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SELF-HELP BOOKS ON BORDERLINE PERSONALITY DISORDER

By Beth Green, Ph.D.

Just a few years ago, there were very few self-help or popular press resources available on the topic of Borderline Personality Disorder (BPD). If a psychologist wanted to recommend a book on the disorder, the brilliantly titled *I Hate You--Don't Leave Me* [1] was the only work of its type. This groundbreaking book contained excellent descriptions that helped both people suffering from BPD and those involved with them better understand what they were dealing with. The borderline spouse of a client to whom I had recommended the book even referred to it for a time as her "Bible," indicating, I believe, how meaningful it was to see, in print, descriptions of inner states that had always baffled her. One limitation of the book was that most of the case examples in *I Hate You-Don't Leave Me* featured people with severe symptoms and numerous hospitalizations, making it harder for higher-functioning persons with BPD to relate.

Featured This Month:

➢ *President's Corner*

➢ *Dialogue with Maury Zemlick*

➢ *Spring Conference*

➢ *Insurance Mazes*
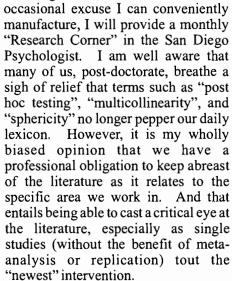
and much more....

RESEARCH CORNER

Topic #1: Introduction and the Scourge of Nonindependence
By Dale Glaser, Ph.D.

Introduction to Research Corner: Why?
From hereon in, contingent on the occasional excuse I can conveniently manufacture, I will provide a monthly "Research Corner" in the San Diego Psychologist. I am well aware that many of us, post-doctorate, breathe a sigh of relief that terms such as "post hoc testing", "multicollinearity", and "sphericity" no longer pepper our daily lexicon. However, it is my wholly biased opinion that we have a professional obligation to keep abreast of the literature as it relates to the specific area we work in. And that entails being able to cast a critical eye at the literature, especially as single studies (without the benefit of meta-analysis or replication) tout "newest" intervention.

When I have instructed statistics and measurement courses for programs that have a practitioner emphasis, more than a few times I have been confronted with comments of resignation such as: "why do we have to take these required courses?...I don't plan to use this in my work". My contention has been that without the benefit of research (and interpreting such), how do you know that what you do is effective for your patient type? Do you know how to assess its efficacy? It is understandable that for many practitioners they adopt a certain orientation (e.g., psychodynamic, cognitive, etc.) and thus base their practice on what they're comfortable and adept at. However, in

LOSS

By Gina Taffi, Ph.D.,

People are always trying to lose things. Pounds, a bad haircut, a "toxic" relationship, an unsatisfactory golf swing...the list is virtually endless. Then, there is the converse situation - trying to find something: keys, one's mind, a lost love, a passport, hope, faith, the ability to trust (again)- another seemingly infinite list.

I began thinking about loss when a woman at my gym approached me (knowing what my day job was) and inquired as to what was "normal" (dontcha just love that question?) with regards to the amount of pain she was experiencing as she grieved the ending of a romantic relationship. Of course, this is not the first time the topic had traced it's footprints in my own mind; for in life - I, too, have contended with loss. What struck me was her parting remark to me as I hurriedly made my way to the door since I was late for an appointment - she said, "I feel as though I've lost a part of myself...as though I don't know who I am anymore." When something is *taken,* the sensation and consequent feelings are quite different than voluntarily giving something up. Most people want a vote in the circumstances of their lives - how things are going to turn out - but, so much is out of our control, is it not? And herein lies the rub. When I'm trying to lose a few pounds, I've consented to the process. When something I treasured and valued slips through my fingers without me wanting to let go...what a different process a

this age of being pressed for "outcomes" and measures of efficacy, being aware of the current (and prior) research that supports one's clinical strategy strongly corresponds to the scientist-practitioner model many of us subscribe to. My aim for these "research corners" is not a pedantic one, assuming out of hubris that the readers of this newsletter need enlightenment!! Rather, it is my objective to summarize and comment on recent trends and issues that with your extremely busy practices you haven't had the wherewithal to examine. Moreover, given my own time constraints, these articles will not be reviews of the research, though if any of the ideas spark an incipient interest, please feel free to contact me at glaserconsult@sbcglobal.net or you can access www.glaserconsult.com and I would be happy to furnish references. Also, if there are any specific areas related to measurement, statistics, or evaluation/assessment you would like me to address, please feel free to suggest such.

Topic #1: The Scourge of Nonindependence

More than on a rare occasion, I have had the timing of certain statistical and measurement issues literally overlap in both my teachings and consulting. This past week one such issue has raised its complex ugly little head: the modeling of dyadic or nonindependent observations. As you may recall from your ANOVA days, certain assumptions are necessary to base your faith on the test statistic (i.e., F). For the most part, our concerns as students are gingerly allayed when we're told "don't worry though, these test statistics are generally robust to such violations of normality, homogeneity of variance, etc." Generally that is true, however a good deal of research via Monte Carlo studies have shown that various test statistics are not robust ('robust' literally means that p-values and/or confidence intervals don't change that much, from the idealized distribution, when moderate violations are apparent) to such violations when sample sizes are markedly unequal.

However, one assumption that was presented as more a methodological concern than statistical, was the assumption of independent observations. This implies that participants within or across treatment levels do not influence or impact each other's scores. As I convey to my students, this is actually the most critical assumption. There are little tricks of the trade to obviate the effects of nonnormality or unequal variances (e.g., nonparametric tests, transformations), however, nonindependence of observations is a completely different animal. Nonindependence of contiguous data points has long been statistically examined in the time series literature via such models as Autoregressive Integrated Moving Average (ARIMA) where the nature of the autocorrelations (i.e., the notion that data for variables measured closer in time will have larger correlations than those measured farther apart) between measured observations are incorporated into model fit.

What about clinical studies where nonindependence is violated because twins or siblings or other closely related members are included in the same database?

This is probably the rule rather than the exception for studies investigating marital satisfaction or twin studies. However, to collapse the data as one unified cohort, ignoring the fact that there are bound to be correlated responses (i.e., husband and wife may share similar viewpoints on a marital satisfaction inventory) culminates in many biases, including standard errors that are underestimated (thus, inflating Type I error). Why I bring this issue up is I have consulted on two projects this past week where there were related participants within groups/cohorts, and it was obvious that the analysis proposed was neglecting the dependent structures. This leads to a level of aggregation that is inappropriate given the inherent nesting or clustering of the data. David Kenny addressed issues of nonindependence in the psychological literature in the 80's and much work in couples research has addressed this conundrum when conducting dyadic studies.

So, what is the solution? For many years, the discipline of education has recognized these problems of nesting

or clustering: i.e., student is nested within class, nested within school, nested within region, nested within state, etc. Thus, it is only by analyzing the data at the proper level of disaggregation, that the proper variance components (and standard errors) result. Thus, the entree of Hierarchical Linear Modeling (HLM), sometimes called multilevel modeling or random coefficients models. Bryk & Raudenbush's 1992 text: *Hierarchical Linear Models for Social and Behavioral Research: Applications and Data Analysis Methods*. Newbury is oft-cited as a seminal reference in this area, even though others such as Goldstein have influenced the development of this area (see: http://www.ssicentral.com/hlm/hlmref.htm for other references).

HLM has especially seen a burgeoning interest in the last decade, in part based on the acknowledgement (and repercussions) of nested structures (i.e., husband within family) as well as the development of software from the DOS-only programs up to windows interface (though use of syntax/programming language is still crucial, especially for more complex models). HLM is not only able to test nested structures, and thus model the extent of nonindependence (i.e., intraclass correlation coefficient) but also can be used for longitudinal studies, such as latent growth curve modeling, where trajectories that vary (i.e., slope) over time can be modeled, as well as differences in intercepts (i.e., starting points). Moreover, many investigators have shown how to use multilevel models within structural equation modeling (SEM), with LISREL (a SEM software) now providing a multilevel option. The Duncans and their colleagues from Oregon Research Institute, as well as Bengt Muthen from UCLA, have made amazing strides in using HLM and SEM for growth curve models and nonindependent structures as it relates to such phenomenon as alcohol and substance abuse.

Thus, when you review the research and it seems that related observations may be part and parcel of the design, you may want to double-check if the proper level of analysis was conducted. If not, and the level of aggregation was inappropriate, interpretation of the results should be held with some skepticism.