BPD Webinar Series:

Towards a National BPD Training and Professional Development Strategy

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
www.spectrumbpd.com.au
easternhealth

mhpn

Webinar 3
Evidence based treatments for people living with Borderline Personality Disorder

Thursday 19th April 2018, 7:15pm AEST

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
www.spectrumbpd.com.au
easternhealth

mhpn

Tonight's Panel

Dr Martha Kent OAM
Psychiatrist

Pip Bradley
Mental Health Nurse

Fred Ford
Carer

Facilitator

Dr Lyn O'Grady
Psychologist

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Webinar Series

This is the third webinar of a National BPD Project funded by the Australian Government. If you didn't attend the first and second webinars, visit the Australian BPD Foundation website. This webinar will cover evidence based treatments. The remainder of the series will address:

Webinar 4: BPD in youth and early intervention

Webinar 5: Management of self injury and suicidality

Webinar 6: Management in mental health services, primary & private sectors

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

5

Ground Rules

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

- Be respectful of other participants and panellists. Behave as you would in a face-to-face activity.

- For help with your technical issues, click the Technical Support FAQ tab at the top of the screen. If you still require support, call the Redback Help Desk on 1800 291 863. If there is a significant issue affecting all participants, you will be alerted via an announcement.

Audience tip:
If you are having difficulties with the audio, please dial in on 1800 896 323 Passcode: 2353870818#.

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

6

Learning Outcomes

Through an exploration of Borderline Personality Disorder (BPD), the webinar will provide participants with the opportunity to:

- identify the evidence based treatments for BPD

- outline the limitation and lack of available services to access evidence based treatments

- identify the core principles of an example of an evidence based treatment for BPD eg: Dialectical Behaviour Therapy.

Audience tip:
The PowerPoint slideshow and case study can be found in the Resources Library tab at the bottom right.

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

Psychiatrist Perspective

BPD therapies

- The following therapies have been shown to be equivalently effective in BPD (* = confirmed as Evidence Based Treatment in a recent review)

  - DBT - Dialectical Behaviour Therapy.*

  - MBT - Mentalization Based Therapy.*

  - TFT - Transference Focussed Therapy.*

  - SFT - Schema Focussed Therapy.*

Martha Kent

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Psychiatrist Perspective

BPD therapies (cont'd)

- STEPPS - Systems Training for Emotional Predictability & Problem Solving.*

- CBT - Cognitive Behaviour Therapy.

- CAT - Cognitive Analytic Therapy.

- ACT - Acceptance & Commitment Therapy.

- Conversational model (Australian).

Martha Kent

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Psychiatrist Perspective

Mentalisation Based Therapy

- Mentalisation is the capacity to recognise the thoughts & feelings in one's own mind & in the minds of others.

- It allows one to understand & facilitate interpersonal interactions.

- MBT aims to strengthen the patient's capacity to mentalise under stressful interpersonal interactions in therapy & in life.

- The therapist takes up a "not knowing stance" & encourages curiosity, flexibility & greater kindness in relationships.

Martha Kent

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Psychiatrist Perspective

Limitations of EBT's for BPD

- Expensive with respect to training & implementation.

- Difficult to access across the population & country as a whole.

- Drugs have not been shown to be effective for the core symptoms of BPD, though may assist with BPD symptom reduction & treatment of comorbid illnesses.

- So how can we address the need for good enough population wide treatment of BPD?

Martha Kent

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Psychiatrist Perspective

GPM = Good Psychiatric Management

- Developed by John Gunderson
- Based on a BPD model of interpersonal sensitivity & social interactions.
- Fits into a case management model.
- The focus is on life outside of treatment.
- Change is expected.
- Prioritises work & social rehabilitation over love.
- The therapy is flexible (as often as needed), pragmatic (real life situations) and eclectic (includes individual as well as family education & group therapies).
- Shown to be as effective as DBT in clinical trials.

Martha Kent

Psychiatrist Perspective

Dismantling DBT

- Another proposed way forward to encourage more accessible & affordable treatments for BPD is to develop simpler versions of current specialised treatments which also fit into a case management model.

- Current trials suggest good outcomes for this simpler approach at least for DBT.

Martha Kent

13

Psychiatrist Perspective

References

- Handbook of Good Psychiatric Management for Borderline Personality Disorder.
  J Gunderson with P Links. 2014

- What works in the Treatment of Borderline Personality Disorder.
  L W Choi-Kain et al
  Current Behavioural Neuroscience Reports 2017;4 (1) : 21-30

Martha Kent

Australian BPD Foundation Limited   spectrum Personality Disorder Service for Victoria easternhealth   mhpn

---

14

Mental Health Nurse Perspective

DBT Formulation for Liz

- DBT understands Liz's difficulties in terms of:
  - *emotion dysregulation* → emotions are experienced with a heightened sensitivity, and as being intense and long lasting.

- At the same time as having frequent and intense emotions, people with BPD are generally lacking skills to understand, manage and regulate their emotions.

- The DBT bio-social theory understands these problems as resulting from transactions between temperamental vulnerability and an early invalidating environment.

- Liz's increased alcohol & drug use and thoughts of self harm are seen as attempts to regulate her painful emotional experiences.

Pip Bradley

Australian BPD Foundation Limited   spectrum Personality Disorder Service for Victoria easternhealth   mhpn

15

Mental Health Nurse Perspective

Balancing Validation and Change

- "Dialectical" in DBT refers to synthesising apparent contradictions, finding the middle path, balancing between opposing positions.

- The main dialectical balance throughout treatment is between acceptance (validation) and change (using skills).

- In beginning work with Liz, the focus would need to be on validation to establish a helpful treatment relationship.

- How would I validate Liz?

Pip Bradley

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

16

Mental Health Nurse Perspective

How to Help Using DBT

Ultimate goal of DBT is a life worth living…

…what would Liz want for herself in her life worth living?

- The way to get there is through learning alternative skills.

- DBT has 4 skills modules to treat identified problems/skills deficits;
  - **Mindfulness**
  - **Distress Tolerance**
  - **Emotion Regulation**
  - **Interpersonal Effectiveness**

- Liz has been trying to solve her problems, but her efforts have either not worked, or inadvertently made her problems worse. Being more skilful and effective in her efforts will help her to solve her problems and move closer to her goals.

- Step 1 in a DBT priority of treatment is to help her stop harming herself.

Pip Bradley

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

Mental Health Nurse Perspective

Chain Analysis

- A moment by moment analysis of what has lead up to a problem behaviour.

- Each little step, or link, in the chain becomes an opportunity to develop alternative skills, to change the pattern.

- This increases mindful awareness of each moment, of need to re-frame thoughts, and when to use distress tolerance skills and act opposite skill.

- Therapist uses validation and change throughout chain analysis.

Pip Bradley

Australian BPD
Foundation Limited

s p e c t r u m
Personality Disorder Service for Victoria
eastern**health**

mhpn

Mental Health Nurse Perspective

Pip Bradley

Australian BPD
Foundation Limited

s p e c t r u m
Personality Disorder Service for Victoria
eastern**health**

mhpn

Mental Health Nurse Perspective

Plan

- Discuss at first meeting the need for Liz to stay alive in order for treatment to work for her, in order to get a life worth living.

- Work on Liz's commitment to engaging in DBT treatment.

- Discuss and practice initial strategies in session that she can start using to manage her distress.

- Plan further sessions.

- Consider family work / support for mother.

Pip Bradley

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

Carer Perspective

- Is the term "*Carer*" appropriate for Mental Illness and BPD?

- Emotion can and will play a part in how carers react
  - Difficulty in accessing and maintaining services, particularly in Rural and Remote areas
  - Friction within the relationship
  - Self harm.

- Carers need support also
  - Refer to carer support services or carer advocates/support workers.

- Carers need time out to look after themselves (research has shown that between 68-80% of all carers develop Mental Health issues)
  - Activities away from carer role.

Fred Ford

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
eastern**health**

mhpn

21

Carer Perspective

- Carers need BPD specific education such as "Family Connections" to develop appropriate strategies to support their loved one.

- Carers can feel guilt and blame/shame for their person's illness which is usually baseless.
  - Things can happen that are outside of the carer's control
  - IT'S NOT THEIR FAULT!

Fred Ford

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

22

Carer Perspective

- Carers are an integral part of the person's care team and are usually on the front line so, where appropriate, need to be involved in care planning and know the basics about their person i.e.: diagnosis, medication and care plan

- What about confidentiality? How can I overcome this as a clinician to involve the family/carer?
  - Revisit on a regular basis.
  - Consumers have rights but they also have responsibilities.
  - Develop a carer engagement plan when person is well.

- There may be need for family interventions to maintain or repair family relationships.

Fred Ford

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

Carer Perspective

- People's children can also be carers and need to be recognised for their role in a person's recovery and included.

- If carers become angry, try to find the cause of their anger or frustration as what may be presenting may not be the cause.

- What can carers do if their person is resisting or refusing treatment?

- What if they are talking about or threatening self harm?

Fred Ford

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

23

Carer Perspective

- A well nurtured family/carer can be your greatest asset. They are there 24hrs a day, 7 days a week and can give another insight into what is happening for their person.

Fred Ford

Australian BPD Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

24

25

Q&A Session

Dr Martha Kent OAM
Psychiatrist

Pip Bradley
Mental Health Nurse

Fred Ford
Carer

Facilitator

Dr Lyn O'Grady
Psychologist

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn

26

Resources and further reading

Spectrum and The Australian BPD Foundation have
put together a list of resources at

http://www.bpdfoundation.org.au/webinar-3.php

Audience tip:
Your feedback is important
– please click the
Feedback Survey tab to
open the survey

Australian BPD
Foundation Limited

spectrum
Personality Disorder Service for Victoria
easternhealth

mhpn