BPD Diagnosis and Formulation

What is a personality disorder ?

Personality Disorder is an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

(DSM 5)

Diagnostic Classifications

Adolf Stern 1938	Borderline Personality Disorder	DSM-5
ICD 10	F 60.3 Emotionally Unstable personality Disorder 60.30 Impulsive type 60.31 Borderline type	AMERICAN PSYCHIATRIC ASSOCIATION
ICD 11	6D11.5 Borderline pattern	World Health Organization Psychodynamic Diagnostic
DSM 5	301.83 Borderline Personality Disorder	Manual (PDM) A colatorate after of the

DIAGNOSTIC AND STATISTICA MANUAL OF MENTAL DISORDERS

Diagnosis

- Structured hypothesis driven interview
- Screening scales : Zanarini
- Diagnostic scales: SCID

(Structured clinical interview for DSM disorders)



The Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD) by Mary C. Zanarini, EdD is a brief clinician administered interview to assess severity and change in BPD symptoms. To score - count the number of yes's. A score of 8 or more is indicative of a diagnosis of Borderline Personality Disorder.

Yes No

Yes No

Yes No

Yes No

Yes__No___

Yes No

Yes No

Yes No

- Have any of your closest relationships been troubled Yes No______ by a lot of arguments or repeated breakups?
- Have you deliberately hurt yourself physically (e.g., Yes___No__ punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?
- Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much and verbal outbursts)?
- 4. Have you been extremely moody?
- 5. Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?
- 6. Have you often been distrustful of other people?
- Have you frequently felt unreal or as if things around you were unreal?
- 8. Have you chronically felt empty?
- Have you often felt that you had no idea of who you are or that you have no identity?
- Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?

STRUCTURED CLINICAL INTERVIEW FOR DSM-5° PERSONALITY DISORDERS

SCID-5-PD

INTERVIEW

Michael B. First, M.D. Janet B. W. Williams, Ph.D. Lorna Smith Benjamin, Ph.D. Robert L. Spitzer, M.D.

What are the key components : 3 key areas

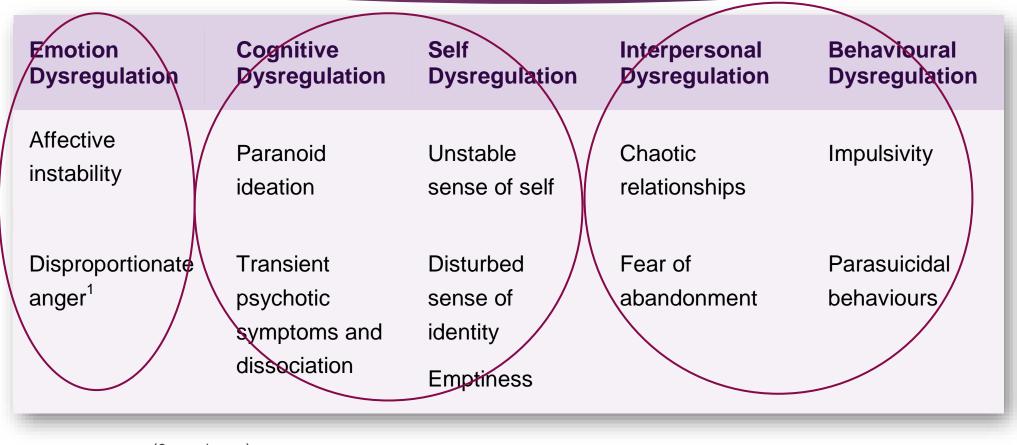
Affect (mood dysregulation)

Identity

▶ **R**elationships

Project **AIR**

Symptoms of BPD: Distorted feelings , thoughts and behavior

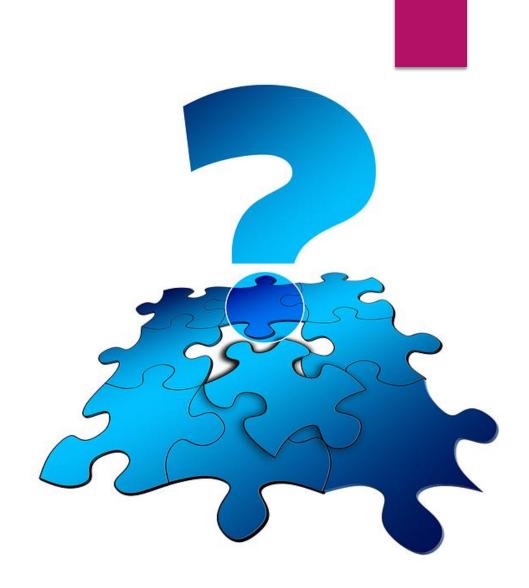


(Spectrum)

BPD	Complex PTSD	MDD	BPAD
Pervasive	Can be stable over time	Episodic	Episodic
Trauma not core feature	Trauma core feature (repeated and prolonged, escape not possible)	Trauma not core feature	Trauma not core feature
Fear of abandonment and rejection	Not core feature	Not core feature	Not core feature
Heightened physiological reactivity when exposed to scripts highlighting themes of abandonment	Peak physiological reactivity when exposed to scripts of traumatic events	Major mood changes during the episodes	Major mood changes during the episodes
Idealisation and devaluation of others	Not core feature	Not core feature	Not core feature
Overlapping symptoms with PTSD	Disturbance in self regulation	Not core feature	Not core feature

Formulation

Why How What are the components



Formulation

Descriptive : What happened?

- Cross sectional picture: psychological distress
- **Longitudinal picture**: mood, identify , relationship difficulties

• Etiological: Why did it happen?

- Vulnerabilities : genetic , brain abnormalities attachment difficulties (biparental neglect), trauma
- Link : evidence base

Treatment-prognostic : What can be done about it and how?

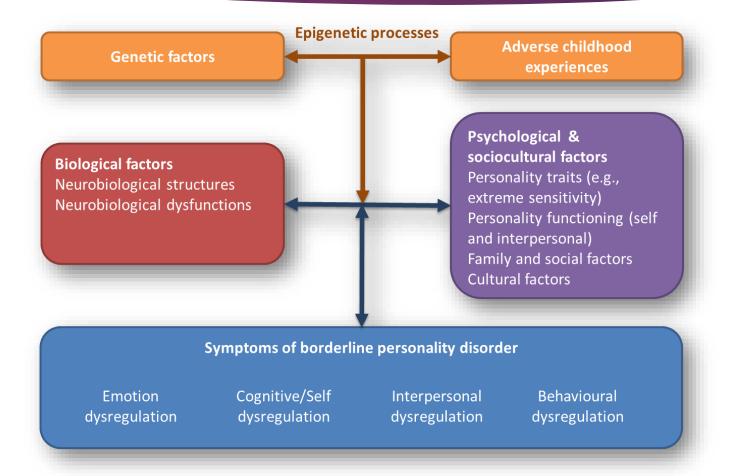
Vulnerabilities/predisposing factors

Psychological vulnerabilities

Attachment e.g. : insecure anxious attachment style . Preoccupied , cry out loud for help , the caregiver was inconsistent



Relationship between biological and environmental factors



Epistemic trust in the context of attachment relationships

Core vulnerability

(Recent extensions of mentalization theory have included this hypothesis)

Reduced capacity for epistemic trust in the context of attachment relationships may represent a core vulnerability for the development of borderline personality disorder (BPD).

References

- Gunderson JG, Singer MT. Defining borderline patients: an overview. The American Journal of Psychiatry. 1975 Jan.
- Spectrum Spectrum Personality Disorder Service for Victoria (spectrumbpd.com.au) (state-wide service)
- Resources University of Wollongong UOW
- Clinical Practice Guideline Borderline Personality Disorder | NHMRC (The clinical practice guidelines for clinicians)