This webinar

Audience tip:
If you are having trouble hearing, please dial in on **1800 896 323** Passcode: **197 556 5027#.**

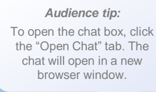
is the result of a partnership between

Project Air Strategy for Personality Disorders

and

Mental Health Professionals' Network.

Tonight's panel



Dr Hester Wilson
General Practitioner

Dr Jeff Ward
Psychologist

Dr Trevor Crowe
Psychologist

Facilitator:
Dr Mary Emeleus
Psychiatry Registrar

Learning outcomes

Audience tip:
Download the slideshow, David's story & supporting resources from the Resources Library tab at the bottom right of the screen.

Through a facilitated panel discussion about David, at the completion of the webinar participants will be able to:

- describe the prevalence, distinguishing features, and prognosis for people with personality disorder and substance use
- demystify the challenges, myths and constraints of providing treatment and support to people with personality disorder and substance use
- identify and prioritise evidence based approaches which are most likely to be effective in the treatment and support of people with personality disorder and substance use.

GP perspective

David – Issues for us seeing David in GP setting

- Physical illness
- ?missed appointment
- ?is he a new patient
- Excessive sweating, nausea, abdominal pain, bloating.

- Always consider role of mental health in any presentation, & need to exclude organic cause.

Hester Wilson

GP perspective

The AOD & Mental Health Assessment in GP setting

Ideally placed, but . . .

- Ask permission – explain why you're asking
- Biopsychosocial approach
- HEADS Assessment – including AOD use.

Hester Wilson

GP perspective

David & AOD

- Age of first alcohol
- Drinking daily 5-8SD and 1-2SD in the morning
- Risky drinking 10SD on drinking occasions - ?social - DUI
- Risky drinking is not uncommon, but . . .
- Self medicating

- Cannabis: 3-4 joints over weekend
- E.g. 'takes whatever is going…'

Hester Wilson

GP perspective

David & mental health

- Anxiety
- Social difficulties
- Suicidality
- Impulsivity
- 'Nerves'
- Family issues
- Relationship issues
- Anger (emotions) management.

Hester Wilson

Psychologist perspective

General approach to David's problems & treatment

- David has excellent reasons for everything he is doing (even though they be maladaptive). My job is to understand what those reasons are & to help him understand them, i.e. take a validating, empathic stance & help David relate to himself in this way.
- More broadly, see David's problems as making sense in terms of his life history & help him to understand himself in this way: how did David come to be this way?
- Anxiety about dependency: David may develop a dependency on me as he hasn't been able to depend on anyone yet. Any dependency he develops see as provisionally stabilizing & transitional, an aspect of the treatment process to be worked on at some stage.

Jeff Ward

Psychologist perspective

Integrative modular approach to treatment

- We have evidence-based psychotherapies for BPD (e.g. DBT, schema therapy, mentalization-based treatment, transference-focused psychotherapy, conversational model) but none for other PDs.
- Different BPD therapies focus on different areas of dysfunction but there is no substantial difference in outcome.
- Integrative modular approach (see Livesley et al., 2016) identifies specific problems & incorporates modules of treatment for those specific problems from different therapies.
- Phases of treatment: develop therapeutic alliance ➔ symptom reduction ➔ deal with underlying personality disturbance.

Jeff Ward

Psychologist perspective

Engaging David & holding him in treatment

- What do I need to do to increase the likelihood David will engage in treatment?
  - How can I understand David & communicate in a way that ensures David understands I "get it", at least to some extent?
    - Put myself in his shoes & see things from his perspective & put this into words.
    - Use a wondering, collaborative style of empathy, understanding empathy is a co-constructed process, e.g. "Have I got this right? Have I understood you? I'm getting the sense that it is like…. Is that right?"
    - Understanding creates connection, reduces distress, generates hope & begins the process of enhancing self-reflective capacity.
    - Due to indications that David can become overwhelmed, initially keep it cognitive & general.
  - How can I generate a sense of hope in David that I might be able to help him?
    - Understand him!
    - Provide a problem summary, formulation & treatment plan that makes sense to him.

Jeff Ward

Psychologist perspective

David's problem areas

- Likely diagnoses of BPD & alcohol use disorder.
- Problems
  - Poor capacity for self reflection & interpersonal understanding
  - Attachment/interpersonal difficulties
  - Social anxiety
  - Self-criticism
  - Anger and aggression
  - Suicidal impulses
  - Identity confusion
  - Emotion dysregulation
  - Low mood
  - Alcohol – daily drinking & bingeing on weekends
  - Cannabis & MDMA weekend use.

Jeff Ward

Psychologist perspective

Case formulation & treatment

- Provide provisional case formulation after 2 or 3 sessions
  - Summarise David's problems as he has described them; invite additions & corrections.
  - Provide a provisional developmental account of how these problems developed, e.g. absent father, critical mother, etc.
- Provide treatment recommendation
  - Meet weekly, focus on what David sees as the most important problems first, i.e. make sure there is agreement on tasks & goals of treatment.
  - Examples of treatment modules that might be used in response to specific problems:
    - Suicidality, e.g. use DBT interventions
    - Self-criticism, e.g. use modules from emotion-focused therapy, schema therapy or psychodynamic therapy
    - Social anxiety, e.g. use CBT interventions
    - Romantic attachment difficulties, e.g. use interpersonal therapy, schema therapy or psychodynamic therapy
    - Alcohol & drug use, e.g. use motivational interviewing.
  - Addressing underlying personality pathology
    - E.g. Schema therapy, psychodynamic therapy

Jeff Ward

Psychologist perspective

What does recovery mean?

- Symptom/function management
- Psychological/personal recovery
  - Hope (hope theory, approach motivation, competence….)
  - Meaning (values aligned, purpose…)
  - Identity (growing beyond "old self", multiple selves, relational…)
  - Responsibility (effective contact boundaries, integrated motives, autonomy…).
- Interpersonal/family
  - Attachment injuries
  - Core relationship templates (including co-dependency/enabling behaviours)
  - Constructing safe havens.

Trevor Crowe

Psychologist perspective

Trauma & attachment

- Absent father, critical mother – unreliable attachment system
- Anxious attachment
  - “pushes for greater intimacy … they threaten to leave … threatens suicide”
  - “you are the first person he’s opened up to”
  - “he becomes quickly attached”.
- Trauma features
  - Fragmented self (multiple selves or parts of self)
  - Apparent incapacity to be fully present (anxiety = shuttling between past experiences & future concerns, shuttling between different parts of self/experiences)
  - Unfinished business enacted in the present (gestures, movements, emotions, bracing, fight/flight/freeze, cognitions, etc)
  - Dissociation??

Trevor Crowe

Psychologist perspective

Meaning, function & effect of David’s substance use

- Accuracy of substance use reporting
- Seeking security and soothing
  - Social & family identity
  - Keeping boundaries “fluid” (uncertainty tolerance)
  - Numbing pain, management stress/emotion
  - Feel stronger (and weaker)
  - Escape/avoidance
- Other ways to manage these functions required in order to free up motivation, to cease or better manage use – working with conflicting motives &/or values clashes (as with motivational interviewing and parts of self models).
- How do we “convince” & help David to develop & access resources to stay with pain, vulnerability, discomfort & uncertainty when his amygdala is over-firing with warnings of unsafety?
- If substance use causes problems, it is a problem in itself?
- **David’s relationship with substances mirrors his relationships with people** (i.e. security & soothing in the face of attachment injuries).

Trevor Crowe

Psychologist perspective

Common threads in integrated treatment
(DBT, Schema, Psychodynamic)

- Risk management
- Behaviour activation
- Mentalisation/cognition
- Therapeutic relationship (alliance, transference, real)
- Emotion regulation skills
- Distress tolerance and prolonged exposure
- Interpersonal skills
- Insight/informed (schemas, patterns, defenses, avoidances, recovery, needs, trauma…)
- Supportive relationships (partner, family, friends, support/recovery groups…)
- Accountability
- Validation (acceptance & change)
- Motivation (intrinsic, ambivalence, unmet need)
- Relapse prevention (triggers: interpersonal, intrapersonal, situational; strengthening)
- Mindfulness/staying with/ deepening experiences
- Recovery visioning?

Trevor Crowe

Psychologist perspective

Recovery interference

- Activated core conflictual relationship themes
- Blurred boundaries (roles, responsibilities, time, place)
- Insecure attachment dynamics
- Clinician burnout, overwhelm, ineffectual beliefs
- Attachment to old patterns & identity
- Slipping into the drama triangle (victim, persecutor, rescuer)
- Substance use
- Turning away from own experiences/emotions
- Invalidation & eliciting rejection
- Hopelessness spirals.

Trevor Crowe

Help guide tonight's discussion

The following themes were identified from the questions you provided on registration:

- Prevalence and prognosis
- Relationship between personality disorders & substance use
- Engagement strategies
- Treatment options & sequencing issues
- Trauma

A pop up listing themes will appear on your screen shortly.

Choose the one you'd most like the panel to discuss.

Q&A session

Dr Hester Wilson
General Practitioner

Dr Jeff Ward
Psychologist

Dr Trevor Crowe
Psychologist

Facilitator:
Dr Mary Emeleus
Psychiatry Registrar

Thank you for participating

- Please complete the feedback survey before you log out (it will appear on your screen). If it doesn't, click the Feedback Survey tab at the top of the screen.
- Attendance Certificates will be emailed within two weeks.
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