



8th Annual

Yale NEA-BPD Conference

Impulsivity, Aggression, and Legal Involvement

Friday, May 4, 2012; 8:30 AM - 4:45 PM

BORDERLINE PERSONALITY DISORDER: IMPULSIVITY, AGGRESSION, & LEGAL INVOLVEMENT

FRIDAY MAY 4, 2012

8:30 AM - 4:45 PM

Mary S. Harkness Memorial Auditorium, Sterling Hall of Medicine

333 Cedar Street, New Haven, CT

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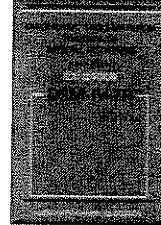
Hostility, Impulsivity, & Social Processes in BPD

Emily B. Ansell PhD

Hostility, Impulsivity, and Social Processes in BPD

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 8th Annual Yale NEA-BPD Conference
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DSM-IV-TR Borderline Personality Disorder

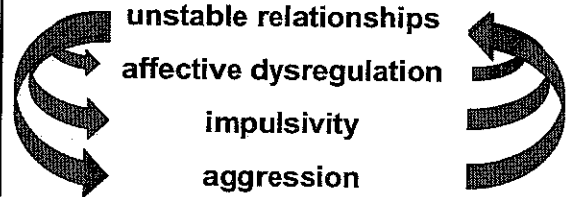


A pervasive pattern of relationship, self-image, and affective instability, and marked impulsivity, indicated by 5 or more of the following:

DSM-IV-TR Criteria for Borderline Personality Disorder (5 of 9)

- 1) Frantic efforts to avoid abandonment
- 2) Unstable and intense interpersonal relationships
- 3) Identity disturbance
- 4) Dangerous impulsivity in at least 2 areas
- 5) Recurrent suicidal behavior, gestures, threats, or self-mutilation
- 6) Affective instability due to a marked reactivity of mood
- 7) Chronic feelings of emptiness
- 8) Inappropriate, intense anger or difficulty controlling anger
- 9) Transient, stress related paranoia or severe dissociative symptoms

Symptom Profile of Borderline Personality Disorder



How common is BPD?

- Community Studies
 - Typically 1-2%, some studies 6%
- Clinical Studies
 - 10% of outpatients
 - 20% of inpatients
- Forensic Settings
 - 25-50% meet criteria for BPD (Sansone & Sansone, 2009)
 - Inconsistencies may depend on gender, crimes (substance use related), forensic psychiatric setting, and methodological issues
- Why this difference?

Symptom Profile of Borderline Personality Disorder

unstable relationships
 affective dysregulation
 impulsivity
 aggression

BPD and Impulsive Aggression

- Impulsive Aggression proposed as possible phenotype for BPD
 - Aggression and impulsivity are the common traits underlying Cluster B PDs
 - Antisocial, Borderline, Histrionic, Narcissistic
 - Borderline distinguished from others by impulsivity traits
- Fossati, Barratt, Borroni, Villa, Grazioli, Maffei 2007

What is Impulsive Aggression?

- Reactive Aggression
 - Situation dependent displays of aggressive behavior that tend to be impulsive and unpredictable and are characterized by hostility and/or anger
 - Carried out without goals or deliberation
 - "Hair-trigger" reactions to stimuli
 - Maladaptive behaviors
 - Perception of contexts and interpersonal interactions are biased toward interpretations of threat/hostility
- (Coccaro et al, 2011; Miller et al 2008)

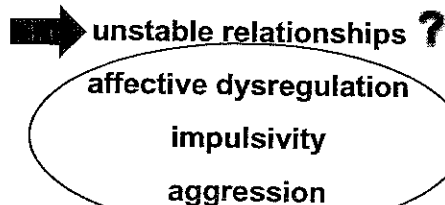
What are the neural mechanisms underlying impulsive aggression?

- 1) Systems that support the experience of, and expression of, aggressive impulses
 - amygdala, hypothalamus, insula
 - 2) Systems that evaluate the
 - consequences of aggressing or not aggressing
 - assess interpersonal cues, and
 - determine if social behavior is consistent with societal norms and values
 - 3) Systems that are involved in modifying or suppressing emotions and other impulsive motivational urges.
- Coccaro et al, 2011

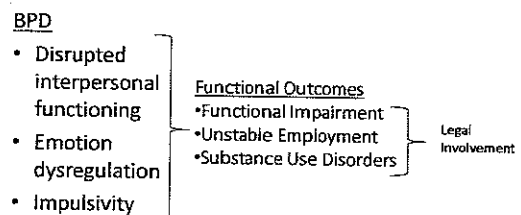
Impulsivity & Aggression?

- Studies examining the construct suggest that
 - Trait Impulsivity and Aggression are two separate constructs
 - Reactive anger or hostility is the common thread
- Emotion Dysregulation

Symptom Profile of Borderline Personality Disorder



Borderline Personality Disorder and Outcomes



But studies keep finding these associations?

- Associations between BPD symptoms and illegal behaviors (Sansone, Lam & Weideman, 2012)
 - BPD symptoms → illegal behaviors ($r = .32$)
 - Types of illegal behaviors:
 - Aggravated assault, disorderly conduct, substance related violations
- Association between BPD symptoms and involvement with DCF (Perepletchikova, Ansell, & Axelrod, in press)
 - Mediated by symptoms of unstable relationships



Is BPD a risk factor for violence/ criminal behaviors?

Is BPD a risk factor for violent/ criminal aggression?... No.

- Review of literature (Allen & Links, 2012)
 - BPD diagnosis is not a general risk factor for violent aggression within the general population
 - But individual differences may put some patients with BPD more at risk for violence and criminal involvement
 - Co-occurring Antisocial PD diagnosis
 - History of child maltreatment
- Avoid adding to stigma to diagnosis
- More research is needed to determine which individual differences associated with these outcomes

Interpersonal Functioning in BPD

- Relates to many other domains of functioning
 - Work
 - Family
 - Friends
- What is the issue? Social...
 - ...Tendencies (traits)
 - ...Perceptions
 - ...Processing
 - ...Reactions
- Is there a prototypical style in patients with BPD?

Interpersonal Theory

- Interpersonal theory offers a way to understand heterogeneity in clinical presentations and identify subgroups of individual at risk
 - Mood and Anxiety Disorders
 - Personality Disorders
- Differences in interpersonal traits predict
 - Social behavior
 - Social perceptions
 - Treatment and functional outcomes

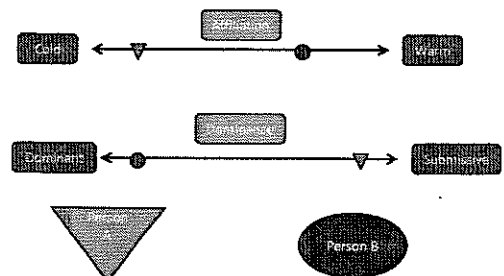
Which Interpersonal Traits?

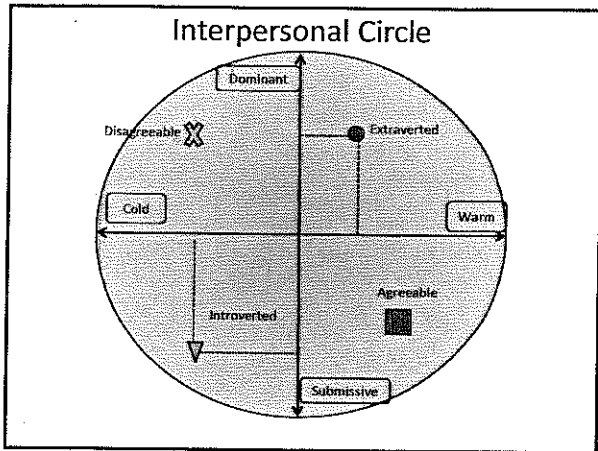
- Extensive clinical, social, developmental and neurobiological research identifies two dimensions of social behavior

(Pincus & Ansell, 2003; in press)

- Affiliation to Hostility
 - Warmth to Coldness
 - Friendly to unfriendly
- Dominance to Submissiveness
 - Dominance to submissiveness
 - Power to weakness

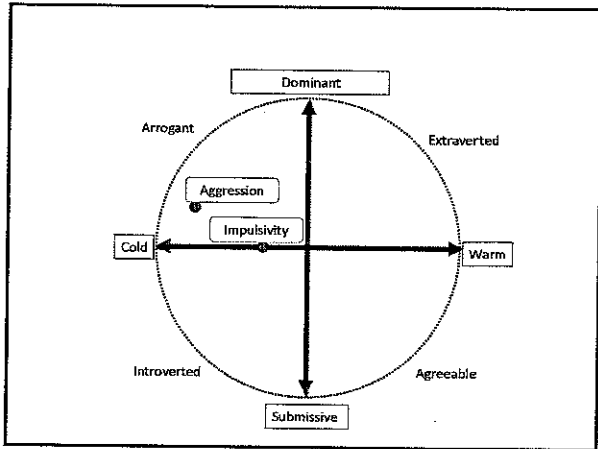
Interpersonal traits: Affiliation & Dominance





What interpersonal traits are associated with impulsivity and aggression?

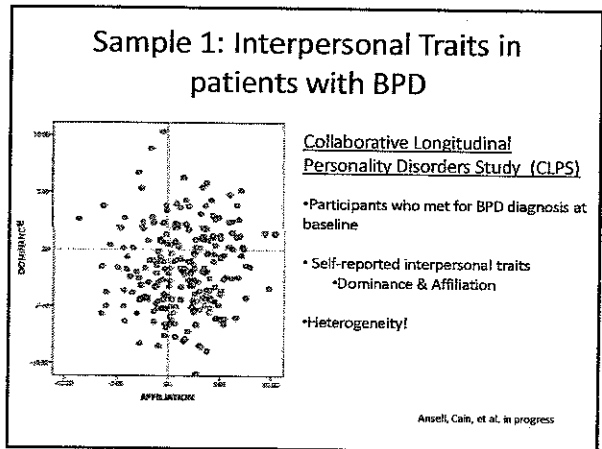
167 outpatients with BPD <ul style="list-style-type: none"> ▪ Impulsivity and Aggression associated with low affiliation (e.g., hostility) 	92 outpatients with MDD <ul style="list-style-type: none"> ▪ Impulsivity zero association ▪ Aggression associated with low affiliation
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Are patients with BPD characterized by a general interpersonal style of hostility or aggression?

- Based on location of impulsivity and aggression hypothesize:
 - Dominant
 - Low Affiliation (Hostile)

Where do individuals with BPD fall on the interpersonal circle?

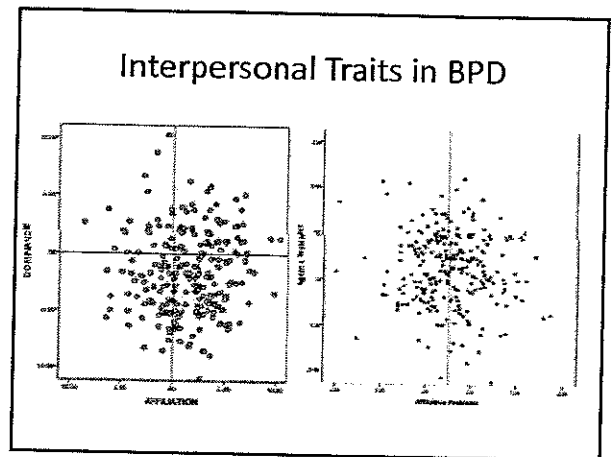


Sample 2: Interpersonal Traits in patients with BPD

Western Psychiatric Hospital
Outpatient Sample

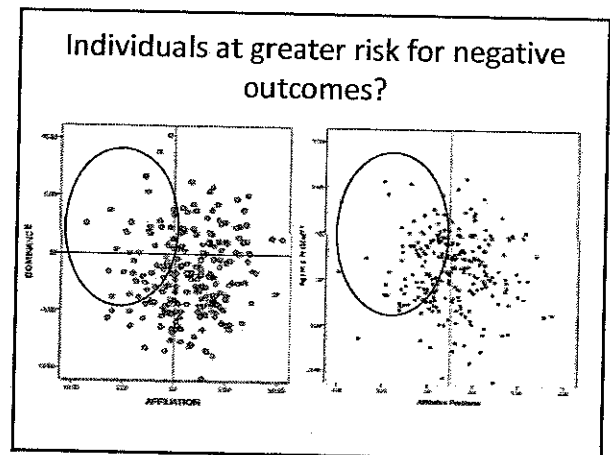
- 255 patients with Borderline PD traits or diagnosis
- Self-report on interpersonal problems
- Heterogeneity!

Wright A.G.C., Morse, J.O., Hallquist, M.N., & Pincus, P.A. (in press).



Is everyone with BPD hostile and/or aggressive?

- In general... No.
 - Studies show that interpersonal traits in individual with BPD are varied
 - There is no single prototypical interpersonal style
 - Agreeable, extraverted, disagreeable, introverted
- Interpersonal “spin” in response to emotion dysregulation (J. Russell and D.S. Moskowitz at McGill)
- Impulsive aggression = context and emotion driven response?



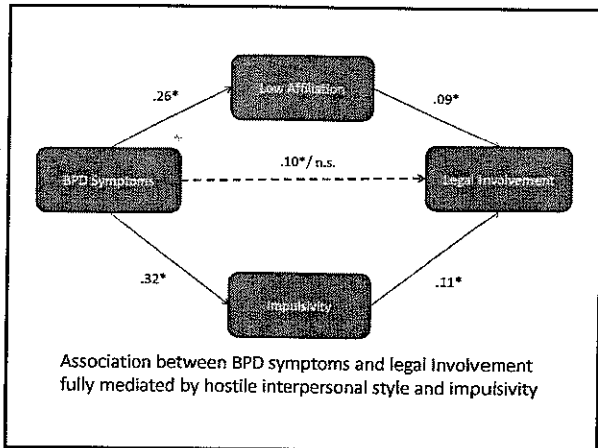
Interpersonal Style and BPD in Male Offenders

- 1062 Male Inmates
 - 37% White, 46% Black, 11% Hispanic, and 6% “other.”
 - Mean age was 34 years ($SD = 9.94$).
- Affiliation and Dominance measured by self-report
- Staff ratings of treatment noncompliance and institutional misconduct (Defiance, physical aggression)
- Hostility associated with BPD ($r = .32$)
- High Dominance and hostility associated with treatment noncompliance and disciplinary infractions

– J. Edens 2009, *Psychological Assessment*

What traits mediate association between BPD and legal involvement over 10 years?

- Hostility (low affiliation)?
- Impulsivity?
- Both?
 - CLPS study
 - Follow-up 10 years
 - Assessed life events including legal and criminal
 - Interpersonal Traits (affiliation and dominance)
 - Trait impulsivity



Impulsivity and Hostility

- Both traits are important for understanding BPD symptoms associations with negative outcomes
- Clinical focus on impulsivity
 - Neurobiology
 - Interventions
 - Pharmacotherapy
- What about hostility? What is it about hostility?

How might hostility play a role?

- Impulsive Aggression:
 - Reactivity?
 - Misperceptions?
 - “Perception of contexts and interpersonal interactions are biased toward interpretations of threat/hostility”
- BPD diagnosis associated with interpersonal dysfunctioning
 - How might social perceptions contribute to these findings?

Interpersonal dysfunction due to social reactivity or social misperception?

- C. Hopwood (2008)
- Video-taped male –female dyads interacting in the lab
 - Half of the dyads had a woman with BPD
 - Asked them about perceptions of self and other behavior on affiliation and dominance
 - Hypothesized that social reactivity and misperception on both interpersonal dimensions

Findings

- Social Misperception
 - Affiliation:
 - Women with BPD demonstrated lower agreement with informants about their warmth than women without BPD
 - Dominance:
 - Women with BPD perceived other’s behavior more similarly to the other than non-borderline women

Findings

- Social Reactivity
 - Affiliation
 - Women with BPD were more situationally reactive
 - Men interacting with women with BPD are more reactive
 - Dominance
 - No effect

Implications

- Dysfunction in BPD primarily with the hostile to affiliative dimension of interpersonal behavior
 - Affiliation
 - Perceptual inaccuracy of interpersonal behavior
 - Hyper-reactivity of both parties
 - Dominance
 - Acutely accurate perception of other's efforts to control or submit

Conclusions

- Individuals with BPD are not characterized by a single interpersonal style
- Impulsivity and negative outcomes are associated with less affiliative behavior
- Impulsive aggression may disrupt interpersonal functioning, particularly when an individual is emotionally dysregulated
- This may be related to
 - misperceptions of social behaviors
 - social reactivity, both in self and others,
 - Only on the hostile \longleftrightarrow affiliative dimension

1. misperceptions
/ or
hostility

Treatment and Interventions

- Target hostility, social reactivity, and social misperceptions as vulnerability factors
 - DBT skills?
 - Mentalization?
- Development of add on treatment modules to target vulnerabilities associated with hostile interpersonal traits

Thank you

- Collaborators
- Funding provided by:
 - American Foundation for Suicide Prevention
 - National Institutes of Health (NIDA)

* - importance of hostility

consider impact of hostile social processes in forensic settings

hostility - unaffiliative / "cold"