



*The Application of Mindfulness  
in the Treatment of Borderline Personality Disorder (BPD)*

Blaise Aguirre, MD  
Medical Director  
3East Continuum  
Assistant Professor of Psychiatry  
Harvard Medical School

# Objectives

- To define Mindfulness (the core skill of Dialectical Behavior Therapy -- DBT).
- To introduce Mindfulness as a skill set and how it might be applied to BPD.
- To provide examples of how to begin to practice Mindfulness in your own life, whether you have BPD or care for someone with BPD, as a way to manage “ordinary” and when life is out of control.

# What Is Mindfulness?

- John Kabat-Zinn defines Mindfulness as:
- **Paying attention *in a particular way* on purpose, in the present moment, and without judgment.**
- Focused attention
- Intentionally
- The *particular ways* can be infinite because almost anything that you do habitually and mindlessly, you can do mindfully. Awareness flows between mindfulness and mindlessness

# Why Teach Mindfulness to People With BPD?



- Strong emotions disrupt a person's ability to think and to be mindful. This is true for all of us. An inability to think can lead to even stronger and more dysregulated emotions. This is of particular concern in people with BPD, who often experience strong and difficult to control emotions.
- These strong emotions can then lead to destructive, dangerous, and impulsive behaviors which in turn can negatively impact important relationships: family, friends, and treatment providers.
- Mindlessness means that there is no effective awareness and the pattern repeats over and over again.

Observe an Itch!



# Observations

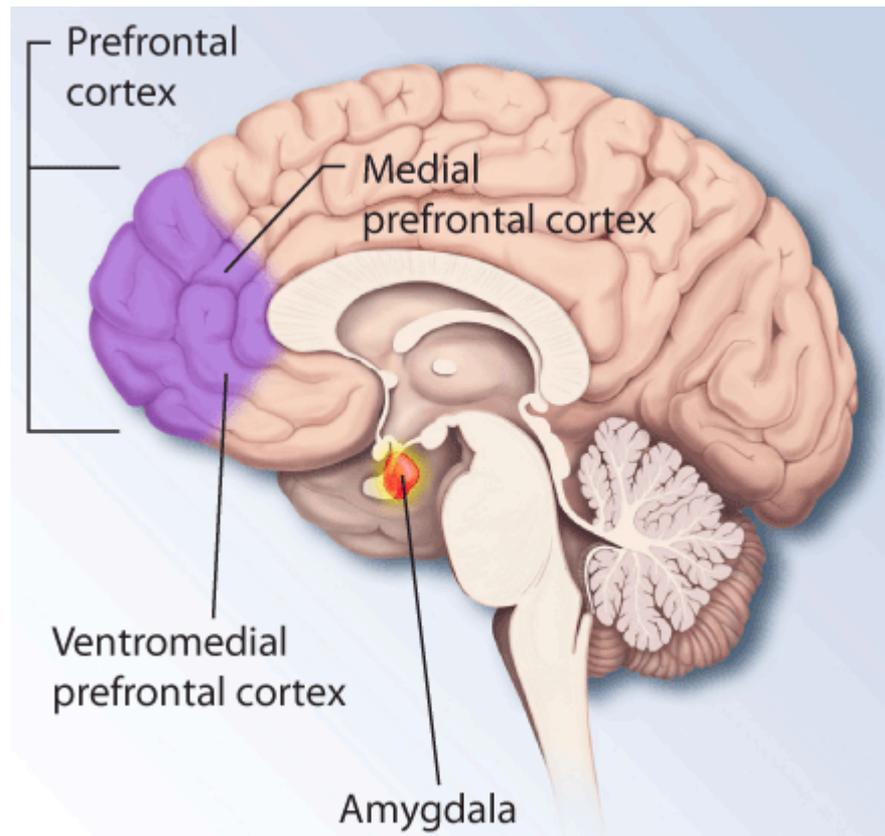
- Did the itch move?
- Did you have an urge to scratch it?
- Did you scratch it?
- Did your mind wander?

# Why Do It?

- The way we live our lives is largely habitual and most of us are unaware of our habitual patterns.
- It might not matter if these habits don't cause us harm, yet when repeated patterns lead to suffering change in behavior will rarely happen without awareness first
- Mindfulness seeks to bring clearer awareness into an entire experience including thoughts, emotions, and behaviors.
- Mindfulness is NOT about changing thoughts or experiences, but rather about being aware and learning to “step-back” instead of reacting to whatever comes into the mind.

# The Basic Neuro-anatomy of Mindfulness and BPD

## Prefrontal Cortex and Amygdala



# Mindfulness and the Brain



- The prefrontal cortex (PFC) is the part of the brain behind your forehead. It regulates emotions, aids in decision making and in focusing attention. In people with BPD the PFC is relatively underdeveloped compared to those without BPD.
- Repeated mindfulness practice strengthens the PFC.
- Mindfulness also reduces hyperactivity in the amygdala, the part of the brain that is relatively overactive and is responsible for the intense emotional reactions in people with BPD.
- By strengthening the attention circuits in your PFC and reducing the reactivity of the amygdala, any person, whether they have BPD or not, can use mindfulness to experience improved control of turbulent relational interactions and painful emotions.
- Different types of mindfulness actually activate the PFC in different ways, just as different types of physical exercises change your body in different ways. Do what works for you.

# The Many Benefits of Mindfulness

## Decreases

- Anxiety/Panic
- Depression & Rates of Relapse
- Binge Eating
- Numbing/Avoidance in PTSD
- Chronic Pain
- Symptoms of Fibromyalgia
- Stress Levels
- High Blood Pressure

## Improves

- Self-Regulation
- Attention/Concentration
- Interpersonal Functioning
- Immune Response in HIV
- Response to Drug Treatment

# Mindfulness vs. Meditation



- Mindfulness is the act of consciously focusing the mind in the present moment without judgment or attachment. It can be done at any time in any moment.
- Meditation is the formal practice of mindfulness while sitting, walking or standing quietly for a period of time. It is setting aside time in order to formally practice mindfulness.
- Many faiths have meditative practices
  - JUDAISM Kabbalah Meditation
  - BUDDHUISM Zen Mindfulness
  - ISLAM Sufi Meditation
  - CHRISTIANITY Contemplative Prayer

# The DBT Approach

- Three primary states of mind are taught: “reasonable mind,” “emotion mind,” and “wise mind.”
  1. Reasonable mind or rational mind is colder, analytical, precise, fact based.
  2. Emotion mind is passionate, hot, body sensations.
  3. Wise mind is the integration of *all* possible states of mind. It is settled, not pressured. Gut feel, intuitive, reflective.

# The DBT Skills

- WHAT skills

1. Observe
2. Describe
3. Participate
4. With Intention

- HOW skills

1. Without judgment
2. Focusing on one thing in the moment
3. Effectively

# PRACTICE

What do you see? Do you Judge? What do you know?



# WHAT skills



1. Observe (simply notice)
2. Describe (put words to the experience)
3. Participate (fully enter the experience)
4. With Intention (do so with intention)

# HOW skills



1. Without judgment (don't judge, and if you do notice the judgment. Different from preferences and assessment)
2. Focusing on one thing in the moment (effective multi-tasking is a myth)
3. Effectively (do what the situation needs. If the situation requires it, be effective over being right)

# Last Thought

Which of these is a Mindfulness practice?

- Washing your car
- Doing your nails
- Sitting in a yoga pose
- Praying at Church
- Reading
- Playing CandyCrush
- Doing the Dishes
- Listening to a lecture by the Dalai Lama

....and that is the whimsy of Mindfulness



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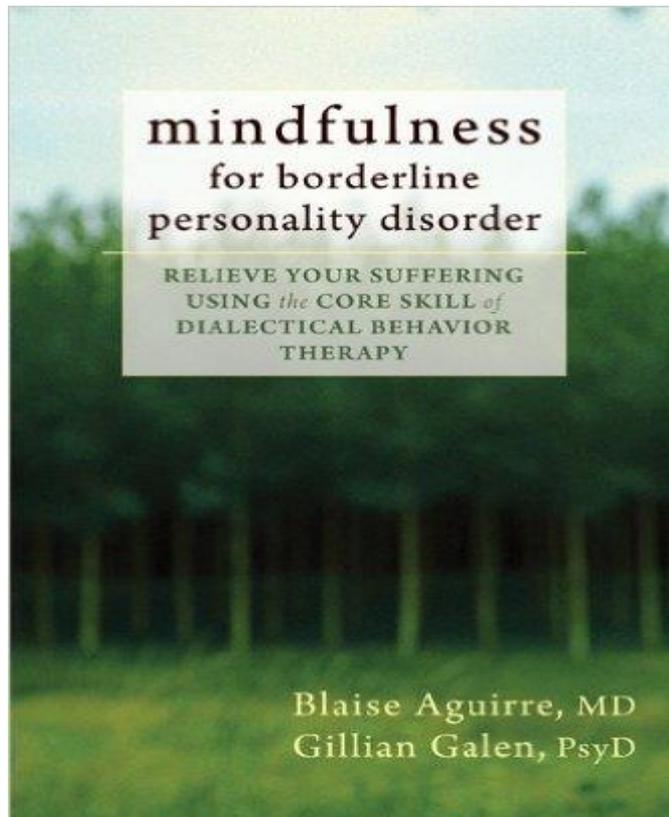
All are and all aren't!

It is the attitude and intentionality that makes it so  
and NOT the activity itself!

# Final Practice – For Now!

Observe the urge to swallow without swallowing

# Our Book



# If More Interested in Research

- A copy of these slides, including the research slides on Mindfulness and BPD can be downloaded below.
- Please note that even if you are watching a recorded version of this webinar, you can still download the file.

# What the Research Shows



[J Nerv Ment Dis](#). 2009 Oct;197(10):766-71. **The role of mindfulness in borderline personality disorder features.** [Wupperman P](#)<sup>1</sup>, [Neumann CS](#), [Whitman JB](#), [Axelrod SR](#).

[BMC Psychiatry](#). 2015 Jul 29;15:180. **Exploring the relation between childhood trauma, temperamental traits and mindfulness in borderline personality disorder.** [Elices M](#)<sup>1,2,3,4</sup>, [Pascual JC](#)<sup>5,6,7</sup>, [Carmona C](#)<sup>8,9</sup>, [Martín-Blanco A](#)<sup>10,11,12</sup>, [Feliu-Soler A](#)<sup>13,14</sup>, [Ruiz E](#)<sup>15</sup>, [Gomà-I-Freixanet M](#)<sup>16</sup>, [Pérez V](#)<sup>17,18,19</sup>, [Soler J](#)<sup>20,21,22</sup>

[BMC Psychiatry](#). 2015 Jul 8;15:154. **Group mindfulness based cognitive therapy vs group support for self-injury among young people: study protocol for a randomised controlled trial.** [Rees CS](#)<sup>1</sup>, [Hasking P](#)<sup>2</sup>, [Breen LJ](#)<sup>3</sup>, [Lipp OV](#)<sup>4</sup>, [Mamotte C](#)<sup>5</sup>.

[Personal Disord](#). 2012 Oct;3(4):433-41. **Ruminative and mindful self-focused attention in borderline personality disorder.** [Sauer SE](#)<sup>1</sup>, [Baer RA](#).

[Clin Psychol Psychother](#). 2014 Jul-Aug;21(4):363-70. **Effects of dialectical behaviour therapy-mindfulness training on emotional reactivity in borderline personality disorder: preliminary results.** [Feliu-Soler A](#)<sup>1</sup>, [Pascual JC](#), [Borràs X](#), [Portella MJ](#), [Martín-Blanco A](#), [Armario A](#), [Alvarez E](#), [Pérez V](#), [Soler J](#).

[Int J Psychiatry Clin Pract](#). 2012 Sep;16(3):189-96. **Mindfulness skills in borderline personality disorder patients during dialectical behavior therapy: preliminary results.** [Perroud N](#)<sup>1</sup>, [Nicastro R](#), [Jermann E](#), [Huguelet P](#).

[Psychol Psychother](#). 2011 Jun;84(2):184-200. **A feasibility study of mindfulness-based cognitive therapy for individuals with borderline personality disorder.** [Sachse S](#)<sup>1</sup>, [Keville S](#), [Feigenbaum J](#).

# Mindfulness Alone?



In the study, forty participants with BPD were instructed to write for ten minutes about a situation that had made them very angry. The researchers looked at the short-term effects of mindful, self-focused attention on the ability for people with BPD to tolerate the distress of ruminative thoughts. Each participant was randomly assigned to engage in the ruminative thoughts or mindful self-focus for several minutes, and then they were given a distress-tolerance task. The mindfulness group persisted significantly longer than the rumination group on the distress-tolerance task, and reported significantly lower levels of anger after the self-focus period.

# More Mindful Less BPD



This study investigated whether deficits in mindfulness (attention, awareness, and acceptance of the present moment) underlie variability in borderline personality disorder (BPD) features and related impairments in interpersonal functioning, impulsivity, and emotion regulation. A path analytic approach was used to examine the relationships of trait mindfulness with BPD features, interpersonal effectiveness, impulsive and passive emotion-regulation, and neuroticism in a psychiatric sample of adults (N = 70). As hypothesized, mindfulness was associated inversely with BPD features and core areas of dysfunction, and these associations continued when controlling for neuroticism. Furthermore, mindfulness deficits continued to predict BPD features even when interpersonal effectiveness, passive and impulsive emotion-regulation, and neuroticism were controlled. These findings suggest that mindfulness may be a unique predictor for the expression of BPD pathology. An emphasis on mindfulness may thus be crucial in enhancing the formulation and treatment of BPD.

# More Mindful Less Ruminative



## Abstract

The current study investigated the short-term effects of mindful and ruminative forms of self-focused attention on a behavioral measure of distress tolerance in individuals with borderline personality disorder (BPD) who had completed an angry mood induction. Participants included 40 individuals who met criteria for BPD and were currently involved in mental health treatment. Each completed an individual 1-hr session. Following an angry mood induction, each participant was randomly assigned to engage in ruminative or mindful self-focus for several minutes. All participants then completed the computerized Paced Auditory Serial Addition Test (PASAT-C), a behavioral measure of willingness to tolerate distress in the service of goal-directed behavior. The mindfulness group persisted significantly longer than the rumination group on the distress tolerance task and reported significantly lower levels of anger following the self-focus period. Results are consistent with previous studies in suggesting that distinct forms of self-focused attention have distinct outcomes and that, for people with BPD, mindful self-observation is an adaptive alternative to rumination when feeling angry.

# Trauma's Impact



## **BACKGROUND:**

Deficits in mindfulness-related capacities have been described in borderline personality disorder (BPD). However, little research has been conducted to explore which factors could explain these deficits. This study assesses the relationship between temperamental traits and childhood maltreatment with mindfulness in BPD.

## **METHODS:**

A total of 100 individuals diagnosed with BPD participated in the study. Childhood maltreatment was assessed using the Childhood Trauma Questionnaire (CTQ-SF), temperamental traits were assessed using the Zuckerman-Khulman Personality Questionnaire (ZKPQ), and mindfulness capabilities were evaluated with the Five Facet Mindfulness Questionnaire (FFMQ).

## **RESULTS:**

Hierarchical regression analyses were performed including only those CTQ-SF and ZKPQ subscales that showed simultaneous significant correlations with mindfulness facets. Results indicated that neuroticism and sexual abuse were predictors of acting with awareness; and neuroticism, impulsiveness and sexual abuse were significant predictors of non-judging. Temperamental traits did not have a moderator effect on the relationship between childhood sexual abuse and mindfulness facets.

## **CONCLUSIONS:**

These results provide preliminary evidence for the effects of temperamental traits and childhood trauma on mindfulness capabilities in BPD individuals. Further studies are needed to better clarify the impact of childhood traumatic experiences on mindfulness capabilities and to determine the causal relations between these variables.

# Group Mindfulness?

## Abstract

### BACKGROUND:

Non-suicidal self-injury (NSSI) is a transdiagnostic behaviour that can be difficult to treat; to date no evidence based treatment for NSSI exists. Mindfulness Based Cognitive Therapy (MBCT) specifically targets the mechanisms thought to initiate and maintain NSSI, and thus appears a viable treatment option. The aims of the current study are to test the ability of MBCT to reduce the frequency and medical severity of NSSI, and explore the mechanisms by which MBCT exerts its effect.

### METHODS/DESIGN:

We will conduct a parallel group randomised controlled trial of Mindfulness Based Cognitive Therapy (MBCT) versus Supportive Therapy (ST) in young people aged 18-25 years. Computerised block randomisation will be used to allocate participants to groups. All participants will meet the proposed DSM-5 criteria for NSSI (i.e. five episodes in the last twelve months). Participants will be excluded if they: 1) are currently receiving psychological treatment, 2) have attempted suicide in the previous 12 months, 3) exhibit acute psychosis, 4) have a diagnosis of borderline personality disorder, or 5) have prior experience of MBCT. Our primary outcome is the frequency and medical severity of NSSI. As secondary outcomes we will assess changes in rumination, mindfulness, emotion regulation, distress tolerance, stress, and attentional bias, and test these as mechanisms of change.

### DISCUSSION:

This is the first randomised controlled trial to test the efficacy of MBCT in reducing NSSI. Evidence of the efficacy of MBCT for self-injury will allow provision of a brief intervention for self-injury that can be implemented as a stand-alone treatment or integrated with existing treatments for psychiatric disorders.

# Reducing Judgments in BPD



## Abstract

### OBJECTIVE:

One of the components of dialectical behavior therapy (DBT) is the use of mindfulness skills as a core component of treatment for subjects with borderline personality disorder (BPD). In this study, we investigated changes in and correlates of mindfulness skills over a 1-year follow-up including a 4-week session of intensive DBT followed by 10 months of standard DBT.

### METHODS:

Fifty-two BPD subjects were assessed several times using the Kentucky Inventory of Mindfulness Skills (KIMS) which describes mindfulness in four discrete dimensions: observing (Obs), describing (Des), acting with awareness (AwA) and accepting without judgment (AwJ).

### RESULTS:

AwJ was the only dimension that increased significantly over time after adjustment for potential confounding factors ( $\beta = 0.24$ ;  $P = 0.0002$ ). Increases in AwJ correlated with improvement in BPD symptoms.

### CONCLUSIONS:

This study highlights the usefulness of investigating changes in mindfulness dimensions during DBT. AwJ is a possible mechanism for positive change. Encouraging this skill should lead to a more adaptive response to problematic situations and counteract impulsive and problematic behaviors. The lack of specific control groups means that these findings are preliminary and replication is required.

# Adding Mindfulness to GPM

## Abstract

Emotional dysregulation has been proposed as a hallmark of borderline personality disorder (BPD). Mindfulness techniques taught in dialectical behaviour therapy (DBT) appear to be effective in reducing affective symptoms and may enhance emotion regulation in BPD patients. In the present study, we assessed whether 10 weeks of DBT-mindfulness (DBT-M) training added to general psychiatric management (GPM) could improve emotion regulation in BPD patients. A total of 35 patients with BPD were included and sequentially assigned to GPM (n = 17) or GPM plus DBT-M (n = 18). Participants underwent a negative emotion induction procedure (presentation of standardized unpleasant images) both pre-intervention and post-intervention. Clinical evaluation was also performed before and after treatment. No differences were observed in emotional response at the post-treatment session. However, patients in the DBT-M group showed greater improvement in clinical symptoms. Formal mindfulness practice was positively correlated with clinical improvements and lower self-reported emotional reactivity. Our preliminary results suggest that mindfulness training reduces some psychiatric symptoms but may not have a clear effect on how patients respond to emotional stimuli in an experimental setting.

## KEY PRACTITIONER MESSAGE:

No clear effect of mindfulness training was observed on emotional response to a negative emotion induction procedure. Application of the DBT-M module jointly to GPM induced better clinical outcomes than GPM alone. Formal mindfulness practice showed a positive impact on emotion regulation and clinical improvement.

# Mindfulness Based CBT and BPD



## **OBJECTIVES:**

Mindfulness-based cognitive therapy (MBCT) was originally developed to prevent relapse in recurrent depression. More recently it has been applied to individuals at high risk of suicide or currently suffering with anxiety and depression. The aim of this study was to consider the feasibility of MBCT for individuals with a diagnosis of borderline personality disorder (BPD).

## **DESIGN:**

The design of the study was a repeated measures, quasi-experimental design employing within-subject and between-subject comparisons of a sample of participants with BPD. Based on previous studies and theoretical models of the effect of mindfulness and of cognitive therapy, pre- and post-group measures of mindfulness, depression, anxiety, dissociation, impulsivity, experiential avoidance, and attention were obtained.

## **METHOD:**

Participants attended an 8-week adapted MBCT (MBCT-a) group intervention. A total of 22 participants were assessed pre- and post-intervention and were subsequently divided for analysis into two groups: treatment completers (N= 16) and non-completers (number of sessions attended < 4; N= 6).

## **RESULTS:**

The study found that MBCT-a is acceptable to individuals with BPD. Using intention to treat analyses, only attentional control improved. However, post hoc analyses of treatment improvers (N= 9) identified changes in mindfulness and somatoform dissociation. A dose-effect analysis suggested a weak improvement in mindfulness, experiential avoidance, state anxiety, and somatoform dissociation.

## **CONCLUSIONS:**

This study suggests that further exploration of MBCT for use with individuals with BPD is merited. The study lends tentative support for attentional and avoidance models of the effects of mindfulness.



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