Scope
Volume 14 Number 02 June 2024

"Breaking Boundaries: A Case Study of Integrated Therapy for Borderline Personality Disorder"

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Abstract:
Breaking Boundaries: A Case Study of Integrated Therapy for Borderline Personality Disorder, This case study explores the comprehensive treatment of a 22-year-old male college student diagnosed with Borderline Personality Disorder (BPD). Over three years, the patient had intermittently engaged in various therapeutic interventions and medication regimens, but faced significant challenges in adjusting to college life, which led to seeking help at the University Wellness Centre. A multidisciplinary approach was adopted, involving Dialectical Behavior Therapy (DBT), Schema-Focused Therapy (SFT), and Rational Emotive Behavior Therapy (REBT), complemented by anti-anxiety medication prescribed by a psychiatrist. Initially, counseling sessions were held three times a week. DBT was particularly effective in helping the patient identify and manage negative emotions and thoughts. The integrative therapeutic approach facilitated a notable increase in self-awareness and significantly reduced emotional instability and negative thoughts within the first two weeks. Consequently, symptoms such as negative thoughts, obsessions, and irritability diminished substantially. As the patient made progress, the medication was gradually reduced. Throughout the treatment, the patient actively participated in therapeutic exercises, which greatly contributed to the overall success of the treatment. This case underscores the efficacy of an integrated therapeutic approach combined with medication in managing BPD. The synergistic effect of these therapies led to substantial improvements in the patient's mental health and overall well-being, highlighting the potential for breaking boundaries in conventional treatment methodologies for BPD.

Keywords: Borderline personality disorder (BPD); Psychotherapy; Dialectical Behavioral Therapy (DBT); Schema-Focused Therapy (SFT); Rational Emotive Behaviour Therapy (REBT); Cognitive Behavioral Approach

Introduction:

Borderline personality disorder (BPD) is characterized by persistent patterns of affective instability, self-image issues, interpersonal relationship instability, pronounced impulsivity, and suicidal ideation and attempt that significantly impair and distress the individual's life (1). Following the initial definition of BPD in 1978, the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) was released in 1980 (2), and the International Classification of Diseases (ICD-10) was released ten years later. The affective instability was underlined as a crucial BPD criterion in both the DSM-5 and ICD-10. Individuals diagnosed with Borderline Personality Disorder (BPD) have notable health obstacles that worsen their medical management. BPD, also known as emotionally unstable personality disorder, is caused by neurological issues that impact social cognition, attachment, emotional control, stress management, and social reward. (3,4) Patients tend to be more susceptible to emotional hyperarousal and social stress as a result, especially throughout adolescence. When under pressure, they find it difficult to regulate their feelings and rapidly revert to their initial emotional states.

For BPD, psychotherapy is thought to be the most successful treatment because of BPD's "stably unstable" nature (5). The limited efficacy of pharmacotherapy for BPD also contributes to the importance of psychotherapy, as the majority of psychotropic drugs are only mildly effective in reducing symptoms across a variety of areas of borderline psychopathology (6). In psychotherapy, there are many views of using different methods to achieve best results especially the use of REBT also showed efficacy in borderline personality disorder along with psycho-dynamic and cognitive behavioral in nature (7).

Survivors of Child Sexual Abuse (CSA) often develop disordered behavior that can lead to Borderline Personality Disorder (BPD). These individuals lose the ability to cognitively detach from unpleasant stimuli and stressful situations, which can worsen if they cannot escape the situation.(16) The exact mechanisms of how sexual abuse impacts individuals remain unclear, but it is known to have significant long-term repercussions. Factors associated may include fear of force or familial issues such as parental psychopathology(12). Research indicates that CSA particularly contributes to specific BPD symptoms like identity disturbances, recurrent suicidal or self-harm behavior, and stress-related paranoia or dissociative symptoms.(13,14)

Methods:

Integrative therapy is a treatment method that involves selecting approaches from several therapeutic orientations that are best suited to a client's specific situation. Integrative therapists strive to get the greatest significant results by personalizing the therapy to the client (18). This study explains about the importance of integrated therapy incorporating with DBT, SFT and REBT effectiveness in BPD.

The characteristics of BPD is emotional dysregulation which result from both inherited biological weaknesses, easily agitated very quickly and takes a long time to calm down and a disaffection environment and also contends the impulsivity and interpersonal instability (8). Research of **DBT**'s effectiveness was also carried out contrasted with conventional therapy used in Holland with a history of frequent self-mutilation results in significantly bigger reductions of impulsive self-mutilating and self-damaging behaviors(9).

Schema-focused Therapy (SFT) is based on work - detached protector, punishing parent, abandoned/abused child and angry/impulsive child are four dysfunctional life schema that are believed to maintain the psychopathology and dysfunction of borderline patients. A variety of behavioral, cognitive, and experiential strategies that emphasize the therapeutic relationship, daily living outside of therapy, and past experiences are used to effect change (including traumatic experiences). When faulty schema are no longer in charge of the patient's life, SFT patients recover(10).

Rational Emotional Behaviour Therapy (REBT) is another treatment of Cognitive therapy used to treat internal variables in people - how people interpret events and beliefs are more significant than activating events. Therefore, this therapy may be helpful as a deciding and illuminating component (17). The foundation of REBT is a very adaptable as ABC-DEF framework that has been shown to assist with a variety of emotional illnesses (11). In fact proper application and refutation of these clients' irrational beliefs may be hampered by clients' difficulties in recognizing, naming and reflecting upon states of mind, dysregulated emotions and self-defeating behaviour and difficulty forming a strong working alliance with a therapist.

Results:

A typical case of a boy aged 22 years diagnosed with BPD from past 3 years reported taking medication and psychotherapy previously for 1 year and stopped. After entering the college life, challenging situations like mingling with new environment and people, experienced adjustment issues. The fear of hesitation and paranoid tendencies experienced led to mental distress and decided to seek professional help at the University wellness centre.

Assessment of patient reveals underlying causes for BPD as traumatic childhood experiences as he got abused frequently from different people from the period of childhood to adolescence and was unable to share with family members which leads to many behavioral problems, mood swings and depression. He adopted many self-coping strategies like spirituality along with medication and psychotherapy earlier but the obsessions and thoughts of homosexual abuse were intensified. Evidence suggests negative correlation between BPD symptoms and religious dimensions, particularly

religious and spiritual well-being are linked to features including aggression, mood instability, a sense of emptiness, and a propensity for self-mutilation

Phase	Intervention Details	Frequency	Outcomes
Assessment	Identification of Underlying Causes	1 session	Traumatic childhood experiences leading to BPD symptoms. Traumatic childhood experiences leading to BPD symptoms.
Therapy Plan	Integrated Counselling (DBT, SFT, REBT) and Anti-Anxiety Medication	Thrice a week	Initial identification and management of emotions and negative thoughts.
2 Weeks	Application of DBT Techniques	Thrice a week	Increased self-awareness, reduced intensity of negative thoughts, and emotional instability.
Follow-Up Phase 1	Continued Integrated Therapy with Techniques: Cognitive Restructuring, Self- Affirmations, Scheduling	Once a week	Gradual reduction in symptoms like negative thoughts, obsessions, emotional instability, and irritability.
Follow-Up Phase 2	Self-Monitoring with Journaling, Thought Diary	Bi-weekly	Continued symptom improvement and stabilization.
Follow-Up Phase 3	Reduced Frequency of Sessions	Once a month	Further reduction in symptoms, increased coping abilities, and self-management.

Medication Adjustment	Gradual Reduction of Medication	Regular follow-ups	Decreased reliance on medication, and maintained symptom control with therapy techniques.
Outcome	Post-Therapy Assessment	-	Significant improvements were observed by patient, mentors, counselors, and psychiatrist. Effective coping with psychological symptoms.

Table 1 –Treatment Protocol

The patient experienced trust issues and bad experiences with people in college. An extensive treatment plan was implemented by counselor, involving Dialectical Behavior Therapy (DBT), Schema-Focused Therapy (SFT), and Rational Emotive Behavior Therapy (REBT), alongside anti-anxiety medication prescribed by a psychiatrist. Initially, counseling sessions were held three times a week. DBT helped the patient identify and overcome negative emotions and thoughts. This integrated therapeutic approach led to increased self-awareness and reduced emotional instability and negative thoughts within two weeks. Table 1 explains about treatment protocol in detail.

Techniques such as Cognitive Restructuring, Self-Affirmations, Scheduling, Self-Monitoring with Journaling, and Thought Diaries were used. As improvements were observed, the session frequency decreased on weekly, then bi-weekly, and eventually monthly. Symptoms like negative thoughts, obsessions, and irritability diminished significantly. Medication was gradually reduced, and the patient actively participated in the therapeutic exercises.

The integrated therapy proved highly effective, with noticeable improvements reported by the patient, mentors, counselors, and psychiatrist. Fig 1 explains about the treatment progression and reduction of symptoms in graphical form. The patient learned coping techniques and managed psychological symptoms effectively, making this case study notable for its successful outcome.

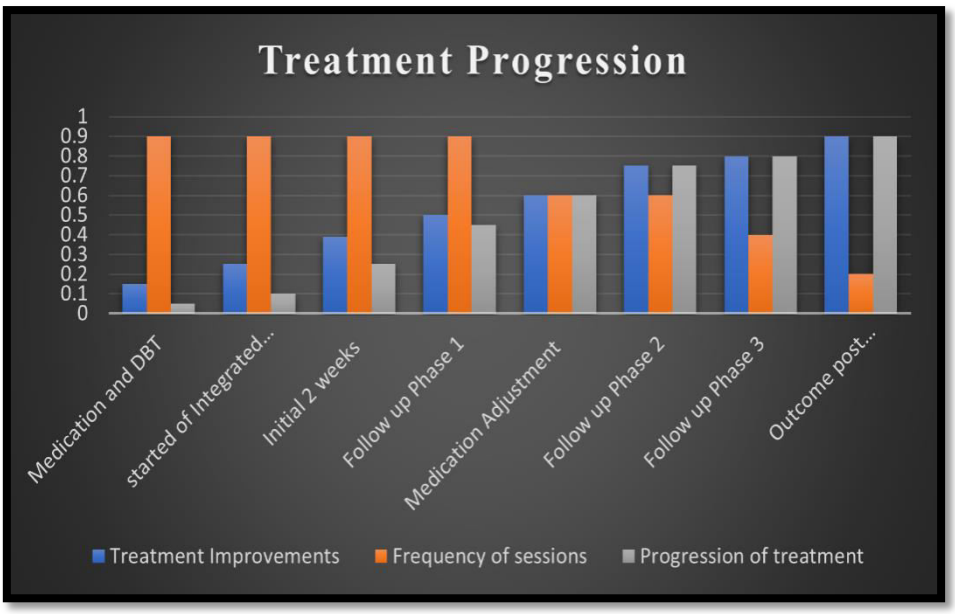

Fig1 – Treatment Progression

Patient perspective:I am a 22-year-old college student diagnosed with Borderline Personality Disorder (BPD) three years ago.I had serious adjustment problems and emotional distress in college after quitting medicine and psychotherapy a year ago, My severe childhood abuse—which I was unable to disclose to my family—is the root cause of my BPD, which manifests as behavioral issues, mood swings, and sadness. My intrusive thoughts and symptoms worsened even though I was using spirituality and earlier treatments as coping methods. My current goal is to discover practical solutions for controlling my illness and enhancing my mental health, which prompted me to visit the University Wellness Center for assistance. Counseling sessions were first conducted three times a week and now I am free of Negative thoughts, obsessions, and irritations.

Discussion:

According to the combined findings of study, there are three manualized psycho-social treatments for BPD that have shown some promise in reducing psychopathology or at least certain sub types of BPD. The regions of self-mutilation and suicide attempts have shown the most consistency in these symptomatic changes (21) result in strained relationships and significant decline in psycho-social functioning.

However, it is evident that DBT is most researched and often used treatment with goal to lessen the frequency of physically damaging behaviour and their aftereffects. Instead, it appears that people on the borderline are extremely responsive to a range of treatments. The key lesson here might be that these patients might benefit from any acceptable treatment given by reasonable individuals in a fair way (22, 23).

Nevertheless, recent studies have revealed that around half of BPD symptoms are acute in character and the other half are temperamental in nature (16). This study shows that temperamental symptoms are not specific to BPD and recover rather

slowly, acute symptoms are specific to BPD and have a persistent link to psycho-social impairment.

To assist patients with BPD, traditional psychotherapies for BPD, some supplementary treatments and technologically based approaches have recently been created to modify symptoms and problematic behaviors appear to be mediated by emotional regulation alterations, providing credence to the suggested mechanism (22). Self-destructive behaviors, emotion dysregulation, BPD symptomatology, depression, and quality of life improved after therapy and follow-ups revealed more improvements. (23,24).

Integrative therapy is not limited to a single methodology. Depending on the individual's requirements and goals, the therapist can employ a variety of strategies and modify to tailor based protocol. The goal is to improve the efficacy and efficiency of treatment while also tailoring it to the individual's needs. For someone who is attempting to overcome a behavioral issue (25).

In the future, treatment researchers need to create defined BPD outcomes and standardized instruments to measure those results. Without this, determining the relative effectiveness of different treatments will continue to be very challenging.

Abbrevations: Borderline Personality Disorder (BPD); Psychotherapy; Dialectical Behavioral Therapy (DBT); Schema-Focused Therapy (SFT); Rational Emotive Behaviour Therapy (REBT);

Acknowledgement of Financial support: "This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors."

Clinical Recommendations:

- Effective comprehensive psycho-social therapies for BPD have been demonstrated.
- The issue with their broad use, though, is their training requirements and price.
- These therapies could be modified versions of currently available effective ones or more recent ones created especially for this purpose.

Funding:"This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors."

Conflict of Interest: None

Consent: Written informed consent for publication of their clinical details was obtained from patient.

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