



# PROJECT AIR

A PERSONALITY DISORDERS STRATEGY

## Project Air Strategy for Schools: Early Intervention with Youth

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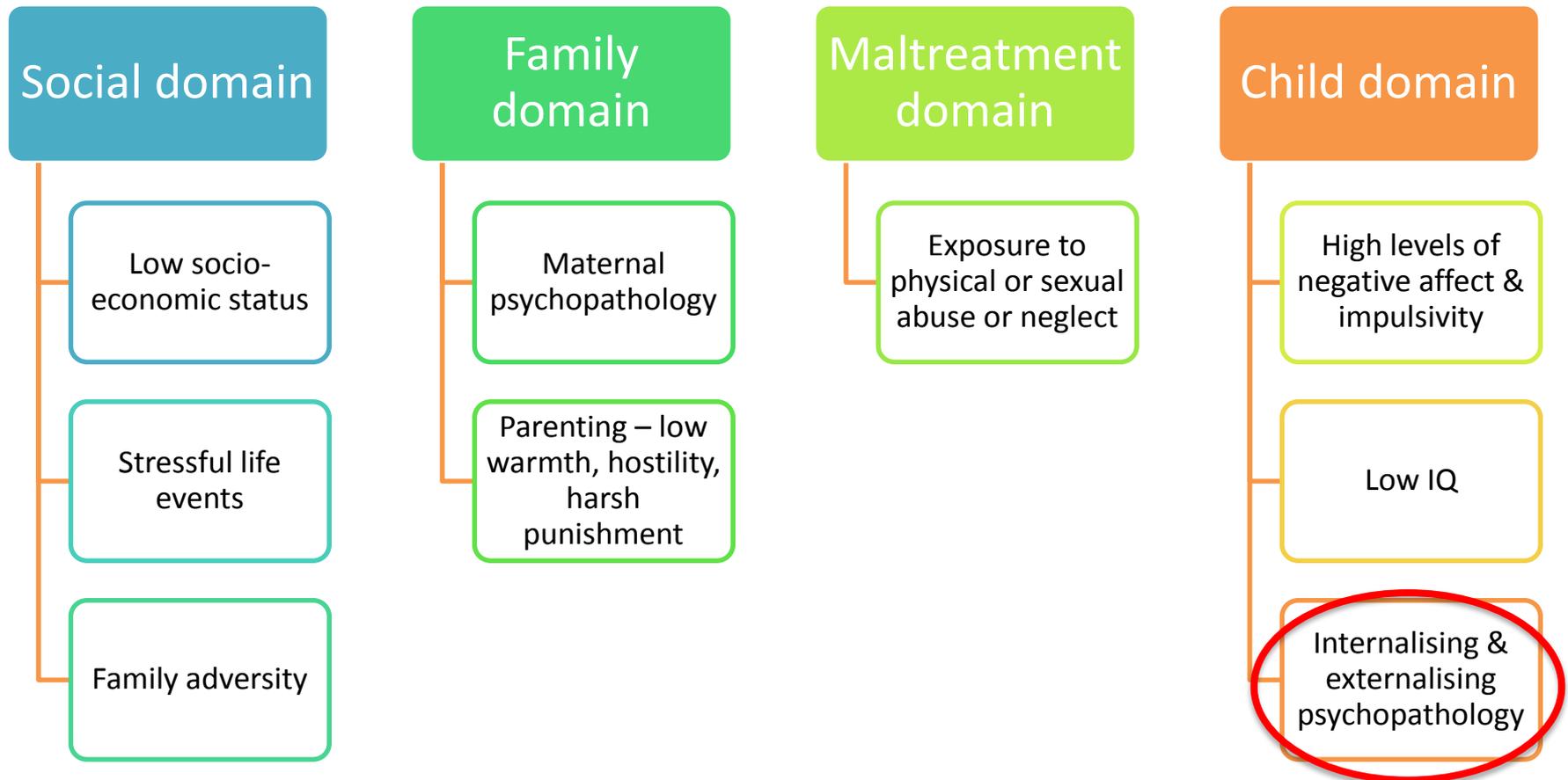


# Adolescence as a sensitive period

- Accumulating evidence regarding the importance of diagnosis in adolescence
- Longitudinal studies show personality disorder onsets in early adolescence, peaks mid and for most declines early adulthood, although for a minority (<21%) increase into adulthood
  - prevalence rates 1-3% community; 11% outpatients; 43-49% inpatients (meeting full criteria)

Sharp, C., Vanwoerden, S., & Wall, K. (In press). Adolescence as a Sensitive Period for the Development of Personality Disorder. *Psychiatric Clinics*. doi:10.1016/j.psc.2018.07.004

# Prospective risk factors



Stepp, S. D., Lazarus, S. A., & Byrd, A. L. (2016). A systematic review of risk factors prospectively associated with borderline personality disorder: Taking stock and moving forward. *Personal Disord*, 7(4), 316-323.

doi:10.1037/per0000186

# Adolescence as a sensitive period

- Internalising and externalising disorders precede personality disorder features although highly comorbid with BPD throughout adolescence and into adulthood
- If internalising and externalising disorders are left untreated in a context of biological and environmental vulnerabilities they are likely to develop into personality disorder in adolescence

Sharp, C., Vanwoerden, S., & Wall, K. (In press). Adolescence as a Sensitive Period for the Development of Personality Disorder. *Psychiatric Clinics*. doi:10.1016/j.psc.2018.07.004

# Developmental context

- Transition to high school represents significant contextual changes:
  - New social environment
  - Multiple teachers
  - Increased behavioural and academic expectations
- Increased social comparison – grades, appearance, group participation, possessions etc



# Developmental tasks

- Increased cognitive skills, alongside self-consciousness and social awareness of the appraisal of others
- Comparing and contrasting multiple self-images
- Emergence of a sense of coherent self/identity

While identity formation proceeds smoothly for most adolescence – for some the process is characterised by incoherence, confusion, inconsistency and distress

Sharp, C., Vanwoerden, S., & Wall, K. (In press). Adolescence as a Sensitive Period for the Development of Personality Disorder. *Psychiatric Clinics*.



# Importance of wellbeing and education

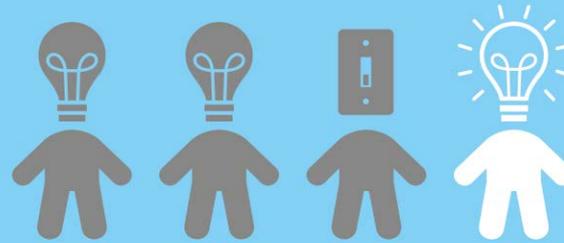
- Schools support for social and emotional well-being promotes better educational outcomes and promotes student mental health
- Students with personality disorder features in the school setting - negative experiences appear to have sizeable impact on symptoms
- Individuals with BPD were less likely to have graduated from high school or further education than other treatment seeking patients

Skodol, A. E. (2018). Impact of personality pathology on psychosocial functioning. *Current Opinion in Psychology*, 21, 33-38.

- The severity of personality disorder was associated with the absence of a degree or vocational qualification

Moran, P., Romaniuk, H., Coffey, C., Chanen, A., Degenhardt, L., Borschmann, R., & Patton, G. C. (2016). The influence of personality disorder on the future mental health and social adjustment of young adults: a population-based, longitudinal cohort study. *The Lancet Psychiatry*, 3(7), 636-645.

SCHOOLS, TEACHERS & STUDENTS



## Project Air Strategy for [Schools](#)

A collaborative project between NSW Ministry of Health and the NSW Department of Education and the Project Air Strategy for Personality Disorders at University of Wollongong

The project aims to help schools to effectively identify, respond, support and refer students with complex mental health concerns particularly Personality Disorder, and manage challenging behaviours, including self-harm

# Intervention 1

Townsend et al. *Borderline Personality Disorder and Emotion Dysregulation*  
(2018) 5:17  
<https://doi.org/10.1186/s40479-018-0094-8>

Borderline Personality Disorder  
and Emotion Dysregulation

RESEARCH ARTICLE

Open Access



## A whole of school intervention for personality disorder and self-harm in youth: a pilot study of changes in teachers' attitudes, knowledge and skills

Michelle L. Townsend<sup>1</sup>, Annaleise S. Gray<sup>1</sup>, Tanya M. Lancaster<sup>2</sup> and Brin F. S. Grenyer<sup>1\*</sup>



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# Key focus areas of the intervention

- Understanding Complex Mental Health Problems
- Identifying and Assessing Risk; Responding to Crisis and Self-Harm Situations; and Responding Effectively to Challenging Behaviours
- Working to Improve the School Environment
- Promoting Teacher Wellbeing



# Resources

- Guide for Teacher
- Film
- Series of Factsheets
- Accredited professional development

SCHOOLS, TEACHERS & STUDENTS



## Key principles for working with young people with complex mental health issues

- Be compassionate
- Listen and validate the young person's current experience
- Take the young person's experience seriously
- Maintain a non-judgemental approach
- Remain calm, respectful and caring
- Engage in open communication
- Be clear, consistent and reliable
- Convey encouragement and hope
- Monitor your own internal reactions
- Do not misattribute extreme distress or impairment as "normal" adolescent difficulties
- Create a welcoming and understanding environment that encourages open discussion about mental health among young people and adults
- Work collaboratively with the young person, parents, guardians, schools and health professionals
- Be aware and supportive of diversity in identity and background, including the Indigenous, culturally and linguistically diverse (CALD), and the LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual) community
- Prioritise the education of the young person, including school attendance and completion of school work
- Support and make reasonable adjustments to assist a young person's return to school after a mental health emergency
- Reinforce the young person's strengths and resilience while implementing trauma-informed care where appropriate

[www.projectairstrategy.org](http://www.projectairstrategy.org)



SCHOOLS, TEACHERS & STUDENTS

## Personality disorder in young people – the facts

Everyone has a personality. However, this may become a personality disorder when personality traits become pervasive, inflexible, and deviate markedly from cultural norms, causing significant impairment or distress for the individual.



### Common experiences of young people with emerging personality disorder

For a young person with emerging difficulties the ordinary challenges of adolescence and young adulthood are heightened. Emotions are felt more intensely and interpersonal relationships can be particularly challenging. It is common for young people experiencing emerging difficulties to feel misunderstood, face stigma, and confusion as to what is going on for them. If a young person is experiencing emerging symptoms, they may not understand what is happening or why their journey towards adulthood is more difficult than that of their peers. It is important to recognise that young people may be experiencing these unique challenges and to maintain a caring position that is centred on compassion and understanding.

Young people with emerging difficulties often resort to unhelpful behaviours to manage their emotions such as self-harm, drug and alcohol use, binge eating, social withdrawal, aggressive behaviour, and risky sexual behaviour. While these behaviours result in short-term relief by numbing overwhelming emotion, over the long-term they lead to increased distress and poorer functioning.

Problems with emerging difficulties may also be confused with conduct disorder in young people. A key difference between these disorders is that people with conduct disorder violate societal norms and the rights of others through aggression, destruction, and deceitfulness. On the other hand,

people with personality disorders often do not realise the consequences of their behaviour. The message that they are trying to send through their behaviour is often misinterpreted as manipulative, attention-seeking or simply "bad" behaviour. In reality, what the young person is often communicating is a need for attachment and for their pain to be heard.

### Early warning signs of emerging personality disorder

- Unstable self-image
- Frequent mood swings
- Self-harming behaviour
- Difficulty regulating emotions
- Preoccupation with real or imagined abandonment
- Excessive self-criticism
- Disturbances in attention
- Impulsivity or risk-taking
- Abuse of drugs or alcohol
- Thinking about death or suicide
- Social isolation and difficulty making friends
- Aggressive behaviour or high irritability

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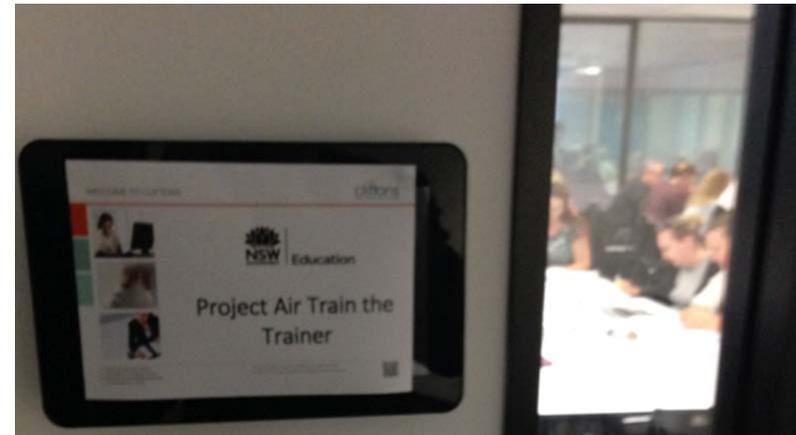
# Model for Project Air Schools

Stage 1: Professional development provided to school counsellors\* ( $n = 290$ )

Stage 2: Opt-in training that allows school counsellors to become accredited trainers ( $n = 145$ )

Stage 3: Accredited school counsellor trainers provide training to their respective schools

Ongoing: Delivery in high school



\* Term: school counsellors also includes school psychologists and school-link coordinators

# Measures and demographics

- Attitudes Towards Deliberate Self-Harm Questionnaire (ADSHQ)
- Attitudes and Skills Questionnaire (ASQ)
- Knowledge of Deliberate Self-Harm Questionnaire (KDS)
- Developed qualitative and quantitative questions related to expertise and initiative evaluation
- Participants - school teachers ( $N = 400$ ) from 18 public schools
- Predominantly female ( $n = 285$ , 71.3%)
- Average age 42.02 years ( $SD = 11.42$ , range 19-69)
- School location - rural and remote areas ( $n = 10$ ), remaining closer to major cities

# Findings

	Pre	Post	<i>t</i>	<i>d</i>
ADSHQ total	32.77(4.05)	35.51(4.01)	-9.942*	0.55
Factor 1 <sup>a</sup>	11.91(2.96)	14.33(2.62)	-12.863*	0.69
<i>Self-harm (ASQ)</i>				
Optimism	3.19(1.06)	3.74(0.90)	-11.417*	0.44
Confidence	2.80(1.04)	3.60(0.85)	-16.084*	0.67
Knowledge	2.78(0.95)	3.71(0.81)	-18.308*	0.84
Skills	2.53(0.96)	3.44(0.87)	-18.114*	0.80
<i>Complex mental health issues (ASQ)</i>				
Optimism	3.20(1.07)	3.64(0.94)	-8.930*	0.35
Confidence	2.74(0.99)	3.48(0.90)	-15.252*	0.63
Knowledge	2.72(0.99)	3.56(0.83)	-16.400*	0.73
Skills	2.58(0.97)	3.34(0.90)	-16.268*	0.67

# Findings

Three themes were identified by teachers:

Validation of current support that teachers provide to young people with complex mental health issues

*“Reassured that we are already doing lots of positive actions that will help students”.*

Increased knowledge, understanding and skills to intervene with young people with complex mental health issues

*“More equipped to “be there” if a student needs help”.*

Promotion of a whole of school approach and collegial discussion

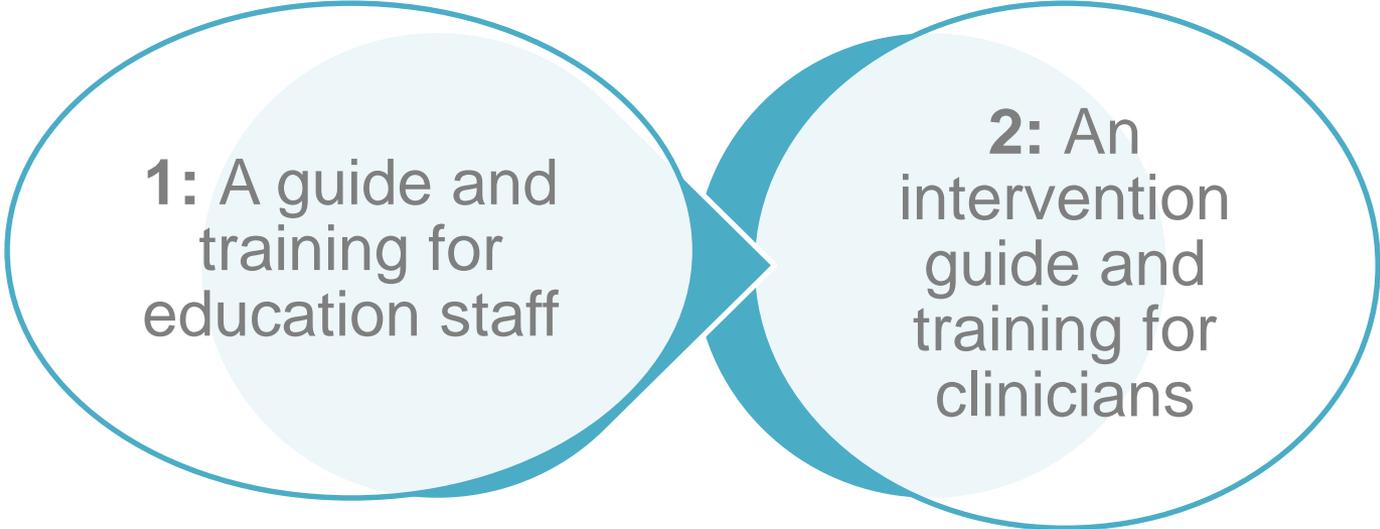
*“Whole staff discussion about issues specifically relevant to [school name]”.*

# Implications

- Low cost effective intervention that supports a whole of school approach to complex mental health issues and behaviours
- The training and guide specifically address personality disorder in adolescence which may contribute to educating the general community and destigmatising the disorder
- The model of providing professional development to school counsellors, who then were trained in delivering the accredited training in their local schools was highly effective and provided the broadest reach

# Intervention 2

A continuing partnership between Project Air Strategy for Personality Disorders, University of Wollongong, NSW Health and NSW Education



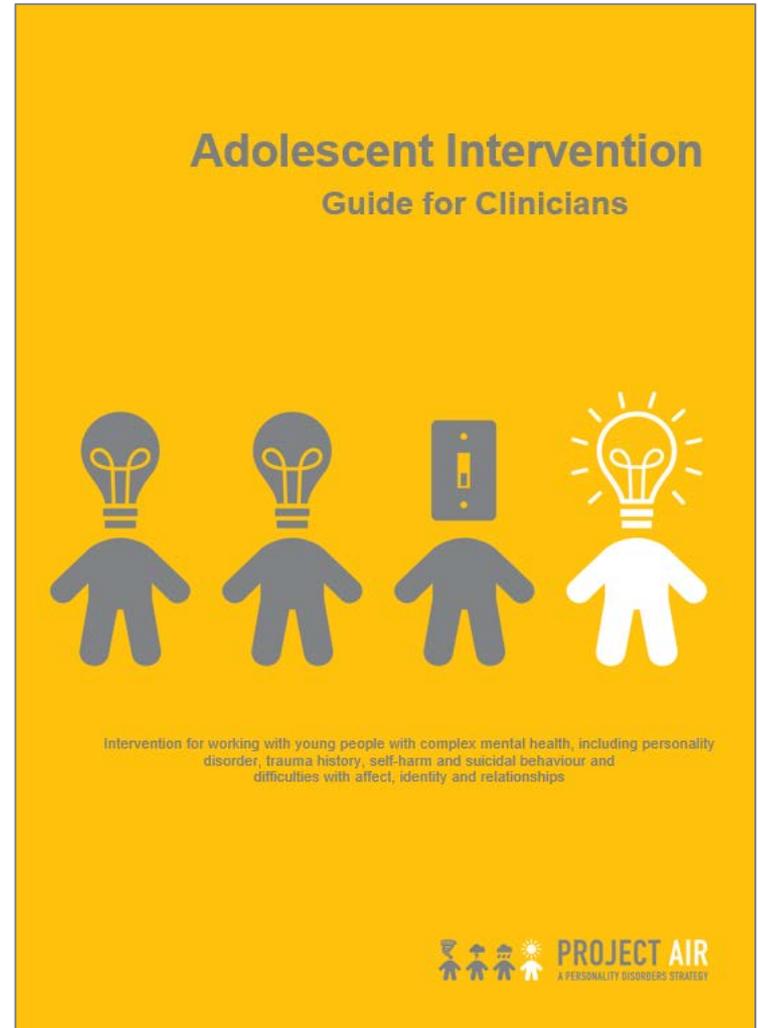
**1:** A guide and training for education staff

**2:** An intervention guide and training for clinicians



# Orientation to the guide

1. Background
2. The Intervention
3. Self-Harm
4. Collaboration
5. Complex Care Review
6. Resources



# Adolescent intervention

- Collaborative training on intervention being delivered to education and health clinicians across NSW regions

“Love it - comprehensive tool with suggested strategies and reflection activities”

“I thought it was fantastic how the expertise in the room was drawn out, as well as the insecurities, and this was worked with to engage in new learning”

“Met and made more connections with DOE and NSW Health clinicians - always helpful”

- Webinar Planned – will be promoted on the Project Air website
- 2019 – E learning module on the intervention will be available on the Project Air Website

# Project Advisory committee members

- Danielle Maloney (NSW Ministry of Health)
- Amy Shearden (NSW School-Link)
- Danielle Thomas (NSW School-Link)
- Marc Reynolds (MH-Children and Young People)
- Pauline Kotselas (NSW Dept Education)
- Tanya Lancaster (NSW Dept of Education)
- Erin Pilon (NSW Dept of Education)
- Katrina Worrall (Dept Education)
- Mahlie Jewell (Consumer representative)
- Katrina Ko (Consumer representative)
- Anne Frahm (Education Specialist Centre Facilitator)
- John Wilson (Dept Education)
- David Harding (CAYMHS)
- Bruce Winter (School-Link Coordinator)
- Belinda Cooley (School-Link Coordinator)
- Cathie Matthews (MH-Children and Young People)
- Tamaryne Dickens (CAYMHS)
- Jane Schmid (NSW Dept of Education)
- Anna Sidis (CAYMHS)
- Yolisha Singh (CAYMHS)
- David Bunder (School-Link Coordinator)

**Thank you to our accredited  
trainers and participants**

## Project Air team

- Brin Grenyer
- Michelle Townsend
- Annaleise Gray
- Ely Marceau
- Stefanie Hasleton
- Pat Frencham
- Emily Matthews

## Clinician consultants

- Karina Rovere (CAYMHS)
- Esther Creagh (CAYMHS)
- Jane Whittingham (NSW Dept Education)
- Jane Schmid (NSW Dept Education)



## The Global Alliance for Prevention and Early Intervention for BPD

- Promote early detection and timely intervention for borderline personality disorder
- Match treatments to individual development and to the phase and stage of disorder
- Work with families at all stages of intervention
- Improve access to evidence-based treatments
- Increase the variety of available treatments across all levels of the health system
- To develop the mental health workforce by updating knowledge, culture, and practice in relation to borderline personality disorder in young people.
- To address problems of stigma surrounding BPD from the individual and family standpoint.
- To integrate service user advocacy in the above aims.

<https://www.borderlinepersonalitydisorder.com/what-is-gap/>

# Thank you

For more information please sign up to our mailing list:



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SEARCH

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### WELCOME

The Project Air Strategy for Personality Disorders is an internationally recognised leader in research, education and treatment. We partner with health, justice, communities, schools, families and individuals. We bring new scientific discoveries to promote recovery.

We work with Borderline Personality Disorder (BPD), Narcissistic Personality Disorder (NPD), Antisocial Personality Disorder (APD), and Paranoid, Schizoid, Schizotypal, Histrionic, Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders.

### JUST IN

- [Personality Disorders Consumer and Carer Day - 1 November 2018](#)
- [12th International Conference on the Treatment of Personality Disorders - 2 & 3 November 2018 - Register Now](#)
- [View our webinar Personality Disorders & Substance Use: Tips on Effective Treatment Approaches](#)



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