1st International Congress on Borderline Personality Disorder
1 – 3 July 2010 // Berlin, Germany
bcc Berliner Congress Center
Concept of Borderline Disorders

- Borderline Personality Disorder (Kernberg)
- Schizophrenia (Kety)
- Schizophrenia (Schizotypal PD, Rado Meehl)
- Borderline Personality Disorder
- Affective Disorders
- Atypical Affective Disorders (D. Klein)
- Neuroses
- Borderline Syndrome (Grinker)
Heterogeneity of BPD

- DSM-IV – defined BPD is an extremely heterogeneous construct (Est. 256 Varieties)
- Mix of unstable, stress-induced symptoms and stable personality characteristics (i.e., dimensional traits)
Behavioral \[\text{DBT} \quad \text{SFT} \quad \text{MBT} \quad \text{TFP} \quad \text{PSA}\]
Four Essential of Effective BPD Treatment

1. Establishment of a strong therapeutic alliance
2. Availability of skilled therapists
3. Funds / Insurance coverage
4. Time

NOTE: THERE IS NO QUICK FIX
Common Features of Recommended Psychotherapy for BPD

1. Non-brief
2. Strong therapeutic alliance
3. Establishment of clear roles and responsibilities of patient and therapist
4. Active Therapist
5. Hierarchy of priorities
6. Empathic validation + need for patient to control behaviour
7. Flexibility
8. Limit-setting
9. Concomitant individual and group approaches
Relationship Between Reported use of services and Co-morbidity in past 12 months

- No co-morbid disorders:
  - 40% No Contact Services

- <1% Hospital Patient
- 9% Psychologist Patient
- 50% GP Contact Only

% Persons with BPD