

C. Schmahl, P. Ludaescher, A. Jochims, K. Kuenkele, M. Bohus.
Department of Psychosomatics C, Mannheim, Germany

Objective: Intentional, non-suicidal self-injurious behavior (SIB) is a characteristic feature of borderline personality disorder (BPD). A major hypothesis regarding SIB is that it serves to reduce aversive states of inner tension and dissociation. However, the underlying psychological and biological factors of SIB have not been well investigated.

Methods: We developed a questionnaire which assesses qualitative and quantitative aspects of self-injurious behavior together with motivational issues regarding SIB. This instrument was administered to 100 female patients with BPD. Using the widely used method of script-driven imagery, we investigated BPD patients with a script depicting a situation of self-injury. Patients were assessed with psychophysiological measures as well as with fMRI during presentation of the scripts.

Results: Preliminary results of these investigations will be presented.

Conclusion: Self-injurious behavior has various psychological and neurobiological aspects.

Tuesday, April 5, 2005

W-19. Workshop: Stress and personality: How personality factors correlate with coping styles

Chairperson(s): Carlo Pruneri (Monza, Italy),
Fabio Furlani (Monza, Italy)
14.15 - 15.45, Holiday Inn - Room 5

Aim of this workshop is to go through the various contributions, already in literature, about the relationship between personality and coping styles, and add to those our own study about how people react to problems experienced as stressors according to their personality. The study was conducted in the Clinical Psychology Section of the S. Gerardo Hospital in Monza - Italy, assessing 107 out-patients who underwent a number of three clinical interviews and five test, including the 16 Personality Factors Questionnaire by Cattell (to assess personality profile) and the COPE (Coping Orientations to Problems Experienced) Questionnaire to assess coping styles. Thus we extracted personality characteristics from the personality profiles and analysed the correlations among these and the coping styles as obtained from the COPE, resulting as follows: Negative correlation between anxiety level and both problem and emotion focused coping. Positive correlation between autonomy (independence) level and problem focused coping. Positive correlation between critical/experimental attitude and emotion focused coping (such as positive reinterpretation of the experienced event). Negative correlation between self-confidence (here as counterpart of shyness) level and tendency to rely on religion for consolation. Negative correlation between cognitive/problem solving abilities and potentially dysfunctional coping styles (such as negation). Positive correlation between tendency to depression and potentially dysfunctional coping styles (such as behavioural inhibition). These and others were found and will be discussed about their possible implications in a psychoterapeutic context, and for a specific aim to help patients to improve use and effectiveness of coping styles.

Monday, April 4, 2005

C-11. Educational course: Psychoeducation and risk management strategies with borderline personality disorder patients

Course director(s): Sabine Christiane Herpertz
(Rostock, Germany), Antonio Andreoli (Geneva, Switzerland)
14.15 - 17.45, Hilton - Salon Studer

The course will consist of two parts: 1. risk management within an ambulatory crisis intervention, 2. psycho-educative training program for various (inpatient and outpatient) environments. Psychotherapy and antidepressant medication showed advantage compared to treatment as usual among borderline patients. Recent reports indicated, however, that simple case management programs aimed to enhance compliance and to provide careful risk management have significant relevance to better treatment policies with these patients. Specifically, several studies indicated that personalized on call response 24h a day, supportive care directed to secure treatment adherence and antidepressant maintenance, psychoeducational interventions, family support, home based social case-work and nursing after care, continuous follow-up aimed to express interest in the person's well being may significantly reduce drop-out from treatment, suicidal and self damaging behaviour and service consume. The course plan will provide a structured review of these studies and a rationale for valuable provision of specialized case management for borderline patients. An additional point is in keeping with "who" and "where" such programs should be implemented and "how" train and supervise these programs in various psychiatric environments. Finally, we will develop essential guidelines for fruitful integration of case management and specialized outpatient treatment in a comprehensive mental health plan aimed to develop ambulatory crisis intervention for borderline patients. Psycho-education in psychotherapy means to inform the patient about his/her specific disorder, aetiology, therapy strategies and settings as well as prognosis. Consistent with an empirically based model of borderline personality disorder including aspects of symptomatology and etiology, an individual explanation model of the disorder is worked out together with the patient that subsumes maladaptive as well as functional aspects of the personality style and provides an hierarchical analysis of behavioural problems and therapeutic aims. The aim of psycho-education is to make the patient to an expert of his/her disorder and to encourage the patient for change.

Monday, April 4, 2005

C-10. Educational course: ADHD through the life span

Course director(s): Sam Tyano (Petah-Tiqvah, Israel)
14.15 - 17.45, Hilton - Salon Orff

S. Tyano, I. Manor, M. Corbex, J. Eisenberg, I. Gritsenko,
R. Bachner-Melman, R. P. Ebstein. *Gehah Hospital, Petah-Tiqvah, Israel*