We promote best practice through shared learning and networking.

We enable mental-health professionals to manage in an effective and proficient way maladaptive behaviors of inpatients with Borderline Personality Disorder (BPD).

We provide theoretical and hands-on strategies for evidence-based practice, support to psychiatric wards, learning and self-

What we do

We provide on-line, direct and bespoke specialist services, guidelines, surveys and lectures on managing BPD maladaptive behaviors.

Managing Maladaptive Behaviors of Inpatients with Borderline Personality Disorder

Social Network for Psychiatric Services

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Definition of targets

Borderline Maladaptive Behaviors (BMBs)

Borderline Maladaptive Behaviours (BMBs) are a pattern of challenging, self-harming, and threatening conducts of patients with diagnosis of Borderline Personality Disorder (BPD) while they are inpatients into psychiatric wards.

BMBs impair the therapeutic alliance between BPD patients and staff, reduce patient’s compliance with ward’s regulations, sabotage care plans and discharges, and lead to disrupt power balances into psychiatric wards together with frequent complaints by part of BPD

**BMBs in a snapshot**

- Multiple self-referrals to Accident and Emergency departments to deal with crises and facilitate hospital admission.
- Aiming to take leadership into a psychiatric ward with the intent to create a niche of power and to direct other patients or staff’s decisions.
- Splitting members of staff to have control and power over the ward.
- Communal and synchronic self-harming and challenging behaviours together with other BPD patients to reduce staff’s resources and intervention.
- Copying BMBs from other BPD patients and a leader
- Group suicide pacts.
- Sun downing: deterioration of mood and escalation of challenging behaviours due to dropping of mood, anxiety, boredom, less attention rom staff, lack of activities
- Sabotaging discharge plans with the intention to prolong hospital stay. BMB increase in intensity before discharges as a way of reducing the likelihood of this undesirable event.
- Staying in hospital for an unlimited time is often the only welcome solution to being discharged to community.
Emotional reactions of mental-health professionals dealing with BMBs

- Feelings of powerlessness
- Fear from attacks, challenging behaviours or complaints by part of BPD patients
- Feelings of discouragement and abandonment from top management
- Feelings of retaliation from patients
- Reduction of commitment and empathy in interacting with BPD patients
- Frequent transfers to other wards and sick leaves

Help yourself to help others
Help others to help yourself
How to manage BMBs and improve your support to BPD patients

**Chaos Management Theory**

The idea of Chaos Management theory is that events can rarely be managed (McNamara, 2015) while empowerment will come from manager’s self-reflection (Gold & Evans, 1998).

Not every aspect in the management of BPD patients can be controlled. It might be the case that due to the complexity of treating these patients, their recurrent relapses or the lack of a complex support network in the community. Your organization might be unprepared or unwilling to deal with BMB and
Scientific Management

Emphasizes a scientifically determined management practice as a way to improve efficiency, based on standard methods for accomplishing each job (Daft & Marcic, 2008).

In order to manage effectively BMBs, healthcare providers need to know the scientific basis of these behaviour before planning an integrated care. Theoretical models, surveys, and auditing are important in order to collect the necessary evidence needed to implement changes into your own organization.

The use of a dedicated technology improves this management style.

System Management

System management entails recurrent, although at times demanding, communication with many teams within the same organisation with direct customer-user interactions (Baldwin, Hoffman, & Miller, 2004). It looks at company people, groups and teams as integrated sets.

One of the transmission belts for an integrated care and systemic management is the reinforcement of interprofessional teams. Here, team communication and coordination have
McGregor’s stated that the most significant cause of job satisfaction is a sense of realisation and achievement (Henderson, 1996). The HR management maintains that organisational vision and human needs are reciprocal and compatible (Grobler, Wärnich, et al., 2006).

Management of BMBs should aim to the reduction of reasons of concerns in the staff involved in the care of BPD, and to the promotion of shared feelings of responsibility and belongings.

A state of mind of power and self-realization is achieved by your autonomy in your own decisions. Power is also reached by providing an individualized support to your colleagues when crises in the ward arise.

This approach reflects on all characteristics of current scenario and acts on these phases (McNamara, 2015).

It is an effort to determine through exploration which managerial methods are suitable in specific circumstances (Kreitner, 2009).

Decisions on best plans are taken according to the presenting scenario. Although standardised care plans and medication-behavioural approaches are taken, each care plan and management is tailored for each BPD patient, staff’s conditions, ward safety, etc. The expected outcome is the right intervention at the right time with no delay in patient’s management from staff.
Online resources and technological support

The BPD App provides you with the technological and theoretical support: learning, tutorials, self-

QR Code for iPhone download

QR Code for Android phone


https://www.surveymonkey.co.uk/r/BPD_Management
Self-assessment and learning units on SurveyMonkey

http://www.slideshare.net/IPE_2015/managing-borderline-personality-disorder-63685629
Tutorials on PowerPoint Presentations and this Social Network
On BMB:


On interprofessional teams dealing with BPD:

https://www.researchgate.net/publication/303345467_Improving_knowledge_and_comprehension_of_Interprofessional_Teamwork_IPT_in_mental_health_staff_Identifying_tools_to_reinforce_the_mind-brain_education_into_psychiatricwards