**CAT 209 Media Directive Profile Worksheet**

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| **Directive Title:** Black, White and Gray Area Thought Cups for Clients with Borderline Personality Disorder | |
| **Approximate Finished Size:** (3) 16 oz. White Hot Poly Paper Cups | |
| **Materials:** |  |
| Paper Materials:(39) Choice 16 oz. White Hot Paper Cups (13 painted black, 13 painted gray)(39) Choice 16 oz. Black Poly Paper Cup Travel Lids(5) pieces 8 ½” x 11” sheets of white paper cut into 4 ¼” x 1” strips (to make approx. 110 strips for writing)Clean up:Paper TowelsVinegar or Scent-Free cleaning spray (sometimes aluminum wire leaves a dark gray residue on surfaces)Table cover: newsprint OR plastic (if there is a roll available) and masking tape to secureSmall whisk broom (hand) | Tools:3 packs of Pentel Arts Oil Pastels, 50 Color Set;4 sets of Art Markers Dual Tips Watercolor Marker Pens - Brush Markers Set, 24 Colors Drawing Markers (24 Colors);3 packs of Prismacolor NuPastel Sets of 24 (hard pastels)2 shoe-boxes full of paper strips (1/2 in each) |
| **Mix of music**- Chosen by a client from a pre-selected list of options, non-verbal, instrumental music | Plastic Gloves in case someone is intolerant to material |
| **Purpose:** The purpose of this exercise is to allow each participant time to focus on quality of thinking, specifically, finding the gray area. Clients with Borderline Personality Disorder often think in staunch black and white terms. Because BPD clients struggle with identity through unstable self-image, which is often associated with excessive self-criticism, we will use the container to build confidence in decision making, finding the gray.  **Goal:** The goal of this exercise is for each participant to find the gray area by creating three decorated cups, two for black and white thinking, one for gray area thinking. The goal is to create a reminder for stability in goals and aspirations, empathy for self and others, and softening of perceptions of others (since BPD clients tend to perceive others actions with a bias toward negativity). | |
| **Procedure:**  • This is a 60-minute group for 10 adults in an out-patient/partial out-patient recovery center for clients with severe mental illness, this group is for borderline personality disorder. 60-minutes includes setup and cleanup.  **Prep BEFORE they arrive:** cover tables with plastic or newsprint and tape down on tables.  **Welcome** everyone and do a verbal check-in. Remind them about confidentiality. Say, “Welcome back everyone, today we are going to work on ways to focus on the gray area. As you know, sometimes its super easy to fall into black and white thinking. This can happen when we feel anxious, negative, vulnerable, more sensitive. We’re going to think of a time in our life when we were held captive to this kind of thinking… maybe it was just this morning! The goal is to write down the extremes, then find a compromise in our thinking, or the g area.  So, for example, say I had a disagreement with someone and we both go our separate ways for the day. As the day goes by, I become more and more anxious that we haven’t corresponded and perhaps I panic and think, ‘Oh no!!!! This is the end!!! I need to hear from him or it’s totally over!!” I’m going to write that down on a slip of paper and put that in the black cup (hold up example).  Now consider another view. What about the other extreme: perhaps I said some hurtful things and I don’t care about how he feels, “I’m right! he’s wrong, too bad for him!” I’m going to write that down on another strip of paper and put that in the white cup (hold up example).  Those are examples of black and white thinking. What would be a middle ground? Perhaps I could think about, “Wow, we argued, most couples do. He’s probably thinking about this, but taking time for himself too, as I am. When would the best time to talk be? Do I want to be right or do I want to be happy?” These are examples of gray area thinking… Write down your gray area words on a strip and put it in gray area cup (hold up example). You can decorate your gray area with color if you want. Just make it symbolize something different than the black and white, those polar-opposites that we can get stuck in, which in turn erode our self-esteem.  Are there any questions? *Answer questions, there will probably be some due to the multi-step process.*  **• Time Marker 10:00 minutes:** To encourage sharing:   * Place one box of oil pastels and one box of hard pastels at the far end of the table. * Place one set of markers between the far end of the table and the middle. Place a box with pre-cut strips of paper here as well. * Place one box of oil pastels and one box of hard pastels at middle of the table. * Place one set of markers between the middle of the table and the end near you. Place a box with pre-cut strips of paper here as well. * Place one box of oil pastels and one box of hard pastels at the end near you.   Pass out stack of cups and ask each person to take 3 cups and 3 lids. The remaining 10 will be extras  **• Time Marker 13:00 minutes:** Put on music. Clients will then choose from the different materials and be directed to decorate a white thinking cup, a black thinking and a gray or colorful thinking cup. When they are done decorating the cup, put the top on and begin to insert the slices of paper with thoughts. Tell clients that they have 40 minutes to work. This project will most likely require your assistance since it requires differentiating the polarities in thinking and they will probably need “gray-area” examples. Help clients come to their own conclusion as much as possible.  • Walk around the room and observe to see if anyone is getting stuck. If everyone is working well, place yourself in a far corner (so you are not standing directly behind someone and making them uncomfortable). If they are getting stuck, gently ask her or him some of the questions about what they have created so far. Offer gloves to anyone you notice is having issues with the wire.  **• Time Marker 45:00 minutes:** Say, “Start thinking about the final touches that you want to add to your work. We have five minutes to go before we are going to put down the tools and talk about our work.”  **• Time Marker 50:00 minutes:** “It looks as if everyone is about done, if you aren’t, we’re going to stop for now so we can talk about the work.” Ask the group who feels comfortable talking about their work. Ask about the cups they created, the shapes and colors they used, and if they experienced any feelings as they worked. Was anyone surprised by what they created? If a participant is not happy with her work, focus on the feeling, not the actual work. Rather than just jumping to “it’s beautiful work” say, what would you do differently (if she is still feeling frustrated). If there is time, talk about some black and white examples and gray area solutions that clients came up with.  **• Time Marker 58:00 minutes:** It is time to clean up. Ask the participants to put the materials back in the box and throw out any scrap. Close the group by reminding the members about confidentiality, reminding them about the next meeting (date and time), the importance of their attendance, and thank them for their participation. | |
| **Therapeutic Properties of the Media:**  Art Therapy improves “emotion and impulse regulation… seems to stimulate the regulation of overwhelming and poorly adapted emotional experiences by allowing the patient to express emotional themes in the artwork and to handle materials that appeal to different emotional responses.” Because Art Therapy uses experimental interventions, it allows the client to access a child state in order to improve the healthy adult state. Clients learn emotion regulation, how to structure “chaotic behaviour and to rethink behaviour before acting on it”; typical behavioral problems for personality disordered patients include lack of self-control and structuring skills (Haeyen, van Hooren & Hutschemaekers, 2015).  Art therapy helps in strengthening identity resulting in a more positive self-image, “increased self-awareness, improved self-perception, improved reflective abilities and self-insight.” This is beneficial to patients with PD because they experience serious identity and self-regulation problems. “AT creates transitional objects and that the therapist needs to work at developing a transitional space. The created objects can be used to facilitate expression while building stability of the self” (Haeyen, van Hooren & Hutschemaekers, 2015).  “AT and having indirect experiences by working together on artistic assignments lead patients with PD to experience positive effects on self-acceptance, higher self-esteem and improved social functioning. Long-term psychodynamic art psychotherapy decreased symptoms of self-mutilation, suicidal attempts, self-harm behaviours.” (Haeyen, van Hooren & Hutschemaekers, 2015).  Haeyen, S., van Hooren, S., & Hutschemaekers, G. (2015). Perceived effects of art therapy in the treatment of personality disorders, cluster B/C: A qualitative study. *The Arts in Psychotherapy*, *45*, 1-10. | |
| **Appropriate Populations/DMS 5:** Borderline Personality Disorder  The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:  A. Significant impairments in personality functioning manifest by:  1. Impairments in self functioning (a or b):  a. Identity: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.  b. Self-direction: Instability in [goals](https://www.psychologytoday.com/us/basics/motivation), aspirations, values, or [career](https://www.psychologytoday.com/us/basics/career) plans AND  2. Impairments in interpersonal functioning (a or b):  a. [Empathy](https://www.psychologytoday.com/us/basics/empathy): Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.  b. [Intimacy](https://www.psychologytoday.com/us/basics/relationships): Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal.  B. Pathological personality traits in the following domains:  1. Negative Affectivity, characterized by:  a. Emotional lability: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.  b. Anxiousness: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling [fearful](https://www.psychologytoday.com/us/basics/fear), apprehensive, or threatened by uncertainty; fears of falling apart or losing control.  c. Separation insecurity: Fears of rejection by - and/or separation from - significant others, associated with fears of excessive dependency and complete loss of autonomy.  d. Depressivity: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; [pessimism](https://www.psychologytoday.com/us/basics/pessimism) about the future; pervasive [shame](https://www.psychologytoday.com/us/basics/embarrassment); feeling of inferior [self-worth](https://www.psychologytoday.com/us/basics/self-esteem); thoughts of suicide and suicidal behavior.  2. Disinhibition, characterized by:  a. Impulsivity: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behavior under emotional distress.  b. [Risk taking](https://www.psychologytoday.com/us/basics/sensation-seeking): Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger.  3. Antagonism, characterized by:  a. Hostility: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.  C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.  D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural [environment](https://www.psychologytoday.com/us/basics/environment).  E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of [abuse](https://www.psychologytoday.com/us/conditions/reactive-attachment-disorder), [medication](https://www.psychologytoday.com/us/basics/psychopharmacology)) or a general medical condition (e.g., severe head [trauma](https://www.psychologytoday.com/us/basics/trauma)). | |
| **Adaptations:**  Bring in paint and collage materials for words that the client can associate with black white and gray thinking. The paint can be used for decoration. Elmer’s glue (liquid) will probably work best for attaching the images. Stencils can be used as well. Perhaps rubber bands to place around the cups to keep images in place or as a rubber band snap reminder (like some people use around their wrist in DBT). | |
| Creative Options: Offer black pens (Sharpie Permanent Ultra-Fine Point Markers, Black, Pack Of 12) for drawing on the gray and white cups, and paint markers for the black and gray cups. The paint markers will also mark on the lids. | |
| Theory: Psychoanalytic, Mindfulness, Gestalt | |

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| **Three cups and lids** |
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| **Three cups and lids, decorated with writing** |
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