General Principles of Psychotherapy/GPM

A Resident’s Guide to BPD
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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

• 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?