Borderline Personality Disorder: A Practical Guide for Generalist Mental Health Professionals

This practical guide is written for mental health providers working in settings that do not offer specialized treatment for patients with borderline personality disorder (BPD) yet find themselves working with these patients. For many busy practitioners, specialty referral for these patients is often simply not available. As such, these providers are left doing the best job they can with the resources available. The authors note that the majority of BPD patients receive help from providers who do not specialize in BPD treatment. This practical guide suggests that most well-trained mental health providers are quite capable of treating patients with BPD. It offers practical guidance on how to help people with BPD with advice based on research evidence.

Chapter 1 describes prevalence, symptoms, etiology, population characteristics, and prognosis, as well as the common theoretical approaches in understanding those with BPD. This chapter touches on outcome research studies and notes the randomized controlled trials published since 1991 establishing the effectiveness of specialized treatment for BPD. Those cognitive-behavioral therapies include dialectical behavior therapy, schema-focused therapy, and STEPPS (Systems Training for Emotional Predictability and Problem Solving, a 20-week skills-based group that is an add-on to existing treatment). Studies are also cited supporting the efficacy of psychodynamic therapies including mentalization therapy, transference-focused therapy, and relationship management psychodynamic therapy.

Chapter 2 discusses the 4 generalist treatments to date that have been found to be effective. The research literature describes these as (1) structured clinical management, (2) general psychiatric management, (3) good clinical care, and (4) supportive psychotherapy. Factors noted as common to all include the therapeutic alliance, regular appointments, collaboration and agreement on goals of treatment, and attention to the relationship between emotions, thoughts, and behaviors. A final factor was a well thought-out and agreed upon plan for handling crises. In most studies, groups receiving high-quality clinical care in generalist settings made similar gains over time to those receiving specialist evidence-based therapies.

The heart of the book is found in chapters 3 through 6. The treatment strategies are organized into a structured approach called structured clinical management (SCM), which can be delivered by general mental health professionals without extensive additional training. These chapters outline the principles underpinning SCM and offer a step-by-step guide to the clinical intervention. Practitioners can learn these interventions easily and develop more confidence in treating people with BPD.

Chapter 7 is devoted to how to help friends and family better understand the disorder. This is an important topic that is commonly neglected in the treatment of patients with BPD. Basic strategies including brief principles of positive reinforcement and mentalizing skills are presented in a teachable format for the lay public.

The final chapter, “Top Ten Efficient Resource Treatment Strategies,” discusses 10 strategies for delivering treatment and outlines how the mental health practitioner can deliver them competently. These strategies are in addition to those previously described in the book. They include (1) mentalizing and mindfulness; (2) valued action irrespective of emotions, which includes identification and acceptance of emotions; (3) self-acceptance; (4) accepting thoughts and valued action; (5) changing thoughts; (6) decreasing hyperarousal; (7) chain analysis; (8) structure, including joint crisis plans, problem solving, and psychoeducation; (9) skills, including dialectical behavior therapy distress tolerance skills and interpersonal effectiveness skills; and (10) clinical feedback of treatment outcomes.

The authors have contributed a practical, useful, and very readable book for the mental health practitioner who wishes to gain more confidence and competence in treating people with BPD. It offers practical guidance with advice based on research evidence.

William M. Regan, MD, JD
wreganmd@gmail.com

Author affiliation: State of Tennessee Department of Mental Health, Nashville, Tennessee.

Potential conflicts of interest: None reported.


© Copyright 2014 Physicians Postgraduate Press, Inc.