

## Spectrum 2021 Research

### Abstracts

**Keynote Address Title:** Current challenges and opportunities in the treatment of personality disorders

**Presenter:** Brin Grenyer OAM. Senior Professor of Psychology at the University of Wollongong and Director of the Project Air Strategy for Personality Disorders, in partnership with NSW Health

*Evidence-based treatments for borderline personality disorder are relatively well established, however there remain issues around effectiveness (as not all people benefit), access (as these can be difficult to find and costly), and scientific understanding (as the mechanisms of action are not robust or well established). Differential treatment approaches depending on traits or characteristics of personality dysfunction are not well established, despite a large amount of case study and clinical wisdom around how to treat challenges such as narcissistic, antisocial, paranoid and schizoid traits. Current issues will be discussed as well as posing some questions about possible future directions that may show promise.*

**Keynote Address Title:** The multi-faceted nature of trauma for refugees and asylum seekers

**Presenter:** Professor Suresh Sundram is Chair and Head, Department of Psychiatry, School of Clinical Sciences, Monash University, Director of Research, Mental Health Program

*Never in the history of humanity have so many people been forcibly displaced from their homes. The majority of the currently 82 million people, of whom over half are children, can expect to return to their home at some point. However, for the refugee and asylum seeker cohort, a population greater than Australia, this is no longer possible. These people face uncertainty and prolonged, recurrent and unpredictable traumas associated with their migration and post-migration experiences, notwithstanding the traumas that catalysed their fleeing.*

*These conceptually distinct traumas in the pre-migration, migration and post-migration spaces exert a complex intertwined effect upon the individual and the family. In conjunction with health, resilience, personal resources and social support factors, the impacts of trauma are multifaceted creating a mosaic of mental distress and disorder.*

*The dialectics of hope and hopelessness; and anger and despair are powerful influences on resilience and the expression of mental disorders such as major depression and post-traumatic stress disorder. These in turn contaminate individual functioning and spousal and parent-child relationships, with corrosive effects.*

*The network outcomes of these factors defy simple categorical descriptors and are poorly understood in a longitudinal perspective. Similar limited understanding of intergenerational transmission of trauma speaks urgently to the need for both engagement and research.*

*Exploring this through the contrasting experiences of recently resettled refugees with those exposed to prolonged off-shore detention permits insights into the influences of hope in trauma and psychopathology.*

**Rapid Fire Title:** Methodologies, Mentoring and Manuscripts. A research partnership between Spectrum and Deakin University School of Psychology

**Presenter:** Dr Helen Mildred

*The presentation will briefly outline the research undertaken through the strong and flexible partnership between Spectrum and the Deakin University School of Psychology. Into its fifth collaborative project the partnership has so far stewarded 4 (and a half) Doctoral or Masters thesis through to completion. Risk assessment & BPD, BPD and romantic relationships, BPD and sexual diversity, and BPD and chronic pain. A precis of each discussed.*

**Rapid Fire Title:** Ultra brief ACT treatment for BPD – Can it work?

**Presenter:** Dr Fiona Donald

*This pilot study examined the effectiveness of Wise Moments, a 4-session Acceptance and Commitment (ACT) intervention for BPD focused on the observer self. The observer self refers to the ability to adopt a neutral regard for one's own mental states such as troubling thoughts or feelings, rather than becoming absorbed or 'fused' with the content of those thoughts or feelings. Fifty-six people completed the Wise Moments program. The majority of participants were female (76%) with an average age of 34.3 years (18 – 63 years). Significant improvements were self-reported at discharge on all measures: symptom severity, psychological flexibility, mindfulness, self-compassion and psychological wellbeing. Improvements in symptom severity after a 4 session treatment program suggest that Wise Moments is an effective, initial intervention for BPD. Clinicians with an interest in the ACT model may consider incorporating a focus on the observer self within the earliest stages of treatment for BPD. Clinicians working outside of an ACT model who are not familiar with concepts such as the observer self may wish to consider how 'fused' the client is with the content of mental states. A key treatment aim may be for the client to 'step back' from difficult thoughts or feelings.*

**Rapid Fire Title:** Intensive Group Intervention

**Presenter:** Dr Dervila Gec

*Specialist psychotherapies for treating borderline personality disorder (BPD) are limited by costs of training, resourcing and treatment duration. We assessed the effectiveness of a manualised program that incorporated strategies from evidence-based specialist treatments and features that these treatments share. This 10 week group-based program was delivered two days/week in four hour sessions; 80 hours of treatment. We assessed short-term clinical efficacy, acceptability, and feasibility in 43 participants. Statistically significant improvements were measured in BPD symptom severity, depression, trait anxiety, emotional regulation, general health, hopefulness, self-compassion and anger; several improvements remained 4-6 months post-treatment. Incorporating key aspects of evidence-based treatment using a time-intensive group format could greatly enhance the provision of effective treatment to people who experience BPD*

**Rapid Fire Title:** Neurodiversity and personality disorders

**Presenter:** Dr Lukas Cheney

*Increasing interest in the relationship between Autism Spectrum Disorder and Borderline Personality Disorder (BPD) has led to a broader question about the relevance of neurodiversity to the spectrum of personality disorders. This presentation leads with a conceptual discussion of this new field of study and presents some initial data with the use of validated screening instruments to detect social cognition, general neurocognitive function and symptoms of ADHD in people with complex presentations of BPD.*

**Rapid Fire Title:** Psychiatry trainee survey

**Presenter:** Dr Mithira Nithianandan

*Spectrum recently investigated the confidence of psychiatry trainees in meeting the needs of people experiencing BPD. The results highlight an urgent need to enhance psychiatry training and supervision in skills related to the diagnosis, management and treatment of BPD.*

**Rapid Fire Title:** Spectrum Evaluation Program

**Presenter:** Dr Aghareed Al-Qassab

*Specialized psychotherapy is the primary evidence-based treatment for people diagnosed with BPD. The Service Evaluation Program was implemented to assess treatment efficacy across a range of outcomes including BPD symptom severity, self-injury, suicidality, and quality of life. All clients admitted for psychotherapy for personality disorder were included in the evaluation. Validated clinician-administered and self-administered instruments were completed with clients at: Baseline, 6, 12, 18 and 24 months. At discharge, there was a reduction in BPD symptoms with a significant proportion of participants in remission, this was accompanied by clinically significant reductions in subjective depression. At discharge, the intensity of negative thoughts and feelings was reduced as were behaviours such as self-injury or suicide attempts. Client satisfaction improved for various aspects of life including physical health, personal relationships, and standard of living. These findings robustly support the efficacy of a range of BPD-appropriate psychotherapies for promoting clinically significant improvements in psychiatric symptoms and quality of life in patients with severe and complex personality disorder.*

**Rapid Fire Title:** COVID papers

**Presenter:** Dr Nitin Dharwadkar

TBC

**Rapid Fire Title:** PDI

**Presenter:** Dr Pari Heidari

*One of the projects that Dr Pari Heidari is involved with is the Personality Disorder Initiative (PDI). This Initiative is a state-wide program. In this presentation Pari will present the findings of a survey of Victorian mental health clinicians which has been conducted just prior to the PDI.*

**Rapid Fire Title:** Carer Workshops

**Presenter:** Ms Rita Brown

*There is a growing recognition of the value of incorporating lived experience perspective into clinical programs and supportive services for people diagnosed with borderline personality disorder (BPD) and their families.*

*Spectrum's lived experience carer consultant researched the impact of single session interventions for carers, that were written and led by a carer peer and not based on a specialist therapeutic model. The research showed the value of incorporating the lived experience voice to assist those supporting someone with BPD to develop an understanding of BPD, promote empowerment and engagement, in addition to encouraging a sense of social connectedness and promoting hope for recovery.*

**Presentation:** Trauma, Dissociation and Hallucinations

**Presenter:** Professor Josephine Beatson

*Auditory hallucinations occur in around 50% of people with borderline personality disorder. They are dissociative in origin, can persist over time and cause great distress to those experiencing them. Their phenomenology and co-occurrence with other sensory hallucinations will be outlined, together with means of distinguishing them from hallucinations of psychotic origin.*

**Presentation:** Diagnosing BPD in Older Adults

**Presenters:** Dr Hema Jayaram and Dr Francine Moss

Objective: The diagnosis of Borderline Personality Disorder (BPD) in older adults is often missed. To address the absence of validated screening tools for the detection of BPD in older patients (over 60 years), we developed a screening tool that reflects the changing symptomology of BPD during the aging process. The Spectrum screening tool for BPD in Old Age (BPD-OA) is intended to prompt a more comprehensive evaluation, facilitating staff preparedness and patient care.

Method: We examined the sensitivity and reliability of the BPD-OA in (i) 22 BPD-confirmed and (ii) 21 gender-matched BPD-negative elderly participants referred to aged psychiatry services. The BPD-OA was compared with the Diagnostic Interview for Borderlines–Revised and the Zanarini BPD screening tool, both validated in adults aged 18-60. Results: The BPD-OA was the only instrument able to discriminate between elderly BPD and non-BPD populations. Principal Component Analysis showed that four criteria (suicidal behaviour and suicidality, self-harm, intense, unstable interpersonal relationships, and chronic dysphoria) accounted for 34.6% of the total variance. Of the 21 BPD-negative participants, five were false positives; all had disorders with a prominent mood component such as major depression or schizoaffective disorder. Of the 22 BPD-confirmed participants, six were false negatives; symptom denial and a negative correlation between age and BPD-OA score likely contributed. Further qualitative analysis of the BPD participants provided findings around previous psychiatric diagnosis, associated treatment, suicide and self-harm behaviours, family relationships and early childhood trauma.

Conclusions: Whilst the BPD-OA screening tool is clearly superior to instruments validated for use in younger people, refinements are needed to increase its specificity. A larger validation and reliability study is being planned that will employ a refined BPD-OA. Under-diagnosis of BPD is evident in aged psychiatry. With the limited access to treatment, having a clear diagnosis is an opportunity to help patients, families and staff in psycho-education and staff-training.

**Presentation:** Improving the response and management of patients with BPD in emergency departments

**Presenter:** Professor Judy Hope

*Background: Patients with BPD frequently present to Emergency Departments (ED) when experiencing acute crisis, often resulting in patient and ED staff anxiety. The ED environment can be harmful for patients who are experiencing psychological distress.*

*Objectives: This collaboration intervention was designed to improve the experience of both ED staff and people with BPD who attend the Box Hill Hospital ED. The implementation program involved the development, delivery, and evaluation of a comprehensive package of care, comprising enhanced care pathways, staff training and patient educational resources.*

*Methods: A pilot program was developed using published literature, clinical experience and patient lived-experience consultation. The content and timing of the program was adapted to professional groups and scheduled staff rotations. The evaluation comprised pre- and post-intervention surveys conducted within the ED.*

*Results: Development of the implementation occurred across a six month period. The co-design implementation team devised and produced a set of six short educational videos, a podcast, two lectures, a set of “cheat sheets” and a patient information sheet. The educational program was delivered using a brief, targeted intervention, suitable for delivery within a single nursing and medical rotation. The intervention leveraged key medical and nursing meetings and learning channels; the intervention was designed to take account of workforce mobility and shiftwork. A pre-intervention survey showed that clinician-rated competence was rated as ‘good’ or ‘very good’ in areas of: knowledge about BPD (14%), clinical skills (26.8%) and experience (33.7%). Ratings of positive attitudes towards people with BPD were: willingness (36.4%), optimism (20.8), enthusiasm (20.8%) and confidence (18.2%).*

*Conclusions: Although specific BPD education was welcomed by ED staff, there were significant strategic barriers to delivery and evaluation. The keys to successful delivery were co-design principles and lived experience voice in the educational material. The pre-intervention survey results confirmed the perception that many staff felt unprepared and unwilling to work with BPD patients. Low numbers of matched surveys made it difficult to evaluate the effectiveness of the intervention. Qualitative feedback revealed some striking improvements in clinician understanding and attitudes.*

**Rapid Fire Title:** COVID papers

**Presenter:** Dr Nitin Dharwadkar

*The impact of COVID-19 lockdown on the well-being of clients of a specialist personality disorder service.*

*Objective: The aim of this study was to investigate the well-being of people with severe borderline personality disorder (BPD) during the first wave of COVID-19 social restrictions.*

*Method: Clients of an outpatient specialist personality disorder clinic (n=77) were invited to the study. An online survey was conducted including a range of open-ended questions exploring well-being and the Coronavirus Anxiety Scale (CAS) which assesses ‘coronaphobia’.. Qualitative data were analysed using inductive content analysis with NVivo software. CAS data were analysed descriptively using SPSS version 25.*

*Results: Thirty-six surveys were completed (48% response rate). Many participants experienced significant challenges to their overall well-being during lockdown although some reported improvements in psychosocial functioning. Three participants (8.3%) experienced clinically significant ‘coronaphobia’.*

*Conclusion: The self-reported physical and mental health of participants with BPD demonstrated resilience, suggesting that the capacity to maintain treatment via telehealth helped to mitigate many of the adverse aspects of social restrictions. This study was conducted during the first wave of social restrictions; subsequent studies will reveal longer term effects of extended community lockdowns.*

*Psychotherapy via Telehealth During the COVID-19 Pandemic – An Australian Consumer Experience*

*Objective: To investigate the transition to and experience of telehealth in people with borderline personality disorder (BPD).*

*Method: A cross-sectional study using an online survey was conducted in a specialist clinic for personality disorder in March-May 2020.*

*Results: Thirty-seven clients (48% response rate) completed the survey. Two participants (5.4%) were decided not to receive treatment via telehealth. Transitioning from in-person to telehealth, the majority of participants had few or no technical issues (51.4%). Telephone, video-conferencing and mix of telephone and videoconferencing were used. Positive and negative experiences were endorsed asking about the effectiveness of telehealth. While some participants were whether unsure (32%) or not (19%) interested in telehealth following pandemic, half acknowledged the presence of telehealth (54.8%) and wanted to have the option of telehealth following pandemic (48.6%).*

*Conclusions: Despite some shortcomings associated with telehealth, almost every client continued to attend appointments and half participants wanting to have the option of telehealth in the future, healthcare policy makers and mental health managers should consider the challenges specified in this study while developing telehealth guidelines for people with BPD.*

*The impact of COVID-19 lockdown on the well-being of mental healthcare providers working in a specialist clinic for personality disorder:*

*Objective: To investigate the well-being of mental healthcare providers working in a specialist clinic for personality disorder during the first wave of COVID-19 social restrictions.*

*Method: Clinical (n=31) and nonclinical (n=11) staff in a public outpatient specialist personality disorder clinic were invited to participate. Data were collected via an online survey which incorporated the Coronavirus Anxiety Scale (CAS) together with a range of open-ended questions exploring mental health, physical health, sleep quality, management of relationships, alcohol consumption, eating patterns, and use of media. Inductive content analysis was used to review the responses to the open-ended questions. Data from CAS was reported descriptively.*

*Results: In total, 39 surveys were completed (92.8% response rate). According to the CAS, two participants (5.1%) experienced coronaphobia during the initial pandemic restrictions. Participants reported a diversity of experiences affecting their health status during this time. While loss of social interactions with family and friends was reported as the most challenging aspect of lockdown, participants reported that conducting their work using telehealth and the absence of the work commute provided opportunities for more time with family and for selfreflection.*

*Conclusions: The self-reported physical and mental health of participants demonstrated resilience, suggesting that the capacity to conduct therapeutic work via telehealth having the option of working from home helped to mitigate many of the adverse aspects of social restrictions due to the global pandemic. This study was conducted during the first wave of social restrictions; subsequent studies will reveal longer-term effects of this policy.*

*Telehealth psychotherapy for severe personality disorder during COVID19: Experience of Australian clinicians*

*Objective: Restrictions on social contact during the COVID-19 pandemic necessitated a rapid transition to telehealth for providing psychotherapy to people diagnosed with personality disorder. This naturalistic cross-sectional study evaluated the experiences of clinicians using telehealth for the first time to treat clients diagnosed with severe personality disorder.*

*Methods: Thirty clinicians working at a specialist clinic for personality disorder completed an on-line survey during May-June 2020 in Melbourne, Australia. Results: Despite having some initial technical issues, most rapidly and successfully connected with clients via phone and/or video-conference, recommencing individual and group evidence-based psychotherapies. Appointments were kept more reliably than when in-person treatment was offered. A range of issues around privacy, confidentiality, risk, quality of interaction and treatment boundaries were raised, highlighting the need for guidelines and formal processes. However, clinicians' awareness of some of the benefits of telehealth were apparent, with most looking forward to using it for some aspects of their work with clients and more generally into the future.*



*Conclusions: This experience with telehealth psychotherapy during COVID restrictions suggests that it is acceptable and can be managed safely for treating patients with severe mental illness. This outcome encourages the pursuit of efficacy studies to evaluate telehealth as a more equitable and accessible treatment modality.*