10/4/2007 NEA BPD. Personally Dedicated to Vanya.

Insights into Borderline Personality Disorder.

Neurobiological Research + Clinical Interventions.

8:30 - Welcome + Opening Remarks.

9:15 Neuroimaging Studies of Emotional Processing in BPD.

Harold W. Koenigsberg, MD

8:30

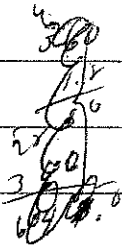
Family Connections

BPD - Highly Hopeful.

Second grant from NIMH.

Early growth Stage (BPD)

affects 1.8% population



BPD Resource Center.

- Jointly created

- NY Presbyterian

BPD Research organized Treatment. 1.8

most flagrant Symptoms tend to treat 1st over years. .5%

5.9%

Dr. Herbert Pardes - former NIMH Director, CEO of NY Pres.

Dr Fenton last life treating patients who lost control.

Ellen Stone

research Wayne Fenton
Schizophrenia Bulletin
V33 NHS Sep 2007

Neuroimaging Studies of Emotion Processing in BPD
Harold Koenigsberg, MD

fMRI - allow see how brain functions, ~~watches~~ lets you see fresh blood flow in areas of brain

how does brain function when passively processing emotions.

Occipital region has greatly increased activity

Amygdala - involved in emotional processing & potentially threatening situation. Early emotional assessment. Social responses - How hard emotions

Primary visual areas more active.

HC use middle temporal G to put things in context based on past experience.

HC use higher cognitive areas.

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Amygdala → Primary Visual have feedback connections.

BPD

hypervigilant (visual awareness)
↳ hypervisual reading & micro-facial expressions. Time with v. small facial expressions most people don't pick up on.

X system - reflexive system
C system - reflective System (more thoughtful, drawing on previous experience)

Superior temporal Gyrus. (STG)

STG - part of reflective System (automatic + fast)
↳ BPD's use this to process negative S. Info.

HC's use MTG more (reflective)

Candida - pleasurable Stimuli

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Controlling Emotions in BPD

Cognitive Reframing

"i.e." see thing as good learning experience"

Distancing Strategies

BPDs have trouble w/ Emotional Distancing

assume role of a clinical detachment

observer. See events as though you are an anthropologist.

Amygdala down regulated when Hypnosis in OC.

Less able to analyze anterior cingulate less

Search for meds that target regions that may be +/- active in BPD.

Interpersonal sensitivity maybe related to hyperalert. Visual. may be related to micro facial gestures.

212 - 241-0441
Mood & Personality Disorders Program
Mount Sinai School of Medicine

BPD better able to assess emotions than NC
most people screen the micro facial expression out.

↑ visual overreading

FS 5

Trauma and Dissociation in BPD
Christian Schmahl

- BPD + traumatic Stress
- Traumatic Stress + brain morphology

Etiology of BPD
- Genetic influence
  - approx 60% of variance explained

Traumatic Stress
- Sexual Violence (approx 35-70%)
  Physical Violence (approx 50%)
  Neglect (approx 80%)

SF (relates to other psychiatric disorders)

>50% of BPDs have PTSD

Traumatic Stress + Brain Morphology

Emotional Stress
- increased emotional Stress in day to day life

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Neural processing of traumatic stress in BPD

- high rates of traumatic childhood events

- BPD enhanced

abandonment - not always limited to abuse.

Stress + Dissociation

Dissociation - stress management method

- depersonalization
- derealization
- reduced sensory processes

heightened dissociation leads to heightened pain threshold.

Higher levels of stress lead to greater dissociative symptoms.

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high levels of remission

depersonalization

5HT 1D Receptor Binding in BPD
Paul H. Soloff, MD.

- Very recent Data
- Numbers still being amassed

"Gird, Interrupted"

loss @ 6% of 5HT1D receptors every 10 yrs.

Community Suicide - looks at population in-
region / community

look up | Michael Stone

Age impulsive
impulsive aggressiveness ↓ w/ age !!!
w/ "disappearance" in 40's-50's
(70's) after 6 yrs of illness not diagnosed
w/ BPD are not long-term...

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Borderline Personality Disorder Isn't At Time for a New Name?

Antonia S New, M.D.

- BPD is a prevalent and disabling illness with high morbidity and mortality

- Seriously Stigmatized
  - doubting validity
  - complex nature of symptoms
  - leaves professionals feeling helpless
  - disorder has as a central symptom, anger and interpersonal disruptiveness, making it difficult to form a therapeutic alliance w/ patient

Journal of Abnormal Psychology.
Jennifer Bessel 2007.

Mood and Personality Program
212 - 241-0942

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Impulsive Aggression & Borderline Personality: Phenomenology, Biology & Imaging

Emil Coccaro, MD

Roundtable

- Some benefit to meds for biological Target Symptoms.
- approach Dimensionally can be highly effective, need multiple treatments
- success to "a point"
- Not discount entire Neurobiological Study b/c of other things "muddying water" i.e. drug abuse
- Individualized Treatment
- different drug classes can work for some Symptoms.

  effective.

  Impulsivity } 30-40% Improvement patient feels ~~30 to~~ improvement in symptoms can have huge functional impact (Carol-Denise)

  Depression

BPD usually not isolated, usually combined w/ other DX.

Need Psychotherapy for interpersonal

Still don't understand disorder.

One problem today is: "if you can't be found must be BPD"

88% will NOT be considered to be BPD

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In most cases it is state symptoms that vanish
Suicidal attempts, anger, impulsivity, etc

McMaster Medical
Hamilton, ON

Joel Bowes

25 4

Personality Disorders + BPD Resource Center.
BPDresourcecenter.org
888-694-2273

Transference-focused Psychotherapy for BPD
Frank Yeoman

first manualized psycho dynamic treatment for BPD.

what is psychodynamic
- understanding conflict within the mind as underlying symptoms vs. seeing a symptoms as an "objective problem"

why work @ this level
- Role of reflective functioning, ours
- Goal of psychological integration

- Based on object relations and focuses attention on 3 levels of communication: verbal, non-verbal and countertransference.

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Aims

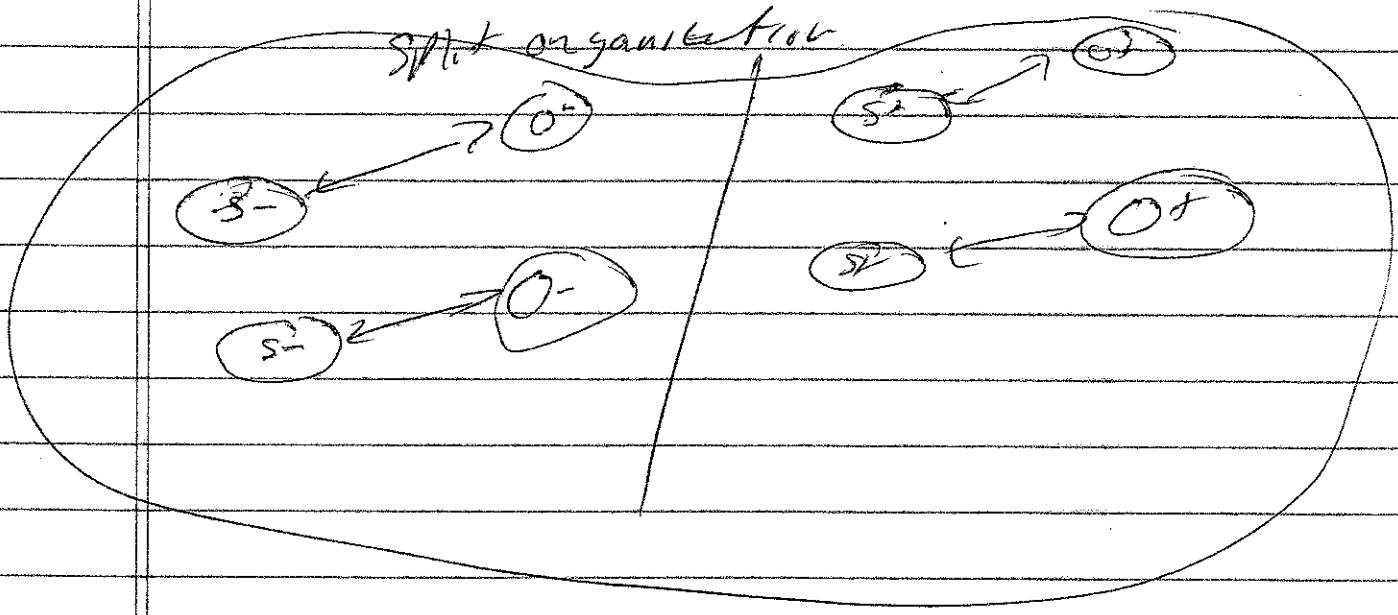
Identity diffusion. Sense of self & others

Split & fragmented
- distorted and superficial
leads to:
Difficulty "reading" others, and self
Sense of emptiness; lack of continuity in time

Primitive Defenses - especially projecting negative aspects of self to try to avoid anxiety.

Goals & Obj.
- Contain suicidal & self destructive behaviors
- resolution of identity diffusion - development of a coherent sense of self & others
  - done through fostering

Treatment structured by contract setting
2 sessions / wk in outpatient.
- min 1 yr.
Focus on maternal interaction behaviors
- Patient + Therapist

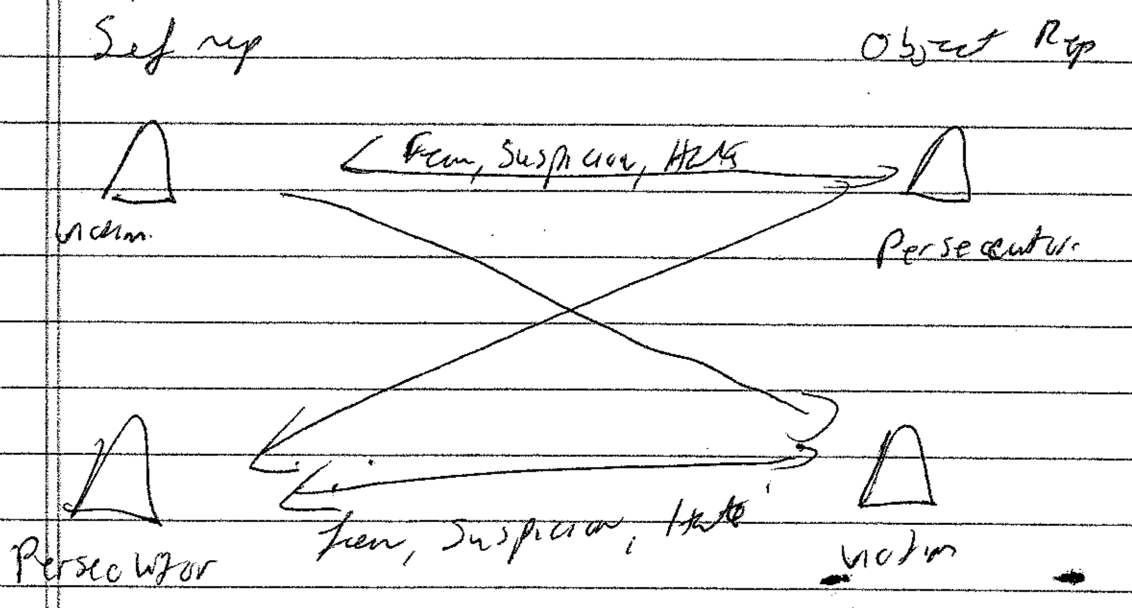


we all go through this phase in early childhood. Anyone can go back + forth

BPD can be seen as "ultimate Romantics" @ times

dont try reason
get them to talk about how they feel.
ex..
= therapist was 3min late patient ... felt therapist cheated them.

- did not try & say ~~why~~ I didnt hate you.. but rather, why do you feel that way?.. we need to talk more but not at next appt.
- why come to appt w/ someone that hates me.
- if hated u why would I want you to

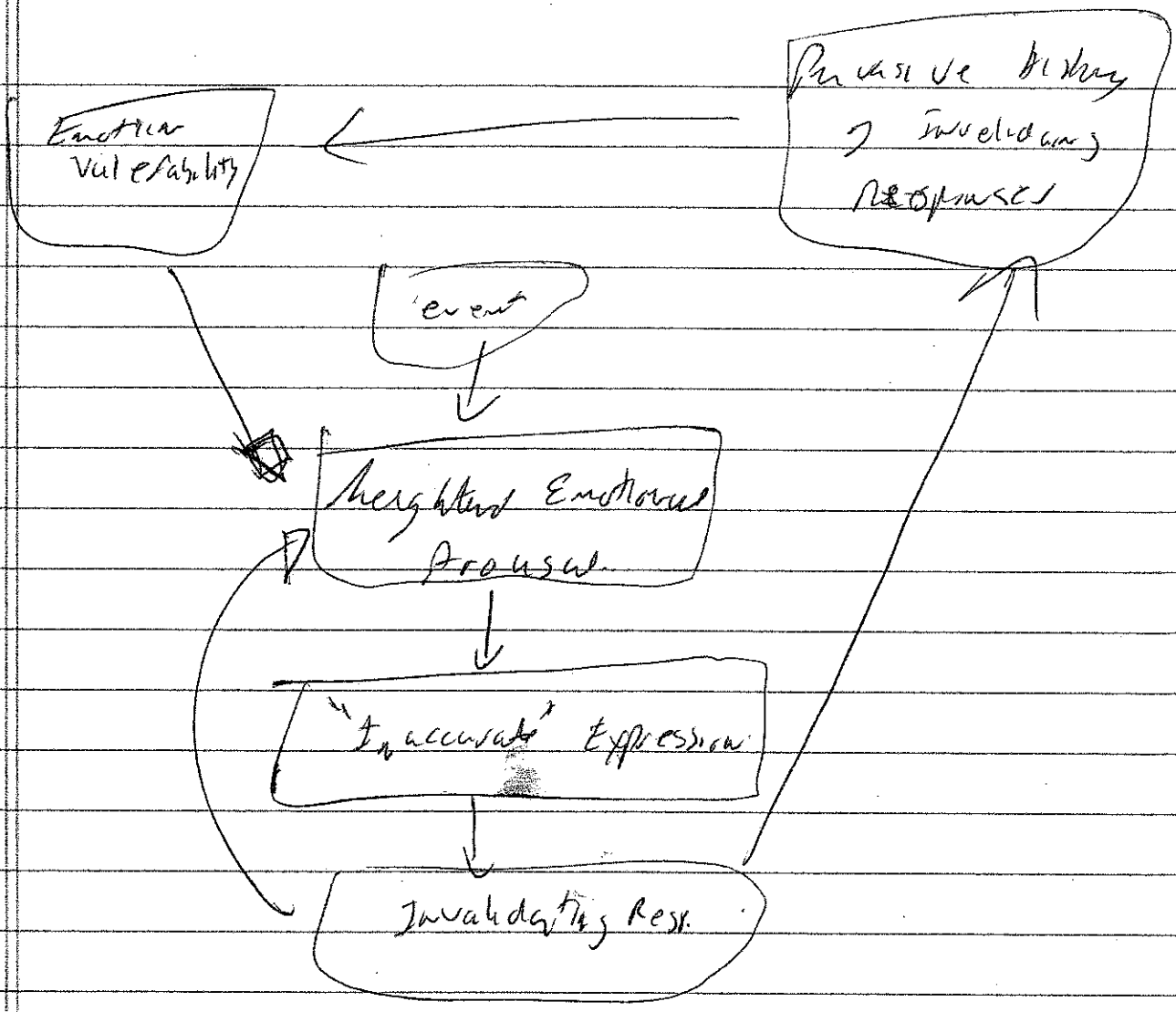


Dialectal Behavior therapy
Alan Fruzzetti

- BPD — disorder of emotion dysreg.
- Transactional model for BPD / emotional dys.
- Precise treatment targets arranged in hierarchy
- Multiple functions
- Therapist mindfulness, acceptance + validation, treating the patient as an equal human being
- Inclusive understanding of behavior (actions, emotions, cognitions) via behavioral and
- Skills are solutions, and are implemented using core behavior.

BPD is the prototype for emotion dysreg disorders.

Maladaptive behaviors function primarily,

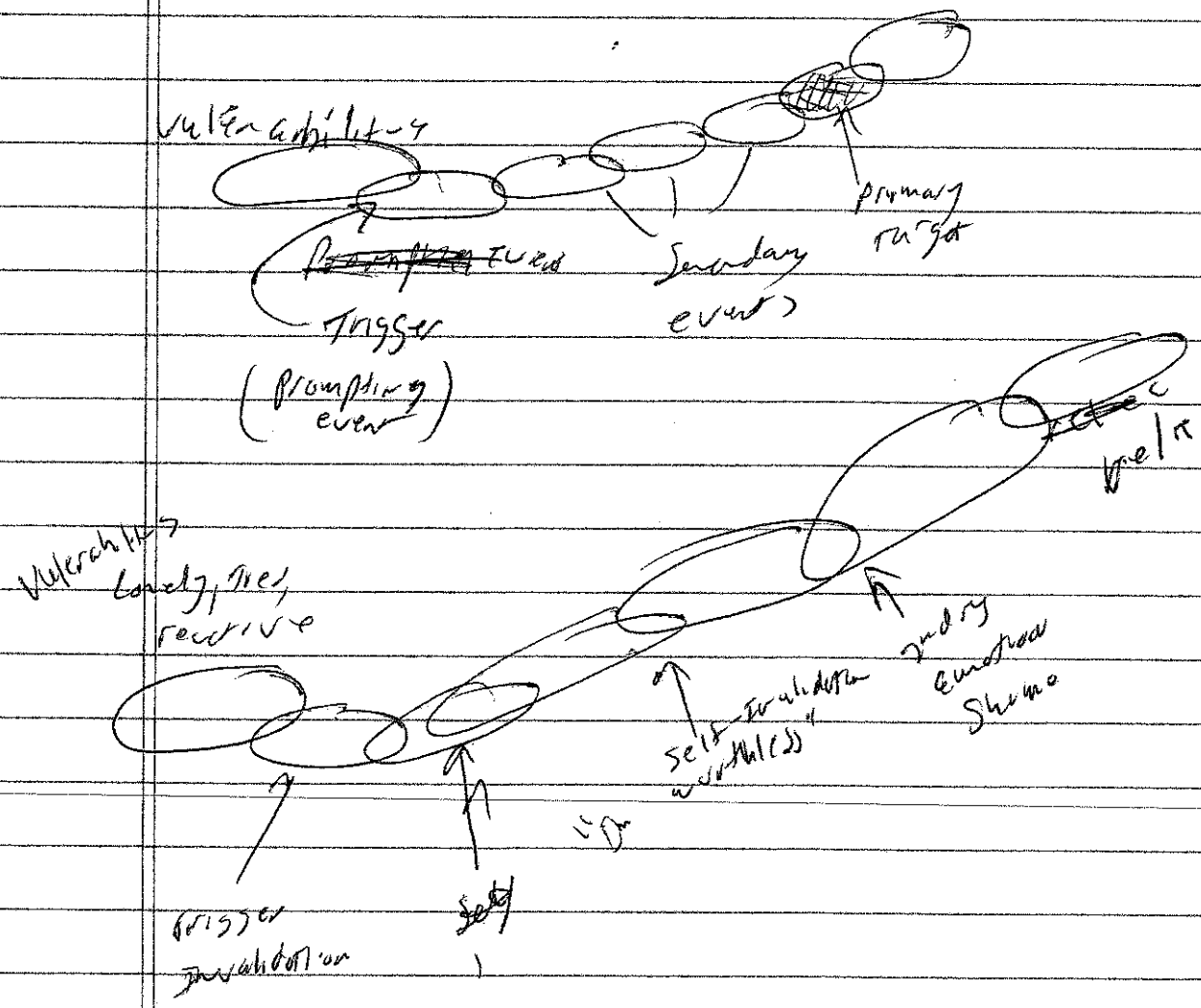


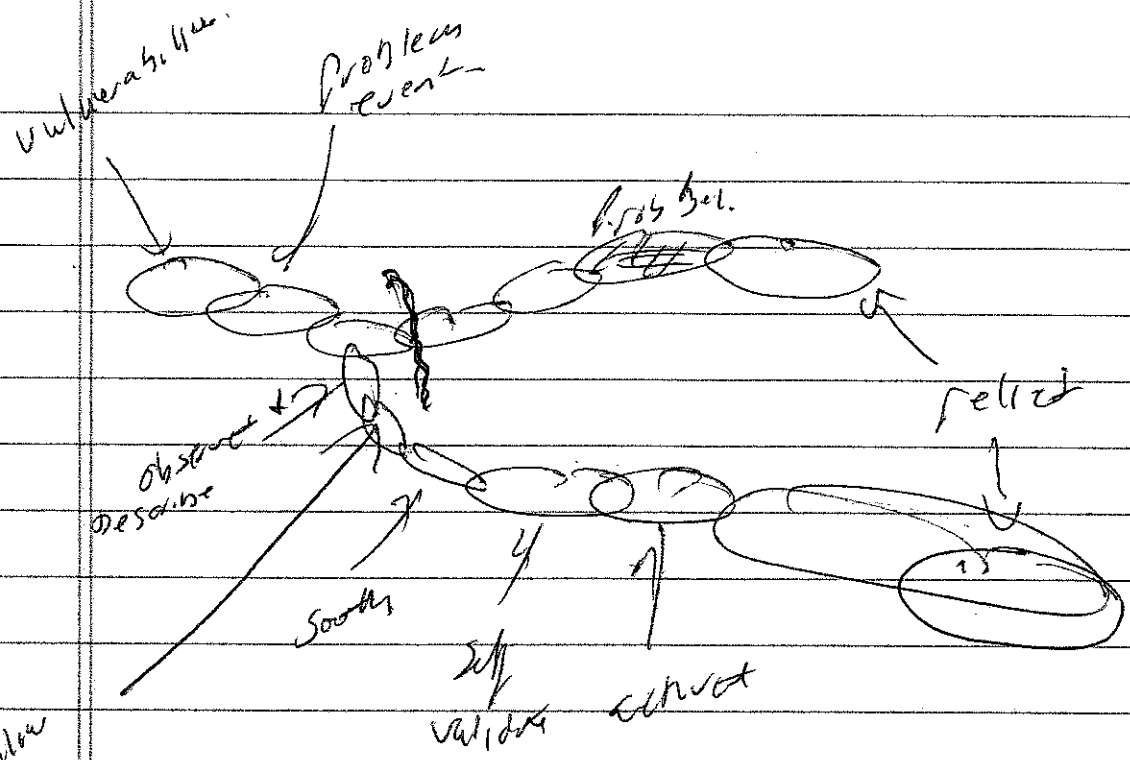
BPD patients have ↑ emotional vulnerability

DBT says BPD as a much more intense, much more chronic of what we all go thru

Stage 1 Seven Behavioral Dynamics
Goals - Beh

Think what Hawk
mindfulness as a Psychological Skill





family validation. com

Schema Therapy
Jeffery Young.

Works with Externals (like DBT) + Deeper Issues (like TFP)

Cognitive

Detached Protector

Features: Cut off needs + feelings; detaches from people

Signs ← Symptoms – Depersonalization, emptiness, boredom, substance abuse,

Abandoned / abused child

helpless to get needs met or gives protector.

Signs / Symptoms

Punitive Parent.

Punishes self for expressing needs + feelings

Angry Dependent Child

- Dependent to get needs met

Views Patient emotionally as vulnerable child

Genuinely ready Not Greedy

Don't Blame when frustrated

Treatment parallels child development

mutual Respect + Gentleness

Therapist - has rights too.

Boundaries & Stability of Love

Setting appropriate Limits

Autonomy

Deal w/ Patient
Bypassing Detached Protector
* Healing Abandoned Child
Dealing w/ Suicidal + Parasuicidal Behaviors

? - Validation of needs + feelings
- Nurturing, stable base
- Confidence building through direct praise
- "real relationship" w/honesty, directness + genuineness
- appropriate self-disclosure whenever possible.

- Give out home #
- Extra time - phone time, emails, crises
- "Transitional objects"
- "what would healthy parent do for a young child"
- Reparenting through imagery
- Limited holding w/permission + when appropriate.

after 3 yrs 2 session/wk.
At completion "full recovery" from BPD
Symptoms 46% down 3 yr, [illegible] yr then
up to 52%

Completion "reliable + significant change" in symp.
66% ST