



OVERCOMING BARRIERS IN MINDS AND SOCIETY
8TH CONFERENCE - TOGETHER AGAINST STIGMA

Copenhagen 2017
20 - 22 September

Mental health professionals' attitudes towards people with borderline personality disorder (BPD): an Italian survey

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IRCCS

CENTRO SAN GIOVANNI DI DIO FATEBENEFRATELLI - BRESCIA

Centro Nazionale per lo Studio e la Cura
della Malattia di Alzheimer e Malattie Mentali

Recent studies highlight the negative attitudes and behaviors of health care professionals towards people BPD

Clinicians consider BPD patients especially difficult to care for and have been observed to regard them with less prognostic optimism.

Recent literature highlights that BPD is among the most stigmatized of all personality disorders (Sheehan et al, 2016).

Such negative attitudes towards BPD patients diminish the **quality of care** they receive and may worsen their **clinical outcomes** (Keuroghlian et al, 2016).

Why BPD patients are so unpopular among mental health (MH) staff?

People diagnosed with BPD experience pervasive and persistent:

- Instability of affective regulation
 - Self-image
 - Impulse control
 - Behaviour and interpersonal relationships
- Prevalence: up to 2% in the general population, 10% in outpatients receiving mental health care, 20% in psychiatric inpatient populations (APA, 2000)
- Extensive comorbidity; high rates of self-harm and attempted suicides (Soloff et al., 2012; 2000).

Stigmatizing attitudes in MH staff towards people with BPD

More dangerous...
unrelenting...a
destructive whirlwind

(Markham et al, 2003; Woollaston et al, 2008)

Manipulative...
attention seeking

(Stroud et al, 2013; Hazelton et al., 2006; Commons treolar, 2009; Mc Grath & Dowling, 2012)

Less empathy

(Bodner et al, 2011; Black et al., 2011)

Preference for
social distance

(Markham et al, 2003)



Attribution of
controllability
(Horn et al, 2007)

Time
consuming
(Cotes, 2004)

Untreatable
(Horn et al, 2007)



The Interface



**Responses of Mental Health Clinicians
to Patients with Borderline
Personality Disorder**

by Randy A. Sansone, MD, and Lori A. Sansone, MD

Innov Clin Neurosci. 2013;10(5-6):39-43

Attitudes Toward Borderline Personality Disorder: A Survey of 706 Mental Health Clinicians

Donald W. Black, MD, Bruce Pfohl, MD, Nancee Blum, MSW, Brett McCormick, MA, Jeff Allen, PhD, Carol S. North, MD, MPE, Katharine A. Phillips, MD, Clive Robins, PhD, Larry Siever, MD, Kenneth R. Silk, MD, Janet B.W. Williams, DSW, and Mark Zimmerman, MD

CNS Spectr. 2011 Mar;16(3):67-74.

The clinician's occupational subgroup was significantly related to attitudes:

- Staff nurses had the lowest self-ratings on overall caring attitude, while social workers had the highest.
- Social workers and psychiatrists had the highest ratings on treatment optimism.
- Staff nurses had the lowest self-ratings on empathy toward patients with BPD and treatment optimism.

This is line with recent studies (Dickens et al, 2016) showing, on the one hand, that nurses hold the most pronounced **negative attitudes** and were less **optimistic** about care outcomes, and, on the other hand, that they were willing to engage in further training.

Mental health professionals' attitudes towards people with BPD: an Italian survey

R. Rossi (IRCCS, Brescia), ME Ridolfi (DSM, Fano); M. Lanfredi (IRCCS, Brescia), and the ITALIAN ATTITUDES STUDY GROUP

Main aim:

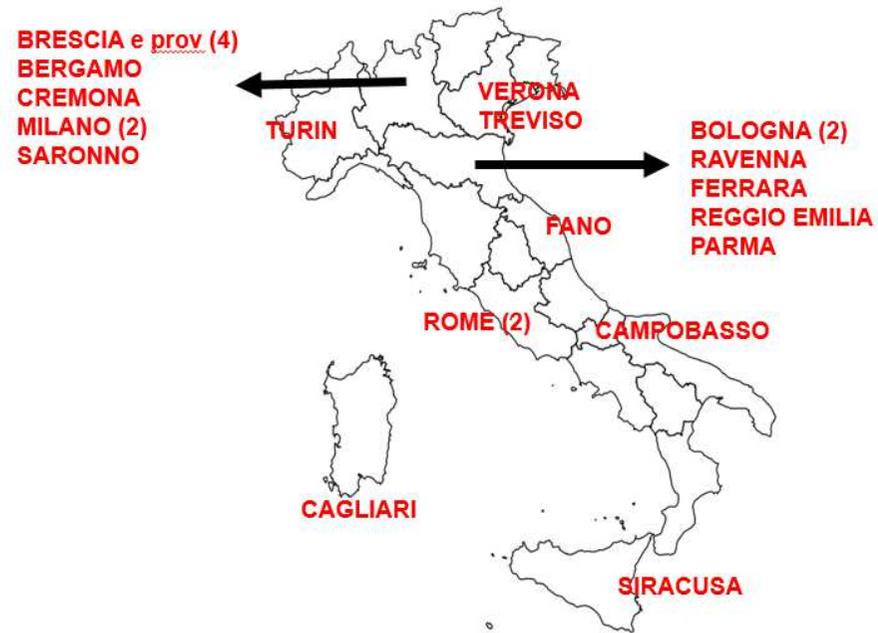
To compare attitudes towards patients with BPD among different occupational subgroups at 24 mental health centers in Italy and to determine their associations with demographics and professional background.

70 MH centres

11 Psychiatric Diagnosis and Care Services (Crisis centres)

29 Community Mental Health Centres (outpatients services)

30 Residential facilities or Day Care facilities



N= 18 cities

Survey response rate was
about 80%

The interview was administered anonymously to different professionals:

- ✓ **psychiatrists**
- ✓ **psychologists/psychotherapists**
- ✓ **qualified nurses**
- ✓ **professional educators (PE)/MH rehabilitation technician (MHRT)**
- ✓ **social workers**

Demographic information about participants, years of clinical experience in MH, the setting in which they practice, number of patients with BPD cared for in the past year, and information about training on BPD (or not) were collected.

Staff Attitudes Scale (SAS) toward BPD (Black et al, 2011): 15-item self-report questionnaire. 3 subscales: Empathy (4 items), Treatment Optimism (5 items) and Caring attitudes (14 items). Higher score indicating more positive attitudes.

Mental Illness: Clinicians' Attitudes (MICA) Scale (Gabbidon et al, 2013) : 16-item scale assessing attitudes towards people with mental illness. Higher score indicating more negative stigmatizing attitude.

Recovery Scale (Corrigan et al, 2012): 13-item scale assessing the general public's beliefs about the potential for recovery from serious Mental illness.

PRELIMINARY REPORT**Distribution of background variables among professional subgroups (N=860)**

| | | Psychiatrists N=225 | P. educators (PE)/MH rehabilitation technician (MHRT) N=110 | Psychologists Psychotherapists N=74 | Social workers N=31 | Qualified nurses N=420 | p |
|---|------|------------------------|---|---|---------------------------|------------------------------|-----------|
| Gender (females) | N(%) | 133 (59.4%) | 91 (82.7%) | 60 (81.1%) | 27 (87.1%) | 298 (71.1%) | <.001 |
| Age (years) | M SD | 43.8 ±11.3 | 42.4 ±9.2 | 42.5 ±11.7 | 48.9 ±8.3 | 46.7 ±8.0 | <.001 (a) |
| Education (years) | M SD | 22.9 ±2.2 | 16.7 ±2.2 | 21.3 ±2.3 | 16.0 ±1.0 | 15.2 ±2.0 | <.001 |
| Experience of working in MH (years) | M SD | 15.5 ±10.5 | 15.1 ±8.8 | 12.9 ±11.4* | 19.6 ±9.3° | 15.0 ±9.2 | .031 (b) |
| Number of BPD patients cared for in the past year | M SD | 17.9 ±20.1* | 8.1 ±10.2° | 9.3 ±17.4° | 15.6 ±23,3 | 11,3 ±15,2° | <.001 (c) |
| % having undertaken specific training on BPD (Yes) | N(%) | 104 (46.4%) | 58 (53.2%) | 47 (64.4%) | 11 (35.5%) | 192 (46.8%) | .024 |

(a) Nurses, social workers vs all;

(b) Psychologists vs social workers;

(c) psychiatrists vs educators, psychologists and nurses

Attitudes differences among professional subgroups

| | Psychiatrists | PE/MHRT | Psychologists | Social workers | Nurses | ANOVA | | Post-hoc comparison |
|---------------------------|---------------|-------------|---------------|----------------|--------------|-------|--------|---|
| | | | | | | F | p | |
| BPD-SAS | M SD | M SD | M SD | M SD | M SD | | | |
| Empathy | 3.5 ±0.9 # | 3.6 ±0.7 # | 3.7 ±0.8 # | 3.3 ±0.7 | 3.2 ±0.8* | 14.74 | <.001 | nurses vs psych, psy, and PE/MHRT |
| Treatment optimism | 4.5 ±0.7 # | 4.6 ±0.7 # | 4.6 ±0.9 # | 4.4 ±0.9 | 4.3 ±0.9* | 4.82 | .001 | nurses vs psych, psy, and PE/MHRT |
| Caring attitudes | 4.3 ±0.5 # | 4.3 ±0.5 # | 4.4 ±0.5 # | 3.4 ±0.6* | 4.0 ±0.5* | 23.17 | < .001 | Nurses, social workers vs psych, psy, PE/MHRT |
| MICA | 33.7 ±7.1 * | 37.4 ±7.6 # | 35.2 ±5.4 * | 38.6 ±8.7 # | 39.6 ±8.3 #° | 22.48 | <.001 | Psic vs PE/MHRT, Social workers, and nurses. Psy vs nurses |
| RECOVERY SCALE | 4.7 ±1.0 | 4.8 ±0.9 | 4.8 ±0.9 | 4.8 ±1.1 | 4.6 ±1.0 | 2.00 | .092 | - |

PRELIMINARY REPORT

PRELIMINARY REPORT

| Attitudes by presence of a specific training on BPD | | | |
|--|---------------------------------|-----------|-----------------|
| | Specific training on BPD | | |
| | YES | NO | t-test |
| BPD-SAS | | | p |
| Empathy | 3,4 ±0,8 | 3,3 ±0,8 | .004 |
| Treatment optimism | 4,5 ±0,8 | 4,3 ±0,8 | <.001 |
| Caring attitude | 4,3 ±0,6 | 4,0 ±0,5 | <.001 |
| MICA | 37,1 ±7,8 | 37,5 ±8,2 | .442 |
| RECOVERY | 4,7 ±1,0 | 4,6 ±1,0 | .352 |

PRELIMINARY REPORT

Attitudes by number of patients with BPD cared for in the last year

| | BPD patients cared for in the past year | | | ANOVA | |
|---------------------------|---|-----------|-----------|-----------------|-------------|
| | 0-4 | 5-10 | 11+ | p | Post-hoc |
| BPD-SAS | | | | | |
| Empathy | 3,2 ±0,8 | 3,5 ±0,8 | 3,4 ±0,9 | .002 | 0-4 vs 5-10 |
| Treatment optimism | 4,3 ± 0,8 | 4,5 ±0,8 | 4,6 ±0,8 | .001 | 0-4 vs all |
| Caring attitudes | 4,0 ±0,5 | 4,2 ±0,6 | 4,3 ±0,6 | <.001 | 0-4 vs all |
| MICA | 36,7 ±7,3 | 37,1 ±7,8 | 38,1 ±8,6 | .159 | |
| RECOVERY | 4,6 ±1,0 | 4,7 ±1,0 | 4,7 ±0,9 | .487 | |

PRELIMINARY REPORT

Attitudes by years of experience in MH

| | Experience of working in MH | | | ANOVA | |
|---------------------------|-----------------------------|-------------|-----------|-----------------|------------|
| | 0-9 years | 10-20 years | 21+ years | p | Post-hoc |
| BPD-SAS | | | | | |
| Empathy | 3,4 ±0,8 # | 3,3 ±0,9 | 3,3 ±0,8* | .027 | 0-9 vs 21+ |
| Treatment Optimism | 4,4 ±0,8 | 4,5 ±0,9 | 4,4 ±0,8 | .272 | |
| Caring attitudes | 4,2 ±0,5 # | 4,2 ±0,6 # | 4,0 ±0,5* | <.001 | 21+ vs all |
| MICA | 36,8 ±8,0 | 38,0 ±8,0 | 37,1 ±8,4 | .244 | |
| RECOVERY | 4,6 ±1,0 | 4,7 ±1,0 | 4,6 ±0,9 | .313 | |

| Predictors on positive attitudes (Caring attitude): ANCOVA models | | |
|--|---|--|
| | | Dependent variable: Caring attitude |
| | | p |
| <i>Mod. 1)</i> | Professional subgroups (<i>ref category nurses</i>) | <.001 |
| | Specific training on BPD (yes vs no) | <.001 |
| | Professional subgroups * BPD training | .065 |
| <i>Mod. 2)</i> | Professional subgroups (<i>ref category nurses</i>) | <.001 |
| | N. of BPD patients cared for in the past year | <.015 |
| | Professional subgroups * N. of BPD cared for | .194 |
| <i>Mod. 3)</i> | Professional subgroups (<i>ref category nurses</i>) | <.001 |
| | Years of experience in MH (<i>ref category +21</i>) | <.018 |
| | Professional subgroups * Years of experience in MH | .014 |

PRELIMINARY REPORT

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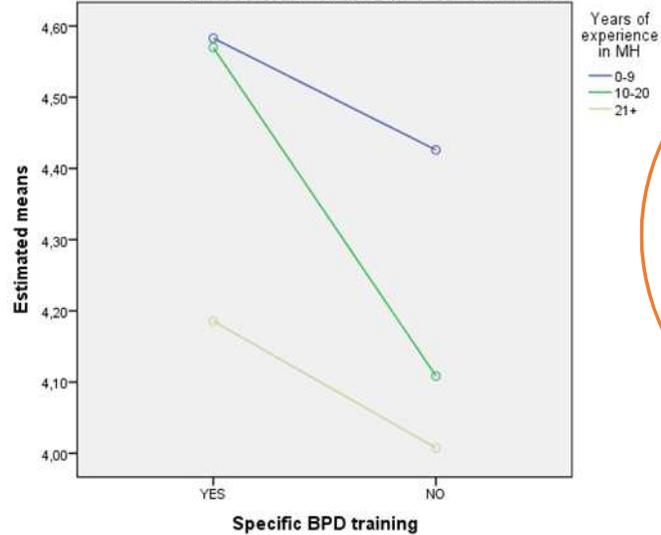
Predictors on positive attitudes (Caring attitudes): ANCOVA model

Dependent variable: Caring attitudes

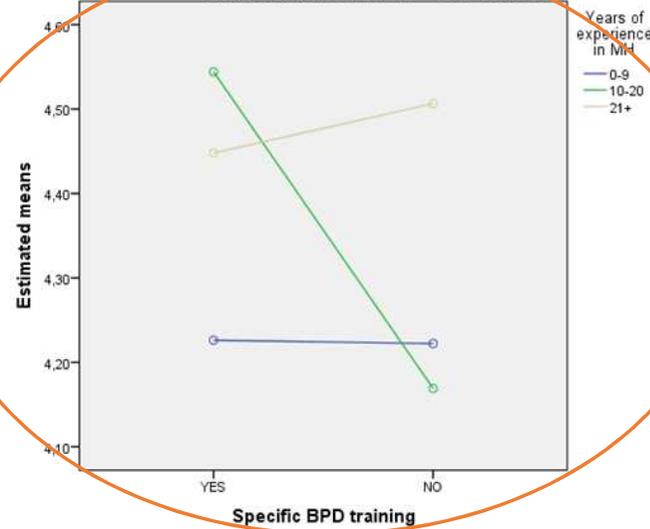
| | pvalue |
|--|--------|
| Professional subgroups | <.001 |
| Specific BPD training | <.001 |
| Years of experience in MH | .043 |
| Professional subgroups * specific BPD training * Experience in MH | .014 |

The meaning of this triple interactions is that BPD training, years of experience in MH have a different impact on Caring attitude among professionals

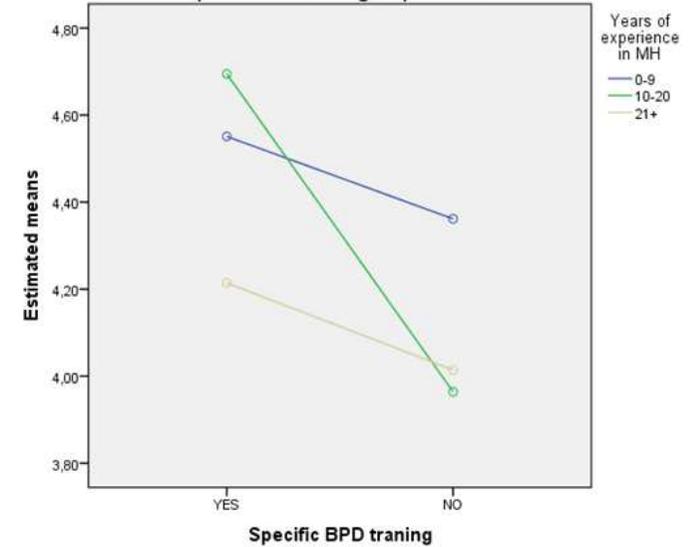
Estimated means Caring Attitude
professional subgroup = PSYCHIATRIST



Estimated means Caring Attitude
Professional subgroup = EDUCATOR

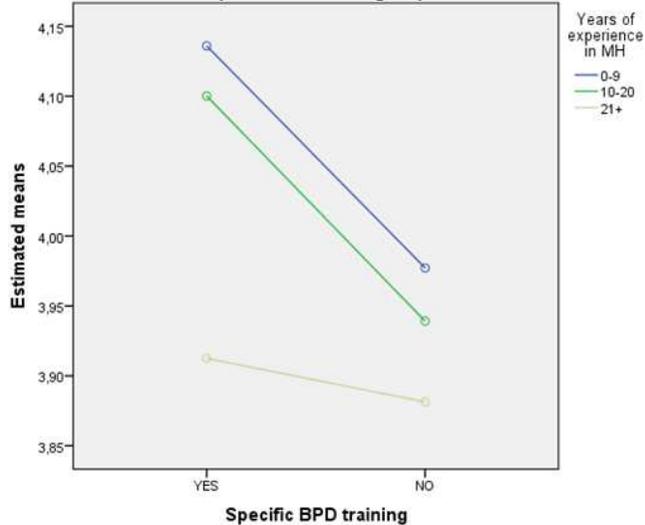


Estimated means Caring Attitude
professional subgroup = PSYCHOLOGIST

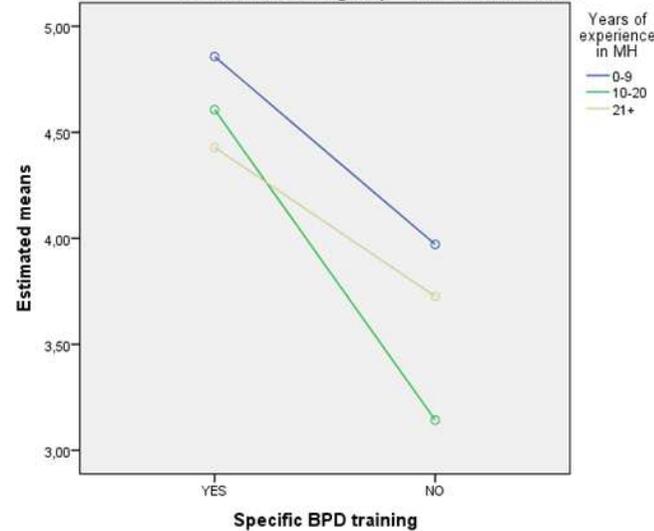


PRELIMINARY REPORT

Estimated means Caring Attitude
professional subgroup = NURSE



Estimated means Caring Attitude
Professional subgroup = SOCIAL WORKER



In particular we found that Caring attitude works in a different way among professionals and, within professionals, differ among years of experience. In fact:

1. for all professional subgroups (except for PE) Caring attitude is always higher in the presence of a specific BPD training.
2. blue and green lines (representing low and medium length of experience) are associated with more positive caring attitudes (except for PE).

'TAKE HOME MESSAGES'

- **Negative attitudes towards people with BPD** are significantly related to clinician's occupational subgroup. In particular, among staff members, **nurses** showed LESS empathy, less optimism, and less caring attitude.
- **Staff members** who received **specific training** on BPD reported **less negative** attitudes.
- **More positive attitudes towards people with BPD** are significantly related to clinician's years of experience in MH and to the presence of a specific training on BPD.
- In order to implement a specific training on BPD (**that makes the difference**) we have to take into account not only the professional group but also their level of clinical experience in MH.

Australian and New Zealand Journal of Psychiatry 2004; 38:554–559

Borderline personality disorder: attitudinal change following training

Roy Krawitz

Short-term training workshops offered to MH professionals with various degree and levels of experience are effective in producing a sense of generalist proficiency and in improving attitudes toward BPD (Unruh & Gunderson, 2016)

Australian and New Zealand Journal of Psychiatry 2008; 42:981–988

Targeted clinical education for staff attitudes towards deliberate self-harm in borderline personality disorder: randomized controlled trial

Amanda J. Commons Treloar, Andrew J. Lewis

Journal of Personality Disorders, 25(6), 806–812, 2011
© 2011 The Guilford Press

CAN NEGATIVE ATTITUDES TOWARD PATIENTS WITH BORDERLINE PERSONALITY DISORDER BE CHANGED? THE EFFECT OF ATTENDING A STEPPS WORKSHOP

Connie Shanks, PAC, Bruce Pfohl, MD, Nancee Blum, MSW, and Donald W. Black, MD

Published in final edited form as:

J Pers Disord. 2016 August ; 30(4): 567–576. doi:10.1521/pedi_2015_29_206.

The Effect of Attending Good Psychiatric Management (GPM) Workshops on Attitudes Toward Patients with Borderline Personality Disorder

Alex S. Keuroghlian, MD, Brian A. Palmer, MD, MPH, Lois W. Choi-Kain, MD, Christina P. C. Borba, MPH, PhD, Paul S. Links, MD, and John G. Gunderson, MD

ACKNOWLEDGMENT

Unità di Psichiatria, IRCCS Brescia

Roberta Rossi, Laura Pedrini, Clarissa Ferrari



THE “ITALIAN ATTITUDES STUDY GROUP”:

CSM Cagliari (Prof. Carpiniello)
CSM Campobasso (Drs Veltro Pinna Ialenti)
Casa di Cura Park Villa Napoleon - Preganziol (Treviso) (DRS Garonna ,Stradiotto, Rigano)
CPS di Leno (BS) (Drs Saviotti, Dordoni)
CPS Val Camonica (Drs Zindato, Moreschi)
UOP 20 Gardone Val Trompia (Prof. Vita, Dr Barlati)
UOC di Psichiatria, Verona, University of Verona (Drs Lasalvia , Zoppei, Bonetto, Cristofalo)
DSM Fano Pesaro Urbino AV1 Marche (Leonardo Badioli M.D., Maria Elena Ridolfi M.D.)
DSM Psichiatria adulti e strutture residenziali, Ferrara (Drs Targa, Bivi)
Imperia (Drs Sciolè, Merola)
IRCCS Fatebenefratelli San Giovanni di Dio (Drs Lanfredi, Ferrari, Pedrini, Rossi)
Ospedale Sacro Cuore di Gesù San Colombano al Lambro (MI) (Drs Giobbio, Rigamonti)
Centro Sant’Ambrogio di Cernusco Sul Naviglio (MI) (Drs Cozzaglio, Lo Presti, Greppo)
UOC Servizi Psichiatrici Ospedalieri a direzione (DAI-SMDP), AUSL Parma (Prof. De Panfilis)
Presidio Beata Vergine della Consolata, San Maurizio Canavese, Torino (Drs de Dominicis, Boero, Jaretti, De Francesco)
CSM Ravenna (Dr Bizzocchi)
DSM Psichiatria adulti di Reggio Emilia (Drs Grassi, Danesi)
DSM della ASL Roma E (Dr Procacci)
Dipartimento salute mentale Roma G (Dr Nicolò)
C.R.T e C.D. Romano di Lombardia (Drs Primerano, Mombrini)
DSM Busto-Saronno-Tradate Azienda Ospedaliera Ospedale di Circolo di Busto Arsizio (Dr Lazzaretti, Di Gennaro)
CSM Siracusa (Drs Cafiso, Mastroianni, Castro, Rubino)
SPDC U.O. Psichiatria Azienda Ospedaliera Istituti Ospitalieri di Cremona (Drs Poli, Minervino)
CSM di Nani AUSL Bologna (Drs Bortolotti, Alberti)
CSM Zanolini Bologna (Dr Muraccini)

Dipartimento di Salute Mentale, Fano,

Maria Elena Ridolfi

Giorgia Occhialini



Thank you!