

Evidence based treatments for people living with Borderline Personality Disorder.

Thursday, 19 April 2018, 7:15 pm – 8:30 pm AEST

Liz's story

Liz is a 27 year-old single woman who lives alone with two dogs and works in retail/administration in a rural country town. She moved here three years ago due to a promotion, feeling it was an opportunity to have a fresh start.

Her family live about a 15 hour drive away. Liz has always had a poor relationship with her mother and brother. Her mother remarried when Liz was 12 years old and Liz had lost contact with her biological father shortly after her parents separated, when she was nine years old. Liz's relationship with her mother is tenuous at best and many months, sometimes a year or two, can elapse between contacts. She also has little contact with her brother who is three years older than her, and she hasn't seen him for two years.

Liz has been having difficulty sleeping over the past few weeks, managing only three to four hours per night at best, despite taking Temazepam, prescribed by her GP. Becoming increasingly tense, agitated, frustrated and demoralised, she went to her GP for help.

Liz has also been seeing a psychologist on a semi-regular basis for some months now and is taking antidepressant medication for difficulties with mood swings, depression and anger. The psychologist had recommended she consider taking some time off work. She was reluctant, instead going back to her GP. The GP referred her to a psychiatrist as he felt he could no longer assist Liz.

At work, Liz was feeling increasingly irritable and on edge and had verbally attacked her co-workers and manager on more than one occasion over seemingly

minor issues. Her manager was understanding that she had mental health issues and recommended that she take time off work. However, Liz was afraid that if her angry outbursts and/or excessive time off work continued, she would lose her job.

There had been some management restructuring recently, which saw a colleague promoted to a position of authority over her and she thought this promotion was undeserved. The restructure also meant that her workload increased. She spoke of this coworker in highly disparaging terms, and was contemptuous of him, but had to work closely with him. She was ruminating about these workplace issues at night when unable to sleep. Her days were passing in a fog and she was tending to lose large chunks of time.

Liz's alcohol consumption had also increased to half a bottle of whisky per night in an attempt to sleep, without success. While Liz had friends in town, she felt ashamed that she could not manage the ordinary demands of living and did not wish to burden them. Besides, what could they do to help?

On weekends, she would either withdraw socially or turn to partying and drugs to try to forget. She used marijuana on most weekends and occasionally methamphetamines. It was all too hard. She had contemplated taking an overdose of medication but the thought of leaving her dogs stopped her, as who would look after them if she were not around?

Feeling increasingly desperate, Liz decided to try to contact her mother, leaving a message when she did not pick up. It was several days before her mother returned her call. She said she could not visit Liz

because her husband needed her to look after him. Liz was furious that, yet again, her mother was not available when she needed her. They had a row on the phone, ending in Liz hanging up. In the argument, she alluded to multiple childhood disappointments and trauma, blaming her mother for letting her down over the years.

In the aftermath of this disappointment, Liz was more desperate than ever, and was tempted to self-harm. Instead, she decided to drive her car, in the middle of the night to the nearby lake. Her car got bogged at the lake's edge which only added to her frustration and self-recrimination. She had to wait there all night until she and her car were rescued.