

# Aggression and Borderline Personality Disorder

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NEA.BPD Call-In Series

# Goals for this Presentation

- Define Aggression
- Distinguish Anger from Aggression
- Discuss Evidence-Based Treatments for Aggression
- Understand how Dialectical Behavior Therapy (DBT) can be useful in changing aggressive behaviors, particularly for clients with pervasive emotion dysregulation

# Aggression

- a forceful action or procedure (as an unprovoked attack) especially when intended to dominate or master
- hostile, injurious, or destructive behavior or outlook especially when caused by frustration

Merriam-Webster

Dictionary

# Aggression

- 1** an attack made without reasonable cause
- 2** the practice of making attacks
- 3** hostile or destructive behavior or outlook

Dictionary

Merriam-Webster

(for Children)

# Aggression

- Behavior that is hostile, destructive, and/or violent. Generally, aggressive behavior has the potential to inflict injury or damage to the target person or object

BPD.about.com

# Aggression

- Refers to a continuum of behaviors ranging from mild every-day behaviors to severe life-threatening physical harm.
- Examples
  - Meeting behaviors in academia “It is interesting that you chose to look at the data that way”
  - Direct hurtful verbal statements “You are a bitch”
  - Screaming/Yelling
  - Slamming Doors
  - Property Destruction
  - Throwing Objects
  - Threats to Harm
  - Physical Violence

# Aggressive Behavior

- Multidetermined
- Must determine etiology in order to successfully address
- Brain Trauma, Delirium, Intoxication, Akathesia, Dementias, Psychosis, Mania, Instrumental
- In Borderline Personality Disorder relationship exists between strong emotions (e.g. anger) and aggressive behaviors
- Yet anger and aggression distinct (Example heard on street... You are a VERY angry little boy, stop being angry with Grandma)

# Treatments

- Anger Management
- Behaviorism/CBT
- Problems



# DSM-IV-TR Criteria for Borderline Personality Disorder

- 1 Frantic efforts to avoid real or imagined abandonment.
- 2 A pattern of unstable and intense interpersonal relationships characterized by alternating between 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 (e.g., promiscuous sex, eating disorders, binge eating, substance abuse, reckless driving).
- 5 Recurrent suicidal behavior, gestures, threats or self-injuring behavior such as cutting, interfering with the healing of scars (excoriation) or picking at oneself.
- 6 Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days).
- 7 Chronic feelings of emptiness
- 8 **Inappropriate anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).**
9. Transient, stress-related paranoid ideation, delusions or severe dissociative symptoms

# Borderline Personality Disorder

- Marsha Linehan (1993)
- All BPD Criteria seen to stem from affective instability (criteria 6). Other criteria are simply consequences of extreme affect and little ability to effectively manage
- Problem Behaviors in BPD are seen as EITHER a natural consequence of extreme dysregulation OR the behaviors work to regulate emotions in the person (e.g help the individual to escape and unpleasant emotion)
- Important to note that the problem here is not emotion, but the inability to tolerate, or effectively manage emotions (Skills Deficit Model)

# Aggression

- Behavior like any other behavior
- Must be understood in the context of BPD as described above
- Yet, people have very hard time with aggressive behaviors in others
- Easy to see aggressive behaviors as “BAD”
- Why? Feel attacked, consequences visible to outside world, innocent others often harmed
- Particularly at extreme end of continuum and when remorse not apparent to outsiders

# DBT is

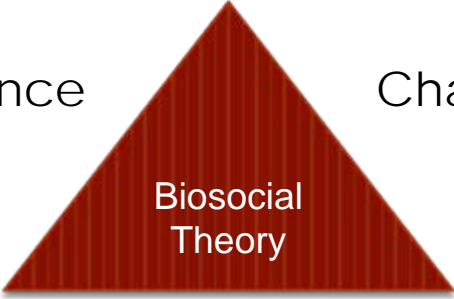
- Behavior Therapy with the addition of Acceptance Technology (Mindfulness), and a philosophical framework of Dialectics

# DBT

## Theoretical Background

Acceptance

Change



Biosocial  
Theory

Dialectics

# DBT is

- Behavior Therapy with the addition of Acceptance Technology (Mindfulness), and a philosophical framework of Dialectics

# DBT IS a Package of treatment components

## MODES

- Individual Therapy
- Group Skills Training
- Coaching
- Consultation Team
- Egregious Behaviors Protocol\*

## FUNCTION

- Improve Motivation
- Increase client capabilities
- Generalization
- Increase therapist capabilities, support
- Structure Environment

# Stage 1 Primary Targets

## Decrease

- Life-threatening behaviors
- Therapy-interfering behaviors
- Quality of life interfering behaviors

## Increase behavioral skills

- Mindfulness
- Distress Tolerance
- Interpersonal Effectiveness
- Emotional Regulation



# Doing DBT

- Clients get all components of DBT (including skills coaching)
- Therapists part of Consultation team
- Case is conceptualized
- Individual sessions use conceptualization as well as weekly diary cards to determine session by session treatment targets
- Therapists use range of change strategies, acceptance strategies and other strategies to move client towards their goals

# DBT and Aggression: Biosocial Theory

- Biological sensitivity or vulnerability transacts over time with invalidating environment to produce in the individual pervasive state of emotion dysregulation
- Example
- Take home points from this
  - Biological vulnerability can be genetic or created in utero, early experiences (e.g. trauma changes biology)
  - Environment does not need to be “bad” or “abusive” to be invalidating (though abusive environments are certainly invalidating)

# Pervasive Emotion Dysregulation

- Can't re-orient attention
- Non-mood dependent behavior near impossible
- Long term goals not attained
- Creates sense of hopelessness
- Feeling that “this is who I am”

# DBT Acceptance Strategies

- ❖ Convey acceptance through **VALIDATION**
  - ❖ Validation is:
    - Treating the client as if they and their problems are worthy of attention and respect
    - Finding the kernel of truth or wisdom in the client's behavior
    - Seeing the world from the client's point of view, and saying so
    - It is as important to validate as it is NOT to validate invalid, dysfunctional behavior, cognitions
- TRICKY WITH AGGRESSION**

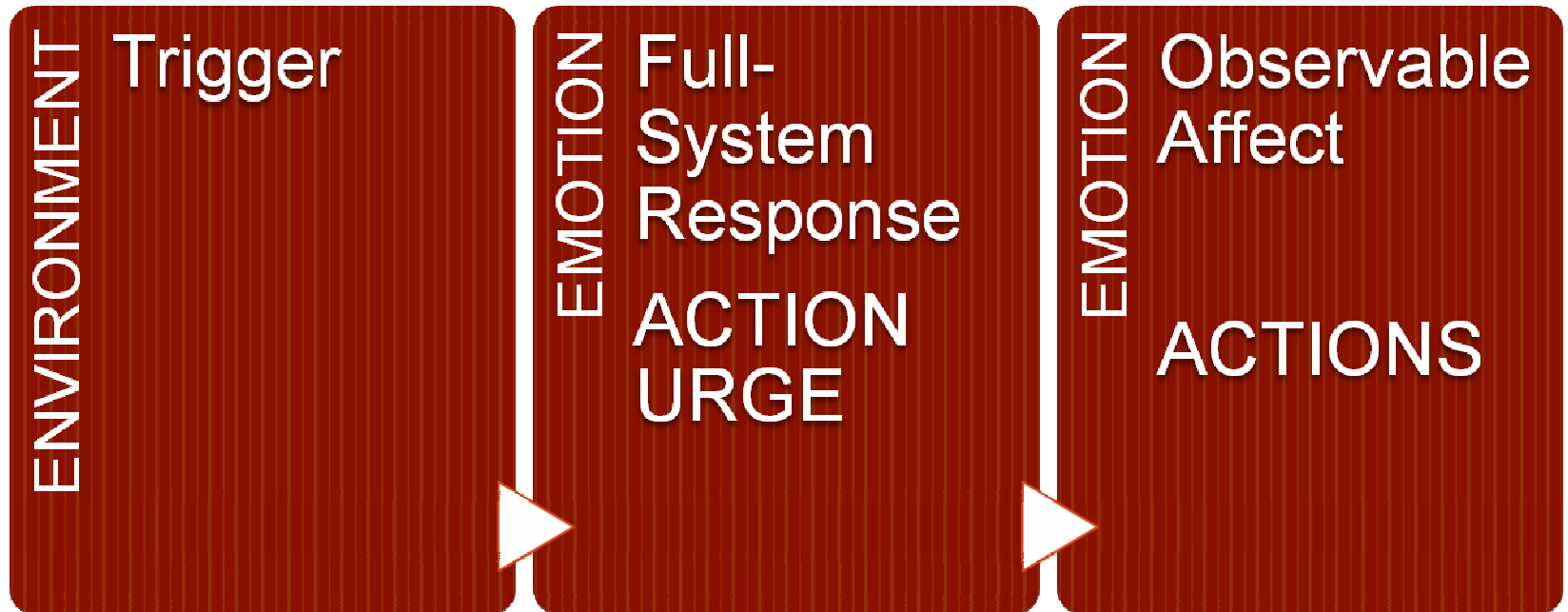
# DBT Assumptions About Clients

1. Clients are doing the best they can.
2. Clients want to improve.
3. Clients must learn new behaviors in all relevant contexts.
4. Clients cannot fail in DBT.
5. Clients may not have caused all of their own problems, but they have to solve them anyway.
6. Clients need to do better, try harder, and/or be more motivated to change.
7. The lives of suicidal, BPD individuals are unbearable as they currently being lived.

# To Change Aggressive Behaviors

- Crucial to understand emotion/behavior link
- Crucial to separate emotion from action
- Must adopt nonjudgmental stance
- Must understand function of behavior

# Emotions



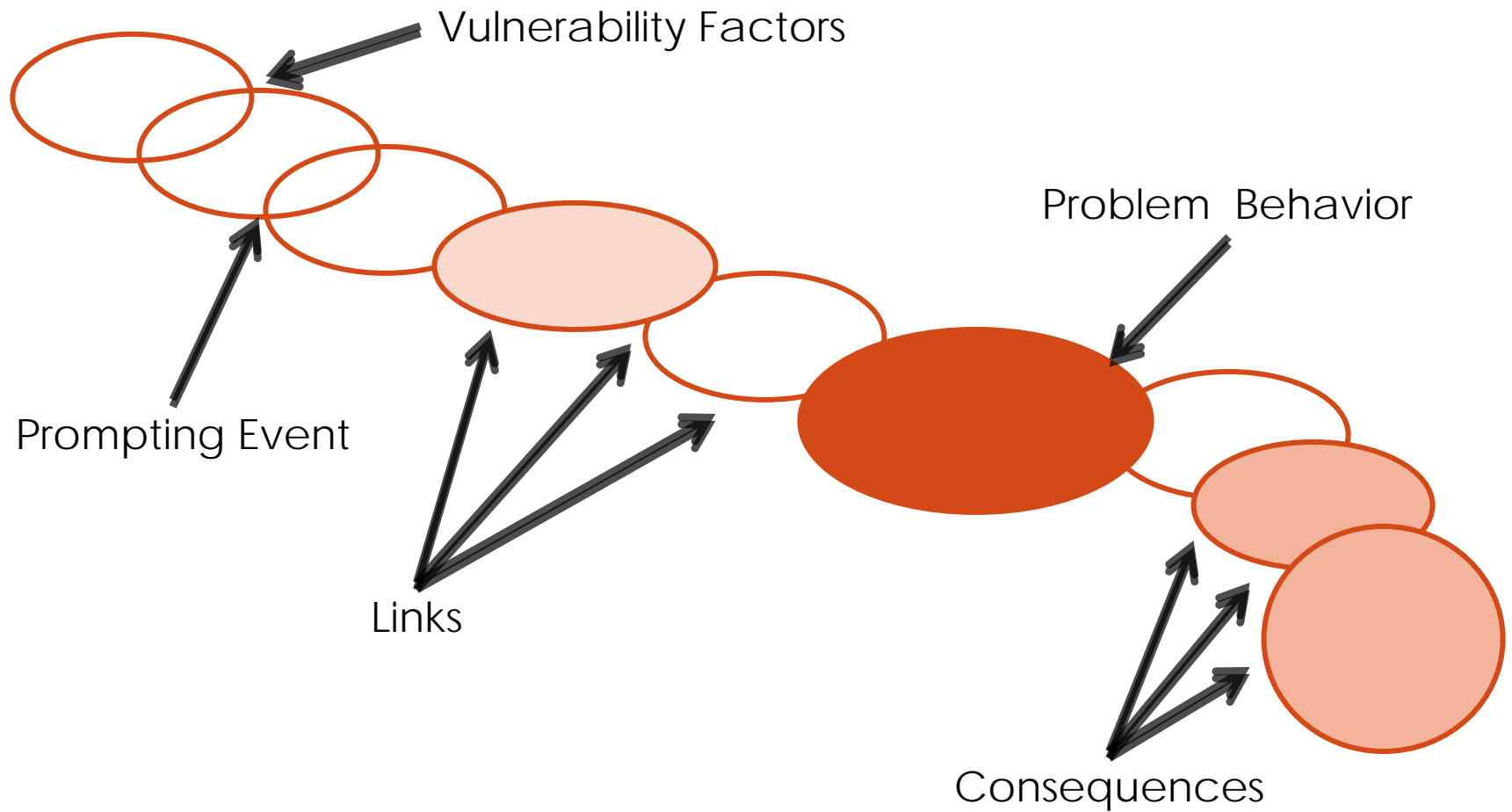
# Changing Behavior

## CBT Tools

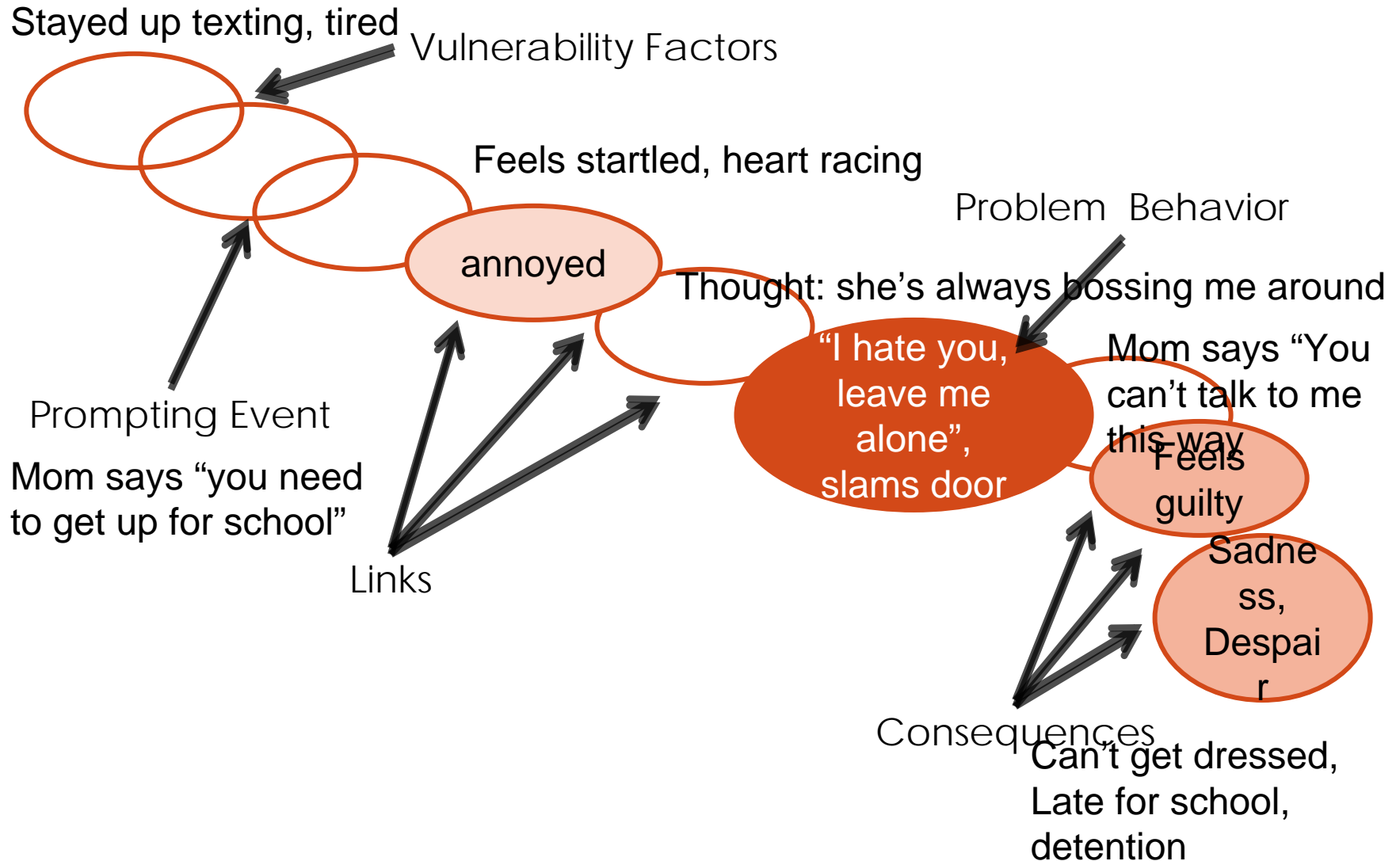
- Chain Analysis-Insight
- Skills Training
- Cognitive Restructuring
- Contingency Management
- (Rewards, Punishment, Extinction, Shaping)
- Exposure



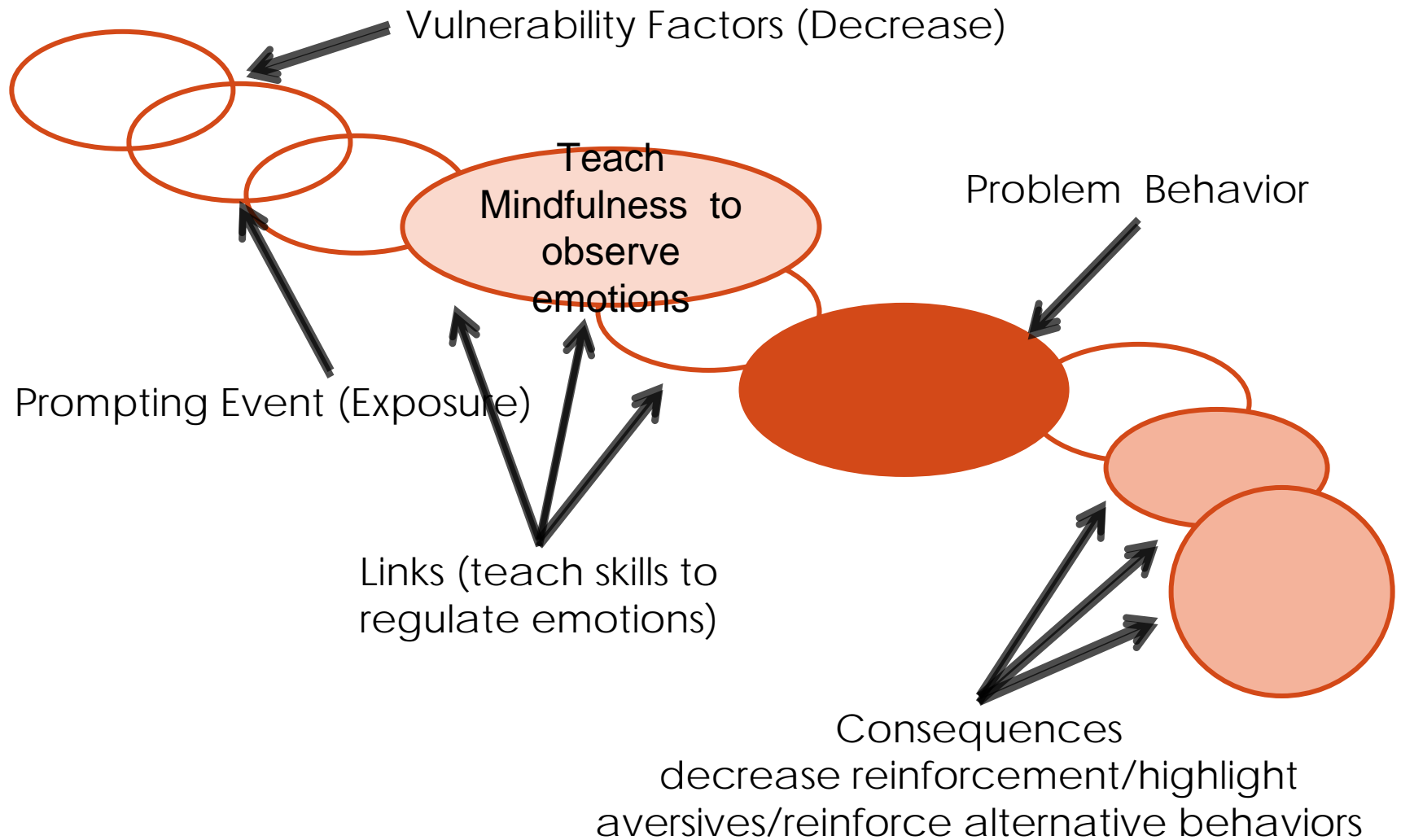
# Chain Analysis Of Behavior



# Chain Analysis Of Behavior



# Chain Analysis Of Behavior: Tools



# Stage 1 Primary Targets

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# Summary

- Aggressive Behaviors like any other behaviors
- Aggression very likely to bring with it future invalidation of person, their efforts, how hard it is to change
- If person experiences shame makes behaviors more difficult to address (need to address shame as well)
- Need to focus on whole range of emotions (not just anger)
- Need to work on right part of chain
- Need Support for families and providers to remain nonjudgmental

Skills class after insufficient work