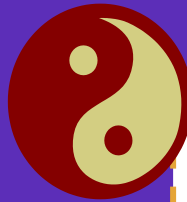




MENTAL MINUTES

JULY 2011 VOLUME 2, ISSUE 8

What is Borderline Personality Disorder?



What is Borderline Personality Disorder?

Borderline Personality Disorder (BPD) is a serious and often life-threatening disorder that is characterized by severe emotional pain and difficulties managing emotions. The problems associated with BPD include impulsivity (including suicidality and self-harm), severe negative emotion such as anger and/or shame, chaotic relationships, an extreme fear of abandonment, and accompanying difficulties maintaining a stable and accepting sense of self. Thus, BPD is characterized by pervasive instability of mood, interpersonal relationships, self-image, and actions, often negatively affecting loved ones, family and work life, long-term planning, and the individual's sense of self-identity.

Source: <http://www.borderlinepersonalitydisorder.com/>

Diagnosis

A person with a borderline personality disorder often experiences a repetitive pattern of disorganization and instability in self-image, mood, behavior and close personal relationships. This can cause significant distress or impairment in friendships and work. A person with this disorder can often be bright and intelligent, and appear warm, friendly and competent. They sometimes can maintain this appearance for a number of years until their defense structure crumbles, usually around a stressful situation like the breakup of a romantic relationship or the death of a parent.

Symptoms

Relationships with others are intense but stormy and unstable with marked shifts of feelings and difficulties in maintaining intimate, close connections. The person may manipulate others and often has difficulty with trusting others. There is also emotional instability with marked and frequent shifts to an empty lonely depression or to irritability and anxiety. There may be unpredictable and impulsive behavior which might include excessive spending, promiscuity, gambling, drug or alcohol abuse, shoplifting, overeating or physically self-damaging actions such as suicide gestures. The person may show inappropriate and intense anger or rage with temper tantrums, constant brooding and resentment, feelings of deprivation, and a loss of control or fear of loss of control over angry feelings.

There are also identity disturbances with confusion and uncertainty about self-identity, sexuality, life goals and values, career choices, friendships. There is a deep-seated feeling that one is flawed, defective, damaged or bad in some way, with a tendency to go to extremes in thinking, feeling or behavior. Under extreme stress or in severe cases there can be brief psychotic episodes with loss of contact with reality or bizarre behavior or symptoms. Even in less severe instances, there is often significant disruption of relationships and work performance. The depression which accompanies this disorder can cause much suffering and can lead to serious suicide attempts.

Etiology

It is a common disorder with estimates running as high as 10-14% of the general population. The frequency in women is two to three times greater than men. This may be related to genetic or hormonal influences. An association between this disorder and severe cases of premenstrual tension has been postulated. Women commonly suffer from depression more often than men. The increased

frequency of borderline disorders among women may also be a consequence of the greater incidence of incestuous experiences during their childhood. This is believed to occur ten times more often in women than in men, with estimates running to up to one-fourth of all women. This chronic or periodic victimization and sometimes brutalization can later result in impaired relationships and mistrust of men and excessive preoccupation with sexuality, sexual promiscuity, inhibitions, deep-seated depression and a seriously damaged self-image. There may be an innate predisposition to this disorder in some people. Because of this there may ensue subsequent failures in development in the relationship between mother and infant particularly during the separation and identity-forming phases of childhood.

Treatment

Treatment includes psychotherapy which allows the patient to talk about both present difficulties and past experiences in the presence of an empathetic, accepting and non-judgmental therapist. The therapy needs to be structured, consistent and regular, with the patient encouraged to talk about his or her feelings rather than to discharge them in his or her usual self-defeating ways. Sometimes medications such as antidepressants, lithium carbonate, or antipsychotic medication are useful for certain patients or during certain times in the treatment of individual patients. Treatment of any alcohol or drug abuse problems is often mandatory if the therapy is to be able to continue.

Brief hospitalization may sometimes be necessary during acutely stressful episodes or if suicide or other self-destructive behavior threatens to erupt. Hospitalization may provide a temporary removal from external stress. Outpatient treatment is usually difficult and long-term - sometimes over a number of years. The goals of treatment could include increased self-awareness with greater impulse control and increased stability of relationships. A positive result would be in one's increased tolerance of anxiety. Therapy should help to alleviate psychotic or mood-disturbance symptoms and generally integrate the whole personality. With this increased awareness and capacity for self-observation and introspection, it is hoped the patient will be able to change the rigid patterns tragically set earlier in life and prevent the pattern from repeating itself in the next generational cycle.

Source: <http://www.stanford.edu/~corelli/borderline.html>

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Dialectical Behavioral Therapy

Dialectical Behavioral Therapy (DBT) consists of two parts:

1. Once-weekly psychotherapy sessions in which a particular problematic behavior or event from the past week is explored in detail, beginning with the chain of events leading up to it, going through alternative solutions that might have been used, and examining what kept the client from using more adaptive solutions to the problem:
Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship...the emphasis is on teaching patients how to manage emotional trauma rather than reducing or taking them out of crises. Telephone contact with the individual therapist between sessions is part of DBT procedures. (Linehan, 1991)

DBT targets behaviors in a descending hierarchy:

- decreasing high-risk suicidal behaviors
 - decreasing responses or behaviors (by either therapist or patient) that interfere with therapy
 - decreasing behaviors that interfere with/reduce quality of life
 - decreasing and dealing with post-traumatic stress responses
 - enhancing respect for self
 - acquisition of the behavioral skills taught in group
 - additional goals set by patient
2. Weekly 2.5-hour group therapy sessions in which interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught. Group therapists are not available over the phone between sessions; they refer patients in crisis to the individual therapist.

Source: <http://www.palace.net/~lama/psych/dbt.html>

Dialectical Behavior Therapy was Developed by Marsha M. Linehan who originally set out to address the needs of women with histories of suicidal ideation, suicide attempts, or tendencies to self-harm through her training as a behaviorist. However, she discovered that in reality she was treating people who were symptomatic of Borderline Personality (BPD).

Dialectical Behavior Therapy (DBT) is founded on the belief that environmental and biological factors that remain undetermined cause some people to respond to emotional states more quickly, and sustain a heightened emotional affect for an extended period of time before they return to baseline. This discovery gives credence to the symptoms of BPD which include lives fraught with crisis and severely shifting emotional peaks and valleys. DBT helps these people learn coping techniques that they did not receive in their invalidated childhoods.

According to Linehan, the core criterion that must be met for comprehensive psychotherapy to be valid encompasses five factors. It is essential that the therapy:

- 1) Expands and sustains the motivation the client possess to facilitate transformation;
- 2) Provides opportunity for the client's skills to be further developed;
- 3) Assimilates the client's new skill set to be applicable in multiple relevant situations and circumstances;
- 4) Develops the therapist's own abilities while increasing the therapist's desire to effectively and willingly treat people;
- 5) Provides a nonjudgmental and secure environment in which the healing process can occur.

Skills are learned and developed through an integrated system of group therapy, phone contact, in vivo coaching, and additional at home tasks. In order to maintain the enthusiasm and focus of the therapist, regular consultations are required for teams of clinicians. The team structure provides feedback to the therapist and gives a foundation of support to ensure the therapist maintains the most beneficial course of action. In fact, the criteria for this treatment is not met unless a weekly DBT meeting is held. Lastly, the therapy structure can be designed to be inclusive of family members as a method of measuring progress and responses in the home environment.

DBT utilizes a system of stages and target goals to ensure that it does not fall victim to treating present issues only. In addition, DBT uses a progression system that focuses on the most prevalent issues first, such as injurious or harmful conditions, and then reverts to the less pressing issues in order of relevancy to the continuation of treatment. Behavior patterns that negatively impact the client's life, development of coping skills and other extenuating issues are addressed once the primary risk factors have been worked on. Ultimately, the therapist focuses first on sustaining life, secondly on sustaining therapy, and thirdly on providing the resources and tools to effect a positive change in the client's life.

<http://www.goodtherapy.org/Dialectical-Behavioral-Therapy.html>

MENTAL MINUTE

Tickle your brain with these random riddles:

1. What English word retains the same pronunciation, even after you take away four of its five letters?
2. If I say "Everything I tell you is a lie," am I telling you the truth or a lie?
3. What work can a painter never quite finish?
4. Why wasn't Bertha put in jail after killing dozens of people?
5. Why wasn't John able to take a photo of his mother with curlers?
6. If there are three cups of sugar and you take one away, how many do you have?
7. What has a mouth but can't chew?
8. How many letters are in the alphabet?
9. What gets wetter and wetter the more it dries?
10. What can travel around the world while staying in a corner?
11. Food can help me survive, but water will kill me. What am I?
12. Take away the whole and some still remains. What is it?
13. What stinks when living and smells good when dead?
14. When is it bad luck to meet a white cat?
15. If it has a quart capacity, how many pennies can you put into a empty piggy bank?

Upcoming Trainings: Friday, September 23, 2011

8:30am - 3:30pm

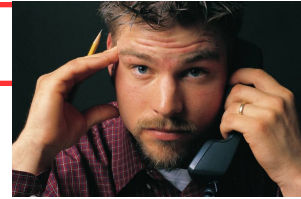
The Implications of Domestic Violence on Mental Health (4 CORE CEU Hours)

This training is targeted to Metropolitan Atlanta law enforcement, victim advocates, victim services, military, rape counselors, therapists, case managers and nurses. The objective of this training is to provide training and education in order to build capacity among advocates, organizations and communities committed to preventing domestic violence.

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Treatment and Training for Dialectical Behavioral Therapy



MODES OF TREATMENT

There are four primary modes of treatment in DBT :

- Individual therapy
- Group skills training
- Telephone contact
- Therapist consultation

Whilst keeping within the overall model, group therapy and other modes of treatment may be added at the discretion of the therapist, providing the targets for that mode are clear and prioritized. The individual therapist is the primary therapist. The main work of therapy is carried out in the INDIVIDUAL THERAPY sessions.

Between sessions the patient should be offered TELEPHONE CONTACT with the therapist, including out of hours telephone contact. This tends to be an aspect of DBT balked at by many prospective therapists. However, each therapist has the right to set clear limits on such contact and the purpose of telephone contact is also quite clearly defined. In particular, telephone contact is not for the purpose of psychotherapy. Rather it is to give the patient help and support in applying the skills that she is learning to her real life situation between sessions and to help her find ways of avoiding self-injury.

Calls are also accepted for the purpose of relationship repair where the patient feels that she has damaged her relationship with her therapist and wants to put this right before the next session. Calls after the patient has injured herself are not acceptable and, after ensuring her immediate safety, no further calls are allowed for the next twenty four hours. This is to avoid reinforcing self-injury.

SKILLS TRAINING is usually carried out in a group context, ideally by someone other than the individual therapist. In the skills training groups patients are taught skills considered relevant to the particular problems experienced by people with borderline personality disorder.

There are four modules focusing in turn on four groups of skills:

- Core mindfulness skills.
- Interpersonal effectiveness skills.
- Emotion modulation skills.
- Distress tolerance skills.

The '**core mindfulness skills**' are derived from certain techniques of Buddhist meditation, although they are essentially psychological techniques and no religious allegiance is involved in their application. Essentially they are techniques to enable one to become more clearly aware of the contents of experience and to develop the ability to stay with

that experience in the present moment.

The '**interpersonal effectiveness skills**' which are taught, focus on effective ways of achieving one's objectives with other people: to ask for what one wants effectively, to say no and have it taken seriously, to maintain relationships and to maintain self-esteem in interactions with other people. '**Emotion modulation skills**' are ways of changing distressing emotional states and 'distress tolerance skills' include techniques for putting up with these emotional states if they can not be changed for the time being.

The therapists receive DBT from each other at the regular THERAPIST CONSULTATION GROUPS and, as already mentioned, this is regarded as an essential aspect of therapy. The members of the group are required to keep each other in the DBT mode and (among other things) are required to give a formal undertaking to remain dialectical in their interaction with each other, to avoid any pejorative descriptions of patient or therapist behaviour, to respect therapists' individual limits and generally are expected to treat each other at least as well as they treat their patients. Part of the session may be used for ongoing training purposes.

Source: <http://priory.com/dbt.htm>

Recipe Round-Up: Peach Custard Pie

Ingredients

Crust

- 1/2 cup pecan halves
- 3/4 cup whole-wheat pastry flour (see Note)
- 3/4 cup all-purpose flour
- 1 tablespoon sugar
- 1/4 teaspoon salt
- 4 tablespoons cold unsalted butter, cut into small pieces
- 1 tablespoon canola oil
- 1/4 cup ice water, plus more as needed
- 1 large egg yolk
- 1 teaspoon lemon juice or distilled white vinegar

Filling

- 1 cup sugar
- 3/4 cup low-fat milk
- 3/4 cup nonfat plain Greek yogurt (6 ounces)
- 2 large eggs
- 2 tablespoons all-purpose flour
- 2 teaspoons cornstarch
- 1 teaspoon vanilla extract or 1/4 teaspoon almond extract
- Pinch of salt
- 2 cups sliced peaches, fresh or frozen, peeled if desired
- 2 tablespoons chopped pecans



Preparation

1. To prepare crust: Pulse pecans in a food processor until finely ground. Combine with whole-wheat pastry flour, all-purpose flour, sugar and salt in a medium bowl. Cut in butter with a pastry blender or your fingers until the mixture resembles coarse crumbs with a few larger pieces. Add oil and stir with a fork to blend. Mix 1/4 cup water, egg yolk and lemon juice (or vinegar) in a measuring cup. Make a well in the center of the flour mixture. Add enough of the wet ingredients, stirring with a fork, until the dough clumps together. (Add a little water if it seems too dry.) Turn the dough out onto a lightly floured surface and knead several times. Form into a ball, then flatten into a disk. Wrap in plastic wrap and refrigerate for at least 1 hour.
2. Position rack in lower third of oven; preheat to 400°F. Coat a 9-inch pie pan with cooking spray.
3. To prepare filling & assemble pie: Combine sugar, milk, yogurt, eggs, flour, cornstarch, vanilla (or almond) extract and salt in a medium bowl; whisk until smooth.
4. Roll out the dough between sheets of parchment or wax paper into a 12-inch circle. Peel off the top sheet and invert the dough into the prepared pie pan. Peel off the remaining paper. Trim the dough so it overhangs evenly by about 1 inch. Fold the edges under to make a plump edge; flute or crimp the edge with your fingers (see Tip) or a fork. Place on a baking sheet.
5. Arrange peaches in the crust and pour the filling on top (some peaches will float but this won't affect the final results). Bake for 30 minutes.
6. Remove the pie from the oven and sprinkle chopped pecans over the top. Cover the edges with heavy-duty foil (or a double layer of regular foil) to help prevent overbrowning. Reduce oven temperature to 350°. Return the pie to the oven and bake until a knife inserted in the center comes out clean, 40 minutes to 1 hour more. Let cool for 1 1/2 hours. Serve warm or refrigerate until cold.

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Self Care Corner: Healthy Tips for the Fourth of July

I'll never forget the Fourth of July when I saw a little girl get burned by a sparkler. Nobody, including her parents, expected it to happen. After all, sparklers are the "safe fireworks" for little kids, right? Not true, as you'll read below.

Here are some important safety precautions for you and your children this Fourth of July.

• Use common sense

Fireworks and sparklers should be used with caution. In the U.S. in 2005, four people died and an estimated 10,800 people were treated in emergency rooms for fireworks-related injuries. Surprisingly, 95% of emergency room visits involved fireworks that Federal regulations permit consumers to use; the highest injury rates were for children aged 10 to 14.

• Say no to sparklers

It's not safe for children to hold sparklers. Between June 18 and July 18, 2005, there were just as many injuries due to sparklers as there were due to rockets!! Sparklers can burn as hot as a match and can cause clothing to catch on fire.

• Don't allow young children to use fireworks

The risk of fireworks injury was nearly three times as high for children ages 10-14 as for the general population. Keep fireworks out of the hands of children.

• If you're going to use fireworks

Fireworks are associated with serious injuries, including blindness, third degree burns and permanent scarring. If you're going to use fireworks, take preventive measures to reduce these risks.

• Don't use fireworks and sparklers indoors.

• Obey local laws.

If fireworks aren't legal in your area, don't use them. Not only are you breaking the law, but you run the risk of injury and, if you have children, aren't setting a good example. Your children should look to you as a role model.

• Light fireworks on a smooth, flat surface away from homes, dry leaves and brush and flammable materials.

• Always have water, such as a garden hose or bucket, nearby.

• The adult lighting the fireworks should always wear eye protection.

• Fireworks and alcohol aren't a safe combination.

Just like a designated driver, have a designated shooter that hasn't been drinking.

• Ensure that other people are out of range before lighting fireworks.

• Other hazards

In addition to fireworks, there are other potential hazards. The Fourth of July has other potential hazards for children that include sunburn and dehydration. Make sure your children wear sunscreen and drink plenty of water.

• Parade safety

Perhaps one of the biggest worries for parents is that small children will wander away. Hard-to-negotiate crowds can separate children from their parents. To prevent this, carry small children or push them in a stroller. If you have older children, agree on a place to meet if you become separated.

Have a fun, safe Fourth of July holiday!!!

Source: <http://www.highlighthealth.com/resources/healthy-tips-for-the-fourth-of-july/>

Mental Minute Solution

1. Queue.
2. A lie. It can't be the truth without contradicting itself (and therefore being a lie), but some of my statements can be lies, and this is one of those statements.
3. Her autobiography.
4. She was a hurricane.
5. You can't use curlers to take photos! You need a camera.
6. You have just one - the one you took away.
7. A river.
8. There are eleven letters in "the alphabet."
9. A towel.
10. A stamp.
11. Fire.
12. The word "wholesome."
13. Bacon.
14. When you're a mouse.
15. Just one - after that it won't be empty.

Source: <http://www.123facts.com/play-quiz/Tickle-Your-Brain-69.html>

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