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Centre for the Assessment and
Treatment of Personality Disorder

University of Pavia (Italy)

# PATIENT MANAGEMENT IN AN ITALIAN CENTRE FOR THE ASSESSMENT AND TREATMENT OF PERSONALITY DISORDER

## Mentalization-based treatment for borderline personality disorder patients: a follow-up study

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# CIRDIP

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University Clinical and Research Service

Public Clinical Health Service:

Unit of the Department of Mental Health of Pavia

## La presa in cura presso l'Unità Operativa

Il Servizio offre la possibilità di un trattamento ambulatoriale ai pazienti in cui sia stata posta per la prima volta o confermata la diagnosi di Disturbo Borderline della Personalità. La presa in carico psicoterapeutica comprende una seduta settimanale individuale e una seduta settimanale di terapia di gruppo secondo l'orientamento MBT (Mentalization Based Treatment). Parallelamente viene offerto un servizio di supporto psico-educazionale ai familiari. Il contratto di cura prevede un trattamento della durata di un anno, al termine del quale una valutazione complessiva dell'andamento clinico del paziente orienterà sulle proposte terapeutiche successive.
Il Centro di Ricerca dell' Università di Pavia (CIRDiP) opererà in collaborazione con l'Unità Operativa dell'Azienda Ospedaliera per promuovere attività di ricerca epidemiologica e clinica, nonché per proporre forme di trattamento sperimentali. Il CIRDiP sarà la sede di coordinamento dei vari interventi

## Come Contattarci

Si possono rivolgere direttamente all'unità operativa tramite contatto telefonico oppure via e- mail:

- il paziente stesso o i suoi famigliari
- lo specialista Psichiatra che ha in cura il paziente presso i Servizi Territoriali
- il Neuropsichiatra Infantile o il Neurologo che richiede una consulenza
- il Medico di medicina generale
- Psicologi e Psicoterapeuti che operino privatamente o in istituzioni

Non essendo come struttura volta all'urgenza, ma all'approfondimento diagnostico e al trattamento, l'interessato verrà contattato secondo la priorità acquisita in una lista di attesa .
E'richiesta l'impegnativa regionale del medico di medicina generale.

Informazioni pratiche :

Sede : Ambulatorio presso il padiglione Forlanini del IRCCS Policlinico S.Matteo di Pavia

Giorni e orari:
Lunedì dalle 9.00 alle 13.00
Martedì dalle 9.00 alle 13.00
Mercoledì dalle 8.30 alle 20.00
Venerdì dalle 9.00 alle 13.30

Contatti:
Per richiesta di prima visita : Segreteria 0382 987246

Per altre comunicazioni : Ambulatorio 0382 422635
chiamate negli orari di apertura

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AO

UNIVERSITÀ DEGLI STUDI DI PAVIA

FACOLTÀ DI MEDICINA E CHIRURGIA

# Unità Operativa Semplice per la diagnosi e la cura dei Disturbi della Personalità

Responsabile: Prof. Edgardo Caverzasi

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Collaborazione tra l'Azienda Ospedaliera della Provincia di Pavia e l'Università degli Studi di Pavia, Centro di Ricerca sui Disturbi di Personalità del Dipartimento di Scienze Sanitarie Applicate e Psicocomportamentali, direttore Prof. Francesco

# TARGETS

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- TO OPTIMIZE DIAGNOSTIC PROCESS

definition of a qualified assessment

- TO FORMULATE THERAPEUTIC PROJECTS FOR EACH PATIENT

psychotherapy in combination with standard psychiatric treatment (psychopharmacological and social support)

- MBT TRAINING

- MBT TREATMENT FOR BORDERLINE

4 group sessions of pre-treatment activities enhancing explicit mantalization, weekly individual and group sessions, case psychopathology discussion and treatment supervision

- FAMILY SUPPORT GROUP

- TRAINING

# MBT TRAINING

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- ANNA FREUD CENTRE COURSES

- TWO-DAY INTENSIVE SEMINAR FOR TREATMENT SUPERVISION AND MODEL CONSISTENCY

Led by two English MBT colleagues, once a year

- USUAL TRAINING

Case discussion and role playing, once a week

- CONNECTION

MBT groups in Udine and Savona (Italy)

- UNIVERSITY OF GENEVE

# WHY MBT

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CO-EXISTENCE OF TWO ISSUES:

-How to train psychiatric students to deal with severe PDs

- The high value of a manualized structured model
in a psychodynamic tradition

In our challenging clinical encounters and by our observations on psychopathology organization of Borderline we have defined a structured assessment.

It is a complex tool, able to inform us about the diagnostic profile of each patient , and somehow useful to anticipate and integrate some aspects of his/her behaviour. The psychopathological assessment framework can be seen as a tripartite model:

(A) HISTORY, AN ACCURATE ANAMNESIS

(B) DIAGNOSTIC TOOLS

(C) WRITTEN FINAL CLINICAL REPORT TO DISCUSS WITH THE PATIENT

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# (A) PATIENT HISTORY

The first component is the patient history, meaning not only a throughout and detailed anamnesis, but also an investigation of the process profile as expressed by the patient, or rather of his/her priority, the modality with which he/she talks about it, his/her attitude toward others and the contingency of the evaluation. Special attention is paid to the patient's object relations and to the relation between object investment and narcissistic investment. The anamnesis represents pattern of a possible transformation from a formless and distressing chaos to a more liner and thinkable story. Moreover, in a medium-long term, it represents an operative model, a hallmark on which the patient can construct other stories, while at the same time developing an in-depth introspection.

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# THE IMPORTANCE OF THE IRRELEVANT

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Experience have taught us that the stories which stress the patient out the most guide our attention to the symptom and to the perceived core of suffering, and hencerepresent a story which the patient knows all too well. In fact, inflexible stories, perceived as dry, hyper-rationalised, two-dimensional, detached, impersonal or stereotyped, are not rare.On the other hand, stories might be fabricated, refined patchworks of previous psychotherapeutic experience, which are more stringent than the patient's authentic experience. These are the cases in which one needs to mindfully pay attention to "the irrelevant"

In a few words, it means to linger over precise and non invasive questions on annotations , ironic nuances, meaningful use of adjectives which refer to neglected and distant scenery. Although this selective attention is initially acknowledged by the patient with some doubts, it is the element through which the conclusive written reports find an inter-subjective depth. Thus, what seems irrelevant actually hides something, which in the final report is paradoxically unknown but at the same time also pleasantly familiar.

# (B) ASSESSMENT TOOLS

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The second part of the assessment is composed of a list of table tests, interviews and scales.

# ASSESSMENT

- Structured Clinical Interview for DSM-IV (SCID-I and SCID-II)
- Hamilton Depression Scale (HAM-D)
- Hamilton Anxiety Scale (HAM-A)
- Zanarini Rating Scale (ZN)
- Shedler-Westen Assessment Procedure-200 (SWAP-200)
- Social Adaptation Self-evaluation Scale (SASS)
- Dissociative Experiences Scale (DES)
- Global Assessment of Fuctioning (GAF)
- Symptom Check-list 90 (SCL-90)

**Reflective Function**

Fonagy's Reflective Function Manual (version 5.0) for the Adult Attachment Interview

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# (C) WRITTEN FINAL CLINICAL REPORT

The final and the most significant part is the review of the written conclusive clinical report

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# Grazie per l'attenzione

LR Living Research s.a.s.