References regarding Treatment of Borderline Personality Disorder

APA course description:
American Psychiatric Association Annual General Meeting course on STEPPS Model given in 2009

Course 47: Treating Borderline Personality Disorder with the STEPPS Model
Director: Donald W. Black, M.D.  Faculty: Nancee Blum, M.S.W.

Educational Objective: At the conclusion of this session, the participant should be able to: 1) Describe borderline personality disorder as an emotional intensity disorder; 2) Understand a systems approach to treatment of borderline personality disorder; 3) Describe alternative therapies for treatment of borderline personality disorder; and 4) Understand the role of the BEST (Borderline Evaluation of Severity Over Time) in the assessment of clients with borderline personality disorder.

Description: This 6-hour course demonstrates the STEPPS (Systems Training for Emotional Predictability and Problem Solving) treatment program for Borderline Personality Disorder (BPD). In this 20-week (2 hrs/week) outpatient psychoeducational, cognitive-behavioral, skills training approach, BPD is characterized as an emotional intensity disorder (EID) that clients learn to manage with specific emotion and behavioural management skills. Key professionals, friends, and family members (client’s “reinforcement team”) also learn to support and reinforce these skills. The program has three components: awareness of illness, emotion management, and behaviour management skills. A detailed facilitator and client manual with specific lesson plans will be described.

Poetry, artwork, relaxation exercises, and music supplement the worksheets and homework assignments, and examples will be shared in the workshop, as well as examples of specific components of the program. The STEPPS program can be effectively implemented by facilitators from diverse training backgrounds and in a variety of settings. This program has been supported by both controlled and uncontrolled studies in the US and The Netherlands. Data show that clients with BPD have improvement in multiple domains, including mood, behaviour, and health care utilization variables. The description of the treatment program will be preceded by an overview of 1) psychotherapeutic treatments for BPD, 2) empirical data supportive of STEPPS, and 3) the reliability and validity of the BEST, an instrument developed by our group to rate the severity of BPD. Format: Lecture, videotapes, audiotapes and discussion. Course Level: Basic

Mon., May 18, 2009, 9-4; Hilton San Francisco; Advance $180.00; On-Site: $240.00; Spaces Available: 35

Format: Lecture, videotapes, audiotapes and discussion.

The interpersonal dimension of borderline personality disorder: toward a neuropeptide model.

Abstract
Borderline personality disorder is characterized by affective instability, impulsivity, identity diffusion, and interpersonal dysfunction. Perceived rejection and loss often serve as triggers to impulsive, suicidal, and self-injurious behavior, affective reactivity, and angry outbursts, suggesting that the attachment and affiliative system may be implicated in the disorder. Neuropeptides, including the opioids, oxytocin, and vasopressin, serve a crucial role in the regulation of affiliative behaviors and thus may be altered in borderline personality disorder. While clinical data are limited, the authors propose alternative neuropeptide models of borderline personality disorder and review relevant preclinical research supporting the role of altered neuropeptide function in this disorder in the hope of stimulating more basic research and the development of new treatment approaches.

In This Issue – The American Journal of Psychiatry [August 2010]
http://ajp.psychiatryonline.org/cgi/reprint/ajp;167/8/A24
An opioid deficit in borderline personality disorder: self-cutting, substance abuse, and social dysfunction.  
[Editorial by Antonia S. New and Barbara Stanley]  
and  
Comment on:  

Dysregulation of Regional Endogenous Opioid Function in Borderline Personality Disorder  
2010 167: 925-933  
Abstract  
Patients showed greater regional µ-opioid BPND than did comparison subjects at baseline (neutral state) bilaterally in the orbitofrontal cortex, caudate, and nucleus accumbens and in the left amygdala, but lower BPND in the posterior thalamus. Sadness induction was associated with greater reductions in BPND (endogenous opioid system activation) in the patient group than in the comparison group in the pregenual anterior cingulate, left orbitofrontal cortex, left ventral pallidum, left amygdala, and left inferior temporal cortex. Patients showed evidence of endogenous opioid system deactivation in the left nucleus accumbens, the hypothalamus, and the right hippocampus/parahippocampus relative to comparison subjects. Correlations of baseline measures with the Dissociative Experiences Scale and endogenous opioid system activation with the Barratt Impulsiveness Scale did not remain significant after correction for multiple comparisons.  
Conclusions: Differences exist between patients with borderline personality disorder and comparison subjects in baseline in vivo µ-opioid receptor concentrations and in the endogenous opioid system response to a negative emotional challenge that can be related to some of the clinical characteristics of patients with borderline personality disorder. The regional network involved is implicated in the representation and regulation of emotion and stress responses.

Families of borderline patients: literal-minded parents, borderline parents, and parental protectiveness  
RB Feldman and HA Guttman  
Am J Psychiatry 1984; 141:1392-1396  
While borderline personality disorder is a well-established psychiatric diagnosis, less is known about family functioning and interactional patterns in subjects with the disorder. The authors describe interactional patterns in families of borderline children where one parent has a severe personality disorder and the other fails to protect the child adequately against the effects of that psychopathology. Two types of parents are described: the literal-minded parent and the borderline parent. The literal-minded parent resembles an alexithymic patient, lacking the ability to empathically understand and
respond to the child’s feelings and needs. The borderline parent uses the child as the target of projections and reality distortions. Therapy should mobilize the active protective functions of the healthier parent.

**Predictors of 2-Year Outcome for Patients With Borderline Personality Disorder**

John G. Gunderson, M.D., Maria T. Daversa, Ph.D., Carlos M. Grilo, Ph.D., Thomas H. McGlashan, M.D., Mary C. Zanarini, Ed.D., M. Tracie Shea, Ph.D., Andrew E. Skodol, M.D., Shirley Yen, Ph.D., Charles A. Sanislow, Ph.D., Donna S. Bender, Ph.D., Ingrid R. Dyck, M.P.H., Leslie C. Morey, Ph.D., and Robert L. Stout, Ph.D.  

**OBJECTIVE:** The primary purpose of this report was to investigate whether characteristics of subjects with borderline personality disorder observed at baseline can predict variations in outcome at the 2-year follow-up.

**METHOD:** Hypothesized predictor variables were selected from prior studies. The patients (N=160) were recruited from the four clinical sites of the Collaborative Longitudinal Personality Disorders Study. Patients were assessed at baseline and at 6, 12, and 24 months with the Structured Clinical Interview for DSM-IV Axis I Disorders; the Diagnostic Interview for DSM-IV Personality Disorders, a modified version of that instrument; the Longitudinal Interval Follow-Up Evaluation; and the Childhood Experiences Questionnaire—Revised. Univariate Pearson’s correlation coefficients were calculated on the primary predictor variables, and with two forward stepwise regression models, outcome was assessed with global functioning and number of borderline personality disorder criteria.

**RESULTS:** The authors’ most significant results confirm prior findings that more severe baseline psychopathology (i.e., higher levels of borderline personality disorder criteria and functional disability) and a history of childhood trauma predict a poor outcome. A new finding suggests that the quality of current relationships of patients with borderline personality disorder have prognostic significance.

**CONCLUSIONS:** Clinicians can estimate 2-year prognosis for patients with borderline personality disorder by evaluating level of severity of psychopathology, childhood trauma, and current relationships.

**The Interpersonal Dimension of Borderline Personality Disorder: Toward a Neuropeptide Model**

Barbara Stanley, Ph.D., and Larry J. Siever, M.D.  
Am J Psychiatry 2010; 167:24-39 (published online December 1, 2009)

Borderline personality disorder is characterized by affective instability, impulsivity, identity diffusion, and interpersonal dysfunction. Perceived rejection and loss often serve as triggers to impulsive, suicidal, and self-injurious behavior, affective reactivity, and angry outbursts, suggesting that the attachment and affiliative system may be implicated in the disorder. Neuropeptides, including the opioids, oxytocin, and vasopressin, serve a crucial role in the regulation of affiliative behaviors and thus may be altered in borderline personality disorder. While clinical data are limited, the authors propose alternative neuropeptide models of borderline personality disorder and review relevant preclinical research supporting the role of altered neuropeptide function in this disorder in the hope of stimulating more basic research and the development of new treatment approaches.

**The Temperament and Character Inventory in Addiction Treatment**

Daniel H. Angres, M.D. Chicago, IL  
Focus 8:187-198, Spring 2010

This article provides an overview for assessing and working with personality variables in an abstinence-based addiction treatment program for professionals. Included in this discussion are the ways in which one program uses the Temperament and Character Inventory-Revised (TCI-R) as a tool to explore the role of personality in addiction, to individualize treatment planning, and to monitor character growth in recovery. There is also discussion regarding the importance of integrating spirituality and self-transcendence into the treatment of these patients and how the TCI-R can facilitate that process.
Bibliography: for Personality and Temperament  Focus 8:222-225, Spring 2010
This section contains a compilation of recent publications that have shaped the thinking in the field as well as classic works that remain important to the subject reviewed in this issue. This bibliography has been compiled by experts in the field and members of the editorial and advisory boards. Entries are listed chronologically and within years by first author. Articles from the bibliography that are reprinted in this issue are in bold type.

Borderline Personality Disorder: Ontogeny of a Diagnosis
OBJECTIVE: The purpose of this article is to describe the development of the borderline personality disorder diagnosis, highlighting both the obstacles encountered and the associated achievements.
METHOD: On the basis of a review of the literature, the author provides a chronological account of the borderline construct in psychiatry, summarizing progress in decade-long intervals.
RESULTS: Borderline personality disorder has moved from being a psychoanalytic colloquialism for untreatable neurotics to becoming a valid diagnosis with significant heritability and with specific and effective psychotherapeutic treatments. Nonetheless, patients with this disorder pose a major public health problem while they themselves remain highly stigmatized and largely neglected.
CONCLUSIONS: Despite remarkable changes in our knowledge about borderline personality disorder, increased awareness involving much more education and research is still needed. Psychiatric institutions, professional organizations, public policies, and reimbursement agencies need to prioritize this need.

Borderline Personality Disorder: Ontogeny of a Diagnosis
John G. Gunderson, M.D.  Focus 8:230-239,  Spring 2010
(Reprinted with permission from The American Journal of Psychiatry 2009; 166:530–539)

Recovery From Borderline Personality Disorder  [Editorial]

http://www.mclean.harvard.edu/patient/adult/bpd.php
John Gunderson, MD

Diagnostic Interview for Borderlines – Revised and comparison of Gunderson, Kernberg, and Linehan views
http://www.palace.net/llama/psych/bpd.html#dibr
“On April 1, 2008, the U.S. House of Representatives unanimously passed House Resolution 1005 supporting the month of May as borderline personality disorder awareness month. The resolution stated that "despite its prevalence, enormous public health costs, and the devastating toll it takes on individuals, families, and communities, [borderline personality disorder] only recently has begun to command the attention it requires." House Resolution 1005, which was the outcome of public advocacy efforts, drew attention to the disproportion between the high public health significance of borderline personality disorder and the low levels of public awareness, funded research, and treatment resources associated with the disorder. A recurrent theme in this review is the persistence of borderline personality disorder as a suspect category largely neglected by psychiatric institutions, comprising a group of patients few clinicians want to treat.” ...

“The escalating number of books written for non-professionals bears witness to the devastating toll the disorder takes on others. Still unknown are the public health costs of this disorder, but given borderline patients’ heavy utilization of psychiatric services; medical complications; involvement in divorce, libel, and childrearing lawsuits; and violence and sexual indiscretions, the costs can be expected to be tremendous. Also unknown, despite significant advances is borderline personality disorder's core psychopathology and its related neurobiology.” ...

“At this time, borderline personality disorder is the only major psychiatric disorder for which psychosocial interventions remain the primary treatment. ... Residents and other mental health professionals who make a serious investment in treating patients with borderline personality disorder can expect to become proud of their professional skills and of their personal growth in tolerance and empathy and to experience a highly personal, deeply appreciated, life-changing role for their patients.”

(Gunderson, 2009)

- Increased public awareness is needed to decrease the stigma of borderline personality disorder, increase recognition of the disorder in schools and medicine, and increase appropriate treatment (and diminish mistreatment).
- Research on the description, course, treatment, and epidemiology of mood disorders and anxiety disorders should document the co-occurrence and effects of borderline personality disorder.
- Psychiatric residency programs should be required to include training on borderline personality disorder psychopathology and therapies.
- Centers of excellence (as in the past for the psychoses) are needed to develop a new generation of borderline personality disorder researchers and clinicians.