Developing personalised integrated psychotherapy for patients with personality disorders

Paul S Links

Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, Victoria Hospital, North Tower, Rm B5-132, 800 Commissioners Road East, London, Ontario, Canada N6A 5W9; paul.links@lhsc.on.ca

WHAT IS ALREADY KNOWN ON THIS TOPIC?
Several psychotherapy treatments specifically developed for patients with borderline personality disorder (BPD) have proven to be effective. General psychiatric management (GPM) is one of the therapies that have been shown to be effective for reducing recurrent suicidal and self-harm behaviour, symptom distress and borderline personality disorder features. However, these proven effective therapies have generally been delivered over 1–3 years of therapy.

WHAT THIS PAPER ADDS?
- Kramer and colleagues have tested the effectiveness of GPM given over only 10 sessions or 3-month duration of the treatment.
- This study attempts to adopt psychotherapeutic ‘personalised medicine’ by using an individualised relationship intervention as an added therapy ingredient with GPM.
- The approach may also improve the working alliance between patients with borderline personality and their therapists early in the course of therapy.

LIMITATIONS
- The outcomes were not measured beyond the 3-month duration of the treatment.
- The study outcomes were limited to self-report measures, and suicide and self-harm behaviours were not measured as specific outcomes.
- The therapists providing GPM were much less experienced than the therapists in the original study (2.5 vs 14.2 years of experience).

OUTCOMES
- There was no significant difference between groups in drop-out between groups.
- Comparison GPM alone (n=43).
- Patient follow-up Sixty people (81%) completed, and 74 (87%) were included in intention-to-treat (ITT) analysis, excluding 11 people who withdrew after the first session and were classed as non-engagers. No difference in drop-out between groups.


Allocation Concealed.
Blinding Single (participant).

WHAT NEXT IN RESEARCH
- Specific trials are needed to test shorter durations of psychotherapies versus standard duration; for example, testing 6 months vs 12 months of GPM is warranted.
- Comparing ‘personalised’, integrated psychotherapies versus particular, theoretical, model-driven approaches of psychotherapy will be useful to determine if they improve engagement and symptom outcomes.

COULD THESE RESULTS CHANGE YOUR PRACTICES AND WHY?
No, the current results need to be replicated and shown to have longer term benefits before mental health professionals modify their therapies for patients with BPD. However, there is growing interest in developing shorter duration therapies for patients with BPD. For example, 6 months of dialectical behaviour therapy (DBT) (an abbreviated form of year-long DBT) was shown to be effective for reducing non-suicidal self-injury, suicide ideation, depression and hopelessness. In addition, highly ‘personalised’ integrated psychotherapeutic approaches may be more beneficial than adherence to a particular theoretical model of therapy. The theoretical approach suggests that one size fits all rather than attending to the specific patient needs.

Competing interests None.

REFERENCES

WHAT IS ALREADY KNOWN ON THIS TOPIC?
Several psychotherapy treatments specifically developed for patients with borderline personality disorder (BPD) have proven to be effective. General psychiatric management (GPM) is one of the therapies that have been shown to be effective for reducing recurrent suicidal and self-harm behaviour, symptom distress and borderline personality disorder features. However, these proven effective therapies have generally been delivered over 1–3 years of therapy.

WHAT THIS PAPER ADDS?
- Kramer and colleagues have tested the effectiveness of GPM given over only 10 sessions or 3-month duration of the treatment.
- This study attempts to adopt psychotherapeutic ‘personalised medicine’ by using an individualised relationship intervention as an added therapy ingredient with GPM.
- The approach may also improve the working alliance between patients with borderline personality and their therapists early in the course of therapy.

LIMITATIONS
- The outcomes were not measured beyond the 3-month duration of the treatment.
- The study outcomes were limited to self-report measures, and suicide and self-harm behaviours were not measured as specific outcomes.
- The therapists providing GPM were much less experienced than the therapists in the original study (2.5 vs 14.2 years of experience).

OUTCOMES
- There was no significant difference between groups in drop-out between groups.
- Comparison GPM alone (n=43).
- Patient follow-up Sixty people (81%) completed, and 74 (87%) were included in intention-to-treat (ITT) analysis, excluding 11 people who withdrew after the first session and were classed as non-engagers. No difference in drop-out between groups.
Developing personalised integrated psychotherapy for patients with personality disorders

Paul S Links

_Evid Based Mental Health_ 2015 18: 22 originally published online
September 30, 2014
doi: 10.1136/eb-2014-101935

Updated information and services can be found at:
http://ebmh.bmj.com/content/18/1/22

These include:

**References**
This article cites 3 articles, 0 of which you can access for free at:
http://ebmh.bmj.com/content/18/1/22#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections
- Borderline personality disorder (33)
- Suicide (psychiatry) (228)
- Competing interests (ethics) (58)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/