INTRODUCTION TO BPD

Module 1
Welcome

Focus of the course:

• To teach families skills to aid communication with their loved one and reduce conflict

• Note: This is a course, not a support group. Support groups exist such as Rethink, SANE and Mind.
Structure of the Course

- **Module 1**: Introduction to BPD
- **Module 2**: Mindfulness and Emotion Management
- **Module 3**: Mentalizing
- **Module 4**: Validation Skills
- **Module 5**: Problem Solving
Key Areas

• Emotional Problems
• Interpersonal Problems
• Interpersonal Sensitivity
• Impulsivity
• Risk
What is BPD?

1938 – Adolph Stern gave the name ‘borderline’

- BPD was thought to be on a border between Psychosis and Neurosis

We now know they’re not on a border!
Criteria in the DSM-5 for BPD

- Avoiding real or imagined abandonment
- Unstable and intense interpersonal relationships
- Identity disturbance
- Impulsivity
- Suicidal or self-mutilating behaviour
- Emotional instability
- Feelings of emptiness
- Inappropriate intense anger
- Stress-related paranoid ideation or severe dissociative symptoms
How Common is BPD?

- US prevalence: 1.8 – 5.9%
- UK prevalence: 0.7 – 1.0%
- People with BPD are more likely to visit GP and report psychosocial impairment

Possible factors:
- Culture/family connections
- The way people live
- Earnings gap
- BPD is as common as schizophrenia, but the public is less aware of it
Why Do People Develop BPD?

Biology:

- Sensitivity to brain chemicals
- Overactive amygdala (emotional brain)
- Underactive prefrontal cortex (planning and reasoning brain)
Why Do People Develop BPD? Continued...

Genetics and Environment
- Temperament has a genetic contribution
- ‘Poorness of fit’: Difficult to parent child with different temperament
- Cycle of misunderstanding

Attachment Theory
- A temperamentally sensitive and reactive child can disrupt the child–parent bond
- How a child develops any relationship depends on early experiences
- The attachment process is where emotion management is learned
Assessing Attachment Patterns

Children and mothers can show different patterns of attachment:

- Secure
- Insecure Avoidant
- Insecure Dependent

People with BPD tend to show insecure avoidant or insecure dependent patterns
How This Ties Together

Biology

Temperament

Attachment
Other Factors

Increased risk of BPD after physical abuse or neglect

- Childhood sexual abuse: 5× more likely to self harm
- People with BPD report high incidence of sexual abuse (40 – 70%)
- In at least 30 – 60% a history of sexual abuse is not present

Having BPD doesn't mean abuse took place or that parents were bad
Treatment

4 effective therapies, although limited NHS availability:

- Dialectical Behaviour Therapy (DBT)
- Mentalization-Based Treatment (MBT)
- Schema-Focused Therapy (SFT)
- Transference-Focused Therapy (TFT)

Medication:

- No single medication for BPD
- Medication is used to help associated problems

Structured Clinical Management

For more information:
www.choiceandmedication.org
More information

► **Rethink Mental Illness website:**

► **Personality Disorders - Treatments**

http://www.rethink.org/diagnosis-treatment/conditions/personality-disorders/treatments

► **Mind website:**

Mind information sheet: ‘Making sense of dialectical behaviour therapy’