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Original Research Article

A Practice of Supportive Psychotherapy for Borderline Personality Disorder (A Clinical Module Development)

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Abstract

Background: Handling patients with Borderline Personality Disorder (BPD) who are hypersensitive to rejection, have unstable interpersonal relationships, self-image, affect, and behavior is a challenge for a psychiatrist. Supportive psychotherapy is one of the most widely mastered psychotherapy modalities in psychiatric education in Indonesia and is most widely practiced in psychiatric services. There is currently a lack of structured supportive psychotherapy clinical practice modules available for patients with Borderline Personality Disorder in Indonesia.

Objective: To develop and an Indonesian version of structured supportive psychotherapy clinical practice module and to test its clinical practice suitability for patients with Borderline Personality Disorder in Indonesia

Methods: This research was conducted in three stages. Stage 1 was preparing the supportive psychotherapy clinical practice module for 13 weeks. Stage 2 was for the module validation using face validity and content validity by two psychotherapy consultants. Stage 3 was the trials of the developed modules, where 2 interrater therapists applied the modules to treat 5 patients.

Result: The face validity of the two experts for the supportive psychotherapy clinical practice module for Borderline Personality Disorder in Indonesian language was 3.269, meaning that it mostly was done correctly. The results of the content validity of the two experts for the supportive psychotherapy module for Borderline Personality Disorder in Indonesian language was 81.165. The results of the two experts' face validity and content validity scores inferred that the supportive psychotherapy clinical practice module for Borderline Personality Disorder in Indonesian language was suitable for use in services.

Conclusion: The Indonesian version of supportive psychotherapy module for BPD patients has been developed and is suitable for clinical practice.

Keywords: *borderline personality disorder; supportive psychotherapy; psychotherapy*

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INTRODUCTION

Borderline Personality Disorder (BPD) is characterized by hypersensitivity to rejection¹ and resulting in the instability of interpersonal relationships,

self-image, affect, and behavior.²

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Table 1. Face Validity of the Supportive Psychotherapy Clinical Practice Module in BPD

Assessment Aspects		Expert 1	Expert 2
1	Professionalism		
	Rapport Building	4	3
	Interview Techniques	3.29	3.14
	Define and clarify the client's chief complaint/problem	3	4
	Therapy contract	4	3
2	Guidelines for the work of supportive psychotherapy in Borderline Personality Disorder	3	3
		3.47	3.067
AVERAGE TOTAL		3.269	

Interpretation: 0 : data is not graded, 1 : asked a fraction done right, 2 : partially done right, 3 : mostly done right, 4 : almost all done right

Borderline Personality Disorder which causes significant annoyance and distress and is associated with a variety of medical and psychiatric co-morbidities.³ The surveys estimate that the prevalence of Borderline Personality Disorder was 1.6% in the general population and 20% in the psychiatric and inpatient population⁴

Psychotherapy is one of the non-pharmacotherapy modalities for psychiatric patients.⁵ The results of a survey in America regarding psychiatric services stated that 36% of psychiatrists provided supportive psychotherapy to patients, 19% with insight-oriented psychotherapy, 6% with Cognitive Behavioral Therapy (CBT) and 1% with psychoanalysis.⁶ The survey shows Supportive Psychotherapy was the most frequent treatment option given by psychiatrists to patients. This also occurs in psychiatric services in Indonesia, the survey results of the psychotherapy section of Indonesian Psychiatrist Association (*Perhimpunan Dokter Spesialis Kedokteran Jiwa Indonesia-PDSKJI*) stated that the psychiatrists who participated in the survey carried out types of psychotherapy: 154 supportive psychotherapy, 108 CBT, 6 family therapy, 49 marital therapy, 44 dynamic psychotherapy, 24 other psychotherapy and 3 did not do psychotherapy.⁷

Supportive psychotherapy is a basic competency that must be mastered by a psychiatrist and even Markowitz in his research stated that if a psychiatrist does not master supportive psychotherapy then other psychotherapy will not be useful.⁸ Supportive psychotherapy is one of the most widely mastered psychotherapy modalities in psychiatric education in Indonesia and is most widely practiced in psychiatric services. There has been no supportive psychotherapy modules available yet in Indonesia.

Grover stated that supportive psychotherapy is flexible and suitable for patients with various diagnoses. Supportive psychotherapy as initial therapy is carried out by psychiatrists before changing forms to other, more complex psychotherapy.⁹ Supportive psychotherapy is the heart of all types of psychotherapy. It is important to establish the doctor-patient relationship early in the therapy.¹⁰

Winston et al. defines supportive psychotherapy as “dyadic treatment 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 transference, and examining past patterns. and currently, emotional or behavioral response.”¹¹ Supportive psychotherapy in terms of technique is based on reflection rather than interpretation or direction.¹² Frequency of Supportive psychotherapy sessions can be conducted at a frequency of less than once a week and supportive psychotherapy can be used for patients who are deemed unsuitable for the requirements of other psychotherapy.¹³

Supportive psychotherapy is expected to help patients with Borderline Personality Disorder who are hypersensitive to rejection, have unstable interpersonal relationships, self-image, affect, and behavior. There has been no supportive psychotherapy clinical practice module for Borderline Personality Disorder patients in Indonesia. This study was aimed to develop of a supportive psychotherapy clinical practice module for Borderline Personality Disorder patients in Indonesia.

MATERIALS AND METHODS

This study had been approved by Ethical committee (Certificate No 976/EC/KEPK-RSDK/202). The study included three stages. Stage 1: Development of supportive psychotherapy skills modules. This study developed a supportive psychotherapy clinical practice module for Borderline Personality Disorder which consists of 8 chapters including Introduction, General Principles of Supportive Psychotherapy, Indications for Individually Supportive Psychotherapy, Therapeutic Contracts, Examination in supportive psychotherapy, Supportive psychotherapy techniques, Supportive psychotherapy techniques for patients with Borderline Personality Disorder and Evaluation of supportive psychotherapy competency.¹⁴

Table 2. Content Validity of the Supportive Psychotherapy Clinical Practice Module in BPD

Assessment Material	Rated aspect	Expert 1	Expert 2
Language	Follows the rules of Enhanced Spelling	85	80
Manual Outline	The manual is a therapist's guide in carrying out the application of supportive psychotherapy for Borderline Personality Disorder	85	75
Introduction	Contains background problems, competencies to be achieved, criteria for training participants, and learning objectives.	80	80
General Principles of Supportive Psychotherapy	Contains the notion of supportive psychotherapy, and the basic principles of supportive psychotherapy that must be understood.	80	85
Indications for Individual Supportive Psychotherapy	Contains an overview of indications in general and specific indications in specific points.	85	80
Therapeutic Contracts	It contains a brief explanation of the ongoing therapy process, the frequency of meetings, the duration of each meeting, the agreed costs, how to end the therapy contract, how to manage patient non-compliance with the contract, and the ultimate goal to be achieved when the therapy contract ends.	85	75
Examination in supportive psychotherapy.	Contains explanations and steps for collecting symptoms, examination of current problems, examination of therapy history, examination of dynamic psychopathology.	80	80
Basic Techniques of Supportive Psychotherapy	Contains techniques for building therapeutic alliances, building self-esteem, building adaptive behavior skills, supporting ego function.	80	85
Building Therapeutic Alliance	Contains ways of building through expressions of interest, expressions of empathy, expressions of understanding, supportive comments, expressing the reality felt by the therapist, repairing the therapeutic alliance when a rupture occurs in a therapeutic alliance	85	80
Building Self-Esteem	Contains ways to give praise, appeasement (reassurance), normalization, universalization, encouragement and encouragement.	80	85
Development of Adaptive Behavioral Skills	Contains how to give advice, teaching, anticipatory guidance.	80	80
Supporting Ego Function	Using Technique: 1. Reducing and preventing anxiety with conversational styles, sharing agendas, word pads, naming problems, normalizing, reframing, rationalizing. 2. Expanding awareness includes clarification, confrontation, interpretation.	80	80
Supportive psychotherapy techniques in certain conditions in patients with borderline personality	Using Technique: 1. Warning comments on self-injurious behavior. 2. Naming feelings to chronic feelings of emptiness. 3. Normalize on frantic attempts to avoid abandonment. 4. Anticipatory comments or guidance on patterns of unstable interpersonal relationships. 5. Reducing anxiety in affective instability. 6. Offers control over difficulty controlling feelings of anger. 7. Discuss with a cool head on impulsivity. 8. Reveals the psychotherapist's reality to patients with persistent identity disorder	80	80

Table 2. Cont.

Assessment Material	Rated aspect	Expert 1	Expert 2
Evaluation of supportive psychotherapy competency	Contains an assessment of knowledge and attitudes and skills.	85	75
Feasibility of work handbook of Supportive Psychotherapy in Borderline Personality Disorder	The feasibility of work manuals can be used in the education process for psychiatrists and in providing services to patients with Borderline Personality Disorder.	85	80
TOTAL		82.33	80
AVERAGE		81.165	

Interpretation: <25% is only partially done correctly, 25-49% partially done right, 50-74% mostly one right, 75-100% almost all done right

Table 3. Interpersonal Therapist Supportive: Results of 2 expert assessments of 2 Supportive Psychotherapists

Assessment Aspects	Assessment criteria	Expert 1	Expert 2	ICC
1 Supportive interview skills (History taking)	1) Built rapport 2) Inquire effectively and efficiently 3) Systematic interview 4) Get signs and symptoms	79.5	90	0,653 (p=0.165; CI95%:-2334- =,964)
Professionalism	1) Respect the patient 2) Show empathy and compassion 3) Creating trust; 4) Help make the patient comfortable 5) Pay attention to legal aspects 6) Realizing self limitations	84	92.5	
3 Ability to manage patients	1) Planning comprehensive therapy in the biological, psychological, and sociocultural domains. 2) Able to choose rational management according to the diagnosis of the disease. 3) Be able to explain the reasons for choosing pharmacological, social and economic therapy	81	87.5	
Ability to give supportive psychotherapy	1) Explain the reason/basic examination and Supportive psychotherapy to the patient 2) Ask for approval of medical action if necessary from the patient/family (informed consent) 3) Provide education about management, prevention and supportive psychotherapy associated with the disease 4) Be able to determine specific forms of supportive psychotherapy according to the patient's condition	82.5	90	
Organizing/Efficiency	1) Be able to select appropriate sources of information to elicit signs and symptoms 2) Able to determine priorities in conducting interviews 3) Able to adjust to a predetermined time 4) Able to optimize the time to formulate data in the form of a systematic formulation	78.75	90	
TOTAL	The value of the two therapists the difference didn't more than 10 points The ability of the two therapists in providing equivalent supportive psychotherapy	80.75	90	

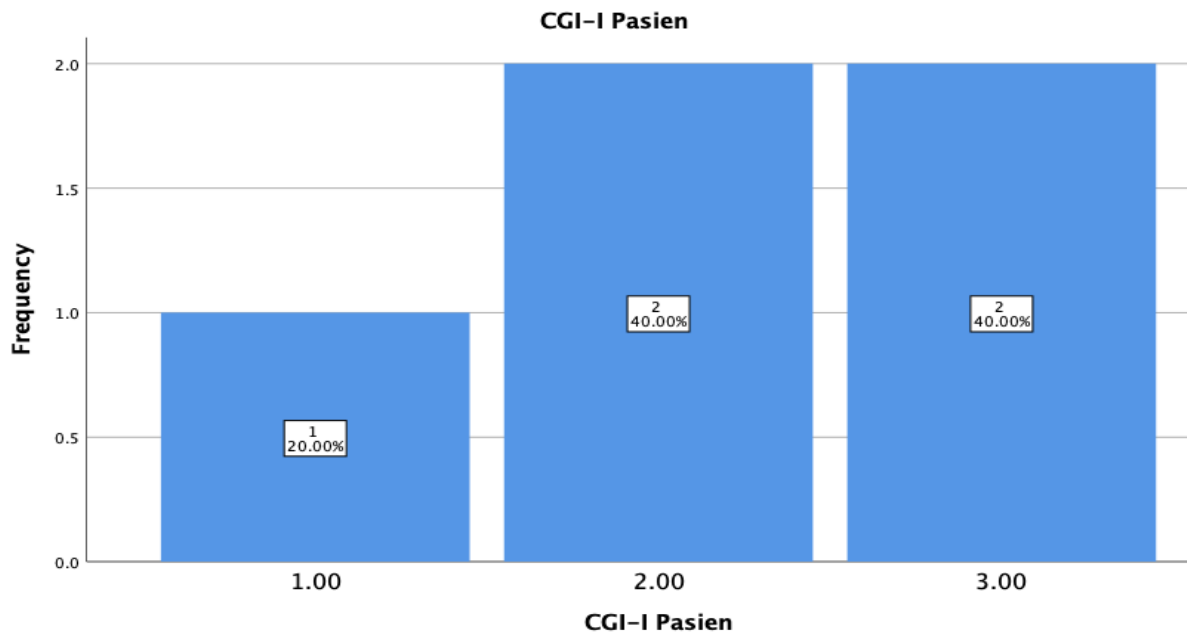


Figure 1. The frequency distribution of patients according to Their CGI-I Score.

Stage 2: Module Validation. In this stage, the module was validated with face validation and content validation by 2 psychotherapy consultants to suit the conditions in Indonesia. Face validity consists of the relevancy to the respondent and evaluates the appearance of the questionnaire in terms of feasibility, readability, consistency of style and formatting, and the clarity of the language used.¹⁵ Content validity involves a formal assessment by subject matter experts, to determine the appropriateness of the content and identify misconceptions or omissions.¹⁶ Content validity is defined as ensuring that the module is comprehensive and relevant and represents the objectives of the module. This can be done by consulting experts in the field of psychotherapy who can provide information, evidence, judgments, and assessments.¹⁷ The content validity of the consultation results of two psychotherapy consultants includes language and an outline of the material provided each week and its eligibility.

Stage 3: Module Trials and Interrater 2 Therapist. The supportive psychotherapy clinical practice module on Borderline Personality Disorder in Indonesian language was applied by 2 supportive therapists. The two therapists performed supportive psychotherapy on five patients alternately. The two experts evaluated the supportive psychotherapy given by the two therapists to ensure that the two therapists had a good interrater in providing supportive psychotherapy treatment. There were five assessment points in the interaction between the two therapists, consisting of the ability of supportive interviews, professionalism, the ability to manage patients, the ability to provide supportive psychotherapy and the organization or efficiency of therapy.

RESULTS

Designing and Validation of supportive psychotherapy clinical practice module. The maximum

score for the face validity in this study is 4, the results of the two experts face validity for the supportive module are 3.269, which means that most of them are done correctly (Table 1). The maximum score of Content Validity is 100, the result is 81.165 which means almost everything is done right. (Table 2).

Trials of Modules and Interrater 2 Therapists. The score of the two experts for Therapist 1 was 80.75 and for Therapist 2 was 90. This value indicated that the difference in the scores of the two therapists was no more than 10 so that they had equal abilities in providing supportive psychotherapy. The coefficient analysis between classes shows 0.653 which indicates a moderate level of relationship with the results of a weighted kappa interpretation of 100% (Table 3).

The results of the patient's Clinical Global Impression/CGI-Improvement analysis showed that the highest frequency of patients' CGI-I scores were scores of 2 (much better) and 3 (slightly improved), namely 2 people (40%) on each score. A total of 1 (20%) patient was found to have a patient CGI-I score of 1 (greatly improved since initiation of therapy). The mean value indicated that the patient's CGI-I was at a score of 2.2 ± 0.836 with a median of 2 with a minimum value of 1 and a maximum of 3. (Figure 1)

DISCUSSION

This study was aimed to validate the supportive psychotherapy clinical practice module to be used as a guide for psychotherapy for patients with borderline personality disorder (BPD). Testing was carried out on the contents of the module with three stages of testing. Face validity of the two experts for supportive psychotherapy clinical practice module for Borderline personality disorder settings in Indonesian was 3.269, meaning that most of it was done correctly. The result of the content validity of the supportive psychotherapy

clinical practice module for Indonesian Borderline Personality Disorder from the two experts was 81,165. From the results of the face validity and content validity by the two experts, it could be inferred that the supportive psychotherapy clinical practice module for Borderline Personality Disorder in Indonesian language was appropriate for use in psychotherapy services.

Patients with Borderline Personality Disorder often unstable due to periods of acute crisis, aggressive behavior, suicidal attempts and even substance abuse.² Providing supportive psychotherapy was considered appropriate for patients with Borderline Personality Disorder because patients who undergo supportive psychotherapy will receive assistance to improve ego function,¹⁸ increase self-esteem and adaptability so that they can function more adaptively.²

The supportive psychotherapy clinical practice module explained the details of supportive psychotherapy techniques according to the patient's condition, namely warning comments on self-injury behavior, naming feelings in chronic empty feelings, normalizing panic attempts to avoid abandonment, anticipatory comments or guidance on unstable patterns of interpersonal relationships, reducing anxiety in instability affective, offering control on feelings of anger control difficulties, discussing with a cool head on impulsivity and revealing the reality of psychotherapy to patients with persistent identity disorder.¹⁹ All of the above techniques were deemed appropriate by two experts to be administered to patients with Borderline Personality Disorder.

The therapist needed to gain a clear understanding of the patient's current problems, interpersonal relationship problems, daily functioning and psychological functioning therapeutically, to enhance the therapeutic alliance and encourage the patient to continue therapy.²⁰ This supported the patient to continue therapy such as contract therapy which supports the success of supportive psychotherapy.

This study had limitations with only small number of samples and the number of psychotherapists was limited to 2 persons.

CONCLUSION

This was a preliminary study on the development of the Indonesian version of supportive psychotherapy clinical practice module for patients with Borderline Personality Disorder. It discussed how to manage self harm behavior, empty feelings, avoid negligence, unstable interpersonal relationship, affective instability, controlling anger, impulsivity and persistent identity disturbance. The module demonstrated good face and content validity, as confirmed by two therapists practicing equivalent supportive psychotherapy. Patients reported feeling significantly improved following the supportive psychotherapy sessions. Thus the module is acceptable and could be applied to help therapist treat patient with Borderline Personality Disorder.

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