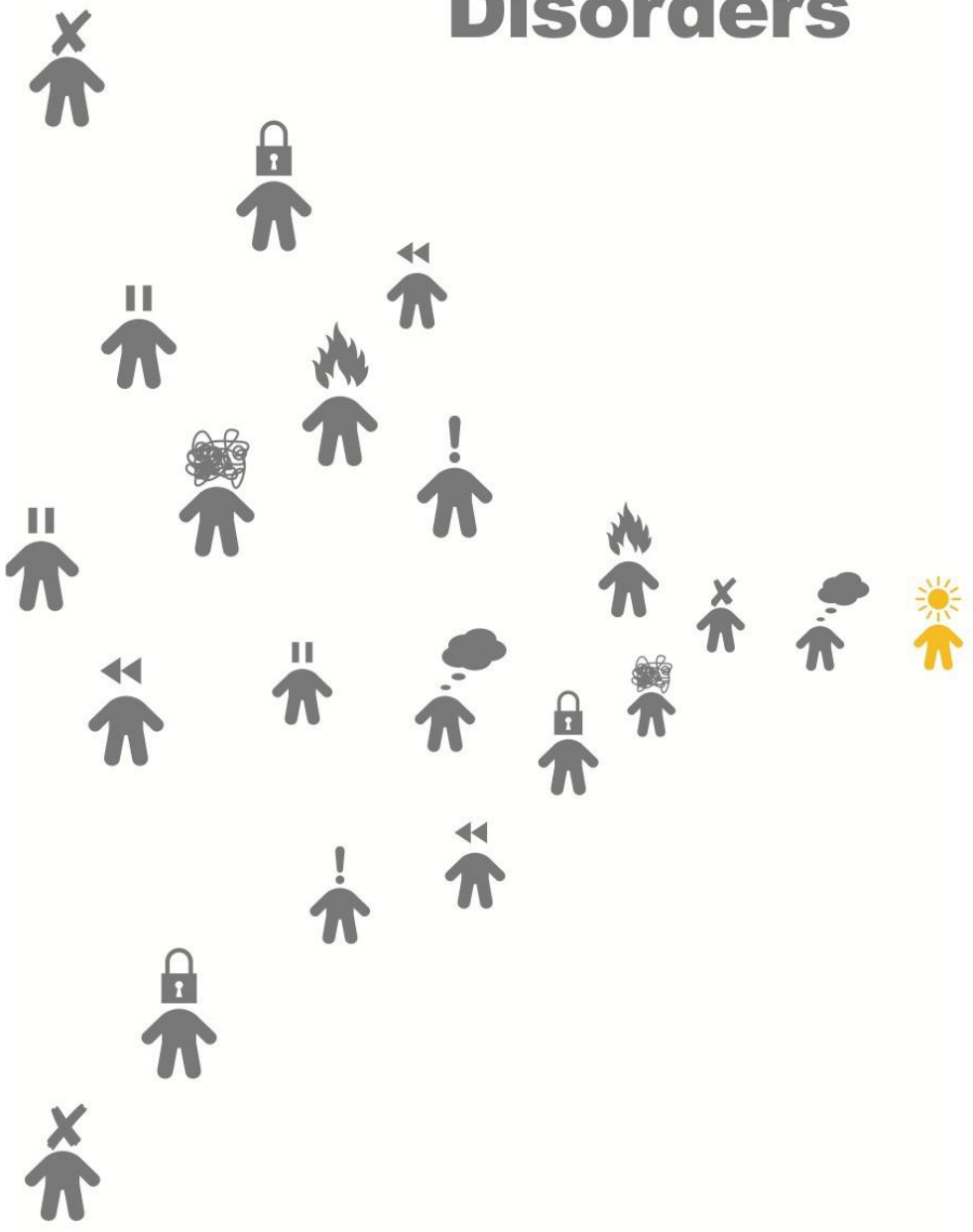
PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Brief Intervention Manual for Personality Disorders



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Definitions:

Carers
This term is used broadly to describe the client's legal guardians, parents, family members, cultural elders, mentors, partners, spouses, friends or their main support person.

Client
This term is used to describe the individual who is the focus of treatment. This manual has been designed for use with young people and adults.

Emerging Personality Disorder
Young people who exhibit a constellation of behaviours and problems (e.g. emotion dysregulation, physical and verbal aggression, self-harming behaviours, low self-esteem, difficulties making and keeping friends, family dysfunction, learning problems, trauma symptoms) which taken together have been understood here as youth with emerging personality disorder.

Personality Disorder
Personality Disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Personality Disorder refers to personality traits that are maladaptive, inflexible, and pervasive in a number of contexts over an extended duration of time, causing significant distress and impairment.

Young Person
This term is used to describe children and adolescents between the ages of 9 and 18 years.

Introduction to the brief intervention

This manual is designed to help services intervene early and better support young people and adults with personality disorders. It is particularly focused on clients in crisis, who have complex needs, by providing practical therapeutic techniques in the prevention and treatment of high-risk challenging behaviours. It describes a four session brief intervention that can act as the first step in a treatment journey for people with this disorder.

It provides a rapid and predictable intervention that can:

- Provide brief, time-limited interventions aimed at addressing the immediate crisis that led to a deterioration in functioning
- Provide an alternative to hospitalisation or facilitate early discharge
- Help services manage high volumes of client presentations, reduce waiting times, and provide triage and referral to other services based on changing needs and risks
- Promote early intervention and provide rapid psychological care to reduce the risk of escalation to severe incidents
- Act as an intermediate point between acute settings and longer-term treatment programs
- Ensure positive messages are provided to clients, carers and health staff with regards treatment for personality disorders

A brief intervention:

- Provides interventions to help manage the client's immediate needs
- Provides assessment and psycho-education to help the client understand their problems
- Provides clinical services aimed at helping the client solve their problems
- Helps the client change unhelpful behaviours when in crisis
- Clarifies short and longer term values and goals and some actions towards these, creating a sense of momentum and hope
- Helps the client to identify existing coping skills, which may have been forgotten at time of crisis
- Reduces risk for the client through the development of a collaborative safety care plan that can assist to better anticipate, prevent and address future crises
- Ensures the client is properly integrated into care by reinforcing and identifying relevant key support people
- Provides treatments with an evidence-base that are effective with personality disorders

Features of the brief intervention, when used well, are that a client:

- Is seen quickly, for example they may be offered an appointment within one to three days of first presentation, crisis presentation, or re-presentation with immediate treatment needs, or hospital discharge
- Obtains a positive experience of a psychological therapy service, helping to challenge assumptions based on past experience of care

- Has their care needs better coordinated, between acute services and longer term treatment options
- Develops an understanding of how engagement and retention in treatment programs may be of benefit
- Develops an understanding of their diagnosis and the options for treatment
- Increases compliance with follow-up after discharge from hospital

The brief intervention can help family, carers, partners and relatives by:

- Connecting with family and carers to provide information and support relevant to their role
- Providing tools and strategies to help the carer take care of themselves and the client in the event of future crises
- Providing psycho-education to help the carer understand the issues and navigate the service
- Providing basic connection and affirmation with carers, with an opportunity to voice their concerns and needs
- Understanding carers' needs, including possible need for other services where necessary

The brief intervention described here fits into a broader system of care. This manual has been developed using the Project Air Strategy relational step-down model (Grenyer 2014). The model advocates an integrative collaborative approach to personality disorders treatment. It focuses not only on the person with personality disorder but also supports carers, health services and clinicians. In the relational treatment model, the person's problems are seen as stemming from problematic and dysfunctional relationship patterns that have developed over time (Grenyer 2012). These relationship patterns are considered both intrapersonal (how the person relates to themselves, including their feelings and thoughts) and interpersonal (how they relate to others, and how others relate to them). The principles of guideline-based good clinical care have been influential in the development of this approach. Therefore, it is consistent with the dynamic principles of good psychiatric management (Gunderson & Links, 2008), and the Clinical Practice Guideline for the Management of Borderline Personality Disorder (National Health & Medical Research Council, 2012).

The treatment aims to help the client understand and modify any unhelpful relationship patterns in order to more effectively get their needs met. The model recognises that responsibility for effective relationships also rests with others involved in the client's life. Therefore, clinicians, case managers, carers, youth and support workers, teachers, school counsellors and the broader community share a joint responsibility to respond effectively to the person in a way that is helpful and encouraging. Caring for and helping people with personality disorders is everyone's business and everyone can choose to adopt the key principles from the Project Air Strategy relational model.

There is growing recognition that service systems need to work as a whole in an integrated fashion, rather than particular sectors working in isolation. Therefore, this brief intervention is one part of a larger system of care, including acute psychiatric consultation, longer-term treatments, and care options in the wider community. Providing brief immediate psychological care may better support young people and adults who are at risk of significant harm. There needs to be a shared approach to keeping vulnerable young people and adults safe. The risks of not intervening rapidly and meeting the needs of young people (especially those aged 9 - 15 years) and adults can include the development of high-risk and complex needs such as personality disorder and associated mental health problems, criminal offending and criminal justice system involvement, drug and alcohol abuse, suicide, employment instability, high-use of mental health services, social isolation, and homelessness.

Young people and adults with complex needs and high-risk challenging behaviours often present with:

- Emotion dysregulation
- Physical and verbal aggression
- Self-harming behaviours
- Low self-esteem
- Interpersonal difficulties
- Family dysfunction
- Learning problems
- Trauma symptoms

Who should use this manual?

This manual is for health professionals who are involved in the therapeutic treatment of young people and adults who present in crisis with complex needs and who show symptoms of a personality disorder. The manual can be used by a variety of practitioners, including clinical psychologists, school counsellors, case managers, social workers, mental health nurses, psychiatrists and family therapists. Clinicians implementing the intervention described in this manual should be adequately qualified and be engaged in regular clinical supervision.

Developing a specific 'gold card' clinic

This manual may guide the development of a specific brief intervention clinic for personality disorder, which may be located within acute services in a mental health setting or community setting linked closely to emergency and inpatient services. Clients who may be suitable can include people who have recently presented to an Emergency Department, or been discharged from an inpatient psychiatric unit following self-harm or suicidal thoughts or behaviours, or other crisis related to personality disorder problems. The intervention draws its inspiration from the St Vincent's clinic piloted by Wilhelm and colleagues (2007). The approach here has broadened the focus to personality disorders and extended the scope from inpatient to community-based services. The term 'gold card' refers to a specific gold referral card that is provided to clients when they are booked into the first and subsequent appointments. Having the gold card gives them access to the clinic. The clinic can go by other names.

The approach aims to offer an appointment within one to three days of referral, such as after discharge from a hospital setting or following a crisis presentation at an Emergency Department, or from a local doctor or school principal, and acts as an intermediary point between acute services and longer-term treatment programs. The approach offers four sessions that focus on psychological and lifestyle factors, while maintaining a relational approach to treatment at all times. There is enough clinical material included to support more than four sessions, so the duration should be based on service requirements and clinical need. However, this model as described here is based on four sessions. During this treatment, an appropriate carer will be identified and approached by the clinician to engage in a session. This session typically focuses on the current needs of the carer, while remaining mindful of the key principals for working with personality disorders.

Referral criteria

Clinics that use this manual may choose to focus on people who present in crisis with suicidal ideation, self-harm, or a personality disorder. That is, clients with a primary problem of psychosis or drug and alcohol abuse are generally not suitable for this specific approach and may be referred to an alternative service. Furthermore, the program utilises a relational approach, and psycho- educational material is incorporated to encourage the client to gain insight into their issues and situation to action change. Clinicians should consider whether prospective clients have this capacity before proceeding and consider appropriate adaptations. The Project Air Strategy emphasises that compassion towards these clients is critical, and has developed these key principles.

Key Principles for Working with People with Personality Disorders

- Be **compassionate**
- Demonstrate **empathy**
- **Listen** to the person's current experience
- **Validate** the person's current emotional state
- **Take the person's experience seriously,** noting 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 and 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

Procedures and session plans

People meeting criteria for the clinic are given an appointment by the referring body, which staff should confirm with the client in the 24 hours preceding their scheduled appointment time.

Ideally, when an appropriate carer has been identified, the brief intervention may be structured as follows:

Session One: Individual session with the client; this may include an introduction to the carer (present for part or whole session based on need)

Session Two: Individual session with the client

Session Three: Individual session with carers

Session Four: Individual session with the client; plus connection with the carer (present for part or whole session based on need and to communicate options for further treatment).

Notably, the structure of the intervention is flexible and should take into account the individual needs of the client and the organisational setting. For example, if the primary carer cannot attend the sessions an alternative support person may be included, or all four sessions can comprise an individual intervention for the client. Furthermore, whilst this model was initially developed as a therapeutic crisis intervention, it could also be used as an initial orientation to treatment for clients not in crisis. Young people are often difficult to engage in treatment, as such utilising this approach provides flexibility in terms of setting (i.e. school) and provides a sample of how further therapy may be of benefit, reducing the stigma often associated with treatment.

Checklist for when clients do not attend their appointments

1. Clinician to contact the client to ascertain their reason for non-attendance
    a. If answer:
        i. offer the client another appointment at a time that is suitable.
    b. If no answer:
        i. contact referrer to assess the client's acuity;
        ii. contact the crisis team to determine if there has been contact with the client;
        iii. use any other contact numbers available for the client or their carer and attempt to reschedule an appointment.
2. Clearly document details of the contacts, including any decisions made, actions taken, and outcomes achieved.

After following these steps there will need to be a decision about who is the best person to make contact with the client. A further discussion will also be required between the referrer, the clinician, and other key workers to determine the most appropriate action to be taken.

Setting the therapeutic frame

Because the treatment emphasises a relationship model, attending to the psychological boundaries framing the relationship are critical. The frame establishes the space in which the therapeutic work can take place. This includes practicalities such as the time, location, duration of sessions and outline of therapy (for instance, the aims and limitations of the Clinic, what the client can discuss and how the time is managed). The frame also includes the policies of the organisation or therapist (for instance contact outside of therapy, rescheduling missed or cancelled appointments or the management of risk). A clear discussion regarding the frame is required at the outset of any therapeutic relationship to establish well-defined expectations for both therapist and client. These clear expectations provide a safe and predictable therapeutic environment, which is particularly important when working with people with personality disorder. For example, it is important to explain that this is an intervention that will only last for up to four sessions. This can assist in managing expectations.

How to use the resources in this manual

This manual links to resources for clinicians seeing young people and adults. All resources (Care Plans, Fact Sheets and Guidelines) referred to in this manual are available online at www.projectairstrategy.org. These resources should be downloaded from this website for use with clients.

When working with mental health clients, clinicians need to be careful how they introduce Care Plans and Fact Sheets. Written material can become confronting for people who have experienced learning difficulties. Such material can be viewed as threatening and may lead clients to disengage in order to avoid embarrassment. Furthermore, Care Plans could seem like behavioural contracts to people who often find themselves in trouble, and they may resist attempts to utilise it as a resource due to feeling like they are being punished. None of the resources have been designed as a means of controlling the client's behaviour. They are therapeutic tools to be used collaboratively with the client.

In particular, the Care Plan is the client's opportunity to communicate strategies that they find useful when managing difficult emotions. The Care Plan and Fact Sheets have been designed simply to cater for the broader audience whilst containing the pertinent information regarding care planning and psycho-education for people with personality disorders. Many people will have no difficulty utilising the resources as they have been designed. However, clinicians are encouraged to adapt the relevant information contained within the provided resources and present it in a fashion that is both engaging and pitched at the developmental level of the client. Often people are not interested in carrying pieces of paper around, so clinicians are encouraged to provide a folder for clients to keep handouts together. Alternatively, if the client has a smart phone they could take photos of their Care Plan and Fact Sheets so that they are easily accessible and inconspicuous. Once the client

has engaged in the process, and rapport has been established, introduce the Care Plan as a means of communicating with other individuals in their care. Remind the client that even if they prefer to use another method to remind themselves of helpful strategies, resources, and contacts, by contributing to the Care Plan they get a say in how others support them whilst in crisis.

Connecting with carers

Interpersonal and intrapersonal relationships are critical to the wellbeing of everyone. Mental health problems cannot be understood in isolation from the rest of the system in which the client lives. Carers are often the people with the most involvement with the client, therefore including them can be very wise.

Ideally the primary carer should be invited to attend the first session if this is agreed by the client and is feasible. The manual has also included a single carer-only appointment (Session Three). Flexibility in including an appropriate carer is part of the clinical judgement of the clinician and should take into account the specific circumstances of the client. If you see a client under 18 years of age, the parent/s or guardian/s usually attend.

Here are some tips for connecting with carers:

- First, discuss the value and importance of engaging with carers with the client (e.g. "*To help support and understand your treatment*"). The fact that the carer remains entitled to a level of information enabling them to care effectively should be clearly explained to the client at the outset. Ideally, the primary carer will be present at the first session, however, if not, the client may either choose to take home an information pack for their carer, or this may be sent to the carer directly (*"Would you like to take this or shall we send it by post?"*).
- Second, seek agreement to make contact with the carer. You may approach this with; *"We have spoken today about some of the important people in your life. And even though things are sometimes tough with your carer it seems that they could also be a good support for you. I've found that for most people I work with things turn out a little better if their carer know what's going on. I think it would be good for me to contact your carer and connect about what is going on. What do you think? We can spend some time now figuring out what I should and shouldn't share with your carer."* This carer may then be included on the clients Care Plan.

If the client refuses to allow contact with their carer, explore their concerns (*"What are your concerns about me contacting your carer?"; "Can we talk through what you think might happen if we contact your carer?")*. Highlight the value and importance of involving carers in treatment. A discussion about confidentiality (e.g. you won't be telling the carer what the client says about them or private information that has been discussed in session) and the benefits to the carer and client (e.g. collaborative, supportive treatment) can help allay any concerns the client may have.

Should the client refuse (after discussion) to consent for the clinician to contact their carer, the clinician should be aware that the carer remains entitled to a level of information enabling them to care effectively. The minimal level of care for all carers is general education regarding mental illness, treatments and options, navigation of the mental health service, and services available to carers (Mottaghipour & Bickerton 2005). Information for carers can be found on the Project Air Strategy website.

Here is a potential script for a client who is refusing carer involvement in their treatment:

"Ok, so you've told me that you really don't want to involve your carer in your treatment, and I respect your right to make that decision. If your carers call me I don't need to discuss your treatment with them. I can provide them with general information regarding mental illness, treatments options, how to navigate the mental health service, and the services available to themselves. This information in no way will be related specifically to you, and I will not discuss your treatment, unless you decide otherwise later on."

Procedure for the carer if they are not attending the first session but permission is given to contact them:

- First, make contact with the carer and provide an overview of the program.

- Second, invite the carer to a single carer-only session. You may choose to post the carer an invitation letter and send some carer Fact Sheets (see Session Three for suggested carer Fact Sheets). Suggested wording for the carer invitation letter:

  "*The person you care for has been referred to the Brief Intervention Clinic. The Brief Intervention Clinic offers four structured sessions to people presenting in crisis. During these sessions, a clinician offers support to help the person navigate their way through this crisis and link them in with further services if needed. We would like to invite you to attend the third session of the Brief Intervention Clinic. This appointment aims to provide an opportunity for us to offer you some tools and strategies to support you and the person you care for. These strategies might also help in the event of any future crises or problems. During this session you will have an opportunity to discuss with us any other concerns you may have. Enclosed are some Fact Sheets to provide an introduction to some of the topics that may be discussed at the appointment. If you feel you would like to attend this clinic please contact us. If you choose not to attend, we wish you well and hope the enclosed materials are interesting and helpful*."

Working with clients from other cultures

When working with clients from other cultures there may be a need to modify this approach. For example in working with some aboriginal people and their families it may be relevant to consider the role of intergenerational trauma and seek advice from cultural experts. Holistic family approaches should be adopted, providing for the physical, mental, emotional and spiritual wellbeing of the client and their family. Resilience can be encouraged by utilising the healing value of culture, which affirms identity and connection to community.

Intergenerational trauma also needs to be a consideration when working with culturally and linguistically diverse clients and their families. Often refugee and migrant communities are struggling with unresolved trauma, grief and loss. Further, adjusting to a new culture, language and way of life can put increased stress on already vulnerable people and their families. Second generation migrant families may also struggle with different social expectations.

Therefore the Project Air Strategy aims to provide positive intervention that is culturally sensitive and utilises an integrated service delivery model which includes government and non-government agencies and community leaders. The clinician may also provide key services with general information and Fact Sheets that support their work with the client.

Working with schools

There is growing recognition that children and young people at risk of significant harm require the involvement of the service system as a whole working in an integrated way rather than any particular sector in isolation (HM Government, 2013). Therefore, with consent, schools and other key organisations involved in the person's care should be made aware of their engagement with the Brief Intervention Clinic. Involving key people in the young person's life is vital for the development of insight. The young person may not be able to address these issues without the engagement of carers and significant people in other settings, such as school. It would be useful to identify a trusted adult from the school setting to be engaged in this process. If appropriate, the clinician may even consider utilising the structure of the carer session to organise a psycho-educational session with the trusted school contact. The importance of liaison with schools, the place in which young people spend a large percentage of their time, cannot be underestimated. Increasing young peoples' engagement with schools and communities better equips them to achieve improved educational, social and behavioural outcomes. School staff will be better placed to support improved outcomes for young people with emerging personality disorders when they are aware of the issues that affect these young people.

Working with clients with cognitive deficits, intellectual disability, dissociative features or difficult trauma symptoms

Clinicians may consider the use of simplified language and a range of communication strategies such as verbal, visual and object symbols for clients who have difficulties such as cognitive deficits, intellectual disability, dissociative features or difficult trauma symptoms. When discussing values, goals and Care Plans, personal illustrations may be useful in communicating ideas. Make sure to go at the clients' pace whilst assessing understanding, and consider the use of behavioural rehearsal, technology such as audio and visual recordings, and recruiting carers to provide assistance. Subjective information about thoughts and emotions can be difficult to elicit in those with more significant deficits. Simplified mindfulness can be a useful way of encouraging self- observation. Furthermore, exercises which focus on the external world (i.e. taste, touch, smell, hearing, sight) can be useful to keep easily dissociative clients present.

Care plans

For instructions on using the care plan, consult the Project Air Strategy (2011) Treatment Guidelines for Personality Disorder.

Example Care Plan Wallet Card

CARE PLAN	CARE PLAN
My warning signs	Things that don't help
Things I can do that help	My support people

Example Care Plan - Client version

Available for download from www.projectairstrategy.org

Care Plan	

Name: **Clinician Name:**

My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:

Lifeline: 13 11 14 **Emergency: 000** **Kids Helpline: 1800 551 800** **Local Service:**

My support people (e.g. *partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP*)

Name	Contact Details	Role in My Care	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)

www.projectairstrategy.org

Example Carer Plan - for families, partners, relatives and carers

Available for download from www.projectairstrategy.org

Carer Plan	

Name: **Clinician Name:**

My main goals and problems I am working on in relation to my carer role

(1) In the short term

(2) In the long term

My carer crisis survival strategies

Warning signs that the person I support is unsafe, in distress or crisis

Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me

Things I have tried before that did not work or made the situation worse

What I can do to take care of myself in stressful times

Places and people I can contact in a crisis:

Lifeline: 13 11 14 **Emergency: 000** **Local Service:**

My support people (e.g. *friends, family members, partner, psychologist, psychiatrist, social worker, GP*)

Name	Contact Details	Role for me	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

Copy for the: Carer / Clinician / Other (please specify)

www.projectairstrategy.org

Session One

Individual session with the client; plus an introduction to the carer (present for part or whole session based on need)

Objectives:

- focus on developing rapport and a positive therapeutic relationship;
- explore factors that led to the crisis;
- begin to develop a Care Plan;
- conduct a risk assessment;
- provide psycho-education;
- connect with carers.

Outline:

1. Build rapport and focus on developing a positive therapeutic relationship (throughout the sessions)
2. Set the frame for treatment (i.e. discuss the duration of the current and future sessions including the four session intention)
3. Provide information on the purpose of the clinic
4. Understand what led to the client's crisis and provide a space for them to talk
5. Begin to develop a Care Plan, focusing on the 'My crisis survival strategies' section
6. Conduct a risk assessment
7. Provide client with psycho-education
8. Connect with the carers
9. Discuss need, and ascertain willingness, for further appointments
10. Encourage the client to think more about their values and goals.

Resources (available online at www.projectairstrategy.org):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2011) including chapters on *Working with People in Crisis, Conducting a Risk Assessment*, *Involving Family Members and Carers, Developing a Care Plan*
- Care Plan
- Project Air Factsheets. Examples: What is a "Personality Disorder"?; What Treatment is Available To Me?; Problems with Drug and Alcohol Use; Relationship Difficulties, Arguments & Conflicts; Self-Harm: What is it?; The Importance of Self-Care; Managing Anger; Managing Distress; Managing Emotions; Effective Communication
- Carer Fact Sheets as appropriate (i.e. The Basics; The Importance of Self-Care; Looking After Yourself; Managing Anger; Helpful Tips for Challenging Relationships)

Steps to follow for Session One:

Focus on building rapport and a positive therapeutic relationship

Acknowledge the client's efforts to attend the session.

Focus on the here-and-now. *"I know I've got this referral information in front of me, but I'd find it really helpful to find out from you in your own words why you think you're here today?"* or *"Who can tell me what's brought you here today?"*

Go slowly, move away from talking about the client's trauma history (for example, refocus by saying *"It's often helpful to think about what's going on for you now"*).

Refer to the *Key Principles for working with personality disorders* outlined above.

Set the frame for treatment and check contact details

Discuss confidentiality and its limits, provision of four sessions and the length of each session.

Check the client's current contact details.

Inform the client that the session length is typically 50 minutes, but is flexible if they wish to finish earlier.

Understanding of the Brief Intervention Clinic and client's hopes for attending

Enquire about the client's understanding of the clinic. Provide them with further information where necessary. The following explanation may be useful:

> *"The Clinic provides four sessions to people who have recently been in crisis. We will explore what led to the crisis and identify ways to help you manage these difficult feelings/thoughts/experiences in the future. We will look at lifestyle factors and psychological factors and relationships. We can also link you into other resources or services in the community to help you continue your recovery process".*

Enquire what the client would like to achieve by attending the clinic. *"What are three things that you would like to achieve by coming to the clinic?"*

Ensure that the client is aware of the limited nature of the service, however the clinic will provide care planning and linking to additional supports where required.

Let them know that for some clients one to four sessions is adequate to meet their needs, while others will come to the realisation that additional work is required to address any underlying issues. In the latter case, inform them that referral to further treatment providers will be given.

> *"Sometimes people might need help for a bit longer, we can also help you find other people or groups for you to talk to about your problems".*

Understanding what led to the client's crisis and provide a space for them to talk

This should be the main focus of Session One. Gain an understanding of what happened for the client to end up in crisis.

Go slowly, move away from talking about the client's history. Refocus by saying *"It's often helpful to think about what's going on for you right now... Can you give me an example of a recent situation which you found challenging/difficult/hard?"* If the client and/or their carer go off track or start blaming each other say "*Imagine that you are a fly on the wall, what is it that you would have seen?"*.

Encourage the client to describe everything leading up to the event, sticking to the facts and using a non-judgemental stance.

Be mindful to maintain a relational approach to treatment.

Begin to develop a Care Plan, focusing on the 'My crisis survival strategies' section

See the Project Air Strategy *Guidelines on Developing a Care Plan* to inform this process and document the information gathered in the session so far (e.g. what led to the client's crisis, warning signs) on the Care Plan.

Discuss problem solving strategies to help prevent escalation of future crises, for example, what tools does the client have such as lifestyle factors (diet, exercise, sleep) and psychological strategies (emotion regulation skills, distress tolerance skills, social supports) that could be used in the future. *"What kinds of things help or make you feel better when you are overwhelmed or in crisis? Let's think of some more things you can do when you feel like this. These are things that won't necessarily fix the problem, but they won't make it worse or get you into trouble".*

Keep a copy of the original Care Plan with you until it has been fully completed. Once fully completed, provide the original Care Plan to the client and make a copy for your own records and, where consent has been provided, for distribution to other individuals/organisations involved in their care (i.e. GP, case manager).

Offer the client a Care Plan Wallet Card to record this information so they may carry it with them in a more convenient manner if they wish.

Conduct a risk assessment

See the Project Air Strategy *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Provide the client and carers with psycho-education

Introduce these by saying: *"Here are some Fact Sheets that you might find helpful given what you've told me today".*

At a minimum, give the client the following Project Air Strategy Fact Sheets: *What Treatment is Available To Me?*; *The Importance of Self-Care*; *Managing Emotions*; *Managing Distress.*

Connect with the carer

It is ideal for the primary carer to attend the first appointment with the client, whereby a joint agreement around care planning can occur.

If the carer did not attend the first appointment, you may approach this with; *"To work effectively with you and for good outcomes it will help if your carer can be involved in your treatment".* The carer may then be included on the client's Care Plan.

At a minimum the carers should be supplied with an invitation letter and an information pack (i.e. Fact Sheets as appropriate). See *Connecting with carers* section of this manual.

If the carer does not attend the first session, the client may either choose to take home an information pack for their carer, or this may be sent out to the carer directly (*"Would you rather take this or shall we send it by post?"*).

Optimally, the client will allow the clinician to arrange a carer-only session.

See Project Air Strategy Treatment Guidelines - chapter on *Guidelines for Involving Family Members and Carers*.

Discuss need, and ascertain willingness, for further Clinic appointments

Advise the client they have the option to attend three more Brief Intervention Clinic appointments.

Discuss the client's need for further clinic appointments in the context of their current life circumstances. *"Given what you've told me today, I think there are some more things we can talk about to help make things a bit easier for you (at home/work/school)."*

Where a need is ascertained, discuss the client's willingness to engage in future clinic sessions. *"So do you think you'd find it helpful to come back and spend a bit more time talking about these problems and learn ways in which to respond that doesn't make the situation worse?"*

Where a need and willingness exists, make another appointment in approximately one week's time. Ensure that the appointment is made with the same clinician**.**

Encourage the client to think more about their values and goals

Where the client is continuing treatment, encourage them to consider their values and goals in-between appointments and flag this to discuss further in Session Two. *"I'm really glad that you found today helpful. Over the next week I'd like you to have a think about what kinds of things you'd like to achieve for yourself in the future and your goals in life. That way we can make sure you're doing things each day which will help lead you in the direction you want to go."*

Where the client is not continuing treatment, encourage them to continue to think about their future goals and values and act in ways that are consistent with these. Provide the client with referrals to other services where required. Complete the Care Plan in session. Provide the client with the original and keep a copy for your own records and, where consent has been given, to distribute to other professionals involved in the client's care.

"I think it's really great that you came here today and decided to talk about your problems. And even though you're not coming back (for now), it can still be helpful to have a think about what kinds of things you'd like to achieve for yourself in the future, and keep that in mind as you go about your life. That way you're more likely to feel good about the things you do."

Document the session and distribute the Care Plan (where completed and consented)

Fully document the session, paying particular attention to the risk assessment.

When the Care Plan is completed, ensure the client holds the original, a copy is placed in their file, and copies are distributed to other individuals/organisations involved in their care and the referring body, where the client has given consent.

Session Two

Individual session with the client

Objectives:

- *further engage the client;*
- *understand the client's goals and values;*
- *further develop the Care Plan;*
- *provide further psycho-education and support.*

Outline:

1. Engage the client further
2. Discuss further the client's goals and values
3. Develop the Care Plan further, focusing on 'My main therapeutic goals and problems I am working on' section
4. Provide an opportunity for the client to discuss any other issues
5. Provide psycho-education about the development and maintenance of specific problems
6. Conduct a risk assessment
7. Encourage the client to think about their plans after the Clinic sessions are complete in-between appointments and flag this to discuss further in Session Four
8. Provide psycho-education on the benefits of longer-term treatment for people with more enduring problems.

Resources (available online at www.projectairstrategy.org):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2011) including chapters on *Working with People in Crisis, Conducting a Risk Assessment*, *Involving Family Members and Carers, Developing a Care Plan.*
- Care Plan
- Project Air Factsheets. Examples: What is a "Personality Disorder"?; What Treatment is Available To Me?; Problems with Drug and Alcohol Use; Relationship Difficulties, Arguments & Conflicts; Self-Harm: What is it?; The Importance of Self-Care; Managing Anger; Managing Distress; Managing Emotions; Effective Communication
- Carer Fact Sheets as appropriate (i.e. The Basics; The Importance of Self-Care; Looking After Yourself; Managing Anger; Helpful Tips for Challenging Relationships)

Steps to follow for Session Two:

Engage the client further

Do this by asking the client how they have been since the last session. *"Last week we talked a bit about what's been going on for you* (expand and give examples of difficulties the client has identified)… *I'd also like to know how you think you've been since the last time I saw you."*

Discuss further the client's goals and values

Maintain a focus in treatment by linking back to Session One and the discussion of the client's goals and values. Ask the client what their thoughts were in-between the sessions on their future goals and values. *"At the end of last weeks' session I asked you to have a think about what kinds of things you'd like to achieve for yourself in the future. What have been your thoughts about this?"* If the client says they did not think about it say *"That's ok, what comes to mind when you think about what you'd like your future to look like? What kinds of things do you think you'd have to do for that to come true?"* Identify the difference in short-term and long-term goals. Focus on things that the client can do, rather than on other people.

Develop further the Care Plan, focusing on 'My main therapeutic goals and problems I am working on' section

See the Project Air Strategy Treatment Guidelines - chapter on *Guidelines on Developing a Care Plan* to inform this process.

Use the information gathered in the sessions to date to assist this process. For example, the client's future goals and problems they are working on. *"Ok so we know what your goals are and/or we know what you want your future to look like, so based on that what kinds of things do you think you need to work on right now (short-term) and what sorts of things might you want to work on later (long-term)?"* Document this on the Care Plan, continuing from Session One.

Include any additional crisis survival strategies to the Care Plan, "*Since last week have you tried anything different to help you cope when*… (target behaviour/thought/event)*?" "Let's have a look at some more things you might find helpful when*… (target behaviour/thought/event)*"* You may wish to use the Fact Sheet *What is Mindfulness?*

Keep a copy of the original Care Plan with you until it has been fully completed. Once fully completed, provide the original Care Plan to the client and make a copy for your own records and, where consent has been provided, for distribution to other professionals.

Provide an opportunity for the client to discuss any other issues

This will help with further engagement in treatment and provide the client with a feel for what longer-term treatment may entail. *"Do you have any other concerns or worries that you'd like to talk about?"*

Be mindful to maintain the relational approach to treatment.

Provide psycho-education about the development and maintenance of specific problems

Attempt to raise the client's awareness by engaging in problem solving around how a problem or issue mentioned earlier may have developed and be currently maintained. If no issue was identified previously use an example. You may wish to use the Fact Sheet *How Did I Get Here?*

"Sometimes it can be really unclear how we find ourselves in particular situations. When something keeps happening to us time and time again, there's usually a pattern of things (actions, thoughts, sensations, feelings, events) that, when put together, can lead to problems. Some of these things

are due to our environment (i.e. weather/other people), and some of these are things that we do and have control over. This Fact Sheet (How Did I Get Here?) can be a really simple way of working out what things you can try to do differently next time to help stop yourself ending up in problematic situations."

Discuss strategies to help the client manage this problem. Consider the use of Fact Sheets to aid your discussion. If drug and alcohol issues have been identified you may wish to use the Fact Sheet *Problems with Alcohol and Drug Use.*

Conduct a risk assessment

This may be briefer than the risk assessment conducted in Session One. See the Project Air Strategy Treatment Guidelines - chapter on *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Encourage the client to think about their plans after the Clinic sessions are completed

Encourage the client to think about their plans between appointments and flag this as a topic for further discussion in Session Four (the next client session).

Provide psycho-education on the benefits of further treatment

Inform the client on the benefits of longer-term treatment for those with more enduring problems or greater severity of insecure attachment style.

Where a need and willingness to engage further exists, discuss briefly the client's treatment options and flag this as a topic for further discussion in Session Four.

Make another appointment for the Clinic

Ensure the appointment is made for one week's time and is with the same clinician.

Document the session and distribute any revisions made to the Care Plan (where consented)

Fully document the session, paying particular attention to the risk assessment.

Ensure the client holds the original Care Plan, a copy is placed in their file, and copies are distributed to other individuals/organisations involved in their care and the referring body, where the client has given consent.

Session Three

Individual session with carers

Objectives:

- *focus on connection, assessment of needs and education;*
- *allow the carer space to voice their concerns and needs;*
- *assess the current needs of the carer and draft a Carer Plan with the carer for their needs;*
- *provide information and education regarding mental illness, personality disorders, self-care and navigating the mental health system;*
- *provide further referrals to more intensive family and carer interventions or other services.*

Outline:

1. Set the frame of the session including the aims, purpose and confidentiality issues
2. Build rapport and focus on the needs of the carer
3. Assess the carers current needs and responses to the client's recent crises and provide a space for them to talk
4. Develop a Carer Plan with the carer for *their own* self-care (see: Carer Plan)
5. Provide information and education regarding mental illness, personality disorders, self-care and navigation of the mental health system including who to call upon in a crisis
6. Discuss need, and ascertain willingness, for referral to family and carer services.

Resources (available online at www.projectairstrategy.org):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2011) including chapters on *Involving Family Members and Carers.*
- Carer Plan
- Project Air Factsheets for Families Partners and Carers. Examples: What is a "Personality Disorder"?; What Treatment is Available To Me?; The Basics; The Importance of Self-Care; Looking After Yourself; Managing Anger; Helpful Tips for Challenging Relationships

Steps to follow for Session Three:

Set the frame of the session (including the aims and purpose, confidentiality issues, etc.)

Note confidentiality and its limits, this may be addressed as *"what you say in here remains confidential, but if I become concerned about your safety, or the safety of someone else, I may need to tell others about this. I will work in partnership with you if such a concern arises."*

Note the provision of the session and limits to further involvement with the service.

Check and record the carers current contact details including address and phone numbers.

Build rapport and focus on the needs of the carer

Refer to the Project Air Strategy Treatment Guidelines - chapter on *Guidelines for Involving Family Members and Carers* and the Project Air Strategy *Key Principles for working with personality disorders* to inform this process.

Acknowledge the carer's efforts in attending the session, and the struggles they experience in their caregiving role - for example, "*I'm really struck by the way you've come in today and the way you talk about her/him, and your ability to think and connect with him/her during difficult times"*.

Acknowledge that you understand they are doing the best they can - for example, *"You're doing really well. It's hard to live with someone with these types of difficulties. I imagine sometimes you feel like you are walking on eggshells – what do you need to do to support yourself?"*

Actively move the carer away from concerns regarding aetiology and possible causes of the disorder (refocus by emphasising that the most constructive issue they can attend to is how to cope with the ongoing problems they face in their caregiving role). It may be helpful to say *"I'm sorry to hear that that happened, but what's important today is not to focus on the past, but rather talk about today and tomorrow, about what we can do to help the situation now."*

Focus on the here-and-now. For example, redirect carers by *"that issue sounds really important and it may be something you want to work on. At the end of this session we can talk about options to talk to someone about this."*

Focus on the needs of the carer (rather than just the client's needs).

Assess the carers current needs and responses to the client's crises and provide a space for them to talk

Briefly screen for any risks to children and presence of family violence (this could be achieved through your organisations Domestic Violence and Child Protection screening tools). This may be addressed with *"sometimes difficult things happen in a family, I am wondering if there has been any violence? Who in the family might be unsafe?"*

Allow the carer to talk through the challenges they have experienced including the impact of the recent crisis that involved the client's engagement with the Brief Intervention Clinic.

Assess the carers current needs such as level of self-care, carer service engagement, own supports, knowledge of the disorder and navigation of the mental health system.

Assess the needs of the family unit as a whole, particularly the family dynamics: *"Who has been tossed around most by the client's behaviour?"*

Ask what the carer would like to acquire by attending the session, and what they think would be most helpful in supporting them in their caregiving role.

Develop a Care Plan with the carer for *their own* self-care

See the Project Air Strategy *Guidelines on Developing a Care Plan* to inform this process, remembering the focus is on the carer rather than the client.

Discuss the carers short and long-term goals and focus the carer on their own needs and desires and document this on the Carer Plan. Emphasise that due to the brief nature of the carer-only intervention, work and change will need to continue after the session.

Discuss problem solving strategies to help the carer respond to future crises. For example, what are the client's warning signs that a crisis is approaching, what the carer can do to respond to this (e.g. call the mental health team, encourage the client to engage in distress tolerance skills), and what the carer can do to take care of themselves during these stressful times (e.g. engage in self- care, call their own support person).

Carers can sometimes feel frustrated or confused when clinicians emphasise the importance of their own self-care. Carers can find it difficult to balance caring for themselves and caring for the client, often resulting in the carer subjugating their own needs. It can be helpful to frame this conversation in the need to engage in self-care to be in the best position to support the client and enhance caregiving longevity (rather than burn out).

Once completed, provide the original Carer Plan to the carer and make a copy for your own records and place in the client's file.

Provide psycho-education

At a minimum, give the carer the following Project Air Strategy Fact Sheets: *Looking After Yourself*, *The Basics*, *Effective Communication*, *Managing Anger* and other Fact Sheets as relevant.

Discuss need, and ascertain willingness, for referral to family and carer services

Provide information on services that may be appropriate for the carer.

Occasionally carers are hesitant to engage with services for their own needs. Discuss the importance of carers being supported. If appropriate, remind the carer that services do not blame the carer/family for the client's difficulties. Carers also need support to be effective in their role and support better outcomes for themselves and the client.

Discuss limitations in the carer's further involvement with the service and yourself.

Document the session

Fully document the session within the client's file.

Ensure the family or carer holds the original Carer Plan and a copy is placed in the client's file.

Session Four

Individual session with the client; plus connection with the carer (present for part or whole session based on need and to communicate options for further treatment)

Objectives:

1. *discuss the client's plans for the future;*
2. *provide information on treatment options;*
3. *finalise the Care Plan and discuss relapse prevention;*
4. *provide referral to other services.*

Outline:

1. Discuss further the client's future plans
2. Consider and discuss treatment options
3. Finalise the Care Plan, focusing on 'My support people' section, and relapse prevention strategies
4. Link the client with other services, and provide referral where necessary.

Resources (available online at www.projectairstrategy.org):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2011) including chapters on *Working with People in Crisis, Conducting a Risk Assessment*, *Involving Family Members and Carers, Developing a Care Plan.*
- Care Plan
- Project Air Factsheets. Examples: What is a "Personality Disorder"?; What Treatment is Available To Me?; Problems with Drug and Alcohol Use; Relationship Difficulties, Arguments & Conflicts; Self-Harm: What is it?; The Importance of Self-Care; Managing Anger; Managing Distress; Managing Emotions; Effective Communication
- Carer Fact Sheets as appropriate (i.e. The Basics; The Importance of Self-Care; Looking After Yourself; Managing Anger; Helpful Tips for Challenging Relationships)

Steps to follow for Session Four:

Discuss further the client's future plans

Maintain a focus in treatment by linking back to Session Two and the discussion of the client's future plans. Ask the client what their thoughts were in-between the sessions on their future plans.

Consider and discuss treatment options

Provide the client with options for further treatment and discuss these with them.

Where ambivalence about willingness to engage in further treatment exists, but a need is evident, adopting a motivational interviewing approach may be useful to help the client make a wise decision.

Complete the final session as the end of this particular brief intervention.

Finalise the Care Plan, focusing on 'My support people' section, and relapse prevention strategies

See the Project Air Strategy *Guidelines on Developing a Care Plan* to inform this process.

Use the information gathered in the sessions to date to assist this process (for example, identifying the client's support people and what their plan is for further treatment).

Include any additional crisis survival strategies, therapeutic goals or relapse prevention strategies to the Care Plan.

Give the original Care Plan to the client to keep, make a copy for your own records, and distribute copies to other professionals and the referring body where consent has been provided.

Offer the client a Care Plan Wallet Card to record this information so they may carry it with them in a more convenient manner if they wish.

Link the client with other services, and provide referral where necessary

Based upon your knowledge of the client that has developed over the sessions, and their willingness to seek further help, provide them with information about other services that may be of benefit. Where necessary, provide them with a referral to these services.

Give the client written details (including any available brochures) of the service being referred (and/or specific individuals), the phone number, and the address.

Document the session and distribute any revisions made to the Care Plan (where consented)

Fully document the session, paying particular attention to the risk assessment and to any other services the client has been referred for further treatment and support.

Ensure the client holds the original Care Plan, a copy is placed in their file, and other copies are distributed to other individuals/organisations involved in their care and the referring body, where the client has given consent.

Sample Gold Card Clinic Poster



Talk to your clinician about a referral to the THE GOLD CARD CLINIC

What is the Gold Card Clinic?

The Gold Card Clinic is a brief intervention service that offers people in crisis a set of specific individual appointments. During these sessions, an experienced clinician will talk with you and provide support, help you navigate your way through the crisis, and link you into further services as needed.

Who can attend?

The Gold Card Clinic provides help for young people and adults. You or your local health professional can call your closest service and discuss a referral to the clinic. The clinic works in specific ways so it is important to ensure it will suit your needs.

What will I do in the Gold Card Clinic sessions?

An experienced clinician will work with you to:

- Provide support and encouragement
- Explore factors that led to your current situation
- Develop a plan to assist in the prevention of future crises & problems
- Gain clarity on your goals and help you maintain focus
- Provide you with additional information and resources to aid your recovery
- Link you into other services where desired

Who can refer to the Gold Card Clinic?

The Gold Card Clinic accepts referrals from emergency departments and hospitals, other services such as Headspace, School Counsellors and General Practitioners whose clients present in crisis, including with recent self-harm or thoughts of suicide. Where appropriate, clinicians may refer to the Gold Card Clinic rather than sending clients to hospital. Often it is more helpful to refer clients in crisis for community treatment rather than hospital services. Some Gold Card Clinic services may require an assessment prior to booking in an appointment, call the nearest service for information on how to refer.

to contact the GOLD CARD CLINIC

FOR YOUNG PEOPLE, contact the Wollongong Child and Adolescent Mental Health Team
1 Atchison Street, Wollongong, Ph: (02) **4254 1600**.

FOR ADULTS Contact the Illawarra Community Mental Health Team
1 Atchison Street, Wollongong, Ph: (02) **42541500**.

For referrals outside the public mental health service call the NSW Mental Health Line: **1800 011 511**.

NSW Health

PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Example Gold Card Clinic Business Rule

Prince of Wales --- Brief Lifeworks Intervention Program (BLIP)



BUSINESS RULE:
Eastern Suburbs Mental Health Service

Name	Gold Card Clinic (GCC) intake, allocation and discharge processes
Risk Rating	High
What it is	An outline of the procedures involved in making referrals to the GCC, the intake and allocation of referrals within the GCC, and the process by which consumers are discharged or transferred to other services.
What to do	**Overview** The Gold Card Clinic is a brief intervention service for people in the SESLHD catchment area who have recently experienced a mental health crisis involving self-harm and/or suicidal thoughts or behaviours. The GCC aims to offer an appointment within 1-3 working days of referral and offers an initial 3 sessions that focus upon identifying and addressing psychological and lifestyle factors that contributed to the crisis. An additional session for carers, partners and family members is included in the intervention. The key aims of this intervention are to: • provide a timely and rapid response to people seeking treatment in crisis • provide an alternative to hospitalisation or facilitate early discharge • provide brief interventions to help manage the client's immediate needs • provide brief clinical services aimed at helping the client solve their problems • provide assessment and psycho-education to help the client understand their problems • provide tools and strategies to help the client prevent and better manage future crises • provide an opportunity to assess the client's needs, including the possible need for other services where necessary • provide an opportunity to connect with the person's family, partner or carer where desirable • provide treatments with an evidence-base that are effective with personality disorders The GCC will operate during the usual opening hours of SESLHD community health services (Monday-Friday, 0830-1700) and will not be available to receive referrals or meet with consumers or carers on weekends or public holidays. **Referrals** Referrals to the ESMHS Gold Card Clinic can be made by a range of services, including: • Emergency Department (ED) • Psychiatric Emergency Care Centre (PECC) • Kiloh Centre • Mental Health Intensive Care Unit (MHICU), from early 2013 • Community Mental Health Team • Community Rehabilitation Team • Aboriginal Community Health Centre, from early 2013 • Early Psychosis Program (EPP) • Acute Care Team (ACT) *Eligibility criteria* • Adults (aged 18 and upwards) with primary problems such as suicidal thoughts or plans, recent episodes of self-harm behaviours or suicide attempts, and/or a personality disorder. • Referral is designated at triage by Central Intake as *non-urgent* (as defined by the *Mental Health Triage Policy*) *Exclusion criteria:* • *Urgent* referrals (as defined in the *Mental Health Triage Policy*). **Action:** contact emergency services/refer to Central Intake who will consider referring on to the ACT or emergency services • Evidence of psychosis. **Action:** refer to Central Intake to access the ACT/EPP • Evidence of a *primary* alcohol/drug dependence disorder. **Action:** refer to

Central Intake to access ACT and appropriate drug and alcohol services
- The person could me more appropriately supported by the *ATAPS Suicide Prevention Service* (see Business Rule 12/001)

Referral to GCC over the ATAPS Suicide Prevention Service is preferable when:
- The consumer is already being or is about to be supported by NSW Health community mental health services
- A diagnosis of a personality disorder has already been made or is being considered, and an explicitly personality disorder-friendly service may be more helpful
- There are carers/family members/partners who are in need of information and support
- The consumer prefers to access the GCC rather than the ATAPS scheme

Referral procedure
If the referrer feels that a consumer meets the criteria for the GCC they should make their referral by telephoning **Central Intake (9382 2950)** and asking to make a referral to the Gold Card Clinic.

The Central Intake Clinician will triage as usual, making a careful assessment with the referrer as to the urgency of the referral and whether the GCC is the most appropriate option at that time.

Should the consumer's presenting difficulties not fit with the GCC's referral criteria, or if any of the exclusion criteria are met, the Central Intake Clinician will refer on to other services as appropriate.

If the Central Intake Clinician decides that the referral is appropriate for the GCC they should:

1. Ask the referrer to inform the consumer that a GCC clinician will contact them to arrange an appointment and they will be seen by the GCC within 1-3 working days of the time of the original referral to Central Intake
2. Ask the referrer to provide the consumer with the *Gold Card Clinic Information Leaflet*, which provides information about the service and 'crisis contacts' in case of an escalation of risk while they are waiting for their first appointment
3. Ask the referrer to forward any appropriate documentation, including the *Mental Health Assessment* form
4. Forward the following information to the GCC Co-ordinator:
    a. *Gold Card Clinic Referral Form*
    b. *Mental Health Triage* form
    c. *Mental Health Assessment* form
    d. Any other relevant documentation
5. The information should be sent to the GCC Co-ordinator first via fax to the GCC's designated fax number (see the *GCC-Unconfirmed White Board*, located at Central Intake) with the hard copies of the paperwork to follow via the internal mail along with the consumer's community file (existing or newly made-up).
6. Place the consumer's details on the *GCC-Unconfirmed White Board* until the GCC-Coordinator has confirmed acceptance of the referral
7. If the GCC Co-ordinator or designated deputy has for any reason not confirmed receipt/acceptance of the referral within 1 working day of the referral being sent to them, attempt to make contact with the GCC directly via telephone.
8. If you are unable to make contact with the GCC at this point: Central Intake Officer to discuss at ACT handover to agree the next appropriate follow-up as per the usual ACT procedure and in accordance with the degree of urgency assigned at triage.

Intake into the GCC
The GCC Co-ordinator (or the 'designated deputy', who will follow the same procedure in their absence) checks for referrals on a daily basis.

Upon receiving a referral the GCC Co-ordinator will review the information to check that the referral appears appropriate and that none of the exclusion criteria are present.

Once the GCC Co-ordinator has decided that the referral is appropriate and is to be accepted they will telephone Central Intake to confirm receipt and acceptance of the referral.

If the GCC Co-ordinator is concerned for any reason that the referral may actually be urgent rather than non-urgent, or better served by an alternative service, they will discuss this further with Central Intake when they call to confirm receipt of the referral

and consider whether the ACT or another service should be involved.

The GCC Co-ordinator allocates appropriate referrals to GCC clinicians so that the first session of the brief intervention can be offered within 1-3 working days of the original referral to Central Intake.

The allocated GCC Clinician contacts the consumer to inform them of the appointment time and the location for the appointment.

If the consumer is not contactable for any reason the GCC Clinician contacts Central Intake to discuss concerns and consider a referral to the ACT for more assertive follow-up.

Non-attendance of GCC appointments
If a consumer fails to attend a GCC appointment without having called to reschedule, the allocated GCC Clinician should:

1. Call the person to ascertain their reason for non-attendance
    a. If they answer:
        i. carry out a brief assessment of why they were unable to attend, being vigilant for any signs of increasing risk
        ii. should increasing risk be identified consider referring the person to crisis services (see below)
        iii. otherwise offer the person another appointment at a time that is suitable.

    b. If there is no answer:
        i. where possible leave a message asking the person to contact the GCC and remind the person of the crisis contacts should these be needed
        ii. contact the referrer to assess the person's motivation and check for any changes in the person's situation that might account for non-attendance
        iii. contact the ACT to determine if there has been any contact with the person
        iv. use any other contact numbers available for the person or their significant others and attempt to reschedule the appointment

2. Wherever the person's non-attendance has involved an escalation in risk or it has not been possible to make contact with them to reschedule, liaise with the GCC Co-ordinator, the GCC Consultant Psychiatrist and the ACT to determine what is the most appropriate action to be taken, which may include considering a referral to the ACT for more assertive follow-up.

3. Clearly document details of all attempts to contact the consumer, telephone calls made to professionals and significant others, decisions made, actions taken and outcomes achieved.

Referral to crisis services
If the GCC Clinician assesses at any time that the level of risk requires an *extremely urgent* response they should always contact the emergency services immediately.

If the level of risk appears to require a response of any other level of urgency (i.e. *low, medium* or *high urgency*) the GCC Clinician should contact Central Intake to consider a referral to the ACT.

If a GCC Clinician identifies any risk to a child they should consult appropriately with the GCC Consultant Psychiatrist, social work colleagues, and the Child Wellbeing Unit (1300 480 420). They can also use the *NSW Health Online Mandatory Reporter Guide* to aid decision-making in relation to any child protection concerns.

Discharge procedure
As a GCC Clinician is approaching the end of their work with a consumer they will bring the case to the GCC Review Meeting for discussion and discharge planning in consultation with the GCC Consultant Psychiatrist, who will ultimately authorise the person's discharge from the service and where appropriate arrange a transfer of care to another SESLHD mental health service.

If, as the consumer approaches the end of the GCC brief intervention, there are concerns about safety and a judgement that a further mental health response of some level of urgency is required, the GCC Consultant Psychiatrist will, in consultation with GCC Clinicians, consider making a referral to appropriate services, including the ACT and inpatient mental health services.

	As a central part of the discharge procedure the GCC Clinician will carry out a careful and collaborative consideration of further treatment and support options with the consumer and, where possible, with carers, family members and partners. This may involve a variety of actions, including but not limited to: • Provision of resources and information about services and supports • Signposting to specific resources, supports, services and local specialist clinicians • Formal referrals to specific services and local specialist clinicians • Liaison with identified local specialist clinicians to facilitate transition into longer-term treatments • Liaison with GPs to facilitate arrangements for follow-up in primary care and access to ATAPS and Better Access Initiatives **Documentation** There are 4 key documents which are to be completed and filed appropriately for any consumer accessing the GCC: • The *Mental Health Assessment* form must have been completed prior to the consumer's entry into the GCC. It is expected that this document will have usually been completed by the referring clinician/service prior to the original referral to Central Intake and this form should be forwarded to the GCC Co-ordinator when the initial referral is passed to the GCC by the Central Intake Clinician. • The *Mental Health Triage* form will be completed by the Central Intake Clinician as they receive the referral and forwarded to the GCC Co-ordinator when the initial referral is passed to the GCC by the Central Intake Clinician. • The *Mental Health Review* form will be completed for all cases discussed at the GCC Review Meeting. • The *Mental Health Transfer/Discharge Summary* form will be completed by the GCC Consultant Psychiatrist for all consumers when they are discharged or transferred from the GCC.
When to use it	At each stage of a consumer's pathway into and through the GCC: at the point of referral, at triage, when passing a referral from Central Intake to the GCC, at the point of intake into the GCC, and when discharging the consumer from the GCC.
Why the rule is necessary	To ensure consistency is applied to the processes underpinning the GCC and to promote safe and effective clinical practice.
Who is responsible for (Stakeholders)	Service Managers and Team Leaders are responsible for disseminating the Business Rule and all clinical staff referring to or working for the GCC are responsible for implementing the Business Rule.
Developed by (Author)	Clinical Psychologist, Kiloh Centre
NSW Ministry of Health / SESLHD reference	

I, Service Director, Eastern Suburbs Mental Health Service, attest that this business rule is not in contravention of any legislation, industrial award or policy directive.

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Care Plan

Name: **Clinician Name:**

My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

Warning signs that trigger me to feel unsafe, distressed or in crisis

Things I can do when I feel unsafe, distressed or in crisis that won't harm me

Things I have tried before that did not work or made the situation worse

Places and people I can contact in a crisis:

Lifeline: 13 11 14 **Emergency: 000** **Kids Helpline: 1800 551 800** **Local Service:**

My support people (e.g. *partner, family members, friends, psychologist, psychiatrist, teacher, school counsellor, social worker, case worker, GP*)

Name	Contact Details	Role in My Care	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

Copy for the: Client / Clinician / Emergency / GP / School / Case Worker / Other (please specify)

Treatment Tools

How did I get here?

Today I am going to understand what happened when...

Name: **Date:**

What was going on just before this happened?

What happened then?
Actions, Sensations, Thoughts, Events, Feelings –

What could I do differently next time?
Skilful alternative behaviours

How did this effect others?
Short term:

Long Term:

Is there anything I need to do fix things?
Apologise, Correct, Repair

What were the consequences for me?
Short term:

Long term:

Carer Plan

Name: **Clinician Name:**

My main goals and problems I am working on in relation to my carer role

(1) In the short term

(2) In the long term

My carer crisis survival strategies

Warning signs that the person I support is unsafe, in distress or crisis

Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me

Things I have tried before that did not work or made the situation worse

What I can do to take care of myself in stressful times

Places and people I can contact in a crisis:

Lifeline: 13 11 14 **Emergency: 000** **Local Service:**

My support people (e.g. *friends, family members, partner, psychologist, psychiatrist, social worker, GP*)

Name	Contact Details	Role for me	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

Copy for the: Carer / Clinician / Other (please specify)

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Essential Information

What are Personality Disorders?

Personality disorder is a recognised mental disorder and describes long term inflexible and maladaptive personality traits that result in significant distress and impairment for the person and usually others around them. These traits often emerge in adolescence or early adulthood and affect most areas of life, including relationships, work, and study. Common subtypes include borderline, antisocial, narcissistic, obsessive compulsive, avoidant and schizotypal personality disorder. Whilst the traits of each have some different features, they also share common elements.

Problems with emotions and expressing feelings

People with personality disorders may experience difficulties managing their emotions and communicating these feelings to other people. Some people experience very intense emotions that are hard to manage and can change suddenly. Some may experience intense anger, feel very nervous, or be highly suspicious. It can be hard to manage these distressing emotions alone and people with personality disorders may hurt themselves or others as a way to cope with overwhelming feelings.

Relationship difficulties

People with personality disorders can find it difficult to manage relationships with other people. This can include intense on-and-off relationships and strong fears of being abandoned and high sensitivity to others. Some may want to have relationships but intensely fear them at the same time. They might avoid social gatherings because they always worry that people will make fun of them and so they feel very ashamed. Some may only feel good in relationships when they behave in ways to make sure they always outshine others in order to feel strong.

Some may feel a complete lack of interest in relationships or have difficulty understanding or showing care for those around them, and some may act in a hurtful way towards others. Though these problems might appear different, they all mean that people with personality disorders can find it challenging to maintain meaningful and satisfying relationships.

Problems with sense of self and identity

People with personality disorders may struggle with their sense of self and may have difficulties knowing who they are and what they want out of life. While some might feel empty inside or strongly rely on other people to make them feel like they're worth something as a person. Some people may be very rigid in the way they interact with the world, becoming overly focused on work, rules, and doing things perfectly. These difficulties may make it harder to set and follow long-term goals and have a meaningful sense of direction in life.

How common are these problems and why do they develop?

It is estimated that around 6.5% of the Australian population experience these types of problems at any given point in time. The exact causes of personality disorders are unknown but they are thought to involve several contributing factors:

- Biological or genetic factors (inherited from family) including extreme sensitivity to emotions
- Relationship with caregivers in early childhood that was problematic
- Traumatic early life experiences (e.g., abuse, neglect, death of parents, peer-victimisation)
- Ways of thinking and coping with feelings – often learnt during childhood and through experiences with other people
- Stressful social circumstances – financial, work, relationship, or family

Can they be treated?

Yes, specialist psychological treatments provided by mental health professionals have been shown to be effective in reducing symptoms and improving life quality.



Essential Information

What treatment is available to me?

The most effective treatment for personality disorders involves meeting with a trained mental health clinician to talk about your problems. These discussions are called counselling or psychotherapy and they usually focus on helping you develop strategies for your relationships, thoughts, feelings and behaviours. Psychotherapy provides a great opportunity to set goals, and work towards making changes in your life that help you to better achieve these goals.

What does treatment look like?
Research shows that psychological therapy is the best treatment for personality disorders.

Individual
Individual therapy involves seeing a clinician on your own for an agreed amount of time (e.g., 50 minutes, once a week). Effective therapy can vary but involves some structure meaning you need to actively participate. It is important that you and your clinician discuss and agree on this at the beginning of therapy, including how often you will see each other and how long the therapy will last. During therapy, your clinician may help you identify problems, develop goals, and ask you to try some strategies or exercises outside the session. It can take some time to feel like things are changing and getting better, perhaps weeks or months; therefore, it's important to persist.

Groups
Group therapy involves attending sessions with other people who may be experiencing similar problems to you. Groups usually consist of two clinicians, or a clinician and a peer worker, and up to 10 group members who all work together to support one another. Groups often help people feel connected to others who are having similar experiences and provide a space to share, learn new skills and help you deal with problems more effectively. You may feel anxious about starting in a group – many people feel this way. Talk to the group clinician or peer worker, it may help to ease some of your concerns.

Confidentiality
Confidentiality means that what you discuss in therapy remains private between yourself, your clinician, and others attending if it is a group setting. However, sometimes the clinician may need to share information with others in order to keep you or someone else safe. The clinician will explain this at the start of therapy, so it's important that you understand what this means and how it may affect you.

What about hospital treatment?
Sometimes a short hospital stay can be helpful if things are getting really tough and you don't feel safe. A short stay can help you manage a crisis or difficult time so you can get back on track but it is unlikely to treat the disorder. It is best if hospital stays are planned and talked through with your doctor or clinician. An important part of a hospital stay is to make a plan about how you will look after yourself once you're back in your community, including what treatment and support options may be available to you. Mental health clinicians at the hospital can help you do this.

What about medication?
Medications are not considered the first line of treatment for personality disorder, as medications are not likely to help with relationship difficulties and emotional distress. However, medication may help with other difficulties you are experiencing at the same time, e.g., depression or anxiety. If your doctor suggests taking medication, ask for information about it including the benefits and any possible side effects. If you don't understand some of the information, ask for more details. As with any medication, it is always best to take it as prescribed, and avoid suddenly stopping or changing dose without talking to your doctor first.

Self Help



Five Things

When experiencing strong emotions and thoughts, we can sometimes get caught up in them and lose track of our surroundings. This exercise uses our five senses to help us center and ground ourselves, and can help us to be more aware of our surroundings. Using our five senses can help us to be in touch with the present moment in a non-judgmental way to get through a difficult moment.

Instructions:

When you notice yourself being caught up in strong emotions and thoughts, pause for a moment:

- Look around your surroundings and *name five things that you can see…*
  Notice the details of things around you, such as the colour, shape, texture, height, or width of an item.

- Listen to the sounds that are around you, and *name four things that you can hear…*
  You might hear the sound of air conditioning, birds, wind, or your own stomach. Depending on where you are you might have to listen very carefully.

- Now turn your attention to things that are in contact with your body and *name three things that you can touch or feel…*
  These could be the feeling of your body sitting in a chair, the feeling of the clothes you are wearing, the weight of your hair on your back, or the grass under your feet.

- Now turn your attention to the smells in your environment, *and name two things that you can smell…*
  You might notice the smell of flowers, trees, food, candles or simply fresh air.

- Now focus on things that you can taste, and *name one thing that you can taste…*
  This could be the toothpaste from brushing your teeth or food or drink that you just had.

As you notice each sense, try to describe what you notice with as much detail as possible, as this will assist to focus attention on the activity. Remember that it is normal for your attention to wander, and when you notice this happening gently turn your attention back to the exercise. You may also notice yourself making judgements (e.g., becoming irritated by a noise). This is a common and almost automatic response. If this occurs just notice that a judgement has been made, and bring your attention back to what you are observing (e.g., “I heard a loud noise”). Try to foster a sense of curiosity towards the present moment.

Self Help

Relationship difficulties, arguments & conflicts

Relationships can be tough. Although arguments and disagreements are part of every relationship, ongoing conflicts can be a real problem.

What causes arguments?

Arguments with family or friends may be caused by:

- Pressures – demands placed on you from others may create a feeling of pressure. This could involve pressures from work, study, managing money or maintaining relationships.
- Expectations – people may expect you to be or act a certain way different from how you feel. This may be due to religious, cultural or personal differences and may cause tension.
- Different opinions – although it's common for people to have different opinions, values and beliefs, there may be times when this leads to conflict. This may leave you feeling unsupported or that people are against you.
- Misunderstandings – it can be easy to accidentally jump to wrong conclusions with others. This is especially easy when using text messaging or social media, where meaning and emotion can be lost.
- Changes in life – major life changes may cause tensions, e.g., separation, divorce, moving house or the arrival of a new baby.

What can help?

Take some time out

In the heat of the moment it's not uncommon to get angry or say something you later regret. If you feel emotionally reactive or vulnerable take some time out. Go for a walk or count to 10. Revisit the situation later when you feel calmer.

Acknowledge your feelings and vulnerability factors

Recognising the different emotions you may be feeling and examining why you got angry is an important step. It is also helpful to explore what vulnerability factors may be present in your life, e.g., feeling unwell, tired or upset by other matters.

Get some support

Talk to someone outside your family or friendship circle to get a different perspective on the situation. This can help you understand why there is conflict and work out a solution. If the conflict or argument is because of violence or abuse and you feel safe, tell somebody about it. Talk to a counsellor, your doctor, the police or a friend.

Talk it through with the person you've had the argument with

The idea of talking to the person you've had an argument with may seem impossible. You may feel like it's up to the other person to make the first move. But sometimes making the effort to sort something out, no matter who is at fault, can make the situation better. Here are some tips:

- Approach the topic when you're feeling calmer. Choose a time when you're less likely to be interrupted.
- Be honest, but avoid using sarcasm or making personal comments. Stick to 'I feel' or 'I need' comments e.g., "I feel upset and uncomfortable when you talk about me in front of other people".
- Listen to what the other person has to say and try to understand their point of view. Understanding why someone said or acted in a certain way may help ease tensions.
- Try to find a compromise and stick to it. If you can't find a way to compromise, try to 'agree to disagree'. People have different opinions based on their own experiences, beliefs and values – everyone is different.
- If you have said something in the heat of the moment that you later regret, apologise to ease the situation and show the person you care.

Self Help

Self-harm: What is it?

Self-harm involves deliberately physically harming oneself. Often this is done in secret without others knowing and can include cutting, biting, burning, hitting, scratching or picking skin or other parts of the body.

Why do people self-harm?

Self-harm is often used to try and control difficult and overwhelming feelings or to gain some kind of relief from emotional pain. It may also be used to express anger, to feel 'something' (if you're feeling numb) or to communicate a need for help.

People who self-harm may have been experiencing a range of problems:

- Difficulty getting along with family members or friends
- Feeling isolated or bullied by someone
- Relationship breakup
- Current or past physical, sexual or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical pain

Does self-harm help?

Self-harm only provides short-term relief from feeling angry, distressed, numb or overwhelmed. Although the intention may not be to really hurt yourself, it can lead to permanent scarring or damage to your body.

Getting help

It may seem difficult but it is important to talk to someone about your self-harm. It can help to identify what causes you to physically hurt yourself and find other, more positive, ways to manage the pain you feel inside. It can take time to sort things out. If you do self-harm and the injury won't heal or looks serious, go to the emergency department of the hospital or see your doctor. You may feel guilty or embarrassed but, if not treated, the injury may cause permanent damage or problems.

Who can I talk to?

Choose someone you feel comfortable with and someone you can trust. This may be a family member, friend, a teacher or nurse, a psychologist or your local doctor. You may also need to see a mental health clinician such as a psychologist to talk through the reasons for your self-harm and find alternative ways of managing these difficult feelings. If talking to someone seems too overwhelming, write down what you want to say first and then approach someone. If you get a negative response, don't give up. Keep trying until you find someone who will listen.

Other ways of dealing with emotional pain

If you feel like you want to harm yourself here are a few things you can try instead:

- Exercise – go for a brisk walk or fast run to use up energy
- Distract yourself – sing loudly, dance, play music or video games, cook something you like or eat something spicy
- Relax – practice relaxation techniques like deep breathing
- Try an alternative – squeeze an ice cube, have a very cold shower, or punch or scream into a pillow
- Talk to someone about how you are feeling – finding words for feelings (rather than actions) can be difficult but may help you feel less overwhelmed
- Write a journal to keep track of your thoughts (have a look at au.reachout.com)

Although the above tips are not solutions to the problem, they may help in the short-term. Again, it is important to identify the reasons for your self-harm and find alternative ways to cope and live the life you want to live. This can take time. Don't give up!

*** If you do self-harm and the injury won't heal or looks serious, go to the emergency department of the hospital or see your doctor. You may feel guilty or embarrassed but, if not treated, the injury may cause permanent damage or problem.**

Self Help

Problems with alcohol and drug use

People take different types of drugs and drink alcohol for many different reasons - to relax, to help them focus, to fit in, because they're bored or curious, to escape their problems or to help them cope with overwhelming emotions. There are dangers to drinking alcohol in excess and taking illegal drugs such as marijuana, ecstasy, cocaine, LSD and amphetamines. Alcohol and drug use can negatively impact your physical and mental health, and you can also become addicted.

Some of the signs of alcohol or drug addiction

- Relationships with friends or family are affected by your drinking or drug use
- Feeling uncomfortable and alone without alcohol or drugs
- Lying or not being honest with friends and family about how much you're using
- Being unable to manage negative emotions or stress without alcohol or drugs
- Spending money you can't afford on alcohol or drugs
- Having blackouts
- Sweating, nausea or insomnia when you don't drink or use
- Needing to drink or use more and more to get drunk or high
- Drinking alcohol or using when you wake up in the morning

Negative effects of drug addiction

There are a number of negative effects that come with alcohol and drug addiction. Different drugs have different long-term effects, however some common symptoms include:

- Feeling jittery
- Feeling spaced out, hearing voices, or seeing things
- Feeling paranoid
- Memory and attention problems
- Severe depression
- Heart problems
- Sexual problems (including impotence)
- Brain damage
- Diabetes
- Conflict in relationships with family and friends

Some ways of dealing with cravings

1. **Seek support** – Find someone who you are close with to help support your goal, such as a friend, family member, doctor, or psychologist. Seek them out and talk to them when you feel like drinking or using.
2. **Make a commitment to yourself** – You need to make your own decisions about drug and alcohol use. Think carefully about what it is you want for yourself, and let that be the most important factor in your decisions.
3. **Delay** – Cravings tend to peak after 45 minutes. Remember this, and try to ride out the urge to use.
4. **Distract** – The more you think about your craving the more you feed it and the bigger it becomes. It is helpful to distract yourself by doing something else - visit a supportive friend, read, watch TV, go for a walk, listen to music.
5. **Strategies for coping** – Overwhelming emotions often trigger cravings so talking about your feelings with someone you trust can reduce your need for drugs or alcohol. Try experimenting with other ways of coping with overwhelming emotions to find what works for you – perhaps try relaxation, seeking support, being mindful, exercising or self-soothing.

Getting Help

There are places where you can get help with dealing with alcohol and drug-related issues. If you think you could use some help, you should visit your GP or another health professional.

Self Help

The Importance of Self-Care

It is important to look after your body and your mind. This will give you the best chance of managing difficult situations or strong emotions, and help you live your life to the fullest. Below are some general tips for a healthy lifestyle.

Healthy eating

Establish a healthy diet. This will help reduce stress and increase your ability to cope. Get to know your body and become aware of how certain foods affect you physically. For example, foods high in caffeine (e.g. tea, coffee, chocolate), cigarettes, and alcohol can add stress to your body.

Healthy eating tips

- Eat a balanced diet - include plenty of fresh fruit, vegetables, whole grains and protein. This helps to replenish essential vitamins and minerals that stress tends to use up
- Drink plenty of water including at least 2 litres per day
- Eat regularly, don't skip meals, and avoid long periods of time without food
- Don't overeat or starve yourself

Sleep

Sleep is essential for coping with life's ups and downs, and for managing stress. Try to get a minimum of 6 hours sleep each night, and refrain from sleeping beyond 9 hours.

Tips to Improve Your Sleep:

- Go to bed and rise around the same time each day
- Cut down on your caffeine intake and avoid smoking or using alcohol before bedtime
- Avoid bright lights, overly hot baths and showers, or heavy exercise at night-time. This stimulates your body and makes it difficult to wind down and get to sleep
- Avoid reading or doing other activities in bed. Keep your bed associated with sleep or physical intimacy only
- Do not lie awake in bed for longer than 20 minutes. If you haven't fallen asleep after 20 minutes get up and do something relaxing (e.g. drink a cup of camomile tea or warm milk, or do a relaxation exercise) and then go back to bed
- If you find it difficult to stop worrying in bed, get up and write a list or note of what you need to do or are worrying about, and then go back to bed
- Engage in regular exercise as this will help you to sleep well

Activity

Activity helps you to feel better and gives you a different focus.

Doing things, even a little at a time, can give you a sense that you are moving forward, taking control of your life, and achieving something worthwhile.

Activity and exercise is important because it:

- releases tension and encourages the release of natural endorphins
- helps you to feel less tired
- increases your confidence
- strengthens your immune system
- revives your body and mind, and assists you to think more clearly

Once you get started, you might also find that you take a different perspective on particular problems in your life.



Self Help

Managing emotions

Experiencing strong emotions is a normal part of being human. Most people experience intense anger, sadness, anxiety or fear at some point during their life.

Sometimes it's difficult to manage strong feelings and emotions. Although we can't avoid experiencing these feelings, we can develop ways of managing them. Here are some ways to help you manage, rather than react, to strong feelings

Identify and name what you are feeling
This can help you understand your emotions and differentiate between different feeling states.

Understand why you're feeling the way you are

Think about the purpose of these feelings and emotions. For example, if you're feeling angry, see if you can identify what's driving the anger. Often it can reflect some form of hurt or perceived rejection or disappointment. Paying attention to the following can help you understand why you feel the way you do.

- name the event that prompted the emotion (e.g. my friend looked at me)
- notice how you interpreted the situation (e.g. she looked at me in a funny way, therefore, she must be angry with me)
- notice some of the physical sensations you are experiencing (e.g. tension in shoulders, heart racing, feeling hot, or a burning sensation in the face)
- notice how you behave in response to feeling angry (e.g. speak to my friend rudely or dismissively)
- notice how others respond to you and the after-effects of your emotions (e.g. friend speaks aggressively and then an argument begins, or friend withdraws and distances themself from me when I am speaking or behaving aggressively)

Remember that some emotions are reactions to events in one's environment (e.g. feeling criticised), while other emotions are primarily due to thoughts or feelings (e.g. anger at feeling criticised).

Looking after yourself can help reduce the impact of strong emotions - eat well, get some sleep, do some exercise and avoid drugs and alcohol.

Rather than beat yourself up about how you're feeling, accept your emotions as part of who you are. Try to avoid judging your feelings as good or bad.

Take some time out. When feeling angry or afraid, it's common to say the first thing that comes into your head. Slow down. Listen to the other person and, where possible, think through what you would like to say before responding. You may need some time on your own before doing this.

It may also help to talk to your doctor or health care professional about how you're feeling.



Self Help

Managing distress

Feeling distressed or in crisis can be really difficult. Although many people will experience some kind of hardship during their life, it's easy to feel confused and overwhelmed when you're going through it.

What can help?

Get some support

Talk to someone you trust about how you're feeling. This can help you feel supported and listened to. If things start to feel too much, talk to you GP or health care professional. Ask them to help you find new ways to manage difficult times.

Find ways to distance yourself from difficult thoughts and feelings

It can be useful to distance yourself from situations that are making things worse. See if any of the following help:

- **Activities**
  Engage in an activity that you like. Go to the movies, do some exercise, or read a book.
- **Contributing**
  Focus on doing something for someone else. Volunteer at your local animal shelter or help someone in need.
- **Take time out**
  Create physical or mental distance from the situation or person that's bothering you.
- **Alleviate some of the stronger feelings**
  Hold ice, squeeze a rubber ball or listen to loud music.

Find ways to look after yourself

Be kind to yourself in moments of distress. There is a lot of research showing the benefits of engaging your '5 senses':

- **What you see**
  Focus your vision on something you find soothing, for example, the flame of a candle, a flower, the waves in the ocean, or look at the stars.
- **What you hear**
  Listen to sounds that you find soothing, for example, beautiful music, running water, sounds of nature (including birds, waves, rainfall), or sing a favourite tune.
- **What you smell**
  Try using your favourite smells to soothe yourself, for example, light a scented candle, bake biscuits or smell the ocean breeze.
- **What you taste**
  Chew or eat something that you love. Take a moment to really taste what you have chosen to eat or drink. Notice what it feels like to enjoy eating something.
- **What you touch** Take a bubble bath, put on a textured blouse, brush your hair or stroke a pet.

Best of all, engage in an activity that uses all or most of your senses at once, for example, sit on the beach while watching, listening to, and smelling the ocean and feel the sand between your toes.

Practise relaxation techniques such as deep breathing or visualise a relaxing scene. Imagine your feelings or emotions as a wave that comes and goes and changes in intensity over time. These activities may help you feel more alive and provide relief from your distress.

Self Help

Managing anger

Anger is a normal human emotion that we all experience at times. Anger is a signal worth listening to. It can tell you when something isn't right or energise you into getting things done. However, it can also arise in situations that stir up past hurts and may get out of control. It can also lead to further problems and interfere with how you're feeling about yourself and your relationships.

You can't avoid people or things that make you angry. However, you can learn to manage how you react in these situations. Here are some tips for managing anger that you may find helpful:

Cool down
In the heat of the moment, you may say the first thing that comes to mind. This can sometimes make the situation worse and you may later regret it. If you feel yourself becoming angry, do something to 'cool down'. Count to 50 or 100, engage in a different activity and revisit the situation when you feel calmer.

Take some time out
When feeling angry, it's not uncommon to be flooded with unhelpful thoughts. You may also find yourself jumping to conclusions, which you recognise as less realistic as time passes and you feel calmer. Take some time out. Go for a walk, turn on the television or read a book or newspaper.

Self-talk
You may be feeling overwhelmed and down about the situation. Instead of telling yourself "This is terrible and can't be fixed", try saying "It's frustrating and I feel upset and angry about it, but it's not the end of the world".

Finding the right words
You may have been treated unfairly and want to hit out in anger. Violence is never OK. Find words to express how you feel. Talk to someone you can trust about what's underneath the anger such as feeling hurt, upset or disappointed.

Use relaxation techniques or deep breathing
Practice relaxation techniques such as deep breathing and use imagery to visualise a relaxing scene. This can help to ease some of your feelings and give you much needed space from feeling angry.

If you feel your anger is getting out of control or is impacting on your relationships, or other important areas of your life, talk to your doctor or mental health clinician and ask them to help you learn new ways to handle it.

Self Help

Effective communication

Communicating well is a skill that requires practice. Firstly, we need to gain clarity on our thoughts, feelings and desires and then we need to communicate this in a direct, open and honest way. This helps us manage our own emotions and behaviours and maintains good relationships with others. This is not always easy. How many times have you said “It doesn’t matter”, when really it does? How many times have you said “I’m fine”, when there was a lot you wanted to say?

There are four styles of communication:

1. Assertive communication involves standing up for your personal rights and expressing your thoughts, feelings and needs in a direct, honest and appropriate way that does not violate the rights of others.
2. Aggressive communication is when you express your rights in a direct but inappropriate manner that is at the expense of others and violates their rights.
3. Passive communication is behaviour that violates your own rights by not expressing honest thoughts and feelings or by doing so in such a manner that others disregard them.
4. Passive-aggressive communication is when you express your needs in an unclear and confusing manner and can often leave the other person feeling manipulated or frustrated.

Being assertive is one way to improve communication; reduce unpleasant feelings like stress, anxiety or resentment; improve self-esteem; and increase your chances of getting what you want out of life. Assertive communication demonstrates that you value your own point of view and rights, while also respecting the opinions of others. Being assertive can be frightening and sometimes even painful. It doesn’t mean that you will get what you want; sometimes you will, sometimes you won’t, and other times you will come to a mutually agreeable compromise.
Decide what it is you want or feel, and keep your statements simple and brief. Here’s a basic formula many people have found helpful:

I feel…
When you…
Because…
I want/need…

It can be good to begin practicing this in situations where your emotions are not running too high. It is important to remember the non-verbal as well as the verbal messages you are conveying. Keep your voice calm, the volume normal, pace even, and maintain good eye contact. Also try to keep your physical tension low.

Helpful hints:

Try to be mindful of what you are saying and how it might be perceived.

Start with something positive. People often get quite defensive and can stop listening if you start on a negative or critical note.

Describe behaviour in neutral terms – try to avoid using emotionally loaded words like “appalling” or “disgraceful”.

When expressing your feelings, use “I” statements and try to keep it simple! Like “I disagree” instead of “You’re wrong”.

Try to be clear about the changes you want and try not to be negative or critical. Avoid statements like “I wish you’d be more considerate”.

When expressing consequences, be positive wherever possible. Negative consequences are often perceived as threats.

Avoid statements that are impossible or unenforceable.

Most importantly, say what you want to say when it is an issue. Leaving things after a problem has come up can lead to feelings building up and persisting for longer periods of time and can result in more aggressive responses.



Families and Carers

The Basics

Sometimes there is an initial shock when you first learn of their problem and you may find it difficult to make sense of your own feelings. Other times it is a relief to know what the problem is, because it has been around for a long time without proper treatment. In fact, the whole experience can be overwhelming and may bring up many questions and sometimes even fewer answers. This is not an unfamiliar experience. Many others have described feeling this way.

What is a personality disorder and how is it treated?

Personality disorder is a name used to describe a pattern of traits that affect people's inner experiences, behaviours and relationships. Personality traits are 'disordered' when they become extreme, inflexible, and maladaptive. This tends to create a pattern of problems that cause the person and those around them significant distress over a period of time. A personality disorder often leads to significant disruption to a person's capacity to work, study and maintain good relationships. It is a recognised diagnosed mental disorder and specific psychological therapies have been shown to be effective treatments. Personality disorder usually starts in adolescence or early adulthood, although features can also be present in children or emerge in older adults, and can go on for a number of years. It is estimated that around 1 in 10 people experience a personality disorder at any given point in time and both men and women can be affected.

Personality is shaped by a combination of factors including characteristics we are born with, such as our interpersonal sensitivity and capacity to regulate emotions, and our life experiences. Difficult life experiences such as losses, abuse or trauma are common to some personality disorders. The combination of factors that lead to a personality disorder differs for each person, and more scientific research is needed to help understand the causes. There are several different types of personality disorder, including avoidant, borderline, antisocial, narcissistic, obsessive-compulsive and schizotypal.

What can I do to help?

As a family member, partner or carer, one of the first questions you may have is "What can I do to help?". Below are some things that people who have been supported by someone like you have said helped the most:

- Look after yourself – it is important that you make sure you are healthy and safe and have good supports around you
- Provide a listening ear – just being there, without judgement, to provide a space to talk and share concerns
- Practical support – helping with financial, housing and transportation problems
- Instil hope – encourage the person to believe that recovery is possible
- Help the person find value – help the person realise that although they may have problems these can be treated and it does not define who they are as a person
- Encourage self-care – such as healthy eating, adequate sleep, exercise and engagement in enjoyable activities
- Encourage treatment – such as attendance at individual and group therapy appointments

As caring people, we naturally don't want the people we love to make mistakes. We may feel a need to protect them from the stress that this may cause. While this is understandable, it is also important to allow the person to take some level of responsibility. This also means allowing them to live with the consequences of their decisions and behaviors.



Families and Carers

Looking After Yourself

As caring people, we naturally don't want the people we care about to make mistakes. We may feel a need to protect them from the stress and suffering that their actions can cause. Sometimes in doing this we may not always look after ourselves properly.

When a person is in a crisis, there may be a need to be 'on duty' and provide 24-hour support. While this can be necessary, once the crisis is over and things have settled down it is also important to take a step back from the situation and not be constantly available. This is a time for you to look after yourself and attend to your own social, emotional, physical and mental health needs. Even though you may feel guilty about this, it is important to remember that caring for yourself also shows the person you care about how they can look after themselves better too. To help you maintain a balance between your own day-to-day demands and to assist you in your caring role, there are a number of things you can do.

Aim for balance in your life

- Spend time with other family members and friends
- Maintain hobbies and interests in your life that you find enjoyable, satisfying or interesting
- Maintain your spirituality, in whatever way that means to you, which may include spending time in nature, informal prayer, or other activities that nourish you
- Eat healthy and nutritious food
- Drink plenty of water, at least 2 litres per day
- Engage in regular exercise
- Ensure you get plenty of sleep (between 6 and 9 hours each night)

Attend to your own emotions

A person's problems can affect many members within a family (e.g. parents, spouse, children or siblings). This can bring up a whole range of emotions such as guilt (Where did I go wrong? Did I do anything to cause this?), shame and stigma (What will other people think? Who can I talk to?), fears of what will happen to the person in the future, frustration and anger at oneself or the person you care about, hurt and grief (for being misunderstood or at the losses within your own or the other person's life). You are not alone in these feelings and it can often be useful to acknowledge them in a number of ways:

- Talk to a friend or other family member who is not overly involved in the situation
- Write about or journal your feelings; this can provide much needed relief
- There are many websites that offer blogging where you can talk to other people going through similar problems
- Join a support group that meets on a regular basis
- Seek support for yourself by contacting a health professional; talking to your doctor in the first instance can be helpful
- Find out all that you can about personality disorders and treatment options. Ask a health professional for reliable sources of information
- Have an action plan to put in place in times of crisis. Wherever possible, involve the person you care about in the planning of this
- Talk to staff involved in the person's treatment, while they may not be able to provide all of the information you would like to know due to confidentiality, they can provide you with a basic level of information and direct you to resources that will assist you in your supportive role
- Be aware of emergency services offered by your local mental health service, including ambulance and the role of police
- Have emergency and crisis phone numbers and information on hand for easy access when needed.



Families and Carers

Managing Anger

Anger is a normal human response that we all experience but can be difficult to deal with if you're on the receiving end. Anger is a key characteristic of many mental health disorders and can be challenging for partners, families and carers.

What is anger?

Anger is an emotion we all experience in response tosituations that seem unfair or disappointing. People may also become angry when they feel stressed or under pressure, experience mental health issues (such as mood swings), or feel like they're losing control over something. Anger can alert the person that something needs to change. Unfortunately, anger is most likely to be directed at loved ones and people the person feels safest with. Angry reactionsto another person's kindness or intimacy may stem from past experiences when the person has felt let down. Anger, when out of control, can also be destructive and does not give the person license to be aggressive, attacking or violent.

The environment

The person may find it difficult to tolerate challenges or criticism and be particularly sensitive in close relationships. Make time to talk about neutral topics and acknowledge that there is more to life than problems. When provoked, try to avoid adding to theconflict or situation by being too reactive. Take time out when needed. This can help calm the situation and enable you to respond rather than react.

Routines

Look after yourself by maintaining your own routine, social connections and support. Be aware of times you may feel isolated or drawn into chaos and crisis. Find structure in your daily life that includes taking care of yourself.

Be consistent

Try to be fair and consistent in the way you respond to anger and behaviours you find difficult or challenging. Be collaborative and invite discussion about what are appropriate and inappropriate behaviours, and what the consequences of these are. Be clear about what is expected of all family members. Be preparedto stand your ground and maintain your respect if you feel unfairly attacked.

Listen for the underlying issue

Anger is usually a reflection of some form of hurt or perceived rejection. It may help to listen to the person's accusations or complaints, and acknowledge to yourself that their anger is an attempt to communicate an underlying unmet need. Althoughthis can be hard to do, it may help you to distance the person's anger from being a direct attack on you.When you feel ready, give the person space to talk about their pain, anger and hurt. Avoid dismissing or challenging their feelings.

Wait until the situation is calm and then discuss.

Disagreements and conflicts in relationships are normal. If the person is angry and accusatory, admitto whatever is true. Try to avoid becoming defensive about what you believe is not true or valid. Keep yourtone as neutral as possible. Do not match the anger and criticism to theirs; this will only fuel the fire. If you note something that needs to be discussed or addressed, wait until the storm has passed. When the time is right, try problem solving the situation withthe person. Where possible, express your own point of view on the issue but avoid accusing or blaming the person. Violence is never OK. If the person becomes aggressive or violent, leave the situation.



Families and Carers

Helpful Tips for Challenging Relationships

Caring or supporting a person with a personality disorder can be challenging. Just as each person is unique, so is every relationship; and what helps to improve relationships is different for everyone. Below are some tips for maintaining healthy relationships with the person you care about.

Remember to look after yourself. The best way to support and care for a loved one is to make sure you are healthy and feeling good yourself. This includes looking after your social, physical, mental and emotional health needs.

- Take time out to reflect – be prepared to allow some time away to think things through and allow some time to heal when a situation has become too hot to handle.
- Ensure that there are clear boundaries and expectations for the relationship – everyone needs to know what is expected of them and your safety is important. Find a way to collaborate and agree upon what are acceptable and unacceptable behaviours (e.g. anger is OK, violence is not).
- Convey encouragement and hope about the person's capacity to change and recover, and support the person through set-backs.
- Demonstrate empathy – show understanding by reflecting back how you experience the person (e.g. "I can see you're feeling hurt about your Dad leaving").
- Listen to the person's current experience – make time to hear what the person is saying. If it is not the right time, suggest another time (e.g. talking on the telephone whilst shopping may not be the best time to listen to the person).
- Validate the person's current feelings – let the person know that how they are feeling is important.
- Take the person's experience seriously, including verbal and non-verbal communications (e.g. pay attention to what the person is saying as well as how they are acting or behaving).
- Maintain a non-judgmental approach – remember that the person is different from you and has their own way of doing things (it may not be the most efficient or effective way but it is their way!).
- Stay calm – in the height of a crisis or argument, it is normal to react angrily or become defensive. However, this often isn't helpful. It can take practise, but staying calm when things get heated can help reduce a crisis.
- Remain respectful – when emotions run high it can be easy to be dismissive or judgmental. Finding a way to value the other person's life choices and opinions, which may be different from your own, can help improve the relationship.
- Remain caring – focus on the person as a whole, including the things you like about them, rather than just focusing on the person's challenging or difficult behaviours.
- Engage in open communication – this includes listening and talking. Don't be afraid to let the person know how you're feeling and how things are affecting you.
- Use humour where appropriate – this can help to lighten a situation.
- Be clear, consistent and reliable – this can reduce the other person's problems if they get clear messages and expectations from you.
- Remember that some behaviours may have been helpful in the past even though they're no longer appropriate – demonstrate empathy and talk with the person about what is acceptable.



Essential Information

Mental Health Support Services

When experiencing mental health concerns, there may be times when you want to talk to someone about your thoughts and feelings. Seeking help and support for mental health concerns may be the first step to starting your journey towards recovery and wellbeing. The following list provides services in Australia.

24/7 Telephone Counselling and Crisis Services

Emergency assistance	**000**
Lifeline	**13 11 14** Online crisis support chat: https://www.lifeline.org.au
Suicide Call Back Service	**1300 659 467** Online or video chat: https://www.suicidecallbackservice.org.au
Kids Helpline (5-25 years)	**1800 551 800** Online or email chat: https://kidshelpline.com.au/
MensLine Australia	**1300 789 978**
Veterans and Veterans Families Counselling Service	**1800 011 046**
National Sexual Assault, Domestic Family Violence Counselling Service	**1800 737 732**
Beyond Blue	**1300 224 636** Online, email or forum support: https://www.beyondblue.org.au/

Mental Health Information and Referral Hotlines

These services offer mental health information, referrals, with some offering telephone or online counselling:

National Services

Health Direct Australia *Referral and information hotline*	**1800 022 222** https://www.healthdirect.gov.au/
SANE *Telephone, information and online forum for BPD*	**1800 187 263** https://saneforums.org/
eHeadspace *Telephone and online support for people aged 12 – 25 years*	**1800 650 890** https://www.eheadspace.org.au/



Essential Information

Blue Knot Helpline	**1300 657 380**
Telephone counselling for adult survivors of childhood trauma and abuse	https://www.blueknot.org.au/
Carers Australia	**1800 242 636**
Referral hotline and online discussion forum for carers	www.carersaustralia.com.au
QLife	**1800 184 527**
Telephone and online counselling and referral service for people who identify with being LGBTI	https://qlife.org.au/

State-based Services

New South Wales	
Mental Health Line	**1800 011 511**
Alcohol and Other Drugs Information Service (ADIS)	**(02) 9361 8000**
Carer Connections Helpline (Mental Health Carers NSW)	**1300 554 660**
Victoria	
Suicide Help Line	**1300 651 251**
Mental Health Services General Enquiries	**1300 767 299**
Queensland	
13 HEALTH	**1343 2584**
South Australia	
Mental Health Assessment and Crisis Intervention Service	**13 14 65**
Western Australia	
Mental Health Emergency Response Line	**1800 676 822**
Northern Territory	
Top End Mental Health Service	**(08) 8999 4988**
Australian Capital Territory	
Mental Health Triage Service	**1800 629 354**
Tasmania	
Mental Health Service Helpline	**1800 332 388**

If you are outside of Australia, please contact your local mental health service for support

Project Air Resources

Project Air is committed to providing access to information and clinical resources for consumers, families, carers and mental health professionals. These materials are designed to help improve the lives of people with a personality disorder by giving evidenced-based information and guides for self-help, including strategies to manage crises.

Below is a selection of Project Air resources, for the full range please refer to: www.projectairstrategy.org

Fact Sheets

Essential Information

- What are Personality Disorders?
- What is Borderline Personality Disorder?
- What is Narcissistic Personality Disorder?
- What is Antisocial Personality Disorder?
- What is Avoidant Personality Disorder?
- What is Obsessive-Compulsive Personality Disorder?
- What is Schizotypal Personality Disorder?
- What treatment is available to me?
- Intellectual disability & personality disorder
- What else can I read?
- Guide to Borderline Personality Disorder
- Mental Health Support Services

Self-help Guides

- Relationship difficulties, arguments & conflicts
- What is mindfulness?
- Self-harm: what is it?
- Effective communication
- Managing anger
- Managing distress
- Managing emotions
- Problems with drug and alcohol use
- The importance of self-care
- Mindfulness exercise: five things

For Families, Partners & Carers

- The basics: for families, partners & carers
- Effective communication: for families, partners & carers
- Understanding self-harm & suicidal thinking: for families, partners & carers
- Strategies for effective communication & healthy relationships: for families, partners & carers
- Helpful tips for challenging relationships: for families, partners & carers:
- Managing anger: for families, partners & carers:
- Looking after yourself: for families, partners & carers:
- What else can I read: for families, partners & carers

Treatment Tools

- Mindfulness exercise: bubbles
- Mindfulness exercise: sushi train
- Mindfulness exercise: leaves
  Mindfulness exercise: sounds
- Mindfulness exercise: walking
- How did I get here?
- Care Plan
- Carer Plan for families, partners & carers
- Family Crisis Care Plan

- Keeping on Track - Goals for Parents
- Identifying Relationship Patterns



For Parents with Personality Disorder

- Parenting with Personality Disorder
- How does Personality Disorder impact on parenting?
- Talking to children about Personality Disorder
- Connecting with children at different ages
- Understanding and responding to children's feelings
- Strengthening Attachment: for parents and caregivers
- Mindful parenting during child play time
- Creating safety: setting limits with children
- What else can I read?

For Schools, Teachers & Students

- Key principles for working with young people with complex mental health needs
- Personality disorder in young people: the facts
- Diversity in young people
- Self-harm: how to respond
- Responding to challenging behaviour
- Tips in responding to young people with complex mental health needs
- Working with parents with personality disorder
- Care plan for young people
- Student focused safety and support plan – returning to schooling following a complex health concern

Guidelines

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015)
- Project Air Strategy Brief Intervention Manual (2015)
- Project Air Strategy Parenting with Personality Disorder Intervention (2015)
- Project Air Strategy Family, Partner and Carer Intervention Manual for Personality Disorders (2016)
- Project Air Strategy Schools Teachers & Students – Working with Young People with Complex Mental Health Issues. Understanding and Responding to Emerging Personality Disorder, Trauma History, Self-Harm and Suicidal Behaviour and Difficulties with Identity, Emotions and Relationships (2016)
- Clinical Practice Guidelines for the Management of Borderline Personality Disorder (2012)

Key Clinicians and Consumers Speaking to Project Air

Access via YouTube: https://www.youtube.com/user/ProjectAirStrategy

- Dr Nancy McWilliams
- Prof. Kenneth Levy
- Prof. Alan Fruzzetti
- Dr Shelley McMain
- Dr Dolores Mosquera
- Prof. Jeffrey Hayes
- Joe Russ
- Mahlie Jewell
- Sonia Neale
- Stephanie Leary
- Prof Otto Kernberg

Training DVDs

- Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder.
- Parenting with Personality Disorder: A film for health professionals, parents, caregivers and families.