

Borderline Personality Disorder
An Evidence-Based Guide for Generalist Mental Health Professionals

Anthony W. Bateman

Roy Krawitz

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A client presents to your practice seeking help for sadness and grief after a breakup with her partner. You take a detailed history. She denies suicidal ideation, self-harm, substance abuse, or a history of trauma. She presents as a high-functioning professional with a negative but understandable reaction to her loss. She reports sadness, anger, and loss of pleasure. She wants to explore what happened and how she can improve her chances of having more positive future relationships.

Then, during session three, she admits to a history of cutting herself and describes risky behaviors such as unprotected sex with strangers, drinking too much at bars, and impulsive spending. She admits to a pattern of unstable, dramatic relationships. During the next session, she begins to become much more emotional. Her anger at her loss seems more intense; she describes feelings of emptiness and of being utterly abandoned. By the end of session four, your working hypothesis of an adjustment disorder has significantly changed. Is it too late to refer?

Borderline Personality Disorder: An Evidence-Based Guide for Generalist Mental Health Professionals is written for mental health practitioners who work in settings that do not offer specialized treatment for clients with Borderline Personality Disorder (BPD) yet find themselves working with people who meet the diagnostic criteria. For many providers, the options for referral to a specialty clinic are inappropriate, inadequate, or simply not available. Thus, mental health providers are left with doing the best possible job with the resources available in their particular settings. In fact, the authors note that the majority of clients with BPD receive help from people who do not specialize in BPD treatment.

Anthony Bateman, a psychiatrist with dynamic leanings, and Roy Krawitz, a psychiatrist with a behavioral orientation, wrote this book to help those professionals who find themselves in the common situation of treating a person with symptoms of BPD. This practical guide suggests that most well trained mental health practitioners are quite capable of treating clients with BPD.

Chapter One describes prevalence, symptoms, etiology, population characteristics, and prognosis, as well as the common theoretical approaches to understand those with Borderline Personality Disorders. The final section of Chapter One touches on outcome research studies and prepares the reader for the main assertion of the book, found in the next chapter. The authors note that there are about 20 randomized controlled trials published since 1991 establishing the effectiveness of specialized psychological treatments for BPD. They cite research showing cognitive behavioral therapies as effective in treating BPD. Those therapies include Dialectical Behavior Therapy, Schema Focused Therapy, and STEPPS (a 20 week skills training group added to standard treatment). They also cite some studies supporting the efficacy of psychodynamic therapies: Mentalization Therapy, Transference-focused Therapy, and Relationship Management Psychodynamic Therapy.

In Chapter Two, the authors note that recent outcome research on BPD has compared the already established evidence-based therapies to high quality clinical treatments available to clients in general settings. The findings in many cases were unexpected. In most studies, clients in both groups have made similar gains over time. The authors state, "The effectiveness of the

four generalist treatments described in this chapter took the BPD professional world by surprise and was the catalyst for writing this book.” (p. 34).

Chapter Two briefly discusses the four generalist treatments to date that have been found to be effective. These treatments were designated in the research literature as “structured clinical management,” “general psychiatric management,” “good clinical care,” and “supportive psychotherapy.” The chapter describes the commonalities of these generalist treatments. Factors such as the therapeutic alliance, regular appointments, collaboration and agreement on goals of treatment, and attention to the relationship between emotions, thoughts, and behaviors are described as likely contributors to efficacy in all four treatments. A final factor found in all four generalist treatments was a well thought out and agreed upon plan for handling crises.

Chapters Three through Six offer specific strategies from the generalist treatment known as structured clinical management. Structured clinical management is a treatment that includes weekly appointments with a clinician in addition to weekly group therapy appointments. Structured clinical management also involves supportive counseling, case management, an emphasis on problem solving, a crisis plan, and medication management. The first author of this book, Anthony Bateman, designed a manualized form of structured clinical management and used it in several studies as a treatment to compare with Mentalization Based Psychotherapy. He found that structured clinical management performed relatively very well as compared to Mentalization Based Psychotherapy.

Chapter Five discusses the importance of teamwork in the treatment of BPD. The authors make a good case for a team. They state that because those with BPD often have multiple professionals from different backgrounds working with them (social workers, nurses, psychiatrists, housing support officers, probation officers, psychologists), having coordinated care involving regular team meetings will improve delivery of consistent service. Although full of common sense and optimistic suggestions, this chapter lacks empirical and practical support. For many practitioners, time pressures, lack of resources, or financial limitations make meaningful time spent in teamwork impossible. Furthermore, even the authors admit that there is no body of empirical evidence supporting the idea that teamwork improves the outcome of those treated for BPD.

The last chapter, “Top Ten Additional Resource-Efficient Treatment Strategies,” lays out techniques found in other evidence based treatments for BPD. Some readers may find it difficult to fully comprehend and implement the strategies touched upon in this relatively brief chapter without additional training. However, for those already quite familiar with Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Mentalization Based Therapy, Acceptance and Commitment Therapy, and Buddhism, the list of “top ten” techniques are easily incorporated into the treatment of BPD. Nevertheless, it’s unfortunate that research has failed to provide us with much to go on in terms of selecting among these strategies in addition to other recommendations made throughout this book.

Overall, the authors present an interesting yet brief book for a practitioner who desires to gain more confidence and competence in treating clients with Borderline Personality Disorder. I recommend *Borderline Personality Disorder: An Evidence-Based Guide for Generalist Mental Health Professionals* to those readers who wish to broaden their understanding of the challenges of dismantling evidence based treatments for BPD. The book optimistically predicts that over time people with BPD get better; however, this “evidence-based” guide unfortunately leaves the reader still wondering how that “getting better” happened.

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Laura L. Smith, Ph.D.
Clinical Psychologist
Cognitive Behavioral Institute of Albuquerque
Albuquerque, NM