Available online at www.sciencedirect.com
ScienceDirect
Behaviour Research and Therapy 45 (2007) 1409–1417
BEHAVIOUR RESEARCH AND THERAPY
www.elsevier.com/locate/brat

Shorter communication

The social problem-solving abilities of people with borderline personality disorder

Stephanie Bray[a,*], Christine Barrowclough[a], Fiona Lobban[b]

[a]*Academic Division of Clinical Psychology, School of Psychological Sciences, Rutherford House, Manchester Science Park, Lloyd Street North, Manchester M15 6SZ, UK*
[b]*Division of Clinical Psychology, Liverpool University, The Whelan Building, Quadrangle, Brownlow Hill, Liverpool L69 3GB, UK*

Received 23 December 2005; received in revised form 7 June 2006; accepted 9 June 2006

Abstract

Interventions for people suffering from borderline personality disorder (BPD), such as dialectical behaviour therapy, often include a problem-solving component. However, there is an absence of published studies examining the problem-solving abilities of this client group. In this study, the social problem-solving (SPS) abilities of three groups of participants were assessed: a BPD group ($n = 25$), a clinical control (CC) group ($n = 25$) procedure and a non-clinical control (NCC) group ($n = 25$). SPS ability was assessed using the means-end problem-solving (MEPS) procedure and the Social Problem-Solving Inventory-Revised (SPSI-R). The BPD group exhibited deficits in their SPS abilities, however the majority of these deficits were not specific to the BPD group but were also found in the CC group, indicating that a common factor between these two groups, such as negative affect, may account for these observed deficits. Specific SPS deficits were identified in the BPD group: they provided less specific solutions on the MEPS and reported higher levels of negative problem orientation and a more impulsive/carelessness style towards solving social problems. The results of this study provide empirical support for the use of problem-solving interventions with people suffering from BPD.

Keywords: Borderline personality disorder; Social problem solving

Introduction

Despite diagnostic controversy (Roth & Fonagy, 1996), borderline personality disorder (BPD) is clinically recognised as a commonly occurring disorder associated with significant distress and functional impairment (Linehan, 1993). According to DSM-IV, the essential feature of BPD is an inability to form and maintain supportive relationships (American Psychiatric Association, 1994) and these difficulties extend to the therapeutic relationship (Beck & Freeman, 1990; Millon, 1981). As well as these interpersonal problems, patients are also likely to engage in problematic behaviours including self-harm and self-damaging impulsive behaviours, such as substance use and excessive spending (Linehan, 1993; Millon, 1981). The strong negative

*Corresponding author.
E-mail addresses: stephanie.bray@liverpool.ac.uk (S. Bray), christine.barrowclough@manchester.ac.uk (C. Barrowclough), fiona.lobban@liverpool.ac.uk (F. Lobban).

0005-7967/$ - see front matter © 2006 Elsevier Ltd. All rights reserved.
doi:10.1016/j.brat.2006.06.011

emotions they induce in staff involved in their care (Lewis & Appleby, 1988) along with the complexity of their problems, means they are a difficult client group to treat (Beck et al., 1990). The development of effective treatment strategies for this client group is, therefore, an area of intense interest.

One of the most researched therapies for BPD is dialectical behavioural therapy (DBT). Randomised controlled trials have found this therapy to be more effective than treatment-as-usual at reducing parasuicidal behaviours, decreasing service usage and improving interpersonal functioning for women who engage in acts of parasuicide and who meet diagnostic criteria for BPD (Linehan, 1991; Linehan, Tutek, Heard, & Armstrong, 1994). The research indicates that these therapeutic gains are maintained for at least 12 months post-treatment (Linehan, Heard, & Armstrong, 1993; van den Bosch, Koeter, Stijren, Verheul, & van den Brink, 2005). DBT consists of a number of therapeutic components and at present the active component of the therapy is not known. However, the development of DBT is an important advancement in the search for an effective therapy for BPD, as it is one of the few therapies for BPD that has been subjected to a controlled evaluation of its effectiveness.

One of the underlying assumptions of DBT is that people with BPD have deficits in their problem-solving abilities. The teaching of problem-solving skills is therefore one of the core components of DBT, along with mindfulness training and strategies aimed at enhancing emotional regulation. Linehan (1993) postulates that people with BPD either do not have the necessary skills to adequately solve problems or they have the skills but they are prevented from applying these skills due to their heightened emotional state. To date, the problem-solving abilities of people with BPD have not been extensively studied. However, a wealth of research has been conducted into the problem-solving abilities of psychiatric patients who engage in acts of parasuicide (D'Zurilla, Chang, Nottingham, & Faccini, 1998; Evans, Williams, O'Loughlin, & Howells, 1992; Sadowski & Kelley, 1993; Schotte & Clum, 1987).

Research has consistently demonstrated that people who engage in acts of parasuicidal behaviour or express severe suicidal ideation have problem-solving deficits compared to clinical controls. In general, they are found to generate fewer potentially effective steps to solve problems, their solutions are less effective and they are less likely to implement the solutions they generate (Evans et al., 1992; Schotte & Clum, 1987). In addition, they report a negative orientation towards problems; they tend to view problems as a threat, are more likely to try to avoid problems and have lower expectations of their problem-solving abilities (D'Zurilla et al., 1998; Sadowski & Kelley, 1993). When levels of depressive symptomatology were controlled for severely suicidal individuals and were still found to have a specific deficit in rational problem-solving skills, which includes the ability to define the problem, generate alternatives and implement and evaluate the solution (D'Zurilla et al., 1998).

Linehan (1993) proposed that there is so much overlap between people with BPD and individuals who engage in acts of parasuicide that it may be appropriate to generalise the research findings from one population to the other. In support of this, Kehrer and Linehan (1996) identified the use of inappropriate problem-solving strategies as predictive of parasuicidal behaviour in women who also met criteria for BPD. The similarities between these two client groups include: engaging in self-harming behaviours, emotional instability, problems with anger, interpersonal problems and low self-esteem (Linehan, 1993). However, in the studies with parasuicidal individuals all the participants were currently in crisis. It is plausible that problem-solving ability is negatively affected while in a crisis state, but adequate at all other times. In addition parasuicide is not a necessary or sufficient criterion for diagnosis of BPD; parasuicidal behaviour is also found in people with a diagnosis of psychosis, depression and other personality disorders, who do not meet criteria for BPD. This suggests that although there are overlaps between BPD and people who engage in acts of parasuicide it may not be appropriate to generalise the findings from one population to the other.

The aim of this study was to investigate the social problem-solving abilities (SPS) abilities of people who met diagnostic criteria for BPD. This study included two control groups, a clinical control (CC) group and a non-clinical control (NCC) group, in order to help determine if any SPS deficits were specific to meeting diagnostic criteria for BPD. The inclusion of a clinical group was to control for the presence of other personality disorders and axis I disorders that were likely to be present in BPD group. BPD is rarely the sole diagnosis and sufferers generally meet criteria for at least one axis I disorder and other personality disorders (McGlashan et al., 2000; Tyrer, 2000). Deficits in SPS ability have also been found in other patient populations, including people suffering from depression and anxiety disorders (Goddard, Dritschel, & Burton, 1996; Haaga, Fine,