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Naturalistic Evaluation of Dialectical Behavior Therapy–Oriented Treatment for Borderline Personality Disorder

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This article reports the results of a naturalistic investigation comparing the effectiveness of a dialectical behavior therapy–oriented treatment (DBT) with a client-centered therapy control condition (CCT) for borderline personality disorder patients (BPD). Twenty-four patients diagnosed with BPD were randomly assigned to either DBT or CCT. Blinded, independent rater evaluations and a battery of patient self-report measures were completed at baseline, 6 months, and 1 year during the course of treatment. Measures of suicide attempts and self-harm episodes were collected on a weekly basis. The number of psychiatric hospitalization days per 6-month period was also measured. Outcomes showed the DBT group improved more than the CCT group on most measures. The quality of the therapeutic alliance accounted for significant variance in patients' outcomes across both treatments.

Linehan (1993) developed dialectical behavior therapy (DBT) specifically for the treatment of women who make multiple and repeated suicide attempts and who most often meet criteria for borderline personality disorder (BPD). Five experimental and quasi-experimental studies have supported the efficacy of DBT versus treatment as usual (TAU) in the community for parasuicidal adults and adolescents (Koons et al., 1998; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; Linehan et al., in press; Rathus & Miller, 1999; Stanley, Ivanoff, Brodsky, & Oppenheim, 1998).

The present study takes the research on DBT treatment for BPD one step further by contrasting a DBT-oriented therapy model to an alternative psychosocial treatment rather than comparing it to TAU. In addition, the present study focuses on assessing the effectiveness, in contrast to efficacy, of DBT-oriented therapy. To achieve

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the first goal, DBT-oriented treatment is compared to a client-centered therapy (CCT) treatment protocol. To achieve the second goal, regular mental health staff in a community mental health clinic setting conducted the treatments, in the context of the real-world comorbidity and complexities associated with this diagnosis. In addition, both men and women are represented in this study. The CCT treatment model was chosen as the contrasting treatment condition because many clinicians view supportive psychotherapy models of treatment as appropriate for BPD patients (Adler, 1979, 1985; Buie & Adler, 1982). Furthermore, all psychotherapy models build on a foundation of supportive components to establish a treatment relationship (Luborsky, 1984; Luborsky, Barber, & Beutler, 1993).

The present study takes the research on DBT treatment for BPD one step further by contrasting a DBT-oriented therapy model to an alternative psychosocial treatment rather than comparing it to TAU.

Method

Research Participants

Potential participants were initially treated in local hospital emergency services for suicide attempts. They were then referred to the community mental health outpatient clinic for follow-up services. Sixty-two patients were referred and evaluated. To be eligible for participation in the study, patients had to meet diagnostic criteria for BPD, not meet criteria for an exclusionary diagnosis, give written informed consent to participate in the study, and had to accept random assignment to treatment. The exclusionary diagnoses included schizophrenia, schizoaffective disorder, bipolar disorder, organic mental disorders, and mental retardation. Thirty-three patients met criteria for a BPD diagnosis and gave informed consent to participate in the program for a reduced fee. During the screening and intake process, 9 patients withdrew or had to be removed from the study. Four patients dropped out and refused to participate in pretest evaluations; 3 others required inpatient drug and alcohol treatment and were referred for those services; and 2 participants withdrew from the study after treatment assignment. This left a total of 24 participants to be randomly assigned to either DBT or CCT.

During the year-long treatment, 4 DBT and 6 CCT patients withdrew from treatment. Of these patients, 1 person in the DBT condition returned to DBT treatment after a 5-week break. Nine DBT and 6 CCT patients were still in treatment at 12 months. All 24 patients participated in the 6-month and 12-month assessments and composed the intent-to-treat sample for the analyses.

Nineteen females and 5 males were included in the sample. The ethnic composition included 19 Caucasians, 4 African Americans, and 1 Asian American. The average age was 22 and the range was from 18 to 27. Average level of education in years was 13.3 with a range from 12 to 16 years. Twenty-three patients met criteria for a comorbid Axis I disorder. The majority was diagnosed with dysthymia plus comorbid generalized anxiety disorder (n = 17). Three patients met criteria for major depressive disorder, 3 met criteria for dysthymia, 18 met criteria for alcohol abuse, and 20 met criteria for substance abuse. Most patients (n = 18) met criteria for two additional personality disorders. The most frequent combination was 9 cases of the borderline plus dependent personality disorder. The absolute count of comorbid Axis II disorders included 2 antisocial, 1 compulsive, 9 dependent, 6 histrionic, 6 narcissistic, 2 paranoid, and 3 schizotypal.

The types of self-harmful behaviors reported by the patients included parasuicide; fights; wrist cutting or scratching; bruising arms and legs; impulsive, unprotected sexual episodes; impulsive abuse of alcohol and drugs; and accidental overdosing. Eight patients had a history of brief psychotic, or paranoid, episodes, which had previously resulted in psychiatric hospitalizations.

The study protocol did not include a pharmacotherapy component. However, 19 patients were taking prescribed psychotropic medications at the beginning of the study. There was no consistent pattern of medication types. The random assignment procedure placed 8 medication subjects in the DBT group and 11 in the CCT group. This difference was not statistically significant, $\chi^2_{(1)} = 2.27$, $p = .132$. At the 12-month evaluation, 4 DBT patients and 10 CCT patients reported they were receiving pharmacotherapy. This difference was statistically significant, $\chi^2_{(1)} = 6.17$, $p = .01$.

Procedure

Assessment

Patients referred to the clinic were initially screened by the investigator to decide if they were appropriate for the study. The screening interview consisted of a 90-minute structured interview based on the Diagnostic Interview for Borderlines (DIB; Gunderson, Kolb, & Austin, 1981) and the Structured Clinical Interview for *DSM-III* Disorders (SCID-I; Spitzer, Williams, Gibbon, & First, 1990). Patients meeting DIB criteria for BPD and not meeting exclusionary criteria were invited to participate in a second assessment session. At the second assessment session, an independent assessor administered the