

Personality Disorder and Impairment of Sensory Processing: A Clinical Review

Authors: **S. BROWN**¹ **R. SHANKAR**² **K. SMITH**³ **H. ALLWRIGHT**⁴

1. Consultant Psychiatrist, 2. Specialist Registrar, 3. Lead Occupational Therapist, 4. Service User

Affiliations: Cornwall Partnership NHS Trust, DDREG, Experts Through Dialogue, MBB Connections LTD, The Sensory Project.

Aim

A clinical review of clients with Borderline Personality Disorder assessed with the Sensory Profile.

Introduction

Through direct observation, clinicians noticed that everyday challenging situations seemed to be as a result of sensory processing problems (SPD) in people with a diagnosis of borderline personality disorder (BPD). This is currently an under explored area, but some studies have explored the longitudinal course of BPD and potential associations with other childhood disorders such as ADHD and Autism. These reports have generally tried to examine the association historically rather than concurrently, and highlight a need for further research. To date however no studies of the possible overlap between BPD and SPD have been reported.

Background

Borderline Personality Disorder is a serious cause of health loss and premature death. Sensory Processing Disorder as described by some occupational therapists refers to a range of problems that might be amenable to particular treatment strategies, its

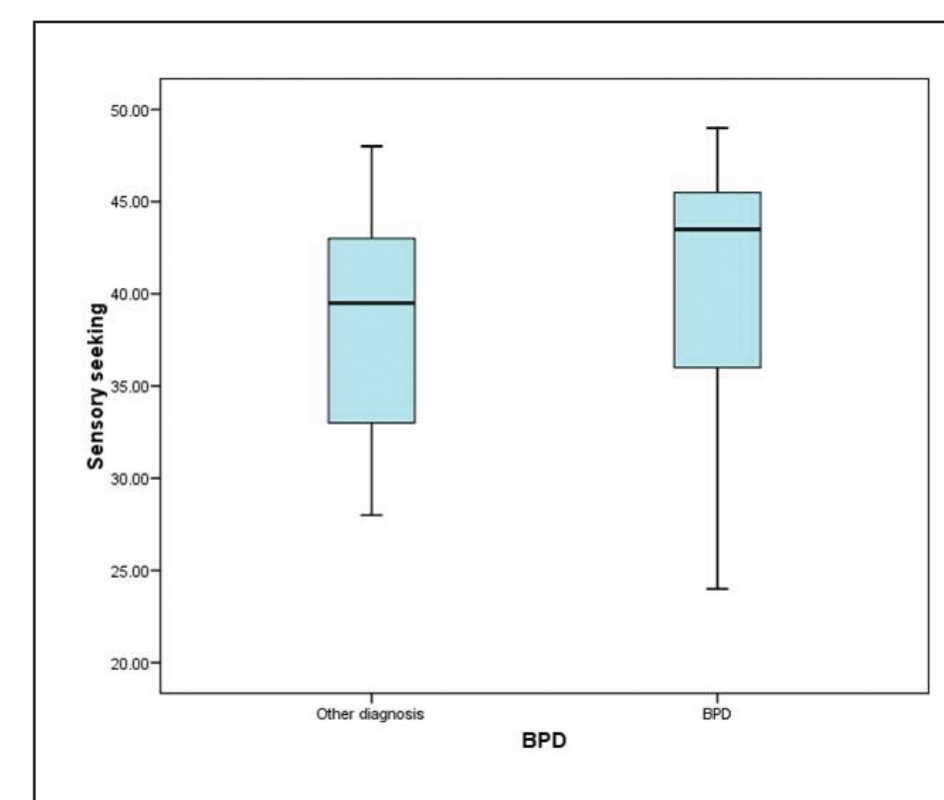
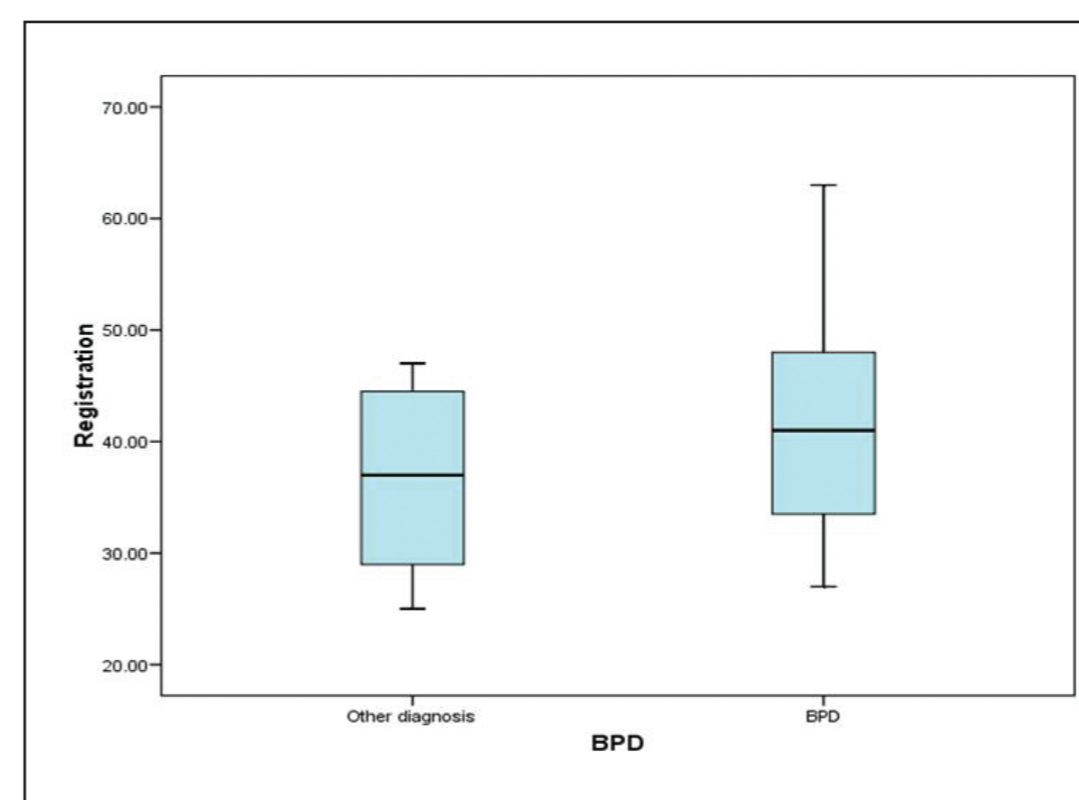
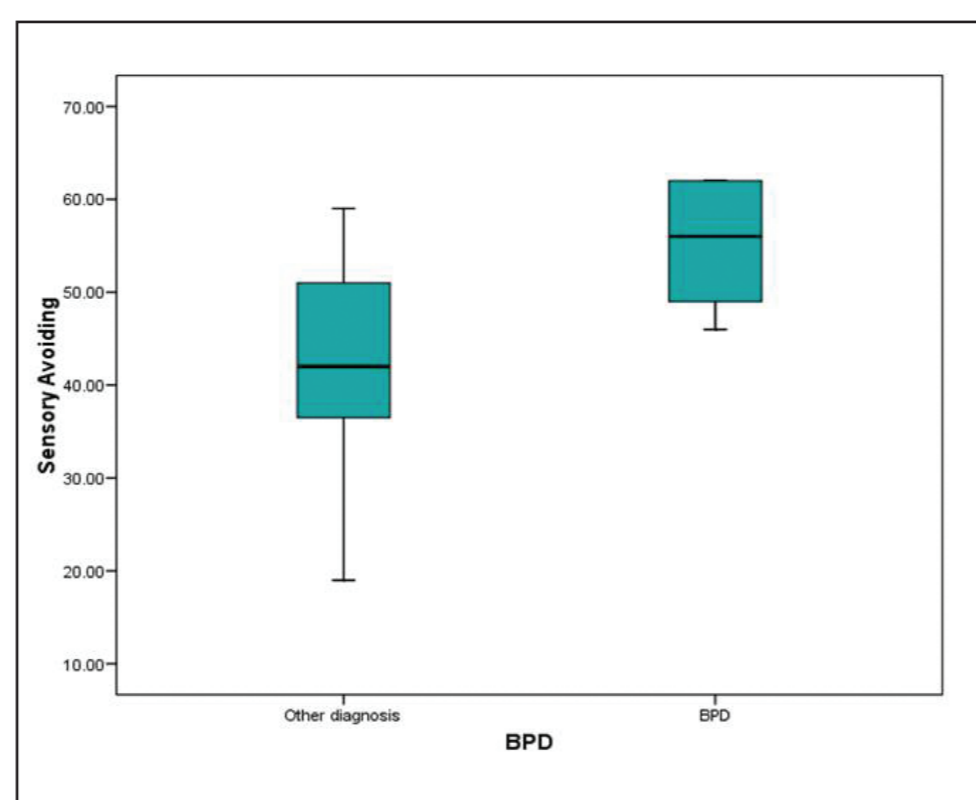
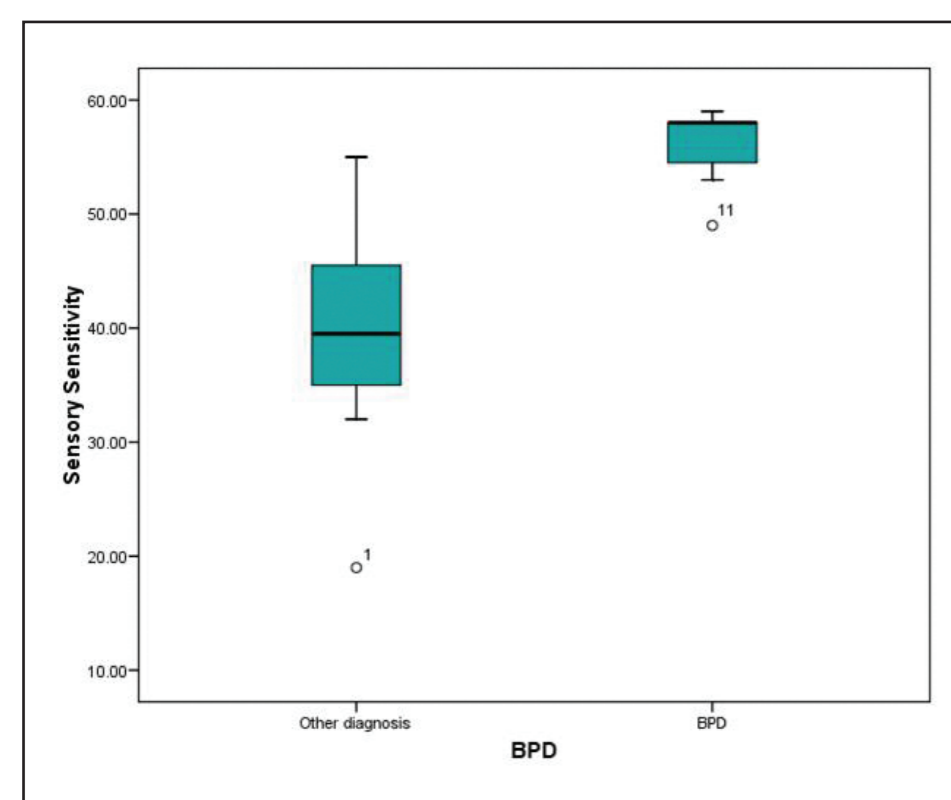
main application found in the fields of paediatrics and learning disability. We describe an extension of the treatment strategies for this client group and discuss possible underlying mechanisms.

Methodology

The Sensory Profile was used to assess a continuous set of 20 individuals (with a range of mental health diagnoses), referred for occupational therapy in an acute inpatient unit for Sensory Therapy. This standardised self report tool measures 4 sensory domains. Each sensory domain has a unique score which indicates broadly a standard deviance from the normative population scores, as identified by the scale.

Results

Review of clinical data highlighted the fact that clients with a clinical diagnosis of Borderline Personality Disorder polarised to a subset of being both sensory-sensitive and sensory-avoiding, these findings are significant when comparing those with BPD to those with other diagnoses ($p = 0.0058$ for sensory-avoiding domain & >0.0001 for sensory-sensitive domain). Individuals with diagnoses of non-BPD personality disorders had profiles similar to the BPD group.



A service user's perspective

"I started self harming when I was 21. When I was young, a man my parent's trusted used to look after me . . . he used to physically torture me week after week. I started self-harming. Over 5 years I spent most of my time as an inpatient in various mental health units, I tried every therapy that was on offer in the NHS in Cornwall, including Dialectical Behaviour Therapy which is said to be the most successful treatment on offer for people with a "Borderline" diagnosis. In 2001 I started doing the Sensory Programme, the first thing that we did was a kind of profile, of the things that calmed me, and the things that alerted me, the things that I liked and disliked.

I used to cut several times every day, and couldn't sustain a normal life at all, and then with the help of the sensory stuff, I stopped doing it every day. Now it may become a problem for a few days every couple of months".

Conclusion

A matched case control study has been planned to further our understanding of how neuro-developmental deficits and sensory processing problems impinge on the development of borderline personality disorder. We plan to conduct parallel studies of the role Be SMaRT™ Programme and Be SMaRT™ Cart has in alleviating psychiatric symptoms of BPD.

