



PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Adolescent Brief Intervention Manual for Complex Mental Health Issues

Responding early to emerging personality disorder,
trauma history, self-harm and suicidal behaviour



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The Manual Development Team: Brin F.S. Grenyer, Bernadette Jenner, Heidi Jarman, Phoebe Carter, Rachel Bailey, Rebekah Helyer, Rebecca Bargaquast, Emily Matthews, Ely Marceau, Elizabeth Huxley, Michelle L. Townsend.

For correspondence: Professor Brin Grenyer: grenyer@uow.edu.au

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Definitions:

Young Person

This term is used to describe children, adolescents and young people between the ages of 12 and 18 years, or up to 25 years for youth services, who are the focus of treatment

Carers

This term is used broadly to describe the young person's parents, carers, guardians, family members, cultural elders, mentors, partners, or their main support person.

Complex Mental Health

The term complex mental health encompasses a combination of needs and factors as contributing to 'complexity'. These are likely to:

- Significantly impact on functioning
- Impact across settings (home, school, community)
- Include challenging behaviours that place the young person or others at risk
- Require a targeted response from a range of services
- Long duration: not due to a specific single event, but part of a longer history of difficulties (> 12 months)

Personality Disorder

Personality disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Guide for Mental Disorders (DSM). Personality disorder refers to personality psychopathology that fundamentally emanates from disturbances in thinking about self and others - poor identity integration, integrity of self-concept, and self-directedness of life goals; and interpersonal problems with empathy, intimacy and cooperativeness, and low complexity and integration of representation of others. These problems are maladaptive, pervasive in a number of contexts over an extended duration of time and cause significant distress and impairment. For young people, the 'emerging personality disorder' may be understood within the context of challenging psychosocial development meeting the criteria for the disorder. This term may be applied if a young person does not meet full diagnostic criteria but is presenting with some personality disorder symptoms.

Introduction to the brief intervention

This manual is designed to help healthcare workers and services intervene early and better support young people with complex mental health issues. It is particularly focused on young people 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 young people who are presenting with complex needs and high-risk challenging behaviours, who may experience other related problems including:

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

It provides a rapid and predictable intervention that can:

- Provide brief, time-limited psychological therapy 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 young people, their families and carers, and health staff with regards to treatment for complex mental health presentations

A brief intervention:

- Provides psychological therapy to help manage the young person's immediate needs
- Provides assessment and psychological education to help the young person understand their problems
- Provides clinical services aimed at helping the young person solve their problems
- Helps the young person 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 young person to identify existing coping skills, which may have been forgotten at the time of crisis
- Reduces risk for the young person through the development of a collaborative safety care plan that can assist to better anticipate, prevent and address future crises
- Ensures the young person is properly integrated into care by reinforcing and identifying relevant key support people
- Provides effective treatments with a strong evidence-base

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

- 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, or provide a positive first experience of help-seeking
- Has a clinical pathway to ensure their care needs are better coordinated between acute services and longer term treatment options and the school setting, if appropriate
- 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, and relatives by:

- Connecting with family and carers to provide information and support relevant to their role
- Providing tools and strategies to help the family or carer take care of themselves and the young person in the event of future crises
- Providing psychological education to help the family or carer understand the issues and navigate the service
- Providing basic connection and affirmation with family or carers, with an opportunity to voice their concerns and needs
- Understanding the family or carers' needs, including possible need for other services where necessary
- Supporting return to school or supports with the school setting, as appropriate

The brief intervention described here has been developed in line with the Project Air Strategy relational stepped care model (Grenyer, Lewis, Fanaian, & Kotze, 2018). The model advocates an integrative collaborative approach to personality disorders treatment (Grenyer 2014), which is also consistent with the dynamic principles of general psychiatric management (Gunderson & Links, 2008), and the Clinical Practice Guideline for the Management of Borderline Personality Disorder (National Health & Medical Research Council, 2012). It focuses not only on the individual but also carers, health services and healthcare workers. In the relational treatment model, the person's problems are understood as stemming from problematic and dysfunctional relationship patterns that have developed over time (Grenyer 2012). The relational model of care is especially relevant in promoting recovery for young people with complex mental health issues and has been articulated as a method of formulation in more detail elsewhere (refer to Project Air Strategy (2018) Adolescent Intervention, Section 2.3). It is important to consider intrapersonal factors (the young person's sense of who they are and where they want to go in life, their thoughts and feelings) but particularly the important role of others in the young person's world (interpersonal factors). During the brief intervention it can be helpful to think about the following types of relationships in a young person's life:

- a. Relationship to self
- b. Relationship with healthcare worker
- c. Relationship with family
- d. Relationship with peers
- e. Relationship with school and community

This relational approach to care allows the identification of the young person's strengths in these domains but also prompts consideration of where there may be opportunities for improvement or addressing particular problems related to these areas. Within the scope of a brief intervention it may not be possible to comprehensively address all identified areas but this method of formulation can also point to options for additional treatment needs and referral options.

In this model of care the young person is encouraged to understand and modify any unhelpful relationship patterns in order to more effectively get their needs met. The model also recognizes the important role of others involved in the young person's life. Healthcare workers, 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. Promoting recovery for young people with complex mental health issues is most effective when it is a collaborative and integrative approach.

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 who are at risk of significant harm. There needs to be a shared approach to keeping vulnerable young people safe. The risks of not intervening rapidly and meeting the needs of young people (especially those aged 9 - 15 years) 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.

Who should use this manual?

This manual is for healthcare workers who are involved in the therapeutic treatment of young people who present in crisis with complex needs and who may 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. Healthcare workers implementing the intervention described in this manual should be adequately qualified and be engaged in regular clinical supervision involving peer consultation.

Developing a specific 'gold card clinic' or brief intervention 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. Young people who may be suitable can include people who have recently presented to an emergency department, or have been discharged from an inpatient psychiatric unit following self-harm or suicidal thoughts or behaviours, or other crisis related to emotion dysregulation, difficulties with identity, impulsive or self-destructive behaviour or challenging personality features. 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 clinic' refers to a specific gold referral card used by some clinics 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 via the Mental Health Line, 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 healthcare worker 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 young people with complex mental health issues.

Referral criteria

Clinics that use this manual may choose to focus on young people who present in crisis with suicidal ideation, self-harm, emotion dysregulation, difficulties with identity, impulsive or self-destructive

behaviour, or personality disorder symptoms. Young people with a primary problem of psychosis or drug and alcohol dependence are generally not suitable for this specific approach and may be referred to an alternative service. Furthermore, the program utilises a relational approach, and psychological educational material is incorporated to encourage the young person to gain insight into their issues and situation to action change. Healthcare workers should consider whether young people have this capacity before proceeding and consider appropriate adaptations. The Project Air Strategy emphasises that compassion toward young people is critical, and has developed these key principles:

The Project Air Strategy key principles for working with people young people with complex mental health issues such as personality disorder are listed below:

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 Aboriginal and Torres Strait Islander, 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

This information is also available in a Fact Sheet: '*Key principles for working with young people with complex mental health issues*'

Procedures and session plans

People meeting criteria for the clinic are given an appointment 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 young person; this may include an introduction to the carer (present for part or whole session based on need)

Session Two: Individual session with the young person

Session Three: Individual session with carer

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

The structure of the intervention is flexible and should take into account the individual needs of the young person and the organisational setting. For example, if the primary carer cannot attend the session an alternative support person may be included, or all four sessions can comprise an individual intervention for the young person. Furthermore, although this model was initially developed as a therapeutic crisis intervention, it could also be used as an initial orientation to treatment for young people not in crisis. Young people are often difficult to engage in treatment, and 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.

Engaging the young person and setting the therapeutic frame

Establishing a positive therapeutic alliance with the young person is crucial and it is important to recognise that effective engagement is the foundation for any type of psychological intervention. This recommendation is of particular importance when considering that many young people with complex mental health issues may have a history of negative relationship experiences that make it difficult to form and maintain stable and trusting relationships in the here-and-now. As such, it is important to prioritise building safety and trust during the brief intervention (read more about this in Project Air Strategy (2018) Adolescent Intervention Section 3.2). In line with the relational model, attending to the young person's expectations regarding the psychological boundaries framing the relationship with their healthcare worker is critical. The frame establishes a shared understanding regarding the parameters of the brief intervention. 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 young person 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 young 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. These principles of establishing the therapeutic frame also apply in the provision of the individual session with the young person's carer that is also part of the brief intervention.

How to use the resources in this manual

This manual links to resources for healthcare workers seeing young people and adults. All resources (Care and support 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 young people.

When working with mental health clients, healthcare workers need to be careful how they introduce Care Plans and Fact Sheets. Written material can become confronting for young 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 young person.

In particular, the Care Plan is the young person'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 psychological education for people with complex mental health presentations. Many people will have no difficulty utilising the resources as they have been designed. However, healthcare workers 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 young person. Often people are not interested in carrying pieces of paper around, so healthcare workers are encouraged to provide a folder for young person to keep handouts together. Alternatively, if the young person 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 young person 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 young person that even if they prefer to use another method to remind themselves of helpful strategies, resources, and contacts, contributing to the Care Plan is their opportunity to have a say in how others support them whilst in crisis.

Connecting with families and 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 young person lives. Family members and carers are often the people with the most involvement with the young person, therefore including them can be very beneficial.

Ideally the primary carer should be invited to attend the first session if this is agreeable to the young person, is appropriate and feasible. The manual includes a single carer-only appointment (Session Three). Flexibility in including an appropriate carer is part of the clinical judgement of the healthcare worker and should take into account the specific circumstances of the young person.

Here are some tips for connecting with carers:

- First, discuss the value and importance of engaging with carers with the young person (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 young person at the outset. Ideally, the primary carer will be present at the first session, however, if not, the young person 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 knows 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 young person's Care Plan.

If the young person 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 young person says about them or private information that has been discussed in session) and the benefits to the carer and young person (e.g. collaborative, supportive treatment) can help allay any concerns the young person may have.

Should the young person refuse (after discussion) to consent for the healthcare worker to contact their carer, the healthcare worker 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 young person 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 send the carer an invitation letter or call to organise the session. 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 healthcare worker 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. 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 young people from other cultures

All psychological interventions must be provided in a culturally sensitive manner. When the brief intervention is offered to young people from other cultures there may be a need to modify the approach. For example, in working with some Aboriginal young people and their families it may be relevant to consider the role of intergenerational trauma and seek advice from Aboriginal Mental Health Workers and cultural experts. Holistic family approaches should be adopted, providing for the physical, mental, emotional and spiritual wellbeing of the young person 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 young people 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 young 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 that includes government and non-government agencies and community leaders. The healthcare worker may also provide key services with general information and Fact Sheets that support their work with the young person.

Working with schools

Considering the young person’s schooling is essential. With a relational approach, while there is a focus on the young person’s relationship with themselves and other people who are close to them, it is also important to consider their relationships more broadly. Systemic issues affecting a school

community may contribute to the challenges a young person is facing, or they may ameliorate these difficulties.

Interventions aimed at facilitating communication and safe and effective transactions between key groups within the environment of the young person may be highly therapeutic. 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. The young person may not be able to address these issues without the engagement and support 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, potentially the school counselling service staff. If appropriate, the healthcare worker may consider utilising the structure of the carer session to organise a psychological education 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.

Helping the young person to feel a sense of belonging and connection within their school and community is an important aspect of promoting self-esteem, resilience and wellbeing. Promoting these benefits may need a focus beyond the young person to look at the positive and negative interpersonal environment factors holding and supporting or exposing and threatening the work. Other benefits of increasing connection to the school and wider community include increasing the chance for connection with peers and providing routine and structure in the young person's life. As mental health professionals within schools, school counselling service staff are in a unique position to support young people to develop these connections. School counselling service staff may also act as important facilitators of information and support of young people being managed by community mental health healthcare workers.

Working with young people with learning disorders, intellectual disability, dissociative features or difficult trauma symptoms

Healthcare workers may consider the use of simplified language and a range of communication strategies such as verbal, visual and object symbols for young people who have difficulties such as learning disorders, 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 young persons' 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

Completing the Care Plan

The purpose of developing a Care Plan is to provide an individualised plan to assist the young person to reduce their level of risk and frequency of crisis. My Care Plan is developed in collaboration with the young person. This plan formally identifies short and long-term goals, triggering situations, helpful strategies and skills to use in times of crisis, strategies and skills that have not been helpful, places to call in the event of an emergency and the people involved in the young person's care. My Care Plan can be folded up into a wallet size slip and carried by the young person so it can be easily accessed. Alternately it can be photographed by the young person and carried in their phone.

My Care Plan

Available to download from www.projectairstrategy.org

A collaborative care plan helps to:

- Manage and reduce the young person's level of risk
- Increase the young person's level of safety
- Provide a structured goal-oriented safety plan that helps to contain anxiety of the young person and those involved in their care and education
- Seek agreement on how to most effectively reduce distress for this particular young person
- Clarify what has been done in the past that has not helped to reduce the young person's level of distress or has made it worse
- Engage the young person in their own treatment process and encourage self-responsibility
- Support the young person and school staff to navigate their way through a crisis
- Support decision making

Introduce the Care Plan with the young person as follows:

"The purpose of your Care Plan is for us to work together to set goals, explore strategies for when you are feeling distressed, and to think about some key people in your life that you feel comfortable going to for support. This may help you feel more supported in your life and help you stay on track with your work or study and may help us work together to ensure that we have planned for your safety."

The first section of My Care Plan involves discussing goals with the young person. This can be a helpful way for you to both stay on track. These goals can be short or long term, and socially, psychologically or academically orientated. For example: "I want to pass my next assignment" or "I want to see the counsellor each fortnight" or "I want to get on better with my sister" or "I want to understand my cultural roots".

The second section of My Care Plan allows young people to think about their coping strategies. The two of you will work together to explore the young persons' triggers, strategies they can use when these triggers occur, and strategies they have used in the past that didn't work or made the situation worse.

The final section of My Care Plan is a space for young people to record important details about their support people. For example, the person's name, contact details, role and whether they are suitable to contact in a time of crisis.

Once My Care Plan is completed, provide the original document to the young person, make a copy for your own records, and, where consent has been provided, make copies for distribution to other relevant individuals or organisations (e.g., school counsellor, parent or caregiver).

Completing My Care Plan will support the young persons' ongoing wellbeing. It is important to review this plan over time in order to effectively monitor the young persons' progress.

For further information on using care plans, consult the Project Air Strategy (2015) Treatment Guidelines for Personality Disorder and the Project Air Strategy Adolescent Intervention – Guide for Healthcare workers (2018).

<h2>My Care Plan</h2>	
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Name:	Clinician Name*:
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<p>My main therapeutic goals and problems I am working on</p> <p>(1) In the short term</p> <p>(2) In the long term</p>
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<p>My strategies</p> <p>Warning signs that trigger me to feel unsafe, distressed or in crisis</p> <p>Things I can do when I feel unsafe, distressed or in crisis that won't harm me</p> <p>Things I have tried before that did not work or made the situation worse</p> <p>Places and people I can contact in a crisis: Lifeline: 13 11 14 Emergency: 000 Kids Helpline: 1800 551 800 Mental Health Line: 1800 011 511</p> <p>Local Service:</p>
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<p>My support people (e.g. parents, siblings, friends, psychologist, teacher, school counsellor, GP, relatives)</p>
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Name	Contact Details	Role in My Care	OK to Contact?

<p>Signature: _____ Clinician's Signature: _____</p> <p>Date: _____ Date of next review: _____</p> <p>Copies must go to the people that can help to keep me safe. These people are (please specify):</p> <p><small>*Write and/or review in partnership with young person and a health care professional, for example School Counsellor/School Psychologist, CAMHS clinician or GP.</small></p>	<p>www.projectairstrategy.org</p>
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Example Support Plan - for Carers. The term carers is used broadly to describe the young person's parents, carers, guardian, family members, cultural elders, mentors, partners, or their main support person.

Carer Plan is available for download from www.projectairstrategy.org

Support Plan	
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Name:	Healthcare worker Name:
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<p>My main goals and problems I am working on in relation to my support role</p> <p>(1) In the short term</p> <p>(2) In the long term</p>

<p>My crisis survival strategies</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>

My support people (e.g. friends, family members, partner, psychologist, psychiatrist, social worker, GP)			
Name	Contact Details	Role for me	OK to Contact?
Signature:		Healthcare worker's Signature:	
Date:		Date of next review:	
Copy for the: Carer / Healthcare worker / Other (please specify)			www.projectairstrategy.org

Session One

Individual session with the young person; 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 My Care Plan;*
- *conduct a risk assessment and other assessments;*
- *provide education;*
- *begin to develop a clinical pathway*
- *connect with carer.*

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 intervention)
3. Provide information on the purpose of the brief intervention
4. Understand what led to the young person's crisis and provide a space for them to talk
5. Begin to develop My Care Plan, focusing on the 'My crisis survival strategies' section
6. Conduct a risk assessment
7. Provide young person with psychological education
8. Connect with carer
9. Discuss need, and ascertain willingness, for further appointments and a clinical pathway
10. Encourage the young person to think more about their values and goals.

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

- See the Project Air Strategy Adolescent Intervention – Guide for Healthcare workers (2019) chapter on Engaging the Young Person and Assessing and Managing Risk to inform this process.
- See the Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on Working with People in Crisis, Involving Family Members and Carers, Developing a Care Plan
- My Care Plan
- Project Air Fact Sheets as appropriate: You've been diagnosed with BPD, what now? What are Personality Disorders? What treatment is available to me? Mental Health Support Services, 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; Effective communication; Understanding self-harm & suicidal thinking; Strategies for effective communication & healthy relationships; Helpful tips for challenging relationships; Managing anger; Looking after yourself.

Steps to follow for Session One:

Focus on building rapport and a positive therapeutic relationship

Acknowledge the young person'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 *"Can you tell me what's brought you here today?"*

Go slowly, move away from talking about trauma history or other past negative events (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 people young people with complex mental health* 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 young person's current contact details.

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

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

Enquire about the young person'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 young person 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 young person 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 young people 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 young person'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 young person to end up in crisis.

Go slowly, move away from talking about the young person'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 young person 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 young person 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 My 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 young person's crisis, warning signs) on My Care Plan.

Discuss problem solving strategies to help prevent escalation of future crises, for example, what tools does the young person 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 My Care Plan with you until it has been fully completed. Once fully completed, provide the original to the young person 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. School Psychologist, GP, case manager).

Conduct a risk assessment

See the Project Air Strategy Adolescent Intervention – Guide for Healthcare workers (2019) chapter on *Assessing and Managing Risk* to inform this process.

Provide the young person and carers with education materials

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 young person 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 young person, 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 young person's My Care Plan.

At a minimum the carers should be supplied with an invitation letter. See *Connecting with carers* section of this manual.

If the carer does not attend the first session, the young person 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 healthcare worker 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 young person they have the option to attend two more individual Brief Intervention Clinic appointments.

Discuss the young person'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 young person’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 exist, make another appointment in approximately one week’s time. Also help the young person understand what their clinical pathway will look like after these sessions. Ensure that the appointment is made with the same healthcare worker.

Encourage the young person to think more about their values and goals

Where the young person 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 for where you want to go 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 young person 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 young person with referrals to other services where required. Complete the My Care Plan in session. Provide the young person 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 young person’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 My Care Plan is completed, ensure the young person 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 young person has given consent.

Session Two

Individual session with the young person

Objectives:

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

Outline:

1. Engage the young person further
2. Discuss further the young person'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 young person to discuss any other issues
5. Provide education about the development and maintenance of specific problems
6. Conduct a risk assessment
7. Encourage the young person 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 education on the benefits of longer-term treatment for young 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* and *the Project Air Strategy Adolescent Intervention – Guide for Healthcare workers (2018)*.
- Care Plan
- Project Air Fact Sheets. Examples: You've been diagnosed with BPD, what now? What are Personality Disorders? What treatment is available to me? Mental Health Support Services, 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

Steps to follow for Session Two:

Engage the young person further

Do this by asking the young person 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 young person has identified) ... I'd also like to know how you've been since the last time I saw you."*

Discuss further the young person's goals and values

Maintain a focus in treatment by linking back to Session One and the discussion of the young person's goals and values. Ask the young person what their thoughts were in-between the sessions on their future goals and values. *"At the end of last week's 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 young person 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 young person 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 young person'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 young person and make a copy for your own records and, where consent has been provided, for distribution to other professionals.

Provide an opportunity for the young person to discuss any other issues

This will help with further engagement in treatment and provide the young person 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?"*

Provide education about the development and maintenance of specific problems

Attempt to raise the young person'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 treatment tool *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 exercise (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 young person manage this problem. Consider the use of Fact Sheets to aid your discussion (e.g., 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 Adolescent Intervention – Guide for Healthcare workers (2019) chapter on *Assessing and Managing Risk* to inform this process.

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

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

Provide education on the benefits of further treatment

Inform the young person 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 young person'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 healthcare worker.

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 young person 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 young person 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 Support Plan with the carer for their needs;*
- *provide information and education regarding complex mental health, 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 young person's recent crises and provide a space for them to talk
4. Develop a Support Plan with the carer for *their own* self-care (see: Support Plan)
5. Provide information and education regarding complex mental health, 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*.
- Support Plan
- Families, Partners & Carers Fact Sheets as appropriate (i.e. The basics; Effective communication; Understanding self-harm & suicidal thinking; Strategies for effective communication & healthy relationships; Helpful tips for challenging relationships; Managing anger; Looking after yourself.

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 young people with complex mental health issues* 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/them, and your ability to think and connect with him/her/them 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 support 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 young person's needs).

Assess the carers current needs and responses to the young person'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 young person'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 affected the most by the young person'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 Support 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 young person.

Discuss the carer's 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 young person'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 young person 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 healthcare workers emphasise the importance of their own self-care. Carers can find it difficult to balance caring for themselves and caring for the young person, sometimes 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 young person and enhance caregiving longevity (rather than burn out).

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

Provide education

At a minimum, give the carer the following Project Air Strategy Fact Sheets:

- The basics; Effective communication; Mental Health Support Services
- Consider the following Project Air Strategy Face Sheets: Understanding self-harm & suicidal thinking; Strategies for effective communication & healthy relationships; Helpful tips for challenging relationships; Managing anger; Looking after yourself

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 young person's difficulties. Carers also need support to be effective in their role and support better outcomes for themselves and the young person they care for.
- Discuss limitations in the carer's further involvement with the service and yourself.

Document the session

- Fully document the session within the young person's file.
- Ensure the family or carer holds the original Carer Plan and a copy is placed in the young person's file.

Session Four

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

Objectives:

- *discuss the young person's plans for the future;*
- *provide information on treatment options;*
- *finalise the Care Plan and discuss relapse prevention;*
- *provide referral to other services.*

Outline:

1. Discuss further the young person'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 young person 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 and Project Air Strategy Adolescent Intervention – Guide for Healthcare workers (2018)*.
- Care Plan
- Project Air Fact sheets. Examples: You've been diagnosed with BPD, what now? What are Personality Disorders? What treatment is available to me? Mental Health Support Services, 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

Steps to follow for Session Four:

Discuss further the young person's future plans

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

Consider and discuss treatment options

Provide the young person 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 young person 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 young person'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 young person to keep, make a copy for your own records, and distribute copies to other professionals and the referring body where consent has been provided.

Link the young person with other services, and provide referral where necessary

Based upon your knowledge of the young person 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 young person written details (including any available brochures) of the service being referred (and/or specific individuals and the school if appropriate), 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 young person has been referred for further treatment and support.

Ensure the young person 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 young person has given consent.

Sample brief intervention clinic poster



Do you experience any of these?

- ▶ Impulsive and self-destructive behavior?
- ▶ Changing emotions and strong, overwhelming feelings?
- ▶ Problems with Identity and sense of self?
 - ▶ Thoughts of suicide and self-harm?
- ▶ Challenging personality features?

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.



www.projectairstrategy.org

to contact the **GOLD CARD CLINIC**

Sample brief intervention business rule

Modified by manual developers for use as example

Name	BRIEF INTERVENTION CLINIC intake, allocation and discharge processes
Risk Rating	High
What it is	An outline of the procedures involved in making referrals to the BRIEF INTERVENTION CLINIC, the intake and allocation of referrals within the BRIEF INTERVENTION CLINIC, and the process by which clients are discharged or transferred to other services.
What to do	<p>Overview</p> <p>The BRIEF INTERVENTION Clinic is a brief intervention service for people in the [Service] catchment area who have recently experienced a mental health crisis involving self-harm and/or suicidal thoughts or behaviours.</p> <p>The BRIEF INTERVENTION CLINIC 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.</p> <p>The key aims of this intervention are to:</p> <ul style="list-style-type: none"> • 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 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, carer, partner, or support person where desirable • provide treatments with an evidence-base that are effective with personality disorders • facilitate access to further supports and treatments for individuals and their carers in the community <p>The BRIEF INTERVENTION CLINIC will operate during the usual opening hours of [Health site] community health services (Monday-Friday, 0830-1700) and will not be available to receive referrals or meet with clients or carers on weekends or public holidays.</p> <p>Referrals</p> <p>Referrals to the BRIEF INTERVENTION Clinic can be made by a range of services, including:</p> <ul style="list-style-type: none"> • Community Mental Health Teams • Multidisciplinary team meeting <p><i>Eligibility criteria</i></p> <ul style="list-style-type: none"> • Adolescents and Young People with primary problems such as suicidal thoughts or plans, recent episodes of self-harm behaviours or suicide attempts, emotion dysregulation, and/or a personality disorder. <p><i>Exclusion criteria:</i></p> <ul style="list-style-type: none"> • Urgent referrals • Evidence of psychosis. • Evidence of a <i>primary</i> alcohol/drug dependence disorder. • The person could be more appropriately supported by clinicians in the community, through a better access to mental health care plan, via their GP.

Referral to BRIEF INTERVENTION CLINIC over the better access to mental health care plans via GP is preferable when:

- The client 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 family members/partners/ carers/ support people who are in need of information and support
- The client prefers to access the BRIEF INTERVENTION CLINIC rather than the better access to mental health care plan

Intake into the BRIEF INTERVENTION CLINIC

The multi-disciplinary team (MDT) members will allocate appropriate referrals to a BRIEF INTERVENTION CLINIC clinician (matched according to roster) so that the first session of the brief intervention can be offered within 1-3 working days of the original referral to Central Intake. If the allocated clinician is not in MDT at that time, someone is allocated to contact the allocated clinician or next delegated clinician. The Visit Reason will be updated in the electronic medical record (CHOC) to state client is a BRIEF INTERVENTION CLINIC client.

The allocated BRIEF INTERVENTION CLINIC Clinician contacts the client to inform them of the appointment time and the location for the appointment.

If the client is not contactable for any reason, the BRIEF INTERVENTION CLINIC Clinician will bring this information back to the MDT for discussion. It is possible the team may decide to a) write the client a letter b) request intake contact original referrer

Non-attendance of BRIEF INTERVENTION CLINIC appointments

If a client fails to attend a BRIEF INTERVENTION CLINIC appointment without having called to reschedule, the allocated BRIEF INTERVENTION CLINIC 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 clinician 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. check Powerchart to determine if there has been any changes with the client
 - 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 MDT to determine what the most appropriate action to be taken
3. Clearly document details of all attempts to contact the client, telephone calls made to professionals and significant others, decisions made, actions taken and outcomes achieved.

Referral to crisis services

If the BRIEF INTERVENTION CLINIC Clinician assesses at any time that the level of risk requires an *extremely urgent* response they should always discuss at MDT or with manager or delegate.

If a BRIEF INTERVENTION CLINIC Clinician identifies any risk to a child they should

	<p>consult appropriately with the MDT and the Child Wellbeing Unit (1300 480 420). They should also use the <i>NSW Health Online Mandatory Reporter Guide</i> to aid decision-making in relation to any child protection concerns.</p> <p>Discharge procedure As a BRIEF INTERVENTION CLINIC Clinician is approaching the end of their work with a client they will bring the case to the BRIEF INTERVENTION CLINIC Review Meeting for discussion and discharge planning in consultation with the MDT.</p> <p>As a central part of the discharge procedure the BRIEF INTERVENTION CLINIC Clinician will carry out a careful and collaborative consideration of further treatment and support options with the client and, where possible, with family members, carers or partners. This may involve a variety of actions, including but not limited to:</p> <ul style="list-style-type: none"> • 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 Better Access Initiatives <p>Documentation There are 4 key elements which are to be completed appropriately for any client accessing the BRIEF INTERVENTION CLINIC:</p> <ul style="list-style-type: none"> • The <i>Mental Health Assessment</i> form must have been completed prior to the client's entry into the BRIEF INTERVENTION CLINIC. • The <i>Mental Health Triage</i> form will be completed by the Intake Clinician as they receive the referral and forwarded to the MDT when the initial referral is passed to the BRIEF INTERVENTION CLINIC by the Central Intake Clinician. • The <i>Mental Health Review</i> form will be completed for all cases discussed at the BRIEF INTERVENTION CLINIC Review Meeting. • The <i>Mental Health Transfer/Discharge Summary</i> form will be completed by the BRIEF INTERVENTION clinician for all clients when they are discharged or transferred from the BRIEF INTERVENTION CLINIC. • Statistics to be collected via audits. Clients to be provided with a pre (MHOAT) and post (MHOAT) as per usual and qualitative questionnaire). Available on shared mental health drive. • [Community Manager] or delegate [e.g., Co-ordinator] to keep spreadsheet of statistics.
When to use it	From allocation at MDT to each stage of the clients participation in BRIEF INTERVENTION clinic. To be revised 3 months post commencement of clinic
Why the rule is necessary	To ensure consistency is applied to the processes underpinning the BRIEF INTERVENTION CLINIC and to promote safe and effective clinical practice.
Who is responsible for (Stakeholders)	Service Managers and all staff are responsible for disseminating the Business Rule and all clinical staff referring to or working for the BRIEF INTERVENTION CLINIC are responsible for implementing the Business Rule.
Developed by (Author)	Dr Andre Morris, Clinical Psychologist, Kiloh Centre Amended for Wingecarribee Mental health Service (South West Sydney Area Health Service) by Alana Dobie Clinical Psychologist in consultation with Bowral mental health team
Reference	

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<h1>My Care Plan</h1>	
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Name:	Clinician Name*:
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My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My 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 Mental Health Line: 1800 011 511

Local Service:

My support people *(e.g. parents, siblings, friends, psychologist, teacher, school counsellor, GP, relatives)*

Name	Contact Details	Role in My Care	OK to Contact?

<p>Signature: _____ Clinician's Signature: _____</p> <p>Date: _____ Date of next review: _____</p> <p>Copies must go to the people that can help to keep me safe. These people are (please specify):</p> <p><small>*Write and/or review in partnership with young person and a health care professional, for example School Counsellor/School Psychologist, CAMHS clinician or GP.</small></p>	<p>www.projectairstrategy.org</p>
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<h1>Support Plan</h1>	
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Name:	Healthcare worker Name:
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My main goals and problems I am working on in relation to my support role

(1) In the short term

(2) In the long term

My 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:	Healthcare Worker's Signature:
Date:	Date of next review:
Copy for the: Carer / Clinician / Other (please specify)	
www.projectairstrategy.org	



YOU'VE BEEN DIAGNOSED WITH BPD - WHAT NOW?

Understanding personality disorder

- **You are important.** Your diagnosis does not define who you are.
- **Recovery is possible,** and you can get there.
- **Diagnosis can be positive.** A diagnosis of personality disorder can be something to work with, and can guide effective treatment.
- **Everyone is unique.** Many combinations of symptoms make up a personality disorder. Your symptoms may look very different to someone else's and that is okay.
- **Make sure you get the right information** from mental health professionals and reliable internet sources. The internet and social media can provide unhelpful information on personality disorders, including some facebook groups and mental health forums.
- **Don't be afraid to ask questions** to mental health professionals.

Seeking treatment

- **Mental health professionals should compassionately treat personality disorder.** You will connect with someone, but it might take a trial and error process until you find the right one. You have a choice with who you work with.
- **Understand the length of care.** Find out how long a mental health professional will be able to support you. You have the right to be treated by someone else if you are not comfortable with the time someone is able to provide.
- **Know your support boundaries.** Ask your therapist whether they can provide support by skype/zoom, phone, email or text message.

Living with personality disorder

- Talk to people who support you about what is upsetting you.
- Have information to give others to help them understand your circumstances.
- Find a safe space where you can go when you feel distressed (eg. a safe space may be a public space where you can sit alone, but still have other people around you)
- If you can, connect with other people who have lived experience of mental illness who have found recovery. It can help to know that someone understands and can validate your experience and provide you support.
- Find activities that make you feel calm or give you positive outcomes. Art therapy, being around nature and spending time with pets can be helpful and help you get through distress.

Your loved ones and support people

- Involve your loved ones and support people in your treatment if you feel you can.
- Encourage your loved ones and support people to seek their own support. This will also help them better understand you, and learn helpful ways of responding.

Reliable websites

<https://www.projectairstrategy.org/>
<https://bpdfoundation.org.au/>
<https://www.bpdaustralia.org/>

THE LIVED EXPERIENCE PROJECT:

The information in these resources was provided by **people with lived experience of personality disorder and carers supporting people with personality disorder** through two focus groups carried out in May 2019. This set of resources were developed through co-design and consultation with people with lived experience and other peak Consumer and Carer bodies in NSW. This work was funded by the New South Wales Mental Health Commission.



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.



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 <i>Referral and information hotline</i>	1800 022 222 https://www.healthdirect.gov.au/
SANE <i>Telephone, information and online forum for BPD</i>	1800 187 263 https://saneforums.org/
eHeadspace <i>Telephone and online support for people aged 12 – 25 years</i>	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





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

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

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 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

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 your 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 textured clothing, 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 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 themselves 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

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

Effective Communication

Communicating with others can sometimes be challenging. People with a personality disorder can be particularly sensitive to verbal and non-verbal (e.g. body language) communication. Remember that you are not always going to get it right.

Communicating effectively is challenging and may be further complicated by issues related to personality disorder, such as hypersensitivity. Whether you are communicating with a spouse, child, sibling, parent, friend or co-worker, effective communication is key to avoiding misunderstandings, misinterpretations and conflict. Here are some helpful tips to support effective communication:

Be clear in communication

People can be sensitive to wording and tone of communication, particularly when they are not feeling so good. Any indication of criticism, sarcasm, anger or rejection is likely to be reflected upon and intensified. Try to be as unambiguous, neutral and clear in your communication as you can. If your communication is misread, the person may respond with anger, humiliation or insecurity. Reflect on what you said (or did not say) and how you said it – it may help you communicate more effectively in the future.

Allow the other person to room to speak

In all communication, it is important to allow the other person space to talk. If the person feels interrupted or cut-off they may perceive this as rejection or a form of aggression and respond by expressing anger, hurt or generally feeling as though you have not listened to them. Providing the person opportunities, including space and time, for the person to express themselves verbally can be particularly helpful.

Non-verbal communication

Be aware of your own non-verbal communication to ensure that you are giving a clear overall picture of your intended message. Tone of voice, pace of speech and body language all combine to create a full picture of what you are trying to say. It is often helpful to keep tone of voice and facial expression neutral. Show that you are listening by maintaining eye contact, nodding, and being aware of (and minimising) any distractions that may be around you. Keep your hands in view so as to reduce suspicion or perceptions of aggression. All of these behaviours combine to help the person know you are genuinely interested in them and what they have to say.

Techniques to avoid

- Hiding frustration or anger – It is common to hide anger or frustration to avoid potentially unpleasant reactions. Most people can pick up when someone is saying everything is OK but their body language suggests otherwise. People with personality disorder are particularly sensitive to incongruent messages and may experience heightened negative emotions when this occurs. Try not to hide your feelings or viewpoint. Discuss them in an open, clear, empathic and calm manner.
- Blaming – It is normal to experience frustrations in life that can make us less aware of what is happening for other people. However, blaming or attacking others can tap into the person's perception of themselves as worthless or incompetent. It can be difficult for people who are sensitive to hear an insulting, blaming or attacking comment and not take it personally and for them to recognise it is a reflection of you having a hard time yourself. Try to minimise blaming and attacking in your communication
- "Yes, but..." – It is normal to have different viewpoints when discussing concerns with others. In times like these, responding with "yes, but..." statements can elicit feelings of invalidation or rejection in the person. It can be helpful to avoid these statements and replace them with more neutral statements. For example, practice not adding the "but..." in your statements and instead wait to see what happens when you allow the person to verbalise their concerns and then you summarise or clarify what you understand their issue to be. After validating the person's viewpoint, it is then appropriate to discuss your own in a calm manner.

Remembering your relationship role

As a family member, partner, parent, friend or co-worker it is unlikely that you will be able to consistently maintain good communication. Everyone occasionally slips up in their communication, which may result in an angry outburst or a misinterpretation. Remember that you are human too and you are not expected to get it right all of the time.





Families and Carers

Understanding Self-harm and Suicidal Thinking

What is self-harm and why do people do it?

Self-harm can be used for many different reasons, depending on the person and the situation and can be common in people with personality disorder. People may self-harm to control difficult or overwhelming feelings, gain relief from emotional pain, to feel 'something' when experiencing numbness, to express anger or to communicate a need for help.

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

- Difficulty getting along with family members or friends
- Feeling isolated or bullied
- 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 or emotional pain

Even if a person has been in treatment for some time, self-harm can reappear at times of significant distress. Often it provides short-term relief but in the longer-term it can be problematic and lead to permanent scarring or bodily damage.

Is self-harm the first step towards suicide?

Self-harm and suicide is not the same thing. Self-harm is not necessarily linked to suicide and does not indicate the person will suicide in the future. A person who self-harms may never make a suicide attempt and a person who makes a suicide attempt may never self-harm. Self-harm is often a cry for help or a way to release overwhelming feelings or to feel 'something' when numb.

Suicidal thoughts such as "I just want to die" or "I can't go on living anymore" need to be talked about and taken seriously. If the person has voiced these thoughts to you, they are trusting that you may be able to help and you should consult a health professional about this immediately. Suicide often stems from the person being desperate to end their emotional pain but not knowing how to problem solve effectively to do this.

Self-harm, suicide and stigma

Self-harm and suicide attempts are not well understood by the general community. Many people think that self-harm is just "attention seeking", and that suicide attempts, thoughts, feelings and behaviours are shameful, or that talking about them will give people "ideas" and increase the chance of them being carried out. These are misunderstandings and make it hard for people to talk openly and intervene in a timely manner. It is important that self-harm and suicidal thoughts and behaviours do not become a household secret. These issues should be talked about including with professionals.

(Cont'd...)

The difference between self-harm and suicide attempts

It is distressing to witness the one you love hurting themselves, but it is important to stay calm and distinguish between self-harm and suicidal behaviours so that you know the appropriate action to take. Firstly, you need to determine whether the person's intention was to self-harm or suicide, and how lethal the injury is:

1. If self-harm and the damage is likely to be lethal, that is, the person intended on cutting for self-harm but caused significant damage to a major artery, seek immediate medical attention.
2. If self-harm and the damage is superficial and not likely to be lethal, this is an opportunity for the person to take responsibility for their behavior and apply simple first aid. Try not to "fuss over" the injury as the person may learn that they need to engage in self-harm to gain attention and care. Instead, show the person you care about them as a person while paying minimal attention to the injury itself. Talk to your loved one about what happened prior to the self-harm that led to this behavior and problem solve other ways they may be able to manage difficult times in the future.
3. If suicide and the damage is likely to be lethal, seek immediate medical attention.
4. If suicide and the damage is not likely to be lethal, seek help from a medical doctor or health professional so the person can find alternative ways to problem solve their difficulties.

Once the crisis has subsided, talking to a health professional for your own support, including ways to help the person increase problem solving and alternate coping strategies, may be important. When in doubt about the lethality of self-harm or suicide attempts, seek medical attention even if the person is resistant to professional help.

What can I do to help?

There are some things you can do to help your loved one with their recovery, while remembering that ultimately the person needs to work on their own skills to reduce self-harm and suicidal behaviours. Helpful strategies may include:

- Be open to talking about self-harm and suicidal thoughts and behaviours in spite of the stigma you or they may feel. This can help reduce shame and develop trust in your relationship. You are more likely to be able to help if the person knows they can disclose their thoughts and feelings to you.
- Be patient with the person – it is likely that the person has been behaving or feeling this way for a long time. Acknowledge small steps towards recovery, such as using other self-soothing or communication techniques in times of distress. It is expected that the person will self-harm again at particularly difficult times, let them know that you still care for them.
- Validate and encourage – validate the person's pain so they know they have been heard and encourage them to use other coping strategies or talk to a health professional. For instance, try saying "I hear how distressed you are, so distressed that you have cut yourself and are talking about ending it all. It's important that we talk about these feelings, and I'm grateful that you've told me. What other options do you have to ease your emotions? What strategies could you use? What would it be like to talk to a professional about these difficult feelings?"
- Take care of yourself – it is difficult supporting a person who self-harms or makes suicide attempts. It is important to have people that you can talk to about your own experiences of this situation. Make sure you take time out for yourself and keep up your own self-care.



Families and Carers

Strategies for Effective Communication & Healthy Relationships

Why focus on relationships?

Relationships are at the core of our mental health, particularly for a person with personality disorder. People with personality disorder are very sensitive in relationships, and tend to react with very strong emotions to changes in relationships and perceived criticism or abandonment. This causes difficulty both for the person with personality disorder and those close to them. Carers often describe being in constant fear of triggering distress in the person with personality disorder. Due to this, it is essential for clinicians to involve families and carers when working with someone with a personality disorder.

Contagious emotions

We are often contagious with our emotions. When our loved ones are feeling good – we are feeling good. When those around us are hurting – we are hurting too. Often when someone with personality disorder feels overwhelmed with their own emotions, such as anger, rage and hopelessness, they push them out of themselves and onto someone close to them. This is called projection. However, families, partners and carers can be contagious with their own emotion also, both in helpful and unhelpful ways.

Five key relationship strategies

The five key relationship strategies are simple and effective principles to improve relationships, particularly with a person with personality disorder:

1. Care for yourself to care for others
2. Be contagious with your calm
3. Draw your line in the sand
4. Listen without fixing
5. Develop a Safety Plan and practice the steps in time of calm – like a fire drill

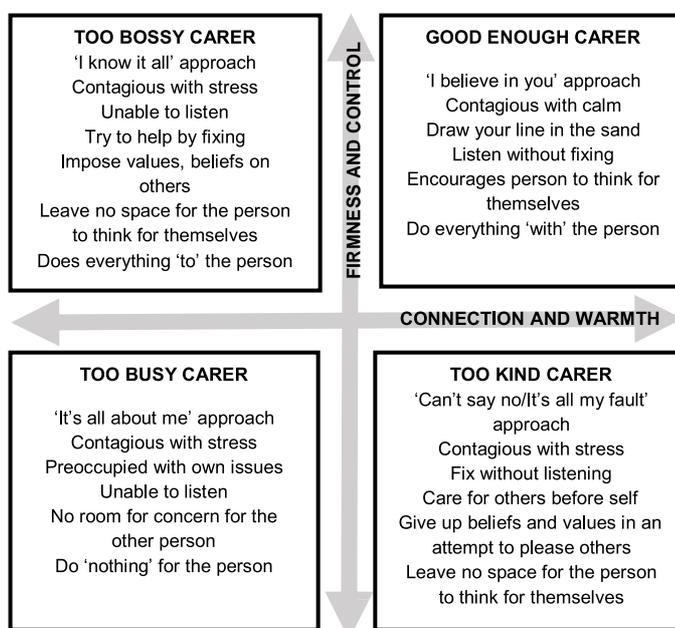
The relationship dances

Conceptualizing relationships as a dance is a helpful way to think about ourselves and our influence on interactions in our relationships.

The four relationship dance scenarios

The two key components in understanding relationships are firmness and control, and connection and warmth. In using these components, we can understand the four common relationship dances as being on a grid. It is important to remember that these dances occur in all relationships.

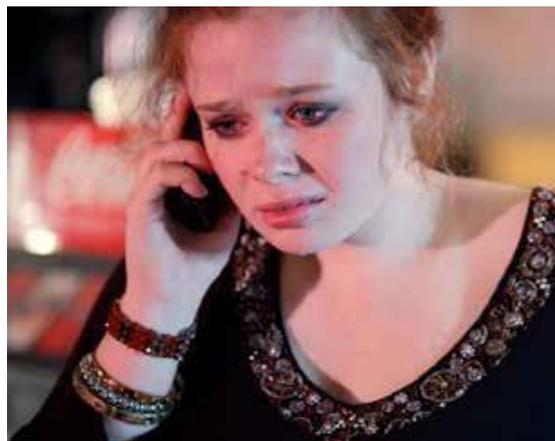
To understanding the four relationship dances, we have developed four scenarios with characters based on everyday struggles faced by a person supporting someone with a personality disorder. These four carer dances demonstrate how the carer's different approaches impact on the person with personality disorder's ability to manage their distress.



Safety planning – Like a fire drill

Of course, it is more challenging to dance as a good enough carer when risk is involved. In times of distress, it is not uncommon for people with a personality disorder to seek a quick fix to help them cope. These solutions may include projecting distress onto others, withdrawing from others, or using coping mechanisms that may be self-destructive (such as cutting, burning, overdosing, bingeing or vomiting). These quick fix solutions often provide immediate relief but cause serious problems of their own, which may include compromising the safety of themselves or others. Safety is an essential right for everyone and when carers use the five key relationship strategies safety always comes first.

Safety planning involves developing a plan together with the person with personality disorder in a time of calm to equip you to be most helpful in a situation of distress. A safety plan may include what is acceptable (such as anger), and what you will do if unacceptable behaviour is displayed (such as aggression). Then, like a fire drill, it is also important to practice the steps of your safety plan in a time of calm, so that everyone knows what to do and expect. You may require the help of a professional to develop a safety plan that suits your particular situation.



Calling emergency services – An act of love

It is important to distinguish between life threatening situations that may need emergency services, with situations where you can invite the person with personality disorder to take responsibility. For instance, it is not uncommon for a person with personality disorder to cut themselves in an attempt to alleviate distress. Depending on the severity of the cut, this may require minimal treatment, such as a Band-Aid, or more involved treatment, such as sutures by a medical professional. When the safety of someone (the person with personality disorder or yourself) is compromised it is important for families, partners and carers to remember that it is an act of love to call emergency services to keep everyone safe.

Credits

This fact sheet complements a film resource 'Staying connected when emotions run high'. The film was developed as a training tool illustrating these strategies for communicating with others when they are in distress. The goal of this resource is to assist in improving key relationships for people with personality disorder and other emotional problems. These relationships may include their carers, partners, families, colleagues, and the health service. We would like to acknowledge and thank the families, partners and carers who have worked with us and shared their lived experiences which have informed the development of this film.

Original film script developed by Annemaree Bickerton, Janice Nair and Toni Garretty.

The introduction and conclusion is by Brin Grenyer.

Film directed by Farnaz Fanaian from Joon Films, with actors Juliet Scrine as Jill, and Debbie Neilson as Mandy.

Produced by the Project Air Strategy for Personality Disorders, in partnership with the NSW Health Family and Carer Mental Health Program South Eastern Sydney and Illawarra-Shoalhaven Local Health Districts. The Project

Air Strategy acknowledges the major support of NSW Health. The Project works with mental health clinicians, consumers and carers to deliver effective treatments, implements research strategies supporting scientific discoveries, and offers high quality training and education.



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.





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 to situations 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 reactions to 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 the conflict 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 prepared to 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. Although this 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, admit to whatever is true. Try to avoid becoming defensive about what you believe is not true or valid. Keep your tone 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 with the 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

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

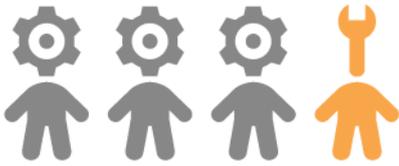
- Spend time with other family members and friends
- Maintain hobbies and interests in your life that you find enjoyable, satisfying or interesting
- Maintain your spirituality, in whatever way that means to you, which may include spending time in nature, informal prayer, or other activities that nourish 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.



Treatment Tools

Giving a diagnosis of personality disorder: A guide for mental health professionals

People with personality disorder feel that being diagnosed compassionately can be a positive and helpful experience for their treatment and recovery. When diagnosing someone with a personality disorder, it is important to provide an educated explanation of the disorder, communicate positive ways to move forward, discuss possible treatment options, and offer assurance that recovery is possible. Full comprehensive diagnosis is usually given by a clinical psychologist or psychiatrist. However, this guide is useful for any health professional communicating and educating about the diagnosis.

Before discussing a diagnosis of personality disorder

- Ensure a thorough psychological assessment of personality disorder has been completed.
- Be aware that receiving a diagnosis of personality disorder can come with a range of responses. It can provide a framework for people to understand their experiences, but can bring about self-stigma and concerns about stigmatising responses others, including mental health professionals.
- It is important to discuss the personality disorder diagnosis regardless of expected reaction. Not informing someone of a diagnosis of personality disorder reinforces stigma about the disorder and may prevent appropriate intervention.

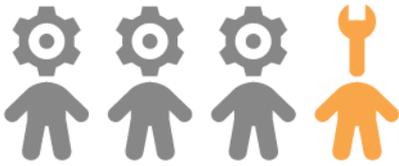
Discussing a diagnosis of personality disorder

- Provide factual and credible education on personality disorders and discuss the person's specific symptoms.
- Set realistic expectations of outcomes. Change is difficult and takes time, but reinforce that recovery is possible.
- Discuss symptoms or conditions that may be comorbid or differentiated from personality disorder including depression, chronic pain, psychosis, substance use disorders, anxiety disorders and eating disorders.
- Discuss treatment options and provide information about services that deliver

specific personality disorder treatments, including private psychologists, peer support (where available), telephone support, community mental health services, non-government organisations and support groups.

- Provide crisis strategies that can be used prior to beginning treatment.
- Discuss how carers, family members, and support people can help someone with a personality disorder, and provide information that supports carers, family members, and support persons.
- Provide written information and factsheets about personality disorder (eg. Project Air Strategy "What is Borderline Personality Disorder", and ANZCP "Borderline Personality Disorder Guide", both available for download from www.projectairstrategy.org/mpafactsheets.





Treatment Tools

How to discuss a diagnosis of personality disorder

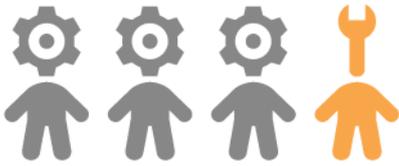
- Be genuine. Connect as a human being.
- Take time to explain the diagnosis. It may be the first time that the person is hearing about personality disorder.
- Communicate hope that the person can recover.
- Be aware of language. Explain what you mean when using clinical language and avoid stigmatising language.
- Listen to the person's response to the diagnosis and answer their questions.
- Depending on availability, involve a peer worker or carer to ensure the person feels supported and understands the information provided.
- Discuss the diagnosis openly with the person's carer, family members or support person if granted permission to do so.
- Provide factsheets and information about personality disorder so they can review and share with the people who are close to them.
- Discuss that the internet does not always provide reliable sources of information. Sometimes the information on non-credible websites can be inaccurate and unhelpful.
- It is useful to go through the criteria to discuss how this makes sense to the person. Further detailed guidelines for discussing a diagnosis are in the Project Air Treatment Guidelines for Personality Disorders (2015, p.17-20).
www.projectairstrategy.org/guidelines

What to do following a diagnosis of personality disorder

- Direct people to recovery stories. Eg. Project Air Strategy – Personal Journeys
www.projectairstrategy.org/mpaperpersonaljourneys
- Book in a follow-up appointment.
- Provide referrals to appropriate services as discussed with the person, and follow up.
- With consent, communicate with the next treating professional to provide continuity of care.

The Lived Experience Project:

The information in these resources was provided by people with lived experience of personality disorder and carers supporting people with personality disorder through two focus groups carried out in May 2019. This set of resources were developed through co-design and consultation with people with lived experience and other peak Consumer and Carer bodies in NSW. This work was funded by the New South Wales Mental Health Commission.



Treatment Tools

Supporting Carers: Guide for health professionals

Supporting a person with personality disorder can be challenging at times, particularly when the individual is experiencing crisis. It is important for mental health professionals to also support carers in their caring role. Note, in this guide the term 'carer' may be used to denote someone who provides care, support and assistance for an individual with personality disorder. Carers may be a partner, parent or child, other family member (including chosen family), or friend.

Understand and respect the rights of carers

Carers have rights, including the right to:

- Privacy and confidentiality
- Be recognised by health professionals as a contributor to the health of the person being cared for.
- Be heard and treated with respect.
- Complain about provided services and appeal against unfavourable decisions.

It is important for health professionals to be familiar with the Carer Recognition Act 2010 (<https://www.legislation.nsw.gov.au/#/view/act/2010/20/whole>).

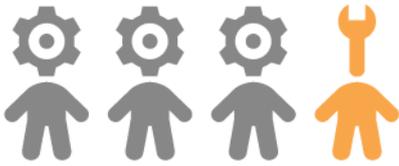


What do carers need from health professionals?

- To be informed about and included in the treatment that the individual they are caring for is receiving, and provided with information at all stages of the treatment process.
- To be provided with accurate and written education about personality disorder and how they can help the person they support, including electronic resources.
- To be supported in finding appropriate services for the person they support, and to be provided with accurate information about the services so that they can make an informed decision with the person they are supporting (eg. provide a list of private psychologists that have experience treating personality disorder).
- To be provided with information on helpful and unhelpful strategies in their interactions with the person they support.
- To be encouraged and supported to receive their own support, including counselling, support groups and helplines.

Interacting with carers

- It may be the first time that a carer is hearing information about personality disorders. Be patient and open to questions. Carers also depend on mental health professionals to provide them with information.
- Discuss with the individual with personality disorder who they want involved in their treatment, and discuss the benefits of



Treatment Tools

communication between mental health professionals and carers. Carer involvement can help protect the safety of the individual with personality disorder, the carer/s, family members and other support people.

- If given permission, include carers in treatment consultations. Carers can provide their perspective of the person they support to aid treatment.
- Make regular contact with carers to ensure that they are supported.
- Encourage self-care and mental health support for carers, and make referrals where necessary.
- Use clinical judgement to recognise unhelpful carer behaviours, and address these sensitively.

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What do health professionals need to understand about being a carer?

- Being a carer is often a 24/7 role. It can be very stressful, and many are doing the best they can.
- Supporting someone with personality disorder can have an impact on family members, including emotional and financial challenges.
- Carers often experience guilt. Adopt a non-judgemental and de-stigmatising approach to supporting carers.

For downloadable carer resources, go to:

- <https://www.projectairstrategy.org/mpafactsheets/index.html>
- <https://www.health.nsw.gov.au/carers/Pages/resources.aspx>
- <http://www.mentalhealthcarersnsw.org/information-hub-2/arafmi-brochures/>

