Responding Effectively to BPD

Challenges for the Service System

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Borderline Personality Disorder

A common mental illness characterised by poor control of emotions and impulses, unstable interpersonal relationships and unstable self-image.

“Borderline personality disorder is a hurtful label for real suffering – time we changed it”

The Conversation, July 21

Jayashri Kulkarni, Professor of Psychiatry, Monash University.

Prognosis: Hope?

Gunderson (2011)

(N = 175 BPD subjects and 407 control subjects)

- **Major Depression**
  - Remission = 95% Relapse >65%
- **Other Personality disorders**
  - Remission = >85% Relapse 35%
- **Borderline Personality Disorder**
  - Remission = >88% Relapse 11%

What can we do as service providers?

Service Provision in environments with limited resources

NHMRC guidelines:

Clinical Practice Guideline for the Management of Borderline Personality Disorder (2012)

Australian BPD Foundation:

A Guide to Accessing Services for Borderline Personality Disorder in Victoria

Health professionals at all levels of the healthcare system and within each type of health service, including general practices and emergency departments, should recognise that BPD treatment is a legitimate use of healthcare services. Having BPD should never be used as a reason to refuse health care to a person.

Overview

- Defining the clinician’s role
- Engagement
- Assessment & Diagnosis
- Containment
- Validation
- Treatment Planning
- Treatment Provision
- Reflection

Defining the Clinician's Role

What does the service provide?

What is the scope of my expertise?

What is the amount of resources available?

Engagement

- Clarify where/how crisis services are accessed
- Risk assessment
- Provide structured regular sessions with realistic expectations.
- What expectations (hopes, fears) do both clinician and client bring to the interaction?
- What is the nature of the relationship between clinician and client?
- A trauma sensitive approach.
- Convey clear expectations about duration and what can happen after this period is over
- Acknowledge difficulties (anxiety, non attendance, potential for being substance affected).
- Clarify expectations or needs that the clinician may have of the consumer (out of session contact, responsiveness to communication, safety of clinician and client).

Engagement

When a person with BPD is experiencing a crisis, health professionals should focus on the ‘here and now’ matters. Issues that need more in-depth discussion (e.g. past experiences or relationship problems) can be dealt with more effectively in longer-term treatment by the health professional who treats them for BPD (e.g. the person’s usual psychiatrist).

Assessment & Diagnosis

A Collaborative Explanatory Model

Seek additional expertise if needed:

-supervision

-specialist service secondary of primary consultation (Spectrum)

-Private Psychiatrist or Psychologist with expertise (#291 referral from GP, Spectrum Statewide BPD service may suggest clinicians)

Assessment & Diagnosis

Health professionals should consider assessment for BPD (or referral for psychiatric assessment) for a person with any of the following:

- frequent suicidal or self-harming behaviour
- marked emotional instability
- multiple co-occurring psychiatric conditions
- non-response to established treatments for current psychiatric symptoms

a high level of functional impairment.

Once the diagnosis is established, it should be disclosed and explained to the person, emphasising that effective treatment is available.

Assessment & Diagnosis

If the person agrees, the diagnosis should be explained to the person's family, partner or carers at a time that both the clinician and the person think appropriate.

Interventions for BPD and co-occurring mental illness should be integrated, where possible. If possible, the same therapist or treatment team should provide treatment for both conditions. Where this is not possible, the health service or therapist providing treatment for the co-occurring condition should collaborate with the person's main clinician who is responsible for managing their BPD.

Containment

by collaboration with the system

- Bringing family/carers together

- Brining service providers together

- Identifying outstanding needs & services to address these needs (medical conditions, support for family members, substance abuse, domestic violence services)

If more than one health service is involved in an individual's care, all the health professionals and services should choose one health professional to be the person's main contact person, who will be responsible for coordinating the person's care across all health services that they use.

Health professionals should refer families, partners and carers of people with BPD to support services and/or psychoeducation programs on BPD, where available.

Livesley, W.J. (2000). A PRACTICAL APPROACH TO THE TREATMENT OF PATIENTS WITH BORDERLINE PERSONALITY DISORDER Psychiatric Clinics of North America, 23(1), 211-232 .

Validation

To acknowledge and accept a person's feelings thoughts behaviours and internal experience as valid and understandable.

Requires accuracy understanding of the person's experience and communication that the person's response makes sense.

It is not the same as agreeing with the thoughts, feelings or behaviour.

….. mindful acceptance…… each person is doing the best they can at the time to meet their needs……everything is as it should be……..

Validation of:

client's experience

clinician's experience

of co-workers experience

Treatment Planning

- What are the options for further treatment?
- What are the client's treatment preferences?
- What would be the characteristics of a therapeutic relationship?

Health professionals should inform people with BPD about the range of BPD-specific structured psychological therapies that are available and, if more than one suitable option is available, offer the person a choice.

Sense of self

The client's thoughts, feelings, decisions are important.

Self monitoring for trauma.

Providing Treatment

People with BPD should be provided with structured psychological therapies that are specifically designed for BPD, and conducted by one or more health professionals who are adequately trained and supervised. There is evidence that structured psychological therapies for BPD are more effective than the care that would otherwise be available.

Health professionals should advise people with BPD which structured psychological therapies are available, explain what these treatments involve, and offer them a choice if more than one suitable option is available.

Those responsible for planning or managing services that provide care for people with BPD should ensure that health professionals receive appropriate support, including:

- participation in a structured peer support program
- access to secondary consultation provided by an expert in BPD care or specialised BPD service.

Reflection

In a group of 2 to 4 (with someone you don't already work with) share your experience of your environment of service provision to people with BPD. 5 minutes.

Questions:

What do I/can I provide in my service context?

What other resources might be valuable when working in this area?

What opportunities might I have to validate my own emotional experiences relating to this work?

Invitation to share comments with the larger group.