NATIONAL BPD TRAINING STRATEGY
Australian BPD Foundation

Progress Report 1

Stage Three and Four of the National BPD Training and Professional Development Strategy: *"Upskilling and Engaging Clinicians Working with People with Borderline Personality Disorder and their Families"*

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Prepared for the National Mental Health Commission by:

Ms Rita Brown
President
Australian BPD Foundation Ltd

Ms Dimitra Petroulias
Workforce Development Manager
Spectrum Personality Disorder Service

Australian BPD Foundation Limited
Support Promote Advocate
for Borderline Personality Disorder

spectrum
Personality Disorder Service

For further information

Rita Brown (President)

Australian BPD Foundation,

PO Box 942, Bayswater 3153

Tel: 0402 855 159

Email: rbrown@bpdfoundation.org.au

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1 Summary

The Australian BPD Foundation has partnered with Spectrum Personality Disorder Service to deliver **Stage 3** and **Stage 4** of the National Training Strategy which includes the development and delivery of core skills (renamed as 'core competencies'[1]) workshops, a Train the Trainer Program and the provision of a range of post-training clinical support and mentoring.

This progress report provides an update on the Activities 1, 2 and 3 which is part of Stage 3 of the National Training Strategy as follows:

Activity 1 - Identification of core partner organisations in all jurisdictions across Australia

To source clinicians who would be attracted to participate in the core competency training a subscription database was created. The database currently has 1,851 subscribers which include those that have completed Stage 1 webinars and Stage 2 e-modules, professionals identified through BPD clinical networks and anyone else interested in the training.

We believe any participant who attends the workshop can potentially be considered a 'champion' to recognise, respond to and treat people with BPD and be inclusive of families. With 245 clinicians already trained (and only 14 of the 18 workshops delivered) we have far exceeded the deliverable of this activity.

Activity 2

2a - Development of 'core competencies' curriculum and associated training resources

An extensive consultation process was undertaken in the development of the curriculum and resource including external personality disorder organisations and clinicians, trainers and consultants from Spectrum and Australian BPD Foundation. International and Australian published research journals, guidelines, manuals and books were reviewed and lived experience advice was also sourced.

The final BPD Core Competency Curriculum consists of a 2-day face to face workshop of ten core competencies based on the common factors approach. The curriculum includes pre-reading and is delivered via didactic teaching, videos, role plays and interactive activities.

The workshop trial in November 2019 and the subsequent feedback from the latest workshops were used to further refine the structure of the workshop.

2b - Development of Train the Trainer workshop and associated training resources

The Train the Trainer Program for the delivery of the BPD Core Competency Workshops involves the attendance of the BPD Core Competency Workshop and the satisfactory completion of the 2-day Train the Trainer workshop. Application for the Train the Trainer Program are currently open with closing dates in mid June 2021 and end of July 2021 for the Train the Trainer workshops held in August and September 2021 respectively. The Train the Trainer workshop and associated

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[1] 'Core skills' was replaced with the term 'core competencies' to encompass not only the skills but also the knowledge, attributes and attitudes clinicians require to work effectively with people with BPD.

training materials are currently being finalised and the final product will be reported in the Progress Report 2 due in December 2021.

Activity 3 - Delivery of a nationwide 'core competencies' course to a minimum of 216 clinicians

Fourteen workshops to 254 clinicians (50% metropolitan and 50% regional) have been successfully delivered face to face in VIC, SA, QLD, TAS, WA and NSW. The project has exceeded the minimum contractual requirement of training 216 clinicians with four more contracted workshops to deliver.

Participants found the interactive nature of the workshop including the opportunities to ask questions, having open discussions, the demonstration of skills through role plays and taking part in activities as some of the most useful aspects of the workshop. It was particularly noted by the Spectrum trainers that face to face training provided direct opportunities to address misinformation and stigma about BPD and shift any of the participants' hesitancy to work with people with BPD.

Over 90% of participants were highly to very highly satisfied in the training overall, the resources and learning activities provided, the trainers' knowledge in the content, the trainers' responsiveness to their needs and the administration arrangements of the workshop. All the participants indicated that they would recommend the workshop to their colleagues. Participants' confidence and knowledge increased as a result of attending the workshop both subjectively and objectively. Also encouraging is that participants had a more positive attitude towards people with BPD post the workshop.

The workshops have been in high demand with hundreds of expressions of interest for almost all workshop advertised. To meet the demand of EOIs received an additional 58 workshops would have been required..

The Train the Trainer Program will assist with the ongoing sustainability of the delivery of workshops to meet the demand and reach a larger audience. However, further ongoing support is urgently required. To maximise outcomes, we believe that the workshops and subsequent post training support activities need to be expanded and continued. We intend to provide an additional funding proposal to ensure the sustainability of the project and maximise the momentum of its current success.

2 Acknowledgements

We would particularly like to thank the Spectrum trainers (Sathya Rao, Marianne Weddell, Peter Smith and Cathryn Pilcher) for their commitment and passion to deliver the workshops face to face across the country during a COVID pandemic. They went above and beyond despite personal, organisational and social pressures.

Thank you also to the research team, Jillian Broadbear and Pari Heidari for advice on the pre and post-questionnaire and for Pari's preliminary analyses of the pre and post-workshop questionnaire results.

Last, yet certainly not least, we wish to acknowledge Ms Dimitra Petroulias, as the Project Manager and dedicated driver for the team. Despite huge workloads compounded by a constantly changing situation due to COVID19 she has kept us all to the task in hand managed whilst managing to keep a calm head and sense of humour throughout.

Please also refer to the Acknowledgement section of the Participant Handbook.

3   Introduction

3.1   The National BPD Training and Professional Development Strategy

The Australian BPD Foundation has partnered with various organisations to develop a four stage National BPD Training and Professional Development Strategy (National Training Strategy) to upskill and engage clinicians[2] working with people with borderline personality disorder (BPD) and their families[3]. The overall aim of the National Training Strategy is to improve the capacity of clinicians to recognise, respond to and treat people with BPD and be inclusive of families.
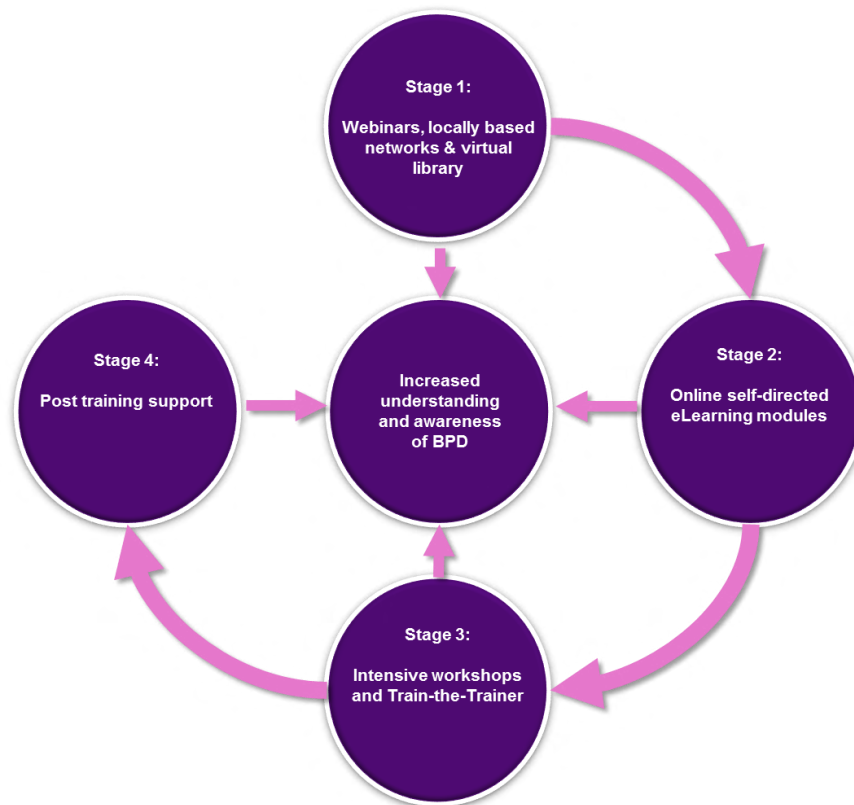
Stage 1 and **Stage 2** have been successfully implemented. The webinars and eLearning modules can be accessed via the Australian BPD Foundation website https://bpdfoundation.org.au/national-training-strategy.php.

The Australian BPD Foundation has partnered with Spectrum Personality Disorder Service to deliver **Stage 3** and **Stage 4** of the National Training Strategy which includes the development and

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[2] Includes mental health workers, allied health workers, psychiatrists, psychologists, social workers, occupational therapists, nurses and medical practitioners etc. that work with people with mental health issues.

[3] The term family/family member/families is inclusive of the diverse range of relationships of those who support someone with BPD in a voluntary capacity. It is inclusive of biological/non-biological family members (parents, grandparents, and children), partners, friends and carers.

delivery of core skills workshops and a Train the Trainer Program as well as the provision of a range of post-training clinical support and mentoring.

The activities of Stage 3 & 4 to achieve the overarching aim of the National Training Strategy are as follows:

Stage 3

    Activity 1 - Identification of core partner organisations in all jurisdictions across Australia

    Activity 2

        2a - Development of 'core skills' (now called 'core competencies'[4]) curriculum and associated training resources

        2b - Development of Train the Trainer workshop and associated training resources

    Activity 3 - Delivery of a nationwide 'core competencies' course to a minimum of 216 clinicians

    Activity 4 - Establishment of an Australian BPD Foundation endorsed trainer group who can champion BPD training at a local level

Stage 4

    Activity 5 - Provision of post training support to participants of the 'Core Competencies' & Train the Trainer courses

This progress report will provide an update of Activities 1, 2 and 3.

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[4] 'Core skills' was replaced with the term 'core competencies' to encompass not only the skills but also the knowledge, attributes and attitudes clinicians require to work effectively with people with BPD.

4 Activity 1 Identification of core partner organisations in all jurisdictions across Australia

The aim of this activity was to identify partner organisations to source 'highly skilled' clinicians who would be attracted to participate in the core competency training. There were a variety of methods used which included as follows:

1. A subscription database was created which included those that had satisfactory completed the Stage 1 webinars and Stage 2 e-modules and the 'champions' identified in Stage 2 Report 3. This database was also open to anyone who was interested in being informed of upcoming workshops in their state or territory (refer to link here: http://eepurl.com/gH7Qfz). The link to subscribe to the database was included on the Australian BPD Foundation website, eBulletin and *'The BPD Advocate'* and the Spectrum website. The link was also sent to appropriately skilled professionals such as GPs, psychiatrists and clinical psychologist identified through BPD clinical networks, project partners and other experts in the BPD field who may be interested in attending the workshops. The database currently has 1,851 subscribers.

2. An expression on interest (EOI) process was used once the workshops were published on Eventbrite. Those on the subscription database received an email to register for the workshops. The EOI order form asked participants to provide:

    -   Primary workplace name, state and suburb
    -   Type of service they work for (e.g. public, private, non-government/not for profit)
    -   Whether they identify as a person of Aboriginal or Torres Strait Islander descent
    -   Professional background
    -   Whether they work in an emergency department (ED)
    -   Why they are interested in participating in the workshop
    -   Whether they had completed Stage 1 or Stage 2 of the National BPD Training Strategy
    -   Whether they would be interested in applying for the Train the Trainer Program

    The popularity of the workshops throughout the country has been unprecedented with workshop expressions of interest filling up to 100 in most the capital cities (refer to Table 1 in Section 7).

3. The workshops were not only marketed to the subscription database, they were also promoted to the various organisations identified earlier and advertised via primary health networks throughout Australia, the Mental Health Professional Network, Project Air Strategy and the South Australian BPD Collaborative. Specific Mental Health Services in various states and the Foundation's and personal networks were also targeted.

4. Up to 20 places were offered for each workshop due to the demand (much higher than the 12 places as per the contract). The participants were selected from the EOIs based on ensuring the final list included:

    -   A range of professions and organisations
    -   A balance of genders though with the predominance of women in the workforce this was difficult to achieve

- An aim of attendees being 1/3 from public, 1/3 from private and 1/3 from non-for-profit organisations
- At least some working in ED
- A consideration of whether they had completed Stages 1 and 2 of the Strategy

Their interest in participating in the Train the Train Program was also considered for inclusion in the BPD Core Competency Workshop as attending the workshop was one of the expectations in participating in the program (refer to Section 6).

The above processes of selecting participants for the workshops which includes establishing an open subscription database (sourcing skilled and unskilled clinicians), open marketing of the workshops and using an EOI process for selection of the final list ensured that the participants of the workshops came from a range of professions, organisations and experiences in working with people with BPD (refer to Section 7.1.1 and 7.1.2). The de-identified database of EOI from each workshop (1,516 EOIs) and the subscription database (1,851 subscribers) are available upon request.

As the workshops were advertised in advance, restricting the list of potential participants of the workshops to only 216 highly skilled individuals (outcome of activity 1) would have also been problematic due to people entering/leaving workplaces, changing roles and not being available for the dates advertised.

We believe any participant who attends the workshop can be considered a 'champion' to recognise, respond to and treat people with BPD and be inclusive of families. With 245 clinicians already trained (and only 14 of the 18 workshops delivered) we have far exceeded the deliverable of this activity.

5 Activity 2a Development of core competency curriculum and associated training resources

5.1 BPD Core Competency Curriculum

As generalist treatments emerged to provide less specialised treatments for BPD, researchers have identified the commonalities shared by both specialist and generalist treatments. These are referred to as the 'common factors' in psychological treatment (Bateman et al., 2018; Bateman & Krawitz, 2013; Beatson & Rao, 2014; Gunderson, 2016; Paris, 2017; Weinberg et al., 2011; NHMRC, 2012).

The BPD Core Competency Curriculum has been developed with consideration to these common factors. Spectrum in collaboration with the Australian BPD Foundation conceptualised ten core competencies based on the common factors approach that clinicians require to enable them to effectively work with people with BPD as follows:

1. Understanding BPD (including symptoms, prevalence, causes and evidence-based treatments)

2. Co-existing disorders in BPD

3. Treatment principles

4. Treatment structure

5. The therapeutic relationship

6. Skills development focus

7. Partnering with families, partners and carers

8. Working with suicidal and non-suicidal self-injury behaviours

9. Clinician self – awareness

10. Focus on recovery.

The BPD Core Competencies Curriculum includes the knowledge, skills, attributes and attitudes to detect, diagnose and provide therapeutic interventions during every clinical interaction, even in the absence of formal long-term psychotherapeutic interventions. We believe all mental health clinicians have the capacity to learn the core competencies for the treatment of BPD. An understanding of the core competencies may assist clinicians to contribute to the recovery journey of people with BPD.

5.2 Structure of the BPD Core Competency Curriculum

The BPD Core Competency Curriculum is delivered as a face-to-face workshop over 2 consecutive days (9.00 am to 4.30 pm); a total of 6.5 hours of training time per day not including breaks.

The workshop is delivered using the following teaching methods:

- **Pre-reading -** Participants are expected to read *Competency 1 Understanding BPD* prior to Day 1 of the workshop and *Competency 7 Partnering with families, partners and carers* prior to Day 2.

- **Lecture** – Presentation of information by trainers using slides

- **Videos –** Provision of information via you-tube videos and one video developed showing a carer's perspective by Rita Brown. The video can be accessed here: https://youtu.be/AX0uV50uISk

- **Demonstrations via role plays** – Six role play videos were produced which provided re-enactments of sessions between a clinician and a person with BPD in order to demonstrate concepts and skills. These videos accessed by the following links:

    o   Role Play 1 - Conducting a chain analysis - https://youtu.be/lSNrskeuZS0

    o   Role Play 2 - Setting the treatment framework - https://youtu.be/vIaHA7RscIc

    o   Role Play 3 - Therapeutic relationships- rupture and repair - https://youtu.be/_ZNqSlrnXy0

    o   Role Play 4 - Tolerating distress with June - https://youtu.be/zeSqquyoh28

    o   Role Play 5 -Family-June's mother rings the Clinician - https://youtu.be/lUihxbOsjFg

    o   Role Play 6 -June practices assertiveness - https://youtu.be/CaQn3QGvRcQ

- **Participation in activities** including all group discussions, small group activities and role plays.

One case vignette (June) is provided over the two day workshop and most of the role plays, small group activities and all group discussions are based on this case vignette.

The core competencies are delivered in the following order over the two days:

	Day 1	**Day 2**
Morning	**Competency 1** Understanding BPD **Competency 2** Co-existing disorders in BPD **Competency 3** Treatment principles **Competency 4** Treatment structure	**Competency 7** Partnering with families, partners and carers **Competency 8** Working with suicidal and non-suicidal self-injury behaviours
Afternoon	**Competency 5** The therapeutic relationship **Competency 6** Skills development focus – Part A (Regulating attention; Regulating emotions; Distress Tolerance)	**Competency 6** Skills development focus – Part B (Sense of self; Relationship skills; Mentalising) **Competency 9** Clinician self – awareness **Competency 10** Focus on recovery.

A copy of the Session Plan for Day 1 and Day 2 is provided in **Appendix 1.**

5.3   Training Resources – Participant Handbook

Participants who attend the workshop are provided with a participant handbook which is divided into three parts:

Part A: **Workshop slides –** includes the slides presented by the trainers over the course of the workshop.

Part B: **Case study and worksheets –** the case vignettes, worksheets and the templates for the treatment and crisis/safety plan used in the activities.

Part C: **Readings –** includes the information that is covered in the workshop divided into the 10 core competencies. Each competency includes the learning objectives, content and additional resources for further learning. The reference list, glossary and appendices are provided at the end of Part C.

A latest copy of the participant handbook will be provided as a hard copy in the post.

5.4   Development of the curriculum and resources

The project team for Stage 3 and 4 of the National BPD Training Strategy included:

Assoc Prof Sathya Rao	Executive Clinical Director, Spectrum Personality Disorder Service
Ms Rita Brown	President, Australian BPD Foundation/Carer consultant Spectrum Personality Disorder Service
Dr Kieran Connolly	Deputy Director Workforce Development/Research, Spectrum Personality Disorder Service
Ms Dimitra Petroulias	WFD Manager and previously Project Manager, Spectrum Personality Disorder Service

5.4.1   Consultation

An extensive consultation process was undertaken in the development of the curriculum and resources. The following Australian personality disorder specialist organisations were consulted regarding the initial curriculum:

- South Australian BPD Collaborative

- New South Wales Project Air Strategy for Personality Disorders

- Victoria – Orygen Youth Mental Health

Clinicians, trainers and consultants from Spectrum and Australian BPD Foundation provided content, advice and feedback regarding each of the competencies. The individuals were as follows:

Assoc Prof Sathya Rao	Executive Clinical Director, Spectrum Personality Disorder Service
Ms Rita Brown	President, Australian BPD Foundation/Carer consultant Spectrum Personality Disorder Service
Dr Kieran Connolly	Deputy Director Workforce Development/Research, Spectrum Personality Disorder Service
Ms Dimitra Petroulias	WFD Manager and previously Project Manager, Spectrum Personality Disorder Service
Ms Marianne Weddell	Senior Clinician
Mr Peter Smith	Senior Clinician
Ms Philippa Bradley	Previously Associate Clinical Director at Spectrum
Ms Cathryn Pilcher	Clinical Manager
Dr Lukas Cheney	Consultant Psychiatrist
Dr Fiona Donald	Clinician
Ms Dervila Gec	Senior Clinician
Ms Jo Veltkamp	Senior Clinician
Dr Jillian Broadbear	Senior Research Fellow
Dr Parvaneh Heidari	Research Officer

Cathy Mcleod Everitt and Laura Cooke-O'Connor from South Australia BPD Collaborative provided feedback on the pilot workshop that informed the participant handbook.

5.4.2 Resources

The development of the workshop was informed by a number of sources including:

- International and Australian published research journals, guidelines, manuals and books
- Expert clinical, research and training advice from the Spectrum and Australian BPD Foundation
- Lived experience advice from the Australian BPD Foundation.

A detailed list of references used for the development of the workshop and participant handbook is provided at the end of the participant handbook (Part C). However, the key resources included:

- Stage 1 webinars and Stage 2 eLearning modules of the National BPD Training and Professional Development Strategy
- 'Australian National Health and Medical Research Council (NHMRC), Clinical practice guideline for the management of BPD' (NHMRC, 2012)
- 'Borderline personality disorder – towards effective treatment' (Beatson et al., 2010).
- 'Dialectical Behaviour Therapy Skills Training Manual, second edition' (Linehan, 2014)
- 'Integrated modular treatment for borderline personality disorder: A practical guide to combining effective treatment methods' (Livesley, 2017)
- 'Handbook of good psychiatric management for borderline personality disorder' (Gunderson, 2014)
- 'Mentalization-based treatment for personality disorders: A practical guide' (Bateman & Fonagy, 2016)
- 'Wise choices: Acceptance and commitment therapy groups for people with borderline personality disorder' (Morton & Shaw, 2012)

5.4.3 Adult Learning Principles

The following six adult learning principals informed the structure of the BPD Core Competency workshop:

1. Primacy and recency
2. Repetition
3. Multi-sense learning
4. Meaningfulness and relevance
5. Active learning
6. Feedback and positive reinforcement

Each competency in the BPD Core Competency workshop begins with a set of learning objectives and concludes with a summary of the key messages. At the end of each competency, a list of practical applications of the theoretical knowledge is provided to assist with their learning further. **(primacy and recency, meaningfulness and relevance, repetition).**

The BPD Core Competency Workshop slides have been designed to be visually appealing (using colours, pictures and consistent designs) and uncluttered as much as possible. Other than slides, the workshop content is also presented via role plays, videos and writings on the whiteboard to keep the content stimulating to the senses **(multi-sense learning).**

Registration for BPD Core Competency workshops requires participants to provide their professional background, where they work and why they registered for the training. On the first day

participants are asked to provide their experience in working with people with BPD, what they learnt from the pre-reading and what they hope to gain from the training. Understanding the participants' motivation for coming to the workshop and what they hope to gain, trainers are able to link the content to the participants' existing knowledge and experience to increase their understanding of the content and in turn its application in their clinical work with people with BPD **(meaningfulness and relevance).**

The BPD Core Competency workshop incorporates a variety of activities to provide for a more active learning, opportunities for feedback and reinforcement of content. These include:

- Small group activities (where participants are broken up into groups of 4-5) to answer a questions and feedback to the whole group
- Large group discussions to answer questions based on their own clinical and personal experience (which relates back to the principle of relevancy of the material)
- Large group or small group activities to practice skills and feedback on the experience

One case vignette (June) is provided over the two day workshop and most of the role plays, small group activities and all group discussions are based on this case vignette. The use of the case vignette is a problem-centered approach to learning **(active learning/feedback/repetition).**

5.4.4   Trial of the BPD Core Competency Workshop

Prior to the finalisation of the BPD Core Competency Curriculum and resources a trial of the 2 - day workshop was conducted on the 25th and 26th November 2019. A pre and post-workshop evaluation was provided to the participants of the workshop (refer to Section 7.1) to measure any changes in knowledge, skills and attitudes. Overall, the participants' knowledge in BPD, skills in working with people with BPD and attitudes towards people with BPD improved due to their attendance of the trial workshop. Some of the true/false questions of the workshop evaluation questionnaire were revised to ensure there was no ambiguity in the answers. Spectrum clinicians and trainers also attended the workshop to provide feedback on the level of content provided, the method of delivery (powerpoint, video, role plays, activities etc.) and worksheets.

5.4.5   Modification of BPD Core Competency Curriculum

The feedback from the clinicians and trainers provided valuable input into refining and finalising the overall structure of the BPD Core Competency Workshop and ensuring that the language used in the workshop and participant handbook is respectful, free of judgement, shame or blame.

The overall feedback of the 10 workshops delivered between November 2020 and May 2021 (refer to Section 7.1) has been positive. However, some minor modifications have already been made to the 2-day BPD Core Competency Workshop based on the feedback, including:

- Removing repetitive slides or rearranging slides for better flow of the program
- Introducing the role play videos as non-ideal scenarios for discussion
- Ensuring ground rules for group participation are announced at the start of each workshop
- Providing more training time on particular core competencies e.g. **Core competency 6** Skills development, **Core Competency 8** Working with suicidal and non-suicidal self-injury behaviours and less time on others e.g. **Core Competency 9** Clinician self-awareness where required.

6 Activity 2b Development of Train the Trainer workshop and associated training resources

6.1 Train the Trainer Program

The Train the Trainer Program for the delivery of the BPD Core Competency Workshops involves:

1. Attendance of a 2-day BPD Core Competency Workshop (expected)

2. Satisfactory completion of one of the 2-day Train the Trainer Workshop (mandatory):

   - **5th and 6th August 2021 - Adelaide**

   - **29th and 30th September 2021 - Melbourne**

3. Endorsement as a National BPD Training Strategy Trainer by the Australian BPD Foundation to deliver the BPD Core Competency Workshops across the Australia

4. Potential ongoing professional development to continue as an endorsed trainer post 31st December 2021.

6.2 Selection Criteria

Entry into the Train the Trainer Program involves a selection process. The program is open to health professionals and clinicians from any discipline who are able to demonstrate the following:

- At least 5 years clinical experience in mental health, in particular in the treatment of people with BPD

- At least 3 years experience in delivering training

- Capacity to attend the 2-day Train the Trainer workshop (participants are expected to be able to fund their own travel and accommodation)

- A commitment and the capacity (either through their workplace or independently) to deliver BPD Core Competency Workshops in their state. This is not funded by the project.

6.3 Application and Selection Process

Those interested in applying for the Train the Trainer Program need to submit an application form which includes a curriculum vitae briefly outlining their qualifications and interest. A selection panel which includes members from Spectrum and the Australian BPD Foundation will review all applications. Applicants may be interviewed. All applicants will be notified of the outcome of their application four weeks in advance of the Train the Trainer workshop

Applications for the Train the Trainer Program opened on the 1st February 2021 and the two closing dates are as follows:

- For the Train the Trainer Workshop on the **5th and 6th August 2021** in **Adelaide** applications close: **18th June 2021**

- For the Train the Trainer Workshop on the **29th and 30th September 2021** in **Melbourne** applications close: **23rd July 2021**

6.4   Train the Trainer Workshop and Associated Training Materials

The overall aim of the Train the Trainer workshop is to ensure that participants have the **confidence and knowledge** to deliver the BPD Core Competency Workshops to mental health professionals working with people with BPD and their families. In particular, participants will:

- Review the general principles for adult learning, effective communication and managing challenging situations during training
- Understand the rationale of the development of the BPD Core Competencies
- Understand the structure of the BPD Core Competency Workshop
- Practice the delivery of the content and activities in the workshop in a variety of settings
- Learn strategies to create and maintain positive environments to enhance participant learning
- Learn how to adjust their teaching to tailor to a variety of target audiences

The Train the Trainer workshop and associated training materials are currently being finalised and the final product will be reported in the Progress Report 2 due in December 2021.

7   Activity 3 - Delivery of a nationwide 'core competencies' course to a minimum of 216 clinicians

Fourteen workshops to 254 clinicians (50% metropolitan and 50% regional) have been successfully delivered face to face across the country including VIC, SA, QLD, TAS, WA and NSW, despite the threat of COVID-19 community cases, lockdowns and travel restrictions (refer to Table 1). This demonstrates that the six month extension to deliver the 2-day BPD Core Competency Workshops in order to maintain the face to face model of delivery was a good decision.

The popularity of the workshops throughout the country has been unprecedented with workshop EOIs filling up to 100 in most capital cities. With 245 clinicians trained, the minimum contractual requirement of training 216 clinicians has already been exceeded.

There are a further four workshops scheduled in the second half of 2021 to fulfill our contractual arrangement of delivering 18 workshops including two workshops in Northern Territory, one in Canberra and one in Albury-Wodonga.

Table 1 EOI and participant numbers for each workshop delivered

No.	Date	Location	EOI at closing	Participants Numbers[2]
1	9 - 10 Nov 2020	Melbourne - VIC	100	15
2	16 - 17 Nov 2020	Ballarat - VIC	111	17
3	19 - 20 Nov 2020	Melbourne - VIC	100	17
4	15 - 16 March 2021	Adelaide – SA[1]	68	12 – metro 6 - regional
5	18 - 19 March 2021	Adelaide - SA	94	7 – metro 11 - regional
6	22 - 23 March 2021	Gold Coast - QLD	84	17
7	25 - 26 March 2021	Brisbane – QLD	100	20
8	29 - 30 March 2021	Townsville – QLD	57	17
9	26 - 27 April 2021	Hobart – TAS	101	19
10	29 - 30 April 2021	Launceston – TAS	70	21
11	3 - 4 May 2021	Perth – WA	100	18
12	6 - 7 May 2021	Bunbury – WA	98	19
13	17 - 18 May 2021	Sydney – NSW	100	19
14	20 - 21 May 2021	Port Macquarie – NSW	47	19

[1]Both workshops in SA were delivered in Adelaide as it was the most central location for metropolitan and regional participants. These workshops were co-delivered with trainers from SA BPD Collaborative.

[2]20 participants were booked for each workshop, however lower numbers were due to no shows.

The delivery of the workshop face to face ensured that there were opportunities for participant interaction in activities and role plays, in depth group discussions and immediate feedback from trainers. Face to face delivery also allowed the trainers to detect the atmosphere in the room which would have been more challenging if the workshops were delivered online. It was particularly noted by the Spectrum trainers that face to face training provided direct opportunities to address misinformation and stigma about BPD and shift any of the participants' hesitancy to work with people with BPD. Please refer to Section 7.1.4 for the feedback from participants.

Each workshop was delivered by two trainers from a pool of 5 Spectrum trainers:

Assoc Prof Sathya Rao	Executive Clinical Director, Psychiatrist - (SA, TAS)
Ms Marianne Weddell	Senior Clinician, Psychologist (QLD, WA, NSW)
Ms Cathryn Pilcher	Clinical Manager, Occupational Therapist (TAS, WA, NSW and to deliver in NT)
Mr Peter Smith	Social Worker (QLD)
Dr Lukas Cheney	Consultant Psychiatrist (to deliver NT, NSW)

The SA workshops were co-delivered by Sathya Rao with one of the following trainers from SA BPD Collaborative:

Cathy Mcleod Everitt	Training Coordinator
Laura Cooke-O'Connor	Advanced Clinician/Coordinator

7.1 Evaluation of the BPD Core Competency Workshops

Participants of the workshops were provided with a pre and post workshop questionnaire to measure the change in knowledge, skills and attitudes after participating in the workshop. The post workshop questionnaire also asked for feedback on the workshop itself including their overall satisfaction with the workshop, what was most or least useful, what they would like covered in more detail, what additional topics they would have liked covered, how they would apply their skills/knowledge and any other feedback. Copies of the pre and post-workshop questionnaires are provided in Appendix 2.

This section provides the collated results of the first ten workshops delivered between November 2020 to May 2021.

7.1.1 Demographics

Of the 190 clinicians that completed the pre-workshop questionnaire 82% were female and 18% were male. Just over half of the participants were between 40 and 59 years of age (54%). A range of professions attended the workshops with a greater proportion of participants being either nurses (21%), psychologists (29%) or social workers (25%). Refer to Figure 1.

Figure 1 Age and profession of participants
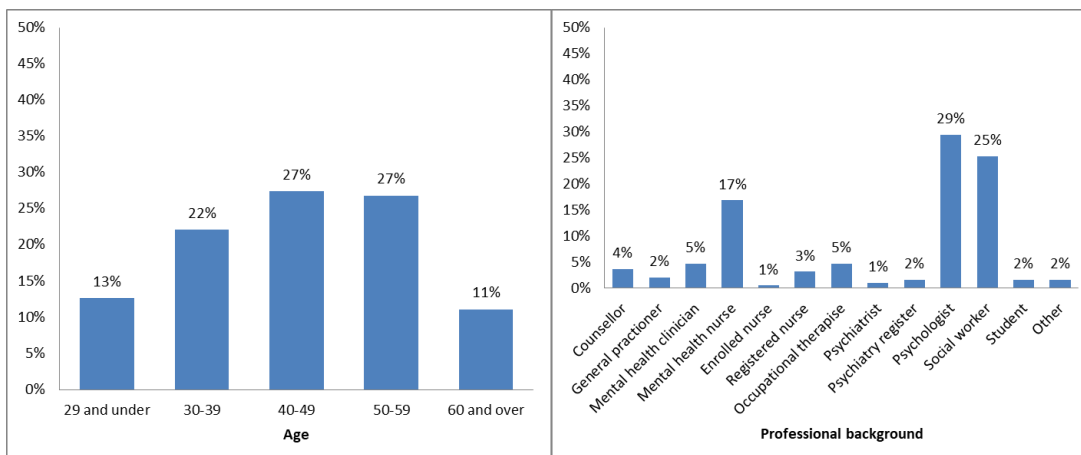
## 7.1.2   Previous Experience and Education in BPD

Participants' experience in working with people with mental health issues or BPD is shown in Figure 2. Seventy-two percent of participants had over five years of experience in working with people with mental health issues. However, participants had less experience with working with people with BPD with only around half of the participants having over five years of experience (56%).

Figure 2 Years of experience working with people with mental health issues or BPD
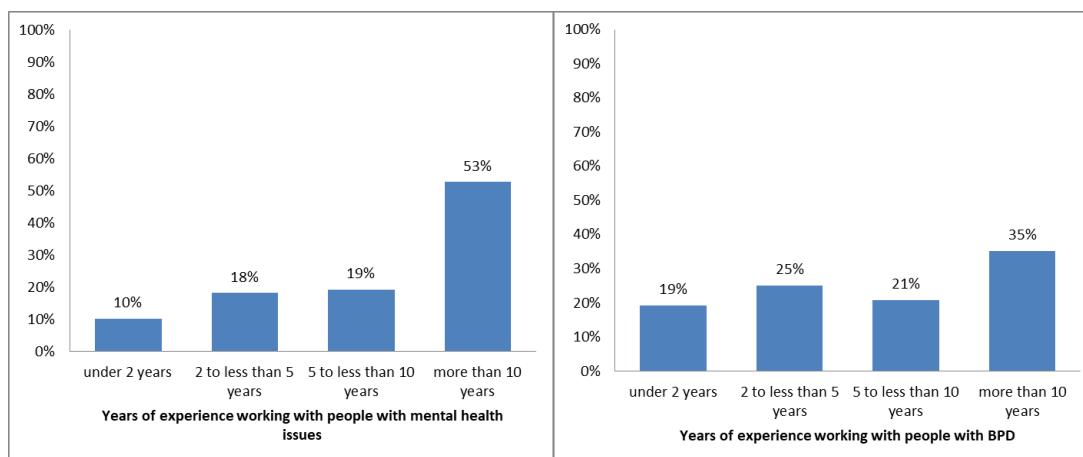
Only 9% of participants had received regular training and support in BPD (refer to Figure 3). Most participants had received either informal on the job training or infrequent training and support. The majority of participants had not completed the Stage 1 webinars or Stage 2 modules, although this was not a prerequisite to attend the BPD Core Competency Workshop. These results highlight how important formal training in BPD (such as this National Training Strategy) is made available to all mental health clinicians across Australia.

Figure 3 Level of training in BPD
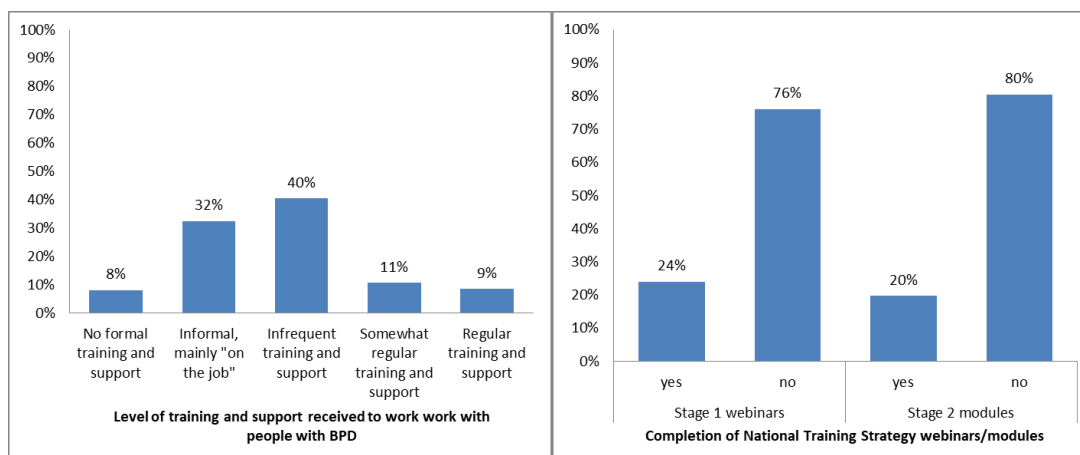
7.1.3 Change in Knowledge, Skills and Attitudes

Both subjective and objectives measures were used to determine the participants' knowledge, skills and attitudes before and after the workshop. Participants were asked to:

Subjective measures

1 Provide their perceived level of:

  a. Understanding of 11 items (Likert scale: 1 = not at all to 5 = extremely well)

  b. Confidence in undertaking 12 skills (Likert scale: 1 = not confident to 5 = extremely confident)

2 Participants were asked to rate their **overall willingness and confidence** to work with people with BPD (Likert scale: 1 = very low to 5 = very high)

Objective measures

1 Participants were asked to complete an assessment which included 20 true/false questions (maximum score of 20)

2 Participants were asked to complete an adapted version of the 'Attitude to Personality Disorder Questionnaire' (maximum score of 70, the higher the score the more positive the attitude to people with BPD) (Bowers & Allan, 2006)

The pre and post average scores of the above measures are provided in Figure 4 and Figure 5.

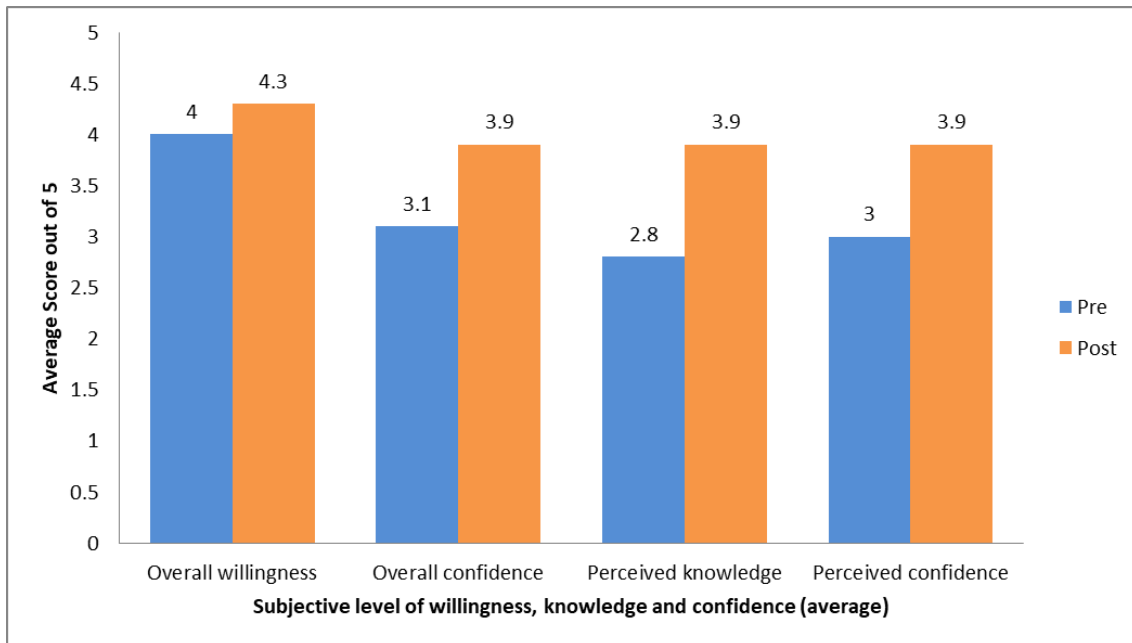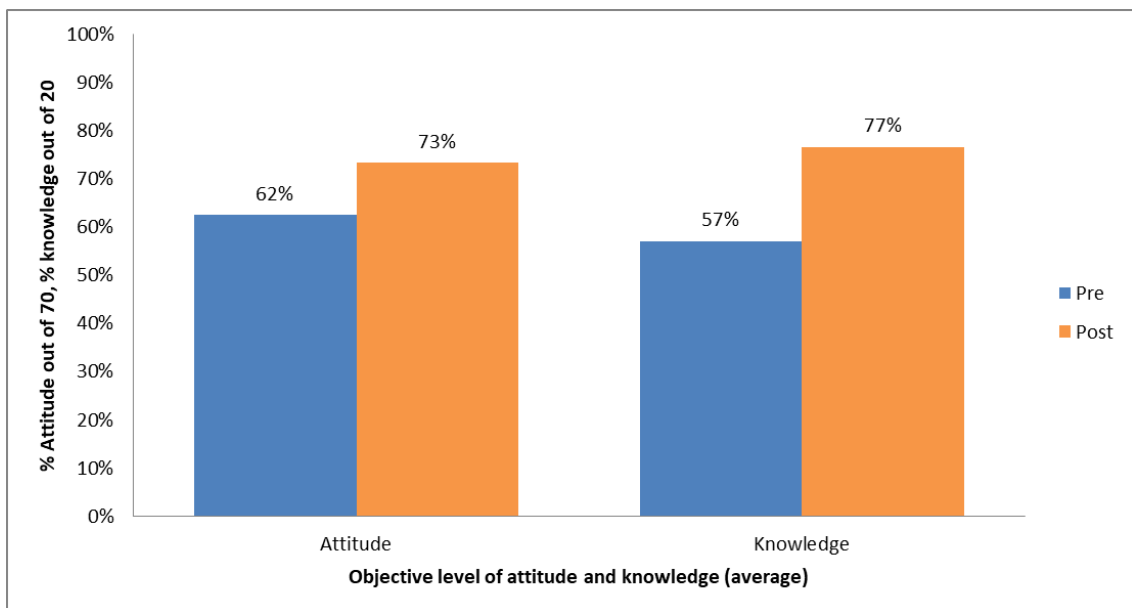*Figure 4 Subjective level of willingness, knowledge and confidence*

*Figure 5 Objective level of attitude and knowledge*

The willingness of participants to work with people with BPD increased post the workshop by a small amount. However, their average willingness prior to the workshop was already quite high, which is what one would expect when participants self-select to attend the workshop.

As shown in Figures 4 and 5, participants' confidence and knowledge increased as a result of attending the workshop both subjectively and objectively. It was impressive to see that their average scores in the knowledge assessment increased from 57% to 77%. Also encouraging is that participants had a more positive attitude towards people with BPD post the workshop.

7.1.4 Overall Workshop Feedback

As shown in Figure 6, over 90% of participants were highly to very highly satisfied in the training overall, the resources and learning activities provided, the trainers' knowledge in the content, the trainers' responsiveness to their needs and the administration arrangements of the workshop. All the participants indicated that they would recommend the workshop to their colleagues.

Figure 6 Overall satisfaction in the training, administration, resources, trainers knowledge, learning activities provided; and the trainers responsiveness to their needs.
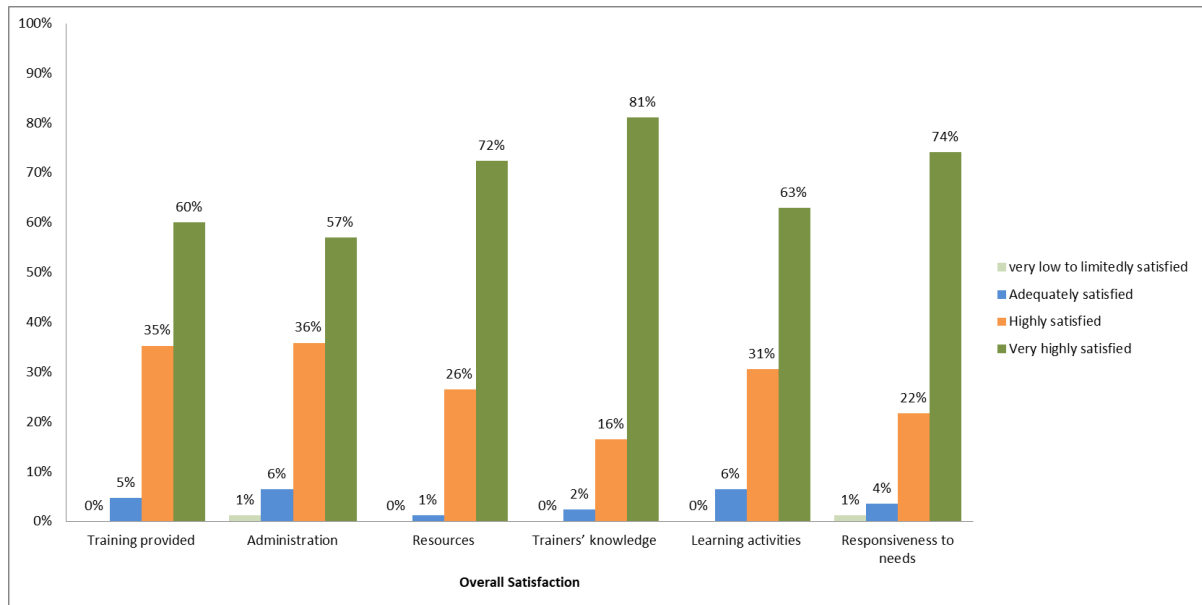
The questions in the post-workshop questionnaire with open text responses were analysed by collating the common themes. The top ten common themes for each of the questions are provided in Table 2 to Table 6. Examples of written responses are provided in Appendix 3.

Participants found the interactive nature of the workshop including the opportunities to ask questions, having open discussions, the demonstration of skills through role plays and taking part in activities as some of the most useful aspects of the workshop. They really appreciated the trainer's knowledge and expertise in the field of BPD, particularly their practice wisdom. They liked the participant handbook as a source of reference post the workshop. Organising the content into core competencies and having one case study themed across the whole workshop was also found to be useful as it allowed the content to be more comprehensible. With regard to specific topics, many found all of it useful but the risk assessment matrix and crisis/safety plan (Core Competency 8), skill development focus (Core Competency 6) and engaging with families and carers (Core Competency 7) were particularly most useful. Refer to Table 2.

*Table 2 Which aspects of the workshop were **most useful** to you and why?*

Themes	% of 156 responses
Role play/videos	26%
Interactional/practical nature of workshop/discussions/activities	21%
Risk matrix/assessment	17%
Skills development	17%
All of it	17%
Trainer's knowledge, experience and practice wisdom	16%
Case studies	11%
Crisis/safety plan	8%
Participant handbook	8%
Engaging families & carers	7%

Just over half of the responses did not find any aspect of the workshop 'least useful' (refer to Table 3). A few believed that there was too much content to cover over two days, however they understood the need. Some of the reasons participants provided when they indicated particular topics as 'least useful' included knowing the content already or that it was not relevant to their work setting.

A few of people didn't like how some of the participants dominated the discussions or shared too much information. This can be one of the challenges of training to a group. Trainers have since ensured that at the start of each workshop, participants are informed of the ground rules of participation in the workshop. This allows the trainers to move on from discussions when required and ensure the training follows the schedule.

Although the role play videos were popular (refer to Table 2), some found the role play videos too scripted and did not feel that they demonstrated the skills adequately. The role plays were not developed to demonstrate the 'ideal' scenario but to provide an opportunity to also show what may be inappropriate. From this feedback, trainers ensure that they introduce the role play videos as discussion points of what works and what doesn't in therapy.

*Table 3 Which aspects of the workshop did you find **least useful** and why?*

Themes	% of 153 responses
Nothing - All good	56%
Role plays – need to demonstrate skills and learning outcomes better	5%
Amount of content to cover over 2 days	5%
Skill development	2%
Clinician self-awareness	2%
Some activities didn't need to demonstrate again/or not enough time	2%
Too much emphasis on long term treatment and not enough on the acute space	1%
Distress tolerance skills	1%
Too much sharing from others/or people hijacking the training	1%
Time spent on some sections too long	1%

The 2-day BPD Core Competency Workshop provides in-depth knowledge and skills to work with people with BPD based on the common factors approach. Pre-reading was included as part of the curriculum in order to cover the content over the 2 days. However as with all workshops it does not include everything. The next two questions ask participants what topics they would have liked covered in more detail and what additional topics they would have liked covered (refer to Table 4 and Table 5). It provides valuable information on the training needs of participants and topics for future workshops.

In particular, participants would like more on skills development, dialectical behaviour therapy (DBT) mentalisation based therapy (MBT), crisis/risk assessment and management, how to work with young people and older people with BPD, how to work more collaboratively with other services and how to work with people with BPD in the acute setting.

Table 4 Which topics in the workshop would you have liked to be covered in more detail?

Themes	% of 120 responses
Skills development	19%
Adequate/All topics were covered in detail	16%
Crisis/risk assessment and management	9%
DBT	7%
MBT	7%
Treatment structure/planning	6%
Remission and recovery	4%
More role plays/case studies	4%
Complexities and diagnosis	3%
Eating disorders and BPD	3%

Table 5 Is there any additional information/topics that you think should have been covered in the workshop?

Themes	% of 156 responses
Nothing	71%
Young people and early intervention	4%
How to reconnect with disengaged clients	3%
Lived experience stories	1%
Case studies in acute care/how to work with BPD in acute care	1%
More on impact on children of BPD patients	1%
Old age	1%
Working collaboratively with other services	1%
Multicultural issues	1%
Treatment options in other countries	1%

Table 6 Which specific skills/knowledge that you learned in this workshop do you plan to apply in your work?

Themes	% of 148 responses
Matrix method of risk analysis	39%
Treatment planning	18%
Skills practice development	18%
Crisis/safety plan and management	18%
All of it	14%
Validation	14%
Engaging families & carers	11%
Mentalisation	11%
Chain analysis	8%
Managing distress	5%

The use of the risk matrix as a method to analyse risk and ensuring a shared crisis/safety plan is developed with the person with BPD were two of the skills/knowledge participants were most likely to apply in their work. Other skills/knowledge included treatment planning and the use of it as part of treatment, being more family inclusive, the use of the chain analysis to explore behavioural patterns and the importance of validation in therapeutic interactions. The specific skills that help people with BPD regulate painful emotions, thoughts, impulses and behaviours were also planned to be applied in their work.

The additional comments participants provided at the end of the questionnaire were all quite positive and some examples are provided below:

- *A well detailed and informative course which is well suited for clinicians working with people with BPD.*
- *An excellent workshop, great and knowledgeable presenters.   Loved the discussion and meeting other professionals. Good format, role play, case study information and discussion. The workbook is excellent. Thank you :).*
- *Excellent, it's such a relief to have the tools and current knowledge to best support people with BPD. (90% of our client caseload).*
- *Excellent. An awful lot of information to digest in a short timeframe, but very well done.*
- *Excellent. Passionate, caring trainers who obviously have a 'mission'. They give great impression of 'Spectrum' Thank you!*
- *Found the way the workshop was structured very good in terms of pre-reading - input. Role play - group discussions and keeps attention focused. The presenters were very well engaged and were open to discuss the doubts and debates brought up despite the evident time pressure.*
- *Great facilitation with respect to various levels of experience*
- *Incredible workshop! I wish it was more available for workers/case manager in homelessness, residential care/leaving care as there is so much face to face, sometime daily contact with young people living with BPD. Staff often feel unprepared to provide support in the day to day work.*
- *Thank you so much for providing this training - we're often left behind in Tassie! Great facilitators with sound knowledge. Enjoyable tasks / activities in the workshop*

8   Conclusion

Research has highlighted the commonalities among specialist and generalist treatments, leading to the development of integrated, common factors based, stepped-care treatments that can be adapted to Australian health systems. The 2-day BPD Core Competency Workshop using the common factors approach allows clinicians in to detect, diagnose and provide therapeutic interventions during every clinical interaction, even in the absence of formal long-term psychotherapeutic interventions. The workshop allows for a greater number of clinicians to be trained in the core competencies and in turn have a greater impact on the demand for therapeutic work for people with BPD symptoms.

The six month extension to the project to ensure that the BPD Core Competency Workshops are delivered face-to-face across the country has proven to be a good decision. Fourteen workshops to 254 clinicians (50% metropolitan and 50% regional) have been successfully delivered face to face in VIC, SA, QLD, TAS, WA and NSW. Participants found the interactive nature of the workshop including the opportunities to ask questions, having open discussions, the demonstration of skills through role plays and taking part in activities as some of the most useful aspects of the workshop. The project has exceeded the minimum contractual requirement of training 216 clinicians with four more contracted workshops to deliver.

The demand of workshops has been very high with most workshops particularly in the capital cities receiving up to 100 EOIs (a total of 1,516 EOIs for the 18 workshops). With the positive evaluation of the workshops, clinicians are returning to their managers within their services, advocating for the workshop to be delivered to all their staff. Just to meet the current demand (from EOIs) the number of additional workshops required in each state is as follows:

Number of additional workshops required (20 participants)	
ACT	4
NSW	9
NT	3
QLD	9
SA	6
TAS	7
VIC	13
WA	8
TOTAL	**58**

The Train the Trainer Program will help ensure the ongoing sustainability of the delivery of workshops to meet the demand and reach a larger audience. However, further ongoing support is required. We believe that there is an urgent need to fund additional workshops and subsequent post training support activities. We intend to provide a separate funding proposal to ensure the sustainability of the project and maintain the momentum of its current success.

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10 Appendices

10.1 Appendix 1 Session Plan

BPD CORE COMPETENCY WORKSHOP SESSION PLAN

Day 1

Time	Competency/topic	Slide no.	Activity/Role play/Video
8.30- 8.45 am	Registrations		
8.45 – 9.05 am (20 min)	Introduction	1 - 6	Introduction exercise
9.05 – 10.00 am (55 min)	**1 Understanding BPD** • Case Vignette • Symptoms of BPD • Biopsychosocial Model • Shared formulation • NHRMC guidelines • Common factors	7 - 20	Activity 1 - Small group activity – June Q1a – 20 min Activity 2 - All group discussion – June Q1b & Q1c – 10 min

10.00 – 10.30 am (30 min)	**2 Co-existing disorders**
	• Mental health disorders
	• Personality disorders
	   o Depression
	   o PTSD
	   o SUD
	   o Psychosis
	• Physical health conditions
		21 - 37	Activity 3 - Small group activity – June Q2a & Q2b – 10 min

10.30 - 10.45 am	Morning Tea (15 min)		
10.45 - 11.30 am (45 min)	**3 Treatment principles** • Collaborative, corporative treatment relationships • Change-orientated interventions, balanced with validation • Trauma-sensitive care • Behavioural analysis	38 - 54	Activity 4 - All group discussion – June Q3a – 5 min Activity 5 - Small group activity – June Q3b – 10 min Role play 1 – Conducting a chain analysis with June – 10 min & all group discussion – 10 min

Day 1

Time	Competency/topic	Slide no.	Activity/Role play/Video
11.30 am - 12.30 pm (60 min)	**4 Treatment structure** • Individual • System • Treatment plan • Balance structure and process	55 - 73	Role play 2 – Setting the treatment framework – 10 min & all group discussion – 10 min Activity 6 - Small group activity – June Q4 – 20 min
12:30 – 1.00 pm	Lunch (30 min)		
1.00 - 2.30 pm (90 min)	**5 The therapeutic relationship** • Clinician skills and attributes • Validation • Non-judgmental approach • Curiosity and not-knowing • Responding to strong emotions • Boundaries and limits • Relationship breakdowns • Transitions and endings	75 - 97	Activity 7 - Small group activity – Validation – 10 min Activity 8 - Small group activity – Curiosity - 10 min Activity 9 - All group discussion – Strong emotions – 10 min Activity 10 - All group discussion – Limits – 10 min Role play 3 - Applying therapeutic skills and attributes – 10 min & all group discussion – 10 min
2.30 - 2.45 pm	Afternoon Tea (15 min)		

Day 1

Time	Competency/topic	Slide no.	Activity/Role play/Video
2.45 - 4.15 pm (90 min)	**6a Skills development focus** • Regulating attention • Regulating emotions & tolerating distress • Problem solving	99 - 123	Activity 11 - Small group activity – Last Letter Game – 15 min Video 1 – Mindfulness by Jon Kabat-Zinn - 2 min Role play 4 - Tolerating distress with June - 15 min & small group activity – 10 min Activity 12 - Small group activity - 15 min Activity 13 - All group activity – Mindfulness of Emotion - 10 min
4.15 – 4.30 pm (15 min)	**Question and answer time**	124	Opportunity for participants to ask questions

Day 2

Time	Competency/topic	Slide no.	Activity
8.45 – 9.05 am (20 min)	**Question and answer time**		Opportunity for participants to ask questions
9.05– 10.00 am (55 min)	**7 Partnering with families, partners and carers** • Being a carer • Guidelines • What do families need • Other considerations • Services and supports • General principles	3 - 14	 Video 2 – Being a carer by Rita Brown - 10 min Activity 14 - All group discussion – Family - 10 min Role play 5 - June's mother rings clinician -5 min & small group activity – 10 min Activity 15 - All group discussion – Services & supports - 10 min
10.00 – 10.30 am (30 min)	**8 Working with suicidal and NSSI behaviours** • Chronic suicidality and NSSI • Acute vs chronic risk • Prevalence NSSI and suicide • Function • Medications	15 - 26	Activity 16 - All group discussion – Risk - 10 min

Day 2

Time	Competency/topic	Slide no.	Activity
10.30 -10.45 am	**Morning Tea (15 min)**		
10.45 am – 12.30 pm (105 min)	**8 Working with suicidal and NSSI behaviours** - Assessing risk - Risk factors - Working with risk – Matrix Method of Risk Analysis - Conduct a risk assessment in context with crisis/safety plan	26 - 50	Activity 17 - Small group activity– June Q8a-e – 30 min Activity 18 - Small group activity – June Q8f - 30 min
12:30 – 1.00 pm	**Lunch (30 min)**		
1.00 - 2.00 pm (60 min)	**6b Skills development focus** - Sense of self - Mentalisation - Relationships (skills, boundaries)	52 - 69	Activity 19 - All group discussion – Values - 10 min Activity 20 - Small group activity – June Q6a & Q6b - 10 min Role play 6 - June practicing assertiveness - 10 min & all group discussion - 10 min
2.00 - 2.45 pm (45 min)	**9 Clinician self-awareness** - Challenges - Self-awareness and process of self-awareness - Managing strong emotions - Supervision - Self-care	70 - 83	Activity 21 - Small group activity – June Q9a & Q9b - 10 min

Day 2

Time	Competency/topic	Slide no.	Activity
2.45 – 3.00 pm (15 min)	**Train the Trainer**	84 - 85	
3.00 - 3.15 pm	**Afternoon Tea (15 min)**		
3.15 - 4.15 pm (60 min)	**10 Focus on recovery** - Definition - Longitudinal studies - Process of recovery	87 - 99	Activity 22 - Small group activity – June Q10 - 10 min Activity 23 - All group discussion – Recovery - 10 min
4.15 – 4.30 pm (15 min)	**Question and answer time**	100	Opportunity for participants to ask questions

10.2 Appendix 2 Pre and Post-Workshop Questionnaire

Pre-Workshop Questionnaire (e.g. SA- Adelaide)

NATIONAL BPD TRAINING STRATEGY
Australian BPD Foundation

Australian BPD
Foundation Limited
Support Promote Advocate
for Borderline Personality Disorder

spectrum
Personality Disorder Service

BPD CORE COMPETENCY WORKSHOP - PRE-QUESTIONNAIRE 15th-16th March 2021, Adelaide, SA

INTRODUCTION

Thank you for registering for the Borderline Personality Disorder (BPD) Core Competency Workshop. The aim of this workshop is to better enable clinicians and service providers to recognise, respond to and treat people living with BPD in ways that are inclusive of family and friends.

Prior to attending the workshop, we would like you to provide some non-identifying information about yourself, your previous training in BPD and to share your current knowledge, skills and attitudes when working with people with BPD. The questionnaire will take approximately 5-10 minutes to complete. Your answers will be anonymous. Please answer to the best of your ability.

Your responses to this pre-workshop questionnaire will be compared to the responses you provide in a post-workshop questionnaire. These will be aggregated with responses from other workshop participants and collated in a summary report. A unique identifier will be used to match pre- and post-questionnaires. This will protect your anonymity.

Your responses will enable us to measure changes in knowledge, skills and attitudes after participating in the workshop. The information you provide will also supply valuable feedback for improving the quality of the workshops for future participants.

Please complete this questionnaire by the due date specified in the email. Once you have completed the questionnaire, pre-reading material will be emailed to you which should be read prior to attending the workshop.

If you have any questions regarding this questionnaire, please contact Dimitra Petroulias, Project Manager, Spectrum on 8413 8773 or dimitra.petroulias@easternhealth.org.au.

Please start the questionnaire by clicking next:

1

YOUR UNIQUE IDENTIFIER

1. The answers that you provide in this survey are anonymous. However, in order to match your answers in this questionnaire to the one you complete after the workshop, could you please enter a unique code in the box below.

Please enter:
- the FIRST THREE LETTERS of your mother's maiden name
- the DAY of your birthday, and
- the MONTH of your birthday
and write it in the box below.

(For example:

- if your mother's maiden name is **Collins** and your birthday is on the **7th of September** then your unique code is: COL79
- if your mother's maiden name is **Smith** and your birthday is on **10th of December** then your unique code is SMI1012

DEMOGRAPHICS

2. What is your gender?

○ Female

○ Male

○ Other (please specify)

3. What is your age range?

○ 29 or under

○ 30 - 39

○ 40 - 49

○ 50 - 59

○ 60 and over

4. What is your professional background?

○ Counsellor

○ General practitioner

○ General practitioner registrar

○ Mental health clinician

○ Mental health nurse

○ Enrolled nurse

○ Registered nurse

○ Occupational therapist

○ Psychiatrist

○ Psychiatry registrar

○ Psychologist

○ Social worker

○ Student

○ Other (please specify)

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[                                                    ]
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5. In what state or territory do you currently work?

○ ACT

○ NSW

○ NT

○ QLD

○ SA

○ TAS

○ VIC

○ WA

EXPERIENCE AND EDUCATION IN BPD

6. How many years have you been working with people experiencing mental health issues?

- ○ Under 2 years
- ○ 2 to less than 5 years
- ○ 5 to less than 10 years
- ○ More than 10 years

7. How many years have you been working with people with BPD?

- ○ Under 2 years
- ○ 2 to less than 5 years
- ○ 5 to less than 10 years
- ○ More than 10 years

8. What level of training and support have you received with regard to managing people with BPD?

- ○ No formal training or support
- ○ Informal, mainly "on the job"
- ○ Infrequent training and support
- ○ Somewhat regular training and support
- ○ Regular training and support

9. Have you completed the National BPD Training Strategy Stage 1 - BPD Webinars?

- ○ Yes
- ○ No

10. Have you completed the National BPD Training Strategy Stage 2 - BPD Elearning Modules?

- ○ Yes
- ○ No

KNOWLEDGE - TRUE AND FALSE QUESTIONS

The following set of questions aim to provide us with your baseline knowledge of BPD. They are true/false questions. If you don't know the answer please don't guess the answer, we would like you to tick "don't know".

11. With regard to symptoms experienced by people with BPD, please indicate true or false for each of the statements:

	True	False	Don't know
A clinician should only consider assessing for BPD when the person is over the age of 18 years	○	○	○
Research has shown that after 16 years, 50% of people experience a remission of symptoms of BPD for a two year period (no longer meeting the diagnosis of BPD)	○	○	○
It has been reported that the life expectancy of a person with BPD is reduced by 20 years mainly due to suicide and complications of non-suicidal self-injury	○	○	○
The most common co-existing mental health disorder associated with BPD is Bipolar Affective Disorder	○	○	○

12. With regard to development of and risk factors associated with BPD, please indicate true or false for each of the statements:

	True	False	Don't know
Everyone who experiences an invalidating environment during childhood will develop BPD	○	○	○
There is a neurological basis for the difficulties in emotional processing, impulsivity and disturbed interpersonal relationships experienced by people with BPD	○	○	○
A history of childhood abuse/neglect or trauma is essential for the development of BPD	○	○	○

13. With regard to working with people with BPD, please indicate true or false for each of the statements:

	True	False	Don't know
When working with a person with BPD, the focus of validation is to look for the positives in the situation	○	○	○
It is detrimental to the therapeutic relationship to tell people about their diagnosis of BPD early in treatment	○	○	○
When someone with BPD is highly emotionally aroused, a recommended strategy is to use distraction techniques	○	○	○

14. With regard to treatment of and/or recovery from BPD, please indicate true or false for each of the statements:

	True	False	Don't know
Psychotherapy, not pharmacotherapy, is recommended as the first treatment option for people with BPD	○	○	○
Specialised psychotherapy treatments such as "Dialectical Behaviour Therapy" and "Mentalisation Based Therapy" have superior treatment outcomes compared with non-specialised (generalist) psychotherapy treatments developed specifically for BPD	○	○	○
There are psychotropic medications that are specifically indicated for the treatment of BPD	○	○	○
Families, partners and/or carers are "part of the problem" and their inclusion in treatment and support generally leads to negative outcomes	○	○	○

15. With regard to suicidality and deliberate self-harm, please indicate true or false for each of the statements:

	True	False	Don't know
Non-suicidal self-injury and suicidal behaviours are essential symptoms for a diagnosis of BPD	○	○	○
The function of suicidal behaviours is readily separable from the function of non-suicidal self-injury	○	○	○
Chronic suicidal behaviour refers to any suicidal act or threat which is repetitive in nature where the intent is not death	○	○	○
When in crisis (increased risk of acute suicide) people with BPD must always be admitted to a psychiatric acute facility/emergency department	○	○	○
It is of upmost importance to take control of the situation to prevent possible suicidal behaviour	○	○	○
A risk assessment using the matrix method involves assessing changes in the patterns of suicidal behaviour and non-suicidal self-injury and the lethality of the methods used	○	○	○

Overall

16. How would you rate your willingness and confidence working with people who have symptoms of/have been diagnosed with borderline personality disorder?

	Very low	Low	Moderate	High	Very high
Willingness	○	○	○	○	○
Confidence	○	○	○	○	○

Knowledge

17. What is your <u>perceived</u> level of understanding of the following?

	Not at all	Understand a little well	Understand moderately well	Understand very well	Understand extremely well
Recognising the symptoms experienced by people living with BPD	○	○	○	○	○
Recovery-focussed interventions for someone living with BPD	○	○	○	○	○
Risk factors associated with the development of BPD	○	○	○	○	○
Evidence-based treatments for BPD that are available in Australia	○	○	○	○	○
General principles that apply to the management and care of people with BPD	○	○	○	○	○
Key elements that should be included in an effective treatment plan for BPD	○	○	○	○	○
Needs of families, partners and carers to help them to support themselves and their person with BPD	○	○	○	○	○
Key elements required in crisis/safety planning for people with BPD	○	○	○	○	○
National Guideline published by the National Health Medical Research Council for the treatment and care of people with BPD	○	○	○	○	○
The need to specifically treat BPD when it co-exists with other mental health disorders	○	○	○	○	○
How assessment of the risk of suicide and non-suicidal self-injury for people with BPD differs from a general risk assessment	○	○	○	○	○

Other (please specify)

_____

Confidence

18. What is your <u>perceived</u> level of confidence in undertaking the following tasks?

	Not confident	Slightly confident	Moderately confident	Very confident	Extremely confident
Using a validating and non-judgmental approach in therapeutic relationships with people with BPD	○	○	○	○	○
Supporting a person with BPD to better understand their feelings, thoughts and actions	○	○	○	○	○
Significance of maintaining clarity around roles and boundaries in the therapeutic relationship with people with BPD	○	○	○	○	○
Assessing someone who shows symptoms of BPD	○	○	○	○	○
Developing a formulation in collaboration with the person with BPD	○	○	○	○	○
Conducting a risk assessment for someone with BPD	○	○	○	○	○
Differentiating the risk of non-suicidal self-injury from the risk of suicide in people with BPD	○	○	○	○	○
Supporting the learning and implementation of skills for everyday use by people with BPD	○	○	○	○	○
Managing the impact that strong emotions and associated behaviours have on you when working with people with BPD	○	○	○	○	○
Engaging, where possible, with families, partners and carers of people with BPD	○	○	○	○	○
Identifying signs indicating that burn out or vicarious trauma are affecting you	○	○	○	○	○
Utilising self-care strategies to manage the impact of burn-out and vicarious trauma	○	○	○	○	○

Attitudes

19. Please rate how often you experience the following feelings towards people with BPD:

	Never	Seldom	Often	Very Often	Always
I feel fondness and affection for people with BPD	○	○	○	○	○
Caring for people with BPD makes me feel satisfied and fulfilled	○	○	○	○	○
I feel helpless in relation to people with BPD	○	○	○	○	○
I feel frightened of people with BPD	○	○	○	○	○
I feel angry towards people with BPD	○	○	○	○	○
I feel protective towards people with BPD	○	○	○	○	○
I feel frustrated with people with BPD	○	○	○	○	○
I feel drained by people with BPD	○	○	○	○	○
I feel anxious working with people who engage in serious non-suicidal self-injury and/or suicidal behaviours	○	○	○	○	○
I find people with BPD to be warm and engaging	○	○	○	○	○
I experience professional fulfilment in my work with people with BPD	○	○	○	○	○
I feel interested in people with BPD	○	○	○	○	○
I feel unable to gain control of the situation with people with BPD	○	○	○	○	○
I have difficulty tolerating the behaviour of people with BPD	○	○	○	○	○

FEEDBACK TO THE QUESTIONNAIRE

20. Please provide any comments and feedback regarding this questionnaire:

Post-Workshop Questionnaire (e.g. SA- Adelaide)

The post-workshop questionnaire included the same questions as the pre-workshop questionnaire excluding the demographics. It also included the following questions:

WORKSHOP EVALUATION

11. What is your overall satisfaction with the:

	Very low	Limited	Adequate	High	Very High
Training provided in the workshop?	○	○	○	○	○
Administrative/organisational arrangements for the workshop?	○	○	○	○	○
Resources provided for the workshop?	○	○	○	○	○
Trainers' knowledge of the workshop content?	○	○	○	○	○
Learning activities provided?	○	○	○	○	○
Trainers' responsiveness to your learning needs?	○	○	○	○	○
Catering provided?	○	○	○	○	○
Venue?	○	○	○	○	○

12. Overall, to what extent do you believe your knowledge and skills in BPD have improved due to your participation in the workshop?

Not at all	Slightly	Moderately	Very	Extremely
○	○	○	○	○

13. Which aspects of the workshop were most useful to you and why?

14. Which aspects of the workshop did you find least useful and why?

15. Which topics in the workshop would you have liked to be covered in more detail?

16. Is there any additional information/topics that you think <u>should have been covered</u> in the workshop?

17. Do you think you will apply any of the knowledge or skill learned in you practice?

○ Yes

○ No

18. If yes, which specific skills/knowledge that you learned in this workshop do you plan to apply in your work?

19. If no, please explain why?

20. Would you recommend this workshop to your colleagues?

○ Yes

○ No

21. Any additional comments or feedback regarding this questionnaire/workshop?

10.3 Appendix 3 Example Response of Open Questions

Which aspects of the workshop were most useful to you and why?

- *All of it! Videos and case examples and references to real clients really helped.*
- *The activity based learning was excellent. It was very engaging and the trainers didn't just read from slides.*
- *Risk assessment matrix. Treatment plan and crisis management plan. Skills training. Group interaction, role play.*
- *Explanation of key factors that underlie effective treatment (commonalities), risk management overview and importance of engaging families and carers.*
- *Learned about the link between BPD & PCOS, BPD & Psychosis. Enjoyed role play , video, group work & case study   Chain analysis -usual rep of issue. Good for teenagers.*
- *I found it has helped me realise that my current practice is likely to be helpful for people with BPD and improved my confidence in this area*
- *Felt empowered to collaborate in working with persons with BPD.   Previously thought I had to specialise in DBT. Never underestimate the therapeutic relationship.*
- *Discussion of case studies   Unpacking particular content further for clarification   Loved this workshop! Crisis management plans role plays. Workbook excellent*
- *Demystification of the condition and its treatment. Reminder that I hold certain values in my interactions with people & do fall short. Good group of people*
- *Best workshop that I have been in for a long time!*
- *Breaking the program done into core competencies made the material understandable and assailable.*
- *Really enjoyed and found all SO helpful and informative.   Love the manual. Presenters have been fabulous. Info so relevant.*
- *Review of the core competencies useful as i am in a work role of training mental health clinicians about BPD. Review of skills and reminder of DBT skills, which are not familiar.*
- *Going through the common factors approach rather than focusing on a particular intervention was useful, it highlighted the fact the people with BPD can respond to various psychological interventions successfully. This is an important message which is often forgotten. The up to date knowledge on people Assessment with BPD was useful. The interventions were low level and fairly well known to the population (in the room) however as a foundational workshop I can see the utility for providing know. of skills like mindfulness etc Also useful the blend of PPT, the trainers examples from their own practice and the videos was good. There is nothing worse than just PPTs*

Which aspects of the workshop did you find least useful and why?

- *Can't fault it*
- *amount of content but understand why*
- *Self-care - only because I believe organisations need to do more to address this as a psychologist I am familiar with practicing self-care.*
- *Distress tol skills Slide 114 - need handouts in detail on what these skills actually are as so many don't know & there's nothing with instructions to take away-risk if these are done poorly to make things worse Have resources or sources for more info for those to use eg books / websites*
- *Focus on sessional work - only because it is less relevant to my work setting.*
- *Grounding, mindfulness (use often during therapy work).*
- *I felt the need for much more work on engaging families, the room went a bit quiet, lower energy when the family competency was addressed*
- *-I felt the role plays could have demonstrated skills and learning outcomes better and whilst it was scripted, it possibly could have felt more of a genuine interaction*
- *Individuals who 'hijack" the discussion rather than allowing the process of learning to occur. I understand this happens however it can delay training*
- *Probably the therapy part but only because my role does not allow for it*

- *Very long lengths of talking- hard to concentrate*
- *Scripted role plays - felt wooden and sometimes not focused on demonstrating what they said they would. e.g., applying skills when emotionally triggered.*

Which topics in the workshop would you have liked to be covered in more detail?

- *Beautifully paced*
- *Attachment styles. Treatment options (DBT and MBT). BPD and ID or ADHD or ASD, legalities involved, communication and general management.*
- *A bit more on research base for evidence-based treatment would have been helpful.*
- *Examples of discussing what BPD diagnosis means to a client or family member. Trauma sensitive care Language that instils hope*
- *Examples of providing diagnosis*
- *I think it was all interesting. I would like to see a compacted safety/crisis plan example.*
- *Managing presentations to ED and inpatient admissions.*
- *Mindfulness exercises DBT - covering the basic structure would have been useful. Recovery: going into depth about a recovery plan, for example, CHIME and receiving a copy of the plan.*
- *More time for group discussions on and trainer knowledge on co-existing disorders, interventions, recovery rates and stats.*

Is there any additional information/topics that you think should have been covered in the workshop?

- *Nothing. Everything was covered in a good level of detail. I would have liked to have more information about impact on children of BPD patients and how to help the child overcome these detriments.*
- *I would like a nursing perspective -how do we construct / contribute to a plan in practice -real world- how do acute care nurses do this in their day. What do they document of a work in progress... nuts and bolts please*
- *I would love to be able to deliver a tailored, bite-sized in-service to my colleagues, tailored to the needs of our clientele (not principally MH, but any service consumers with MH complications).*
- *Things NOT to do with BPD clients. That is for people who are less trained/don't do clinical work as such.*
- *Would have liked videos of people with a lived experience. Would have benefitted from more on mentalizing*
- *Acute care vignettes ie 'translated' competency for staff working on IPU/Acute areas that are about containment.*

Which specific skills/knowledge that you learned in this workshop do you plan to apply in your work?

- *All of it. Look to deliver education and implement principles into service delivery (across our whole service)*
- *All of it. Risk assessment especially.*
- *all of it! I have already been asked to provide a medical ward with some strategies for coping with patients with MH issues! So, all your strategies will be presented- strategies- metaphor! Chain analysis*
- *Chain analysis.   Any treatment is better than no treatment - just give it a go*
- *Engagement and support plan elements - any clinician can have a part in support/recovery.*
- *Engaging family and carers. Disseminate knowledge regarding common factors approach to multdisciplinary team.*
- *Mentalization, using reflection, being non judgmental, validation Using a wholistic approach when dealing with people with BPD*
- *More awareness of the diagnosis. Being more aware of whether or not I am applying the techniques & values I espouse.*

- *My approach to BPD clients I'm often seeing them for reasons outside of their mental health treatment but the skills are still practical*
- *Much more family inclusiveness. Better understanding of how to navigate the confidentiality aspect vs family. The risk assessment conceptualisation. The skills modelled.*
- *Prioritise BPD treatment to support recovery with other co-occurring diagnoses. Treatment planning and risk assessment (particularly in regards to clarity with suicidal/NSSI) Better use of treatment plan AS TREATMENT.*
- *Risk matrix. Core treatment areas   Recommendations to GPs /Psychiatrist not to prescribe for BPD!*
- *So much. Specifically, I want to help my team get better at engaging with risk management*
- *Strategies to regulate. emotions of various intensity Understanding each rupture in the therapeutic relationship can be an opportunity to unravel new findings/ growth*
- *Understanding the experience of BPD clients especially undiagnosed clients .More tolerance.   As much of it as possible. Will be revising and practicing*
- *Utilisation of info around BPD - & a case study of some of the individuals I work alongside to assist formal support workers to understand the needs of the person they work with*
- *Validation. Sensory release/distraction exercises (ie stomping). Risk assessment - analysing risk in the BPD framework. Learning to be active NOT reactive - this has stuck with me*
- *Will set up templates for practice.*