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Practitioner's Corner

What Do Individuals With Borderline Personality Disorder Want From Treatment? A Study of Self-generated Treatment and Recovery Goals

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Abstract

Outcome measurement has progressed in the field of personality disorders. While the majority of trials have evaluated outcomes on the basis of symptom and diagnostic indices, what is considered a meaningful and valued outcome to individuals has been seldom investigated. Self-generated treatment goals were collected from 102 individuals seeking treatment for borderline personality disorder (BPD0 and independently coded by two raters. Responses were content-analysed to determine the categories of goals people want for treatment. A total of 464 individual goal units across 4 main goal types emerged in the content analysis: reducing symptoms, improved wellbeing, better interpersonal relationships, and having a greater sense of self. Although the reduction of symptoms was the most commonly reported goal, 88.2% reported wanting better psychosocial functioning, including improvements in relationships, vocation, and self-understanding. The existence of the wide range of goals suggests that there is a need for clinicians to establish a collaborative formulation of treatment goals with individuals to ensure treatment is personalized and meaningful.

KEY WORDS: borderline personality disorder, treatment goals, recovery, qualitative, personalized treatment

The examination of outcomes in the field of personality disorders has progressed since the first randomized control trial (RCT) published in 1991.[1] In a recent systematic review, 33 RCTs were identified that were designed to evaluate the efficacy of interventions for people with borderline personality disorder (BPD).[2] Specialized interventions for BPD have treatment goals that target changes in behavior, such as in dialectical behavior therapy[1] or the specific modification of representations and understanding of self and other, for example, in schema therapy, transference focused psychotherapy, and mentalization based treatment.[3–5] However, measures used in intervention trials usually measure only the key symptoms and service use. Consumer reports suggest that we need to go beyond symptom change[6] and measure a broader set of recovery goals. This has been supported by the literature, which has reported a disconnect between service targets and personal goals of individuals with BPD,[6] and the recognition that recovery extends beyond symptom remission.[7]

Given the international shift toward recovery-oriented mental health servicing and the provision of person-centred care,[8] questions remain concerning what individuals perceive to be important to them at the start of treatment. Various attempts to personalize treatment and focus on service user generated goals in other diagnoses have been made. The Camberwell Assessment of Need (CAN)[9] is one example and measures the met and unmet needs of individuals across 22 health and social domains. The aims of the CAN diverge from conventional clinical assessment, as it differentiates between the met needs (ie, met through the provision of services) and unmet needs, which are areas identified as requiring further intervention or support. Limited research has been conducted into what individuals with BPD value. In a study examining the met and unmet needs of people with personality disorders, 8 key areas of unmet need were identified: "self-care, psychotic symptoms, psychological distress, risk to self, risk to others, alcohol use, sexual expression and budgeting."[10, p541] While the majority of these unmet needs reflect the symptomatic difficulties known to be experienced by individuals with personality disorder, this finding also provides an indication of the domains that require greater investigation.

One approach to personalizing treatment and focusing on the goals generated by service users has been through understanding the target complaints of individuals at the start of therapy. Measures such as Battle's Target Complaints Measure[11] provide an opportunity for individuals to spontaneously formulate and identify their own goals to guide the direction of therapy. The use of personalized treatment goals has been identified as producing larger effect sizes than symptom checklists when evaluating the effectiveness of psychotherapy in clinical trials.[12] The identification of specific categories of goals that individuals value may be important in understanding treatment needs and developing new ways of personalizing treatment. The goal of this study was to examine the personally meaningful treatment goals of individuals seeking treatment for BPD.

METHOD

Study Design and Participants

This qualitative study utilized data collected from individuals who were seeking treatment for BPD at a community-based psychotherapy program. Individuals were assessed for suitability for the program and were only admitted if they were over 18 years of age and had a primary diagnosis of DSM-IV BPD, diagnosed using the Structured Clinical Interview for DSM (SCID-I and SCID-II)[13,14] by 2 trained doctoral level clinical psychologists. Individuals were excluded from the program if there was indication of substance abuse, or they met criteria for a primary diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder with psychotic features, or a history of neurological disorder. All participants were fluent in English and gave explicit informed written consent (including consent for the audio recording of clinical assessments) following approval from the University of Wollongong Social Sciences Human Ethics Committee.

Procedure

Participants were entering a year-long program of treatment. Individual goals for treatment were self-generated by participants at the first assessment session, guided by using the Target Complaints Measure.[11] Goals could be both specific and more general and long-term in focus and were not delimited by clinicians in any way. The Target Complaints Measure is a semi-structured clinician guided interview, which was used as part of the intake assessment session to ascertain each participant's treatment goals or chief complaints.[11] Participants were told "I want you to tell me in your own words the most important problems that you have that you want help with to change by coming here. These are the kind of goals you might have for your treatment" as specified by the Target Complaints Measure.[11] Participants were prompted to provide up to 3 goals and to self-rate how severe these were as an issue or problem for them on a scale of 0 (not a problem/least severe issue for me) to 10 (the worst/most severe issue for me).

Data Analysis

An inductive conventional content analytic approach to understanding the goals of individuals and the development of goal categories was used. This followed a 3-step approach as described by Hsieh and Shannon.[15]

Participants' descriptions of goals were audio-recorded and transcribed verbatim. Researchers immersed themselves in the data by reading and reflecting on participant responses to gain an overall understanding.

First, participant responses were tagged with codes, referred to as goal units, to accurately describe the data. Due to the recognition that multiple goals could be present within an individual goal, some goals could be represented by more than one code. Thus, although the Target Complaints Measure[11] specified up to 3 goals, some participants provided more than 3 goals within their descriptions. Second, similar or related codes were condensed into goal categories that allowed for both homogeneity within the group and heterogeneity between groups. Lastly, goal categories were grouped into meaningful themes to represent participant responses. The coding process was supported by the use of the NVivo 10 software for qualitative data analysis. The data was initially independently coded and categorized by 2 researchers, this was followed by the discussion and review of codes by a third researcher who is an expert in personality disorders. The trustworthiness of the data was ensured by having consistent discussion about codes and findings emerging from the data with the wider research team to ensure that concepts were not overlooked within the data. Through multiple discussions and reviews, the coding and categorization of codes were refined. Discrepancies among the coding and the subsequent categories between researchers were discussed and resolved through consensus. Illustrative quotes of the goals were provided to support and provide evidence for the interpretations of the researchers. The researchers analyzing the data were independent from the clinicians providing psychological care to the participants.

RESULTS

Characteristics of Participants

A total of 102 consecutively recruited participants seeking treatment who met criteria for a primary DSM-IV-TR diagnosis of BPD were invited to participate. All participants gave written informed consent to the study. Table 1 outlines the demographic characteristics of the participants.

Treatment Goals Identified by Participants

Overall, participants identified a total of 268 goals, with an average of 2.8 goals per participant. All participants (100%) were able to report 1 goal, 100 participants (98%) reported 2 goals, and 86 participants (84%) were able to report 3 goals. The majority of goals identified had multiple components. The goals reported were then analysed into constituent units, for a total of 464 individual goal units (See Table 2) or 4.5 goal units per participant. Reported goals could include the same individual goal unit on multiple occasions in their descriptions, however, this was only counted once. Therefore, goal units identified in Table 2 are indicative of the number of participants endorsing a specific goal unit.

Findings from the content analysis reveal 4 key themes associated with treatment and personally meaningful goals for recovery. The reduction of symptoms was the most commonly reported goal by participants (n=88, 86.3%), followed by the desire to improve wellbeing (n=64, 62.7%), having better interpersonal relationships (n=54, 52.9%), and having a greater sense of self (n=40, 39.2%). Although reducing symptoms was the most commonly reported theme, 90 participants (88.2%) also reported at least one goal pertaining to a psychosocial goal category. Goals reported by participants were identified as not being mutually exclusive, so that achievement of goals in one area could contribute to improvements in other areas.

Goal theme 1: Reducing symptoms

The goal of reducing symptoms was the most commonly cited theme in the study, where reducing suicidality and impulsivity and depressive and anxiety symptoms were some of the most highly reported goal categories. Participants discussed the impact of symptoms on daily functioning and self-perceptions. *"I'd certainly like to manage my depression better, so that I don't end up back in hospital again. I'd like to be able to explore things that may be affecting me as an adult so that I can understand why I feel the way about things that don't make sense. I just want to get on with my life, be a whole person rather than be in fragments."* (Individual 5091)

The experiences of symptoms were sometimes interrelated so that the experience of depressive or anxiety symptoms corresponded with a desire to engage in self-harming behaviors or increased suicidality. The reduction of symptoms had a compounding effect on a person's ability to engage in and achieve other psychosocial goals. *"I want to be able to deal with the depression and cope with distress… I'd like to get to a point where I can go back to do some study or do some work."* (Individual 3054)

Goal theme 2: Improving wellbeing

Goals pertaining to improving wellbeing were global in nature, and individual differences contributed to the heterogeneity of the goals. The desire to improve coping style was one of the most highly reported goal categories by participants and widely reflected the overall desire to improve symptomatically. The ability to effectively manage emotions and thoughts was believed to contribute to improved quality of life and emotional experience. *"To learn how to control the fuzziness that leads to those instances and slowly reducing the want, need and the action of self-harm"* (Individual 5086). Goals associated with improving current life situations and financial situation were also at times interconnected with symptoms and interpersonal relationships. Life situations mentioned were broad and included court cases, assault, divorce, and the loss of a child. *"At the moment, the involvement of court case for sexual assault is very stressful… It has restricted parts of my life, through avoiding people and avoiding relationships. Want to*

get on with life and put it behind me" (Individual 3051). Despite goals to improve life situations, one participant articulated that these may be considered *"general life problems"* (Individual 5076), highlighting the common experiences of individuals.

Vocational pursuits such as engagement in paid work and education were valued goals. Despite the desire to be connected with society, the emotional intensity experienced by participants was identified as a barrier. *"Being employable, but when you look at my CV, it's like what have you been doing all these years? Getting a part time job is really important. If I took on a full time position, I would let down my employer and myself because it has been a few years since I have been in work"* (Individual 5100). Yet, it was recognized that participation in a structured vocation may not be suitable for all individuals, so that assisting individuals to take part in personally meaningful activities would be a valued target of treatment. *"I really want to do dancing. Dancing used to really help me… I think it is teaching myself to go there and not matter whether I will be put down for it."* (Individual 5151)

Goal theme 3: Better interpersonal relationships

Better interpersonal relationships were another key theme associated with developing a sense of connectedness with others, improving current relationships, and developing interpersonal skills. Connectedness was described by participants as being on a continuum including developing relationships, connecting with others, and relating to others. "*Just being able to feel like I fit somewhere, I feel like I don't fit. I'm too scared to go out and meet new people… It is a big problem cause I don't do anything.'* (Individual 5106)

Difficulty relating to others was acknowledged and along with the goal that it could be improved through a process of developing greater communication, engagement, and understanding of others. The reported goal of developing and improving interpersonal skills reflected the need to overcome grief and loneliness, to be more assertive, and establish trust with others to more effectively initiate or engage in relationships. *"Be able to go with my own judgement or my own decision, instead of running to my father all the time and his opinion—like decision making and assertiveness. I don't trust my own judgement and I am not very assertive either"* (Individual 5078). Relationships were mainly discussed by participants in the context of their significant others, friends, family, and mothers. Participants also identified specific goals related to improving parenting capacity.

Goal theme 4: Greater sense of self

The theme of developing a greater sense of self was associated with improving attitudes toward self and increasing personal awareness. The goal of increasing personal awareness was expressed as achievable through developing greater self-understanding and being able to conceive of what might be a meaningful

life direction or goal, and have motivation to move in that direction. "*Be more of a whole person…learning some tools that will help me be motivated to get out and do things and enjoy life instead of dragging myself through it, all the time."* (Individual 5091)

Some participants broadly discussed goals to "get to know who I am," while others discussed a desire to shift away from a "victim persona" developed from experiences of trauma and to no longer be viewed only through the lens of their BPD diagnosis. "*I have childhood issues and I'm hanging onto them. I'm dealing with them really well… but still need help to deal with some of those issues, how to not be a victim"* (Individual 3054). Goals pertaining to the development of self-esteem and self-worth were discussed, as were the negative consequences of poor self-esteem and self-worth "*If I consciously self-harm, it is because of my self-esteem. I just hate myself"* (Individual 5090).

Some participants recognized that improving self-esteem may be an ongoing journey, and that a person's attitude toward him- or herself is inextricably linked with increasing personal awareness. The ability to separate oneself from others in order to develop a sense of who one is and a sense of genuineness was also identified by some participants. *"Getting to know me… I want to be more consistent. I've gotten to the point where I push people away because I can't be me and I am sort of resenting them for it, even if they are not doing it"* (Individual 5113).

DISCUSSION

This study explored the views of individuals seeking treatment for BPD on their personally meaningful goals for treatment. Participants identified goals in 4 main categories: reducing symptoms, improving wellbeing, better interpersonal relationships, and having a greater sense of self. Personally meaningful treatment goals identified in this study extend beyond the reduction of symptoms to include those of a psychosocial nature. This supports calls to expand outcome measures to monitor progress and include aspects that are global in nature, such as subjective wellbeing and the views of individuals seeking treatment.[16,17] The goal themes identified in this study were consistent with research examining the lived experience of individuals with personality disorders[6,18,19] and reflected some of the domains present in the Camberwell Assessment of Need.[9] Domains of psychopathology in BPD were also reflected in the identified goals,[20] including difficulties in relational functioning, emotion dysregulation, and understanding self and others. However, the identified goal themes and categories expand on the work to date in the literature by providing greater insights into the specific aspects that may be important to individuals that could be potentially targeted during treatment.

The identification of symptom reduction as the most cited theme was not surprising given the severe nature of BPD and that individuals were at the start of treatment. Interestingly, studies of the lived experience of personality disorders have conceptualized recovery as the reconciliation of self and other representations through the development of a sense of self that could be achieved through the engagement of interpersonal relationships and the community.[6,21] Although these themes are reflected in the findings from our study, fewer than half the participants reported goals associated with developing a greater sense of self. This may be associated with the sample being at the start of treatment, in contrast to other studies where participants were engaging in a specialist intervention and therefore were more aware of their underlying difficulties. This finding may also reflect the shifting nature of treatment goals and suggest that routine monitoring of goals may be required.

The treatment goals that were reported were not mutually exclusive, so that participants believed that improvements in one goal would contribute to the achievement of other goals. This suggests that there may be multiple processes and challenges involved in achieving desired recovery outcomes in a personally meaningful manner. Although the identification of these processes and challenges were beyond the scope of this study, understanding these will have implications for clinical practice and can provide guidance for the development of recovery-oriented mental health services for BPD.

Implications for Clinical Practice

The narrow treatment targets of interventions for BPD have been reported as a limitation to care by individuals with BPD.[6] Although this study identified similarities between individual treatment goals and the typical targets of interventions, some identified goal categories and units did reflect that a wider focus may not be captured in psychotherapeutic interventions and treatment manuals for BPD. Given the findings reported here, there is room for treatment manuals to focus more broadly on goals identified by individuals. Having broader treatment targets may also have the effect of generating greater motivation for behavioral change and improving treatment engagement. In addition, the therapeutic alliance between clinicians and individuals could also profit from greater awareness of individual goals.

The development of new methods of integrating existing psychotherapeutic evidence-based approaches with psychosocial interventions may be important in assisting individuals with BPD achieve their desired outcomes.[22] The findings from this study provide a basis for understanding areas of importance to individuals with BPD. Evidence-based social interventions and psychosocial rehabilitation interventions such as illness management and recovery,[23] assertive community treatment,[24]or individual placement and support[25] may help support individuals with BPD in achieving goals that extend beyond the scope of the current manualized interventions with an evidence base. In addition, developing the

capacity of individuals with lived experience to become peer support workers may also present a unique opportunity for individuals with similar experiences to learn from each other.[26]

The development of enhanced therapeutic interventions that target specific goals of interest to individuals with BPD may also be relevant. One recent example of such an intervention pertains to improving the parenting capacity of individuals with BPD who are parents.[27] Continual evaluation of the integration of these interventions with evidence-based interventions should be completed using multiple measures and methodologies.

Limitations and Future Research

Treatment goals reported by participants in our study were framed in a clinically oriented manner, so that goals predominantly focused on the symptoms and problems participants wanted to overcome. Although this can be attributed to the context in which goals were formulated, the identified goals may also be reflective of individuals who are at the start of their recovery journey. The goals, however, provide a good indicator of the valued outcomes through the perspectives of individuals seeking treatment. The wide range of individual goal units (N=464) identified is also indicative of the personal nature of treatment goals and the need for mental health clinicians to ask individuals what their goals are for treatment, particularly given the links between goal consensus, collaboration, and attainment.[28,29] Goals for treatment and recovery are not static. This is reflected in the non-linear trajectory of recovery.[30] More research examining changes in goal content longitudinally may provide a more nuanced understanding of the differences between individuals who may be at different stages of their recovery and whether treatments received are assisting individuals to attain their goals.

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Table 1: Characteristics of Participants (N = 102)

Characteristic	Range	n (%) or Mean (SD)
Female		89 (87.3%)
Age	18–56 years	29.7 years (8.84)
Relationship status:		
Single		57 (55.9%)
Married		20 (19.6%)
De-facto		11 (10.8%)
Divorced		7 (6.9%)
Separated		7 (6.9%)
Years of education	7.5–19 years	12.1 years (2.58)

Table 2: Formulated themes and frequencies of participant-generated goals verbalized at the commencement of treatment for borderline personality disorder (N=102; 464 individual goal units)

Formulated theme and goal categories	Participant-generated goal statements	Number of participants endorsing the theme (% of all participants)
Goal Theme: Reducing Symptoms (5 goal categories, 17 goal units)		88 (86.3%)
Suicidality and Impulsivity (51 participants, 50.0%)	Self-harm behaviors/thoughts	22 (21.6%)
	Suicidality	17 (16.7%)
	Anger	15 (14.7%)
	Drug and alcohol misuse	7 (6.9%)
	Gambling urges	2 (2.0%)
	Shoplifting	2 (2.0%)
Depressive Symptoms (42 participants, 41.2%)	Negative mood/thoughts	36 (35.3%)
	Mood swings	6 (5.9%)
Anxiety Symptoms (40 participants, 39.2%)	General anxiety	17 (16.7%)
	Posttraumatic stress/trauma	17 (16.7%)
	Panic attacks	7 (6.9%)
	Social anxiety	5 (4.9%)
	Specific phobia	5 (4.9%)
Eating Related Issues (11 participants, 10.8%)	Disordered eating	7 (6.9%)
	Weight loss	4 (3.9%)

Transient Symptoms (8 participants, 7.8%)	Dissociation Hallucinations	6 (5.9%) 2 (2.0%)
Goal Theme: Improving Wellbeing (4 goal categories, 14 goal units)		**64 participants (62.7%)**
Coping Style (46 participants, 45.1%)	Having control over emotions Improve coping style Coping with distress/stress Having control over thoughts Improve functioning and use of skills General sense of control	25 (24.5%) 17 (16.7%) 15 (14.7%) 7 (6.9%) 8 (7.8%) 2 (2.0%)
Vocation (21 participants, 20.6%)	Engaging in paid work Engaging in activities Education	9 (8.8%) 8 (7.8%) 5 (4.9%)
Current Life Situations (18 participants, 17.6%)	Solve specific life situations Financial situation	14 (13.7%) 4 (3.9%)
Physical Health (9 participants, 8.8%)	Improve physical health Stay out of hospital Come off medication	5 (4.9%) 3 (2.9%) 1 (1%)

Goal Theme: Better Interpersonal Relationships (4 goal categories, 14 goal units)		**54 participants (52.9%)**
Interpersonal skills (23 participants, 22.5%)	Overcome my grief and loneliness Being assertive with others Trusting others Become independent Reduce abandonment fears	10 (9.8%) 5 (4.9%) 4 (3.9%) 3 (2.9%) 2 (2.0%)
Improving Current Relationships (22 participants, 21.6%)	Relationship with my significant other Relationship with my friends Relationship with my family Relationship with my mother	6 (5.9%) 6 (5.9%) 6 (5.9%) 5 (4.9%)
Connectedness (21 participants, 20.6%)	Connecting with others Developing relationships Relating to others	12 (11.8%) 7 (6.9%) 5 (4.9%)
Parenting (8 participants, 7.8%)	Develop my parenting skills Have contact and a better relationship with my children	6 (5.9%) 4 (3.9%)
Goal Theme: Greater sense of self (2 goal categories, 11 goal units)		**40 participants (39.2%)**
Attitudes Toward Self	Having self-esteem and self-worth	12 (11.8%)

(27 participants, 26.5%)	Sense of self	9 (8.8%)
	Having self-confidence	4 (3.9%)
	Become self-accepting	3 (2.9%)
	Improve self-image and reduce perfectionism	3 (2.9%)
Personal Awareness (23 participants, 22.5%)	Understanding myself	10 (9.8%)
	Develop my goals and motivation	8 (7.8%)
	Identifying my vulnerabilities	5 (4.9%)
	Reducing feelings of emptiness	4 (3.9%)
	Having a sense of purpose	2 (2.0%)
	Having my own opinions	2 (2.0%)