

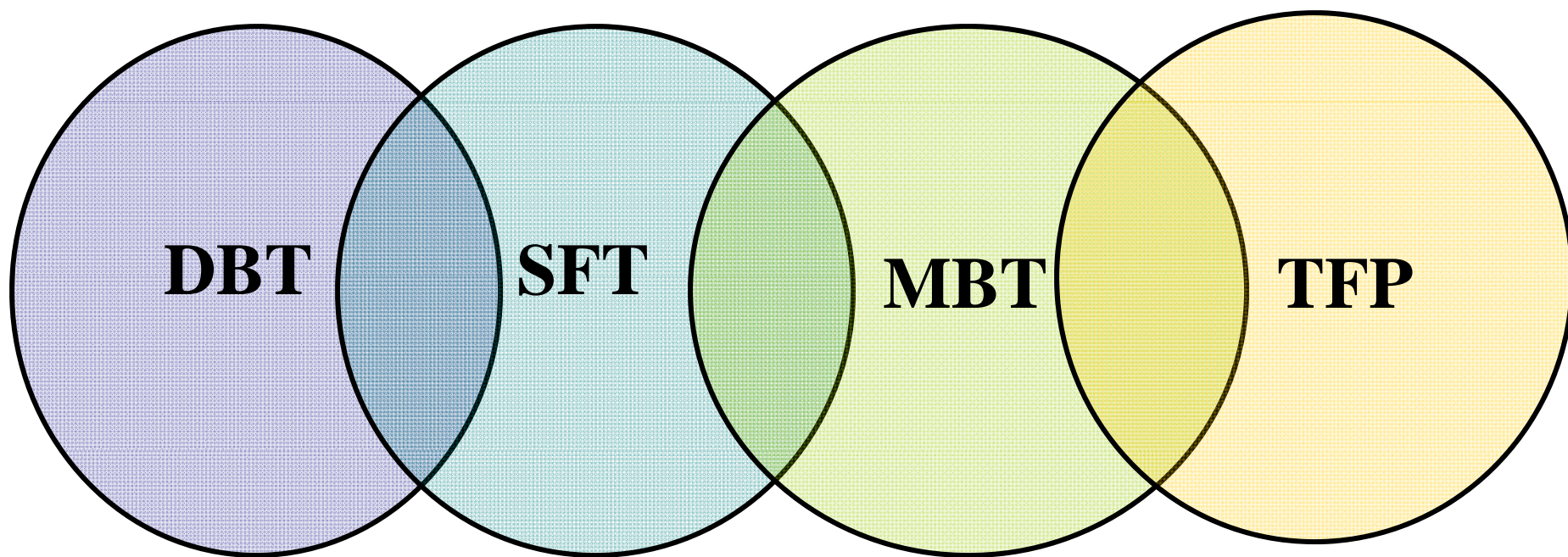
TRENDS IN TREATMENT OF BORDERLINE PERSONALITY DISORDER

- From Psychoanalytic Primacy to Multiple Modalities (notably psychoeducation, cognitive/behavioral and psychopharmacological)
- From Clinical Expertise to Evidence-based
- From Generic to Disorder-specific
- From *Possible Improvement* to *Probable Remission*

EVIDENTIARY BASE

- **Both TFP and MBT claim to be psychoanalytic therapies**
- **Both are more effective than TAU**
- **Both claim to increase mentalization (reflectiveness)**

Behavioral \longleftrightarrow **PSA**



CHANGES IN THEORIES OF THERAPY

- **From object relations to dyadic/interpersonal**
- **Less based on developmental history than here-and-now interactions**

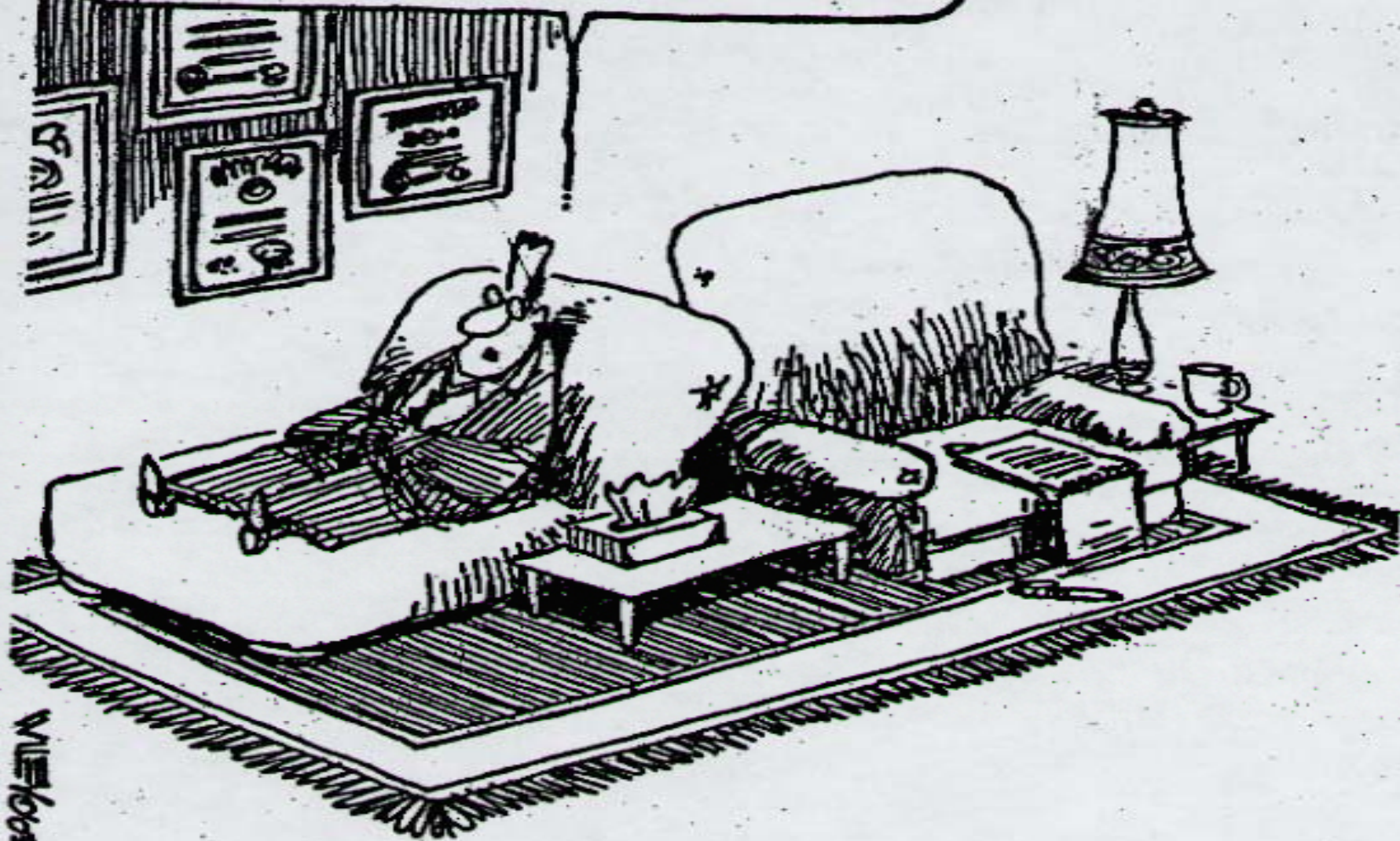
WHY TRADITIONAL PSA TECHNIQUES DON'T WORK:

- **neutrality -- encourages projections, abandonment**
- **interpretations of negative motivations -- experienced as blaming, invalidation**
- **passivity -- encourages fears of disinterest, neglect**

TRADITIONAL PSA THERAPIES EVOKE

- anger -- **I'm bad/You're bad**
- non-compliance -- **dismissal, defiance, testing**
- suicidal behaviors -- **I'm bad, no one cares, testing**
- dropouts -- **dismissal**

I DON'T FEEL LIKE WE'RE
MAKING MUCH PROGRESS
WITH MY ABANDONMENT
ISSUES, DOCTOR...



WILSON

PRINCIPLE ONE: LIMITS

Therapist identifies with the borderlines' outside world – recognizes the damaging effects that their behaviors cause

- **being “held hostage” by suicidality**
- **“using others” as “transitional objects”**
- **“secondary gains” of being in “the sick role”**
- **protecting “boundaries” – schedule, availability, self-disclosure**
- **related to negative/rejecting perceptions and countertransference**

PRINCIPLE TWO: SUPPORT

**Therapist identifies with the internal world –
the “pain of being borderline”**

- **“half in love with death”**
- **“rescue” attempts**
- **depressive experiences should be validated**
- **lack of “how to” education/skills**
- **flexible “boundaries”**
- **limits are set within oneself – not by rules**
- **related to positive/protective perceptions and countertransference**

PRINCIPLE THREE: PRAGMATISM

- **“Non-specific factors are central – reliability, listening, concern**
- **Relational issues are central – attachment, positive dependency**
- **Situational changes can be essential**
- **“Interpretations” are best offered via questions or “normalizing”**
- **Mistaken interventions are inevitable, useful, and reversible**
- **Education is essential – even when seemingly ignored**
- **Goals are useful, but unnecessary**
- **As a life goal, work may be better than love**
- **caretaking vocations can be flexible/therapeutic**

OVERALL ROLE OF PSYCHODYNAMIC PSYCHOTHERAPY

- **The primary/central modality is individual psychotherapy**
- **Is best done with another modality (groups > skills coach > family > psychopharm)**

TRAINING: Current

- **Borderline patients require therapists with specialized training – generic approaches can be harmful**
- **Supervision by experts remains the primary means**
- **More intensive therapies require more training and/or ongoing supervision/consultation**

TRAINING: Future

- EBT's have lessons for everyone
- Minimal standards of training programs need to be established
- Reimbursement should be tied to training
- For psychotherapy $\geq 2/\text{week}$
 - now: expert peer supervision
 - 5 years: EBT training
 - 10 years: EBT credentialing/adherence

WHY DO THIS WORK?

- **Pride in skills (“If you can treat borderline patients, you can treat anyone”)**
- **Personal growth**
- **Having a highly personal, deeply appreciated, life-changing role**