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Original Article

The effectiveness of dialectical behavior therapy in reducing borderline personality disorder based on the three-factor theory of pathological symptoms

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Abstract

Borderline personality disorder is a common and debilitating psychiatric disorder characterized by underlying disorders and dysfunction. Dialectical behavioral therapy has been developed to help borderline patients who have been introduced to the second level of treatment, intensive outpatient therapy with behavioral changes. The aim of this study was to evaluate the effectiveness of dialectical behavior therapy in reducing the morbid symptoms of patients with borderline personality disorder based on the three-factor theory of morbid symptoms. In this experimental study, 20 men with borderline personality disorder who were selected by availability sampling method were randomly assigned to experimental and control groups. After taking the pre-test, the participants in the experimental group underwent a course of dialectical behavior therapy, then the post-test was taken by both groups. After two months, a follow-up evaluation was performed. In all three stages, the severity index of borderline personality disorder was measured. The results of the study confirmed the effectiveness of dialectical behavior therapy on the three factors of borderline personality disorder (impaired communication, emotional dysregulation, and behavioral dysregulation) in both the post-test and follow-up stages ($p \leq .001$).

Keywords

Borderline personality
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Introduction

Borderline personality disorder is a common and debilitating psychiatric disorder characterized by underlying disorders and dysfunction. This disorder includes a chronic pattern of disability in the areas of emotional, behavioral, interpersonal, identity, and cognition (Gunderson, 2009). Most people with this disorder rarely seek treatment, but when their maladaptive behaviors lead to intolerable marital and family problems associated with anxiety, substance abuse, and eating disorders, they seek treatment, and global statistics show that the prevalence of personality disorders, especially borderline personality disorder, it is increasing so that some institutions have reported a rate of 5.9 percent for a normal society (Arntz & Hannie, 2009).

Leading researchers in BPD believe that the disorder has a prognosis of malignancy and is comparable to schizophrenia in this regard (Stone et al., 1993). In recent years, a more optimistic view has emerged that the symptoms of BPD (especially impulsivity) decrease during the fourt h decade of life and thereafter (Stevenson et al., 2003). Overall, of all personality disorders, BPD is the least stable over time, and many short- and long-term follow-up studies have reported high rates of improvement (Zanarini et al., 2006).

Gunderson (2008) Based on his clinical experiences, he has introduced four levels of care/ treatment for patients with borderline personality disorder:

Level 4: Full-time hospitalization (minimum possible

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treatments)

Level 3: Part-time hospitalization/ daily treatments (socialization)

Level 2: Outpatient Intensive Care (Behavioral Changes)

Level 1: Long-term outpatient treatment (psychological development)

According to Gunderson, the more we move from higher levels to lower levels, the more specialized the services provided to border patients become. In addition, the likelihood of significant and long-term behavioral changes depends on therapies offered at the outpatient level (Levels 2 and 1). Miller and Davenport (1996; quoting Gunderson, 2008) believe that in addition to patients and families, providing the necessary training to nurses and hospital staff helps to change their attitudes and behavior toward borderline patients. Although all four levels of treatment have their own clinical benefits, fortunately not all borderline patients necessarily need all of these levels.

Dialectical behavior therapy has also been developed with a completely "compassionate and humanistic" attitude by Linehan (1993). The tendency towards this method of treatment is in the general form of cognitive behavioral therapy and initially for the treatment of women with borderline personality disorder who have chronic suicide. Linhan's compassionate and somewhat maternal attitude toward border patients is very similar to the humanitarian view of Young (1999), both of whom argue that older pathological texts have misjudged border patients. These people are not really "manipulative" of others, and behind their disorderly and unstable behaviors and destructive anger, there is a lonely and young child who desperately needs the mother's love; A mother who was either not physically present, or if she was physically present with the child, did not have a real psychological presence. The underlying theory of dialectical behavior therapy states that borderline personality disorder is the result of a discrediting environment and a type of emotional regulation disorder rooted in serious deficiencies in interpersonal skills, emotional regulation, and perturbation tolerance, and many adaptive behavior skills. Has been inhibited (Neacsiu, Rizvi & Linehan, 2010). On the other hand, many studies have confirmed the underlying model of dialectical behavior therapy and have shown that borderline patients have problems with emotional regulation (Miller, Rathus & Linehan, 2007), interpersonal relationships and distress tolerance and experience suffering. (Neacsiu et al., 2010). Weekly dialectical behavior therapy focuses on teaching behavioral skills, emotional regulation, distress tolerance, and interpersonal efficiency. Controlled empirical studies have also shown its effectiveness in a wide range of borderline patient symptoms. In fact, dialectical behavior therapy is the first specific treatment for borderline personality disorder whose efficacy has been demonstrated with high accuracy and extensive empirical evidence (e.g., McMain et al., 2009; Soler et al., 2009; Clarkin, Levy, Lesnoger, & Kronberg, 2007).

Dialectical behavior therapy emphasizes that patients' maladaptive behaviors (eg, self-harm, suicidal behaviors, alcohol abuse, and medication) serve to regulate disturbing emotional experiences. Following these maladaptive behaviors, there is a temporary decrease in emotional arousal, and as a result, the use of these maladaptive strategies is negatively reinforced. Therefore, the main body of DBT's focus is on learning, applying, and generalizing the specific adaptive skills taught in this treatment, and its ultimate goal is to help the patient break and overcome this cycle (Bornovalova & Daughters, 2007).

Andin et al., (2011) in a study entitled Factor analysis of borderline personality disorder symptoms based on two perspectives, Sanislow three-factor model and five-factor Oldham through structural clinical interview, for DSM-V axis disorders and severity disorder Borderline Personality (BPDSI) concluded that the three-factor model is better than the five-factor model, and that this model is better than the one-factor model used in the DSM-V, and it can be said that the three-factor model better recognizes the nine pathological symptoms of personality disorder and this model is obtained through BPDSI and also the effect of dialectical behavior therapy treatment plan is more in this model.

Dialectical behavior therapy considers emotional dysfunction as the core of borderline pathology. Emotional dysregulation leads to a set of maladaptation in other areas: interpersonal dysregulation, cognitive dysregulation, and a poorly regulated self-concept. These patients are thought to not learn to identify, label, and regulate their (intense) emotional experiences, and they do not build trust in their private experiences. As a result, a fixed basic concept of self is not created and the patient experiences his/her borderline personality disorder as a container of contrasting, variable and intense emotions and states (Neacsiu et al., 2010). Several controlled studies have shown the effectiveness of this approach for borderline patients. Linhan, Armstrong, Suarez, Allman, and Heard (1991) showed the effectiveness of this form of therapy in reducing the frequency of suicidal behavior and retaining patients in dialectical behavioral therapy; also, dialectical behavioral therapy resulted in less therapeutic decline compared to other therapies. In addition, after one year, patients who received dialectical behavioral therapy spent less time in the hospital than other patients. However, dialectical behavior therapy was no more effective than control conditions in reducing frustration, depressed mood, and suicidal ideation.

Linhan (1993) equates patients with borderline personality disorder with the psychological equivalent of patients with third-degree burns. He believes that borderline patients have no "emotional skin" and that the slightest sensation of touch or movement may cause them severe emotional pain. This is why in extreme cases, the patient sinks into deep despair and believes that the only possible solution is suicide. In these cases,

the patient's intention to commit suicide is to punish others, because those around him either do not understand his pain, or are unable to help him. The "discrediting" pattern of behavior includes ineffective the individual's emotional experiences and the tireless search for others to achieve an accurate understanding of external and internal realities, as well as oversimplifying the complexity of the problem. Discrediting, which involves a lack of self-confidence and reliance on external determinants of emotions, ultimately leads to the patient complaining of identity problems and feelings of emptiness. In families where negative emotions such as anger are ignored, the borderline patient eventually concludes that only extreme behaviors (i.e., repeated self-harm and suicide attempt and threat) attract attention, credibility. And it becomes important for others to consider his emotions.

Borderline personality disorder Borderline personality disorder is the most common personality disorder in psychiatric settings and is one of the most complex and serious mental disorders that has in common persistent problems in emotion regulation, impulse control, and instability in interpersonal relationships. And it is self-portrait. Which is characterized by fundamental disturbances and dysfunction. And considering that this disorder has rarely been studied based on the three-factor model, the present study intends to study the effectiveness of dialectical behavior therapy in reducing the severity of borderline personality disorder.

Method

Participants

Population, sample, sampling method:

The present research design was a pre-test and post-test with the control group. The study population consisted of all male patients with borderline personality disorder who had referred to public and private psychological clinics in Tabriz in 2012. The statistical sample consisted of 20 male patients with borderline personality disorder. Using the availability sampling method based on DSM-V diagnostic criteria and structured clinical interview, the fourth diagnostic and statistical guide for mental disorders for axis two (SCID-II) and the severity of borderline personality disorder (BPDSI) was selected by obtaining consent and the possibility of cooperation and was randomly divided into experimental and control groups. Accordingly, two groups of male patients with borderline personality disorder referred from other medical centers were randomly selected. First, patients were pre-tested in two groups. Subsequently, the independent variable of dialectical behavior therapy was applied to the experimental group and a variable was applied to the control group. After that, the changes of the dependent variable were measured and a follow-up evaluation step was performed for both groups after 2 months. Criteria for entering the research sample Having DSM-IV-TR criteria, minimum diploma education and age range between 17 and 45 years, not receiving psychological treatment in the past with the aim of treating borderline personality disorder and also the number of people in terms of marriage by size in the overall sample, the subgroups were also randomly selected based on their share. Patients with psychosis, patients with mood disorders, substance abuse, and patients undergoing psychotherapy were excluded from the random sample.

Instrument

Borderline Personality Disorder Intensity Index (BPDSI)

A semi-structured therapist-report interview designed based on the DSM-IV. It is used to evaluate the frequency and severity of specific manifestations of borderline personality disorders during the last 3 months. This tool is used as a tool to measure the outcome of treatment. This questionnaire has 70 items that examine 9 DSM-IV criteria for borderline personality disorder. Each item scores the frequency and severity of symptoms based on 11-point scales (zero for never and 10 for daily). The purpose of using this index in this study is to determine the baseline for measuring the symptoms of borderline personality disorder and the effectiveness of dialectical behavior therapy in reducing triple symptoms in patients with borderline personality disorder. To determine the internal consistency of this test, Cronbach's alpha method was used, the coefficient of which was 0.85 in the group of patients with borderline disorder and from 0.68 to 0.93 in the subscales. This questionnaire has good differential validity (Arntz et al., 2005). In this study, the validity coefficient of the Borderline Personality Disorder Intensity Index and Borderline Personality Scale was 0.779 and its reliability coefficient was 0.668 using Cronbach's alpha.

Results

In this study, the mean age of the dialectical behavioral group was 28.40 and that of the control group was 28.30, with the mean groups not being significantly different. Descriptive results for the severity index of borderline personality disorder in three stages of pre-test, post-test and follow-up for experimental and control groups in three factors of borderline personality disorder are presented in Table 1.

Table 1. Mean and Standard Deviation of Experimental and Control Groups in Three Factors of Borderline Personality Disorder in Pre and Post-test

Variable	Statistical indicators	Experimental group			Control group		
		Pre-test	post-test	Follow up	Pre-test	post-test	Follow up
Disrupted communication	M	22.29	5.28	5.60	21.29	21.22	21.30
	SD	2.36	1.13	1.24	1.64	1.28	1.64
Behavioral dysregulation	M	10.57	3.98	3.90	11.64	11.49	11.70
	SD	1.24	.783	.447	1.23	.756	1.09
Emotional dysregulation	M	16.81	6.04	6.002	15.13	14.48	15.34
	SD	1.41	.465	.498	1.22	1.52	.987

These results show that the performance of the groups in the pre-test is almost similar. However, in post-test and follow-up, the severity of the disorder decreased in the dialectical behavior therapy group, but the control group did not see a significant change in the triple scores.

Table 2 summarizes the results of multivariate analysis of variance to compare the post-test difference scores of the pretest in dependent variables for the dialectical behavior therapy and control group.

Table 2. Result of the Multivariate Covariance Analysis Conducted to Compare the Experimental and Control Groups

	Effect Test	Value	F	df	Hypothesis Error sig	sig
group	Pillai's Trace	.98	1.98	6	13	.001
	Wilk's Lambda	.01	1.98	6	13	.001
	Hotelling Trace	91.80	1.98	6	13	.001
	Roy's Largest Root	91.80	1.98	6	13	.001

The contents of the table show that there is a significant difference between the groups of dialectical behavior therapy and control in terms of at least one of the dependent variables. To investigate the point of difference, multivariate analysis of variance was analyzed in the MANCOVA text to compare the post-test difference scores of pretest and follow-up (disrupted communication, emotional dysfunction and behavioral dysfunction) in dialectical and control behavioral groups, which are presented in Table 3. Has been. The results of multivariate analysis of variance in the MANCOVA text show.

Table 3. Results of Multivariate Analysis of Variance in MANCOVA Text in Three Factors in Experimental and Control Groups

	step	Depended variable	Sum of squares	df	Mean square	F	sig
group	Post - test	Disrupted communication	1446.44	1	1446.44	449.23	.001
		Emotional dysregulation	512.51	1	512.51	277.51	.001
		Behavioral dysregulation	206.80	1	206.80	154.85	.001
	Follow up	Disrupted communication	1394.45	1	1394.45	508.45	.001
		Emotional dysregulation	607.46	1	607.46	604.77	.001
		Behavioral dysregulation	226.48	1	226.48	136.51	.001

The contents of the table show that in the post-test, the differences between the experimental and control groups in the three factors of disrupted communication ($F=449.23$ and $p<0.001$), emotional dysregulation ($F=277.51$ and $p<0.001$) and Behavioral dysregulation ($F=154.85$ and $p=0.00$) are significant. Comparison of means shows that in all three factors, the mean post-test of the experimental group shows a greater decrease in the severity of symptoms than the post-test of the control group. In other words, it can be said that dialectical behavior therapy has an effect on the three factors of borderline personality disorder in the factors of impaired communication, emotional dysregulation and behavioral dysregulation.

The results also show that in the follow-up phase, the differences between the experimental and control groups in the three factors of impaired communication ($F=508.45$ and $p<0.001$), emotional dysregulation ($F=604.77$ and $p<0.001$) and Behavioral dysregulation ($F=136.51$ and $p=0.001$) are significant. Comparison of means showed that in all three factors, the mean follow-up of the experimental group showed a greater decrease in the severity of symptoms than the mean of the control group. In other words, it can be said that following the results of dialectical behavior therapy has an effect on the three factors of borderline personality disorder in the factors of impaired communication, emotional dysregulation and behavioral dysregulation

Discussion

The results of the study confirmed the effectiveness of dialectical behavior therapy on the three factors of borderline personality disorder (impaired communication, emotional dysregulation and behavioral dysregulation) in both the post-test and follow-up stages. And this finding in the research of Giesen-Bloo, Wachters, Schouten and Arntz (2010), Zanarini (2005), Sanislow et al., (2002), Becker et al., (2010), Sanislow, Grilo and McGlashan (2000) and Bradley, Conklin and Westen, (2007) were confirmed.

Soler et al., (2005), Nee and Farman (2007) have confirmed the effectiveness of dialectical behavior therapy in reducing impulsive behaviors in patients with borderline personality disorder. Clarkin, Levy, Lenzenweger and Kernberg (2007), Linhan et al., (2006), Soler et al. (2005) also confirmed the effectiveness of dialectical behavior therapy in reducing suicidal and self-destructive behaviors in patients with borderline personality disorder.

Dialectical behavior therapy is more useful for reducing high-risk behaviors in borderline patients. The reason for this is the existence of some of the distinguishing features of dialectical behavior therapy, such as 1) constant review of the risk of behaviors such as suicide or self-harm throughout the treatment plan; 2) an obvious focus on correcting these behaviors in the first stage of treatment; 3) encouraging patients to seek advice from their therapists over the telephone when high-risk behaviors are aroused; and 4) preventing therapist mental exhaustion by holding group therapy sessions.

Dialectical behavior therapy is effective in reducing insane actions to avoid rejection or abandonment of patients with borderline personality disorder, which can be said to acquire the skill of mindfulness and stress tolerance in reducing feelings of rejection and abandonment. People with borderline personality are sensitive to signs of rejection, mindfulness skills teach the person to take a non-judgmental position Borderline personality is sensitive to signs of rejection; Mindfulness skills teach the individual to take a non-judgmental stance and to accurately observe and describe behaviors, not to add or subtract anything to their observations. In addition, people in situations where they feel they resort to impulsive behaviors too soon, which in turn leads to actual rejection and the person enters a vicious cycle. In stress tolerance skills, one learns not to worsen the situation by enduring the failures caused by performing some effective behaviors and to prevent the strengthening of the vicious cycle (Linhan et al., 1993).

Dialectical behavior therapy is effective in reducing the symptoms of unstable interpersonal relationships in patients with borderline personality disorder. Dominant approaches in the treatment of borderline personality disorder emphasize the importance of interpersonal skills, sense of efficiency and mastery in interpersonal fields and make them the main component of treatment. they know. In interpersonal skills training, one learns to express one's desires in a timely manner and not to say no to the unrealistic expectations of others. In addition, one learns that effective communication has three basic components, which are: achieving individual goals, maintaining relationships. Long lasting and maintaining self-esteem. Due to these factors, the individual does not become dependent on others and does not resort to hegemonic behaviors in his relationships with others. In individual meetings, dialectical thinking or thinking is also taught. These trainings improve interpersonal relationships. Has been effective (Linhan et al., 1993).

Conclusion

Dialectical behavior therapy is effective in reducing identity by creating self-acceptance, in the sense that an unreliable environment sends a message to people with borderline personality disorder that their inner feelings, thoughts, behaviors, and experiences are incorrect. It becomes invalidated, so it uses the environment to examine its feelings, thoughts, and behaviors, and behaves in accordance with its environment and circumstances. In this approach, especially in individual sessions, the therapist, by validating the client and his behavior, prevents the continuation of self-validation, as a result, the person trusts his thoughts and feelings (Soler et al., 2005).

The present study had some limitations, which include: low sample size, use of self-report questionnaires as a means of data collection and consumption of necessary and essential drugs under the supervision of a psychiatrist. Certainly, the "generalizability" of the results requires further research in this area, and according to the research process that followed three months after the intervention, the effects of maintaining the recovery conditions for up to three months can be predicted.

Therefore, it is suggested that subsequent studies perform this treatment with a larger sample. And to make longer follow-ups in subsequent studies. Long-term follow-up evaluations can help to understand the long-term effects of this treatment on the clinical manifestations of patients with borderline personality disorder.

It is suggested that other studies be conducted in other geographical areas to be more confident in generalizing the results. It is suggested that in future studies, if possible, samples of sick women should also be examined. Experimental therapies should be used in combination with medication in patients. It is suggested that the results of the present study can be discussed in workshops for psychologists and other therapists.

Disclosure statement

The author of this article declares that there was no conflict of interest.

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References

Andin, O., Ferrer, M., Gancedo. B., Calvo, N., Barral. C., Torrubia, R., & Casas, M. (2011). Confirmatory factor analysis of borderline personality disorder symptoms based on two different interviews: The Structured clinical interview for DSM-IV axis II disorder and the revised diagnostic interview for borderlines. *Psychiatry Research*, *190*, 304–308. doi: 10.1016/j.psychres.2011.05.014

Arntz, A., & Hannie, V.G. (2009). Schema therapy for borderline personality disorder. John Wiley & Sons. doi: 10.1371/journal.pone.0206039

Becker, D.F., Añez, L.M., Paris, M., & Grilo, M. (2010). Exploratory factor analysis of borderline personality disorder criteria in monolingual Hispanic outpatients with substance use disorders *Psychiatry Research*, *178*, 305–308. doi: 10.1016/j.psychres.2009.03.016

Bradley, R., Conklin, C.Z., & Westen, D. (2007). Borderline Personality Disorder. 07-O'Donohue (Personality).

Bornovalova, M.A., & Daughters, S.B. (2007). How does Dialectical Behavior Therapy facilitate treatment retention among individuals with comorbid borderline personality disorder and substance use disorders? Clinical Psychology Review, 27, 923–943.doi: 10.1016/j.cpr.2007.01.013

Clarkin, J., Levy, K., Lenzenweger, M., & Kernberg, O. (2007). Evaluating three treatments for borderline personality disorder: a multiwave study. American Journal of Psychiatry, 164, 922-928. doi: 10.1176/ajp.2007.164.6.922

Giesen-Bloo, J.H., Wachters, L.M., Schouten, E. & Arntz, A. (2010). The Borderline personality disorder severity index-IV: psychometric evaluation and dimensional structure. Personality and Individual Differences, 49, 136–141. https://doi.org/10.1016/j.paid.2010.03.023

Gunderson, J.G. (2009). Borderline personality disorder: Ontogeny of a diagnosis. Am J Psychiatry, 166, 530-539. doi: 10.1176/appi.ajp.2009.08121825

Gunderson, J.G. (2008). Borderline Personality Disorder: A Clinical Guide. American Psychiatric Publishing.

Linehan, M.M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford. doi: 10.1001/archpsyc.1991.01810360024003

McMain, S., Links, P., Gnam, W., Guidmond, T., Cardish, R., & Korman, L. (2009). A randomised trial of dialectical behaviour therapy versus general psychiatric management for borderline personality disorder. American Journal of Psychiatry, 166, 1365-1374. doi: 10.1176/appi.ajp.2009.09010039

Miller, A. L., Rathus, J., & Linehan, M.M. (2007). Dialectical behavior therapy with suicidal adolescents. Guilford

Neacsiu, A., Rizvi, S., & Linehan, M. (2010). Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. Behavior Research and Therapy, 48, 832-839. doi: 10.1016/j.brat.2010.05.017

Nee, C., & Farman, S. (2007). Dialectical behavior therapy as a treatment for borderline personality disorder in prisons: Three illustrative case studies. Journal of Forensic Psychiatry and Psychology, 18(2), 160-180. doi: 10.1080/14789940601104792

Sanislow, C.A., Grilo, C.M., & McGlashan, T.H. (2000). Factor Analysis of the DSM-III-R Borderline Personality Disorder Criteria in Psychiatric Inpatients. Am J Psychiatry, 1629–11633.doi: 10.1176/appi.ajp.157.10.1629

Sanislow, C.A., Grilo, C.M., Morey, L.C., Bender, D.S., Skodol, A.E., Gunderson, J.G., Shea, M.T., Stout, R. L., Zanarini, M.C., & McGlashan, T.H. (2002). Confirmatory Factor Analysis of DSM-IV Criteria for Borderline Personality Disorder: Findings from the Collaborative Longitudinal Personality Disorders Study. Am J Psychiatry, 159, 284–290? https://doi.org/10.1176/appi.ajp.159.2.284

Soler, J., Pascual, J., Tiana, T., Cebria, A., Barrachina, J., & Campins, M. (2009). Dialectical behavior therapy skills training compared to standard group therapy in borderline personality disorder: a 3-month randomized controlled clinical trial. Behaviour Research and Therapy, 47, 353-358. doi: 10.1016/j.brat.2009.01.013

Stevenson, J., Meares, R., Comerford, A. (2003). Diminished Impulsivity in Older Patients with Borderline Personality Disorder. Am J Psychiatry. 160, 165–166. doi:10.1176/appi.ajp.160.1.165

Young, J.E. (1999). Cognitive therapy for personality disorders: A schema-focused approach (3rd Ed.). FL: Professional Resource Press.

Zanarini, M.C., Vujanovic, A.A., Parachini, E.A., Boulanger, J.L., Frankenburg, F.R., & Hennen, J. (2003). Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD): a continuous measure of DSM-IV borderline psychopathology. Journal of Personality Disorders. 17(3) ,233-42 doi: 10.1521/pedi.17.3.233.22147

Zanarini, M.C., Frankenburg, F.R., Hennen, J., Bradford Reich, D., & Silk, K. (2006). Prediction of the 10-Year Course of Borderline Personality Disorder. Am J Psychiatry, 163, 827–832. doi: 10.1176/ajp.2006.163.5.827