

# Family, Partner and Carer Intervention Manual for Personality Disorders



## STAYING CONNECTED



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Note there is also a version of training by Toni Garrety and Annemaree Bickerton - Staying connected when emotions run high - training for carers, and also a targeted version of training for health professionals.

Accompanying resource:

Project-Air-Strategy-for-Personality-Disorders, Bickerton, A., Garrety, T., Nair, J., & Grenyer, B. F. S. (Writers). (2012). Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder [DVD, 30min]. University of Wollongong, Illawarra Health and Medical Research Institute: <http://www.projectairstrategy.org>

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### Definitions:

#### Carers

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

#### Emerging Personality Disorder

Young people who exhibit a constellation of behaviours and problems (i.e. 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.

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## Introduction

Families, partners and carers of persons with personality disorder experience significant distress and burden within this role (Bailey & Grenyer, 2013, 2014). Treatment guidelines now recommend supporting families and carers, including involving them in the treatment process to improve wellbeing and thereby assist them in effectively caregiving for the person with personality disorder. This manual has been designed to help services engage and work with families and carers of persons with personality disorder in a brief four session intervention that aims to provide information, support and strategies.

This manual has been developed in accordance with the relational model advocated by the Project Air Strategy for Personality Disorders (see *The Relational Model of Treatment* in the Project Air Strategy Treatment Guidelines). The relational model involves an integrative and collaborative approach to personality disorders treatment, focussing not only on the person with personality disorder but also 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).

The relational model recognises that responsibility for effective relationships also rests with others involved in the person's life. It is now recognised that a service system that works together in an integrated manner better supports people with personality disorders, rather than any sector working in isolation. Therefore, clinicians, case managers, carers, youth 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 model.

### **Who should use this manual?**

This manual is designed for professionals working with families, partners and carers of people with personality disorder, emerging personality disorder, symptoms or traits. This may include psychiatrists, psychologists, school counsellors, case managers, social workers, mental health nurses, and family therapists. Clinicians implementing the intervention described in this manual should be adequately qualified and be engaged in regular clinical supervision.

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## Overview of the Intervention

The Project Air Carers intervention offers support, information and strategies to assist carers within their role and improve the relationship. The approach is to de-stigmatise mental illness and promote a hopeful attitude by emphasising the importance of relationships and a non-judgemental and safe approach to caring. Increasing awareness of the relational aspect of caregiving is integral to this approach as any unhelpful relationship patterns can be modified in order to more effectively meet the needs of the person with personality disorder and the carer.

The intervention involves four "sessions" that can be flexibly applied to the needs of the carer. The material can be delivered in a workshop format, as a four session multifamily group, or in an individual setting. The "Sessions" are topics, and therefore can be spaced out over a number of appointments, meaning this program could also be delivered over 8 or 16 weeks.

Some key principles and specific skills, as illustrated in the accompanying DVD include:

<b>Core principle</b>	<b>Example of specific skills</b>
Carer relates skillfully	Carer attends to the core relationship patterns and needs by modeling effective communication skills that are non-judgemental, validating, attentive and appropriate.
Carer remains calm during distress	Carer attends to relationship needs by reducing reactivity and increasing calm mindful responses, through understanding the function of fear, emotion and anxiety.
Carer attends to their own needs	Carer attends to relationship and mental health needs, through staying connected with friends and family, taking carer breaks, engaging with carer organisations, and attending to mental and physical health.
Carer sets appropriate boundaries	Carer attends to the relationship needs by modeling appropriate assessiveness and setting boundaries and ground rules for the relationship.
Carer develops and uses a crisis plan	Carer attends to the relationship needs by developing safety plans and crisis strategies when a relative's mental health problems escalate, by engaging health services whilst ensuring the carer has appropriate support to help them maintain a positive relationship with the relative.

The *Key Principles for Working with People with Personality Disorders* are described below and are relevant to the caregiving relationship. Clinicians working with families, partners and carers should also see the Project Air Strategy Treatment Guidelines chapter on *Involving Family Members and Carers*. This intervention has been developed for use with families and carers without the attendance of the person with personality disorder. However the concepts included in this manual can be adapted for delivery with both the carer and person with personality disorder (for instance in a couple or family therapy setting).

The aims of the intervention are to:

- Enhance carer knowledge and understanding of personality disorders, emotion dysregulation and related issues
- Highlight the impact of caregiving on family, partner and carer wellbeing and reinforce the importance of self-care
- Increase awareness of interpersonal patterns in the caregiving relationship
- Enhance relational functioning by developing interpersonal strategies (including effective communication and limit setting)
- Enhance safety by developing crisis management and safety planning strategies.

### **Referral criteria**

The Project Air Carers intervention is designed for any unpaid carer supporting a person with personality disorder, emerging personality disorder, symptoms or traits. When delivering the intervention in a workshop or multifamily group format it can be helpful to request carers to contact the service to register their interest and ensure that they are appropriate for the intervention. The following guidelines can be helpful in selecting appropriate carers:

- The carer is over 18 years of age (or accompanied by a parent or guardian if 16 or 17 years)
- The person being cared for is over the age of 14 years of age
- The person's primary problem is not psychosis or drug use
- The carer is a family member, partner, spouse or friend with a significant enduring relationship (not a paid carer or mental health professional).

The person is not required to have a formal diagnosis of personality disorder or be engaged in treatment for the carer to be appropriate for the intervention. Personality disorder can be described to carers (or on advertising materials) as involving:

- Impulsive and self-destructive behaviour
- Changing emotions and overwhelming feelings
- Problems with identity and sense of self
- Thoughts of suicide or self-harm
- Challenging personality features.

### 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

#### How to use the resources in this manual

All resources (Carer Plan, Fact Sheets, Help Sheets, Guidelines and the Training DVD) referred to in this manual are available online at [www.projectairstrategy.org](http://www.projectairstrategy.org)

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 appropriate for the carer. For instance, there is a wallet sized version of the Carer Plan (see below) that may be more convenient for the carer to use. Alternatively, if the carer has a smart phone they could take photos of their Carer Plan, Fact Sheets and Help Sheets so that they are easily accessible and conspicuous.

Occasionally, carers have physical and mental health problems that need to be considered prior to commencing the intervention. For instance, when working with carers with an intellectual disability, consideration must be given to making written material more accessible. Clinicians may consider the use of simplified language and a range of communication strategies such as verbal, visual and object symbols. Further, carers currently experiencing significant mental health problems may require a referral for individual therapy prior to or simultaneously with the Project Air Carers intervention to ensure the carer is appropriately supported.

#### Children and young people

It is important to consider the needs of children and young people with a parent or family member with personality disorder and for clinicians to work towards minimising the impact on their life and wellbeing. This may involve ensuring that children and young people are adequately connected with significant supportive adults within their family, neighbourhood, community or school. Children and young people should be supported to engage in activities and opportunities that are developmentally appropriate (for instance, schooling, sport, music or other interests) similar to their peers. This may involve referring to appropriate services for additional support including group or community programs to reduce feelings of isolation and burden.

### Working with carers from other cultures

When working with Aboriginal people and their families it is important to consider the role of intergenerational trauma and seek advice from Aboriginal cultural experts. Holistic family approaches should be adopted, providing for the physical, mental, emotional and spiritual wellbeing of the carer and the person with personality disorder. Resilience can be encouraged by utilising the healing value of culture, which affirms identity and connection to community (Victorian Government Department of Human Services, 2012).

Intergenerational trauma also needs to be a consideration when working with culturally and linguistically diverse (CALD) families and carers. Often refugee and migrant communities are struggling with unresolved trauma, grief and loss, and 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 (Victorian Government Department of Human Services, 2012).

Therefore the Project Air Strategy aims to provide positive intervention that is culturally sensitive and utilises an integrated service delivery model that includes government and non-government agencies and community leaders.

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## Carer plan

For instructions on using the Carer Plan, consult the Project Air Strategy (2015) Treatment Guidelines for Personality Disorder.

### Example Carer Plan Wallet Card

CARER PLAN	CARER PLAN
Warning signs that the person I care for is in crisis	Things that don't work or make the situation worse
Things I can do to help that won't harm them or me	My self-care strategies and support people

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

Available for download from [www.projectairstrategy.org](http://www.projectairstrategy.org)

 <b>NSW</b> <small>GOVERNMENT</small>   Health  <b>Carer Plan</b>	
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<b>Name:</b>	<b>Clinician Name:</b>
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<p><b>My main goals and problems I am working on in relation to my carer role</b></p> <p>(1) In the short term</p> <p>(2) In the long term</p>
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<p><b>My carer crisis survival strategies</b></p> <p>Warning signs that the person I support is unsafe, in distress or crisis</p> <p>Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me</p> <p>Things I have tried before that did not work or made the situation worse</p> <p>What I can do to take care of myself in stressful times</p> <p>Places and people I can contact in a crisis:          Lifeline 13 11 14      Emergency 000      NSW Mental Health Line 1800 011 511</p>
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<b>My support people</b> (e.g. friends, family members, partner, psychologist, psychiatrist, social worker, GP)			
Name	Contact Details	Role for me	OK to Contact?

<b>Signature:</b>	<b>Clinician's Signature:</b>
<b>Date:</b>	<b>Date of next review:</b>
<b>Copy for the: Carer / Clinician / Other (please specify)</b>	



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# Session One

## Topic: Understanding Personality Disorder, Emotion Dysregulation and Related Issues

### Objectives:

- Build rapport;
- Provide psycho-education regarding personality disorder, development and treatment;
- Provide psycho-education regarding emotion dysregulation and relationships;
- Introduce the Carer Plan;
- Discuss family and carer research and roles.

### Outline:

1. Build rapport throughout the sessions
2. Set the frame for the intervention
3. Provide psycho-education regarding personality disorder, development and treatment
4. Provide psycho-education regarding emotion dysregulation and relationships
5. Introduce the Carer Plan
6. Discuss family and carer research and roles.

### Resources (available online at [www.projectairstrategy.org](http://www.projectairstrategy.org)):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card
- Project Air Fact Sheets. Examples: What is a 'Personality Disorder'?; What Treatment is Available To Me?
- Project Air Fact Sheets for Families, Partners and Carers. Examples: The Basics
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder).

## **Steps to follow for Session One:**

### **Build rapport throughout the sessions**

Focus on the here-and-now and validate the challenging nature of the carer journey.

Acknowledge the carer's efforts to attend 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."*

Refer to the *Key Principles for Working with People with Personality Disorders*, many of which also apply when working with carers.

### **Set the frame for the intervention**

Discuss the intervention outline (including confidentiality and its limits, how many sessions will be provided, the length of each session and the overall aims of the intervention).

If providing the intervention in a multifamily setting:

Allow brief introductions of the clinicians and carers. Often, carers can get stuck describing the person they care for (such as issues with diagnosis and treatment). Therefore, it can be helpful to direct carers to focus on introducing themselves (for instance, *"please introduce yourself by stating your name, your relationship to the person you care for and what you would like to gain from attending today"*).

Briefly establish group rules.

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

If providing the intervention in an individual or family therapy context:

Briefly screen for any risks (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?"*

Assess the carers current needs such as level of self-care, carer service engagement, own supports, knowledge of the disorder and 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 person's behaviour?"*

### **Provide psycho-education regarding personality disorder, development and treatment**

Diagnosis key points:

Personality disorder can be described as:

Impulsive and self-destructive behaviour

Changing emotions and overwhelming feelings

Problems with identity and sense of self

Thoughts of suicide or self-harm

Challenging personality features.

It can also be helpful to explain issues such as comorbidity and differential diagnosis. Personality disorder diagnosis can be challenging as it often occurs alongside or presents similar to other disorders. Sometimes this is why people are diagnosed with other disorders before being diagnosed with personality disorder.

Prevalence and development key points:

6.5% of the Australian population suffer from this pattern of problems during their lifetime.

The age of onset for personality disorders is typically late adolescence to early adulthood, although the development of traits can usually be traced back into childhood.

Emphasise the biopsychosocial model of personality disorder development:

Many factors, such as biological, heritability and psychosocial experiences such as adverse childhood experiences (actual or perceived), temperament and fit may contribute to personality disorder development. Therefore, no one factor causes personality disorder. In some studies, the genetic component of borderline personality disorder has been estimated to be as strong as 40%.

Actively move the carer away from concerns regarding possible causes of the disorder. Refocus by emphasising that the most constructive issue they can attend to is how to cope with the current and ongoing problems they face in their role. It may be helpful to say, *"I'm sorry to hear 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."*

Treatment key points:

Psychological treatments for personality disorders are effective and often include group and individual therapy. Early intervention is often the most effective.

Medication is sometimes used to treat co-occurring disorders (such as depression) however there is no medication that specifically treats personality disorder.

Inpatient (or hospitalisation) treatment is not recommended for people with personality disorders unless this is for short-term crisis management.

### **Provide psycho-education regarding emotion dysregulation and relationships**

Provide psycho-education on anxiety and the flight/fight/freeze system. Suggested script below:

*"It's our brain's job to keep us safe and to help us to survive. In simplified terms, we have a thinking part of the brain (helps us problem solve and effectively respond to situations) and a more primitive part of the brain (involving the amygdala and limbic system) that reacts instinctually to keep us alive. When we perceive threat our body prepares to fight, flight or freeze. This means that our primitive brain fires up, releases adrenalin and narrows our attention to focus on the threat so that we can react instinctively. This also means that our thinking brain shuts off so we can no longer problem solve. This reaction can be helpful, for example if the door suddenly flies off its hinges we want to be able to react quickly. However, the primitive part of the brain does not distinguish between different levels of threat so sometimes we can end up reacting more than is warranted or helpful. For instance, in the person that you care for, perceived abandonment can trigger this reaction as much as an oncoming bus. Carers often tell us that receiving a phone call in the middle of the night can set off this reaction for them."*

Briefly discuss emotion dysregulation and relationships, including expression, validation and contagion. Suggested scripts below:

*"When emotions are high and we are caught up in the primitive or instinctual part of the brain it becomes very difficult to express ourselves effectively. We often react to the situation rather than help others understand what we are experiencing. So, when the person you care for is emotionally dysregulated and unable to express themselves accurately, it becomes easy to misinterpret their expression and unintentionally invalidate their experience. This can escalate the crisis even further. We will talk more about communication strategies and how they can help in the next session."*

*"What we also know is that emotions feed off emotions (emotions are 'contagious'). If you find yourself reacting to situations (rather than responding) the person you support is likely reacting in primitive brain too. So, we need to find a way to calm our primitive brain so that we can respond with our thinking or problem solving brain. This will also help the person that you care for calm their primitive brain, begin to respond to the situation and express themselves more effectively by allowing their thinking or problem solving part of the brain*

*to switch back on. Over the four sessions we will introduce a few ways that we can calm our primitive brain, which in turn will help the person you care for too.”*

### **Introduce the Carer Plan**

Introduce the Carer Plan as an opportunity to maintain the ability to think, problem solve, and respond effectively to crisis situations. Suggested script below:

*“This is a resource that you can complete on your own, in collaboration with the person you support, or with the treating team (where able). You can revise this plan over time as you notice things that help or don’t help, or as the situation changes. We are going to work on this plan over the next few sessions. I’d like you to have a look at the Carer Plan during the break/over the week and begin to fill in the boxes. In particular, I’d like you to consider the section ‘My main goals and problems I am working on in relation to my carer role’. These goals should be things that you can do or change, not based on what other people (i.e. the person with personality disorder) can do or change.”*

Where appropriate, it can be helpful to discuss the Carer Plan with the person with personality disorder and/or the treating team. Carers have the following options:

Carers can request the person with personality disorder to discuss the option of including them in a session with the treating clinician for safety planning

Carers can contact the treating team and request to be included in a session for safety planning

Carers can complete a Carer Plan without the support of the person’s treating team

Carers can source their own support (i.e. psychologist or counsellor) to assist in generating ideas for the Carer Plan and enhancing self-care.

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

### **Discuss family and carer research and roles**

Research with families and carers of persons with personality disorder shows:

Carers report significant levels of burden and grief in their role

Carers suffer their own mental health difficulties (such as anxiety, depression and vicarious trauma)

Carers report finding it challenging to know when to step in and when to step back (i.e. and allow the person to take responsibility)

Carers report struggling to find a balance between caring for themselves and the person they support.

Highlight the carer role: carers are not the therapist or treating clinician, carers own needs and self-care are important, carers can’t control the other person’s behaviour, engaging in treatment is the person’s choice, treatment for personality disorder takes time and set-backs are to be expected, there are options regarding how carers can respond, carers are able to set limits and ensure their own safety, it is expected that carers would feel a range of emotions, there are support options available.

### **Document the session**

Fully document the session as per requirements of the service. Ensure the family or carer holds the original Carer Plan and a copy is placed in the file.

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## Session Two

### Topic: Interpersonal Styles and the Caregiving Relationship

#### Objectives:

- Further engage the carer;
- Increase awareness of carers own interpersonal style;
- Provide psycho-education regarding patterns in relationships;
- Develop communication strategies;
- Further develop the Carer Plan.

#### Outline:

1. Engage the carer further
2. Provide psycho-education regarding interpersonal styles and patterns
3. Develop communication strategies
4. Develop the Carer Plan further.

#### Resources (available online at [www.projectairstrategy.org](http://www.projectairstrategy.org)):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card (from Session One)
- Project Air Fact Sheets for Families, Partners and Carers. Examples: Helpful Tips for Challenging Relationships, Strategies for Effective Communication and Healthy Relationships, Effective Communication
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder).

## Steps to follow for Session Two:

### Engage the carer further

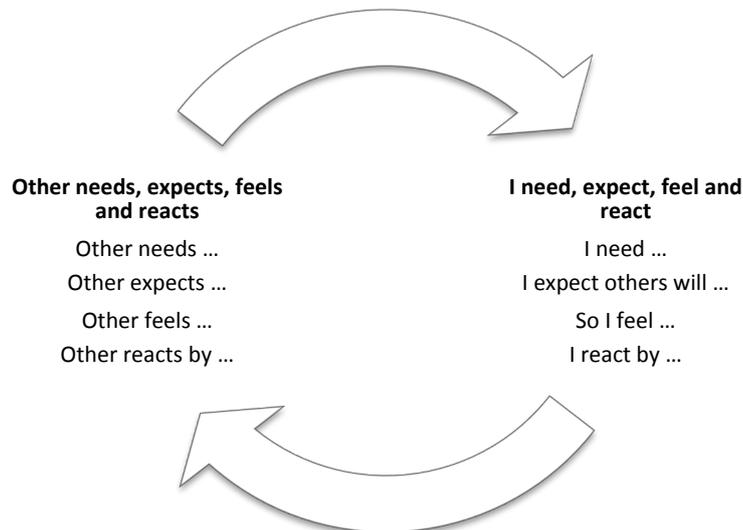
This can be achieved by checking-in, such as “*what did you take away from the last session?*”, “*Have you changed your caregiving approach at all considering the discussion from the last session?*”, “*What have you included in the goals section of your Carer Plan?*”

### Provide psycho-education regarding interpersonal styles and patterns

Introduce the importance of recognising our own interpersonal style and the transactional nature of relationships, suggested script:

*“We all have our own default interpersonal style when reacting to people and situations. These patterns help us communicate our needs. How we react to interpersonal situations also impacts how others react to us. Sometimes we communicate our needs in unhelpful ways through our words or behaviours. When our emotions are high, or we are reacting in the primitive or instinctual part of the brain, it can be particularly difficult to think calmly and communicate in an effective and accurate way. So, it is important to be aware of our own way of relating to others. This way, if what we are doing is not effective we can change our responses and behaviour and monitor whether this has a more helpful outcome over time.”*

The escalation and repetitive nature of relationship patterns can be illustrated with the below model (consider exploring this model with a common benign or mildly distressing interpersonal situation or case study):



Once an unhelpful pattern is identified, it is then possible to consider how this can be changed in the future. Emphasise that carers can only alter their own responses in the pattern, however in doing so the other person has an opportunity to alter their responses too. Some strategies that may be useful in changing this pattern are effective communication, limit setting, care planning or crisis management strategies.

### **Develop communication strategies**

Discuss strategies such as communicating with compassion, empathy, understanding and validation. Emphasise that this does not necessarily mean *agreeing* with the other person's experience or behaviour.

Ask carers to reflect on their own experience of when they felt validated or invalidated and what this involved. Validation is showing empathy for another person's experience through understanding. Discuss invalidation as misunderstanding, missing or minimising another person's experience. Invalidation is often well intended, however can escalate interpersonal conflict or tension.

It may also be helpful provide psychoeducation regarding assertive communication and the importance of non-verbal communication behaviours.

Consider brainstorming the barriers and benefits of these communication strategies or role-playing scenarios to enhance motivation for change. Emphasise that effective communication strategies (in particular compassion and validation) can assist to de-escalate crisis situations and improve the relationship.

Introduce carers to the *Key Principles for Working with People with Personality Disorders* which are also relevant for the caregiving relationship.

### **Develop the Carer Plan further**

Ask carers to reflect further on their Carer Plan – in particular focussing on the interpersonal aspect ('Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me' and 'Things I have tried before that did not work or made the situation worse' sections).

### **Document the session**

Fully document the session as per requirements of the service. Ensure the family or carer holds the original Carer Plan and a copy is placed in the file.

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## Session Three

### Topic: Limit Setting, Crisis Management and Safety Planning

#### Objectives:

- Further engage the carer;
- Develop limit setting strategies;
- Develop crisis management strategies;
- Further develop the Carer Plan with emphasis on safety planning sections.

#### Outline:

1. Engage the carer further
2. Develop limit setting strategies
3. Develop crisis management strategies
4. Further develop the Carer Plan with emphasis on safety planning sections.

#### Resources (available online at [www.projectairstrategy.org](http://www.projectairstrategy.org)):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card (from Session Two)
- Project Air Fact Sheets for Families, Partners and Carers. Examples: Relationship Difficulties, Arguments and Conflicts, Understanding Self-Harm and Suicidal Thinking, Managing Anger
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder).

## **Steps to follow for Session Three:**

### **Engage the carer further**

This can be achieved by checking-in, such as “*what did you take away from the last session?*”, “*Have you changed your caregiving approach at all considering the discussion from the last session?*”, “*What have you included in the interpersonal section of your Carer Plan?*”

### **Develop limit setting strategies**

Introduce limit setting as a normal part of maintaining healthy relationships.

Ask carers to reflect on their own experience of what has or has not worked when attempting to set and maintain limits. Using carer responses, emphasise key factors such as communication (including assertiveness, starting small and establishing one limit at a time), collaboration (such as discussing alternative options with the person where possible) and consistency (following through with planned consequences and ensuring other family members are on board where possible).

Explore how to know when a limit is required based on carer’s internal experience (i.e. if the carer is feeling resentful, burnt-out, guilty, or stressed).

Emphasise that setting and maintaining limits is a process and slips are to be expected.

Normalise that following through with consequences as planned may be difficult in the short-term, and there may be an increase in problem behaviours initially, however is beneficial in the long-term.

Consider brainstorming the barriers and benefits of limit setting or role-playing scenarios to enhance motivation for change.

### **Develop crisis management strategies**

Discuss the communicative nature of crisis behaviours (referring to the model presented in the previous session). Although the behaviour is often not effective (i.e. often does not get the need met or perpetuates unhelpful responses from others), sometimes it is the only way a person knows to communicate their distress while unable to think or problem solve (due to being stuck in the primitive or instinctual part of the brain). Therefore, in acute crisis the situation needs to be managed in a way that ensures everyone’s safety (including the carer, the person with personality disorder, and any dependent others).

In the longer-term it is often helpful to reflect on crises to identify what the behaviour was attempting to communicate. This can help conceptualise what happened, assist in preventing or responding more effectively to future crises and to maintain empathy for the person with personality disorder.

Discuss the use of the *Key Principles for Working with People with Personality Disorders* and Carer Plan in maintaining safety and responding in crisis situations.

### **Further develop the Carer Plan with emphasis on safety planning sections**

Ask carers to reflect on the ‘Warning signs that the person I support is unsafe, in distress or crisis’ section of the Carer Plan. Ask carers to reflect further on the sections ‘Things I can do when the person I support is unsafe, distressed or in crisis that won’t harm them or me’ and ‘Things I have tried before that did not work or made the situation worse’.

If delivering the intervention in a workshop or multifamily group: carers may provide examples of strategies that have helped, made the crisis worse, and any warning signs they have noticed.

### **Document the session**

Fully document the session as per requirements of the service. Ensure the family or carer holds the original Carer Plan and a copy is placed in the file.

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## Session Four

### Topic: Self-Care and Conclusion

#### Objectives:

- Reinforce the importance of self-care;
- Discuss further support options and resources;
- Finalise the Carer Plan;
- Wrap-up and conclusion.

#### Outline:

1. Reinforce the importance of self-care
2. Discuss further support options and resources
3. Finalise the Carer Plan
4. Wrap-up and conclusion.

#### Resources (available online at [www.projectairstrategy.org](http://www.projectairstrategy.org)):

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card (from Session Three)
- Project Air Fact Sheets for Families, Partners and Carers. Examples: Looking After Yourself, The Importance of Self-Care, What Else Can I Read? What is Mindfulness
- Project Air Help Sheets. Examples: Rhythms and Sounds, Sushi Train, Leaves on a Stream, Balloons
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder).

## **Steps to follow for Session Four:**

### **Reinforce the importance of self-care**

Carers have reported difficulties balancing their own needs and the needs of the person with personality disorder. It is important to normalise this experience, however emphasise that self-care does not mean disregarding the needs of the other person. Rather, self-care is required to promote longevity of the relationship and be able to effectively care for the person with personality disorder.

The importance of self-care can be illustrated with a bucket metaphor, suggested script below:

*“We all have a limited amount of energy and resources. Let’s imagine this as being contained within a bucket. There is a tap at the bottom of the bucket that drains our energy and resources – what drains your bucket? (examples include work, illness, financial strain, conflict, anxiety, caregiving). We also have a tap at the top that drips energy and resources into our bucket – what would this be for you? (examples include sleep, lifestyle factors, hobbies, mindfulness, talking to a therapist). When our bucket is nearly empty, we don’t have enough energy or resources to effectively care for ourselves, let alone anyone else. If a crisis happened at this point we would likely not be in the best position to respond, we may react in ways that make the situation worse and drain our bucket even further! If we make sure to keep the tap on at the top of the bucket we can ensure that we have enough energy and resources to support ourselves and the person we care for.”*

Ask carers to reflect on the level of energy and resources in their bucket, reflect on the two taps in their own life and brainstorm self-care ideas to include on their Carer Plan (‘What I can do to take care of myself in stressful times’ and ‘My support people’ sections). Ask carers to reflect on their own warning signs that they are not practicing sufficient self-care and an action plan to rectify this. Carers may find it helpful to timetable self-care into their daily schedule to enhance commitment.

Consider brainstorming the barriers and benefits of self-care to enhance motivation for change.

Consider engaging carers in a mindfulness activity as an example self-care strategy that can also be used to calm the instinctive part of the brain to allow the carer to respond effectively in crisis.

### **Discuss further support options and resources**

Further support options will be location-specific. Examples include: local family and carer support groups and services, family and carer mental health programs within the public mental health system, GP and local emergency services, private psychologists, family therapists and other health professionals, websites (such as [www.projectairstrategy.org](http://www.projectairstrategy.org)), online support groups and blogs.

Occasionally, carers are hesitant to engage with services for their own needs. If appropriate, remind carers that services do not blame the carer or family for the person’s difficulties.

Discuss the limitations regarding the carer’s further involvement with the service.

### **Finalise the Carer Plan**

Ask carers to reflect on all sections of the Carer Plan and include any further ideas. Reinforce that the Carer Plan is a working document and can continue to be reviewed over time.

### **Wrap-up and conclusion**

Provide the opportunity for questions, comments and role-plays of strategies as appropriate.

### **Document the session**

Fully document the session as per requirements of the service. Ensure the family or carer holds the original Carer Plan and a copy is placed in the file.

## Sample Intervention Poster

# PROJECT AIR CARERS

A workshop for  
families, partners  
& carers about  
personality  
disorder



Do you support  
someone who  
experiences

- Impulsive and self-destructive behaviour?
- Changing emotions and overwhelming feelings?
- Problems with identity and sense of self?
- Thoughts of suicide and self-harm?
- Challenging personality features?

If you answered YES to any  
of these questions, then this  
is the workshop for you.



### WORKSHOP OVERVIEW

- ▶ increase awareness and de-stigmatise personality disorder
- ▶ understanding personality disorder
- ▶ the impact of caregiving on family, partner and carer wellbeing
- ▶ managing crisis situations and challenging behaviours
- ▶ interpersonal dynamics of caregiving
- ▶ self care and supporting each other

**When:** Wednesday, 10 December 2014, Time: 9am – 5pm

**Venue:** KAZCARE, 15-17 Kirkham Road, Bowral  
Light lunch, morning and afternoon tea provided

**Cost:** Free (registrations essential)

#### How do I register?

Phone Jacinta or Kate on (02) 4868 2755 or Teagan on (02) 4822 1872  
or email [jacinta.bishop@sfnsw.org.au](mailto:jacinta.bishop@sfnsw.org.au)

#### Eligibility

- ▶ the carer is over 18 years of age (or accompanied by a parent or guardian if 16 or 17 years of age)
- ▶ the relative being cared for is over 14 years of age
- ▶ the relative's primary problem is not psychosis or drug use
- ▶ the carer is either a family member or friend with a significant enduring relationship (not a paid carer or mental health professional)
- ▶ you must be registered to attend this workshop

This workshop is facilitated by Project Air  
Strategy for Personality Disorders from the  
Illawarra Health and Medical Research Institute.

PROJECT AIR STRATEGY is a team working to  
improve the services available for people with  
a personality disorder.

For helpful family and carer resources, go to  
[www.projectairstrategy.org](http://www.projectairstrategy.org)

