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Research Protocol

Borderline Personality Disorder (BPD): Approach by Dialectic-Behavioral Therapy (DBT)

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Abstract

Background: Little is known about the 'active ingredients' of psychological therapy for Borderline Personality Disorder (BPD) despite a growing evidence base documenting its clinical effectiveness. However, it is increasingly known of its effectiveness applied in disorders of high prevalence in developed countries such as eating disorders. This information can be used by clinicians to inform service planning and care pathways.

Aims: To review the published empirical research that investigates the possible mechanisms underlying therapeutic change in dialectical behavior therapy (DBT) and cognitive behavior therapy (CBT) for BPD as well as its clinical application in eating disorders.

Method: A thorough search of the PsychInfo, CINAHL Plus, PubMed, MEDLINE and EMBASE databases revealed research into potential mechanisms of change.

Results: A total of 64 abstracts were reviewed. After a full text screen of the most relevant studies, 17 met inclusion criteria. Thirteen examined DBT and four CBT. Mechanisms of change identified broadly fell into three categories: emotion regulation/self-control, skills use and therapeutic alliance/investment in treatment. Outcomes measured included general mental health diagnoses (e.g. anxiety, depression, mood disorders, eating disorders) and BPD-specific symptoms (e.g. self harm/suicidality, impulsivity, substance misuse, anger).

Conclusion: A continuous and deep research is required to test the influence of the therapeutic mechanisms proposed for DBT and to know more about its wide application in psychological therapies.

Keywords: *Borderline Personality Disorder; CBT; DBT; Approach, Therapeutic Change*

Introduction

Borderline Personality Disorder (BPD) is arguably the most common subtype of Personality Disorder seen by services (Coid., *et al*. 2006; de Ruiter and Greeven 2000) and has been extensively studied due to its association with suicide, self-harm, violence, and substance misuse [1]. Symptoms of BPD result in high levels of service usage (Bender., *et al*. 2001; Comtois., *et al*. 2003) and high mortality rates (American Psychiatric Association, 2001). Several characteristics of the disorder (e.g. impulsivity, recurrent suicidal behaviour) unfortunately lend themselves to early disengagement from treatment and difficulty committing to and engaging with the therapeutic process. Additionally, BPD is characterised by difficulties in establishing trusting and collaborative interpersonal relationships and, "frantic

efforts to avoid real or imagined abandonment" [1], which naturally extend to difficulties in the therapeutic relationship. Indeed, a recent qualitative study confirmed patients' reluctance to be open and honest with their therapist because of fears of rejection and abandonment (Morris., *et al*. 2014). Owing to the stigma associated with BPD, clinicians may find it difficult to communicate the diagnosis in a patient-centred manner (Sulzer., *et al*. 2015), further exacerbating problematic therapist-patient relationships. Although research has sought to identify effective therapeutic treatments for the condition, the majority of BPD research to date focuses on outcome data with relatively few studies identifying reasons why therapies are successful, and what the specific processes through which improvements occur might be (Lynch., *et al*. 2006). Linehan (2000) notes the need to identify 'active' components of psychological therapy so that those aspects can be emphasised when striving for the most effective treatment.

Purpose of the Study

To carry out an approach of the current state of behavioral dialectic therapies focused on borderline personality disorder.

Methodology

Searching, identifying and selecting studies for inclusion

Searches of paper titles, abstracts and full text content were initially performed in July and August 2012 then updated in February 2014, in PsychInfo, PubMed and MEDLINE databases. Search terms used were:

1. "Borderline personality disorder"
2. "approach and mechanism"
3. "DBT therapy"

Studies included in the review involved participants who:

- Met standardised diagnostic criteria for BPD
- Had received either CBT or DBT treatment for their BPDWere treated as outpatients (due to the limited number of manualised DBT/CBT studies of inpatients or partially hospitalised patients with BPD)
- Were adults (aged 18+ years) at the time of treatment (as there is a limited research presence investigating emerging BPD in adolescents)

Results

Axelrod., *et al.* [2] posited that greater control of emotions in BPD would lead to less impulsive behaviour which would, in turn, reduce the need to self-medicate using substances to regulate emotions. Females with substance dependence and BPD received a 20 week course of outpatient DBT and emotion regulation was assessed using the Difficulties in Emotion Regulation Scale (Gratz and Roemer, 2004). Substance use was recorded for 30 days preceding treatment and for the final 30 days of treatment, corroborated by weekly self-report, clinician assessment, urine toxicology and alcohol breathalysers. The study concluded that improvements in emotion regulation explained the variance in decreased substance use frequency. Changes in substance use lost their significance when improvement in emotion regulation was controlled for [3-5].

Limitations and Strengths of the Study

In the documentation systems used we have found a limited presence of research that addresses DBT in adolescents. Despite of that, there is a varied therapeutic application.

Impact

Recent research shows that DBT has a positive impact on the reduction of time in treatment, for example, reduction in suicide ideation, depression or episodes of binge eating or purging behaviors associated with eating disorders.

Practical and social value

The social and practical value of DBT is evident in the therapies which it is used such as Dialectical Behavior Therapy for Bulimia Nervosa, Treatment of antisocial behavior, Treatment of substance dependency in individual with BPD, etc.

Conclusion

A continuous and deep research is required to test the influence of the therapeutic mechanisms proposed for DBT and to know more about its wide application in psychological therapies.

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