Spectrum Annual Conference

Beyond Specialisation: Exploring Generalist Treatment Approaches for People with Personality Disorder and Complex Trauma

Thursday 21st March 2024

25 Years

spectrum
Specialising in Personality Disorder and Complex Trauma

Honouring the Past, Transforming the Future

Presentation Abstracts

Don't scorn simplicity: An Examination of the Effectiveness of Simple, Generalist Treatment Delivery

Prof Joost Hutsebaut, Clinical psychologist, De Viersprong, Netherlands (Presenting virtually from Amsterdam)

Treatment guidelines for personality disorders (PDs) have typically recommended specialist psychotherapeutic interventions. This presentation argues that the effectiveness of an intervention may be determined less by specific method than by a range of factors associated with therapist competence, team culture, structure of clinical process, and institutional context. In addition, specialist interventions may be theoretically and methodologically too complex and therefore, average, and thus most, therapists may benefit more from a set of simple, generalist principles.

Bringing borderline personality disorder into the fold of usual care

Dr Lois W. Choi-Kain, Director, Gunderson Personality Disorders Institute

The presentation provides an introduction to Good Psychiatric Management (GPM) as a treatment for borderline personality disorder (BPD), as well as relevant background information about BPD and the various treatments that exist for it. The presentation begins with an overview of the epidemiology, symptomatology, etiology and course of BPD as well an explanation of the concept of personality and the different models that exist for understanding it. It then reviews the treatments that exist for BPD, the evidence for their effectiveness, and the features and limitations common to all of them. Then, the presentation introduces the components, central theory, and evidence base for GPM, and provides instruction in handling certain common challenges in GPM such as safety management and co-occurring disorders.

What would peer supported General Psychiatric Management look like?

Mary O'Hagan, Executive Director Lived Experience, Victorian Dept. of Health

Peer support is derived from natural human relationships whereby people with shared adversity share experiences and support each other. There is growing evidence that organised or professionalised peer support leads to recovery outcomes. Peer support in comparison to non-peer support services has been shown to have an equal impact on clinical outcomes and a greater impact on levels of hope, empowerment, and quality of life.

There is very little literature on peer support for people diagnosed with BPD. One small qualitative study found that peer support gave people with BPD hope, connection and validation. This is consistent with other findings on peer support and something that traditional clinically based mental health approaches have often failed to provide. Yet hope, connection and validation are fundamental to recovery. *Continued over page*.

Presentation Abstracts

Peer support is a growing occupational group in mainstream mental health services. However, organisations and clinicians often don't understand peer support. Clinicians may stigmatise lived experience staff and believe their own contribution is more important. They may use peer supporters to do work they don't have time for, instead or recognising their unique discipline and perspective. Most mental health services built on a clinical world view and don't always culturally adapt to the lived experience workforce or provide psychological safety for them. Services often use clinicians as the referrers to peer support instead of enabling people to refer themselves.

Peer support has huge potential in services for people diagnosed with BPD, whether they use specialist or generalist approaches. It would be interesting to explore how General Psychiatric Management (GPM) for instance could incorporate peer support, not as an adjunct or a support to the 'main game' but as an equal discipline in its own right. If peer support was fully incorporated into GPM some of its language, concepts and practices may need to change. This would improve GPM as a whole offering to people with BPD but it would inevitably look different. This talk explores some of the changes that would be needed.

Beyond specialisation: A carer perspective

Rita Brown, Carer Consultant, Spectrum

People supporting a person living with BPD often experience high levels of emotional distress themselves. In this presentation Rita will offer her thoughts on generalist versus specialist approaches to provide a solid foundation for carers supporting a person living with BPD in a way that sustains and builds relationships.

Application of generalist treatment approaches in Victoria for people with Personality Disorders and Complex Trauma

Assoc Prof Sathya Rao, Executive Clinical Director, Spectrum

The mental health workforce is poorly trained in treatment for personality disorders and complex trauma. Vast majority of people with personality disorders & complex trauma do not receive meaningful treatments. Although we have evidence based specialised treatments for personality disorders (e.g., DBT, MBT, TF and SFP) these specialised treatments are expensive and require vast amount of resources making it not accessible for vast majority of the population. Generalist treatments are as effective as specialist treatments and require relatively less resources. This paper explores application of generalist treatment approaches in Victoria. Brief Intervention of 10/20 sessions, Intensive Group Treatments, Core Competency Training Framework are examples of practical applications of generalist approaches that can be utilised in primary, private and public mental health settings.

Application of GPM in a public metropolitan mental health service

Janina Tomasoni, Director of Psychology, Northern Health

Northern Health is a large metropolitan health service that provides mental health care to adults and older adults consumers residing in the North West and Northern corridors of Melbourne, with a population size of 830,000 residents. Mental health care is provided in the form of community-based treatment, inpatient treatment, residential treatment and via an emergency department. Within Northern Health a specialist tertiary personality disorder service was established in mid-2019 (NAMHS PDS) through a Victorian Department of Health initiative and sponsored by the Victoria of Office of Chief Psychiatrist. The primary focus of this service was to improve access to services for residents residing in the catchments of City of Darebin and City of Whittlesea presenting with personality disorder by capacity building mental health clinician's skills and knowledge. Currently 13% of registered consumers accessing NAMHS mental health services have a diagnosis of BPD.

In order to achieve the aims of the PDS, GPM was adopted as the primary model of care and framework to improve access, identification, diagnosis and care to those engaging with the area mental health service. In order to instil GPM as a core model, a staged approach of implementation was developed. This presentation will describe the activities undertaken, benefits identified and the challenges of introducing a generalist model for BPD to an existing generalist case management model of mental health service delivery.

Implementing a system-wide common factors approach for personality disorders within regional mental health services

Cathryn Pilcher, Associate Director, Spectrum

Access to evidence-based psychotherapeutic treatments for personality disorder in regional Australia is extremely limited. Clinicians often express that they lack knowledge and capacity to offer these treatments, feeling ill-equipped to effectively help people with personality disorder. Spectrum's Core Competencies Framework adopts a common factors approach that makes treatment of personality disorder more accessible.

Spectrum's Core Competency Workshop for working with BPD (two-day training) was delivered in Mildura on five occasions between July 2022 and October 2023 to upskill regional clinicians. Senior clinicians were also encouraged to attend Spectrum's Train-the-Trainer, which develops local trainers to promote sustainability of the model. Monthly supervision was also offered to help translation of training to clinical practice. *Continued over page.*

To date, 90 clinicians have been trained in the Core Competencies framework across a number of services in the district. Evaluation of the program has demonstrated an improvement in clinician confidence, knowledge and willingness to work with people with personality disorder. Feedback from the service has identified a shift in the way that clinicians, particularly in the inpatient teams, are thinking and working therapeutically with people with BPD.

A model of care that enables service-wide training using a common factors framework for working with people with personality disorders has the capacity to increase access to treatment for people in regional areas who have limited access to specialised treatment.

Bridging the gap between BPD and trauma-related conditions: An extension of GPM informed by the current evidence base

Dr Lois W. Choi-Kain, Director, Gunderson Personality Disorders Institute

Trauma, chronic adversity and deprivation of emotional needs are factors that escalate risk for many forms of psychiatric illness and severe disability, leaving people who need support alone, isolated, and trapped with little sense of belonging. Borderline personality disorder (BPD), post-traumatic stress disorder (PTSD), and complex PTSD all develop when stressful exposures exceed resources to cope, generating powerlessness, and cumulatively damaging self and interpersonal functioning. The state of current knowledge about these disorders is that they are distinct from one another, but frequently co-occur, especially in clinical settings where more than one in three patients with BPD also have PTSD and vice versa. Their co-occurrence requires treatment for each, but often the multiple components of care are often fragmented and at odds. Structured, informed, and empirically supported approaches can ensure integrated comprehensive care, in the context of the many controversies and conflicts that can arise in the management of care for those who need credible holistic care that meets standards.

Good psychiatric management (GPM) is a generalist approach to care that utilizes principles and procedures most clinical professionals already use, compatible with international guidelines for the care of both BPD and PTSD, organizing care around diagnosis, psychoeducation, multimodal treatment to broaden the social safety need and containment of individuals with greater symptom severity and challenges to forming a stable treatment alliance. GPM also incorporates management of safety, co-occurring disorders, and psychopharmacology with a rehabilitative approach so that achieving greater stability at work and in relationships outside of treatment can fuel healthier self-esteem, social connections, contribution to community, and ultimately personality functioning. This presentation will describe GPM's expansion to simultaneously integrating BPD and trauma related care for the significant subset of people who need treatment and deserve for both.