DEVELOPING A NEW TREATMENT MODEL FOR SEVERE AND COMPLEX PERSONALITY DISORDER

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Medical Psychotherapist Exeter.
THE CLINICAL PROBLEM

• Miss X
DEVON SPECIALIST PD SERVICE

- Opened 2011 - Commissioned by IPP
- Psychodynamic graduated pathway
  - ‘Recovery’
    - (Day and outpatient)
    - MBT CAT Family Therapy, Psychosocial Practice
    - Outreach
  - ‘Better Living’
- Severity Threshold
CHARACTERISTICS OF SEVERE AND COMPLEX PD

RISK
- Personality disorder,
- Eating disorder,
- Somatisation,
- Autistic spectrum disorder
- Substance misuse

Relational Affective Model.
THE RELATIONAL AFFECTIVE MODEL

• Neuroscience and psychoanalysis
  • The Relational Affective Hypothesis (Mizen 2014a)

• Specifies:
  • Affective
  • Relational
  • Defensive contributions to failures in symbolisation.

• A Relational Affective Formulation
  • Design of the pathway
  • Cohesive therapeutic team practice
  • Risk assessment
  • Management and therapeutic engagement with comorbidities
SYMBOLISATION
AFFECT, RELATING AND SYMBOLISATION

- The Angular Gyrus
- Relational
  - Domain 1: Here and now relating to the other
  - Domain 2: The Default Mode Network
- Hobson’s triangle
  - Infant → World
    - Other
- Mental
  - The External environment
    - Perception
- Insula
  - The Internal environment
    - Visceral sensation
    - Affect (Panksepp)
- Somatic

The diagram illustrates the relationships between different brain regions and their roles in affect, relating, and symbolisation.
JAAK PANKSEPP

- Basic Emotion Command Systems
  - SEEKING
  - PANIC
  - FEAR
  - RAGE
  - PLAY
BASIC EMOTION COMMAND SYSTEMS

Brain: Medial view

The Default Mode Network
Domain 2

Anterior Cingulate Cortex

Front

Back
# THE ANATOMY AND BIOCHEMISTRY OF PANKSEPP’S BECS

<table>
<thead>
<tr>
<th>BECS</th>
<th>Anatomy</th>
<th>Neurotransmitters</th>
<th>Function</th>
</tr>
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<tbody>
<tr>
<td>SEEKING</td>
<td>Mesolimbic Mesocortical pathway</td>
<td>Dopamine</td>
<td>Energetic exploration to find resources to satisfy appetite.</td>
</tr>
<tr>
<td>PANIC</td>
<td>PAG to the Anterior Cingulate Cortex</td>
<td>Opiates, Oxytocin</td>
<td>Separation distress circuits.</td>
</tr>
<tr>
<td>FEAR</td>
<td>PAG to amygdala</td>
<td>Glutamate,</td>
<td>Fear of attack by persecutors.</td>
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<td>RAGE</td>
<td>PAG to Medial amygdala</td>
<td>Substance P, GABA, Ach.</td>
<td>Hot: Fight flight Cold: Predatory</td>
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<td>PLAY</td>
<td>PAG Thalamus and Parietal Cortex</td>
<td>Opiates</td>
<td>An endogenous urge for ‘Rough and Tumble’</td>
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AFFECT, RELATING AND SYMBOLISATION

- Primary intersubjectivity
- Secondary intersubjectivity (Trevarthen)
- Autistic Spectrum Disorder (Ruby and Decety (2004))
- Hobson (2002)

Hobson’s triangle

- Infant
- Other
- World
• Naloxone administered to Autistic children – increased emotional engagement

TRIANGULATION IN PSYCHOANALYSIS

- Ron Britton
  - The collapse of triangular space in narcissistic disorder.

- Acquisition

- Attribution
CONCLUSIONS ABOUT FAILURES OF SYMBOLISATION

• Affective engagement and relating are required for triangulation.
  • (First and third person position taking)
• Triangulation is the nodal point in the development of
  • Abstract thinking
  • Symbolic play
  • Semantic aspects of language including metaphor to communicate emotional meaning.
• Triangulation fails because
  • Inadequate affective engagement
  • Relational Failures
  • Psychodynamic defences
Failure to symbolise

AFFECTIVE
Symbolisation

RELATIONAL
You
Me
The World

Emotional Feeling

CFO
BODY - Homeostasis

ASD
Anorexia
Failure to symbolise

AFFECTIVE
Symbolisation

RELATIONAL
You
Me
The World

External World Relations
Internal World Relations

Emotional Feeling

AFFECT
BODY - Homeostasis

PD
## THE RELATIONAL AFFECTIVE FORMULATION

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FORMULATION

‘Get in’
- PANIC ON
- SEEKING OFF

‘Get out’
- SEEKING ON
- PANIC OFF
FORMULATION

‘Get in’
- Proximity seeking
- Suicidal, Binging, somatic symptoms
- More care ➔ more regression
- Low mood
- ‘Trapped’ - absconding

‘Get out’
- Disengaging,
- Restricted eating, caretaking
- Self sufficient
- Elevated mood
- Dropped
FORMULATION

‘Get in’

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FORMULATION

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SEPARATION: PANIC SYSTEM ON

SELF  Need  OTHER
ACQUISITION: ‘GET IN’
ATTRIBUTION: ‘GET OUT’
ATTRIBUTION: ‘GET OUT’
AGORAPHOBIA: ‘DROPPED’
APPLYING THE FORMULATION IN PRACTICE
THE MODEL: A GRADUATED PATHWAY

Tier 4
Inpatient

Tier 3E
Day Programme

Tier 3
Specialist outpatient
A THERAPEUTIC TEAM WORKING TO A FORMULATION

The Team

- Consultant Medical Psychotherapists
  - Contain the team
  - Prescribing
  - Physical health
  - MHA
- Psychotherapists
  - Individual
  - Group
  - Family
- Psychosocial Practice

The RA Formulation

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• Relationship
• Dynamic risk assessment
• Claustro-agoraphobic crises
  • Management meetings
• Psychologically informed environments
WORKING WITH COMORBIDITIES
SUBSTANCE MISUSE

‘Get in’

• PANIC system on
• SEEKING system off

Opiates
Stimulants

‘Get out’

• SEEKING system on
• PANIC system off
EATING DISORDERS

- Conscious: ‘I need nothing’
- Unconscious: ‘I need total care’

**Management:**
- Admission planning with ED unit
- Use of CTO
- Monitoring Physical Health
- Working with eating in the programme

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SOMATISATION

- Fibromyalgia and ME
- Self harm by ingestion
- Non epileptic seizures
- Akinetic mutism
- Conversion symptoms
- Body dysmorphic disorder
• ASD assessment
• Deficit vs defence
• Reasonable adjustments vs interpretation
• Future trial of Naloxone?
MUTATIVE FACTORS

• Containment
• Holding regression and flight
• Translation of concrete modes of relating to symbolic
• Working with spatial aspects of experience
• Splitting and then integration
• Linking
• Triangulation
• Mirroring
• Working with transitions and endings
RELATIONAL AFFECTIVE MODEL

• References: