



Integrated problem-focused treatment for Borderline Personality Disorder

This workshop will describe an integrated, problem-focused model for treating Borderline Personality Disorder. The model has two components: general strategies and associated interventions based on change principles common to all effective therapies that are used throughout treatment, and specific interventions used to treat the specific problems that characterize borderline pathology that vary throughout treatment as different problems become the focus of therapeutic effort. Integrated treatment is based on the assumption that the treatment of Borderline Personality Disorder is entering a new phase in which the current emphasis on the use of specialised therapies developed specifically to treat the disorder is giving way to more integrated and eclectic approaches that combine the effective components of different forms of therapy.

The rationale for integrated treatment is provided by controlled trials showing that outcome does not differ significantly across the specialized therapies and that these therapies do not yield significantly better outcomes than good clinical care. These findings suggest that change primarily arises from mechanisms common to all effective treatments. The implication is that rather than selecting among effective therapies as if they were alternative ways to treat Borderline Personality, a more optimal approach may be to use an eclectic array of treatment strategies and methods selected from all effective therapies.

Integrated treatment is organized around the general or common principles of therapeutic change. These principles are operationalized and tailored to the treatment of borderline pathology through six general treatment strategies:

1. Establish and maintain a structured approach based on an explicit treatment model, a coherent treatment plan and therapeutic contract, and a defined therapeutic stance;
2. Establish and maintain a collaborative treatment relationship;
3. Ensure a consistent treatment process;
4. Promote validation;
5. Build and maintain motivation and a commitment to change;
6. Promote self-observation and self-reflection. More specific treatment methods are added to this structure as needed to treat the more specific components of borderline pathology and the problems of individual patients.

The selection and sequencing of specific treatment methods is guided by two principles. First, rather than treating borderline personality as a global, homogeneous entity, the disorder is decomposed into different domains of psychopathology: symptoms such as depression and self harm, situational problems, emotion and impulse regulation, maladaptive interpersonal patterns, maladaptive traits, and self or identity problems. Problems associated with each domain are specified for each case and optimal methods for treating each domain are identified. For example, emotional dysregulation is probably best treated with a combination of medication and cognitive-behavioral interventions to increase emotion recognition, emotion tolerance, affect regulation, and attention control. Interpersonal problems, on the other hand, may be best treated with an array of cognitive, interpersonal, and psychodynamic methods. Second, the sequencing of specific treatment methods is based on the idea that changes in personality pathology may be conceptualized as occurring through a series of phases wherein each phase addresses a different domain of psychopathology.

Four phases are recognized:

1. Engagement, safety, and containment;
2. Regulation and control;
3. Exploration and change;
4. Integration and synthesis.

During the first phase, emphasis is placed on ensuring the safety of the patient and others, and containing emotions, impulses, and behavioural dysregulation using methods based on general treatment strategies supplemented with medication as needed. The second phase involves the use of cognitive-behavioral methods to increase self-management of emotions and impulses again supplemented with medication as appropriate. As affect regulation skills develop, attention is given to exploring and changing the underlying maladaptive schemata, ways of thinking, and maladaptive interpersonal patterns that predispose to, and maintain, problem behaviours. During this phase, the earlier cognitive-behavioral methods are supplemented with less structured interpersonal and psychodynamic methods. Finally, an important part of the change process is the development of a more integrated and coherent sense of self or identity. This requires the use of an eclectic array of methods to foster more integrated personality functioning and the development of a more adaptive sense of self.

This framework provides an explicit and coherent structure to treatment that helps to ensure a consistent treatment process while also permitting sufficient flexibility for treatment to be tailored to the needs and psychopathology of individual patients and the preferred approach and orientation of the therapist.