Module 1, Lesson 3:

Borderline Personality Disorder

Lesson Transcript

Introduction

Welcome back to Module 1, this is lesson 3 where we will be covering Borderline Personality Disorder. This is another new area of focus in the new National Perinatal Mental Health Guideline,[1] and it is condition that is not very well understood by health professionals or in the general community.

As we will see, this area was considered important to include as it can have significant impacts on the mother and her ability to connect with her developing or new baby – and this can have life-long impact on her children's future. It is very important that we as health professionals have an understanding of the condition so that we can understand the context of the woman's needs, and provide appropriate and responsive care.

So, what exactly is Borderline Personality Disorder?

Borderline Personality Disorder (BPD)

As defined in the specific Clinical Practice Guideline (for BPD),[2] Borderline Personality Disorder, or BPD is a mental illness that can make it difficult for people

- to feel safe in their relationships with other people,
- to have healthy thoughts and beliefs about themselves, and
- to control their emotions.

As a result, people with BPD may experience distress in their work, family and social life, and may harm themselves.

It is really important to remember that having BPD is not the person's choice – but like other mental illnesses, it is a probably a condition resulting from a combination of genetics and unfortunate environmental factors or life experiences.

People with BPD may often be in a state of emotional turmoil, which of course impacts on others around them. Here is how one women describes her experience of living with the condition…

Voice-over

"Being a borderline feels like eternal hell. Nothing less. Pain, anger, confusion, hurt never knowing how I'm gonna feel from one minute to the next. Hurting because I hurt those who I love. Feeling misunderstood. Analysing everything. Nothing gives me pleasure.

Once in a great while I will get "too happy" and then anxious because of that. Then I self-medicate with alcohol. Then I physically hurt myself. Then I feel guilty because of that. Shame. Wanting to die but not being able to kill myself because I'd feel too much guilt for those I'd hurt, and then feeling angry about that so I cut myself or O.D. to make all the feelings go away. …Distress…Distress…DISTRESS"

Prevalence

The NHMRC estimates of the prevalence of borderline personality disorder range from 1% among all Australian adults and 3.5% among Australians aged 24–25 years.[2]

A more recent study estimated prevalence among women aged ≥25 years to be 2.7%.[3]

Having BPD within the context of the perinatal period, can bring many challenges to expectant and new mothers which is can be helpful for health professionals to be aware of.

Impacts in the perinatal period

Women with borderline personality disorder in the perinatal period experience considerable psychosocial impairment — they may anticipate birth as traumatic and frequently request early delivery.[4] Comorbidity with substance abuse is common[5] and rates of referral to child protective services high.

Mothers with borderline personality disorder are often parenting in the context of significant additional risk factors, such as depression, substance use and low support.[5] Levels of parenting stress are high, and self-reported competence and satisfaction are low.[5]

Now you my have heard of the term Emotional dysregulation in relation to Borderline Personality disorder.[6] This is a term used by clinicians to refer to an emotional response that is *poorly modulated*, and *does not fall within the conventionally accepted range* of emotional response. So, their behaviour may seem 'over the top' or extreme at times within any given context. Emotional dysregulation may be referred to as labile mood (marked fluctuation of mood), mood swings, or mood or affective instability.

Going back to our initial features of this condition, the third set of features can lead to maladaptive interactions. Here Mothers with borderline personality disorder symptoms — including emotional dysregulation — means that they are more likely than women without symptoms to engage in maladaptive interactions with their offspring, and this may be characterised by insensitive, overprotective, and hostile parenting.[7]

This can have adverse impact on their children including borderline personality disorder symptoms, internalising (including depression) and externalising problems, insecure attachment patterns and emotional dysregulation.[7]

So, as you can see, BPD can be complex as the person may focus their treatment goals on managing emotions, finding purpose in life and building better relations.

Many women with BPD have experienced significant trauma in their lives – either in the past or in their daily life so they need care that makes them feel safe – especially in the perinatal period, which can be a vulnerable time.

To assist with this, here are some general principles of care for women in your care who may have BPD derived from the NHMRC Guidelines on BPD.

Core principles of care

(The following principles are taken from the NHMRC Guideline for BPD).[2]

Health professionals working with people who have BPD should be respectful, caring and compassionate. They also need to be consistent and reliable.

Professionals should listen and pay attention when the person is talking about their experiences, take the person's feelings seriously and validate them, and communicate clearly. If a person with BPD is upset or letting their feelings take over, health professionals should stay calm, and keep showing a non-judgmental attitude.

Health professionals should understand that people with BPD may be very sensitive to feeling rejected or abandoned, and so may be upset when their treatment comes to an end or if they can no longer

see the same staff. Hence it important that health professionals plan these changes in advance and explain them to the person.

If people with BPD repeatedly self-harm or attempt suicide, their usual health professional should assess their risk regularly. Health professionals need to gain an understanding of the person over time, to be able to tell when the person is at high risk of suicide, and to know whether the person needs to keep working on their long-term BPD treatment (or whether they need immediate special care to keep them safe). People who live with thoughts of suicide over time tend to recover when their quality of life improves.

When a person with BPD is experiencing a crisis, health professionals should focus on the 'here and now' matters. Issues that need more in-depth discussion (e.g. past experiences or relationship problems) can be dealt with more effectively in longer-term treatment by the health professional who treats them for BPD (e.g. the person's usual psychiatrist or psychologist). Health professionals should try to make sure the person stays involved in finding solutions to their own problems, even during a crisis.

These points together with the facts and figures presented in this lesson can all be found on the attached BPD factsheets for consumers and health professionals, which are attached to this lesson.

As described, this is a complex disorder, and the impacts in the perinatal period are highly relevant for the future wellbeing of the mother, the infant and her family. By having an understanding of the disorder, it helps us as clinicians to understand the context of her behaviour, her needs and what is vital to provide the support she needs.

So, let's briefly recap on the key learning for this lesson

Lesson Recap

BPD is a serious mental illness affecting 1 in 100 people.

BPD makes it difficult for people to

- Feel safe in their relationship,
- Have healthy thoughts and beliefs about themselves.
- Control emotions and impulses.

Often people with BPD have a history of trauma and experience distress in aspects life.

At times this distress will escalate and may lead people to Harm themselves

It is really important to remember that having BPD is not the person's choice but probably a result of genes and past issues. Knowing how to identify possible signs of the condition can help with understanding the woman's context.

This is especially the case in the perinatal period- a time where there is psychosocial instability, high levels of stress and where rates of relapse are high.

People with BPD need respect, validation and support. This is particularly the case when considering that these women are more likely to engage in maladaptive interactions with their infants and children – which can have lifelong effects for the next generation. Make sure that ongoing treatment is available, as it will help.

I hope that you have found this lesson interesting and even insightful - and that you have obtained some useful points should you come across women with BPD in your care.

Attached to this lesson is some further information that can be very useful for health professionals working with mothers who are emotionally dysregulated or have borderline personality disorder including articles that may be of interest in the resource section.

That's it for me for this lesson, don't forget to complete the evaluation and I'll see you in the final lesson for this Module, Lesson 4 where we begin to look more closely at the Guiding principles of care

Bye for now

References

1. Austin M-P, Highet N, Expert Working Group. *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. Melbourne: Centre of Perinatal Excellence; 2017.
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3. Quirk SE, Berk M, Pasco JA et al. The prevalence, age distribution and comorbidity of personality disorders in Australian women. *Aust N Z J Psychiatry*. 2016.
4. Blankley G, Galbally M, Snellen M, Power J, Lewis AJ. Borderline Personality Disorder in the perinatal period: early infant and maternal outcomes. *Australas Psychiatry*. 2015; 23(6): 688–92.
5. Petfield L, Startup H, Droscher H, Cartwright-Hatton S. Parenting in mothers with borderline personality disorder and impact on child outcomes. *Evid Based Ment Health*. 2015; 18(3): 67–75.
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7. Eyden J, Winsper C, Wolke D, Broome MR, MacCallum F. A systematic review of the parenting and outcomes experienced by offspring of mothers with borderline personality pathology: Potential mechanisms and clinical implications. *Clin Psychol Rev*. 2016; 47: 85–105.