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W. John Livesley

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# Integrated Modular Treatment for Borderline Personality Disorder

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A Practical Guide to Combining Effective  
Treatment Methods

**W. John Livesley**

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To my wife Ann, with love

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## Preface

This book describes an integrated, evidence-based approach to the treatment of borderline personality disorder. My intention is to state as simply as possible the basic principles needed for comprehensive treatment by trying to strip the treatment of borderline personality disorder to its essentials and describe these essentials in straightforward, common-sense language that is as free as possible from jargon and unnecessary theoretical speculation. The volume is intended to be read by anyone with an interest in treating borderline personality disorder. Although designed primarily for mental health professionals from all disciplines ranging from those with modest training to seasoned therapists, the volume may also be of interest to informed family members, significant others, and those with the disorder.

For some time now, I have been convinced of the need to radically rethink how borderline personality disorder is treated. The development of effective treatments for this disorder is one of the unheralded successes of contemporary mental health. It is easy to forget that less than a generation ago, it was widely assumed that personality disorder was untreatable. We now know that this is not the case – patients can be helped with appropriate treatment and some improve without. However, we still do not know the optimal way to treat borderline personality disorder, and even after successful treatment, many patients continue to have substantial residual difficulties.

Until the early 1990s, treatment was largely dominated by psychoanalytic therapies, and few empirical studies were available to guide psychotherapists who wanted to pursue evidence-based treatment. The situation has changed dramatically over that last two decades, with the publication of more than half-a-dozen manualized treatments and the emergence of randomized controlled trials testifying to their efficacy. These achievements encouraged the idea that treatment should be based on one of the specialized therapies shown to be effective. I have never found this idea convincing. None of these therapies offers comprehensive coverage of the diverse problems of most patients. Each therapy is based on a theory of the disorder that shapes the treatment methods used. The problem is that most theories focus on a limited aspect of borderline problems and hence current treatments are not comprehensive. Also, each treatment contains effective interventions. Reliance on a single therapy means that many effective methods are not used simply because they are part of a different model. Under these circumstances, it seems more sensible to adopt an eclectic and integrated approach that combines the effective ingredients of all treatments rather than selecting one of them.

Another reason why I find integration appealing is that it makes it easier to tailor treatment to the problems and needs of individual patients. I am struck by the sheer diversity, heterogeneity, and individuality of the patients I have treated. Although all would have met diagnostic criteria for borderline personality disorder, they differed widely in severity, in how the disorder was manifested, and in other personality characteristics that contributed to the clinical picture. These differences usually had a big effect on treatment. This led me to question the merits of the one-approach-fits-all strategy of manualized and specialized treatments. These considerations led to an interest in how to integrate effective interventions to create a more comprehensive treatment that could be tailored to the differing problems and personalities of my patients.

Although my interest in integration was initially based on the nature of borderline pathology and the conceptual limitations of current therapies, empirical research began to support the idea. Current evidence suggests that the different specialized therapies produce similar results and that they were not substantially better than either good clinical care or supportive therapy. This added new impetus to the idea of a unified trans-theoretical approach and the development of a trans-diagnostic model that could be used to treat all forms of personality disorder. There seems little point in pursuing expensive and highly specialized treatments that do not differ in effectiveness or produce better outcomes than good clinical care or less-expensive supportive therapy. A more effective, and certainly less expensive, strategy would be to integrate interventions that work from all treatments regardless of their theoretical origins.

The framework provided for understanding and treating borderline personality disorder is intended to be used by clinicians with differing degrees of training and experience, including support staff, nurses, social workers, occupational therapists, psychotherapists, clinical and forensic psychologists, and psychiatrists. The framework is also applicable to most treatment settings, including community mental health services, private office practice, hospital inpatient and outpatient services, and the full range of forensic mental health services. Important components of the framework can be implemented by mental health support staff with relatively little professional training given modest instruction and ongoing support. This is important because borderline personality disorder is a relatively common condition and our health care systems cannot afford expensive specialized care delivered by highly trained professionals.

The book is designed to be read in two ways. First, it provides a narrative about how to treat borderline personality disorder using an integrated approach. The narrative begins by describing the nature of the disorder because a nuanced understanding is needed for effective treatment. It then offers a step-by-step description of the treatment process organized around interventions based on mechanisms of change common to all effective treatments. More specific interventions drawn from all effective therapies are then added to this core to address specific problems and impairments. Second, the book is also intended to be a workbook that therapists can dip into and re-read when dealing with a given problem or impairment in their patients. To make the book easier to use in this way, chapters are relatively short, and each deals with a relatively specific issue.

One of the central problems that I have grappled with in writing this book is the very term “borderline personality disorder.” I do not like the term and would be happy to see it replaced by something more descriptive. My concerns are three-fold. First, the term “borderline” is commonly used as a pejorative and a stigmatizing label. Second, the term is not descriptive of these patients’ problems. Originally, it was used to describe patients who showed features at the borders of psychosis and neurosis. However, this meaning was lost long ago and became meaningless when psychiatric nosology abandoned the concept of neurosis. Third, the term is invariably used to refer to patients who meet the DSM criteria for the diagnosis. However, I find the DSM criteria set inadequate. Since they were originally designed to ensure reliable diagnosis, they tend to focus on the more superficial aspects of the disorder and neglect many of the subtleties and complexities of the condition including the conflicted nature of most patients’ experience. Nevertheless, although I do not like the term, I have no doubts about the importance of the problem. There are clearly a large number of patients who show high levels of lability and instability that is disabling and profoundly affects their emotional and interpersonal lives and their sense of self and



identity. The question is what term would best capture this constellation of features. Since an alternative is not readily available, I decided regretfully to stick with the traditional term but with the understanding that I am defining it slightly differently from the DSM criteria set, although the two definitions are highly overlapping.

I have many debts and obligations to acknowledge. My overriding debt of gratitude is to the many patients that I have worked with over the years. Borderline personality disorder is not something readily learned from books. We know so little about it that there is little substitute for talking with patients about their experiences, problems, and concerns. I have learned much from such talks and from my patients' remarkable insights into their problems. My patients more than anything or anyone have structured my understanding of borderline personality disorder and its treatment and at different times in the last forty years; the things they have told me have radically changed my thinking.

Since the frameworks described for understanding and treating borderline personality disorder are intended to offer an eclectic and integrated perspective, there is nothing new to the integrated modular approach described. Rather I have drawn extensively on the writings of many authors both on the treatment of personality disorder and on normal and disordered personality, and I need to recognize their contributions. However, in the interests of having a readable text that can be easily referred to when treating specific patients, I decided against have extensive citations in the text and opted instead for endnotes to document my sources with more detailed citations in a references section.

I am also very grateful to the late Richard Marley and his colleagues at Cambridge University Press. I greatly appreciated Richard's support, his patience, and his remarkable tolerance of my somewhat idiosyncratic approach to writing this book. Sadly, Richard died before the project was completed. My children Dawn and Adrian also provided helpful comments on how readable the manuscript was. Finally, but not least, I am enormously grateful to my wife, Ann, who is a wonderful and constant source of support. She has tolerated my obsession with trying to understand personality disorder for many decades and her attentiveness and caring helped ensure the completion of this volume.