

# Mindful Continuing Education

## Dialectical Behavior Therapy for Adults with Borderline Personality Disorder

### Background

**1. Each of the following is an accurate statement about borderline personality disorder (BPD) EXCEPT:**

- A. Borderline personality disorder (BPD) is a mental health diagnosis characterized by a pervasive pattern of instability of interpersonal relationships, self-image, affect, and marked impulsivity
  - B. BPD typically features patterns of cognitive, emotional, and behavioral dysregulation that often manifests in self-harm and suicidal behaviors
  - C. It is estimated that the prevalence of BPD in the general population is between 0.7 and 1%
  - D. Up to 10% of psychiatric inpatients are estimated to have BPD and approximately 60% of diagnosed cases are female
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**2. Biosocial theory posits that emotional and behavioral dysregulation results from a perceived invalidating environment coupled with certain biological and:**

- A. Temperamental vulnerabilities
  - B. Developmental vulnerabilities
  - C. Functional vulnerabilities
  - D. Familial vulnerabilities
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**3. A recent systematic review of randomized studies has shown that dialectical behavior therapy (DBT) is significantly better than treatment as usual for borderline personality disorder in terms of leading to reductions in self-harm, improvement in general functioning, and:**

- A. Fewer intense mood swings
  - B. Decreases in ineffective expression of anger
  - C. Better social interactions and relationships
  - D. Improvement in self-image and self-identity
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### Therapists and Treatment

**4. In order to assess the effectiveness of dialectical behavior therapy for BPD, a DBT program was delivered over a 12-month period by highly trained professionals that included weekly individual therapy sessions for each participant, weekly group skills training sessions delivered by two DBT therapists, weekly consultation meetings for the therapists on the DBT team, and:**

- A. Functional analysis to assess high risk situations
  - B. Regular practice and homework
  - C. Phone coaching
  - D. Psychoeducation
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## **Discussion**

**5. In the first study to investigate the effectiveness of a 12-month standard DBT program across multiple time-points in a publicly funded community mental health setting, DBT was associated with significant reductions in levels of borderline symptoms, anxiety, hopelessness, suicidal ideation and depression, as well as improvements in:**

- A. Overall quality of life
  - B. Personal relationships
  - C. Professional obligations
  - D. Daily functioning
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**6. Study participants showed a slight regression in measurement scores at the 24-week point, which therapist feedback indicated was likely due to participant fear of success.**

- A. True
  - B. False
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**7. Although there may be barriers to effectively engaging in and benefitting from expert supervision, such supervision is fundamental in enhancing therapists' motivation, competence consolidation, ultimate sustainability of DBT programs, and:**

- A. Ensuring ethical and legal fidelity
  - B. Evaluating assessment measures
  - C. Adherence to the model
  - D. Supporting interpersonal and intervention skills
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## **Future Directions**

**8. Study findings indicate that there is promising research evidence to support the benefits of family interventions such as Family Connections and that change for individuals with BPD could be further moderated by:**

- A. Analyzing intergenerational relationships within the family unit
  - B. Assessing family structure and power
  - C. Examining patterns of interaction and conflict between family members
  - D. Prioritizing systemic work
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