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ORIGINAL ARTICLE

Personality dimensions and Working Alliance in subjects with Borderline Personality Disorder[☆]

Andrea Pierò^{a,*}, Elisabetta Cairo^{b,c}, Andrea Ferrero^{b,c}

^a Psychiatric Service "Le Cèdre", Centre Hospitalier Alpes-Isère, Saint Egreve, France

^b Unit of Psychotherapy Mental Health Department, ASL TO4: Settimo Hospital, Settimo T.se, Turin, Italy

^c SAIGA Institute of Research, Turin, Italy

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Abstract

Background: As yet, the relation between personality traits and working alliance (WA) has not been investigated in subjects affected by borderline personality disorder (BPD).

Method: A sample of forty-nine BPD subjects who completed a module of Sequential Brief Adlerian Psychodynamic Psychotherapy (SB-APP) of 40 sessions has been recruited. Before the onset of psychotherapy an assessment was made with Clinical Global Impression (CGI), Global Assessment of Functioning (GAF), Symptom Checklist Revised 90 (SCL-R 90), and with Temperament and Character Inventory (TCI). At the end of their psychotherapy, patients were requested to rate the level of WA by means of the Working Alliance Inventory (WAI-S).

Results: Multiple linear regression analysis has identified three variables as independent predictors of WAI-S total score: subjects with lower Harm Avoidance (HA), older patients, and subjects with a higher psychopathology level had a better WAIS total score.

Discussion: These preliminary results showed that the pattern of alliance with the therapist in subjects with BPD could be related not only to weakness of character, but also to a temperamental trait typical of inhibited and avoidant subjects.

Conclusion: These results suggest that an assessment of temperament in subjects affected by BPD at intake could be useful to detect the subjects who have more difficulties in building a good WA and in order to improve the technical interventions and settings for psychotherapy of BPD subjects with higher HA.

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* Corresponding author.

E-mail address: apiero@ch-alpes-isere.fr (A. Pierò).

PALABRAS CLAVE

Trastorno límite de la personalidad;
Sequential Brief Adlerian Psychodynamic Psychotherapy;
 Alianza terapéutica;
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 Carácter

Dimensiones de la personalidad y alianza terapéutica en individuos con trastorno límite de la personalidad

Resumen

Antecedentes: Hasta el momento no se ha investigado la relación entre los rasgos de la personalidad y la alianza terapéutica en individuos con trastorno límite de la personalidad (TLP). **Métodos:** Se reclutó para el estudio una muestra de 49 individuos con TLP que completaron un módulo de la *Sequential Brief Adlerian Psychodynamic Psychotherapy* (SB-APP) de 40 sesiones. Antes del inicio de la psicoterapia, se realizó una evaluación con las escalas *Clinical Global Impression* (CGI), *Global Assessment of Functioning* (GAF), *Symptom Checklist Revised 90* (SCL-R 90), y con el *Temperament and Character Inventory* (TCI). Al final de la psicoterapia, se pidió a los pacientes que evaluaran el nivel de la alianza terapéutica mediante el *Working Alliance Inventory* (WAI-S).

Resultados: Un análisis de regresión lineal múltiple ha identificado 3 variables como factores predictivos independientes para la puntuación total del WAI-S: los individuos con una evitación del daño menor, los pacientes de mayor edad y los individuos con mayor nivel de psicopatología presentaron una mejor puntuación total del WAI-S.

Discusión: Estos resultados preliminares pusieron de manifiesto que el patrón de la alianza con el terapeuta en los individuos con TLP podría estar relacionado no solo con la debilidad de carácter, sino también con un rasgo del temperamento característico de los individuos inhibidos y con tendencia a la evitación.

Conclusión: Estos resultados sugieren que una evaluación del temperamento en los individuos que presentan un TLP podría ser útil para detectar a aquellos que tienen más dificultades para establecer una buena alianza terapéutica y para mejorar las intervenciones técnicas y los contextos de la psicoterapia de los pacientes con TLP con una mayor evitación del daño.

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Introduction

The concept of therapeutic alliance, referring to the quality of the working relationship between client and therapist, is rooted both in psychodynamic theory (transference concept) and in Roger's work on client-centered therapy.¹ Since then, the notion has evolved in a pan-theoretical construct and several researchers have shown growing interest in this field of study. According to a popular definition proposed by Bordin,² therapeutic alliance consists of three related components: (1) agreement between client and therapist on treatment goals (Goal), (2) agreement between client and therapist on how to achieve those goals (Task), and (3) development of a personal bond between therapist and client (Bond).

A good therapeutic alliance is one of the most important outcome predictors or process indicator in the treatment of several Mental Disorders.^{3,4} Therapeutic alliance is strictly related to treatment adherence;^{5,6} inadequate alliance between therapist and client often leads to early interruption of treatment.^{7,8} Moreover, two cases of meta-analysis demonstrate that treatment outcome and therapeutic alliance are strictly related in psychotherapy.^{3,9} Therefore, therapeutic alliance is considered critical for success in all types of psychotherapy by numerous therapists; maintaining a stable and good therapeutic alliance is regarded as an endpoint of psychotherapy. The tendency to "pushing the limits" in building therapeutic alliance is an affective core characteristic of subjects with BPD. This is not necessarily related to selfdamaging or disrupting behaviors but it may produce a high rate of difficulties in clinical

management.¹⁰ For this reason several authors focused on WA predictors particularly for the treatment of subjects with BPD.¹⁰

In psychotherapy, diagnostic variables do not seem to predict the level of WA; on the other hand, the quality of current and past relationships is often associated to WA.¹¹

Only few predictors of a good or bad therapeutic alliance in subjects with psychiatric disorders have been analyzed in literature.^{12,13} Overall interpersonal sensitivity and interpersonal problems seem to be the best predictors of a difficulty in building a strong therapeutic alliance in outpatients with different mental disorders.¹⁴

Remarkable difficulties in building a good and stable therapeutic alliance have been detected in subjects with BPD^{15,18} and in patients suffering from psychiatric disorders with a high comorbidity with Personality Disorders—e.g. Eating Disorders^{16,17} and Addictions. Such difficulties seem to be related to disturbances in attachment process¹⁸ and to a prevalent pattern of emotional dysregulation. Nevertheless, the role of personality dimensions in the prediction of WA is still unclear.

According to the TCI, subjects with BPD are characterized by a high HA and a very low Self Directedness (SD)¹⁹: the low SD seems to indicate that character development in BPD patients is more fixed and immature than those of healthy comparison subjects.²⁰ Moreover, only males with BPD seem to present an "explosive" temperament as suggested by Cloninger,²¹ characterized by high scores in NS,²² HA and Reward Dependence (RD).

The aim of this study is to detect the temperament and character predictors of WA in subjects with BPD after one

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