



# PROJECT AIR

A PERSONALITY DISORDERS STRATEGY

## Towards a Conceptual Framework of Recovery in Borderline Personality Disorder

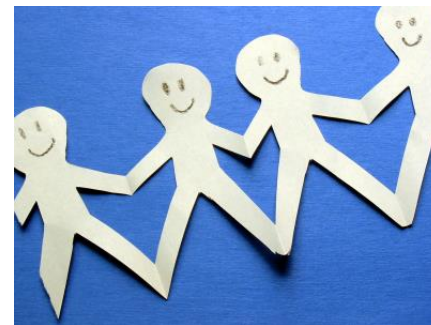
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6<sup>th</sup> Annual National BPD Conference, Sydney

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Being able to relate to others



**Decreasing symptoms**

Being able to go to school

What does recovery  
mean to you?

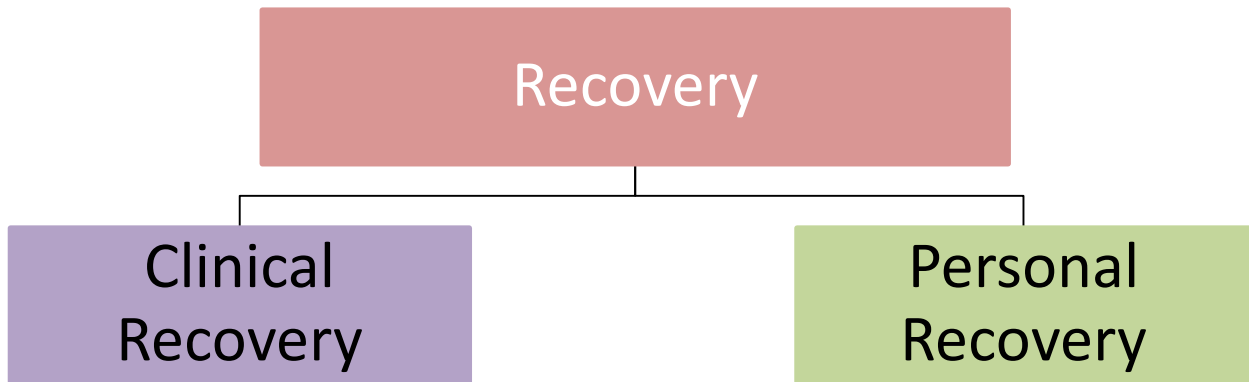
**Being able to work**



To not be overwhelmed by emotions

***Being able to cope with life's problems***

Understanding who I am



# Recovery

## Clinical Recovery

## Borderline Personality Disorder

- Traditional understanding, focus on symptoms and functioning
- Treatment effectiveness studies and longitudinal studies
  - The ‘Big 4’ treatments: Dialectical Behavioural Therapy (Linehan et al., 2006), Mentalisation Based Therapy (Bateman & Fonagy, 2008), Transference Focused Psychotherapy (Levy et al., 2006), and Schema Focused Therapy (Giesen-Bloo, 2006).
  - Longitudinal studies: 20 year follow-up (Zanarini et al., 2016)
- Concerns over the efficacy of treatments for outcomes beyond symptom change

# Recovery

## Personal Recovery

### Background

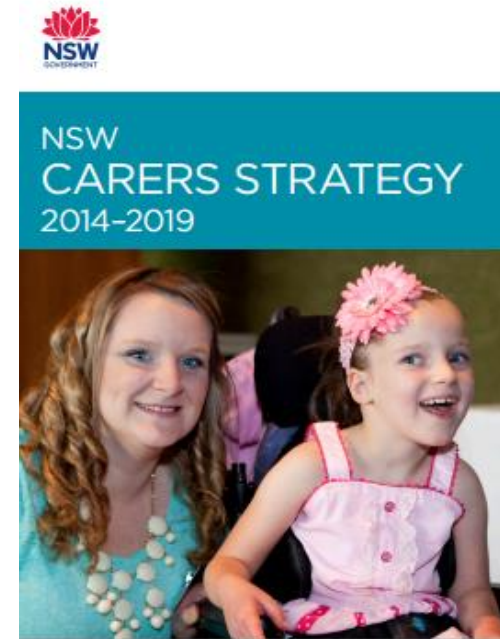
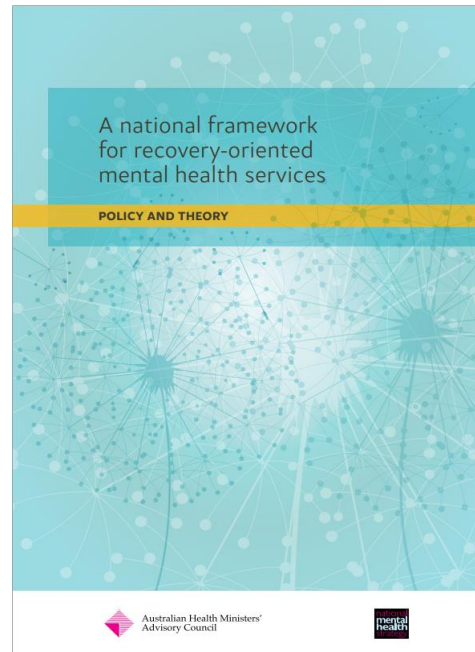
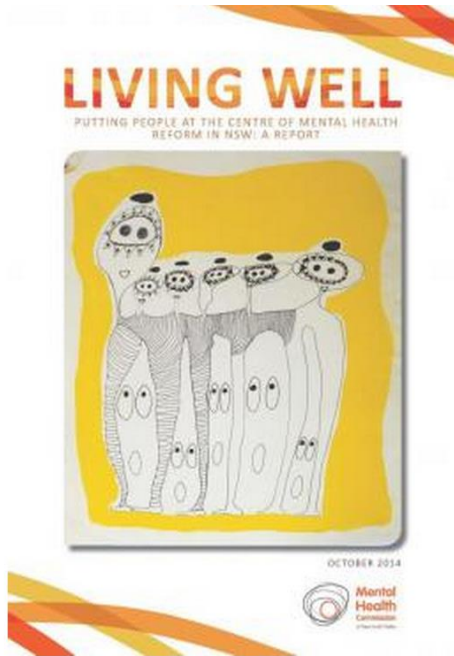
- Arose from the consumer movement in the 70s
- Mostly widely accepted definition:
  - *‘A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness’* (Anthony, 1993)
- Personal recovery processes: CHIME framework (Leamy et al., 2011)
  - Connectedness, Hope, Identity, Meaning, Empowerment

# Recovery

## Personal Recovery



Australian Health Ministers' Advisory Council (2013) A National Framework for Recovery Oriented Mental Health Services: Guide for Practitioners and Providers.



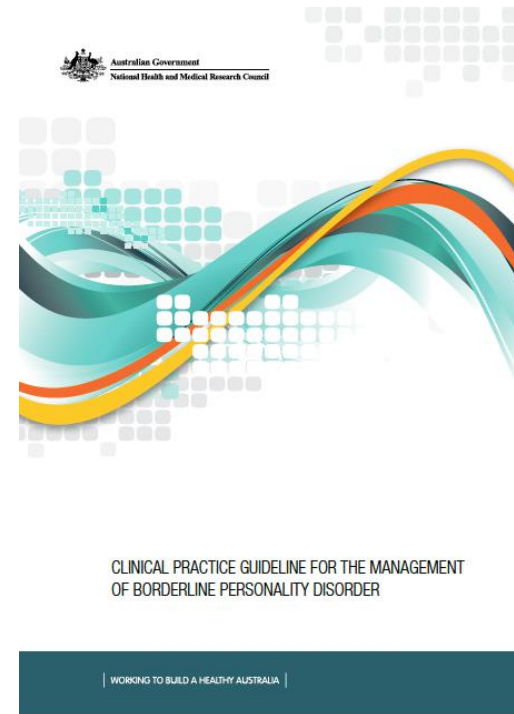
- Need to focus on personal recovery
- Increasing recognition of the support network in the recovery process
- Reflected in state and national strategic plans and frameworks

# Recovery

## Personal Recovery

## Borderline Personality Disorder

- Limited insight into the lived experiences of consumers and carers with BPD
- Need to gain a holistic understanding of how recovery is conceptualised in BPD
  - Definition of recovery
  - Treatment priorities of consumers
  - Family and carer perspectives





# Research Question

- 1) How do consumers, clinicians, family and carers understand and experience recovery from BPD?
  - What are the longer term outcomes of consumers with BPD?
  - How is personal recovery conceptualised in BPD through the multiple perspectives

# Method

- PRISMA guidelines and pre-determined protocol registered with PROSPERO (Registration Number: CRD42015019838)
- Searched electronic databases, reference lists and studies known to researchers
- **Inclusion/Exclusion criteria:**
  1. Perspectives of consumers OR clinicians OR family OR carers
  2. Focused on BPD as the main disorder
  3. Examined recovery process through the remission of symptoms or consumer experiences
  4. Consumers based in inpatient or community settings
  5. Qualitative or longitudinal methodology

# Findings

- 19 studies met the inclusion criteria, representing 11 unique cohorts or 1122 consumers with BPD
- 16 longitudinal studies
- 3 qualitative studies

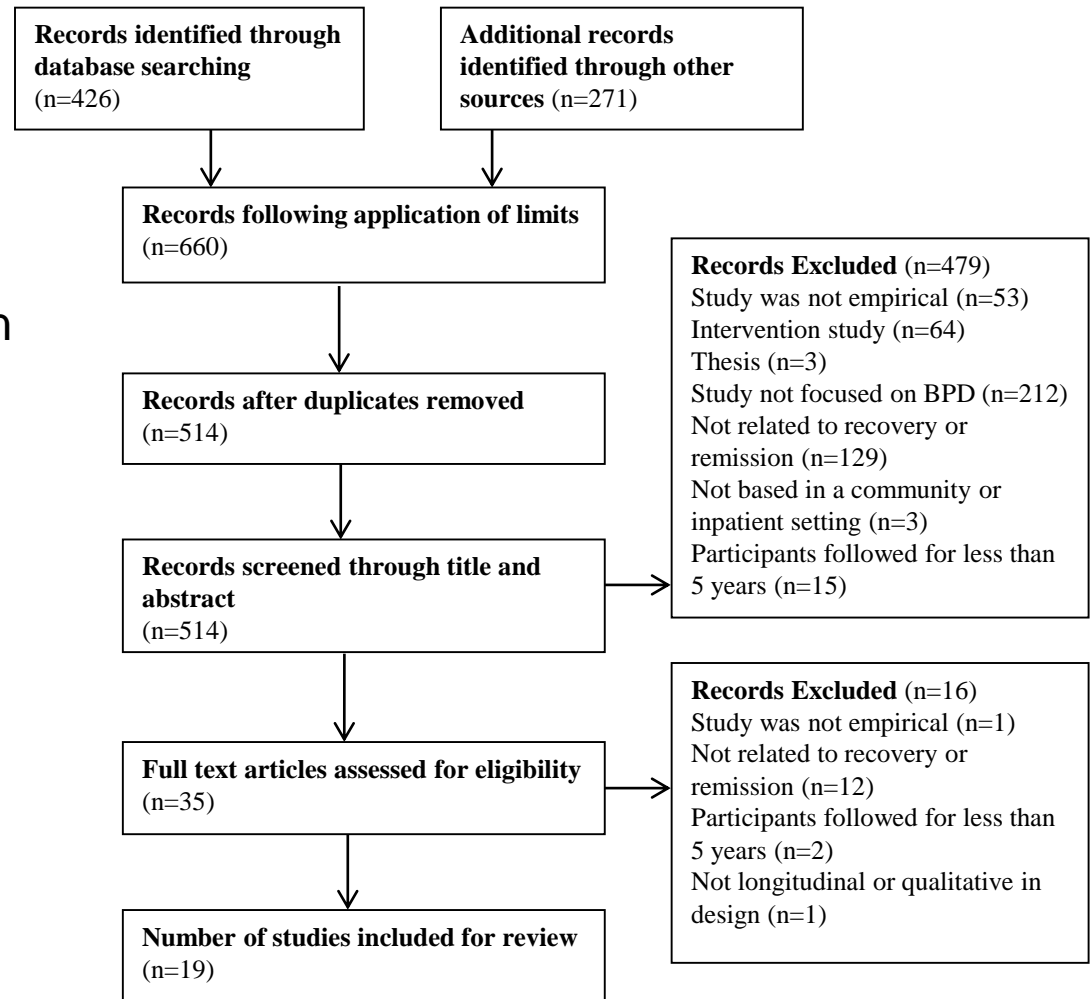


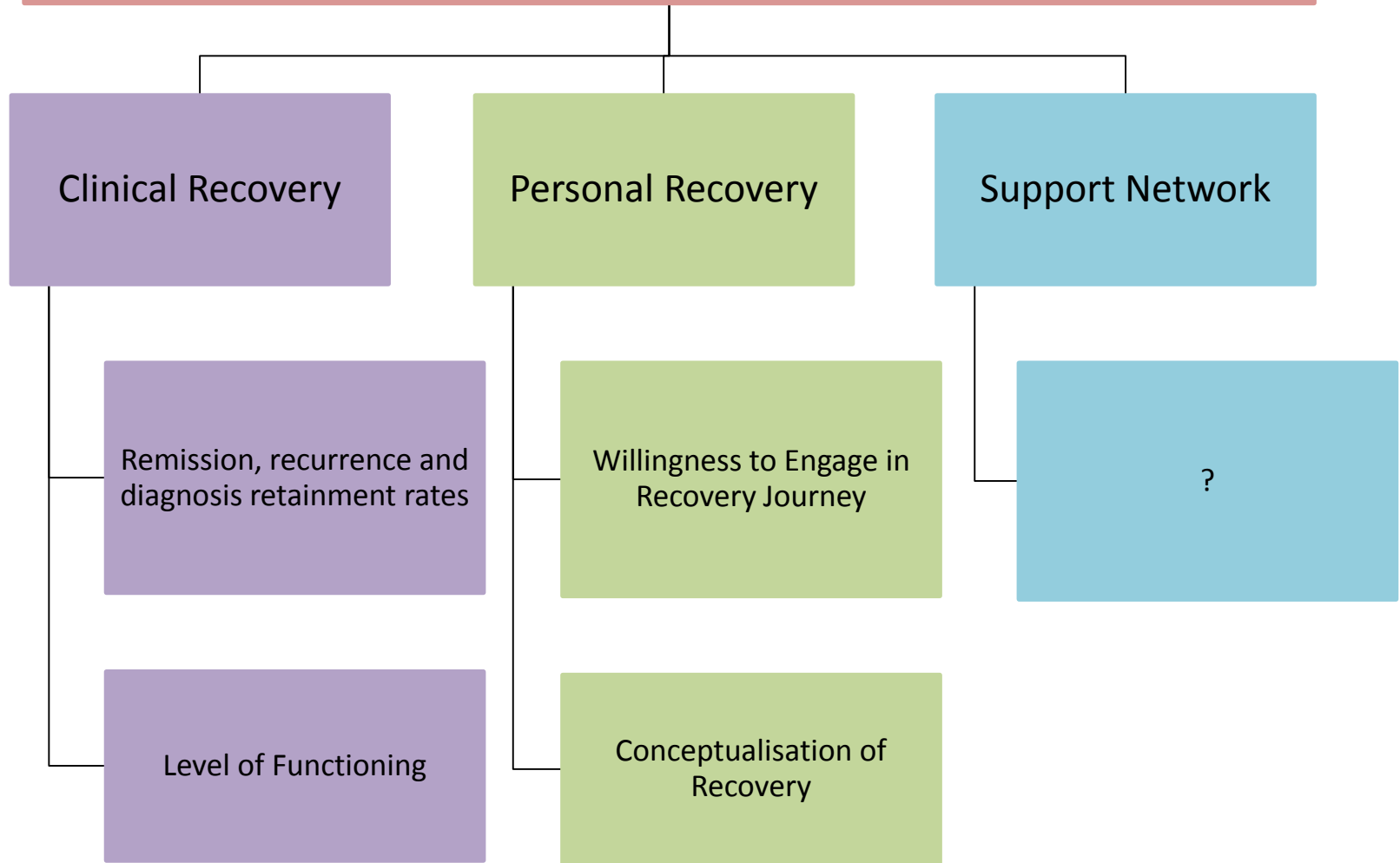
Figure 1: PRISMA Flow Chart

# Sample Characteristics

Characteristic	Sample size	Mean or Proportion of Sample
Age	847	30.33 years
Female	814	72.5%
Married	194	37.1%
Vocational Engagement	154	35.1%
Ethnicity (Western)	338	84.6%

**NB:** Total sample size: 1122 consumers

# Recovery from BPD



# Recovery from BPD

## Clinical Recovery

Remission, recurrence and diagnosis retention rates

Level of Functioning

- **Remission, recurrence and diagnostic retention rates**
  - Follow up period ranged between 5 and 27 years
    - **Remission** rates: 33 – 99% of consumers
    - **Recurrence** rates: 10 – 36% of consumers
    - **Retention** rates: 7.8 – 66.7% of consumers
- **Level of functioning**
  - Average follow up period 16 years
  - **Increase in functioning** at follow up
    - Scores at follow up indicate consumers are functioning well, with mild symptoms and continued difficulties with functioning.



# Recovery from BPD

## Clinical Recovery

Remission, recurrence and diagnosis retainment rates

Level of Functioning

- BPD is a **stable** condition, where **symptomatic remission is possible** and the likelihood of **recurrence is low**.
- **Ongoing difficulties with functioning** with 35% of participants from the included studies engaged in vocation.



# Recovery from BPD

## Personal Recovery

### Willingness to Engage in Recovery Journey

- Active willingness to engage in recovery **initiated** through:
  - Meaningful roles and vocation
  - Motivation to not be defeated by disorder
- Desire for recovery as a **prerequisite** for change





# Recovery from BPD

## Personal Recovery

## Conceptualisation of Recovery

- Concerns over whether ‘recovery’ encapsulates their experiences
- Dichotomous understanding – implications for help seeking
- Alternative conceptualisations: ‘journey’ ‘progress’ or ‘learning’
- Divide between consumer and service goals for recovery




# Discussion

- Need greater understanding of personal recovery processes in BPD
  - Consumer goals for recovery vs treatment targets of interventions
  - Assist to individualise care and develop recovery oriented MHS
- More holistic conceptualisation of recovery required
  - *‘A sub-syndromal experience where consumers are engaged in vocation and relationships, whilst acknowledging there may be ongoing difficulties with functioning’*
- Perspectives of clinicians, family, and carers required
  - Increased role in care and sense of burden
  - Differences in understanding have been noted in the literature
  - Impacts therapeutic relationship


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RESEARCH ARTICLE

# Recovery from Borderline Personality Disorder: A Systematic Review of the Perspectives of Consumers, Clinicians, Family and Carers

Fiona Y. Y. Ng, Marianne E. Bourke, Brin F. S. Grenyer 

Published: August 9, 2016 • <http://dx.doi.org/10.1371/journal.pone.0160515>

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<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0160515>

# Treatment Goals and Recovery

## Method

- Participants with a diagnosis of BPD (N=102)
- Asked individuals to provide up to **3** treatment goals and to rate the severity of the goal during the initial assessment session
- Goals were content and thematically analysed to identify key areas for recovery

# Sample Characteristics

	Range	Mean	Standard Deviation
Age (years)	18-56	29.67	8.84
Education (years)	7.5-19	12.09	2.58
Sex	Female: n=89 Male: n=13		

Key Themes	Sub-Categories	Example participant goal statements
<b>1. Greater Sense of Self (14.1%)</b>	Attitudes Toward Self	i. Having self-esteem and self worth ii. Sense of self
	Personal Awareness	i. Understanding myself ii. Develop my goals and motivation iii. Identifying my vulnerabilities
<b>2. Better Interpersonal Relationships (18.2%)</b>	Improving Current Relationships	i. Relationship with significant other/friends/family/mother
	Connectedness	i. Connecting with others ii. Developing relationships iii. Relating to others
	Parenting	i. Developing parenting skills ii. Contact and better relationship with children
	Interpersonal Skills	i. Overcome grief and loneliness ii. Being assertive with others

Key Themes	Sub-Categories	Example participant goal statements
<b>3. Improved Wellbeing</b> (28.3%)	Vocation	i. Engaging in paid work, activities, or education
	Current Life Situations	i. Solve specific life situations
	Physical Health	i. Improve physical health ii. Stay out of hospital
	Coping Style	i. Having control over emotions ii. Improve coping style iii. Coping with distress/stress
<b>4. Reducing Symptoms</b> (39.4%)	Suicidality and Impulsivity	i. Self-harm behaviours/thoughts ii. Suicidality iii. Anger
	Depressive Symptoms	i. Negative mood/thoughts ii. Mood swings
	Anxiety Symptoms	i. General anxiety ii. Post-traumatic stress/trauma
	Eating Related Issues	i. Disordered eating
	Transient Symptoms	i. Dissociation ii. Hallucinations

# Discussion

- Consumer recovery goals extend beyond the mere reduction of symptoms to include other domains (relationships, identity, wellbeing)
- Commonalities in goal content with other severe mental illness, however there are differences in how goals are conceptualised
- Implications for treatment – mismatch between consumer recovery goals and service/treatment targets
  - Need to ask consumers what their goals for treatment and recovery are.



# Where to next?



## Journeys to Recovery from Borderline Personality Disorder

- New study!
- Currently looking for consumers with a diagnosis of BPD who identify with being in a state of recovery or wellness

Please contact me for more information:

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