

Modified Dialectical Behaviour Therapy with Borderline Personality Traits: An Outcome Study

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ABSTRACT

The present study was conducted with an aim to find the effectiveness of modified Dialectical behaviour therapy (DBT) with borderline personality traits (BPT) in Pakistani population. Experimental research design was used, in which one control group and one experimental group were taken having 34 subjects in each group. DBT was applied with experimental group whereas, treatment as usual (TAU) was provided to control group. The experimental group received 16 individual therapy sessions, along with first follow-up and second follow-up after every four months and completed a one-year duration. Findings of the study have revealed that Dialectical behaviour therapy remained quite efficient in treating borderline personality traits, according to Gul, Mahmood Borderline Personality Traits Scale (GMBPTS) at pre, mid, post, first follow-up and second follow-up assessments.

Keywords: Internalizing distress, Perceptual Insecurity, Impulsivity, Conflictual dependence, Emotional Liability, Dialectical Behaviour Therapy

INTRODUCTION

Borderline personality is classified as an emotionally unstable personality disorder, and can be defined as an intense, deep, and stormy personality. A person with borderline personality disorder faces difficulties in interpersonal relationships, is afraid of rejection, may face problems in emotion regulation and stress coping, has feelings of abandonment and intense feelings of emptiness, and may have impulsivity and high risk-taking behaviours¹.

BPD is difficult to diagnose as it overlaps with mood disorders, post-traumatic stress disorders, eating disorders, and bipolar disorder, therefore, it usually remains undetected in a clinical setting and there are no authentic laboratory tests to diagnose BPD². Another reason is that the clinicians spend limited time with patients and if the diagnosis of a person is not made in time, it may result in many other psychiatric co-morbid illnesses due to which the treatment becomes more complicated and difficult³.

Marsha Linehan developed Dialectical Behaviour Therapy (DBT) to treat intense problematic and suicidal behaviours in patients. She tried to evolve a new treatment by combining cognitive behaviour therapy (CBT) techniques, Zen Buddhism techniques⁴. This integrated psychotherapy consists of change which includes emotion regulation and interpersonal skills and acceptance which includes mindfulness, validation, distress tolerance skills and strategies that help the patient in a dialectic way to handle complex emotional and cognitive conditions, without depending on environmental validation^{5,6}.

The current research was done to determine the effectiveness of modified Dialectical Behaviour Therapy for the patients suffering from borderline personality traits in Pakistan and it was hypothesized that Dialectical behavioural therapy (DBT) would be more effective as compared to treatment as usual (TAU). It was also

hypothesized that there would be difference among the scores of Borderline personality traits at pre-treatment, mid-treatment, post-treatment, first follow-up and second follow-up in experimental group as compared to control group. As BPD is the most underdiagnosed mental illness in Pakistan, many mental health professionals detect it but avoid mentioning it since it is considered as a lifelong problem with no cure. Since the start of this decade, mental health professionals have taken an initiative to diagnose BPT/BPD yet remain wary of a proper diagnosis and instead give an additional diagnosis of depression⁷. Based on researcher's fourteen and a half years of experience, psychiatrists and clinical psychologists prefer to mention traits rather than give a diagnosis to avoid stigmatization. The social stigma attached to mental illness in Pakistani society further exacerbates this problem⁸.

Another reason to conduct this study is that the trend of suicide is increasing in Pakistan but has limited reporting^{9,10}. DBT has proved its worth in the west and outside the west too but here in Pakistan due to lack of resources and training facilities we could not apply it till now. For this purpose, DBT was adapted for Pakistani population as mainstream treatments are typically based on Western European cultural values and often lack a basis in clinical trials conducted with racial and ethnic minorities^{11,12,13}.

METHODOLOGY

Research Design: Experimental research design was used in this study.

Setting: The data was collected through purposive sampling from addiction treatment centers, psychiatry departments of government and private hospitals, independently working clinical psychologists, psychiatrists, General Practitioners and self-referrals. The subjects were first screened by a psychiatrist or a clinical psychologist then were referred to the experimenter.

Received on 18-07-2020

Accepted on 27-11-2020

Participants: In this research, 85 participants were screened for the experimental study, in which thirty-four participants in each control group and experimental group, including both genders and within the age range of 18 to 45 years were included.

Measuring Instruments: A Bio-data form made by the researcher was used to collect the information about the participant.

Gul Mahmood Borderline Personality Traits Scale (GMBPTS): The indigenous scale (Gul, Mahmood & Saleem, 2017) was used for measuring borderline personality traits, at pre, mid, post, first follow-up and second follow-up.

Procedure: The adapted DBT was applied on six people as a small pilot study using ABA design to compare DBT and Treatment as Usual (TAU), as usually in Pakistan, patients prefer to take medication instead of psychotherapy¹⁴. First stage of DBT was focused to decrease life – threatening and suicidal acts, therapy interfering and quality of life interfering behaviours. The experimenter modified the protocol of DBT¹⁵ and included the skills training mode in the individual therapy session which are separately conducted in original protocol. For individual therapy session, duration was 1 and half hour.

The four functions of DBT treatment were addressed in implementing DBT¹⁶. Different techniques were used during individual therapy sessions like modelling, role playing, behavioural chain analysis, problem solving skills, exposure procedures, coaching for skills training, contingency management, encouraging, helping through calls in crisis, dialectical and validation techniques⁴. The four modules of Psychosocial skills training, like core mindfulness skills, interpersonal effectiveness skills, emotion regulation skills and distress tolerance skills were included in individual sessions¹⁷.

After the purposive sampling, the participants were assigned to both treatment conditions. Patients in experimental group received DBT for 4 months and then follow-up sessions after every four months along with medication. The sessions duration varies as during initial 3 sessions the duration is from 1 and half hours to 2.30 hours and decreased in further sessions. The post-assessment of both the groups was done after 4 months, 8 months and 12 months intervals to compare the efficacy between experimental and control group.

Ethical Considerations: Approval from institutional ethical committee and for adaptation from the authors was sought. Consent form was provided to all participants. Participants were ensured about their right and confidentiality of their information

Statistical Analysis: Apart from discussing descriptive of experimental and control group, Repeated measures ANOVA were used to acquire the outcome of the study.

RESULTS

The study was conducted with the aim to find out efficacy of DBT with BPT patients. For this purpose, descriptive analysis of demographic characteristics of participants and repeated measure ANOVA was used to test hypothesis. The Frequency, percentages for demographics and mean and variances for five treatment stages are shown in table given in tables section. Repeated measures analysis of variance indicated significant mean difference in Scores of Pre-treatment, Mid-treatment, Post-treatment, First Follow-up and Second Follow-up in Control group, $F(2.3,43.3) = 28.51, p = .001, \eta^2 = .600$. Moreover, results also revealed significant mean difference in Scores of Pre-treatment, Mid-treatment, Post-treatment, First Follow-up and Second Follow-up in Control group, $F(1.9,47.2) = 220.00, p = .001, \eta^2 = .902$.

Table 1: Demographic Characteristics of the Exp Group (n=34) and Cont Group (N=34)

Demographic Characteristics	Exp Group F	Cont Group F
Gender		
Male	6(17.60%)	10(29.40%)
Female	28(82.40%)	24(70.60%)
Education		
Middle to Matric	9(26.50%)	12(35.30%)
F.A/ FSc to B.A/Bsc	10(29.40%)	13(38.20%)
M.A/Msc to Professional Education	15(44.20%)	9(26.40%)
Marital status		
Married	9(23.50%)	12(35.50%)
Unmarried	25(76.50%)	20(58.80%)
Birth order		
1	18(52.90%)	12(35.50%)
2	5(14.70%)	6(17.60%)
3	3(8.80%)	5(14.70%)
4 and above	8(23.50%)	11(32.30%)
Monthly Income		
10,000-50,000	20(58.80%)	19(26.90%)
51,000> above	14(43.20%)	15(44.10%)
Treatment		
Medicine	6(17.60%)	15(44.10%)
Psychotherapy	4(11.80%)	3(8.80%)
Spiritual treatment	1(5.90%)	1(2.90%)
Medicine and therapy	10(29.40%)	2(5.90%)
None	12(35.30%)	13(38.20%)

Note. f= Frequency, %age= Percentage, Exp=experimental, cont=control.

Table 2: Repeated Measure ANOVA Comparing Scores of Pre-treatment, Mid-treatment, Post-treatment, First Follow-up and Second Follow-up in Control group and Experimental group.

DBT	Pre		Mid		Post		FU1		FU2		P	η2
	M	SD	M	SD	M	SD	M	SD	M	SD		
Con	79.80	15.06	58.75	15.52	48.80	17.46	49.50	18.60	49.35	18.76	.001***	.600
Exp	87.20	8.02	53.32	15.53	34.28	11.52	25.00	10.67	22.84	11.99	.001***	.902

Note. con= control group, exp= experimental group, DBT= Dialectic Behavioural Therapy, p=significant, df=n-1, ***p<0.001

DISCUSSION

In order to test the hypothesis, ANOVA was used to see overall effectiveness of Dialectical behaviour therapy in experimental and control groups. Analysis was done at pre, mid, post, first and second follow-up on experimental as well as in control groups. Results revealed significant differences in scores which were also in line with previous researches in this regard^{18,19}. It was also shown by the results of the study on DBT which revealed that dialectical behaviour therapy is helpful for participants in gaining control on the overwhelming emotions of borderline people, the results could be supported by many similar studies which were conducted by other experimenters in different countries, the most recent study which targets not only suicidal behaviour but also targets non-suicidal self-injury (NSSI)²⁰.

Further, to assess the effectiveness of DBT for BPD in routine outdoors. It was seen that the patients markedly improved regarding self-injurious behaviours, number of inpatient hospital stays, severity of borderline symptoms and psychopathology, seventy seven percent patients were no longer met the criteria of BPD and low attrition rate was noticed²¹.

In addition, there are lots of researches published, in process and going on DBT to prove its worthiness in treating the dynamic borderline personality, there has been many cohort studies, randomized control trials (RCTs), non-RCTs and a series of meta-analysis every year published to prove with an empirical evidence that how much DBT could help the most vulnerable personality disorder of all times, The Linehan Institute compiled a list of RCTs reviewing studies on DBT since 1991. This compilation shows that DBT has been more effective than community-based treatment-as-usual in numerous areas, including reducing para-suicidal behaviours, increasing adherence to treatment, and reducing the number of hospitalizations²².

Limitations and Suggestions: Telephonic contact was allowed for seeking help during crises/ emergency but after eighth session it was reduced from 9am to 5pm as patients sometimes started taking it for granted and in spite of depending on themselves to face the problem they started calling the therapist which disturbs the patient's family too. Skill developing group sessions were not conducted due to fear of stigma and non-cooperation of families and patients. Despite written commitment participants avoid doing homework and non-compliance from family especially mother about their daughters. Masking of treatment allocation was not possible as the researcher was the sole therapist of the study. Moreover, the data contains more female sample which is also prevalent limitation in many previous studies.

It was suggested that skill training groups should be conducted, and public awareness programmes should be arranged to de-stigmatize personality issues. Parental psycho-education groups, pamphlets and programs, TV shows, drama serials or movies should be launched for public awareness as social media nowadays is an effective way to promoting views about daily life issues. Refresher courses for the therapist should be arranged by universities and hospitals to stay up to date with developments in

therapy. Additionally, these courses should be mandatory for practitioners to upgrade their knowledge and skills not only through book reading but also by attending conferences, courses, and workshops.

CONCLUSION

Dialectical Behaviour Therapy (DBT) helped reducing borderline personality traits intensity and frequency and it was successful in inculcating the concept that "the life is worth living" in these fragile people. It is evident from the results that, once patients learned to manage their overwhelming emotions, impulsivity, distress, self-harming tendencies and interpersonal problems, they became able to cope with worse situations without worsening them.

Acknowledgement: Alhamdulillah, I am very blessed as Allah has always helped me in every step of my life, I thank Allah for giving me opportunities and people around me who make my life easier and contended for me.

I want to say thanks to Prof. Dr. Zahid Mahmood, who is the most experienced and modest person, a teacher a guide, listener, and a healer. I also want to thank Dr. Sadia Saleem for her constant support, guidance. My colleagues who facilitated as my consultation team, and those who referred me clients for my thesis work, my class fellows for their emotional support, my loving friends and students who remain a constant source of motivation for me.

I would specially like to thank Guilford publications Inc team who allowed me to use Marsha Linehan (PhD) Skills Training Manual, Icon Books publishers to permit to utilize the book by Tessa Watts "Mindfulness: A practical guide" and to The Mc Lean Hospital Corporation, d/b/a MC Lean Hospital who allowed me to use "Zanarini Rating Scale for Borderline Personality Disorder- Revised Version". I end all the acknowledgements by the quote of Paulo Coelho in the book *The Alchemist* "And, when you want something, all the universe conspires in helping you to achieve it".

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