Original Research Article

Emerging Personality Disorder – management and treatment applying Dialectical Behavioral Therapy: a case study

Surabhi Ghosh[1], Susmita Halder[2]

[1]Clinical Psychologist, AIBHAS, Amity University, Kolkata
[2]Associate Professor, AIBHAS, Amity University, Kolkata

Corresponding author: Surabhi Ghosh,
Email – surabhighosh2010@gmail.com

ABSTRACT

It is of essential importance to identify clinical conditions of childhood and adolescence that present a high risk to evolve any kind of Personality Disorder. Personality disorder does not suddenly come out at age eighteen years old. Early sighs of some pathological behaviour that evolves before 19 years predict long term deficits in functioning and a higher chance is there these patients continue to present some symptoms up to 20 years. Some childhood and early adulthood predictive factors are responsible for excellent recovery of Personality disorder. Unfortunately, PD diagnosis and treatments both gets delayed. Adolescence represents a sensitive and vulnerable phase for the development of any kind of Personality Disorder. There is a dearth of information about emerging personality development in childhood and in adolescence.
The present study attempts to explore the role of Dialectical Behavioural Therapy in the management of a 14 years old Female, Hindu, Bengali speaking, Unmarried, hailing from an urban neutral family with a diagnosis of emerged personality disorder with prominent features of impulsivity, interpersonal relationship problems, self-harm behaviours, anger outbursts. Thus the aim of the present study is to reduce these behaviours which is having an impact in her life and improving overall well-being of the individual. She was treated with DBT approach, bringing in improvement after 14 sessions.. The execution of DBT for suicidal adolescent has been presented by a case study.

Keywords: Dialectical Behavioural Therapy, Emerged Personality Disorder, Management on Impulsivity, Distress Tolerance, Interpersonal Relationship.

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INTRODUCTION

It is of essential importance to identify clinical conditions of childhood and adolescence that present a high risk to evolve any kind of Personality Disorder. Personality disorder does not suddenly come out at age eighteen years old. Early sighs of some pathological behaviour that evolves before 19 years predict long term deficits in functioning and a higher chance is there these patients continue to present some symptoms up to 20 years. Any type of personality disorder influence an individual's thought behaviour and emotions. In some conditions, personality disorders it can be diagnosed before the age of 18. Emerging borderline personality disorder is very common. Young people with emerging borderline personality disorder (EBPD) come from many different backgrounds, but maximum will have suffered some difficulties in early life. At first, BPD manifests in adolescence. Adolescence can give thought to a particular sensitive period for BPD pathology to emerge [1]. Some recent studies suggested that the direction of BPD from adolescence to late life is identified by a symptomatic shift from affective dysregulation, impulsivity, and suicidality to maladaptive interpersonal functioning and continuing functional impairments, with succeeding remission and relapse [2]. In a study it's been found that trauma and abandonment are linked with some of the serious

clinical illness that can lead to increased risk factors of suicide in survivors [3]. EBPD is very difficult thing to live with, but some techniques and approaches tare there which can help people cope better with the condition. Early intervention to treat this kind of personality disorder would be helpful and advantageous. Studies have shown that at least 20% of youth are having a mental health problem, with a majority also experiencing a co-occurring substance abuse disorder [4]. The current case study aims at finding the efficacy of DBT, adapted model for an adolescent as an intervention procedure in a case with EPD with impulsive and self-harm behaviours.

Details of the Case

Index client, a fourteen years old girl, studied till class 10, hailing from a urban background, middle socioeconomic status family, was brought in a mental health centre with complaints of smoking and drinking habits with friends, tremors self-harm behaviours, decreased interest in studies, burning sensation in throat and mouth, disturbed sleep since last 1 year.

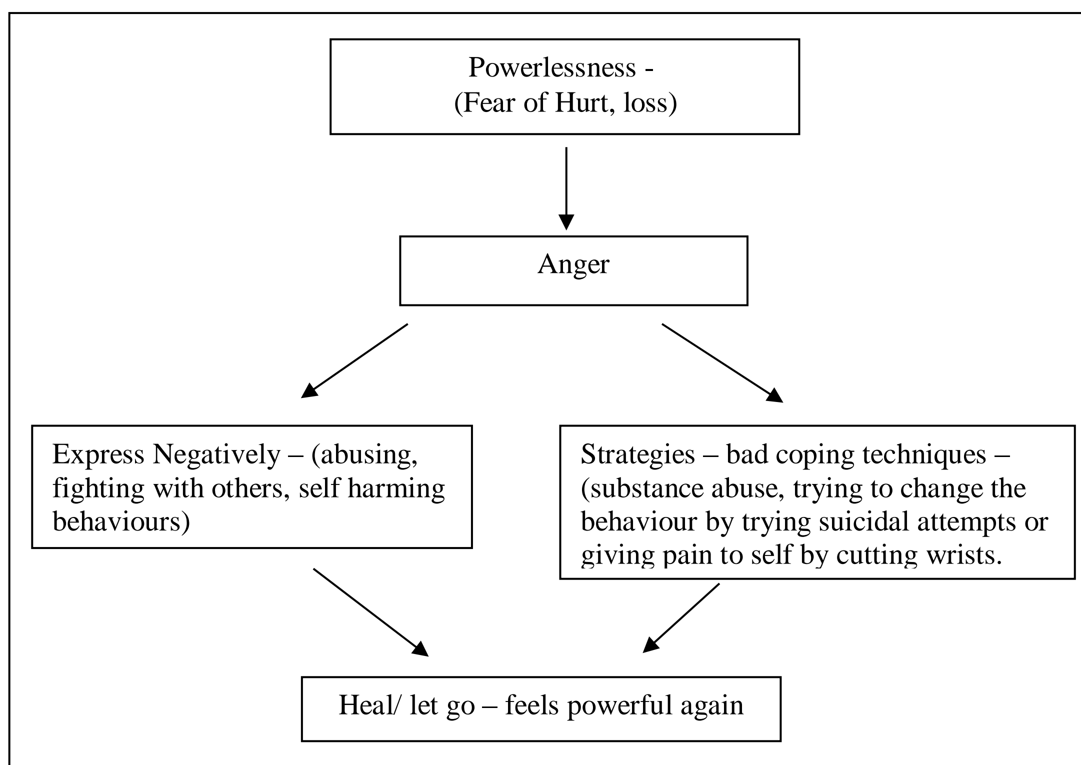
On further probing, it was revealed when she was in class 7 since then she wants to be a boy. In school, her friends used to bully her as she used to act like a boy most of the time. Since then she tells her parents for gender transformation. Client reported that when she was 12 years old, initially out of curiosity she started smoking and drinking with her friends outside the school. Initially she used to smoke 2 – 3 cigarettes in a day and 2 pegs of alcohol regularly. She used to buy all these with her pocket money. Gradually the amount of cigarettes increased to 1 packet and 750 to 200 ml of alcohol in a day regularly. She mentioned that due to regular drinking habit her sleeping hours got increased. When she was in class 8 at the age of 13, she started taking heroin, cocaine and LSD with her friends. Initially the quantity was less, once a month then by the end of class 8 she regularly used to take heroin, cocaine and LSD with the help of inhaler and injection. She mentioned that all these things used to give her immense pleasure. Client used to take money from her father's account through ATM without their permission. She mentioned that she noticed if she didn't take cocaine and LSD she had problems such as tremors in hands and legs, burning sensation in stomach, throat and mouth, dryness of mouth. She mentioned she used to have it before going to her tuitions. She cannot concentrate in her study that time as she used to think when she will be having cocaine with her male friends. Her appetite and sleep increased that time. Client mentioned that she used to spend nights outside in pubs and clubs with her male friends. Her mother used to get angry and she used to scold her. Client mentioned whenever she used to get angry; she cut her wrist and her cheeks for several time. This helps her to calm down. She used to get angry as parents didn't give her time. She mentioned she had frequent anger outburst since childhood. That increased after taking alcohol, cocaine and heroin. She used to get frequently involve in fights with her classmates and she loves to fight like boys. She mentioned that when she passed class 10 she went for a trip with her family where she as abstinent for 5 days and she was having problems like tremors in hands and legs, watery eyes and burning sensation in throat. In 2019 she mentioned in the month of October she attempted suicide by jumping from the 3rd floor of her house due to fight with her girlfriend and her mother. She had head injury and fracture in her left hand she was hospitalized for 1 month and after that her parents brought her in a centre for rehabilitation. She reported that she wants to increase her height, improve her muscles and to reduce her belly fat and to get a handsome look. As per report, she is having disturbed sleep and she doesn't feel hungry.

The client gave her assent and she was cooperative during the therapeutic sessions.

Psychotherapeutic Formulation

Family dynamics, parent's role were intriguing contributors played an important role to her psychopathology. According to the Client, her father was highly labile emotionally. Her mother was emotionally detached. She found her threatening and overwhelming. She influenced her feelings of guilt and unworthiness in the patient, yet she was also dependent on her and discouraged her growth and independence. Client described herself as being a loner as a child. She was humiliated in the classroom several times as she looked like a boy. She found this experience degrading and humiliating. Patient have had always listened about gender roles, gender differences since childhood. Around the age of 13, she used to take heroin, cocaine which gave her immense pleasure. After that, she started to live a fantasy life. She used to act impulsively and had several self-harming behaviours. In assessing the relationship of the

significant events in the patient's history to her clinical presentation, it is understandable that the patient started from a developmental base of fear of his mother and absence of an emotionally fulfilling relationship with her mother, with consequent difficulty in being able to trust and form attachments to others.(Fig. 1)



Therapeutic Sessions

- Sessions held at Green Park Mental Unit, West Bengal, India.
- Total number of sessions taken was 14.
- Time per session was 45 minutes.

Mode of Therapy

Dialectical Behavioral Therapy (DBT)

Table 1: Showing the target behaviours and the intervention techniques used for the present client

Target Behaviour	Intervention Techniques
Lack of insight	Psychoeducation
Self-harm Impulsive behaviour	Anger management Distress tolerance skills Deep Diaphragmatic Breathing Technique
Confusion regarding self	Socratic questioning Examine the evidences Guided discovery
Emotional instability Poor coping	Distress tolerance skills Emotional Regulation targeted using Mindfulness Technique
Disturbed interpersonal relationship	Interpersonal Effectiveness Technique

Psychotherapy Process

Psycho-education: Psychoeducation was to enhance the insight of the client. At the beginning of the session, the ethics and confidentiality were explained to the client. The client was comfortable in the initial sessions. It was revealed that her patents never understood her feeling since childhood. Client had an aggressive attitude towards her parents and when she gets angry she feels like committing suicide like she did earlier (jumping from roof or self-harming behaviours). Sometimes when she gets angry, she wanted to harm herself by snatching her wrist and mentioned she liked to see the flow of the blood; as in a way it releases the pain. Client was psycho educated about the negative views she was having about her parents. She was made understand that her self-harming behaviours they have brought her there in the centre. Insight was enhanced through the session.

Anger Management: At first she was explained the anger she experience is so intense that it's creating trouble to her. This anger comes as a result of self-destructive behaviours like snatching wrists, consuming various types of substances. She was informed that people get engage in unhealthy behaviours when they get angry, which includes acts that can cause physical harm or destroy relationships. She was taught to notice her anger and to write her feelings and emotions on a sheet of paper instead of expressing it physically or verbally. Client was asked to try to gently avoid the person she was angry with and stop attacking them which is called avoid thoughts.

Deep Diaphragmatic Breathing Technique: Client was explained that this technique helps to reduce the physical arousal she felt when she became angry. She was taught how there was an increase in arousal in body when there were any cues or stimuli. Client was showed how the progressive muscle relaxation might be helpful in reducing the arousal and made her more adaptive in dealing with the particular situations.

Client was taught about deep breathing technique to make her relax and to reduce her worry or distress. She was then asked to sit straight and to relax for a few minutes, then close his eyes and to inhale oxygen slowly and hold it for few seconds and then to exhale it slowly.

Distress Tolerance Skills: First the client was explained about taught distress tolerance skill by doing Radical Acceptance Method which means to accept the current situation, to understand and to move on. The aim of this was to help patient to consider the fact and to accept the reality.

The process is as follows:

She was given a sheet (radical acceptance worksheet). For this exercise she was asked about the realities that she was refusing to accept and the behaviours that she do when she is not accepting the reality (tantrums, arguing, manipulating, or giving up), and the way of expressing her sufferings when she is refusing to accept the situation. She was taught some healthier ways to accept the situation, like thinking that is coming – instead of how it could be, accept the fact and problem. She was asked not to use sentences like – "why me?" " it's not fair, "should "and "should not" and example was also given to her. A situation was given to her, for example, (Table 2)

Situations given	Typical Thinking	Radical Thinking
"what if you were not selected for a job where you felt that you were the best candidate? What thought will come to your mind?"	I will become very disappointed. I will have bad thoughts. I will think suicidal	It's frustrating that I didn't get the job but I accept that someone else would be better fit.
What if you get a job, boss is pressurizing you?	I will feel like I will beat the boss. I will feel bad, sad and someway mad	Boss's duty is give us work. So in a way he is right and I have to accept the pressure.

Another technique of Distress tolerance Skill which is called the A .C .C .E. P.T. S. Skill Training was described and discussed with the client. Dialectical Behaviour Therapy (DBT) has many useful approaches to understanding and tolerating distress. In the state of distress, things may feel hopeless, unmanageable, or out of control and there is often an urge to do something to make the distress "stop."

This exercise follows

- A - Activity engaging like writing poems, story writing, song lyrics.
- C - Contributing - When strong emotions take over , it is easy to feel as though our problems and worries are all-encompassing (like helping others)
- C - Comparisons- when you get caught up in yourselves and your emotions, it can be helpful to take a step back and express gratitude for what you do have when our emotions or situations feel unmanageable.
- E- Emotions- When caught up in the moment of strong emotion, take some alternative behaviors can be more active, for example, are you lying in bed feeling down and lethargic? Get up and take a walk around the room.
- P- Pushing Away- When she becomes emotionally activated, there is often a desire to hold on to stressful or "loaded" thoughts. When this begins to happen, you need to take action by writing your negative thoughts down.
- T - Thoughts- When she was in an intense emotional state, likely in "emotion mind," an emotional state that is overpowering. Then for calmer emotional state, reading a soothing phrase or prayer or thinking through a breathing exercise was helpful.
- S- Sensations- Physical sensations can provide us great relief when we are overcome with emotion.

Radical Acceptance Coping Statements

Client mentioned that she sometimes faces the problem in dealing with the emotions and becomes difficult to accept the present situation. It then becomes very hard to accept the reality. Some statements were then taught to the client and was asked to say to herself. The statements are –

- This is how it has to be
- Everything has happened for a reason
- I can't change what already happened (not any self-harm)
- There is no point fighting the past
- I can survive the present even if I don't like what's happening.
- I don't have control over past
- The present is exactly what it should be given what happen before.

Coping strategies were discussed with her to use when she gets emotionally vulnerable – like to increase her healthy behaviours like writing songs and poems and that will automatically reduce the bad thoughts comes in her mind.

Mindfulness

Through Mindfulness technique emotional dysregulation was targeted. Mindfulness based on emotional regulation is a unique process. She was told to focus on one thing at a time through a DBT skill called WISE MIND (good decision making process). This technique says to be at the present movement which helps a person to make a good decision when someone is emotionally overwhelmed. On a sheet of paper therapist draw the thing to make her understand.

Interpersonal Effectiveness techniques

She likes to get sympathy from others. She likes to get attention from others. One interpersonal effectiveness technique was stated in this session. Dear Man technique was taught to the client means:

D =Describing the situation. She was taught to
E= Express it
A= Assert
R= Reinforce
M= Mindful
A= Appear
N= Negotiation

Socratic Questioning, Guided Discovery and Examine the Evidence
Some techniques of Cognitive Behavioural Therapy were used focusing on:

- The misconceptions she has regarding genders
- To help develop healthy self-concept, self esteem

Outcome of the Therapy
The therapy was conducted were 14 sessions so far. Aggressive and impulsive behaviour were the primary target behaviours for the intervention. An overall improvement was noticeable. There was a reduction in client's general level of deviant or aggressive behaviours like self-harming, anger experiences. Therefore, Distress Tolerance Skills, Deep breathing, Mindfulness training had helped client's functioning. The client reported that now she has that control over her impulsive acts and also to hold her anger instead of verbally expressing them.

Table 3: Quantitative and Qualitative Analysis of the client: (Pre & Post intervention)

Quantitative Analysis		
Measures/ Domains	**Pre Intervention**	**Post Intervention**
BDI	BDI = 26 (Moderate)	BDI = 12 (Mild Mood Disturbance)
SIS	17	6
Qualitative Analysis		
Self Awareness	She lacked self awareness which lead to fluctuating and turbulent behaviors such as physical fights, damaging others properties, verbal abuse	Now she has become more self aware. There is a significant development in self awareness leading to increase in self control.
Self Control	At the beginning of the session client had no control over her actions. It was found was internal locus of control was poor that affected her behavior. Due to poor self control her situational responses were erratic and impulsive.	Now there is reduction in frequency of self harming, suicide reattempts. Her neurotic behaviors have decreased such as less physical and verbal reactions when she gets angry or impulsive.
Interpersonal Relation	She had negative attitude towards her parents. Sociability and agreeableness were low which lead to highly neurotic behaviors such as abrupt ending of relations, quarreling over trivial issues.	She has built a positive attitude towards her parents now. She has become more cooperative in the centre and more interactive with others. Now she has started maintaining a sustainable relationship with others.

DISCUSSION

After 14 sessions, the case described above gave out a positive outcome as it can be seen that there is depletion in the target symptoms means that there is efficacy of DBT in children with personality problems. It is important to note that in this case along with DBT some other cognitive therapy techniques were used that don't directly fall in Dialectical therapy. Many Mental Health professionals / consultants are unwilling or unenthusiastic to diagnose any kind of PD in adolescents. Still now there are some incorrect ideas that psychopathology in adolescents are free flowing. It gets healed or cured with time. Though some recent studies have showed clinical interest in identifying or diagnose disorders at an early stage [5] which is mainly applicable for PD. There can be various range of risk factors that can be vulnerable for a child from childhood to late adolescence [6]. The factors may below social economic status, stressful life events, family adversity, maternal psychopathology, cold, hostile or harsh parenting, exposure to physical or sexual abuse or neglect, low IQ, high levels of negative affectivity and impulsivity, and both internalizing (depression, anxiety,

dissociation) and externalizing (attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, substance use) psychopathology in childhood. BPD mainly conveniently shown that this is diagnosable in adolescents and also it can be said or recommended at this stage it is high [7]. Some Evidence are assembled which declares that some serious symptoms of BPD can be diagnosed in clinical setting and then be treated with intervention accordingly. Psychological testing revealed that among children conflict with authority figure specially regarding discipline causes problem. Introversion, low self-esteem, low self-confidence are some of the underlying factors are noticeable from some test findings [8]. Many obstacles are still present like many clinicians still give preference to diagnosis of Mood disorder. And many adolescents who are having PD are given pharmacotherapy based on some unjustified diagnosed with Bipolar Disorder [9]. Research should be done more on this that PD begins in adolescents and is treatable at this stage too to reduce the obstacles. This case study suggests that DBT is a promising treatment for adolescents and should be more tested with this population. Youth and Adults are different. Research should be done on adolescents and youth as their needs from adults are different and unique. Limited use of DBT for adolescents in PD has been used. Mostly the knowledge of psychotherapeutic treatment of BPD comes from studies conducted in adults between the ages of 25 and 40 years, and treatment models are focused on the acute episodes of the disorder. Typically, specialized treatments are mainly done late in the course of BPD, which tends to be costly and lengthy, and available only to a subgroup of BPD patients who do seek help and manage to attend to the treatment setting. Some more future studies is needed to find out how the traits, impulsivity and emotional dysregulation that develops already by adolescence is affecting in developing this disorder or how much those traits are vulnerable in developing features of BPD.

CONCLUSION

DBT, as skills-focused therapy, aims to empower clients with BPD by providing clients with coping skills and providing structure to the environment which enables the client to practice these skills. The importance of DBT in the treatment of BPD is evident, and emerging literature suggests that adaptations and modifications of the original DBT model are successful in other areas of mental health care.

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