Mental Health Professionals Network Ltd

Tel. 03 8662 6600
Fax. 03 9639 8936
Add. Emirates House, Level 8 251-257 Collins St Melbourne VIC 3000
Email. info@mhpn.com.au
Web. mhpn.org.au

mhpn Mental Health Professionals' Network

Webinar

Supporting people living with borderline personality disorder

Tuesday, 21st March 2017

"Working together. Working better."

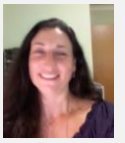
Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by mhpn Mental Health Professionals' Network

Tonight's panel

Dr Christopher Wurm
GP

Ellen Sinclair
Mental Health Nurse



Janina Tomasoni
Psychologist

Prof Andrew Chanen
Psychiatrist

Facilitator

A/Prof Rachel Rossiter
Nurse Practitioner

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be **respectful** of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your **comments and questions** for panellists in the '**general chat**' box. For help with **technical issues**, post in the '**technical help**' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. This is a professional development activity and **all comments should be on topic.**
- If you would like to **hide the chat**, click the **small down-arrow** at the top of the chat box.
- Your feedback is important. Please **complete the short exit survey** which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an exploration of borderline personality disorder, the webinar will provide participants with the opportunity to:

- Design a safe and supportive environment for people seeking care for borderline personality disorder
- Implement key principles of providing an integrated approach in the identification, assessment, treatment and support of people with borderline personality disorder
- Identify challenges, tips and strategies in providing a collaborative response to assist people who have borderline personality disorder who are experiencing increased risk of self-harm or suicide.

General Practitioner Perspective

April 2008 U.S. House of Representatives

"Despite its prevalence, enormous public health costs, and the devastating toll it takes on individuals, families, and communities, [borderline personality disorder] only recently has begun to command the attention it requires."

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3145201/

Am J Psychiatry. 2009 May; 166(5): 530–539. Borderline Personality Disorder: Ontogeny of a Diagnosis. John G. Gunderson

Christopher Wurm

General Practitioner Perspective

The tasks of the GP

- Triage and treat within one's capabilities
- Educate, coordinate, refer, monitor
- Promote realistic expectations
- Help patients and their families adapt
- Advice on prognosis, risks, other options
- Facilitate access to suitable supports
- Harm minimisation
- Debrief & give encouragement to staff and colleagues

Christopher Wurm

General Practitioner Perspective

Sane.org & BPD

- People with BPD are not 'bad'
- The anger and rejection that people with BPD display mean they are sometimes labelled as 'bad,' 'manipulative' or 'attention-seeking'
- This behaviour results from feelings of fear, loneliness, desperation, or hopelessness associated with BPD
- People with BPD can get better

http://www.sane.org/information/factsheets-podcasts/160-borderline-personality-disorder

Christopher Wurm

General Practitioner Perspective

What's new in BPD?

- Axis II is gone
- Personality disorders are not seen as separate from other mental disorders

What's still there in DSM-5?

- Risk taking, impulsiveness
- Chronic feelings of emptiness
- Fear of rejection/abandonment
- Intense sadness, irritability, or anxiety at times "emotional lability"

Christopher Wurm

General Practitioner Perspective

Good psychiatric management

- Usually once a week individual therapy
- GPM incorporates psychoeducation and setting goals toward symptom reduction
- Focus on the patient's reactions to interpersonal stressors in everyday life
- GPM & DBT show comparable +ve outcomes

John G. Gunderson and P. S. Links (2014). Handbook of Good Psychiatric Management for Borderline Personality Disorder. Arlington, USA, American Psychiatric Association Publishing

Christopher Wurm

General Practitioner Perspective

Guidelines & GPs

- "... simply extrapolating evidence from studies conducted in patients with severe, chronic or complex disorders encountered in specialist treatment centres may not only be scientifically questionable, but may particularly annoy GPs."
- "Providing a detailed list of reasons for specialist referral does not assist those GPs who struggle on a daily basis to connect with any specialist support in the private or public sector."

Hickie, I. B., & Blashki, G. A. (2006). Evidence into practice: the mental health hurdle is too high. MJA, 184(11), 542-543.

Christopher Wurm

Mental Health Nurse Perspective

Mental Health Nurse in Primary Care

- Team Case Management 1: Patient (Emma), GP, Mental Health Nurse
  - Therapeutic engagement
  - Safety
  - Monitor medication compliance
  - Biopsychosocial assessment
    - Collaborative goal setting
    - Monitoring
- New patient 50 mins
- Review patient 30 mins vs GP 6-15 mins

Ellen Sinclair

Mental Health Nurse Perspective

Therapeutic Engagement

- Significant clinical importance and the crux of the nurse-patient relationship

  Peplau HE. Interpersonal relations: a theoretical framework for application in nursing practice. Nurs Sci Q. 1952;5:13–18

  - Boundaries
  - Expectations of my involvement
    - Assist with facilitating access to psychologist, support groups, family assistance
    - Follow up after time limited intervention e.g. DBT, Conversational Therapy
  - Validate, Validate, Validate!

Ellen Sinclair

Mental Health Nurse Perspective

Safety

- Thoughts of self-harm
- Thoughts of suicide
  - direct questions
  - plan, means, strength of urge
  - protective factors
- Contact with Acute Mental Health Services if in crisis

Ellen Sinclair

Mental Health Nurse Perspective

Monitor medication compliance

- Current prescribed medications
  - As prescribed?
  - Why stopped? How do you feel since you have?
- OTC medications / food supplements
- Drug and alcohol use and/or abuse

Ellen Sinclair

Mental Health Nurse Perspective

Biopsychosocial assessment

- Opportunity for Emma to tell her story
- Identify her strengths
- Identify her priorities for treatment
  - Interpersonal relationships
  - Distress tolerance
  - Emotion regulation
- Collaborative goal-setting
- Monitoring

Ellen Sinclair

Psychologist Perspective

Initial Assessment

- Ascertain whether the presentation is accounted for by BPD by enquiring about each of the DSM-V criteria
- Gather a history of difficulties with emotion regulation, interpersonal difficulties, rejection & abandonment sensitivity, coping behaviours
- Identify what the client finds helpful and unhelpful responses by others when distressed
- Use available BPD screening tools to assist

Janina Tomasoni

Psychologist Perspective

- Assess self-harm behaviour, suicidal ideation & or plans (past & present)
- Consider any risks to children
- Assess strengths
- Provide psycho-education to client about BPD, what the core difficulties are
- Discuss what treatments are most effective
- Consider psycho-education to family

Janina Tomasoni

Psychologist Perspective

- Engagement
  - Establish therapeutic alliance to facilitate client to achieve effective change:
    - Contractual, Relational & Working
  - Develop therapy plan: clear targets for change, length of treatment, structured treatment, psychological treatment / approach
  - Develop a crisis plan
  - Communication style of therapist
- Establish a clear collaborative model of care with GP and other providers. Role clarity, role responsibilities
- Identify other services/community supports to assist client's progress

Janina Tomasoni

Psychologist Perspective

Common Therapy Difficulties

- Contractual alliance is not established at the beginning
- Therapist does not define limits or limits become too rigid
- Suicidal crises
- Telephone calls
- Boundary violations
- Idealisation & devaluation
- Ending therapy
- System difficulties

Janina Tomasoni

Psychologist Perspective

How to manage therapy difficulties

- SUPERVISION
- Recognising your biases about the diagnosis
- Know your own professional limits, capacity & competence before accepting referrals
- Managing anxiety & fear
- Education & training in BPD
- Peer support or consultation
- Not working in isolation, working collaboratively with other providers

Janina Tomasoni

Psychiatrist Perspective

A 'good enough' assessment

- Identifies personality disorder
  - Describes features of personality disorder
- Identifies co-occurring psychopathology
  - mental state disorders (e.g., depression, anxiety, eating disorder)
- Estimates the severity of impairment
- Directs treatment options
- Engages the person in treatment

Andrew Chanen

Psychiatrist Perspective

What is Personality Disorder? **(Livesley, 1998)**

- Personality structure prevents achievement of
  - Stable integrated representations of self & others
  - Capacity for intimacy, attachment, & affiliation
  - Capacity to function adaptively in the social group
    - prosocial behaviour &/or cooperative relationships
- BPD is a collection of 9 criteria that are a marker for **severe** personality disorder

Andrew Chanen

Psychiatrist Perspective

Distinguishing State from Trait

- Look for longitudinal pattern of the feature
  - Usually present for at least two years
  - The way a person **usually** behaves
  - Present outside of episodic mental state disorders (e.g., depression, anxiety, eating disorder, substance use, psychosis…)
- A timeline for the last 2 years can help

Andrew Chanen

Psychiatrist Perspective

Common characteristics of evidence-based treatments for personality disorder (Bateman et al 2015)

- Treatment should be structured
- Patients encouraged to assume responsibility as treatment progresses
- Help to connect feelings to events and actions, with a focus on the 'here and now'
- Collaborative, active, responsive, validating, and empathic in response to distress
- Supervision - including opportunity to discuss personal reactions to the patient

Andrew Chanen

Psychiatrist Perspective

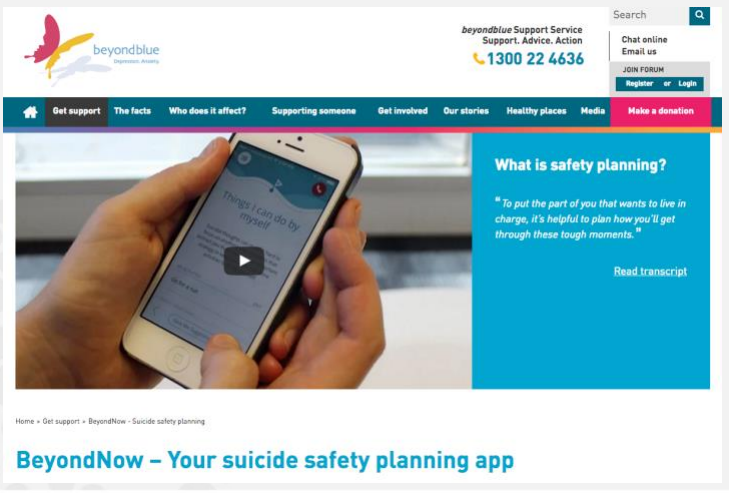
Generic therapeutic processes (Gunderson, 2008)

- "Containment"
  - Keeping safe, taking responsibility for the patient when they are not able to do so
- Support
  - Validation, increases self-esteem, genuine care
- Structure
  - Helps make the environment predictable
- Involvement
  - Collaboration, involving the person in their own treatment. This strengthens tolerance for interpersonal interactions
- Improved quality of life
  - Developing goals to assist the individual to have a fulfilling work and relationships

Andrew Chanen

Psychiatrist Perspective

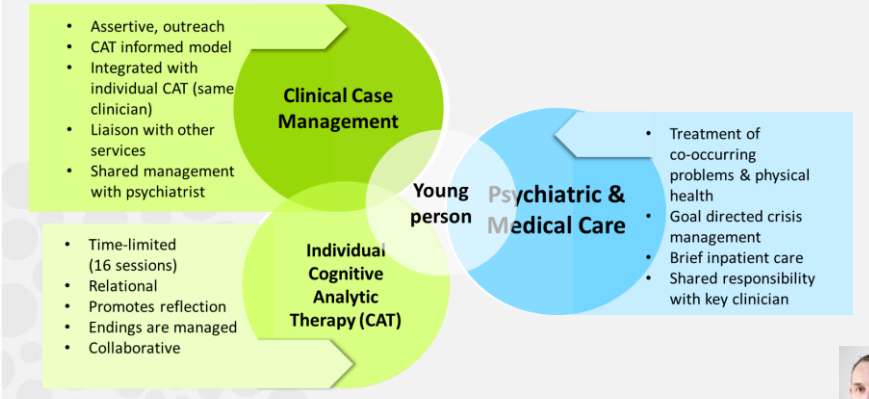
Safety planning (Stanley & Brown 2012)



Andrew Chanen

Psychiatrist Perspective

Key components of the specialist HYPE Model



Andrew Chanen

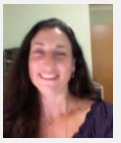
Psychiatrist Perspective

Advocate for people with BPD

- Optimism to counter the soft bigotry of low expectations
- Counteract discrimination

Andrew Chanen





Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes)
- Certificates of Attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks
- Our next webinar, **Supporting families of people living with dementia,** will be held on Wednesday, 3rd May 2017.
  Sign up at www.mhpn.org.au/UpcomingWebinars

Are you interested in joining an MHPN network in your local area? View a list of MHPN's networks here. Join one today!

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation

Good evening