Interpersonal Group Psychotherapy (IGP) for Borderline Personality Disorder

This section describes the knowledge and skills required to carry out Interpersonal Group Psychotherapy for Borderline Personality Disorder.

It is not a 'stand-alone' description of technique, and should be read as part of the psychoanalytic/ psychodynamic competence framework.

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the psychoanalytic/ psychodynamic competence framework.

Source: Marziali, E. and Munroe-Blum, H. (1994) Interpersonal Group Psychotherapy for Borderline Personality Disorder. New York: Basic Books

Knowledge

General

An ability to draw on knowledge of the psychological and interpersonal difficulties experienced by clients with a diagnosis of BPD

Knowledge of the principal aims and strategies of IGP

An ability to draw on knowledge that IGP focuses on:	
	identifying and understanding the client's repeated and problematic interpersonal patterns, as they emerge in the group context
	identifying the conflict between the client's self-representations (often a wish for care, comfort and love) and related expectations of others (often an expectation of abuse, rejection and abandonment)
	providing a context in which clients can recognise their wishes and expectations of relationships (which originate in childhood but are inherently unattainable in adulthood) and can mourn the loss of these wishes
An ability to draw on knowledge that IGP emphasises the need for therapists to consult regularly with colleagues and to work with a co-therapist in order to support their ability to recognise and process errors or deviations from the specified therapeutic techniques and attitudes :	
	knowledge that the effective management of therapeutic impasses and deviations from the intended therapeutic stance is a core mutative strategy within IGP
An ability to draw on knowledge that every group "transaction" can be understood as conveying information about current relationship themes between the client(s) and the therapist(s)	
knowledge that clients' communications implicitly express their expectations of themselves, the therapist(s) or both, along with their anticipation of a particular response	

An ability to draw on knowledge that IGP assumes that the group creates a safe context within which clients can come to understand and change their expectations of themselves and others, and enhance their capacity for emotional regulation, through:
the responses of the therapist(s) and other group members to any 'replication' of interpersonal difficulties (where the responses of the therapist and other group members provide a new experience of the self and others)
the opportunity for group members to explore and understand the meanings of their wishes and expectations so that they can be helped to approach their relationships with more realistic expectations of themselves and of others
An ability to draw on knowledge that the current patterns of interaction among the group members and between them and the therapist(s) are the primary focus of observation and intervention throughout the treatment
An ability to draw on knowledge that IGP discourages:
confrontation and interpretation (including the interpretation of the transference), especially in the early phases of the therapy
the use of psycho-education and advice giving
An ability to draw on knowledge of common themes that typically emerge when working with clients with BPD e.g.:
search for boundaries: clients with permeable boundaries may deal with this early in therapy either through excessive or premature self-disclosure, or by withdrawal and avoidance
attack and despair: client's intense wishes for care (with accompanying expectations of being failed) expressed through criticisms of the therapists' inadequacy, and hopelessness about finding much-need help
An ability to draw on knowledge that the therapeutic task entails the client mourning and relinquishing their wishes for an idealised notion of care
An ability to maintain an assumption that the client is competent, and that, through a therapeutic experience, a sense of self-control and competence can be fostered in the client

Application

Therapeutic stance

An ability to establish and maintain a collaborative, consistent, caring, non-punitive and empathetic relationship with the client
An ability to be receptive to the client's projections (i.e. to accept and reflect on the roles projected onto the therapist(s)) and to respond in an open, direct and non-retaliatory manner to the client's aggression or to other emotional demands
An ability to respond to threats of self-harm by maintaining a calm and neutral attitude, allowing exploration of both despair, hopefulness and problem-solving strategies within the group, stressing the client's control over his/her life, but noting the availability of emergency services if needed.(and avoiding 'rescue' responses or taking control)
An ability to model "not-knowing" (i.e managing uncertainty and ambiguity) and to respect the clients' views of their difficulties and lives
An ability to share the therapist's understanding of the client in a tentative, open-ended manner that allows the client to retain control over how and whether to respond
In the early stages of therapy, an ability to use exploratory and open-ended statements
In the later stages of therapy, an ability to test hypotheses regarding tentative connections between motivation, emotion and destructive behaviours in relationships

Ability to manage the group process

An ability to focus interventions on the "here-and-now" of group members' communications and interactions with each other and with the therapist(s)
An ability to identify when the group process advances the therapeutic aims and when intervention by the therapist is necessary (e.g. to resolve an impasse (e.g. a "stuck dialogue") or to contain the group):
an ability to assess the helpfulness of the therapist's intervention by observing whether it is followed by balanced or polarised dialogue and interaction
An ability to engage all group members and (where appropriate) to intervene, to involve silent members, and an ability to ascertain:
whether a silent client is silent from choice (and their silence should be respected), or or
whether silence masks intense emotions (often relating to self-harm or suicide) which should be explored
whether the silence is experienced by others as pressurising them to respond in a particular way

Ability to identify and respond to therapeutic "derailments" (i.e. errors and enactments)

An ability for the therapist to monitor and manage their subjective responses to the group interactions:
an ability to anticipate and tolerate intense affect, particularly the demands and intense accompanying affect aroused when the therapist takes care not to comply with the client's wishes for a particular response (e.g. to be "knowing" or directive)
an ability to anticipate that deviations from the basic therapeutic stance will take place and to identify when these occur
an ability to note and reflect on the meaning of the therapist's subjective reactions as the basis for understanding and managing the clients' expectations
An ability to identify therapeutic errors or enactments, often consisting of responses of withdrawal, rejection or rescue to the client, rather than acceptance and tolerance
An ability to recognise and contain the emotional demands placed on the therapist by the client:
an ability to model adaptive modes of affect regulation by responding calmly and reflectively to the client's manner of relating