

## Good Psychiatric Management for Borderline Personality Disorder

<b>Diagnosis and education</b>	Explain the diagnosis in non-pathologizing terms, connecting it to issues in the patient's life in a way that conveys hope. Involve family in the education when appropriate.
<b>Roles, boundaries, and expectations</b>	Clarify what you will and will not do in the treatment and what is expected of the patient. A predictable, consistent approach helps steady the treatment over the long term.
<b>Communication</b>	Be real. Speak directly, openly, and honestly. Use genuine body language. Avoid vagueness and minimize neutral facial expressions.
<b>Goal setting</b>	Collaboratively establish long-term goals. Break them down into smaller, concrete steps and tie the treatment to the goals. Prioritize work before romantic relationships, and functioning over symptom reduction.
<b>Community</b>	Help the patient establish their identity in a structured setting where roles are clear, such as work, school, community groups, or group therapies.
<b>Comorbidities</b>	Prioritize BPD as the primary problem unless the patient presents with a comorbidity that impairs their ability to engage in the treatment (eg, substance dependence, anorexia, mania).
<b>Pharmacology</b>	Use medications to treat psychiatric comorbidities in BPD rather than BPD itself.
<b>Emergencies</b>	Develop a plan for handling emergencies. Clearly define your availability between sessions.

From the Expert Q&A:  
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 with **Lois Choi-Kain, MEd, MD**  
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