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Preliminary Data on an Acceptance-Based Emotion Regulation Group Intervention for Deliberate Self-Harm Among Women With Borderline Personality Disorder

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Borderline personality disorder (BPD) and deliberate self-harm are clinically important conditions for which additional economically and clinically feasible interventions are needed. Literature on both the emotion regulating and experientially avoidant function of self-harm and the role of emotional dysfunction in BPD provided the rationale for developing a group intervention targeting emotion dysregulation among self-harming women with BPD. This study provides preliminary data on the efficacy of this new, 14-week, emotion regulation group intervention, designed to teach self-harming women with BPD more adaptive ways of responding to their emotions so as to reduce the frequency of their self-harm behavior. Participants were matched on level of emotion dysregulation and lifetime frequency of self-harm and randomly assigned to receive this group in addition to their current outpatient therapy ($N = 12$), or to continue with their current outpatient therapy alone for 14 weeks ($N = 10$). Results indicate that the group intervention had positive effects on self-harm, emotion dysregulation, experiential avoidance, and BPD-specific symptoms, as well as symptoms of depression, anxiety, and stress. Participants in the group treatment condition evidenced significant changes over time on all measures, and reached normative levels of functioning on most. While these preliminary results are promising, the study's limitations require their replication in a larger-scale randomized controlled trial.

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BORDERLINE PERSONALITY DISORDER (BPD) is associated with severe dysfunction across multiple domains (Gunderson, 2001; Skodol A. E., Gunderson, J. G., Pfohl, B., Widiger, T. A., Livesley, W. J., & Siever, L. J., 2002) and was historically considered to be quite intractable and treatment-resistant, with clinically significant change observed only after years of treatment. One particularly troublesome behavior common among individuals with BPD is deliberate self-harm (the deliberate, *direct* destruction or alteration of body tissue without conscious suicidal intent, but resulting in injury severe enough for tissue damage to occur; see Gratz, 2001). Self-harm behavior, one of the diagnostic criteria for BPD, occurs among as many as 70% to 75% of individuals with BPD (Gunderson, 2001; Linehan, 1993), and was originally identified as the "behavioral specialty" of individuals with this disorder (Mack, 1975). This clinically important behavior is associated with a range of negative emotional, interpersonal, and physical consequences (Favazza, 1992; Leibenluft, Gardner, & Cowdry, 1987; Linehan, 1993; Tantam & Whittaker, 1992). However, despite its clinical relevance, there are few empirically supported treatments for self-harm (Favazza, 1992; Walsh & Rosen, 1988).

Two treatments that have been found to be efficacious in the treatment of both BPD and self-harm are Dialectical Behavior Therapy (DBT; Linehan, 1993; Linehan, Armstrong, Suarez,

Allmon, & Heard, 1991) and Mentalization-Based Treatment (MBT; Bateman & Fonagy, 1999, 2001, 2004). Despite their efficacy, however, these treatments are not always easily implemented in traditional clinical settings. For instance, DBT often is not offered in its full and empirically supported package (i.e., weekly group skills training, individual therapy, and therapist consultation/supervision meetings, as well as telephone consultation as needed between clients and individual therapists). Moreover, the requirement of a long-term commitment (i.e., 1 year) may be difficult or prohibitive for some clients. Similarly, MBT currently has empirical support only as an 18-month-long partial hospitalization program—a duration that is rarely available (see Gunderson, Gratz, Neuhaus, & Smith, 2005). Therefore, additional interventions for self-harm and BPD that are more economically and clinically feasible are needed (see Blum, Pfohl, St. John, Monahan, & Black, 2002; Evans et al., 1999).

Treatments utilizing a time-limited group format may be particularly promising in this regard, as they may be less costly to offer than individual therapy and have the potential to reach a larger number of clients (Blum et al., 2002; Gunderson, 2001). Moreover, group modalities are particularly useful for providing validation, increasing social support, and reducing shame (Najavits, Weiss, & Liese, 1996), all of which are important in the treatment of BPD (Gunderson, 2001; Linehan, 1993). Notably, there is preliminary support for the utility of group interventions in the treatment of both BPD and parasuicidal (including self-harm) behavior (see Monroe-Blum & Marziali, 1995; Wood, Trainor, Rothwell, Moore, & Harrington, 2001).

However, in order to be effective, any time-limited approach must have a specific and well-defined focus. Functional analytic approaches to psychopathology suggest that effective interventions address the function of maladaptive behaviors and symptom presentations (see Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Self-harm has been conceptualized as serving an emotion-regulating function (Gratz, 2003; Linehan, 1993)—a conceptualization with empirical support (Briere & Gil, 1998; Brown, Comtois, & Linehan, 2002). Moreover, empirical and theoretical literature suggests that the particular way in which self-harm operates to regulate emotions is through experiential avoidance (i.e., attempts to avoid unwanted internal experiences; Hayes et al., 1996; for a review of this literature on self-harm, see Gratz, 2003). A focus on emotion regulation may be particularly relevant for individuals with BPD, given the central role of emotional dysfunction in BPD (Koenigsberg et al., 2002; Linehan, 1993; Livesley, Jang, & Vernon, 1998).

The above literature provided the rationale for developing a group intervention targeting emotion dysregulation in general (and emotional avoidance in particular) among self-harming women with BPD. The conceptual definition of emotion regulation on which this group is based (see Gratz & Roemer, 2004) emphasizes the functionality of emotions, and was influenced most directly by theoretical literature on emotion regulation in childhood (Cole, Michel, & Teti, 1994; Thompson, 1994). Whereas much of the literature on emotion regulation in adulthood emphasizes the control and reduction of negative emotions, the childhood literature emphasizes the functionality of emotions and the problems associated with deficits in the capacity to experience the full range of emotions. Thus, rather than equating regulation with "control," the approach used here conceptualizes emotion regulation as a multidimensional construct involving the: (a) awareness, understanding, and acceptance of emotions; (b) ability to engage in goal-directed behaviors, and inhibit impulsive behaviors, when experiencing negative emotions; (c) flexible use of situationally appropriate strategies to modulate the intensity and/or duration of emotional responses, rather than to eliminate emotions entirely; and (d) willingness to experience negative emotions as part of pursuing meaningful activities in life (Gratz & Roemer, 2004). As such, an emphasis is placed on the control of behavior when emotions are present, rather than the control of emotions themselves. Moreover, within the context of a time-limited intervention, an explicit focus on the potentially paradoxical effects of attempts to avoid emotions (see Hayes et al., 1996; Levitt, Brown, Orsillo, & Barlow, 2004) was considered to be important.

The present study provides preliminary data on the efficacy of this new, time-limited, emotion regulation group intervention for self-harm behavior among women with BPD. To this end, outpatients at McLean Hospital and in the greater Boston area were randomly assigned to receive this group in addition to their current outpatient therapy (group intervention plus treatment as usual [TAU]), or to continue with their current outpatient therapy alone for 14 weeks (TAU waitlist). These two conditions were compared on outcome measures of emotion dysregulation, emotional avoidance, and self-harm frequency, among others. By controlling for common factors and nonspecific effects (through the continuation of TAU across both conditions), this additive design allows for conclusions to be drawn regarding the

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