

# BRAIN 2024

## SESSION 9: COMPLEX TRAUMA AND BORDERLINE PD

Trauma, attachment styles, stress response, resilience, and psychiatric disorders... how are these all connected?

The concept of stress is more nuanced than generally thought. Early trauma can lead to dysregulation of the HPA-axis and the development of long-lasting and potentially debilitating psychiatric symptoms (including what we might call "complex trauma" and "borderline personality"). But not all stress is bad. In fact, successfully overcoming challenges (stress inoculation) can facilitate resilience – an increased capacity to tolerate future adversity. And, of course, all of this depends on a range of other crucial factors, including attachment style, psychosocial supports, social determinants of health, and genetic vulnerabilities.

Through the pod activity and self-study resources we take you on a journey that we hope will help you better understand – and connect with – your patients.

### On Your Own

#### *Watch or Read:*

**Epigenetics and Trauma**  
or  
**The Nature of Nurture: How Developmental Experiences Program Adult Stress Circuitry**

#### *Watch:*

**Talking Pathways to Patients: Borderline Personality Disorder**

#### *Listen:*

**It's Not Just About Cats**

#### *Read:*

**Poverty, Parenting, and Psychiatry**

**I Am Not I: The Neuroscience of Dissociative Identity Disorder**

### With Your Pod (Or on Your Own)

#### **What to Say When Patients Ask:**

**To Bend and Not Break: The Neurobiology of Stress, Resilience, and Recovery**

### Assessment

You are called to see a 27 year old woman with a history of early life trauma and longstanding poor mood, chronic suicidality, self-injurious behaviors (including cutting), and mild perceptual disturbances. She was recently admitted to medicine for workup of syncope. She passes out in the bathroom and, during the medical code, you hear staff say "she put herself on the floor again." Later in the afternoon, there is a team huddle and the same staff member says "I don't even understand why she's here, this is all just personality stuff." How would you respond to the medical team? What would be key things to teach them about etiology and pathophysiology of her condition?



When you're ready, click here to submit your response.

### Fun Extras!

#### *Do:*

**Neuroscience Lab: Human social interactions and adult attachment style**

#### *Watch:*

**"Trauma and Resiliency"**

#### *Bonus:*

**From Generation to Generation** (if you didn't already read in Session 3)

**Beyond Bootstraps: Pulling Children up with Evidence-Based Interventions**

**Translational Neuroscience: Borderline Personality Disorder\*\***  
(See footnote.)

\*\*The session starts with a case vignette, followed by a review of the current standard of care. You then split up to read three different papers that each highlight how cutting-edge research could lead to next-generation treatment. (Don't get too bogged down in the science. It's not about the details – just read for the big picture ideas.) If nothing else, it's worth looking at this for Dr. Fineberg's review of Standard of Care treatment.