1

BPD Webinar Series:

Towards a National BPD Training and Professional Development Strategy

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2

Webinar 4

Borderline personality disorder in youth and early intervention

Monday 23rd July, 2018 at 7:15 PM-8:30 PM (AEST)

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3

Tonight's Panel

Prof Andrew Chanen
Psychiatrist

Carissa Wright
Young Person

Susan
Carer/Family/Friend

Dr Louise McCutcheon
Psychologist

Facilitator

Dr Lyn O'Grady
Psychologist

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4

Webinar Series

This is the fourth webinar of a National BPD Project funded by the Australian Government. If you didn't attend the first three webinars, visit the Australian BPD Foundation website. This webinar will cover youth and early intervention. The remainder of the series will address:

Webinar 5: Management of self injury and suicidality

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

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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: 23553870818#.

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Learning Outcomes

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

- outline how to identify youth with borderline personality disorder
- identify age appropriate therapeutic interventions and treatment principles for youth
- outline how to work appropriately with the young person and their family.

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

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7

Psychiatrist Perspective

Why should we intervene early for borderline personality disorder?

Andrew Chanen
Orygen, the National Centre of Excellence in Youth Mental Health
Centre for Youth Mental Health, The University of Melbourne
Orygen Youth Health

Andrew Chanen

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8

Psychiatrist Perspective

Clinically significant borderline personality disorder usually appears from puberty to young adulthood (12-25 years old)

- 1/5 psychiatric outpatients
- Shows continuity with PD in adulthood
- Remains dynamic across the lifespan
- Despite strong scientific evidence, the PD diagnosis in young people remains taboo.

Andrew Chanen

Chanen, Sharp, Hoffman 2017
Newton-Howes, Chanen, Clark 2015

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Psychiatrist Perspective

Borderline personality disorder is a legitimate differential diagnosis of common mental disorders in young people

- Spurious distinction between personality and mental state pathology
- often underpinned by impulsivity, affective instability, or hyper-aggression
- Early clinical phenotypes for PD are overlapping and non-specific (like all mental disorders).

Chanen, Sharp, Hoffman 2017
Newton-Howes, Chanen, Clark 2015
Caspi & Moffitt 2018

Orygen The National Centre of Excellence in Youth Mental Health

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Psychiatrist Perspective

BPD is not normative among young people (Chanen 2017)

- Impulsivity
- Substance use
- Sexual behaviour
- Self-mutilation and suicide attempts
- Interpersonal and vocational dysfunction.

Lawrence, Allen, & Chanen, 2010; Scalzo, Hulbert, Betts, Cotton, & Chanen, 2018; Thompson et al., 2018; Andrewes, Hulbert, Cotton, Betts, & Chanen, 2017; Goodman et al., 2017; Kramer et al., 2017

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Psychiatrist Perspective

BPD = severe PD

- High risk of very poor outcome
- High morbidity
  - Mental disorder, physical & sexual health
  - Severe and persistent functional disability
- High mortality
- 8% suicide
- 2 decade reduction in life expectancy
- Harms emerge early, so we need to intervene early.

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Chanen et al. 2008; Sharp 2015; Chanen 2015; Chanen 2017

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Psychiatrist Perspective

'Late intervention' is the norm in PD

- Delay in diagnosis potentially harmful
  - decrease likelihood of appropriate intervention
  - increased likelihood of inappropriate/harmful intervention (pharmacotherapy/polypharmacy)
- Specialised treatments late in the course of the disorder
- Entrenched disability
- Many harmed by the health system.

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Andrew Chanen

Chanen & McCutcheon, 2013; Bateman et al., 2015; Gunderson et al., 2011Chanen & McCutcheon, 2013; Bateman et al., 2015; Gunderson et al., 2011

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Psychiatrist Perspective

Timely diagnosis and structured treatment leads to clinically meaningful improvements in young people

- Evidence-based psychosocial treatments are more effective than 'treatment as usual' among young people
- Structured clinical care as effective as 'brand name' psychotherapies.

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14

Psychiatrist Perspective

Principles of early intervention for BPD

- View BPD dimensionally
  - include sub-syndromal (indicated prevention) & syndromal (early intervention)
- Broad inclusion criteria
- Limited exclusions for co-occurring psychopathology
- Early intervention cannot be done in isolation from other disorders.

Chanen & McCutcheon 2013, Chanen 2017

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The National Centre of Excellence in Youth Mental Health

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Young Person Perspective

Positive approaches towards Addressing BPD youth

(A lived experience perspective)

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16

Young Person Perspective

Appropriate BPD language

- Making sure you use positive BPD language
- Replacing the words ‘manipulative’ and ‘attention seeking’
- Making sure you reflectively listen to the person who is experiencing BPD.

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17

Young Person Perspective

Validation

- Making sure you validate the experience
- Try to veer away from using clinical terms
- Using validating language eg: ‘Its okay to feel this way’.

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18

Young Person Perspective

Recovery based approaches

- Speaking recovery rather than ‘short term’ solutions
- Suggesting therapy as a first priority (not just medications)
- Assisting youth with a peer worker who has walked the walk.

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19

Young Person Perspective

Key notes

Remember:

- we know our rights and needs. An age should not get in the way of early intervention.
- that we deserve to be heard and we deserve recovery based treatments
- that our lived experience is valuable.

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20

Carer/Family/Friend Perspective

Carer/family responses

- Social isolation
  - Michelle's lack of friends is a constant worry for parents as most parents want their children to be sociable and wonder what the young person is doing in that isolation.
- Mood swings/angry outbursts
  - Can lead to a rollercoaster existence. Not knowing what to expect, hypervigilant, 'walking on eggshells'.

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Susan

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Carer/Family/Friend Perspective

Self Harm

- Confronting for parents. Parents want to protect
- Clinicians have long-term view of when behaviours may resolve but parents have 24/7 view.

Susan

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Carer/Family/Friend Perspective

- **Grief & Loss**: The first MH emergency is shocking and traumatic for family members. Waiting in ED & can become a 'revolving door'
- **Guilt:** Short fuse 'like her father'.

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Carer/Family/Friend Perspective

- **Flexibility**: Family appointments need to be flexible E.g. Phone/Skype/FaceTime after hours.
- **Family Burn Out**: Mother burnt out from relational burden. Feel like 'emotional traffic cop of the family'.

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Carer/Family/Friend Perspective

Self care strategies

What strengths does the family have?

Build a supportive team around you.
Its easier on the rollercoaster with others.

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25

Psychologist Perspective

Using Relational Clinical Care principles to guide what we might offer a young person like Michelle

- **Diagnosis, feedback and psychoeducation**
- In Michelle's case, I assume we have done this at the beginning
  - use the DSM-5 criteria to confirm the BPD features
    - tailor to Michelle's experience
  - give psychoeducational material about BPD
  - provide a realistic and optimistic view
    - warn about stigma and misinformation
- Don't assume you only do this once
  - people's understanding will change over time.

Louise McCutcheon

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26

Psychologist Perspective

Setting up the relationship

- The working relationship does not sound strong
  - Michelle is not attending regularly
  - We are not sure what she wants
    - Find things we can agree to work on together
    - She needs to feel
      - understood and listened to
      - her experiences are validated
      - working towards change
      - trust is necessary to tolerate gentle challenging
- This might involve discussing confidentiality, family involvement.

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27

Psychologist Perspective

Structure: balancing flexibility and consistency

- Structure can be containing
  - Increase when necessary
- Consistency
  - Shared language & shared plans
    - Especially safety plans
- Flexibility
  - Young people are not always able to organise themselves very well, especially if they have BPD
  - They are doing the best they can

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28

Psychologist Perspective

Collaborative management plan

- Psychosocial goals:
  - School
  - Relationships
  - Crisis management and safety planning
    - Understanding why she is self-harming
    - What other coping strategies she has
    - Improve her ways of asking for care
- In addition, we need to consider
  - Motivation for change, treatment of co-occurring problems
  - Involving family
- Work towards endings
  - Contracted sessions and end dates

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29

Resources and further reading

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

http://www.bpdfoundation.org.au/webinar-4.php

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

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30

Practitioner networking opportunities

The 8th Annual National BPD Conference will be held in Brisbane on 10-11 September, 2018 for more information for the conference visit

www.bpd2018.com

Audience tip:
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31

Practitioner networking opportunities

Visit www.mhpn.org.au to learn more about joining your local practitioner network.

A number are being established to provide a forum for practitioners with a shared interest in BPD. Visit www.mhpn.org.au (news section) or contact MHPN to learn more.

Audience tip:
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32

Thank you for your participation

- Please ensure you complete the *feedback survey* before you log out.
- Click the Feedback Survey tab at the top of the screen to open the survey.
- Certificates of Attendance for this webinar will be issued within four weeks.
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

Audience tip:
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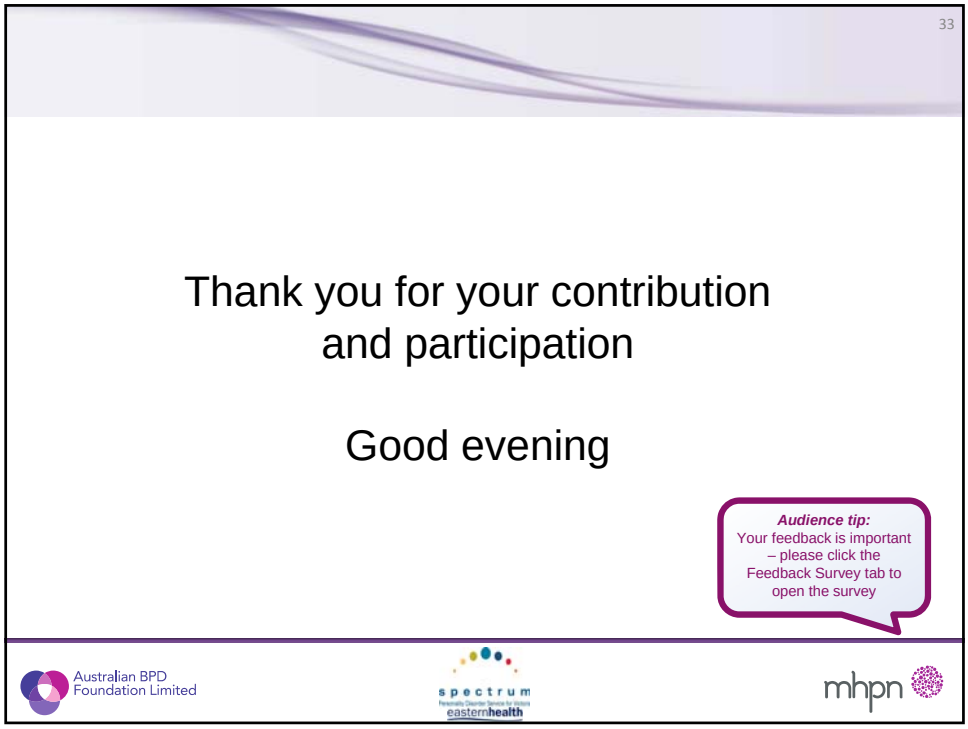
33
Thank you for your contribution and participation
Good evening
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