



## CONSENSUS FOR ASSESSING BPD TRAITS – using SCID-II

In order to distinguish ‘state’ from ‘trait’, we are looking for **recurrent patterns** in the way the person usually handles their relationships, problems and stress.

### **Operational requirements for all traits:**

**1. At least a 2-year history** of the trait (close to 24 months)

NB. There must be some evidence within the past 2 years.

**2. There must be some evidence outside any episodes of Major Depression**

- The minimum frequency and intensity must be occurring in the gaps between MDEs.
- The trait may well also be displayed during any MDEs

Do not worry about chronic Dysthymia

Do not worry about chronic substance use, unless evidence indicates that all BPD-type behaviour is occurring **only within the substance use episodes**.

### **Frequency, Duration and Intensity of symptoms must be clinically significant.**

(with frequency for most traits of at least 1 x month, unless otherwise specified)

### **1. FRANTIC EFFORTS TO AVOID REAL OR IMAGINED ABANDONMENT.**

This item refers to **frantic actions** (not just their thoughts) taken by the person to keep someone that they are involved with, attached to, or dependent on from leaving.

Examples include:

- Begging and pleading with someone not to leave
- Sending multiple SMS messages or phoning repeatedly
- Physically restraining the person.
- Stalking or harassing a person in an attempt to get them to return

### **Operational Definition**

- **Several examples** are required. (The frequency may not be as great as with other behaviours e.g. angry outbursts).
- Within one sustained relationship or across several (preferable).
- If the only evidence is in a relationship with a parent, remain cautious and examine appropriateness.

**NB: Do not include** suicidal or self-mutilating behaviour covered in item 5.

## 2. UNSTABLE AND INTENSE INTERPERSONAL RELATIONSHIPS

There are 3 necessary components

- A pattern of frequent conflict and threats of separation (or actual separations).
- Relationships must be intense with strong emotions (such as euphoria, infatuation, anger, resentment, or despair)
- A pattern of relating to other people with **over-idealisation** at times and **devaluation** at other times.

### Operational Definition

- **Several examples** are required. (The frequency may not be as great as with other behaviours e.g. angry outbursts).
- Within one sustained relationship or across several (preferable).
  - If the only evidence is in a relationship with a parent, remain cautious and examine appropriateness.
- The pattern of alternating between **over-idealisation** and **devaluation** towards the other person in the relationship **must** occur more than once.

## 3. IDENTITY DISTURBANCE

There are two general forms:

- Dramatic and extreme shifts in the person's sense of who he or she is.
  - Manifested in changes in jobs or career goals, reported sexual orientation, personal values, friends, or the person's fundamental sense of self (e.g., as evil, awkward).
- Absence of a sense of self, being unable to report feeling consistent from day to day, being unable to describe any features (characteristics) that are consistent about oneself, the type of person they are or their likes and dislikes.

### Operational Definition

- **Extreme** shifts across a range of domains, leading to confusion about who one really is.
  - **Only rate** if the changes are not appropriate for developmental stage (ie cannot be explained by normal adolescent indecision or changes).
- **Absence of a sense of self.**

#### 4. IMPULSIVITY

Recurrent pattern of engaging in behaviour that may be gratifying in the short term, but be potentially destructive in the long run. An inability to exercise control over one's impulses despite the potential or actual negative outcome of such behaviour.

- Examples include:
  - **Over-spending** – incurring considerable debts, not having enough \$ to pay bills for food, rent etc. (Not just spending all of one's pocket money at once each week).
  - **Sex** – pattern of having sex with multiple partners, multiple episodes of sex with strangers or 'unsafe' sex without consideration of consequences.
  - **Risk-taking** behaviours – train surfing, running on the road, driving unlicensed or intoxicated or getting into cars with others known to be unsafe or intoxicated.
  - **Binge-eating** (must qualify as 'binges') for regular periods of time.
  - **Impulsive substance use** – inability to control or modify substance use (not planned substance use or mild experimentation).

#### Operational Definition

- **Multiple examples across at least 2 areas**, that represent a recurrent pattern
- **Do not** include suicidal or self-mutilating behaviour (5).
- **Do not** include impulsive anger (8).

#### 5. RECURRENT SUICIDAL BEHAVIOUR

Examples include:

- Threats to kill self
- Deliberate self-harm (DSH) without suicidal intent (cutting, scratching, burning, head-banging, poisoning etc.)
- Suicide attempts

#### Operational Definition

- **Two or more** events outside episodes of major depression or psychosis.
- **Some evidence within the past two years.**

#### 6. AFFECTIVE INSTABILITY

Affective instability refers to the shifting, unstable quality of the person's mood.

Examples include:

- Changes from feeling OK to intense dysphoria, irritability or anxiety
  - Negative moods last for minutes or hours, but rarely more than a few days.
- Changes are usually **abrupt**, but can be gradual

#### Operational Definition

- Recurrent pattern of **frequent mood changes** (must occur **at least 1 x week**).
- Changing moods are experienced as **intense**

## 7. CHRONIC FEELINGS OF EMPTINESS.

Chronic feelings of emptiness often are associated with feeling bored, hollow, alone, or without definition.

### Operational Definition

- Feelings are experienced for **at least 50%** of the time.
- ‘Bored’ on its own (without other descriptors indicating emptiness) would not be enough.

## 8. INAPPROPRIATE ANGER

“Inappropriate anger” denotes that the intensity of the person’s anger is out of proportion to the cause. Lack of control of anger may be evidenced by extreme physical displays such as hitting people or throwing things. The anger often is expressed in the context of real or perceived lack of caring, deprivation, or abandonment.

Examples include:

- Frequent displays of temper, constant anger
- Frequent verbal abuse, destruction of property, recurrent fights & physical aggression

### Operational Definition

- The **intensity** of the person’s anger is **out of proportion** to the cause
- Must occur **at least 1 x week**

## 9. TRANSIENT, STRESS-RELATED PARANOID IDEATION OR SEVERE DISSOCIATIVE SYMPTOMS.

During periods of stress, some people with BPD develop transient paranoid or dissociative symptoms that are rarely severe enough to warrant an additional diagnosis (e.g., Brief Psychotic Disorder). The stressor often is a real, perceived, or anticipated withdrawal of care or retention of care giver (e.g., lover, parent, therapist). In such situations, the real or perceived return of the care giver’s nurturance may result in a remission of the symptoms.

Examples include:

- Dissociative symptoms, blank periods (i.e., having the feeling that one has lost time)
- Depersonalisation (i.e., the feeling of detachment or estrangement from oneself)
- Derealisation (i.e., the sense that the external world is unreal or strange).
- Suspiciousness & paranoia (i.e., feeling others are against them).
- Psychotic symptoms (i.e., hearing name called or voices talking, seeing visions).

### Operational Definition

- **Transient** – (not there all the time)
  - Dissociative experiences typically last minutes or hours.
  - Psychotic experiences do not warrant referral to EPPIC (may meet PACE criteria).
- **Stress-related** (only occur during periods when stressed).
- Must be causing **distress** and **changes in behaviour** (e.g., avoidance of public places, they accuse others of picking on them).