

## Treatment of Borderline Personality Disorder

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Borderline personality disorder (BPD) is a disorder of severe and persistent *emotion dysregulation*. Individuals with BPD tend to experience emotions that are frequent, intense, and long-lasting because they are highly emotionally sensitive and also have considerable difficulty controlling and tolerating their emotions. Many emotions often get dysregulated across a wide range of situations, often leading to impulsive behaviors and relationship problems. BPD individuals are often thought to be “emotion phobic” and work very hard to avoid emotions and many thoughts and situations that trigger them. According to Marsha Linehan, these difficulties with emotions develop from a combination of an invalidating childhood environment and a biologically-based vulnerability to emotions. These individuals with BPD are naturally emotional, but have grown up in environments in which emotions were punished, trivialized, and treated as abnormal, and they were never taught skills for dealing with emotions. Therefore, they have learned to invalidate their emotions, often feeling ashamed to experience basic emotions like sadness or anger, even when they are normal reactions to events. Because they invalidate and suppress their emotions, they alternate between extremes of experiencing and blocking emotions. Many BPD individuals have also experienced various forms of abuse, punishment, and harsh criticism, which make their emotions even more out of control.

Four treatments have been investigated in research studies, including Mentalization Treatment, Transference-Focused Psychotherapy, Schema-Focused Psychotherapy, and Dialectical Behavior Therapy (DBT). DBT is the only *well established* treatment for BPD; the other treatments only been evaluated in single studies. The most recent well-designed study compared DBT to a mix of other treatments delivered by BPD experts and found that DBT was more effective at reducing suicidal and angry behaviors, and psychiatric hospitalizations and emergency room use. Studies have shown that people who received one year of standard DBT reduced their emotional suffering, including depression and suicidal thinking, an effect also found with other treatments. DBT seems to be superior in its effectiveness over other treatment options for patients who have severe and persistent problematic behaviors including suicidal behaviors, angry behaviors, and therapy-interfering behaviors. DBT may be helpful for improving the emotion regulation of people without a diagnosis of BPD, but there are no studies to confirm this assumption. It is likely that standard cognitive-behavioral therapies (CBT) are sufficient for helping non-BPD patients.

DBT is called “dialectical” because it seeks to balance therapy strategies that appear opposite. Specifically, it includes many strategies aimed to change the BPD person’s behaviors, thoughts, emotions, relationships, and life problems, while at the same time the therapist validates that the person and her struggles make complete sense, and gets the person to fully accept herself and her emotions. The change strategies are cognitive-behavioral therapy (CBT) strategies, including problem-solving, skills training, developing more effective thinking, behavioral activation, and exposure therapy. The primary acceptance skill is mindfulness, which involves learning to focus your attention, and learning to see things for what they are, including your thoughts, emotions, and other people, without getting caught up in assumptions, interpretations, or judgments. Mindfulness is used as a way to decrease suffering by developing the ability to better tolerate emotional pain and accept yourself, your past, and your current life.

DBT skills training generally occurs once per week in a highly structured group format, focused on helping you learn effective ways to manage your emotions, behaviors, and relationships. Standard DBT also includes weekly individual therapy focused on helping you understand and solve your problems, including phone calls to help apply skills to specific problems that arise

between sessions, and managing crises. DBT is a challenging treatment for patients and therapists, therefore, DBT is a team-based approach and therapists meet on a regular basis to provide therapist-to-therapist consultation to ensure that DBT patients continue to receive the most effective treatment.

DBT is called “behavior therapy” because it is based on the belief that the most effective way for patients make substantial changes in their emotion regulation is to immediately stop serious out-of-control behaviors such as suicidal and self-injurious behaviors, alcohol and drug abuse, angry behaviors, and overuse of psychiatric hospitalizations and emergency services. The goals of treatment in Stage I are primarily to help the patient achieve stability and behavioral control, and to acquire the necessary capabilities to achieve these goals, especially distress tolerance. Immediately, there is a focus on increasing behaviors that are effective for developing a life-worth living, especially interpersonal relationships and regular meaningful productive activities, including paid employment or volunteer work. To help figure out how to best increase skillful behaviors and stop ineffective behaviors, DBT patients carefully observe and record their behaviors, and the emotions and events that trigger them, each day (on a form we call “Diary Card”). The Diary Card is an important part of therapy because many people fail to remember sufficient details without keeping notes. Based on the Diary Card, the DBT therapist ask very detailed questions about the precise chain of events, thoughts, emotions, and behaviors that led to the recent problem behavior (called “chain analysis”), and then attempts to identify relevant solutions and skills. The Diary Card also provides important reminders about skills to practice. Frequent practice between sessions is an essential part of learning new skills.

DBT focuses on behavior for several reasons. First, many out-of-control behaviors have serious long-term consequences including homelessness, loss of jobs, debt arising from hospitalizations, jail, and lost relationships. Second, many BPD behaviors work to temporarily reduce emotional pain, often by distracting away from painful emotions or emotion triggers. Avoidance and escape from difficult emotions and distressing situations will ensure that the person will continue to react the same way forever. Their consistent desperate escapes from pain ensure that they will never be free from their suffering. Finding ways to block these avoidant and escape behaviors forces the person to develop alternative ways of coping with emotions, whereas continued avoidance and escape ensures that they will never be able to cope with their most painful emotions. Third, emotions and beliefs often match observable behaviors, such that self-injury and other dysfunctional behaviors make us feel how we act. For example, people who injure themselves because of their self-hatred, sometimes as a way to punish themselves, end up hating themselves more when they treat themselves as if they deserve mistreatment or punishment. People who act angry and bitter will continue to stay stuck in anger and bitterness. By consistently engaging in healthy coping behaviors instead of self-defeating behaviors people will eventually feel more self-confident and accepting.

During Stage I, DBT also focuses on addressing behaviors that interfere with therapy, including missing sessions, arriving late, not completing homework, and difficulties that arise between the patient and therapist.

Individuals enter Stage II, the stage of “quiet desperation,” when they have stopped major dysfunctional behaviors, and they have the option to work on reducing the effects of early trauma, and to increase their capabilities to fully experience emotions. In Stage III, treatment focuses on self-respect, self-trust, and resolving life problems that interfere with achieving other personal goals.