



## General (“good enough”) psychiatric management: what every psychiatrist should know

This workshop will present basic knowledge clinicians who are responsible for treating borderline patients need to know. As such it offers a curriculum of what should be included in all psychiatry and clinical psychology training programs. General Psychiatric Management can be applied without extensive training or long term commitments. It thereby addresses the unfeasibility and unavailability of other BPD-specific evidence-based treatments. The course is divided into six sections. Clinical vignettes will be presented with discussion of decision points.

1. Introduction to GPM - GPM's empirical support, defining characteristics, precedents and basic principles. The case will be made that GPM is “good enough” to be effective for most patients.
2. Getting Started – starting with disclosing the diagnosis and basic psychoeducation, this section will describe alliance-building interventions and guidelines to framing the treatment including roles, frequency, availability between sessions.
3. Managing Suicidality and Self-harm – these issues burden and frighten clinicians the most. Basic principles about assessing dangerousness, establishing a safety plan, and using hospitals will be offered. Using these principles will diminish burden and largely dispel liability issues.
4. Basic Theory: Interpersonal Hypersensitivity – the borderline patient's interpersonal hypersensitivity accounts for their shifts in phenomenology and functioning. How this conception guides management and psychotherapeutic interventions will be illustrated with special attention to the patient/therapist interactions that constitute processes of change.
5. Medication Management – basic principles of pharmacological management will be accompanied by proposing an updated algorithm for selecting medications. Guidelines to limit non-compliance and polypharmacy will be presented.
6. Other – issues of comorbidity, i.e., when BPD should be primary and when secondary, will be discussed. The advantages of split treatments (especially group therapy) will be described. The course will end with a discussion of how clinicians are enriched by doing this work.