

General Principles of Psychotherapy/GPM

A Resident's Guide to BPD May 15, 2016

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SIX PRINCIPLES OF GPM

1. Be Active (responsive, curious), not reactive

- challenge passivity, avoidance, silences, diversions

- you are “the container” (cautious, thoughtful, “hold” projections)

SIX PRINCIPLES OF GPM

1. Be Active (responsive, curious), not reactive
2. Support - via listening, interest, selective validation

SIX PRINCIPLES OF GPM

1. Be Active (responsive, curious), not reactive
2. Support
3. Focus on life situations – relationships and vocation
 - Work > love
4. The relationship is real (dyadic) and professional -- selective disclosure (e.g., “you scared me”, “that would make me angry”)
5. Change is expected
6. Accountability – expect patients to be active within treatment, in controlling their life (agency)

ANGER MANAGEMENT

VIDEO

Illustrating ...

- **Active/non-reactive** (*“I don’t know why you are angry”*)
- **Support/validation** (*“I see where you are coming from”*)
- **Dyadic** (*“I’m sorry”*)
- **Mistakes** (*inevitable, useful, and reversible*)
- **Outside focus** (*“It’s still important for you to get a job”*)
- **Building a narrative** (*“last time I said ..., this time I said”*)

GPM: THERAPEUTIC APPROACH I

- Education is essential – even when seemingly ignored
- “Non-specific factors are central – reliability, listening, concern
- Relational issues are central – attachment, trust **[positive dependency ?]**
- Situational changes can be essential – advise, exhort, assist
- Pragmatism – every patient is different; forego theory if it isn't working; if not now – wait

GPM: THERAPEUTIC APPROACH: II

- **The inquisitive stance: your life is interesting, important, and unique**
- **External → internal; implicit → explicit (Gabbard)**
- **Actively address here-and-now interactions**
 - **not knowing (MBT)**
 - **interpretation (TFP) -- best offered via questions**
- **Actively address negative “transference” – impatience, disdain; “Did I trouble/bother you?”**

Therapeutic Approach: Building a Narrative

("I'd like you to be able to make sense of yourself and your life")

- **Autobiography**
- **How does this relate to**
 - **"last session"**
 - **"past experience"**
- **"Have you noticed a pattern"?**
- **That seems to recur whenever**
 - **"you start work (etc.)"**
 - **"I go away (etc.)"**
- **Chain analyses**

Early Markers of Progress

(If the answer is “no”, clinicians should explicitly review whether treatment is useful)

- **6 weeks**: i) has the patient’s acute distress diminished?; ii) is the patient actively participating; iii) do you like each other.
- **3 months**: i) has self-injurious behavior decreased; ii) does the patient remember and apply lessons learned in sessions?; iii) has your understanding and empathy increased?
- **6 months**: i) has the patient assumed/resumed social role/responsibility?; ii) does the patient relate behaviors or emotions to interpersonal events?; iii) has the patient’s trust in you (e.g., reliable, well-intentioned, caring) improved?