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The Mechanisms and Applications of Mentalized-Based Treatment for Adolescents with Borderline Personality Disorder

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Abstract:

Borderline personality disorder (BPD) is a mental illness that often causes depression, interpersonal disturbances, and strong self-harm or even suicidal tendencies. The impact of an individual's early experiences significantly contributes to BPD. This disease is widespread in adolescents as the prevalence of BPD in adolescents has been on an upward trend over the past decades. Mentalization-based treatment (MBT) is one of the psychotherapies comprised of individual treatment and small closed-group treatment to provide a sense of safety. MBT has been considered one of the most effective treatments through the improvement of an individual's mentalization, strengthening of self-recognition, reducing the extent of depression, and decreasing self-harm. However, the relevant clinical research based on the treatment leaves a gap. This paper aims to inform on the mechanism and theories of MBT as the primary treatment for BPD, including the unique characteristics of MBT that enhance the therapy process, which mainly targets adolescents. In future research, clinical trials of adolescent BPD with MBT treatment methods are required to optimize and improve the MBT. MBT can become one of the primary directions for psychologists and outpatient therapists.

Keywords: Borderline personality disorder; adolescent; mentalized-based treatment.

1. Introduction

Borderline personality disorder (BPD) is a typical mental disease that could bring huge pressure to the patient and family. Symptoms of BPD include emotional regulation disorder, extreme actions, self-hurt, and even strong suicidal tendencies. The patients often struggle under the high pressure of maintaining interpersonal relationships and a severe feeling of loneliness and suffer from an intense sense of emptiness, causing emotional dysregulation and mistaken identity [1]. The key association of BPD is the barrier of distinguishing sensitive recognition, in other words, easily self and other mentalization situation ability, thus leading to an extreme affected by outside behavioral factors [2]. With the development in the field of pharmaceuticals and further research on BPD, this disease is now capable of being treated with incipient diagnosis and better treatment results. However, the relevant clinical experimental of BPD is still a gap in research and clinical practice, and results differ obviously between different countries [1].

There are various causes of BPD, including low education quality, long-term lack of accompanying relationships, poor living satisfaction, and poor societal support. According to research, the prevalence of BPD among adolescents is approximately 2-3% [1]. Among adolescents in the emergency center or full-time hospitalization due to suicide, BPD occupied the greatest proportion. Nevertheless, according to register-based research, diagnoses of BPD among adolescents have increased heavily in the last decades [1, 3].

Currently, therapeutic approaches for BPD include dialectical-behavioral therapy (DBT) and mentalization-based therapy (MBT), which both refer to the combination of group therapy and individual therapy and keep in constant observation on the therapy-interfering process. Also, both methods require the therapist to be able to use empathy to give the patient a positive stance and provide the group with inner support [4]. Among the two types, MBT is one of the most promising approaches, and it is also effective in adolescent BPD treatment, showing potential benefits for treating adolescents especially [5]. MBT aims to treat the patient, in particular their poor mentalizing issue, improving self-recognition, deducing self-harm action, constructing bonds with a relationship with others, and enhancing the patient's emotional attachment towards society. MBT is comprised of individual treatment and small closed-group treatment that can provide a sense of safety and security. Patients with BPD might quit the treatment process due to distorted recognition, previous unsuccess-

ful relationship memories, and impulsive behavior tendencies [4]. Research shows that MBT-A (for adolescents) is a more effective treatment compared with treatment focused on a group of adolescents. MBT's special feature allows improvement in patient mentalization and decreases attachment avoidance [6].

Furthermore, in accordance with recent research, MBT also shows better results in reducing suicide and self-harm caused by depression [7]. The core value of MBT is to stabilize self-awareness and maintain a constant mentalization level. The primary task of MNT is to strengthen the control of emotion so that the patient can take internal expression more carefully and regulate self-behaviors better [8]. The interpersonal relationship-building process experienced by patients with counselors during the treatment process is one of the values of MBT. This process helps patients enhance their emotional understanding and mental stability and build a reliable and rational mindset [8].

This review aims to summarize the causes of BPD in adolescents, how MBT effectively targets BPD, and how the clinical treatment process is associated with the patient‘s features and symptoms.

2. BPD in Adolescent

2.1 Causes of BPD

There are various causes of BPD from the three main categories, which are genetics, Neurobiology, and social psychology factors [9]. Mental trauma and ignorance can aggravate the extreme behavioral tendencies and symptoms followed by those already with BPD. According to research, about 33% of BPD patients have suffered from raping and sexual assault. BPD is highly associated with interpersonal traumatic events from the patient's childhood or adulthood experiences [9]. In terms of clinical presence, the primary characteristics of BPD include highly unstable interpersonal relationships, an inferiority complex, and especially disorders in emotion expressed with long-term depression that can lead to chronic suicidal tendencies. Patients are sensitive to a variety of relationship values; for instance, any unexpected change in schedule with the consultant can have an impact on a patient‘s attitude towards the treatment and the relationship to which the patient is contributing with the consultant [9].

There are various diseases that appear with BPD, such as Obesity and Bulimia, mental, bipolar disorder, and PTSD (post-traumatic stress disorder), which are the most typical complications that occur with BPD; in other words, the consequences of complicated symptoms of BPD. Further, with alcoholism and nicotine addiction, the patient might over-perception any hurt, which is more likely to happen to affected people [9].

2.2 Models in BPD

A model can separate BPD into three main dimensions: Emotion dysregulation, Interpersonal problems, and Self-identity disturbance [10]. Although research shows that most patients‘ conditions will improve through treatment, some of the original functions are not able to be repaired; according to statistics, 75% of the patients during remission still lack full-time jobs [9].

The frame of the trust process indicates the staged trust process of BPD-affected people [11]. In this frame, there are developmental factors, including emotional state, prior belief disposition, and situation perception. These three stages finally lead to trust evaluation and can show the behavioral manifestation; this modal can help the therapist analyze and review within different stages [11]. One key indicator of this is when childhood, how children are being treated, their caregivers have the responsibility to show care and respond to the infant's trust; if these cares are expressed to the infant positively, a potential internal working mode with other relationships for children is being contributed. On the other hand, if these messages are not transported to the infant successfully, or even cruelty to the infant causing long-term mental trauma, leaving children waiting for an attachment to arrive, all these factors will cause distrust, which lasts for a long time inside them and appear heavily in the adolescent stage. This distrust feature can be helpful in some way in protecting the individual; however, it is one of the primary reasons causing extreme distrust and weak interpersonal ability of people affected by BPD [11].

To conclude, the mechanism of BPD has a great potential correlation with the individual's childhood experience. Any slight negative reaction by the guardian to the trust placed by the individual in childhood may cause potential BPD, which may last until adolescence, even continuing into adulthood. It affects an individual's future functions in social relationships and attitudes toward interpersonal relationships.

3. Treatment of BPD with MBT

Among all the treatments targeted for BPD, psychotherapy is the most recommended of all current treatments, given that the results after several research studies on pharmaceuticals didn‘t come out as well as expected [12, 13]. However, it's difficult for patients affected by BPD to maintain a constant psychotherapy process, as observed by early traditional psychotherapy on BPD. The highly differentiated characteristics and heterogeneous disorder cause difficulties in developing suitable treatments, a treatment that can satisfy the demands and challenges of the

patient and the therapist. Fortunately, relatively effective approaches have been found nowadays tailored to people affected by BPD [12]. MBT has proven to be the most effective treatment for adolescent BPD from its widespread use in clinical. One research carried out by Fonagy and Rossouw showed that MBT is a much more effective treatment for decreasing self-harm and depression, especially in adolescents with BPD [14]. The core effects of MBT are to enhance mentalization, reduce attachment avoidance, and improve typical BPD symptoms. MBT intervention usually consists of 12 months and includes both individual and family therapies, respectively, once a week and once a month.

4. Clinical trials

According to research, around 50% of patients have completed the full-time treatment process. At the endpoint of this process, only 33% of the patients still meet the criteria of BPD, which is 25% lower compared to the treatment-as-usual group, showing an obvious difference [15]. MBT aims to increase patient mentalization ability, enhance emotional coordination, improve concentration and communication skills, and reduce self-harm [1]. Global Severity Index (GSI), Severity Indices of Personality Problems (SIPP-118), etc., can be used to evaluate the treatment effects of BPD. These targets are achieved throughout the process of treatment, as the patient contributes to an interpersonal relationship with the consultant, develops mentalization and emotional recognition, and builds bonds with others.

A pilot study done by Laurenssen et al. evaluated the effect of 15 adolescents with BPD in the hospital after they underwent MBT with an average treatment of 11 months [16]. These 14-18-year-old adolescent patients met at least two Diagnostic and Statistical Manual of Mental Disorders IV (DSM–IV) criteria for BPD. The treatment protocol is partial hospitalization. This MBT is comprised of group treatment, individual treatment, and family therapy sessions. In addition, art therapy, writing therapy, and mentalization therapy were added. As a result, a dramatic improvement was found in symptomatic distress with better GSI scores in SIPP-118 domains such as personality functioning, as well as in mentalization recognition. A significantly elevated quality of life has been reported after 12-month treatment. Notably, no clinical deterioration was shown with MBT treatment [16]. However, 83.3% of patients in this study were females (Table 1) [16]. Thus, further research is required to verify the effects of MBT treatment on larger populations.

A randomized controlled trial (RCT) carried out by Mehlum et al. indicated that DBT-A had a positive effect on reducing the self-harm frequency of adolescents with BPD compared to the control group (Table 1) [17]. However, the result is considered insufficiently reliable due to the uncontrollable factors of the study, smaller size, and different measurement results [18]. In addition, the target patient group of DBT-A is mainly adolescents with high self-harm frequency and a tendency to commit suicide, which appears similar to only a part of the symptoms of an adolescent with BPD [18]. In comparison, the study carried out by Rossouw and Fonagy demonstrates the advantages and superior effects of MBT-A compared with other conventional treatment methods in treating self-harm, depression, and typical symptoms of BPD adolescents (Table 1) [14]. By reducing attachment avoidance and strengthening the mentalization process, patients can achieve better results during the 12-month treatment period. Subsequent surveys revealed clear positive changes.

Table 1. Clinical trials of treatments for BPD

Design	Subject	Treatment	Results	References
RCT	80 adolescent with self-harm and comorbid depression	MBT-A and TAU	MBT-A is more effective than TAU in reducing self-harm and depression	[14]
Pilot study	15 adolescents with BPD	Group treatment, individual treatment, and family therapy sessions. In addition, art therapy, writing therapy, and mentalization therapy were added.	A dramatic improvement was found in symptomatic distress with better GSI scores, in SIPP-118 domains such as personality functioning, and in mentalization recognition.	[16]
RCT	77 Adolescents attending self-harm clinics	DBT-A and EUC	DBT-A had a positive effect on reducing the self-harm frequency of adolescents with BPD compared to the control group.	[17]

Abbreviations: BPD, Borderline personality disorder; RCT, Randomized controlled trial; MBT-A, mentalization-based treatment for adolescents; TAU, treatment as usual; DBT-A, dialectical behavior therapy for adolescents; EUC, enhanced usual care.

5. Conclusion

BPD is a common mental disease caused by various factors among adolescents. The patients usually suffer from long-term loneliness and feelings of emptiness. Among all the treatments, MBT is one of the most effective approaches, helping patients improve their mental maturity and self-awareness through the process of building interpersonal relationships with patients. According to the existing relevant clinical trials, MBT has a significant therapeutic effect on adolescent BPD compared to other treatments, with an improvement in GSI scores, SIPP-118 domains, reduced self-harm and depression, etc. Even so, this treatment method still needs to be improved and expanded, a deeper and wider range of population should be included in the studies of MBT as well as clinical trials.

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