

AirNotes

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Welcome to the 5th annual newsletter on all things to do with personality disorders, from the Project Air Strategy in partnership with NSW Health.

8th Annual Conference on the Treatment of Personality Disorders: 'Understanding Narcissistic and Borderline Disorders'

This year the conference will be held on Friday 7th of November followed by a workshop on Saturday 8th of November at the University of Wollongong – one hour south of central Sydney and close to the Sydney South West – Campbelltown region. The Treatment of Personality Disorders Conference has been an important annual event in providing clinicians with a platform to network, update knowledge and skills in evidence-based interventions, receive information on the most recent research in the field of personality disorders and revive enthusiasm for working with this client group.

This year the theme of the conference is 'Understanding Narcissistic and Borderline Disorders'. This theme was inspired by feedback requesting the focus be extended to include specific information on other personality disorders commonly found in therapy and society.

The keynote this year will be presented by Dr Kenneth Levy, a Professor at the Pennsylvania State University and the Associate Director of Research at the Personality Disorders Institute at the Department of Psychiatry at Cornell University New York. Dr Levy will also present a workshop following the conference on Saturday 8th November titled 'Transference Focused Psychotherapy (TFP) for Borderline and Narcissistic Personality Disorders.' The workshop is designed for clinicians with or without experience in working with people with personality disorder and has a clinical focus on psychopathology, social cognitive contributions to interpersonal relationships, attachment, emotion regulation processes and behaviour change in the treatment of personality disorders ●

Further details:
www.projectairstrategy.org



Dr Kenneth Levy from New York is presenting clinical and research perspectives on treating personality disorders





Focus on: Parenting

Project Air Strategy is working with NSW Health to develop clinical resources to enhance parenting when personality disorder is an issue. The Strategy was delighted to be present at a recent Perinatal Mental Health Seminar on 'Understanding and supporting the mother with borderline personality

disorder and/or complex trauma' at St John of God Hospital in Burwood in partnership with South East Sydney Local Health District. Anne Sved Williams from Mayo House and Perinatal and Infant Mental Health Services Adelaide presented on 'Borderline personality disorder and infants: Interrupting intergenerational cycles of despair.' Dr Sved Williams highlighted the need for more research into the impact of borderline personality disorder on parenting, and for increased support and treatment of mothers with borderline personality disorder and their infants. Melissa Coates, the Safe Start Consultation Liaison Clinician from Prince of Wales Hospital emphasised the importance of ongoing supervision when working with this population. Cathy Kezelman, from the Mental Health Coordinating Council and ASCA overviewed the importance of treatment providers acknowledging trauma, and being mindful of the risk of retraumatizing vulnerable patients. With approximately two thirds of people presenting to mental health services having experienced some form of trauma, Dr Kezelman highlighted the valuable impact of positive and validating relational experiences for the survivors of trauma in health services ●

Project Air Strategy receives a Major Mental Health Award

Project Air Strategy for Personality Disorders was recognised with a major mental health award. At a ceremony at NSW Parliament House at the start of Mental Health Month, the NSW Minister for Mental Health presented the Project Air Strategy team with a Mental Health Matters Award. Project Air was nominated by ARAFMI – the association for relatives and friends of mental illness. The ARAFMI nomination considered Project Air 'a stand-out example of successful collaboration between institutes, local health districts and community (families, carers and consumers) to contribute to improved wellbeing of people with personality disorders and their families.' The Mental Health Association and Mental Health Commission of NSW present the awards annually. Over 130 projects were nominated for just 12 awards ●



Peter Carter (Director, Mental Health and Drug and Alcohol Office), Marc Reynolds (NSW Health), Mahnaz Fanaian (Project Air Strategy) and Brin Grenyer (Project Air Strategy) at the Mental Health Matters Awards, NSW Parliament House.

Partnership with Spectrum Victoria

The Project Air Strategy has established a new partnership with Spectrum Personality Disorders Service of Victoria, to enhance trainings and treatment of personality disorders across Australia. Project Air and Spectrum are co-hosting Dialectical Behaviour Therapy trainings in Melbourne and Sydney. In addition, Dr Kenneth Levy will also undertake a workshop in Melbourne with Spectrum to complement his presentation at the 8th Annual Conference on the Treatment of Personality Disorders and Workshop in Wollongong ●



Marianne Bourke (Project Air Strategy), Roy Krawitz (New Zealand DBTNZ), Emily Cooney (Seattle, USA), Carla Walton (Hunter New England) at the recent Spectrum-Project Air Strategy hosted DBT training in Campbelltown, Sydney.



Brief Intervention Updates

A key part of the Project Air Strategy involves the introduction of a brief intervention model to bridge the gap between acute crisis care and long term treatment for people with personality disorders. This 'Gold Card Clinic' model has been adapted by community mental health services across the Shoalhaven, Illawarra, Sutherland, St George and Prince of Wales hospital districts to meet the needs of the service and facilitate integration within standard practice protocols.

CASE STUDY 1:

Adult Brief Intervention Clinic at Prince of Wales

The Prince of Wales Gold Card Clinic – called the Brief Lifeworks Intervention program (BLIP) – began in February 2013 and integrates with the established Lifeworks DBT program. Dr Carryn Masluk and Mr Andre Morris have provided leadership of these developments. Eight months into its establishment 34 patients had been referred to the Clinic and 18 were successfully engaged with the service. Andre Morris (Clinical Psychologist) who was involved in its establishment reported that 40% of patients were subsequently referred to specialised treatments. Mr Morris describes the intervention as 'a brief support service for people who have just come out of a crisis'. He stated 'The service offers a psychosocial intervention over a series of three appointments with the aims of supporting the person to make sense of the factors that led to the crisis, learn some effective ways to handle difficult situations and emotions in the future, and access further treatments and supports. There is also the option of a fourth session involving a carer, partner or family members, to provide them with carer-specific support, information, and links with other services.' Mr Morris reported that 40% of patients took the opportunity to allow their carer to be engaged in the treatment.

The Clinic also provides an opportunity for adults with personality difficulties who are unable or unwilling to commit to long-term treatment to connect with the mental health service in a helpful way.

Mr Morris reflected that 'the Brief Intervention Clinic plays an important role in closing a gap that people all too often fall into – being discharged after the immediate crisis has settled without any meaningful opportunities to understand what just happened, develop a plan for handling tough times again in the future, and identifying appropriate supports and treatments for the short, medium and longer term.'

The Clinic does not just provide crisis work. Mr Morris reflected that 'together with our referring services, we try to create a window of opportunity in which people can be offered the information, support and strategies that can open up new directions in their recovery pathway. The approach used by the Clinic is focused on finding effective solutions to very specific problems in the here and now'. The idea is that 'this makes it quickly accessible to people, less confronting (there is no need to repeat painful and traumatic life histories), and also highly meaningful as from the outset it seeks to start addressing the situations the person is struggling with the most' he said.

Overall, Mr Morris reflects on the hope that the brief intervention model provides both to the patient, and to the therapist, 'the clinicians are all very passionate about this work... They believe in the potential for this kind of brief intervention to provide a new, more hopeful direction for people who may have previously struggled to find treatments that work for them.' Recently, the NSW Minister for Mental Health visited the team to congratulate them on their work in this area.

Minister the Hon. Kevin Humphries visiting the Prince of Wales Personality Disorders Clinic, with Professor Brin Grenyer (Project Air Strategy), Murray Wright (Director of Mental Health, South Eastern Sydney Local Health District), Kim Olesen (Director of Nursing and Midwifery, District Executive Unit), Ann Hodge (Service Director Eastern Suburbs Mental Health).

CASE STUDY 2:

Child and Adolescent Brief Intervention Clinic at Wollongong

The Gold Card Clinic began in 2012 at the Wollongong CAMHS service. Senior Psychologist Sil Lemme reflects on the motivation for beginning the service as 'an innovative way to support and improve access for young people who are at high risk of self-harm and suicidal behaviours due to emotional dysregulation and high emotional distress.'

Ms Lemme explains how the Clinic has been adapted and integrated into the service. 'Clients are referred into the general CAMHS intake process and if they are screened to be appropriate for the Clinic they are offered an appointment with an appropriately trained clinician. Clients and families are offered three sessions (minimum), one or more of which will be spent with parents to work on safety planning and risk management. It is imperative that treatment is offered in a timely framework (recent admission to ED or recent self-harm) otherwise the philosophy behind the Clinic becomes redundant and clinically far less effective,' she said.

Ms Lemme reflected on the differences between this youth approach with the traditional adult Gold Card Clinic: 'By separating it from the adult clinic we have adapted it to our clientele because it is more specific to their needs. We have also incorporated the Clinic into pre-existing systems and is therefore another treatment option available... The model is extremely youth and user friendly – it allows us to be flexible in timing and content of sessions – which promotes greater engagement of young people.'

Ms Lemme comments on the benefits of the Clinic model, in that 'it allows patient flow through the service to be far more targeted in terms of appropriate treatment, and avoids unnecessary waiting lists. It promotes greater use of community resources (schools, GP's, families, private psychologists, NGO's) to address the longer term aspects of patient care and allows CAMHS to focus on the acute stage of care (i.e. risk assessment and safety planning).'

Another benefit has been a change in stigma: 'It also challenges the historical and long held beliefs that young people presenting with borderline personality disorder type behaviours are untreatable, undiagnosable and unpleasant to work with. It has enabled us to have open discussions with stakeholders around what exactly personality disorders are and how to destigmatise them and how to avoid using inappropriate and misleading diagnoses to explain these patients behaviours' said Ms Lemme.



What do clients say about the brief intervention clinic?



The clinic worked really well. I have a few new strategies to deal with the worst times and they arranged for me to get more of the help I need.'

(Randwick BLIP client)

'Before I got the Gold Card Clinic I was lost, had no direction in my life, was depressed, anxious, lonely, suicidal, just didn't think I was worth anything ...

After being introduced to DBT, meds (the right ones), and the right therapist, I've improved in a way I couldn't have imagined. I can think better, I react better in hard situations, I handle my emotions better, I feel like I have everything to live for. I don't keep going back into my past, which was making me so depressed. Now I look toward the future.'

(Nowra Gold Card client)

'The clinic brought light when there was darkness. It's given me hope.'

(Sutherland Gold Card client)

New Resources on Mindfulness

The projectairstrategy.org website now has a new set of mindfulness help sheet activities to use in treatment.

Mindfulness skills help focus attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. If thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') or physical sensations (e.g. 'I feel sick') intrude into daily life on a regular basis, and are unwanted, then mindfulness can help ●

ABC Report on Neglect of BPD in Health Services

ABC TV recently featured a damning report into Australia's ability to treat patients with Borderline Personality Disorder. The program highlighted how this mental health condition can be treated well by services that have the skills and experience, but such services are in short supply.

Sadly, too often people with BPD continue to receive a stigmatised and unhelpful response from health services, which remain largely unaware that effective communication strategies and treatments are available for this mental health illness. The Project Air Strategy in NSW is one approach leading the way to provide better access to treatments, research and information on the disorder. For more information and to view the ABC story, see the News Room on our website ●



CONGRATULATIONS

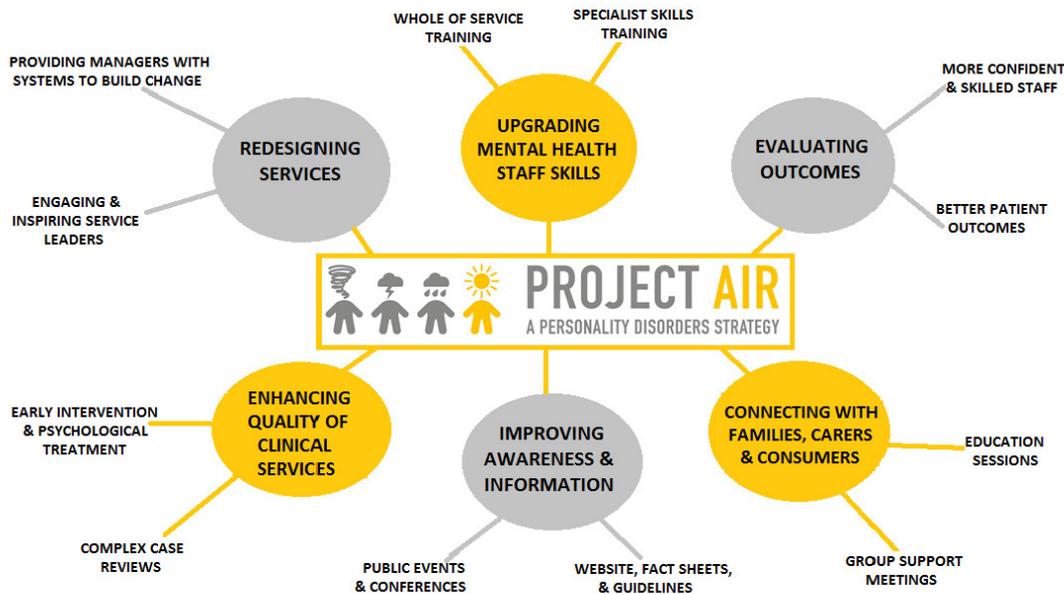
Congratulations to Sonia Neale a counselling and psychology student from Perth and an author, a mother of three children, a mental-health peer support worker and now the recipient of the prestigious 2014 SANE Australia Hocking Fellowship, selected from 70 applications. She will use the award towards an overseas study tour of the USA, Canada, UK and Ireland to study leading treatments, services and programs, advocacy, destigmatisation, mindfulness and peer support services. On her return to Australia she plans to continue to contribute to the mental health charity's information resources and services, including new on-line peer-support forums.

You can read her essay 'Why is Australia afraid of Borderline Personality Disorder?' here:

<http://mhaustralia.org/general/why-australia-afraid-borderline-personality-disorder>

The Project Air Strategy Model

Project Air Strategy involves six key strategies integrated into three core themes – leadership, health system partnership and communication. (1) The leadership component involves service redesign and evaluation of outcomes to promote scientific discovery and innovation. (2) The health system partnership component involves upgrading staff skills with training and enhancing the quality of clinical services with complex care reviews and psychological treatments. (3) The communication component involves working across professional, community and health domains through research, publications, the website, fact sheets, guidelines, conferences, and public events to connect with health professionals, families, carers and consumers to promote a recovery model ●



Grenyer, B.F.S. (2014) An Integrative Relational Step-Down Model of Care: The Project Air Strategy for Personality Disorders, ACPARIAN (Australian Clinical Psychologist), 9, 8–13. Available at:

Community Services Project

Project Air Strategy recently completed a **‘Young people with complex needs and high-risk challenging behaviours’** pilot project in conjunction with Family and Community Services. There were multiple partners involved. Training involved over 606 staff, from the Departments of Family and Community Services (FACS), Ageing Disability and Home Care, NSW Health, Juvenile Justice, Housing NSW, NSW Education, and a number of non-government agencies including Southern Youth and Family Services, Mission Australia, Headspace, Marist Youth Care, Impact Services, Guardian Youth Care, Centacare, Catholic Care, and Life Without Barriers. Dr Rebekah Helyer and Dr Rebecca Bargenquast provided Project Air Strategy leadership of this project. This pilot project involved the South West area (centred on Campbelltown) and the Shoalhaven and Illawarra area (centred on Wollongong). Overall 85.6% reported that the training improved their willingness to work

with young people with emerging personality disorder, and 86.0% improved their optimism. In addition, 76.6% reported improvements in their confidence, and 64.8% reported an increase in their clinical skills as a result of the project. Three important parts of the strategy included first, the development of inter-agency collaborative practices through targeted steering committee and strategic ‘round table’ planning meetings; second, the development of the project model, implementation strategy and focus through integrated cross-service training and skill development grounded in the key objectives and strategy; and third, a follow-up and implementation in-service with individual care reviews that facilitated transfer of training and models of practice informing effective interagency and transitional care processes ●

Andrew McKenney is bringing new thinking to the psychiatry of personality disorders



Project Air Strategy Scholar

Dr Andrew McKenney has been awarded a special training fellowship in psychiatry on 'rethinking clinical leadership in psychiatry for personality disorders' and has been working with the Project Air Strategy and Mental Health and Drug and Alcohol Office. Dr McKenney has been undertaking a variety of leadership roles including training with the Strategy. He also plans to undertake research linked to the Illawarra Health and Medical Research Institute. As part of the fellowship Dr McKenney has been working with Dr Marianne Bourke (Project Air Strategy) in the complex care review program being undertaken in the Northern Sydney Local Health District ●

Update on diagnosis

The DSM-5 has removed the multiaxial system separating personality disorders from other mental disorders. The criteria for personality disorder diagnosis remain the same as DSM-IV. This will allow research findings to continue to accrue using an established and known system.

Clinicians and researchers now await proposals for the revisions to the International Classification of Diseases 11th Edition personality disorder section, due 2015. This system will emphasise making a rating of severity of personality disorder, which can be related to level of impairment and clinical need in terms of funding allocation per patient. ICD will retain but redraft descriptors of subtypes of personality disorder.

During the development process for DSM-5 an alternative hybrid dimensional-categorical model to personality disorder was proposed that would have significantly changed the method of diagnosis. However, because the alternative model was a significant departure from standard practice and not fully tested, there was a great deal of anxiety in the mental health community about the proposal. Indeed, two members of the committee resigned out of concern that there was not a strong consensus view. Therefore, the alternative approach to diagnosis appears in the DSM-5 appendices for research purposes. The alternative approach characterises personality disorders as involving impairments in personality functioning (both in how the person experiences the self and others) and pathological personality traits. Personality functioning is based on a continuum from adaptive functioning to extreme impairment, where at least a moderate level of impairment is required for the diagnosis of a personality disorder. Thus, the clinician would assess personality based on the person's difficulties in personality functioning and on specific pathological traits. The pathological personality traits consist of 25 specific trait facets organised into five broad trait domains (Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism). The specific personality disorders that can be diagnosed in the alternative model include antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, schizotypal and personality disorder – trait specified. Further research will help to determine whether this method of diagnosis improves the accurate diagnosis and effective treatment of people with personality disorders ●

Research Corner

The Project Air Strategy team have been publishing new research. To find out more on our publications, see our Knowledge Centre section of the Project Air Strategy website. In this newsletter we feature 'Burden and support needs of carers of persons with borderline personality disorder: A systematic review' published in the Harvard Review of Psychiatry, under the lead author Rachel Bailey. The study was conducted to review what was already understood about carers of persons with personality disorder, what was being done internationally to support carers, and how Project Air could enhance these efforts.

This study involved a systematic review of the literature on the burden and support needs of carers of persons with any personality disorder published between 1996 and 2011 in English. We identified 566 studies, but focused on 6 studies that could be meaningfully compared and met the inclusion criteria.

Carers of persons with Borderline Personality Disorder were found to report significantly higher levels of burden, grief and impaired empowerment compared to carers of persons with other mental illnesses such as schizophrenia and major depression. These carers were also found to report their own mental health problems, including symptoms consistent with anxiety and depression. This highlights how some carers are struggling with the burden and strain associated with caring for their loved one. The study emphasises the importance of supporting carers in their role to improve their own wellbeing and to thereby assist them in providing important support for their loved one with personality disorder ●

Dr Shelley McMain visits the Project Air Strategy

Dr Shelley McMain, Head of the Borderline Personality Disorder Clinic at the Centre for Addiction and Mental Health (CAMH) and Associate Professor in the Department of Psychiatry in Toronto, visited the Illawarra Health and Medical Research Institute and presented at the 7th Annual Treatment of Personality Disorders Conference. Dr McMain presented research findings on the treatment of patients with Borderline Personality Disorder (BPD) with Dialectical Behaviour Therapy (DBT) and a one-day clinical workshop on 'A Primer on the Practice of Dialectical Behaviour Therapy'. Dr McMain also provided some insights into the treatment of patients with Borderline Personality Disorder in an interview available on our website.

Dr McMain presented findings from two key studies comparing one year of DBT to psychodynamic treatment and General Psychiatric Management for patients Borderline Personality Disorder. In both studies, improvements were reported regardless of treatment modality. These important studies show that a range of specific treatments are equally effective in the treatment of Borderline Personality Disorder. However, Dr McMain comments 'one of the biggest challenges right now, and it's largely being driven by the increase in demand for effective treatment, is that we need to work harder at improving efficiencies.' Currently, the recommended treatment duration for patients with Borderline Personality Disorder is at least one year, resulting in long waitlists for specialised services.

Dr McMain also presented on emerging research data for a brief (20 week) DBT group-only program compared to waitlist control. After 20 weeks of group DBT, the results showed significant improvements in reducing self-harm, suicidal behaviours, anger, BPD

symptoms and depression. This research is promising in that structured treatments and good clinical care can improve patient outcomes within five months.

Dr McMain commented that 'we are, in many ways, in a terrific situation compared to where we were 15 years ago when we didn't have any evidence based treatment to offer people with BPD... However, there's still lots to be done, not only in training health care professionals, but also training people who can support people with the disorder, such as family members.' Overall, Dr McMain comments that the most important ingredient in treatment for Borderline Personality Disorder 'is being able to maintain compassion... and several of the evidence based treatments actually provide us with some guidance on how to maintain compassion.'

The key principles to treatment advocated by Project Air Strategy can be found in our guidelines and below ●



Dr Shelley McMain emphasises good clinical care in BPD treatment

Key Principles for working with personality disorders

- Demonstrate empathy
- Listen to the person's current experience
- Validate the person's current emotional state
- Take the person's experience seriously, including verbal and non-verbal communications
- Maintain a non-judgemental approach
- Stay calm
- Remain respectful
- Remain caring
- Engage in open communication
- Be human and be prepared to acknowledge both the serious & funny side of life where appropriate
- Foster trust to allow strong emotions to be freely expressed
- Be clear, consistent, and reliable
- Remember aspects of challenging behaviours have survival value given past experiences
- Convey encouragement and hope about their capacity for change while validating their current emotional experience

From: Project Air Strategy for Personality Disorders (2011) Treatment guidelines for personality disorders. NSW Health and Illawarra Health and Medical Research Institute. Available at: www.projectairstrategy.org

Upcoming Events

■ BPD AWARENESS DAY

5 OCTOBER

The fourth annual national Borderline Personality Disorder awareness day will be honoured with a conference in Melbourne and other events around Australia.

<http://www.projectairstrategy.org>

■ STAYING CONNECTED WHEN EMOTIONS RUN HIGH:

WORKSHOP FOR PROFESSIONALS

7 OCTOBER (Wollongong) and

23 OCTOBER (Nowra)

WORKSHOPS FOR CARERS

18 NOVEMBER (Wollongong) and

20 NOVEMBER (Nowra)

<http://www.projectairstrategy.org>



■ EUROPEAN SOCIETY FOR THE STUDY OF PERSONALITY DISORDERS (ESSPD)

16 OCTOBER, 2014

The Project Air Strategy is linked to the ESSPD conference to take place in Rome, Italy.

<http://www.esspd.eu>

■ 8TH ANNUAL CONFERENCE ON THE TREATMENT OF PERSONALITY DISORDERS

7 – 8 NOVEMBER

The University of Wollongong

themed 'Understanding Narcissistic and Borderline Disorders'

<http://www.projectairstrategy.org>

■ SUPPORTING AND ADVOCATING FOR THOSE WITH BPD:

A WORKSHOP FOR CONSUMER CONSULTANTS & COMMUNITY VISITORS

18 NOVEMBER

Turning Point, Fitzroy, Melbourne.

<http://www.spectrumbpd.com.au>



■ INTERNATIONAL SOCIETY FOR THE STUDY OF PERSONALITY DISORDERS (ISSPD)

OCTOBER 2015

The Project Air Strategy is linked to the ISSPD conference to take place in Montreal, Canada.

www.projectairstrategy.org

The Project Air Strategy acknowledges the major support of NSW Health. The Project works with mental health clinicians, consumers and carers to deliver effective treatments, implements research strategies supporting scientific discoveries, and offers high quality training and education. Contact us at info-projectair@uow.edu.au or visit www.projectairstrategy.org



Health



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