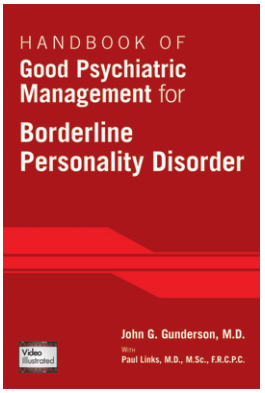

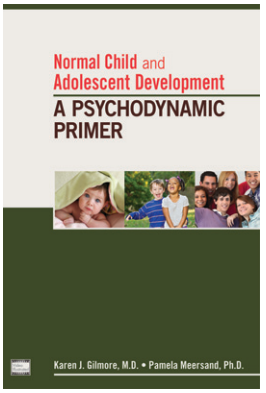

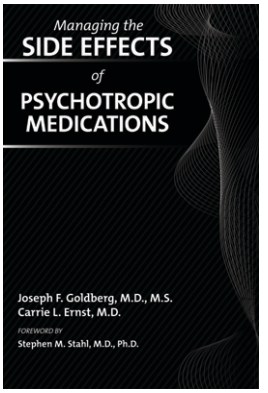

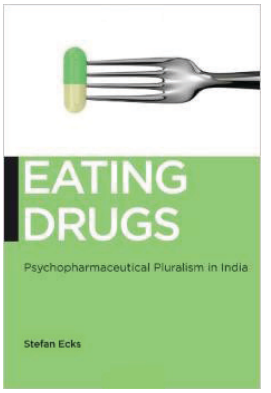

Handbook of Good Psychiatric Management for Borderline Personality Disorder*, by John G. Gunderson, M.D., with Paul S. Links, M.D., F.R.C.P.C. Washington, DC, American Psychiatric Publishing, 2014, 180 pp., $55.00.*

We have learned a great deal about borderline personality disorder. It is a moderately heritable condition that, when precipitated by environmental stress, generally has its onset in late adolescence or early adulthood. Although long thought to be stable and enduring over time, we now know that, as defined in DSM-IV-TR (and DSM-5, section II), borderline personality disorder demonstrates quite high rates of remission over time (1, 2). In spite of high rates of diagnostic remission, however, inherent pathological traits and impaired levels of social, interpersonal, and occupational functioning remain relatively persistent (1–3).

Brain imaging studies have shown, among other things, that patients with borderline personality disorder have reduced connectivity between the prefrontal cortex and the amygdala (4), suggesting that borderline patients have a "double hit"—the limbic emotional motor is hyper-reactive to real or perceived stress, and the cortical brakes don't work, making it very difficult for the borderline patient to down regulate intense emotion once it has been activated—and it gets activated all too frequently in the context of interpersonal turbulence. In 2001, the APA issued the first evidence-based practice guideline for the treatment of patients with borderline personality disorder, which recommended psychotherapy as the primary, or core, treatment for the disorder (5). Subsequently, borderline personality disorder practice guidelines have been developed in the Netherlands, the United Kingdom, Germany, and, most recently, Australia, all of which make the same recommendation. At the time of the APA guideline, two specific manual-guided types of psychotherapy (dialectical behavior therapy and mentalization-based therapy) had been shown by randomized controlled trials to be effective for borderline personality disorder. Since then, randomized controlled trials have demonstrated the efficacy of many other types of psychotherapy for borderline personality disorder, including schema-based therapy, transference-focused therapy, cognitive-behavioral therapy, and general psychiatric management. Developed by a clinical research team in Toronto, General Psychiatric Management was aligned with the treatment principles outlined in the APA practice guideline and compared with dialectical behavior therapy in a randomized controlled trial with borderline patients. Both treatments were effective, and there were no significant differences between the treatments (3).

As a follow-up to the published randomized controlled trial, Paul Links and the general psychiatric management research team developed a treatment manual to assist practitioners interested in utilizing this method. In order to make this material widely available, Links teamed up with the master borderline clinician, John Gunderson, to build a superb guide for clinicians, now available in this new work, a gem of clinical wisdom chock full of pearls to guide the novice but also to rejuvenate the expert. For routine clinical work, the term "general psychiatric management" was changed to "good psychiatric management." The impact of this book is powerful, since it presents clear and persuasive principles, then presents rich case descriptions with "decision points," presenting the reader with a set of choices around key issues in therapy, followed by gentle and wise guidance about the pros and cons of each choice. And that's not all, since the book is vastly enriched by a set of videos, demonstrating the therapeutic approach. Guiding principles include 1) offer psychoeducation; 2) be active, not reactive; 3) be thoughtful; 4) understand that both you and the relationship are real; 5) convey that change is expected; 6) expect the patient to be accountable; 7) focus on life outside of therapy; and 8) be flexible, pragmatic, and eclectic. Simple-sounding yet elegant principles that are wonderfully helpful to have in mind when working with borderline patients, and to reread frequently after stormy sessions when all of these principles seem to evaporate from our minds.

One of the many strengths of this book is the repeated emphasis on helping patients with borderline personality disorder develop the capacity for restraint and the power to push the pause button before acting on impulse. Many years ago at New York University, the neuroscientist Joseph LeDoux said that the goal of psychotherapy was to teach the cortex how to control the amygdala (6). We now know how right he was, and we're beginning to be able to see the changes in the brain that occur in the course of psychotherapy. Patients with borderline personality disorder no longer need to lose hope, in spite of inevitable struggles and spells of hopelessness. This book has the potential to help therapists of all stripes to sit side by side with their patients and eventually get to a much better place. Overall, this book is a masterpiece of clinical wisdom, a gift from two experienced clinicians who have devoted their careers to improving the lives of borderline patients and who openly share what they have learned. An important part of

their message is that it takes time—meaning years—for therapists to become comfortable and confident in this work, but it can happen, and it is worth it.

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***Normal Child and Adolescent Development: A Psychodynamic Primer**, by Karen J. Gilmore, M.D., and Pamela Meersand, Ph.D. Washington, DC, American Psychiatric Publishing, 2014, 364 pp., $73.00.*

Gilmore and Meersand have written a welcome update to the traditional psychodynamic development textbook. By including links to a curated collection of online videos demonstrating normal development at each age level, their approach provides a richer experience than many textbooks provide. This approach seems perfectly suited for the current generation of medical students and residents who are coming of age during the rise of Internet video services, such as YouTube.

YouTube itself turned 9 years old this year, with now over 1 billion users each month and 100 hours of video uploaded each minute (1, 2). The term "YouTube generation" refers to a generation that increasingly uses media in an instantaneous and ubiquitous way. Social media plays an important role in the lives of young people around the world. Google has proposed "Gen C" to refer to the YouTube generation, which is not defined by year of birth alone, who uses many forms of technology for Connection, Community, Creation, and Curation (3, 4).

Today's students and residents are used to having such instant access to online information and YouTube videos readily available for almost any topic that can be imagined. The video clips included with Gilmore and Meersand's textbook are easy to access online and are clearly identified by the age and gender of the participants. The video cases are described in a "video guide" at the beginning of the book, as well as referenced during the chapters to which they correspond. The authors introduce each video and guide the subjects during the interviews when appropriate. The video contents range from infants and toddlers interacting with parents to latency-age children and teenagers demonstrating developmental phases and anxieties. A particularly interesting video is of a teen discussing his risky behaviors with substances and his first serious romantic relationship while being able to reflect that the limits his parents are setting for him are actually helpful. The videos end with two young men in their mid-20s discussing the challenges they have faced as they search for their adult identity. The spectrum of development comes full circle with the first video of a pregnant woman discussing adjustment to becoming a parent for the second time. This demonstrates not only the emerging bond between parents and their infants but also ongoing developmental phases in adulthood.

In another modern update from traditional child and adolescent development textbooks, Gilmore and Meersand discuss the controversy surrounding a new developmental phase called the "odyssey years," using a term coined by David Brooks in an article published in the *New York Times* in 2007. Another name for this stage, discussed in the book, is "emerging adulthood," as described by James Arnett in 2000 as a phase of "postadolescence" that is considered a phenomenon of Western postindustrial culture. The authors propose that this developmental phase ranges from age 21 to 30 years. The book provides a thorough discussion of the history of societal and demographic changes that support this new phase. For example, Gilmore and Meersand summarize research showing that in 1960 most early-adult life events were accomplished by 44% of men and 68% of women by age 25. In 2000, only 13% of men and 25% of women had accomplished these tasks, including employment, marriage, parenthood, and financial independence. The delay in these accomplishments may not resonate as much with motivated and career-oriented medical students and residents, who are the target audience for this book. However, in general, many "twenty-somethings" might agree that 30 is the new 20.

Clinical vignettes are also sprinkled appropriately throughout the text, which supplement the videos nicely. Each chapter includes several bullet-point summaries at the end of each heading and ends with a "key concepts" review. Extensive references follow each chapter, ranging from Freud and Piaget to many more recent psychoanalytic studies. The book concludes with the authors discussing the importance of a developmental framework for psychodynamic therapy, which is applicable to those working with children and adults. As in the rest of the book, the authors try to provide a framework of "reconceptualization in contemporary terms" for ideas that are useful but seem dated. The book is a concise, appropriately thorough, introduction or review of psychodynamic developmental concepts. The video content makes it applicable to the way today's students learn in more active interfaces with technology.

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