



Borderline Personality Disorder

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Borderline Personality Disorder (BPD) Diagnosis

• Clinical Definition

DSM-IV-TR: borderline personality disorder is diagnosed when there is a **persistent pattern of unstable interpersonal relationships, mood and self-image**, as well as **distinct impulsive behaviour**, beginning by early adulthood and present in a variety of contexts.

These difficulties are indicated by **five (or more) of the following**:

- frantic efforts to avoid real or imagined **abandonment**.
- a pattern of **unstable and intense interpersonal relationships** characterised by alternating between extremes of idealization and devaluation.
- identity disturbance: markedly and persistently **unstable self-image or sense of self**.
- **impulsivity** in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating). This does not include suicidal or self-harming behaviour.
- **recurrent suicidal behaviour**, gestures, or threats, or self-mutilating behaviour.
- **affective instability** due to a marked reactivity of mood - intense feelings that can last from a few hours to a few days.
- chronic feelings of **emptiness**.
- inappropriate **intense anger** or difficulty controlling anger.
- transient, **stress-related paranoid ideas** or severe **dissociative symptoms**.

• Consumer Perspective

“I don’t know what it’s like to not have deep emotions, even when I feel nothing, I feel it completely.”

“I don’t know what living a balanced life feels like. When I am sad I don’t cry, I pour. When I am happy I don’t smile, I glow. When I am angry I don’t yell, I burn.”

“Being a borderline feels like eternal hell. Nothing less. Pain, anger, confusion, hurt, never knowing how I’m gonna feel from one minute to the next.”

“I feel everything, all the time. It’s exhausting. But it also makes me passionate, which is beautiful.”

BPD Overview

- Serious MH condition – misunderstood
- Significant stigma associated with BPD
- 1-4% Australians diagnosed with BPD
- Almost equal distribution between males and females
- 25% all ED presentations or inpatient MH admissions are people with personality disorder
- 1 in 10 people with BPD die through suicide
- 80% people with BPD have experienced childhood trauma
- Co-occurring MH conditions very common (75%)
- Co-occurring substance use very common

Treatments

- **Dialectical Behaviour Therapy (DBT) – Marsha Linehan**
 - 12 mth intensive program (weekly individual therapy, group work, phone coaching, homework)
 - Modules: Mindfulness, Distress Tolerance, Interpersonal Effectiveness, Emotional Regulation
 - DBT Life Skills group program
- **Schema Focused Therapy (SFT)**
 - Individual therapy focused on exploration of maladaptive schemas developed early in life
 - Addresses emotional, cognitive and behavioural difficulties
- **Mentalisation Based Therapy (MBT)**
 - Individual therapy aiming to increase a person's capacity to reflect on their personal internal experiences and also other people's internal experiences
 - Focuses on feelings, thoughts, urges, memories, beliefs, wishes
- **Cognitive Analytic Therapy (CAT)**
 - Time-limited individual therapy to identify chains of events, thoughts, emotions, motivations to explain behaviour and how patterns are maintained

Treatments

- Transference Focused Therapy (TFT)
 - Highly structured twice weekly modified psychodynamic therapy
 - Focuses on integration of parts of self and consistent interpretation of distorted perceptions
- Acceptance and Commitment Therapy (ACT)
 - Individual and group based therapy focused on encouraging people to accept what is out of their personal control and commit to action that improves and enriches their life
 - Teaches psychological skills to deal with painful thoughts and feelings effectively
 - Clarify what is truly important and meaningful to you (values)

Models of Care

- **Public**

- Inpatient – crisis admissions, planned admissions
- Community – structured DBT Program
- General MHS engagement – MH clinician, psychiatrist

- **Non-government**

- Wise Choices
- DBT Skills Group
- Support workers
- PiR, PHAMS

- **Private**

- Inpatient – structured DBT programs
- Day Program – structured DBT program
- Residential Treatment – ‘home-like’ environment with structured program
- Psychiatrist
- Psychologist

- **Family Connections**

- 12 week program for carers

Current Available Options – North Brisbane

Private

- New Farm Hospital – DBT program
- Belmont Hospital – DBT, Trauma, Dissociation Program
- Currumbin Clinic – ACT, Trauma and Recovery, DBT Day Program, Women's Wellness
- Dreamtree Counselling
- DBT Brisbane
- Vision Psychology

Metro North Mental Health

- Structured DBT programs
- DBT Skills Groups
- Individual therapy
- Group interventions
- Psychiatry
- Psychology
- Sensory Modulation

Current Available Options – North Brisbane

NGO Sector

- DBT Life Skills Group: Footprints
- Wise Choices Program: RFQ, Aftercare, Communify, Neami
- Family Connections Program – BPD Australia

Other Areas

- Orygen Youth Health (Vic)
- Spectrum Centre for Personality Disorders (Vic)
- Vision Mental Health Care (UK)
- Clearview Women's Centre (USA)

Training/Resources

- Limited
- Australian BPD Foundation
- Spectrum 2017 professional development calendar
- BPD Australia – free online modules

Today's Group Work Activity

4 Key areas:

- Models of Care for response/treatment of BPD
- Integrating systems to work collaboratively
- Training and support for the workforce
- Improving access to treatment

5 Questions for each group:

1. Describe what you will do
2. Who will be the collaborative partners
3. What are the resources/costs
4. What is the benefit to consumers
5. How will the initiative be sustained



Today's Group Work Activity

- Each group will have a Facilitator and a Scribe
- Solution Focused
- Any quick wins?
- Ideas/initiatives could form potential Business Cases for future funding opportunities