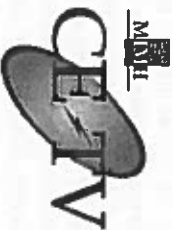


USER GUIDE



BORDERLINE PERSONALITY DISORDER

with Miguel Lewis, MS



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DESCRIPTION

In this video, Mr. Lewis defines personality disorder in general and more specifically defines borderline personality disorder. The symptoms and treatment of borderline personality disorder are discussed.

population is so intense and so difficult to work with at times, you need to kind of consult with other colleagues, with friends, even obtain some supervision if you're a therapist, to kind of deal with this, because with this population I think more so than a lot of them, for instance depression, you can kind of understand and kind of have some empathy for them. But when someone in session or in the unit is kind of yelling at you or they're being very demanding at times, it's kind of hard to get that empathy. So it's important to talk to others and consult with other people to kind of talk over these emotional feelings that you're having towards this client.

MB: So if you were my supervisor, it would be okay for me to come to you and say that I'm having a difficult time with this particular client? As a matter of fact, I might even say that I don't like this client, would that be appropriate to talk about in supervision?

ML: Sure, sure, I think that's a natural thing, if someone is telling you one week that you're really great and next week telling you that you're horrible...

MB: It's got to be very confusing.

ML: ... very confusing, and also normal to have that reaction, I don't particularly like this person. But that's why it's good to go to other people and get some supervision so you can talk about those feelings, otherwise if the therapist doesn't get some consultation that may come out in therapy. They may unconsciously miss an appointment, not care for them as much, so it's really important to come to supervisors whether in a hospital or whether you're a therapist working alone, getting help from other people. That's one of the good things about these two particular therapies, psycho-dynamic therapy and also DBT that makes it effective part of therapy, in DBT therapy, is that the therapists who are treating these people, they get together and talk to themselves about their intense emotional reactions, they have some support that they need, and also to make sure that they're remaining focused on the treatment and being effective and not going off on a tangent.

MB: To follow up with that point that you made, Miguel, it must be pretty difficult for staff to work with this population, and they might be experiencing at sometimes, burnout. Are there some suggestions that you have for staff so that they don't experience burnout?

ML: Sure. Let's say you're a person in a psychiatric hospital having a difficult time with a client, you can say excuse me one second, and you can just switch with someone else. Let's say you have a long shift or a whole floor of people with borderline personality disorder, it can be very difficult, so if you can switch with someone else or take a break yourself, I think that can help. Taking care of ourselves is another important thing, especially with this population, you know, getting enough sleep, exercising, having outlets. I think that's very important because with this population you can easily get frustrated by wanting to solve all their problems, especially when they're calling a lot in the middle of the night, or so forth, or having suicidal gestures, we have to understand that we can help them, but it's them that have to help themselves as well.

MB: Thank you Miguel, I appreciate you coming by. For everyone out in the audience, I think you'll find that if you look at the key concepts and you use the glossary of terms, you'll have no problem taking your test. Thank you and good luck.

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someone's going to leave, they can say okay, now I've learned these skills, let me go take a warm bath or call a friend or look at a peaceful scene to kind of calm themselves down to kind of get through this, as opposed to some destructive ways of doing it.

MB: Okay, so that sounds like you're trying to train clients to use adaptive behaviors to deal with their anxiety.

ML: Yes, and that's just one of the skills that she uses. There are many, many skills, to give you an example of what this dialectical therapy is.

MB: Tell me, Miguel, about the stigma that's attached to borderline personality disorder.

ML: Sure, I think often people who deal with this particular disorder, whether it is mental health providers, therapists, medical doctors, nurses, social workers, anybody that deals with this particular population oftentimes, or they may sometimes think that they are manipulating. Oftentimes a lot of people don't really want to work with this population, even the name kind of sounds a little scary. Borderline - what does that mean? What are they on the border of, and so forth? And oftentimes people may think that because they are cutting themselves, whether it's in the hospital, coming into the hospital as a result of something that happened at their house, or even if they cut themselves within the psychiatric hospital, they think, oh these people are manipulating, they're trying to get attention, they're needy. What we need to understand is that these people are very sick. It's a sick population, they're hurting a lot. They're... if you think about it, if someone has to cut themselves as a way of coping, that's not healthy, that's not something that you and I would do.

MB: No, it sounds like they have an internal turmoil that most people that if they talked with individuals might think that the person was pretty stable, but it sounds like from what you're saying that they are not stable at all.

ML: When you really start to get to know them you'll see that they have a lot of unhealthy behaviors.

MB: So part of the stigma is that staff think that the clients are trying to manipulate or control the situation to get what they want, and that's not true.

ML: Right, right, and by having those types of thoughts, that they are trying to manipulate or they are trying to do these things, then that's not providing them with a caring environment, they are being invalidated, they are not being cared for and this may lead to other sorts of behaviors as well. You have to realize that this is a very difficult population to deal with, very intense, but we need to kind of understand what's going on with them and try to do as good a job as we can with them.

MB: Miguel, what can staff do, people who work with folks who have this disorder, what can they do to improve their attitudes when working with these individuals?

ML: Sure. I think that one of the things that they can do is watch this video and kind of understand more about what's going on with them and finding out, educating themselves about this is why they are acting this way. But also, I think it's important because this

PRESENTER

Miguel Lewis is a doctoral student in psychology at Nova Southeastern University Ft. Lauderdale, Florida. Mr. Lewis is fulfilling his internship requirements at St. Louis Psychological Consortium. One of his rotations is at Missouri Institute of Mental Health. He has previous experience providing group therapy for mentally ill consumers in group residential settings. In addition, he has provided individual and group therapy in in-patient psychiatric settings.

KEY CONCEPTS

Borderline personality disorder (BPD) begins by early adulthood and is characterized by a pervasive pattern of instability of interpersonal relationships, self image, affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts that affect thinking, behavior and emotions.

People who have BPD often experience fear of abandonment, high intensity emotional instability, chronic feelings of emptiness, intense inappropriate anger, and impulsivity that results in unstable relationships with others.

People with BPD usually experience sudden and dramatic shifts in self-image, characterized by shifting goals, values and vocational aspirations.

BPD is about five times more common among first-degree biological relatives of those with the disorder than in the general population.

Physical and sexual abuse, neglect, hostile conflict and early parental loss or separation is more common in the childhood histories of those with BPD.

MB: So how do you treat someone with borderline personality disorder? What are the treatment options?

ML: There are a lot of treatments out there; some of the ones that have been researched and shown to be effective - there's a psycho-dynamic treatment out there that has to do with group therapy that has shown to be effective. And also there's another one called, developed by Dr. Marsha Linehan out of the University of Washington, Seattle, called dialectical behavioral therapy. Before I get into this, I wanted people to know that this particular disorder, as we can see it's a lot of intense stuff, it usually takes at least a year, if not longer, usually it takes quite some time to be treated for this disorder effectively. It can't be a short-term thing.

The dialectical behavioral therapy, that's just a fancy way of saying - dialectical, kind of a blending of, instead of thinking of things as black or white, it's a kind of a blending, an and/or type of thing. Where you can kind of, for instance, blend emotion and also reasoning together. This particular therapy, they try to validate them as well, they try to validate them by letting them they have a right to have their emotions, and that makes them feel good as well for the first time.

MB: Even negative emotions?

ML: Even negative emotions, too, they have the right to have these emotions and so forth. Part of the treatment uses lots of different skills as well. It's a treatment where they're seen individually and in a group as well, a group leader will teach them skills, effective ways of dealing with themselves in a personal way and also when they're having problems with emotions as well, rather than cutting themselves or yelling at others and so forth.

One of the ones that I just saw recently, by Dr. Lisa Parker-Scott, a psychologist over at the State Hospital here in St. Louis who has been trained by Dr. Marsha Linehan, she was doing something called distress tolerance and that's one of the skills we can learn, and that's a fancy way of saying how can people soothe themselves through either looking at a picture, sight, or smelling some lotions, or taking a bath, or listening to light music. What are some other ways that they can cope effectively other than hurting themselves?

MB: So the suggestion might be for clients to soothe themselves through their senses whether it is hearing or sight or taste or touch or smell

ML: Yes.

MB: And that's effective for someone who has borderline personality disorder?

ML: Yes, it is.

MB: And that's designed to help them do what?

ML: That's designed to help them find out that there are other ways that they can cope.

MB: Oh, okay.

ML: You know, instead of hurting themselves when they are really emotional or thinking

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emotions all at the same time. You're right it can be really uncomfortable to have both of these going on at the same time.

MB: Talk to us a little bit about etiology of borderline personality disorder and where does it come from, how does it start?

ML: Sure. A lot of researchers have talked about how they believe it comes about either through sexual abuse or physical abuse or some sort of neglect on the parent/hood, whether that means, or even that the parent figure has been gone for more than three months at a time or has kind of left their lives altogether - one parent. What I mean by neglect also could be meaning a parent putting a child in a parenting role, not being there for them, not listening to them and so forth, so those are some of the reasons. Also some people even think that some of the characteristics of borderline personality disorder are inherited, some of these qualities.

Dr. Marsha Linehan, a prominent researcher and creator of a therapy we'll talk about a little bit later, feels that it comes about through an invalidating environment, meaning the invalid environment could be for example, where a parent when they hear that their daughter is having some sort of emotional reaction, say "That's nothing to be emotional about, I'll give you something to be emotional about." And won't really listen to them or care for them, and as a result of this, whenever they have intense emotions they can't rely on a parent so that may result in them cutting themselves or burning themselves and then that finally get that attention. The problem with that is that this is an unhealthy way of dealing with things and as a result of getting attention, it's reinforced and continues on until they get some treatment.

MB: I guess the thinking there is that it's better to get attention for negative behavior than no attention at all.

ML: Yes, yes it is, and you can see how uncomfortable that is.

MB: Why don't you talk to us a little bit about why some of the individuals with borderline personality disorder injure themselves?

ML: They injure themselves usually because they are in some sort of emotional pain. In the movie *Fatal Attraction*, Glenn Close, when she thought she was being abandoned by Michael Douglas, we saw that all of a sudden she surprised him by having cuts on her. You know so it could be fear of abandonment or some sort of intense emotional experience. And what's hard for a lot of people to understand, even myself for awhile, is why would someone who is feeling all this emotion cut themselves to make them feel better? That doesn't make any sense, but for them, some of them say that they cut themselves or they burn themselves or they do that because they'll be distracted from the emotion all of a sudden they can think about the physical pain instead, or they see the bleeding and so forth, and it'll be a different way, a kind of distraction from what's going on in their emotional state.

GLOSSARY OF TERMS

Personality disorder - An enduring pattern of inner experience and behavior that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has onset in adolescence or early childhood and leads to distress and/or impairment.

Psychodynamic therapy - Therapy whose focus is on the interaction of the emotional and motivational forces that affect behaviors and mental states, especially on a subconscious level.

Dialectic - Tension between conflicting or interacting ideas, forces, elements. Debate intended to resolve a conflict between two contradictory or apparently contradictory ideas or elements logically, establishing truths on both sides rather than disproving one argument.

Dialectical behavioral therapy (DBT) - A comprehensive treatment that utilizes cognitive and behavioral strategies geared towards the problems of borderline personality disorder. DBT treatment requires that the client attend both individual psychotherapy and psychosocial skills training.

SUMMARY

Borderline personality disorder (BPD) is a disorder that begins by early adulthood and is characterized by a pervasive pattern of instability of interpersonal relationships, self image and marked impulsivity that begins by early adulthood. BPD is present in a variety of contexts that affect thinking, behavior and emotions. People who have BPD often experience fear of abandonment, high intensity emotional instability, chronic feelings of emptiness, intense inappropriate anger and impulsivity that results in unstable relationships with others. BPD is about five times more common among first-degree biological relatives of those with the disorder than in the general population. Physical and sexual abuse, neglect, hostile conflict and early parental loss or separation is more common in the childhood histories of those with BPD.

MB: So you had previously mentioned interpreting relationships strangely as a characteristic of people with borderline personality disorder, and you also mentioned this kind of high emotional intensity in relationships. Are there some other characteristics that we need to be thinking about?

ML: Another one is a chronic feeling of emptiness, and one of the videos by Dr. John Gunderson back in 1988 talking about borderline personality disorder, they have one clip of a young woman talking about how she felt empty, empty, empty, when other people aren't around, and when they leave they take their insideness and their good things with them, and I feel alone, and I can't understand why that happens.

So I think a good way of kind of understanding this, is that their idea of self, their idea of who they are, if you think of it as an equation, equals you plus me. Your idea of who you are is just for yourself, you have a comfortable feeling of who you are. But they need to have someone else around them at all times to feel whole and once you leave that other person, they don't feel whole, that's why you can see why they have fears of abandonment.

MB: Sure, that's got to feel very uncomfortable for them.

ML: Yes, it does, it's extremely uncomfortable for these people to constantly have to have others around to feel good about themselves.

MB: Other characteristics?

ML: Another one is intense anger, intense inappropriate anger, one example of this could be, I was reading about this in a booklet about a patient who came home to her sister's home because the 12 year old babysitter couldn't manage her child, the two-year old child, so she came home to kind of rescue the situation, feed the baby, and calm her down, and when her sister came home, the one with borderline personality disorder, came home, they ended up with one sister ended up saying "Where were you, you needed to care for your child?" and out of nowhere she blew up, kind of spontaneous combustion, she said "Get out of my house!" even after her sister kind of came to her to kind of help out with the situation. So that's another one-intense anger, out of nowhere.

MB: And that's the fourth characteristic, you mentioned, and there are five, what's the fifth one?

ML: Actually, there are nine, but you need to have at least five...

MB: Oh, okay.

ML: ...five to have the disorder. Another one could be impulsivity, life-threatening impulsivity, in areas such as sexual promiscuity, it could be using drugs and alcohol, it could be eating as well, binge eating, where they eat a lot and then throw it up and so forth.

MB: It's got to be very difficult to experience impulsivity and high emotional intensity both at the same time. I could imagine that you could put yourself in quite dangerous situations by having those two combinations of disorder symptoms.

ML: Right, exactly, and what I'm trying to get across, and you're getting it, is that as you can see with all these symptoms it's really intense, it's a lot of intense behaviors and

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ML: You know, relationships with others, oftentimes they'll have unstable relationships. They can't seem to keep marriages; they'll go from marriage to another marriage. You know, they'll have problems at work, with other people; they have problems with their emotions, and problems with family members. The biggie with this one is intense emotions that kind of affect all kinds of areas.

MB: Okay and so can we talk a little bit about what are the symptoms?

ML: Sure.

MB: That are involved in borderline personality disorder.

ML: One of the first symptoms, and all these symptoms, about nine symptoms in all and in order to have the criteria for borderline personality disorder you need at least five of them. One of the first symptoms is unstable interpersonal relationships. And they're unstable because people with borderline personality disorder think of people as all good or all bad. For instance, if you're a therapist, and things are going particularly well that week for a person with borderline personality, they may think that you're the greatest thing on earth, that you are doing an excellent job, that you've really helped me out a lot, and put you in really high terms, you know, almost too high terms. An unrealistic way of looking at someone. And then the following week they may say, maybe because I didn't return a phone call or maybe you're going on vacation or so forth, you know, they may think all of a sudden the therapist is really bad, horrible, you're terrible, and I'm leaving therapy, I'm quitting.

That's one of the first ones; it's kind of the intense swings of the way of looking at people as all good or all bad. Actually Dr. John Gunderson, he's a psychiatrist at Harvard University, and he's done a lot of work, a lot of research in the last thirty years on borderline personality disorders, would be kind of reluctant to give this diagnosis if they didn't have this particular characteristic, although they don't have to have it because they can have five of the nine characteristics, but he would say this is one of the biggest.

MB: Oh, okay. What are some of the others, than?

ML: Another is fear of abandonment, have you ever seen the movie *Fatal Attraction*?

MB: Yes, yes.

ML: In that movie, Glenn Close, at one point when she's in the apartment with Michael Douglas, he acts as if he's going to leave and she says, "Don't leave me." And you can really see the fear in her face. At another point she even said, I think in the movie, "I don't know what I would have done if you hadn't come back." So you can really see that fear of abandonment and it's just not being comfortable without having someone around at all times.

MB: She's not a very likeable character in that movie, is she?

ML: No, no she's not, and as a result of her kind of clinginess, her intense anger, her cutting herself, she has a lot of characteristics of borderline personality disorder.

POINTS OF APPLICATION

- Read an article on BPD and discuss it with your supervisor.
- Watch *Fatal Attraction* and create a profile of behaviors exhibited by the character portrayed by Glenn Close that are prevalent for a person who has BPD.
- Identify a time in your life when you may have felt insecure about an intimate relationship and write down on a piece of paper how you felt and what you thought.
- Identify three reasons why it is important to know and understand your boundaries when working with clients who experience BPD.
- Identify one thought and one behavior that a person who has BPD might experience and discuss its significance with your supervisor or a co-worker.

CONTACT HOUR

The University of Missouri-Columbia Missouri Institute of Mental Health (MIMH) will be responsible for this program and maintain a record of your continuing education credits earned. The Missouri Institute of Mental Health will award .8 clock hour or 1 contact hour (.1 CEU) for this activity.

The MIMH credit will fulfill Clinical Social Work and Psychologist licensure requirements in the State of Missouri. If your profession is not listed or if you are from outside of Missouri, check with your Board prior to completing this program to ensure you are seeking the proper accreditation.

Expires 6/30/07

TRANSCRIPT

Hello, and welcome to this training video on borderline personality disorder. I'm Mark Brennan, your host, and I'm project director of Continuing Education Television at the Missouri Institute of Mental Health in St. Louis, Missouri. With me is Miguel Lewis, who is a doctoral student in psychology at Nova Southeastern University in Fort Lauderdale, Florida. He is fulfilling his internship requirement at the St. Louis Consortium, and his current rotation is at both the St. Louis Psychiatric Rehab Center in St. Louis, as well as the Missouri Institute of Mental Health. He has previous work experience providing group therapy for mentally ill individuals in residential settings. He has also provided individual and group therapy in psychiatric hospitals. He has an interest in specializing in personality disorders.

Mark Brennan: Hi Miguel, and welcome to the program. We're going to be talking today about personality disorder in general and borderline personality disorder specifically, so a good place to start would be for you to talk to us a bit about what a personality disorder looks like.

Miguel Lewis: What it looks like, is that it's a continuous type of unstable personality characteristic that you can see with their thinking patterns, with their behavior, with their emotions. It usually starts off in adolescence or early adulthood and it can kind of affect lots of areas in their life such as their occupations, work, interpersonal relationships, and other areas as well.

MB: For most people and I imagine our audience as well, there is no difficulty at looking at someone who might have a psychotic disorder because you can see things like hallucinations and delusions, and you can see people acting on those things. But for someone who has a personality disorder, it's not really clear that they're having difficulties, so can you talk to us about how one might discern whether someone has a personality disorder? What would you need to look at to kind of figure that out?

ML: Good point. I think, as you were saying people with...let's say you're working at a psychiatric hospital and so forth. You can easily see people with schizophrenia because they may be talking to themselves or kind of thinking that someone's going after them, so forth, and being paranoid. Personality disorders are people that have all kinds of brain dysfunctions, some people with borderline personality disorders can be mentally retarded, but you can also have people that are very high functioning as well. So when they come into a hospital, some people may think, well what's wrong with them? I don't see these voices, you know, they appear to be having a job, and so forth, but as you talk to them and as you come in and start reading their hospital chart and finding out about their history, these people do have difficulties.

MB: And where are those focused in their lives, the difficulties?

ML: Those difficulties could be, especially with borderline personality disorders, could be with their relationships.

MB: Okay.