CASE REPORT

Is Cognitive Behaviour Therapy Effective for Borderline Personality Disorder : A Case Report and Review of Literature

Autar Singh GK, Midin M, Mohd Salleh Sahimi H, Sharip S
Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Keywords
cognitive behavioural therapy, borderline personality disorder, mindfulness based cognitive therapy

Corresponding Author
Prof. Dr. Marhani Midin
Faculty of Medicine,
Department of Psychiatry,
Universiti Kebangsaan Malaysia,
Jalan Yaacob Latif, Bandar Tun Razak,
56000 Cheras, Kuala Lumpur, Malaysia.
Email: marhani@ppukm.ukm.edu.my

Received: 18th November 2021; Accepted: 3rd March 2022

Doi: https://doi.org/10.31436/imjm.v22i2

ABSTRACT

Managing people with borderline personality disorder (BPD) is an arduous task due to the complexity of the condition. This paper describes the role of Cognitive Behaviour Therapy (CBT) in a patient diagnosed with BPD who has undergone a modified DBT skill group training. Despite receiving multiple interventions in the past, this patient had her bouts of struggles living with this illness which required a new approach to facilitate her recovery. A trial of a short-term, 12 session-ed treatment of mindfulness-based CBT was commenced. In this case report we describe the challenges and modifications which surpass during this session and literature review on the role of CBT on BPD.

INTRODUCTION

BPD is a complex personality disorder characterized by emotional lability, impulsivity, interpersonal difficulties, identity disturbances, and disturbed cognition[1] associated with severe functional impairment and suicidal behaviour complicating care.[2] Its treatment requires a combination of pharmacotherapy and psychotherapeutic approach such as Dialectical Behavioural Therapy (DBT), Mentalization-based Treatment, Transference-focused Psychotherapy and Schema-focused therapy[2] These psychotherapeutic treatments are not widely available in Malaysia. DBT as one of the most effective therapies for BPD[2] is lacking in Malaysia due to its requirement for highly skilled trainers.

In the setting where this patient (NF) is treated, only DBT skills group therapy, which is 1 component of the comprehensive full DBT, was available[3], hence an eclectic mix approach of DBT and CBT was taken for this patient. Studies have shown that CBT for BPD patients can be effective.[4] This paper describes the role of Mindfulness-based CBT in a patient diagnosed with BPD who has undergone a DBT skill group training. The objective of this case report is to give insight on the application of mindfulness-based CBT in a resource-limited country where a full course of DBT is unavailable.

CASE

NF is a 30-year-old, single lady, first presented to a psychiatry clinic in 2011 in emotional crisis with suicidal ideation following a breakup in relationship. Her mood had been unstable since, resulting in multiple admissions throughout the years for suicide attempts. NF's emotional struggles started since the age of 10, when she felt abandoned by her mother, who couldn't provide much attention to her. Hence, seeking emotional comfort from her elder sister and father.

Subsequently, when her sister left for studies and her father distancing himself to respect her privacy as a teenager, her fear of abandonment worsened. NF became disinterested in studies, felt empty and worthless without her parents' attention, stemming to problems in relationships with her friends and family. Growing up, interpersonal relationships were challenging for her, initiating patterns of difficulties in making and maintaining relationships. She was inclined to feel ignored or rejected by others, leading her to give up and avoid relationships. NF was involved in several romantic relationships in the

past which ended upon her seeing signs of rejection. She developed an extreme devaluation against men and generalization that all men are bad, causing extreme anxiety upon exposure to men. In relationships, she portrayed extreme idealization and devaluation, that others were all good when her expectations were met, and them turning into all bad when sensing cues of rejection, making her feel worthless and empty. Over the years, NF had difficulties in coping with her stressors, mainly her studies, relationship issues with family and friends triggering the intense feeling of sadness, anxiety, and anger. Her uncontrolled anger was projected as temper towards her family, especially her father. NF showed marked unstable self-image whereby her identity relied heavily on the surrounding people or environment. She was persistently feeling inferior with low self-esteem requiring constant reassurance and validations from others.

Leaving home for education and having to cope with her studies, made her vulnerable leading to the persistent depressive symptoms, multiple self-harm behaviours and suicidal attempts requiring psychiatric care. Despite on pharmacotherapy and counselling, her symptoms persisted, meddling with her studies, hence, seeking treatment in our hospital. She was diagnosed with Persistent Depressive Disorder with underlying BPD and was treated with pharmacotherapy and psychotherapy consisting of 12 two-hourly sessions of DBT skill group classes. However, regardless of her good understanding on DBT concept, her capacity to apply DBT was poor due to the intense emotional dysregulation experienced at the time. In June 2020, she presented with recurrent suicidal thoughts requiring hospitalization.

She faced additional stressors of losing her sister to cancer a few months earlier while being stranded at home due to the lockdown of the Covid-19 pandemic. Her clinic appointments were postponed making her feel as if her support had diminished, producing distress resorting in multiple self-harm behaviours and suicidal thoughts. During this admission, CBT was offered as NF seemed ready to challenge her thoughts. Some identified cognitive distortions were 'black and white thinking', 'overgeneralisation', 'emotional reasoning', and 'personalisation and self-blame'.

A total of 12 CBT sessions were designed for her as below:

Session 1: Building rapport and therapeutic alliance, agreement on contract, introduction on concept of CBT.

Session 2: Psychoeducation on BPD, training on relaxation and breathing techniques, and introduction on thought record was given to NF.

Session 3: Explanation and identifying cognitive distortions and their impact on her emotions and behaviours. She could keep track of her thought records and rate her emotions and thoughts during distressing situations, including identifying her cognitive distortions and understand how it affects her emotions.

Session 4: Guided patient to challenge cognitive distortions. Challenging cognitive distortions caused tremendous distress to her as she felt invalidated. She felt that heavy emphasis on change (challenging her cognitive errors) disproved her feelings.

Session 5-6: Mindfulness exercise was incorporated when challenging cognitive distortions. Mindfulness approach learnt from her DBT classes was incorporated while focusing on the behavioural aspect of CBT.

For example, a situation was discussed and by applying mindfulness skills she could observe and describe her present thoughts and emotions while focusing on all her senses. Subsequently, she was guided towards participating or being attentive towards those thoughts one-mindfully, non-judgementally.

Lastly, going towards effectiveness, she was able to identify the distressing thoughts and let go of them without feeling invalidated by using her rational mind instead of her emotional mind. Mindfulness technique aided her into gently challenging her thoughts by identifying evidence for and against those automated negative thoughts and to restructure her thoughts by understanding the consequences of those thoughts.

Session 7-8: Problem solving was taught. Started by

identifying, reorganizing and prioritising one problem at a time, choose a solution.

Session 9-10: Relapse prevention. Encouraged self-efficacy and coping skills.

Session 11-12: Booster sessions to guide on application of skills in her environment.

Continuous improvements were showed after her hospital discharge. Her anger was better controlled with substitutions of opposite thoughts of her distortions, improving her relationship with her father. Gradual exposure to men was also done by having male attending doctors in the ward, addressing her cognitive distortions against men made her comfortable to be attended by male doctors. Towards the end of the therapy, patient was able to regulate her emotions, understand and challenge her distorted thoughts. Her mood was also more stable with the aid of pharmacology.

DISCUSSION

This paper shows that mindfulness-based CBT (MBCBT) is applicable and useful to treat patients with BPD who has the background of DBT skills. Patients with BPD tends to experience intense emotions that may interfere with their thoughts. Addressing the emotions first by mindfulness technique will help the patient to embrace and regulate their emotions better in preparation for cognitive restructuring. As for NF, despite the initial challenges of feeling invalidated during thoughts restructuring, she was able to embrace it when assisted by mindfulness. Mindfulness skills was also found to be helpful in enhancing the efficacy of a traditional CBT approach as its development appears to enable patients to become more aware of their internal experiences, less distressed by them, and more accepting of their past facilitating the therapy.[5]

A recent systematic review on mindfulness training for BPD patients reported improvements in levels of impulsivity, emotion dysregulation patterns, attention skills and mindfulness-related capacities including decentering and nonjudging.[6] Whereas another study on brief mindfulness training revealed beneficial improvements for trait mindfulness, self-compassion, and shame but did not result in improvements in any of the psychological symptoms of BPD[7] (Keng 2019). However, a recent study established that mindfulness practices have a vast impact in decreasing the symptoms of BPD, while incorporating with medications.[8] Likewise, mindfulness training has been shown to be beneficial in alleviating negative emotional effects of social rejection among those with BPD.[9] Countless data is available on the use of DBT for treating BPD, however very restricted evidence is obtainable for CBT or MBCBT for BPD. While a study on MB-CBT for BPD patients showed no significant improvements in BPD symptoms[10], another more recent study showed improvement of symptoms.[4] A systematic review showed that DBT and psychodynamic psychotherapy studies were effective, while CBT studies were not.[11] Similarly, another recent study showed that CBT did not result in significant improvement in psychological distress among patients with BPD.[12] Nevertheless, there are studies showing effectiveness of CBT for BPD. A recent study showed both DBT and CBT had similar reductions in suicide reattempts and depression.[13] Additional RCT also supported the use of CBT for BPD portraying a reduction in suicidal behaviour, attendance at A&E services and in-patient psychiatric care.[14]

Furthermore, another study found that BPD patients who received cognitive therapy demonstrated decrease in levels of depression, hopelessness, suicide ideation, and symptoms of BPD.[15] In conclusion, the literature is inconclusive in terms of the effectiveness of CBT in BPD. This case report highlights the need of emphasis on mindfulness approach in making CBT more effective where the need for learning mindfulness skills is essential for CBT to work. Due to the limited materials on CBT for patients with BPD, findings from current paper could assist clinicians to choose the right approach towards a better quality of life with patients like NF.

CONCLUSION

This approach would be useful for resource-limited developing countries where a full DBT program can be labour intensive and costly. A combination of DBT skills group (without the labour intensive individual DBT and

phone coaching) with CBT may give an additional impact for patients with BPD on their emotional regulation and cognitive distortion. The authors suggest that more studies should be done on the effect of the combination of Group DBT skills therapy and Mindfulness based CBT for patients with Borderline Personality Disorder.

REFERENCES

1. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed., American Psychiatric Association, 2013. DSM-V, doi-org.db29.linccweb.org/10.1176/appi.books.9780890425596.dsm02
2. Storebø OJ, Stoffers-Winterling JM, Völlm BA, Kongerslev MT, Mattivi JT, Jørgensen MS, et al. Psychological therapies for people with borderline personality disorder. Cochrane Database of Systematic Reviews. 2020(5).
3. Keng S-L, Mohd Salleh Sahimi HB, Chan LF, Woon L, Eu CL, Sim SH, et al. Implementation of brief dialectical behavior therapy skills training among borderline personality disorder patients in Malaysia: feasibility, acceptability, and preliminary outcomes. BMC psychiatry. 2021;21(1):1-12.
4. Keshvari B, Jenaabadi H, Karbalaei Herafteh FS. The Effectiveness of Mindfulness-Based Cognitive Therapy on Anxiety in People with Borderline Personality Disorder. Islamic Life Journal. 2019 Jul 10;3(5):162-70.
5. Huss DB, Baer RA. Acceptance and change: The integration of mindfulness-based cognitive therapy into ongoing dialectical behavior therapy in a case of borderline personality disorder with depression. Clinical case studies. 2007;6(1):17-33.
6. Kounidas G, Kastora S. Mindfulness training for borderline personality disorder: A systematic review of contemporary literature. Personality and Mental Health. 2021 Sep 22.
7. Keng SL, Lee CSL, Eisenlohr-Moul TA. Effects of brief daily mindfulness practice on affective outcomes and correlates in a high BPD trait sample. Psychiatry Res. 2019 Oct 1;280:112485.
8. Trichal M.,Kumar P.. Efficacy of mindfulness exercises in the management of borderline personality disorder. *International Journal of Indian Psychology*, (2020) *8*(3), 1088-1100. DIP:18.01.114/20200803, DOI:10.25215/0803.114
9. Keng SL, Tan HH. Effects of brief mindfulness and loving-kindness meditation inductions on emotional and behavioral responses to social rejection among individuals with high borderline personality traits. Behav Res Ther. 2018 Jan 1;100:44–53.
10. Sachse S, Keville S, Feigenbaum J. A feasibility study of mindfulness-based cognitive therapy for individuals with borderline personality disorder. Psychology and Psychotherapy: Theory, Research and Practice. 2011;84(2):184-200.
11. Cristea IA, Gentili C, Cotet CD, Palomba D, Barbui C, Cuijpers P. Efficacy of psychotherapies for borderline personality disorder: a systematic review and meta-analysis. Jama psychiatry. 2017;74(4):319-28.
12. O'Dwyer N, Rickwood D, Buckmaster D, Watsford C. Therapeutic interventions in Australian primary care, youth mental health settings for young people with borderline personality disorder or borderline traits. Borderline Personality Disorder and Emotion Dysregulation. 2020 Dec;7(1):1-0.
13. Lin TJ, Ko HC, Wu JY, Oei TP, Lane HY, Chen CH. The effectiveness of dialectical behavior therapy skills training group vs. cognitive therapy group on reducing depression and suicide attempts for borderline personality disorder in Taiwan. Archives of Suicide Research. 2019 Jan 2;23(1):82-99.
14. Davidson K, Norrie J, Tyrer P, Gumley A, Tata P, Murray H, et al. The effectiveness of cognitive behavior therapy for borderline personality disorder: results from the borderline personality disorder study of cognitive therapy (BOSCOT) trial. Journal of personality disorders. 2006;20(5):450-65.
15. Brown GK, Newman CF, Charlesworth SE, Crits-Christoph P, Beck AT. An open clinical trial of cognitive therapy for borderline personality disorder. Journal of Personality Disorders. 2004;18(3: Special issue):257-71.