

The Effectiveness of an Integrative Psychotherapy Program in Reducing the Symptoms of Borderline Personality Disorder

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Abstract

This study evaluates the effectiveness of integrative psychotherapy for borderline personality disorder (BPD) in a group of 13 patients who participated in the program for 3 months.

The author studied 13 patients (11 women, 2 men) with BPD as defined by DSM-IV at admission and applied for a test after 3 months and at the 3-months follow-up. For the clinical diagnoses and compared results with the 3-month follow-up. Overall, participants showed a low degree of sub-items symptoms was significantly reduced at post-treatment and at follow-up. Effect sizes for outcome measures were within the range of those of previous studies. These findings support the notion that the results of the integrative efficacy research can be generalized to patients with BPD disorder with high.

Keywords: Borderline personality disorder; Integrative psychotherapy; Personality disorders; Effectiveness.

Introduction

Attention has surged in recent years toward borderline personality disorder, as it is the most researched and treated disorder in psychology. However, its causes are neither simple nor certain, since there is no single explanation that fully accounts for the suffering and difficulties associated with it. It may be beneficial to investigate the factors contributing to this, including genetics,

psychological and social influences, and brain function. These factors collectively have the most significant impact on the development of borderline personality disorder. Therefore, there are two specific misconceptions related to this disorder. Many people misunderstand the nature of the disorder and its impact on the lives of those affected, as well as their families, friends, loved ones, colleagues, and others who interact with them [1].

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The second issue is that the current therapeutic approaches are largely inadequate, and the progress in therapeutic development is so slow that it takes many years. Furthermore, this development remains marginal for many years after the initial assessment [2].

Approach

Sample

In September 2022, a group of 13 patients with borderline personality disorder participated in the program for three months. The group consisted of two males (15.4%) and eleven females (84.6%). The average age of the participants was 20-35, with a standard deviation of 0.4213. The sample consisted of individuals who attended the program sessions, (with 5 patients who left the sessions for various reasons being excluded). They were a random sample of patients attending

the psychiatric clinic who meet the diagnostic criteria for Borderline Personality Disorder as outlined in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association.

The sample was also tested on individuals diagnosed with borderline personality disorder who did not have any other coexisting diagnoses, as determined by Dr. Hashem Bahri. This was done to ensure that the testing was conducted before any drug treatment, in order to prevent any potential interference between the effects of drug therapy and the effects of the therapeutic program used in the research.

Furthermore, the medical diagnosis of the cases was confirmed using research tools to assess borderline personality disorder, and the samples obtained scores higher than those of non-patients.

Variable		Frequency (f)	Percentage (%)
Education	University Degree	13	100
Job	Therapist	1	7.7
	Unemployed	9	69.2
	University Lecturer	1	7.7
	Civil Engineer	1	7.7
	Interior Designer	1	7.7
Marital	Single	12	76.9
Statue	Married	1	7.7

Table 1: Sample demographic variables.

The data indicates the educational qualifications of the sample, showing that 100% of the sample members have a

university degree. In terms of employment, 69.2% are unemployed, and in relation to marital status, 76.9% of the sample are single.

Treatment program

In September 2022, a group of 13 patients diagnosed with borderline personality disorder participated in an Eclectic Treatment Program aimed at reducing borderline personality symptoms. The program lasted for 3 months, with weekly one-hour sessions of individualized eclectic therapy. Since Eclectic Therapy involves utilizing any theory or technique that is most appropriate for the client, including the combination of two or more theories when no single theory is adequate for treatment [3]. Furthermore, eclectic treatment practitioners feel dissatisfied with using only a single therapeutic approach and, as a result, choose to integrate two or more theories. They believe that no single theory can effectively address all patients, and this trend toward Eclectic Therapy for all disorders is believed to be influencing the typical theoretical orientation in America [4].

Given the global trend towards Eclectic Therapy, there are numerous reasons why patients with borderline personality disorder benefit from eclectic therapy models. For instance, highly effective therapies such as dialectical behavioral therapy and cognitive analytical therapy are integrative, utilizing a fascinating combination of theories and techniques.

This is particularly important when working with patients with borderline personality disorder, as they may experience significant heterogeneity in symptom patterns, as well as genetic and neurobiological factors [5].

Eclectic Therapy embraces several methods, such as:

1. Psychodynamic Therapy [6] which includes the techniques of Free Association [7], Interpretation [8], Self-Confrontation [9], and Recognizing Resistance [10].
2. Cognitive Behavioral Therapy [11], which includes the techniques of Homework [12], Self-Monitoring [13], Self-Assertiveness [14], and Role-Plays [15].
3. Existential Therapy [16] which includes the techniques of Attraction [17], Socratic Questioning [18], and Confronting Isolation [19].
4. Logotherapy [20], which includes the techniques of Humor and Laughter Technique [21], and "why don't you kill yourself?" [22].
5. Dialectical Behavioral Therapy [23], which includes the techniques of Distress Tolerance, Emotion Regulation [24], Bias Observation [25], and Mindfulness [26].

Procedures

The current study employed a semi-experimental approach to investigate the effectiveness of an Integrative Therapeutic Program in alleviating symptoms of borderline personality disorder. The research utilized pre-, post-and follow-up measurements within the same group.

The researcher designed the experimental group and applied pre-, post-, and follow-up measurements to ensure the continuity of the program's impact on the group members.

The treatment program lasted for 6 months. A pre-measurement was conducted at first, followed by a post-measurement after three months, and a follow-up measurement after another three months. The research procedures include sample selection, tool preparation, calculation of psychometric conditions, data collection, and statistical analysis plan. These procedures are conducted to address fundamental research questions and test the validity of hypotheses. The scale used for diagnosing borderline personality disorder, translated by Ms. Shmoa Mohamed Sabry, consists of 80 items and measures 9 dimensions: impulsivity, emotional imbalance, abandonment, relationships, self-harm, emptiness, intense anger, and quasi psychotic states.

Each item in this scale is scored 0-1 based on the patient's estimation, with a score of 1 for "yes" responses and 0 for "no" responses. The overall score is calculated by adding the scores obtained by the patient for each subscale. Male patients need a score of 36 or higher to determine if they have borderline

personality disorder. Female patients need a score of 32 or higher to determine if they have borderline personality disorder.

Assumptions

Is there a statistically significant difference between pre-measurement and post-measurement in the borderline personality disorder scale?

Is there a statistically significant difference between the pre-measurement and the follow-up measurement in the borderline personality disorder scale?

Result report

Is there a difference between pre-measurement and post-measurement in the borderline personality disorder scale?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for borderline personality, and the findings of this analysis are presented in Table 2.

Measurement	Mean	STD	N	Z	Sig
Pre	54.38	7.741	13	2.975*	0.003
Post	35	13.94	13		

Table 2: Difference Between Pre-Measurement and Post-Measurement in the Borderline Personality Disorder Scale (*: Significant at 0.05 level).

The results in Table 2 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores on the borderline personality disorder scale.

The post-measurement scores are significantly lower than the pre-measurement scores, suggesting that there may have been a reduction in borderline personality symptoms or severity after the Integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on the borderline personality disorder scale?

The Wilcoxon Signed Ranks Test assessed the distinctions post measurement and the follow-up measurement in integrative psychotherapy on the borderline personality disorder scale, and the findings of this analysis are presented in Table 3.

Measurement	Mean	STD	N	Z	Sig
Post	35	13.94	13	-0.785	0.432
Follow-up	31.8	13.81	13		

Table 3: Difference between post-measurement and follow-up measurement in the borderline personality disorder scale.

The results in Table 3 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores on the borderline personality disorder scale in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Impulsivity?

The author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Impulsivity, and the findings of this analysis are presented in Table 4. Table 4 shows the difference between pre-measurement and post-measurement in the Impulsivity.

Measurement	Mean	STD	N	Z	Sig
Pre	2.77	1.691	13	-1.901	0.057
Post	1.38	1.193	13		

Table 4: The Difference Between Pre-Measurement and Post-Measurement in Impulsivity.

The results in Table 4 suggest that there is a trend towards a decrease in impulsiveness from pre-measurement to post-measurement, but this trend is not statistically significant at the 0.05 level. The p-value is 0.057, which is slightly above the

conventional threshold for statistical significance. Therefore, while there may be some indication of a change in impulsiveness, further research with a larger sample size may be needed to confirm the significance of this change.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on impulsivity?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on impulsivity, and the findings of this analysis are presented in Table 5.

Measurement	Mean	STD	N	Z	Sig
Post	1.38	1.193	13	-0.791	0.429
Follow-up	1.15	1.214	13		

Table 5: The difference between post-measurement and follow-up measurement in impulsivity.

The results in Table 5 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for impulsivity in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Affective instability?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement Affective instability, and the findings of this analysis are presented in Table 6. Table 6 shows the difference between pre-measurement and post-measurement in the Affective instability.

Measurement	Mean	STD	N	Z	Sig
Pre	8.69	1.316	13	-2.069	0.039
Post	7.31	1.601	13		

Table 6: The difference between pre-measurement and post-measurement in the Affective instability.

The results in Table 6 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for Affective instability. The p-value is less than 0.05, suggesting that the change in scores is unlikely to have occurred by random

chance. The negative Z-statistic indicates a decrease in Affective instability from pre-measurement to post-measurement, suggesting a potential positive effect of the Integrative psychotherapy on Affective Instability.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on Affective instability?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on Affective instability, and the findings of this analysis are presented in Table 7.

Measurement	Mean	STD	N	Z	Sig
Post	7.31	1.601	13	-1.904	0.159
Follow-up	6.38	3.015	13		

Table 7: The difference between post-measurement and follow-up measurement in the Affective instability.

The results in Table 7 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for Affective instability in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Abandonment?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Abandonment, and the findings of this analysis are presented in Table 8. Table 8 shows the difference between pre-measurement and post-measurement in the Abandonment.

Measurement	Mean	STD	N	Z	Sig
post	7.23	1.641	13	-2.921	0.003
Follow-up	4.62	1.557	13		

Table 8: The difference between pre-measurement and post-measurement in the Abandonment (*: significant at 0.05 level).

The results in Table 8 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for abandonment. The p-value being less than 0.05 suggests that the change in

scores is unlikely to have occurred by random chance.

The negative Z-statistic indicates a decrease in abandonment-related scores, which may suggest an improvement in this aspect following the Integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on abandonment?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on abandonment, and the findings of this analysis are presented in Table 9.

Measurement	Mean	STD	N	Z	Sig
Post	4.62	1.557	13	-0.9	0.368
Follow-up	4.15	2.764	13		

Table 9: The difference between post-measurement and follow-up measurement in abandonment.

The results in Table 9 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for abandonment in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the relationships?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for relationships, and the findings of this analysis are presented in Table 10.

Measurement	Mean	STD	N	Z	Sig
Pre	6.08	2.1	13	-2.265*	0.024
Post	4	2.345	13		

Table 10: The difference between pre-measurement and post-measurement in the relationships (*:significant at 0.05 level).

The results in Table 10 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for relationships. The p-value being less than 0.05 suggests that the change in

scores is unlikely to have occurred by random chance.

The negative Z-statistic indicates a decrease in relationships -related scores, which may suggest an improvement in this aspect following the Integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on relationships?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post

measurement and the follow-up measurement in integrative psychotherapy on relationships, and the findings of this analysis are presented in Table 11. Table 11 shows the difference between post-measurement and follow-up measurement in relationships.

Measurement	Mean	STD	N	Z	Sig
Pre	4	2.345	13	-1.144	0.253
Post	3.31	2.394	13		

Table 11: The difference between post-measurement and follow-up measurement in relationships.

The results in Table 11 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for relationships in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Self-image?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Self-image, and the findings of this analysis are presented in Table 12.

Measurement	Mean	STD	N	Z	Sig
Pre	6.85	1.908	13	-2.416*	0.016
Post	4.85	2.641	13		

Table 12: The difference between pre-measurement and post-measurement in the Self- image (*: significant at 0.05 level).

The results in Table 11 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for self-image. The p- value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self- image-related scores, which may

suggest a reduction in self-image issues following the Integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy in self-image?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post

measurement and the follow-up measurement in integrative psychotherapy

on in self-image, and the findings of this analysis are presented in Table 13.

Measurement	Mean	STD	N	Z	Sig
Post	4.85	2.641	13	-2.319*	0.02
Follow-up	3.08	2.431	13		

Table 13: The difference between post-measurement and follow-up measurement in in self-image (*: significant at 0.05 level).

The results in Table 13 indicate that there is a statistically significant difference between the post-measurement and follow-up measurement scores for self-image in the context of integrative psychotherapy.

The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self-image-related scores, which may suggest a continued improvement in self-image issues

during the follow-up period after the integrative psychotherapy.

Is there a difference between pre-measurement and post-measurement in the Self-harm?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Self-harm, and the findings of this analysis are presented in Table 14.

Measurement	Mean	STD	N	Z	Sig
Pre	4.46	2.025	13	-2.853	0.004
Post	2.46	1.984	13		

Table 14: The difference between pre-measurement and post-measurement in the Self-harm (*: significant at 0.05 level).

The results in Table 14 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for self-harm. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self-harm-related scores, which may suggest a reduction in self-harming behaviors or thoughts following the integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on in self-harming?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on in self-harming, and the findings of this analysis are presented in Table 15.

Measurement	Mean	STD	N	Z	Sig
Post	2.46	1.984	13	-0.424	0.672
Follow-up	2.46	2.367	13		

Table 15: The difference between post-measurement and follow-up measurement in the self-harming.

The results in Table 15 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for self-harming in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Feeling empty?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Feeling empty, and the findings of this analysis are presented in Table 16. Table 16 shows the difference between pre-measurement and post-measurement in the Feeling empty.

Measurement	Mean	STD	N	Z	Sig
Pre	7.54	2.295	13	-2.772*	0.006
Post	4.54	3.152	13		

Table 16: The difference between pre-measurement and post-measurement in the Feeling empty (*: significant at 0.05 level).

The results in Table 16 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for the feeling of emptiness.

The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in feelings of emptiness, which may suggest an improvement in this aspect following integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on in Feeling empty?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on in Feeling empty, and the findings of this analysis are presented in Table 17.

Measurement	Mean	STD	N	Z	Sig
Post	4.54	3.152	13	-0.781	0.435
Follow-up	4.15	3.313	13		

Table 17: The difference between post-measurement and follow-up measurement in in Feeling empty.

The results in Table 17 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for the feeling of emptiness in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the intense Anger?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for intense Anger, and the findings of this analysis are presented in Table 18.

Measurement	Mean	STD	N	Z	Sig
Pre	6.77	2.048	13	-2.94	0.003
Post	3.85	2.609	13		

Table 18: The difference between pre-measurement and post-measurement in the intense Anger (*: significant at 0.05 level).

The results in Table 18 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for intense Anger. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in anger-related scores, which may suggest an improvement in intense Anger management or reduction in anger following the integrative psychotherapy.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy on in intense anger?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on in intense anger, and the findings of this analysis are presented in Table 19. Table 19 shows the difference between post-measurement and follow-up measurement in intense anger.

Measurement	Mean	STD	N	Z	Sig
Post	3.85	2.609	13	-1.514	0.130
Follow-up	4.62	2.399	13		

Table 19: The difference between post-measurement and follow-up measurement in intense anger.

The results in Table 19 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for intense anger in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Quasi-Psychotic states?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions between the pre-measurement and post-measurement for Quasi Psychotic states, and the findings of this analysis are presented in Table 20. Table 20 shows the difference between pre-measurement and post-measurement in the Quasi-Psychotic states.

Measurement	Mean	STD	N	Z	Sig
Pre	4.23	1.589	13	-3.106*	0.002
Post	2.15	1.725	13		

Table 20: The difference between pre-measurement and post-measurement in the Quasi-Psychotic states (*: significant at 0.05 level).

The results in Table 20 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for Quasi Psychotic states. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in Quasi Psychotic states -related scores, which may suggest an improvement in Quasi Psychotic states following the intervention or treatment.

Are there differences between the post measurement and the follow-up measurement in integrative psychotherapy in Quasi Psychotic states?

Author utilizes the Wilcoxon Signed Ranks Test to assess the distinctions post measurement and the follow-up measurement in integrative psychotherapy on in Quasi Psychotic states, and the findings of this analysis are presented in

Table 21. Table 21 shows the difference between post-measurement and follow-up

measurement in the Quasi-Psychotic states.

Measurement	Mean	STD	N	Z	Sig
Post	2.15	1.725	13	-0.122	0.903
Follow-up	2.08	1.498	13		

Table 21: The difference between post-measurement and follow-up measurement in the Quasi-Psychotic states.

The results in Table 21 indicate that there is no statistically significant difference between the post-measurement and follow-up measurement scores for Quasi Psychotic states in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Data analysis

Is there a difference between pre-measurement and post-measurement in the borderline personality disorder scale?

The results in Table 2 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores on the borderline personality disorder scale. The post-measurement scores are significantly lower than the pre-measurement scores, suggesting that there may have been a reduction in borderline personality symptoms due to the Integrative psychotherapy that combines psychodynamic therapy, existential therapy, dialectical therapy, cognitive

behavioral therapy, and logotherapy. Since, this approach is supported by a study conducted which included a combination of different therapies such as dialectical behavioral therapy, acceptance and commitment therapy, cognitive behavioral therapy, and interpersonal psychotherapy. Therefore, this integrated approach is based on scientific evidence and addresses all therapeutic needs, making it effective.

Are there differences between the pre-measurement and the follow-up measurement in the borderline personality disorder scale?

The results in Table 3 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores on the borderline personality disorder scale in the context of both measurements. There are no observed differences between these two measurements, except for minor variations, which may be due to random chance rather than a significant therapeutic effect. This suggests that integrative psychotherapy has been effective in maintaining the therapeutic progress achieved after treatment.

Is there a difference between pre-measurement and post-measurement in the Impulsivity?

The results in Table 4 suggest that there is a trend towards a decrease in impulsiveness from pre-measurement to post-measurement, but this trend is not statistically significant at the 0.05 level. The p-value is 0.057, which is slightly higher for statistical significance. Therefore, while there may be some indication of a change in impulsiveness, further research with a larger sample size may be needed to confirm.

Are there differences between the pre-measurement and the follow-up measurement in impulsivity scale?

The results in Table 5 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect. On the other hand, the results suggest that patients' scores on the impulsivity scale did not increase after treatment and remained largely stable.

Is there a difference between pre-measurement and post-measurement in the Affective instability?

The results in Table 6 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for Affective instability.

The p-value is less than 0.05, suggesting that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in Affective instability from pre-measurement to post-measurement, suggesting a potential positive effect of the Integrative psychotherapy on Affective instability.

Are there differences between the pre-measurement and the follow-up measurement in Affective instability?

The results in Table 7 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for Affective instability. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect. This, in turn, reflects the stability of patients' improvement in their mood swings even after 3 months of treatment and in the follow-up period.

Is there a difference between pre-measurement and post-measurement in the Abandonment scale?

The results in Table 8 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for abandonment. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in abandonment-related scores, which may suggest an improvement in this aspect following the Integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in abandonment scale?

The results in Table 9 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for abandonment in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect. This, in turn, reflects the stability of patients' improvement in this aspect even after following the Integrative psychotherapy.

Is there a difference between pre-measurement and post-measurement in the relationships?

The results in Table 9 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for relationships. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in relationships -related scores, which may suggest an improvement in this aspect following the Integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in relationships?

The results in Table 11 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for relationships in

the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect, which may reflect the stability of patients' improvement during the treatment and following the Integrative psychotherapy.

Is there a difference between pre-measurement and post-measurement in the Self-image?

The results in Table 12 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for self-image. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self-image-related scores, which may suggest a reduction in self-image issues following the Integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in self-image?

The results in Table 13 indicate that there is a statistically significant difference between the pre-measurement and follow-up measurement scores for self-image in the context of integrative psychotherapy. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self-image-related scores, which may suggest a continued improvement in self-image

issues during the follow-up period after the integrative psychotherapy.

Is there a difference between pre-measurement and post-measurement in the Self-harm?

The results in Table 14 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for self-harm. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in self-harm-related scores, which may suggest a reduction in self-harming behaviors or thoughts following the integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in self-harming?

The results in Table 15 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for self-harming in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect. This, in turn, reflects the stability of patients' self-harm behaviors and thoughts, as well as their continued use of therapeutic techniques after the completion of integrative psychotherapy to confront and overcome these thoughts.

Is there a difference between pre-measurement and post-measurement in the Feeling empty?

The results in Table 16 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for the feeling of emptiness. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in feelings of emptiness, which may suggest an improvement in this aspect following integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in Feeling empty?

The results in Table 17 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for the feeling of emptiness in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect, which may suggest that patients succeed in overcoming feelings of emptiness during the follow-up period.

Is there a difference between pre-measurement and post-measurement in the intense Anger?

The results in Table 18 indicate that there is a statistically significant difference between the pre-measurement and post-measurement scores for intense Anger. The

p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates a decrease in anger-related scores, which may suggest an improvement in intense Anger management or reduction in anger following the integrative psychotherapy.

Are there differences between the pre-measurement and the follow-up measurement in intense anger?

The results in Table 19 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for intense Anger in the context of integrative psychotherapy. The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

Is there a difference between pre-measurement and post-measurement in the Quasi-Psychotic states?

The results in Table 20 indicate that there is a statistically significant difference

between the pre-measurement and post-measurement scores for Quasi Psychotic states. The p-value being less than 0.05 suggests that the change in scores is unlikely to have occurred by random chance. The negative Z-statistic indicates decrease in Quasi Psychotic states -related scores, which may suggest an improvement in Quasi Psychotic states following the intervention or treatment.

Are there differences between the pre-measurement and the follow-up measurement in Quasi Psychotic states?

The results in Table 21 indicate that there is no statistically significant difference between the pre-measurement and follow-up measurement scores for Quasi Psychotic states in the context of integrative psychotherapy.

The p-value is greater than 0.05, suggesting that any observed differences between these two measurements are likely due to random chance rather than a meaningful treatment effect.

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