The Personality Disorder Service

A specialised integrated service for men and women

Primarily, our service addresses the needs of female Borderline Personality Disorder (BPD). However, we have developed our expertise to address the needs of other types of Personality Disorder, particularly those predominantly found in men (Psychopathic Disorder).

BPD is defined within psychiatry and related fields as a disorder characterised primarily by emotional dysregulation and turbulent relationships, which often disrupts all aspects of an individual's life. Instability is often present in mood, interpersonal relationships, self-image, identity and behaviour.

BPD is a heterogeneous condition with significant differences in individual symptom patterns and reportedly has a 10% mortality rate due to suicide. Hence mental health staff frequently describe individuals diagnosed with BPD as the most challenging and difficult patients encountered in their practice (Bland and Rossen, 2005).

Patients showing the features of BPD are notoriously difficult to treat (Linehan 1993a). They are difficult to keep in therapy, frequently fail to respond to therapeutic efforts and make considerable demands on the emotional resources of the treating team and individual therapists, particularly when suicidal and para-suicidal behaviours are prominent. The resultant consequences are often resource draining due to significant reactive engagement and multiple readmissions.

Meeting the challenge

In line with Department of Health guidance 'Personality Disorder – No Longer a Diagnosis of Exclusion', we have developed our specialist integrated service to meet the challenge of engaging and treating patients displaying the complexities of BPD.

Gunderson (2001) described Dialectical Behaviour Therapy (DBT) as, 'the single most remarkable entry in the therapeutic strategies for Borderline Personality Disorder'.

What is Dialectical Behaviour Therapy (DBT)?

DBT is based on a biopsychological theory of borderline personality disorder and was developed as a highly structured, staged programme, which is a special adaptation of cognitive-behavioural treatment and is specifically developed to address the problems of people with the BPD diagnosis. It has also recently been adapted for several other populations and settings.

DBT includes techniques aimed at the level of behaviour (functional analysis), cognition (e.g. skills training) and support (empathy, teaching management of trauma). The overall aim of DBT is to promote change that leads to increased abilities to regulate emotions.

The treatment is organised around a hierarchy of behavioural targets and goals that vary in different modes of therapy. DBT is a multifaceted treatment, with each person receiving individual therapy and also taking part in a structured programme of group skills training, specifically targeted at addressing the skills deficits common in people with BPD. It is a relatively longer-term treatment (though short-term intensive work has been shown to reduce suicide ideation and self-harming activity). It requires the person to make a voluntary commitment to therapy, although even 'half-hearted' commitment is considered sufficient.

The initial aim of the therapy is to promote commitment to change and strategies to promote 're-commitment' to change are a theme throughout therapy.

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Evidence to support DBT

There is encouraging evidence that patients with BPD are treatable. DBT has recently become the preferred and most promising psychotherapeutic intervention for this complex group of patients.

Evidence suggests that DBT seems to reduce severe dysfunctional behaviours that are targeted for intervention (e.g. para-suicidal behaviour, self-harm, substance abuse, binge eating etc), enhance treatment retention and reduce readmissions to psychiatric hospitals. Furthermore, DBT has shown superiority as a treatment modality in reducing para-suicide, medical risk of self-harm, anger, number of hospital days and drop out from treatment while improving social adjustment. Studies suggest that dialectical techniques balancing acceptance and change are more effective than pure change or acceptance techniques in reducing suicidal / self-harming behaviours.

Our own experience demonstrates significant improvement of individuals undertaking our programme.

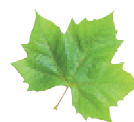
Accredited DBT / CBT therapists

As specialists in the delivery of CBT and DBT, the Huntercombe Hospital - Roehampton offers a highly qualified programme that is tailored to individual patients' needs.

Our multi-professional DBT and CBT therapists' team is dedicated to providing high quality treatment interventions within a recognised evidenced-based framework.

Bland, A.R. & Rossen, E.K, (2005) Clinical Supervision of nurses working with patients with Borderline Personality Disorder. Issues in Mental Health Nursing. 26, 507-517
Linehan,M.M. (1993a) Cognitive Behavioural Treatment of Borderline Personality Disorder. The Guilford Press, New York and London.
Gunderson J.G. (2001) Borderline Personality Disorder. A Clinical Guide. Washington, DC: American Psychiatric Publishing.

The Huntercombe Group



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