

**McLEAN HOSPITAL
CENTER FOR TREATMENT OF BORDERLINE PERSONALITY DISORDER**

Borderline Center Outpatient Program

The Outpatient Program is designed as a step-down from more structured levels of care, or for patients who are clinically ready to begin intensive outpatient treatment. The program emphasizes the psychological, relationship and school/work issues that arise as patients return to their lives in the community. This description is intended to help patients and their families understand the structure and treatment of the Borderline Center Outpatient Program.

Treatment Approach

The outpatient program combines both psychodynamic and cognitive behavioral strategies within a coordinated system, often utilizing specialized evidence-based treatments such as Dialectical Behavior Therapy and Mentalization Based Therapy. Some aspects of the treatment are directed at inner psychology (feelings, thoughts), some are directed at maladaptive behaviors (self harm, temper outbursts), and some are directed at social rehabilitation (peer relations, vocational pursuits, hygiene, etc.). This system creates a community where patients can feel understood, integrated and "held". Weekly rounds, community meetings, family communications, individual psychotherapy and medication management are ongoing.

Structure of Outpatient Program

Initially patients attend 5-10 groups per week, and they are expected to participate in non-clinical community-based activities such as volunteering or part-time jobs, or taking classes. In addition to the group program, patients will be assigned an individual psychotherapist with whom they will meet 2-5 times per week, and a case manager, whom they will see weekly. The case manager will help organize the group schedule, coordinate the patient's treatment with other members of the clinical team, and assist the patient in developing non-clinical activities. In addition, patients are assigned a psychopharmacologist, and in many instances, a skills coach. During the initial weeks of the program, families are encouraged to participate in 3-5 psychoeducational meetings with the director of the family program, after which they may continue in multiple family groups or begin family therapy.

Stage 1 (approximately 1 month)

Objectives: Identify transition issues and stabilize behavioral control of symptoms.

- Maintain daily structure and to develop skills for managing problem behaviors through attending Self Assessment Group, DBT Skills Group, and CBT Groups.
- Clarify roles of outpatient team, how to manage safety issues, who to call in crisis, utilize psychotherapist as head of treatment team
- Develop community supports and non-clinical activities. Attend Community Meeting and address vocational issues with case manager.

Stage 2 (approximately 2 months)

Objectives: Emphasis on relationship issues, distress tolerance, emotional regulation and reentry issues to living in community.

- Address relationship issues (problems with reactivity, dependency, competition, aloneness and fear of abandonment) through attending Self Assessment Group, Family Issues Group, Mentalization Group and/or Interpersonal Group.
- Expand community activities through addition of part-time job or volunteering

- Reduce case management services

Stage 3 (approximately 2 to 6 or more months)

Objectives: Improved functioning in community with greater emphasis in psychotherapy on exploration of internal emotional experience.

- Continue developing and utilizing distress tolerance, emotion regulation and interpersonal skills in daily life.
- Continue participation in long term groups such as DBT Skills Group, Family Issues Group, Mentalization Group, and/or Interpersonal Group. Reduction or elimination of short term groups such as Self Assessment and CBT Groups.
- Increase activities or responsibilities in community (e.g., move from volunteering to part-time job, from part-time job to full time, take 1-2 academic courses)
- Establish greater autonomy with activities of daily living (e.g., better eating, sleeping, exercise habits) and assuming increased financial responsibility
- Improved perspectives on significant relationships

Outpatient Groups:

Usually patients begin the outpatient program by attending daily Self Assessment groups and skill-based groups such as DBT or other CBT groups. Additional groups which offer less structure and encourage greater awareness of one's internal experience (Mentalization and Interpersonal) are added as patients progress with their treatment, with a concurrent reduction of entry level groups like Self Assessment.

Self Assessment Group: Usually patients attend a daily Self Assessment group as they enter the outpatient program. Each member of the group has a ten minute turn in which he/she reflects on their adjustment to assuming greater responsibility for managing their lives.

DBT Skills Group: Most patients also attend an intensive DBT skills group which meets three times weekly. Alternative DBT groups or related CBT groups are also available. DBT teaches skills in four modalities: mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness.

Mentalization Group: Mentalization is the process of considering one's perception of what is happening in the mind of another person, and reflecting on one's own reaction to that perception. Mentalization groups offer structured exercises to develop this process, and to practice slowing down reactivity in relationships.

Interpersonal Group: Interpersonal groups are traditional psychotherapy groups in which the emphasis is on members' interaction with each other within the group.

In addition, we offer more focused therapy groups:

Family Issues, Substance Abuse, Anxiety Management, Depression Management, Self Group, Anger Management, Self Esteem, and Eating Disorders

Patients are expected to begin part-time school, work or volunteer positions to complement their treatment. Ongoing participation in the weekly Community Meeting is encouraged as patients transition to their lives in the community. Eventually patients will reduce their groups to 1-2 per week and continue with ongoing individual psychotherapy and pharmacotherapy.

Financial issues vary considerably because not all parts of the outpatient program are paid by third party payers. These variations can be clarified by discussion with our Financial Coordinator. Individual psychotherapy and psychopharmacology sessions, however, are billed directly by the therapists and are expected to be paid privately.

Other Background Materials

A great amount of clinical experience has gone into the development of McLean's Center for Treatment of Borderline Personality Disorder. Aspects of this experience are reflected in the materials written by our staff and identified in the Appendix.

Clinical Administrative Staff

Borderline Center Director	John G. Gunderson, MD	617-855-2293
Outpatient Program Director	George Smith, LICSW	617-855-3358
Case Manager	Jodie O'Malley, LICSW	617-855-3397
Family Services	Maureen Smith, LICSW	617-855-2420

Administrative Support Staff

Intake Coordinator	Corina Laudate	617-855-3452
Financial Coordinator	Rina Dudley	617-855-3316

Borderline Center Fees

Although many of the fees for the program will be out of pocket expenses, some services may be covered by insurance. Rina Dudley is available to clarify insurance coverage, and she can be reached at 617-855-3316

CARE Management Services \$4625

The Borderline Center Outpatient Program provides specialty services to patients and families that is not covered by insurance. The initial time period covers the first 6 months of treatment and includes the admission process, treatment reviews and consultation with Dr. Gunderson, case management services, and psychoeducational meetings for families.

Outpatient Clinic Groups \$600 per week

Outpatient Clinic groups cost \$55 per group and may be covered by insurance for up to one group per day. Usually Borderline Center patients attend 10 groups per week (2 groups each day), so at least half of these groups will not be covered by insurance. Intake appointments with group leaders may be required, for which there will be an additional charge of \$125 or less, depending of the length of the intake.

Psychotherapy \$400 to \$1000 per week

Patients will be assigned a psychotherapist affiliated with the Borderline Center, with whom they will meet 2-5 times per week. Although these sessions may be partly covered by insurance, they are not billed through the Borderline Center, and fees should be negotiated with the psychotherapist. The same applies to individual meetings with the psychopharmacologist, and in some instances a skills coach.

Appendix: Publications about/by the Borderline Center Clinical Services

- Gunderson JG: A BPD Brief: An Introduction to Borderline Personality Disorder: diagnosis, origins, course and treatment. *brief orientation to BPD treatment approaches*
- Gunderson JG, Berkowitz C: Family Guidelines: Multiple Family Group Program
Family Guidelines are utilized in our Family Guidelines program
- Gunderson JG, Hoffman PD. Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families. Washington, DC, American Psychiatric Publishing, 2005: *a compendium for consumers*
- Gunderson JG, Gratz KL, Neuhaus EC, Smith GW. Chapter IV-A. Levels of Care. In: Textbook of Personality Disorders; Ed. by AE Skodol, DS Bender, J Oldham. American Psychiatric Press, Inc. 2005 pp. 239-256: *a scholarly description of the principals, practices and research about hospital, partial hospital, and outpatient care for borderline patients*
- Gunderson JG, Berkowitz C, Ruiz-Sancho A. Families of borderline patients: a psychoeducational approach. Bull Menninger Clin 61(4):446-457, 2007: *describes the rationale and the practice of the family approach developed here*
- Gunderson JG, Gratz KL, Neuhaus EC, Smith GW. Chapter 9. Levels of Care in Treatment. In: Essentials of Personality Disorders; Ed. By JM. Oldham, AE Skodol, DS Bender. American Psychiatric Press, Inc. 2009 pp. 161-183
- Neuhaus EC, Christopher M, Jacob K, Guillaumot J, Burns JP. Short-term cognitive behavioral treatment: a pilot study. J Psych Pract 13:298-307, 2007: *a look at benefits from our partial hospital*
- Smith GW, Ruiz-Sancho A, Gunderson JG. An intensive outpatient program with borderline personality disorder. Psychiatr Serv 52(4): 532-533, 2001 *describes the outpatient program in 2001*
- Smith M. BPD and the need for community: a social worker's perspective: In Borderline Personality Disorder: Meeting the Challenges to Successful Treatment, Edited by PH Hoffman & P Steiner-Grossman, Haworth Press 2008, pp. 53-66: *an overview of our system and the integration of families.*

Weinberg, I, Gunderson JG, Hennen J, Cutter CJ: Manual Assisted Cognitive Treatment for Deliberate Self-Harm in Borderline Personality Disorder Patients. *J Pers Disord*, 20(5): 482-492, 2006