REVIEW

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Clinical practice supportive psychotherapy for borderline personality disorder

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ABSTRACT

Borderline Personality Disorder is usually unstable due to periods of acute crisis, aggressive behavior, suicide attempts, and even substance abuse. Individual psychotherapy has long been considered the main treatment for Borderline Personality Disorder. Supportive psychotherapy can be used on people who are experiencing stressful situations that the person's coping mechanisms are unable to cope with, resulting in tension and distress. Individually supportive psychotherapy involves treating the patient with compassion, empathy, and commitment, regardless of whether the therapist agrees or disagrees with the patient's behavior and thoughts. Supportive psychotherapy seeks to overcome emotional reactivity to stressors and develop ways to inhibit maladaptive impulses. Supportive psychotherapy for Borderline Personality Disorder who have deficits in self-experience by focusing on the dimensions of impulsivity/aggression, affective instability, cognitive/perceptual distortions, and anxiety/inhibition. Supportive psychotherapy sessions discuss the four dimensions according to the patient's condition, which is expected to help patients overcome emotional reactivity and develop ways to inhibit maladaptive impulses.

Keywords: Supportive psychotherapy, borderline personality disorder, psychotherapy.
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INTRODUCTION

The presence of impulsive behavior characterizes Borderline Personality Disorder and its prevalence is around 1% in the population.[1] The clinical course of patients with Borderline Personality Disorder varies and is almost always unstable due to periods of acute crisis, aggressive behavior, suicide attempts, and even substance abuse.[2] Patients with Borderline Personality Disorder exhibit a variety of cognitive deficits, including difficulties with attention and concentration, long-term memory, and executive functions, such as impulse control, planning, and problem-solving.[3]

Psychotherapy is one of the non-pharmacotherapy modalities for psychiatric patients. Psychotherapy is carried out by conversation and observation, so it is often referred to as "the talking cure".[4] Individual psychotherapy has long been considered the main treatment for Borderline Personality Disorder.[5] The therapy that has been carried out so far in mental health services in Indonesia is contextually supportive psychotherapy based on psychoanalytic theory, attachment theory, cognitive neuroscience, and developmental psychopathology. Supportive psychotherapy is usually performed as part of dynamic psychotherapy with an expressive-supportive continuum that places greater emphasis on a supportive psychotherapy approach at the start of therapy.[6]

Supportive psychotherapy is a basic thing that a psychiatrist must master, a psychiatrist does not master supportive psychotherapy, then other psychotherapy will not be useful.[7] Supportive psychotherapy is one of the most widely mastered psychotherapy modalities in psychiatric education in Indonesia and the most practiced in psychiatric services.

SUPPORTIVE PSYCHOTHERAPY PRINCIPLES

Regularity, timeliness, reliability, acceptability from the therapist, and therapeutic arrangements will provide stability and support to the patient to remain within the therapeutic framework. Winston et al. define supportive psychotherapy as "dyadic conversation that uses direct action to ameliorate symptoms, maintain, restore, or enhance self-esteem, ego functioning, and adaptive skills. Achieving these goals requires examining relationships, real or transferential, examining past and current patterns, and emotional or behavioral responses.[8] Grover stated that supportive psychotherapy is flexible and suitable for patients with various diagnoses. Supportive psychotherapy is the initial therapy performed by psychiatrists before shifting to other, more complex psychotherapy. Supportive psychotherapy is important to establish a doctor-patient relationship at the beginning of therapy and is the heart of all types of psychotherapy.[9]

Self-esteem (self-esteem) involves the patient's self-confidence, hope, and self-esteem.[10] While ego functions include relations with reality, thinking, formation

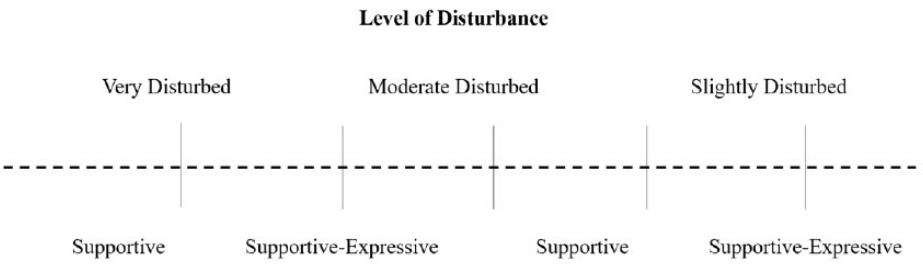

Figure 1. Psychotherapy continuum.[8]

of defenses, regulation of influence, synthetic functions, and others.[11]

Adaptive skills are actions related to effective functioning.[12] Social skills are an example of adaptive skills for individuals living with chronic psychotic disorders or personality disorders.[13] The boundary between ego functioning and adaptive skills is not sharply defined.[14] The patient's assessment of certain events is a function of the ego; action taken in response to judgment is an adaptive skill.[15,16]

Flexibility is key in individual supportive psychotherapy in terms of duration, frequency, and setting.[17] The length of each supportive psychotherapy session can be between 30-45 minutes.[18] Supportive psychotherapy sessions can be conducted less than once a week and supportive psychotherapy can be used for patients deemed unsuitable for other psychotherapy requirements.[19]

Individual psychotherapy is implemented on a spectrum or continuum that extends from supportive to expressive (psychoanalytically oriented) psychotherapy.[20] From left to right, the continuum begins with supportive psychotherapy, crosses supportive-expressive and supportive-expressive psychotherapy, and extends down the expressive continuum.[6] In practice, the treatment of most patients involves supportive and expressive elements, which are used in a coherent and integrated fashion according to the patient's condition.[21]

General principles of supportive psychotherapy:[9]

1. Building a good therapeutic alliance
2. Making a therapeutic contract including do's and don'ts for patient and therapist, method of payment, duration and frequency of sessions, and how to contact the therapist in case of crisis.
3. Number of sessions: determined by the needs and motivation of the patient
4. Establishing ground rules, such as no physical or verbal aggression during therapy sessions and not showing up drunk
5. Providing an explanation to the patient about the role of the patient and therapist in therapy
6. Setting goals for therapy
7. Letting the session flow and avoid structuring or managing the session
8. The therapist is neutral and nonjudgmental.
9. The therapist tries to connect emotionally with the patient.
10. Identifying the patient's strengths
11. Avoiding, putting down, and criticizing arguments
12. Avoiding questions of "why" and "why not" - Replacing them with "Can you explain why you did something this way?"
13. Explaining to patients that therapy is not an alternative to pharmacotherapy, especially in patients with severe mental disorders.
14. Carrying out a conversational style, prioritize patient turn.
15. Demonstrating a supportive attitude towards the patient
16. The active therapist is in the session but is not very active.
17. Having the ability to use expressive actions without reducing the attitude of support.
18. The therapist should ask open questions, limit closed questions and focus on listening to the patient's story so that they can provide an appropriate response.
19. Patient problems are discussed in therapy sessions, and patients do not get structured assignments to do at home.

The therapist is expected to provide a nurturing environment, understand the patient's feelings, be neutral and non-judgmental, help patients develop a framework of understanding, develop therapeutic alliances, and bring about an attitude of optimism in the psychotherapy process. Individually supportive psychotherapy involves treating the patient with compassion, empathy, and commitment, regardless of whether the therapist agrees or disagrees with the patient's behavior and thoughts.

INDICATIONS OF SUPPORTIVE PSYCHOTHERAPY

Individual supportive psychotherapy aims to stabilize the patient's emotional and mental state, not to change a person's personality traits or defense mechanisms.[20] This type of psychotherapy can be used on people who are experiencing stressful situations that the person's coping mechanisms are unable to cope with, resulting in tension and distress.[19] Supportive psychotherapy is also used in patients who are not suitable for other, more sophisticated forms of therapy that require patients to focus on recognizing their cognitive errors, carrying out homework assignments, or tolerating high levels of anxiety for their behavioral interpretations and defense mechanisms.[21] Patients who undergo supportive psychotherapy will get help to improve ego function and increase self-esteem and adaptability so that they can function more adaptively.[22]

The following are indications for individual supportive psychotherapy:[9]

1. Stressful circumstances: such as bereavement, divorce, job loss, menopause, physical illness, and academic difficulties
2. Severely disturbed ego strength: Those who experience severe disturbances, both emotionally and/or interpersonally due to chronic schizophrenia, chronic affective disorder, or some personality disorder patients, in particular, to help them on an ongoing basis to achieve better adaptation. Patients who experience high anxiety, need a supportive psychotherapy approach until they are ready to undergo more exploratory

interventions (insight-oriented psychotherapy or psychodynamic psychotherapy).
3. Patients who prefer symptom improvement over getting insight

EXAMINATION IN SUPPORTIVE PSYCHOTHERAPY

Symptoms Examination

During the examination, the therapist must focus on presenting the patient's main complaint because this is what brings the patient to the therapist and is the patient's main concern. It is also important to understand current stressors, hassles, and traumatic experiences in the patient's life, which may play a role in the manifestation of symptoms. After understanding the complaints, the therapist should turn to the history of symptoms, including symptoms, course of symptoms, aggravating and mitigating factors, and relationship problems from early childhood to the present.[23]

It is also important to understand traumatic experiences such as separation, loss, physical health problems, mental health problems in family members, migration, family belief systems, educational history, sexual problems (sexual beliefs, development, orientation, and experiences), identity issues, and financial situations. Efforts should be made to understand the patient's responses and feelings about this problem.[24]

At the end of the examination, the therapist should clearly understand the patient's current problems, interpersonal relationship problems, daily functioning, and psychological functioning. The assessment is not limited to current problems but should also focus on the patient's life in general. An important aspect of testing is that it should be therapeutic for the patient, enhancing the therapeutic alliance and encouraging the patient to continue therapy.[25]

Steps for examining symptoms in individual supportive psychotherapy:[9]

1. Inquiring history of symptoms in terms of duration, type, severity
2. Assessing the severity of symptoms and the spectrum of symptoms
3. Evaluating all possible comorbidities
4. Elaborating on the patient's personality development history
5. Relationship skills: Relationships with parents, caregivers, family members, significant others
6. Traumatic events in life
7. Having a basic understanding of the patient's current interpersonal relationships, daily functioning, and psychological structures
8. Evaluating the patient's current and past experiences, responses, and feelings
9. Assessing current stressors, hassles, and traumatic experiences
10. Assessing the patient's wills, needs, and feelings towards important people in his life
11. Evaluating coping abilities, self-esteem, ego functioning, and adaptive skills - before and current symptoms
12. Assessing dominant effect, control over impulses, defenses, cognitive functioning, psychological sophistication
13. Cognitive function, psychological sophistication
14. Current pharmacological treatment
15. Prior psychiatric pharmacological treatment
16. Prior psychotherapy treatment - Type of therapy received, session details, level of patient participation, issues related to the therapeutic alliance, reasons for discontinuation
17. Obtaining information from caregivers, if permitted by the patient and possible

Examination of current problems and history of therapy

Problems faced by patients can be in the form of interpersonal relationships, daily functions, and the patient's psychological structure. It is better to talk about the patient's stressors and therapeutic experience and how they respond and feel about it.[26]

It should be discussed if there is a history of previous psychotherapy, type of psychotherapy, details about the sessions, patient participation in previous psychotherapy sessions, issues related to the therapeutic alliance, and reasons for discontinuing previous psychotherapy. It is also necessary to discuss the psychiatric drugs that have been taken so far and the history of previous psychiatric treatment.[27]

Psychodynamic psychopathological examination

In psychotherapy sessions, it is important to evaluate the patient's personality. The ability to build relationships with parents, people who care for patients, other family members, and people who are meaningful in the patient's life. It is also important to evaluate coping skills, self-esteem, ego function, and adaptability at the onset of symptoms and in the current situation.[5]

Dominant mood or mood, ability to control impulses, and defense mechanisms of the patient's soul also need to be evaluated in supportive psychotherapy sessions. After all the examination steps above have been carried out, the therapist can develop a patient case formulation.[22]

BASIC TECHNIQUES OF SUPPORTIVE PSYCHOTHERAPY

Winston defines supportive psychotherapy as dyadic therapy that uses direct techniques to 1) improve symptoms and 2) maintain, restore, or enhance self-esteem, ego function, and adaptive skills with a focus on the patient's overall health and well-being. To achieve these goals, treatment can examine real or transferential relationships and past and current emotional responses or behavior patterns. There are four domains discussed, namely:[8]

A. The formation of a therapeutic alliance includes expressions of interest, expressions of empathy, expressions of understanding, supportive comments, expressing the reality felt by the therapist (self-disclosure), and repairing the therapeutic alliance if there is a rupture in the therapeutic alliance.
B. The formation of self-esteem includes praise, reassurance, normalization, universalization, encouragement, and advice.
C. Formation of adaptive behavior skills, including advice, teaching, and anticipatory guidance.
D. Supporting ego function
    1. Reducing and preventing anxiety with a conversational style, sharing agendas, verbal padding, naming problems, normalizing, reframing, and rationalizing.

2. Expanding self-understanding, by clarification, confrontation, interpretation

SUPPORTIVE PSYCHOTHERAPY FOR BORDERLINE PERSONALITY DISORDERS

Supportive psychotherapy seeks to overcome emotional reactivity to stressors and develop ways to inhibit maladaptive impulses. Deficits in self-experience can be treated by focusing on the dimensions of impulsivity/aggression, affective instability, cognitive/perceptual distortions, and anxiety/inhibition so it is important to carry out supportive psychotherapy for Borderline Personality Disorder by:[28]

1. Clearly discussing expectations and clarifying goals for supportive psychotherapy
2. Reducing anxiety and depression
3. Suggesting giving a score for the level of emotional instability
4. Continuously reminding to limit self-injury behavior, supporting patient independence, and availability of telephone support by the therapist between therapy sessions
5. Supporting the patient's perception of himself by supporting the ability to assess the real situation that occurs, reducing black-and-white ways of thinking, and appreciating the positive qualities that exist in patients.
6. Psychotherapy runs with an initial focus on self-injury, feelings of hopelessness, and emotional instability then moves on to examining self-identity, life goals, and interpersonal satisfaction
7. Overtime in psychotherapy the patient is expected to be able to maintain the positive aspects of the patient's life.

Each session will discuss according to the patient's condition in each session, for example:

Behavior of self-injury

If the patient has repeated suicide threats or self-harm behavior, the psychotherapist can give warning comments such as:

T: "I want to talk about something, which might upset you, or maybe it's difficult for you to talk about. …"

Chronic empty feelings

If the patient complains of chronic feelings of emptiness and boredom, teach the patient to name these feelings. Help the patient identify feelings based on nonverbal behavior or tone of voice when the patient cannot describe how he or she is feeling:

T: "Yes that feeling, you name that feeling as...?"

Attempt to panic and avoid negligence

If the patient has frantic attempts to avoid real or imagined abandonment, the psychotherapist can do "Normalization" by 6:

T: "You try to hold on to someone you care about, that's an understandable gesture, but it can have unexpected results… The person will just leave… Let's talk about this."

Patterns of unstable interpersonal relationships

If the patient has a pattern of unstable and intense interpersonal relationships, the psychotherapist can provide anticipatory comments or guidance. Predict emotions based on life situations or what was talked about during the session. For example:

P: "Everyone who approaches me is only interested in sexual interaction with me. I'm afraid this new acquaintance is the same, doctor."

T: "Hmmm... then what do you think about this...?"

P: "So far, my friends remind me when I see men who only use me, but I never listen to my friends. This time I will listen to friends."

T: "…and if your friends are not there what will you do...? (anticipative guidance)

P: "I will ask my family if I am treated like this by men, is it good or just taking advantage."

Affective instability

Patients with Borderline Personality Disorder often have affective instability. Psychotherapists can reduce patient anxiety by:

T: "You're telling me you've had a variety of emotions in the last week, not just the bad ones. What happens when you feel good about things?"

Difficulty controlling anger

For patients with inappropriately intense anger or a lack of control over anger, a psychotherapist can offer controls, for example:

T: "If it's too hard, just say you don't want to talk about it anymore, and we'll stop talking about it."

Impulsivity

For impulsive patients, the therapist can use the Discuss with a cool head technique, which is discussing experiences or behaviors that trigger anxiety or returning to something by saying:

T: "Let's go back a bit. You mentioned that you get mad at your boyfriend when he's away. What did you do to help you control those angry feelings?"

Persistent identity disturbance

People with Borderline Personality Disorder often have a marked and persistent identity disorder. Revealing the psychotherapist's reality to the patient (self-disclosure) can use a consistent conversational style and display responsiveness and interest that helps patients develop self-image and set life goals.

CONCLUSION

Supportive psychotherapy for Borderline Personality Disorder who have deficits in self-experience by focusing on the dimensions of impulsivity/aggression, affective instability, cognitive/perceptual distortions, and anxiety/inhibition. Each session on supportive psychotherapy can discuss the four dimensions according to patient condition so that it is expected to help patients to overcome emotional reactivity and develop ways to inhibit maladaptive impulses. Focusing the four dimensions on supportive psychotherapy, can help patient to enhance self-esteem, ego function, and adaptive skills with a focus on the patient's overall health and well-being.

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CONFLICT OF INTEREST

The authors declare no conflict of interest related to this work.

ETHICS CONSIDERATION

This study has ethical clearance approval No.976/EC/KEPK-RSDK/2021

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AUTHOR'S CONTRIBUTION

NDW, WM, AS, H, HWS, DT responsible for conception of the study. NDW responsible for module development. PRL and AS assisted in module validation. NDW responsible for manuscript writing. WM, AS, H, HWS, and DT assisting in final approval of the manuscript.

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