Opioids**
 - **Hypothesized that injury induces the release of endogenous opioids which creates reward**
 - **B-endorphins comfort negative emotions (Stanley B et al, *J Affec Disord* 2010:124 (1-20:134-140))**
 - **Early childhood trauma changes the density of opiate receptors and level of B-endorphin baseline**

Non-Suicidal Self Injury

- **Early childhood trauma changes the density of opiate receptors and level of B-endorphin baseline (continued)**
 - **May find injuring less painful and subsequent opioid release more pleasurable**
 - **Patients with only one episode of self-injurious behavior say “It hurt” and didn’t repeat behavior**
- **Non-suicidal self injury (NSSI) may be the best predictor of suicide attempt (Wilkinson P et al, *Am J Psychiatry 2011; February 1*)**
 - ***70% of people who engage in NSSI eventually attempt suicide***

RISK ASSESSMENT

- **SAFETY PLAN**

- **Contracting for safety has no evidence base and asking the patient to sign a document stating they will not harm themselves can be problematic**
 - **Promise without “how to not harm self”**
 - **May feel they cannot talk about being suicidal**
 - **May give clinical team a false sense of security**
- **Develop a plan for “what to do” when patient feels suicidal**
- ***Safety Planning Intervention (SPI) is a brief intervention with ongoing clinical trial but is a Suicide Prevention Resource Center/American foundation for Suicide Prevention best practice***

Behavioral Safety Plan On 3x5 Index Card

MY PERSONAL SAFETY PLAN

- ***Remember that craving go away***
- ***I can write in my journal***
- ***I can call my sponsor (299-289-5555)***
- ***I can call my lover (299-426-1776)***
- ***I can read from my favorite recovery book***
- ***I can read affirmations***

Bibliography

- Perry, Bruce. Violence and Trauma: Understanding and Responding to the Effects of Violence on Young Children. Gund Foundation Publishers, Cleveland, pp 67-80, 1996.
- Clinical Management of Agitation.
http://www.medscape.com/viewprogram/2311_pnt.

Bibliography

- Aggression.
<http://emedicine.com/med/topic3005.htm>
- Pincus, J and Tucker, G. Behavioral Neurology Fourth Edition. Oxford University Press, New York, 2003.
- Glover, Janikowski and Benshoff. "The Incidence of Incest Histories Among Clients Receiving Substance Abuse Treatment". Journal of Counseling and Development. March/April 1995.

Bibliography

- Van der kolk, van der Hart, and Burbridge. “Approaches to the Treatment of PTSD”. Trauma Clinic, Harvard Medical School.
- Perry, Bruce.”Neurodevelopmental Factors In The ‘Cycle Of Violence’”. Child, Youth and Violence: The Search For Solutions (j osofsky, Ed.) Guilford Press, New York, pp124-148, 1997.
- Pincus, Jonathan. “Base Instincts”. W.W.Norton, New York, 2001.
- Kent, Sullivan and Rauch. “The Neurobiology of Fear”. Psychiatric Annals. Volume 310, No 12, 2000.
- Thimble. “Psychopathology of Frontal Lobe Syndromes”. Seminars In Neurology. Vol10, No3, 1990.

REFERENCES

- Safran JD & Muran CL. *Negotiating the Therapeutic Alliance*. Guilford Press, NY, 2000.
- Kramer PD. *Moments of Engagement*. WW Norton, 1989. New York: Ballantine Books, 2001.
- Amen DG. *Healing the Hardware of the Soul*. The Free Press, 2002, pg 6.

REFERENCES

- **WITHOUT CONSCIENCE: THE DISTURBING WORLD OF THE PSYCHOPATHS AMONG US.** ROBERT D. HARE. GUILFORD PRESS, 1993.
- **SUFFERING SOULS: THE SEARCH FOR THE ROOTS OF PSYCHOPATHY.** JOHN SEABROOK IN *NEW YORKER*, PAGES 64-73; NOVEMBER 10, 2008.
- **INSIDE THE MIND OF A PSYCHOPATH.** KIEHL AND BUCKHOLTZ. *SCIENTIFIC AMERICAN MIND*, PAGES 22-29; SEPTEMBER/OCTOBER 2010.

REFERENCES

- Insel, Thomas. “Faulty Circuits”. *Scientific American*, April 2010, pgs. 44-51.
- Campbell and Miller (editors). *The Handbook of Narcissism and Narcissistic Personality Disorder: Theoretical Approaches, Empirical findings and Treatments*. John Wiley and Sons, 2011.