BORDERLINE PERSONALITY DISORDER (BPD) AND IDD
Increase understanding about Borderline Personality Disorder (BPD)
Discuss specific strategies that can be used in the everyday support of individuals with IDD and BPD
Identify and address barriers to applying skills learned for the effective support of persons with IDD and BPD
Demanding
Manipulative
Attention seeking
Dramatic
Likes to make life miserable for others around her
She is purposely acting this way to be annoying
She knows better
Reflect confusion, anger, frustration and helplessness that staff and family may feel in supporting someone with Borderline Personality Disorder and IDD
Experience of the person with BPD

- I am no good, I am miserable, it’s not worth living
- The individual struggles to get through everyday tasks and handle everyday hassles and stressors
- May come from a chaotic home life and may have experienced sexual, emotional or physical trauma
- More likely to have used alcohol and street drugs
- High users of ERs, medical and psychiatric services, social services and may have history of involvement with the law
What is BPD?

- Listed in the DSM under Cluster B Personality Disorders [301.83]

‘...a pervasive pattern of instability of interpersonal relationships, self-image, and affect, and marked impulsivity beginning by early adulthood and present in a variety of contexts...’
Features of BPD

1) Frantic efforts to avoid real or imagined abandonment
2) A pattern of unstable and intense interpersonal relationships characterized by extremes of idealization and devaluation
3) Identity disturbance: markedly and persistently unstable self image or sense of self
4) Impulsivity in at least two areas that are potentially self-damaging
5) Recurrent suicidal behavior, gestures, threats or self-mutilation
6) Affective instability
7) Chronic feelings of emptiness
8) Inappropriate intense anger
9) Transient stress-related paranoid ideation or severe dissociative symptoms
Invalidating responses

- When support providers **dismiss** the person’s problems and expect simple and quick fixes to complex problems
- When individuals are told they are being overly dramatic, selfish or overly demanding
- When management does not support staff, takes literally unsubstantiated allegations against staff, or when staff is assigned to work with someone without adequate training or support
Invalidating persons with IDD

- Decisions may be made by others for the individual (“…for their own good”) without obtaining the individual’s input, consent or considering individual preferences.
- Caregivers may not notice or attend to problems until the point of behavioral outburst and thereby miss earlier signs of distress.
- Caregiver lets the individual know he/she (the caregiver) is disappointed with the person’s behavior. The person may feel judged, feel ashamed and inadequate or that she is “bad”
Problems with emotional regulation

- Invalidating environments lead to problems with emotional regulation:
  - The person never learns to trust her own emotions
  - She oscillates between inhibition (shut down) and extreme emotional styles (outbursts)
  - She ignores her own responses and searches the environment for clues about how to respond
  - She never learns how to self-soothe
Individuals with IDD are more likely to have a neurological basis for poor emotional regulation.

Individuals with IDD may be more at risk for mental health disorders compared to their non-IDD chronological peers.

Lower I.Q. is associated with lessened capacity to develop age-appropriate social and emotional coping skills.

Individuals with IDD may have had fewer opportunities to learn age-appropriate social and emotional coping skills regardless of their I.Q.
Invalidation and Invalidating Environments

- Individuals with IDD are at risk for having invalidating experiences:
  - Multiple residential placements and unstable caregiving experiences
  - Social stigma associated with disability
  - Institutional environments that might not have supported the needs and preferences of the individual
  - Settings (including the family) in which the individual was told that she didn’t know what was best for her
  - Limited opportunities to learn about realistic self-assessment and critical thinking
  - Preferences and values not honored by others
Why is BPD difficult to diagnose among persons with IDD?

- Tend to be among our higher functioning consumers
- Tend to be underdiagnosed and undertreated
- Non-specific features such as self-injury, impulsivity, affective lability may be difficult to identify as linked with BPD because these signs and symptoms can occur for reasons other than Borderline Personality Disorder (i.e. depression, anxiety, etc.)
Specific features among persons with IDD

- Patterns of idealization and devaluation of supports
- Splitting of staff and family members
- Subjective perception of being a victim
- Impulsive pattern of self-destructive behavior other than self-injury
- Excess reactions to routine and reasonable requests
- Verbal aggression that is disturbing to the recipient
- Extreme changes in mood that are seemingly disproportionate to environmental events
- Inability to see the connection between behavior and consequences
Co-occurring problems

- Not uncommon to carry another mental health Axis I diagnosis such as Bipolar disorder, depression or anxiety disorder
- Not uncommon to carry medical diagnoses
Parasuicidal behavior

- Individuals engage in self-injurious and self-destructive behaviors which may result in self-harm or death even though they may not have intended to commit suicide:
  - Form of emotional regulation
  - Form of communication or attention
  - Relief from distress
  - Relief from obsessional thinking
  - Maintain a sense of control
Tend to be:
- intense
- unstable
- extreme (including idealization and devaluation)
- reflect insecure attachments, poor self-esteem and difficulty identifying the components of a “good” or “healthy” relationship
- Individuals with IDD may be vulnerable to others who make promises, take advantage or abuse them or are, themselves, emotionally unstable
Characterized by:
- Intensity ("big" or strong emotion)
- Lability (depression or dysphoria, irritability, anxiety)
- Poor anger control
- Rage and intense shame may limit ability to change; need to be able to accept and tolerate painful feelings rather than avoid them
- Focus on coping skills before address trauma history or individual will become overwhelmed
Behavior

- Consumer may:
  - engage in high risk behaviors
  - demonstrate impulsivity and poor judgment
  - engage in self-injury
  - engage in self-damaging or self-sabotaging behaviors
  - engage in avoidance behaviors
  - behave in ways that are dangerous, disruptive and reflect maladaptive ways to deal with extreme emotion
Dysregulated emotions

- Intense anger
- Heightened state of anxiety
- Feelings of boredom
- Feelings of emptiness
- Emotional arousal leads to either shut down, storming out (escape) or attacking the helper (aggressive)
Dysregulated Cognitions

- Unstable sense of self
- Suspicious of others
  - may be paranoid or highly suspicious, particularly when feeling stressed
  - may have the experience of feeling “unreal” during periods of stress
- Lack realistic assessment of self and others; poor observers and self-monitors
Extremely sensitive to criticism

Extremely sensitive to stress; in fact, would call this a “stress sensitive style”

If quickly suggest that not dealing with things well without validating their concerns, will feel that you are dismissing or ignoring their suffering

May think that you, as helper, are insensitive to their suffering and see the request of focus on change as invalidating (“You think I am lying,” “You think I am making this up,” “You think I am exaggerating,” “You don’t understand me”)
Maladaptive behavior is learned response that reflects a failure of the individual to effectively deal with the challenges of her environment, including an inability to pursue goal directed behavior.

Likely to occur because the individual acts impulsively (rather than planfully), is pulled by her emotions rather than in control of her emotions.

May take out emotion by becoming aggressive, self-harmful, disruptive or non-compliant.
How do we engage the consumer?

- Validate the consumer’s concerns
- Identify the consumer’s preferences and needs
- Teach the consumer how to advance his/her needs and interests
- Begin by addressing behaviors associated with self-harm
- Next approach behaviors that interfere with wellness
- Address behaviors that interfere with quality of life
On the basis of an FBA, identify the function of her maladaptive behavior and teach replacement skills.

Be clear about expectations for safety and provide opportunities to learn the impact of the individual’s behavior on others.

Increase **mindfulness** through breathing exercises and encouraging the individual to observe and describe how she is feeling in the moment.
Staff can help by...

- Providing praise for small successes and behavioral approximations (*behavioral shaping*)
- Being the individual’s cheerleader
- Teach skills for the individual to be more effective
- Modify the environment to increase the chance of success
- Providing opportunities for errorless learning
High Risk Behaviors

- Want to set as a priority any behavior that is life threatening or associated with permanent self-injury or irreversible health problems:
  - Suicidal gestures
  - Self-mutilation
  - Engaging in dangerous substance abuse
Behaviors that interfere with wellness and community success

- Non-compliance with prescribed medication regimen
- Not following through on appointments or treatments
- Burning out staff to point that no one wants to work with the individual
Behaviors that interfere with Quality of Life

- Conflicts in interpersonal relationships
- Difficulties at work or in doing one’s job
- Difficulties working within a budget
- Difficulties following rules and maintaining least restrictive housing arrangement
Ways to Help

- Therapy
- Skills training
- Coaching the consumers during crisis situations
- Structuring the environment
- Consulting with the IDT
- Try to guide the individual to solve her own problems
Approach in order to assess for risk of harm to self or others
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies
Always a way to help…

- Encourage individual to develop self-awareness through breathing exercises
- Encourage identification of self-soothing tools
- Provide opportunities for errorless learning
- Maximize consistency of structure and routine
- Provide opportunities for appropriate social interactions
My Goals

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<th>Day</th>
<th>At work today?</th>
<th>What did I feel at the time?</th>
<th>What skills did I use to feel better?</th>
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Staff skills

- Non-pejorative and empathic understanding of the individual’s behavior
- Agree that everyone makes mistakes; commit to learning from mistakes by admitting them and taking corrective action
- Help individual protect time for skills practice and generalization on a daily basis
- Help individual generalize skills to multiple settings and situations
- Develop self-soothing boxes/baskets; individual stress reducing music playlists
Active involvement of staff to reinforce adaptive behaviors, skills for self-awareness, skills for self-soothing

Know signs that precede emotional and behavioral escalation; behaviors earlier in the chain that typically precede more severe forms of acting out. Utilize de-escalation strategies, administer PRN if indicated

Plan for physical safety of all individuals and staff; monitor closely but have minimal interaction
Role of medication

- Psychoactive medication to address co-occurring mood, affective spectrum or thinking problems
- Use of a PRN (if prescribed) when the individual appears to be escalating but before the person is in crisis
Mindfulness

- Breathing exercises
- Use of imagery
- Finding meaning in what you are doing
- Prayer
- Relaxation
- One thing at a time…
- Take a “vacation”
- encouragement
Coping skills (Distraction)

- Engage in a physical activity such as taking a walk, cleaning up, spending time with a friend
- Contribute—volunteer or do something thoughtful or helpful to someone else
- Compare yourself to someone who is coping as well or less well than you
- Seek out different emotions (than what is currently troubling you) by watching TV, listening to music, etc.
- Focus on other things—count, read, crossword puzzle
- Focus on another sensation—take a hot or cold shower
- Shelve the situation for a while and deal with it later
Positive Daily Routine

- Schedule with choice in activities
- Encourage participation in groups
- Review with individual the schedule for the day
- Keep informed of changes in schedule
- Keep informed of staff who are assigned
- Review techniques can use to remain calm, keep occupies, etc.
Encourage Healthy Boundaries

- Maintain firm but reasonable boundaries
- Do not excuse individuals from reasonable expectations at work, at home or in the community
- Do not promise special favors (food, cigarettes, etc.)
- Monitor individuals who are hypersexual or otherwise impulsive
Quick Review and Next Steps

Based on today’s session:
1) List two things that you think are important to know about working with someone with BPD
2) What are two ways you will specifically change your approach to working with someone with BPD