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Personality Disorder Conversational Model

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Personality
Disorder (BPD) has
a suicide rate
similar to
schizophrenia and
major depression,
but for many years,
it was considered
intractable. The

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Conversational
Model is
scientifically-based
on the research
data described in
Meares's
Dissociation Model
of Borderline
Personality
Disorder , and
offers unique
treatment
protocols for the
trauma associated

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with BPD.

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Model" By Russell
Meares W. W.
Norton, 2012
Review by
Kamuran Elbeyoğlu
on Jul 9th 2013

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Dialectical
behaviour therapy
has been studied in
the largest number
of controlled trials
for treatment of
individuals with
borderline
personality
disorder. The
conversational
model is a
psychodynamic

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treatment also developed specifically for treatment of borderline personality disorder. We report on the outcomes of a randomised trial comparing dialectical behaviour therapy and conversational model for

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treatment of
borderline
personality
disorder in a
routine clinical
setting.

**A randomised
trial of
dialectical
behaviour
therapy and ...**

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disorder treated
with the
conversational
model: a
replication study 1.
Introduction. Over
the last 15 years,
the application of
various treatment
approaches to the
management of
borderline... 2.
Method. The
original cohort of

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the Westmead
Personality
Disorder Research
and ...

Conversational **Borderline personality disorder treated with the ...**

The conversational
model, which has
been manualised
as Psychodynamic-
Interpersonal

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Therapy, has been subject to outcome research, and has demonstrated effectiveness in the treatment of depression, psychosomatic disorders, self-harm, and borderline personality disorder.

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Conversational model - Wikipedia

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Personality
Disorder (BPD) has
a suicide rate
similar to
schizophrenia and
major depression,
but for many years,
it was considered
intractable. The
Conversational

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Model is scientifically-based on the research data described in Meares's Dissociation Model of Borderline Personality Disorder , and offers unique treatment protocols for the trauma associated with BPD.

Where To Download Borderline **Borderline Personality Disorder and the Conversational**

Model

The Conversational Model focuses on two key areas – the development of self, and the identification and integration of trauma into a

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coherent sense of self. The origin of the Conversational Model of Therapy. CMT was devised by the English psychiatrist Dr Robert Hobson, and further developed by the Australian psychiatrist Dr Russell Meares.

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What is the Conversational Model of Therapy? -

Mindful Synergi

The Conversational
Model is

scientifically-based
on the research
data described in
Meares's

Dissociation Model
of Borderline
Personality

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Disorder, and offers unique treatment protocols for the trauma associated with BPD.

Borderline personality disorder and the conversational model

theoretical model,
the conversational

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model developed
by Hobson and
Meares [11-13].

The study
population was
similar in both
cases with all
patients meeting
criteria for BPD
according to the
Diagnostic and
Statistical Manual
of Mental
Disorders, Revised

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Third Edition (DSM-III-R), criteria.

There was a substantial comorbidity, primarily with

Borderline personality disorder treated with the ...

The Conversational Model relies on principles and

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techniques, both specific and non-specific, the latter common to other psychotherapy models. There is an increasing body of clinical experience that the Conversational Model can help borderline individuals reduce their suicidal

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tendencies and self-harming behaviour, develop a secure sense of self, and enrich their interpersonal relationships.

About Training in the ANZAP Conversational Model

Borderline
personality

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borderline personality disorder is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and

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behavior, and a
pattern of unstable
relationships.

Borderline personality disorder - Symptoms and causes ...

An attempt to
integrate some
components of the
conceptual models
of BPD has resulted

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in an emerging
new perspective,
the interpersonal
dysphoria model,
which emphasizes
dysphoria as an
overarching
phenomenon that
connects the
dispositional and
situational aspects
of BPD. Summary:
Various conceptual
models have

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expanded our understanding of BPD, but it appears that further development entails theoretical integration.

The accompanying manual to
Dissociation Model
of Borderline

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Personality
Disorder. This
manual offers
therapists and
patients a user-
friendly guide to
general principles
of treatment via
case examples,
therapeutic
conversations, and
common comorbid
problems.

Borderline

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Personality

Disorder (BPD) has a suicide rate similar to

schizophrenia and major depression, but for many years, it was considered intractable. The Conversational Model is

scientifically-based on the research data described in

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Meares's
Dissociation Model
of Borderline
Personality
Disorder, and
offers unique
treatment
protocols for the
trauma associated
with BPD. Rich with
clinical tips and
case examples, this
book will help a
range of mental

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health
professionals
working with
patients suffering
from this
debilitating
disorder.

This book
addresses one of
the fundamental,
understudied

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issues of borderline
personality
disorder (BPD):
dissociation and a
lack of sense of
self. Exploring
dissociation from
developmental,
neurobiological,
and behavioral
perspectives,
Russell Meares
presents an
original theory of

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BPD, offering new insights into this debilitating disorder and hope for recovery.

Model
This book presents for the first time, a practical manual for psychodynamic-interpersonal therapy. Drawing on forty years of research, teaching

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and practice, its expert authors guide you through the conversational model's theory, skills and implications for practice. Part I sets out the model's underlying theory and outlines the evidence for its efficacy with client groups. Part II

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guides you through clinical skills of the model, from foundational to advanced. Part III offers practical guidance on implementing the approach within a range of settings, and for developing effective practice through reflection and supervision.

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This presentation of the role of play in the development of the self will be of interest to all psychotherapists involved in the treatment of personality disorders.

The diagnosis and treatment of

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patients with BPD
can be fraught with
anxiety,
uncertainty, and
complexity. How
welcome, then, is
the Handbook of
Good Psychiatric
Management for
Borderline
Personality
Disorder, which
teaches clinicians
what to do and

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how to do it, as well as what not to do and how to avoid it. The author, a renowned researcher and clinician, has developed a new evidence-based treatment, Good Psychiatric Management (GPM) that comfortably utilizes

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cognitive,
behavioral, and
psychodynamic
interventions that
are practical and
simple to
implement.

Because
psychoeducation is
an important
component of GPM,
the book teaches
clinicians how to
educate their

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patients about BPD, including the role of genetics and the expected course of the disease. This approach offers advantages both to practitioners, who become more adept at honest communication, and to patients, who are

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encouraged to have realistic hopes and to focus on strategies for coping with BPD in daily life. The book is structured for maximum learning, convenience, and utility, with an impressive array of features. Section I provides background on

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BPD, including the myths that sometimes discourage clinicians from treating these patients and that hamper the effective treatment of the disorder. Section II, the GPM Manual, provides a condensed and clear description of

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the most essential and specific GPM interventions that clinicians can learn from and use in everyday practice. Section III, the GPM Workbook, offers case vignettes which reference chapters from the manual. Each vignette has a number of

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"decision points" where alternative interventions are proposed and discussed. To further facilitate learning, a set of nine interactions is found in a series of online video demonstrations. Here, readers can see in vivo illustrations of the

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GPM model in practice. Finally, a set of appendices provides critical information, such as a comparison of GPM with other evidence-based treatments of BPD, scaling risk and response strategies, and family guidelines. Designed to be a

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basic case
management text
for all hospital,
outpatient clinic, or
office-based
psychiatrists or
mental health
professionals who
assume primary
responsibility for
the treatment of
those with BPD, the
Handbook of Good
Psychiatric

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Management for
Borderline
Personality
Disorder

constitutes a
breakthrough in
the treatment of
these often
misunderstood
patients.

Short-term
dynamic
interpersonal

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psychotherapy is an integrated, trauma-informed, contemporary, dynamic way of working with a range of mental health difficulties. Flexible though structured, phase-oriented, focused and time-limited, it is informed by the Conversational

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Model, Attachment and Interpersonal Theories and Brief Psychodynamic Psychotherapies, which are briefly described. It provides clinicians with a way of working with patients whose difficulties do not warrant long term therapy, who

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prefer a talking
therapy or who
have failed
cognitive/behaviour
r therapies. With
the help of
examples, it guides
the process of
assessment and
therapy with
trauma in mind:
using
Conversational
Model techniques

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where empathy
replaces
confrontation;
resistance is seen
as a fear of re-
traumatization;
defence
mechanisms are
regarded as
adaptive coping
mechanisms which
later become
maladaptive;
transference

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interventions
replace
interpretations,
and self-reflective
capacity is
encouraged rather
than just insight.
Separation anxiety
is addressed and
anxiety-provoking
techniques are
avoided, given that
anxiety is a large
part of most

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presentations.

Personality

Disorder
Explores the
frightening world of
BPD patients and
helps readers
understand their
pain.

The most common
personality
disorder here and
abroad, borderline
personality

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borderline personality disorder is often misdiagnosed or underdiagnosed. Left untreated, it causes marked distress and impairment in social, occupational, and role functioning, with high rates of self-destructive behavior (attempted and

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completed suicide).

Its pervasive pattern of impulsivity and instability of interpersonal relationships, affects, and self-image begins in early adulthood and presents in a variety of contexts.

Developed primarily by

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psychiatrists in
active clinical
practice, the
revised edition of
this popular work
offers an updated
synthesis of
current scientific
knowledge and
rational clinical
practice for
patients with
borderline
personality

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disorder -- with the important caveat that clinicians should consider, but not limit themselves to, the treatments recommended here. The summary of treatment recommendations is keyed according to the level of confidence with

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which each recommendation is made and coded to show the nature of its supporting evidence. Highly informative and easy to use, this eminently practical volume is organized into three major parts: Part A contains treatment

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recommendations (Section I, treatment summaries; Section II, treatment plans; Section III, special clinical considerations; and Section IV, risk management issues during treatment), Part B presents the evidence

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Underlying these treatment recommendations (Section V, an overview of DSM-IV-TR criteria, prevalence rates, and natural history and course; and Section VI, a review of existing treatment literature), and Part C summarizes

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those areas in
which better
research data are
needed.

Remarkably
concise and
comprehensive,
this practice
guideline continues
to be an
indispensable
reference for every
clinician who treats
patients with this

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heterogeneous and
complex disorder.

Intimacy and
Alienation puts
forward the
author's unique
paradigm for
psychotherapy and
counselling based
on the assumption
that each patient
has suffered a
disruption of the

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'self', and that the goal of the therapist is to identify and work with that disruption. Using many clinical illustrations, and drawing on self psychology, attachment therapy and theories of trauma,

Russell Meares

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looks at the nature of self and how it develops, before going on to explore the form and feeling of experience when self is disrupted in a traumatic way, and focusing on ways towards the restoration of the self. Written in an accessible style

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from the author's
singular
perspective,
Intimacy and
Alienation will
appeal to
professionals in the
fields of
psychotherapy,
counselling, social
work and
psychiatry, as well
as to students and
the lay reader.

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