

Efficacy of Dialectical Behavior Therapy in Women Veterans With Borderline Personality Disorder

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Twenty women veterans who met criteria for borderline personality disorder (BPD) were randomly assigned to Dialectical Behavior Therapy (DBT) or to treatment as usual (TAU) for 6 months. Compared with patients in TAU, those in DBT reported significantly greater decreases in suicidal ideation, hopelessness, depression, and anger expression. In addition, only patients in DBT demonstrated significant decreases in number of parasuicidal acts, anger experienced but not expressed, and dissociation, and a strong trend on number of hospitalizations, although treatment group differences were not statistically significant on these variables. Patients in both conditions reported significant decreases in depressive symptoms and in number of BPD criterion behavior patterns, but no decrease in anxiety. Results of this pilot study suggest that DBT can be provided effectively independent of the treatment's developer, and that larger efficacy and effectiveness studies are warranted.

Until very recently, there was only one published randomized clinical trial of a psychosocial treatment for persons with borderline personality disorder (BPD), namely the report by Linehan, Armstrong, Suarez, Allmon, and Heard (1991) on dialectical behavior therapy (DBT), summarized below. The need for replication of the treatment's efficacy at an independent site provided the primary impetus for the present study. Since our study was conducted, Bateman and Fonagy (1999) have reported significantly more favorable outcomes for patients diagnosed with BPD who were randomly assigned to a long-term, psychodynamically oriented partial hospital program (average length of stay = 1.45 years) than for those randomly assigned to standard outpatient treatment that included no psychotherapy. It is certainly fortunate for patients and intriguing for researchers that there now appear to be two treatments for BPD with some demonstrated efficacy.

DBT was developed initially by Marsha Linehan (Linehan, 1993a, 1993b), specifically for the treatment of chronically suicidal and self-injurious women. Most of these women meet criteria for BPD. About 75% of those diagnosed with BPD are female, and chronic suicidal behavior is a common feature (Widiger & Frances, 1987).

Linehan et al. (1991) randomly assigned 44 parasuicidal women diagnosed with BPD to 1 year of DBT or to treatment-as-usual (TAU) in the community. Women receiving DBT had significantly greater reductions in self-harm behaviors (including suicide attempts), in the medical risk of those behaviors, and in the frequency of psychiatric hospitalizations and lengths of stay, and lower treatment dropout rates than women receiving TAU. DBT also showed superior efficacy in reducing trait anger and improving Global Assessment Scale scores and both interviewer-rated and self-rated social adjustment (Linehan, Tutek, Heard, & Armstrong, 1994). On questionnaire measures of depression, hopelessness, reasons for living, and suicidal ideation, however, although patients in both conditions showed significant improvement during the 12 months of treatment, the treatment conditions did not significantly differ (Linehan et al., 1991). Improved symptoms and functioning of patients were generally maintained at 6- and 12-month follow-up (Linehan, Heard, & Armstrong, 1993).

DBT has generated considerable interest since the Linehan et al. (1991)

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