PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Brief Intervention Manual for Personality Disorders

A guide to implementing a four-session model of care in healthcare settings for people with personality disorders in crisis.

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www.projectairstrategy.org

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Definitions:

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

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

Emerging Personality Disorder
Young people who exhibit a constellation of behaviours and problems, (e.g., emotion dysregulation, physical and verbal aggression, self-harming behaviours, low self-esteem, difficulties making and keeping friends, family dysfunction, learning problems, trauma-related difficulties) which, taken together, have been understood here as youth with emerging personality disorder. "Emerging" should only be used when a person does not meet the full diagnostic criteria for personality disorder.

Personality Disorder
Personality Disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Personality Disorder refers to problems in self and interpersonal functioning that contribute to disturbances in cognition, emotional experience and expression, and behaviour. These patterns are enduring, maladaptive and inflexible, occurring in a range of personal and social contexts and leading to significant distress and impairment. The disorder can be diagnosed in both young people and adults.

Young Person
This term is used to describe children and adolescents between the ages of 12 and 18 years.

Introduction to the brief intervention

This manual is designed to help services intervene early and better support young people and adults with personality disorders, as well as those experiencing self-harm and suicidal behaviours. It is particularly focused on people in crisis, supporting their needs by providing practical therapeutic techniques in the prevention and treatment of high-risk behaviours to help move a person towards their recovery goals. The manual describes a four-session brief intervention that can act as the first step in a person's treatment and recovery journey.

The brief intervention is designed to:

- Provide a rapid, time-limited intervention aimed at addressing the immediate crisis.
- Provide information and support to help the client understand the difficulties they are experiencing and work towards their recovery goals.
- Clarify the short and long-term values and goals of clients to create a sense of momentum and hope.
- Assist the client to change behaviours that hinder recovery, growth, and healing when in crisis.
- Help the client to identify their existing strengths and coping skills, which may have been difficult to use during the crisis.
- Promote safety and wellbeing for the client through the development of a collaborative safety care plan that can empower clients to anticipate, prevent and address future crises effectively.
- Ensure the client is professionally and personally supported within their community by identifying relevant and trusted support people.
- Facilitate onward referrals to community-based support and treatment options where appropriate.

The brief intervention can benefit clinical services by:

- Providing an alternative to hospitalisation or facilitate early discharge that promotes recovery within the community.
- Acting as an intermediate point between acute settings and longer-term treatment programs
- Assisting services to manage high volumes of client presentations, reduce wait times, and provide triage and referral to other services based on the persons needs and priorities for their recovery.
- Promoting early intervention and provide rapid therapeutic support to reduce the risk of escalation to severe incidents.
- Providing treatments with an evidence-base that are effective with personality disorders.
- Supporting services to offer stepped-care pathways with step-up and step-down treatment options for people with personality disorders.

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

- Is seen quickly, for example they may be offered an appointment within one to three days of first presentation, crisis presentation, or re-presentation with immediate treatment needs, or hospital discharge.
- Experiences a positive therapeutic approach that respects the person's expertise of their own experience and promotes recovery.
- May challenge helpless and hopeless assumptions based on past experiences of care by promoting client agency and active therapy engagement.
- Has their care needs better coordinated between acute services and longer-term treatment options to ensure a more streamlined and positive experience of clinical services.
- Develops an understanding of how engagement and retention in treatment programs may be of value with respect to their personal recovery goals.
- Develops an understanding of their diagnosis and the options for treatment so that the client can choose which treatment options they wish to pursue.
- Is able to draw upon their strengths and is hopeful for recovery.
- Receives hopeful and accurate information about the possibility of recovery from personality disorders.
- Is motivated to engage with community-based services and supports following discharge from hospital.

The brief intervention can help family and carers by:

- Providing information relevant to their role and valuing their contributions to supporting the recovery of the person experiencing distress.
- Providing accurate and hopeful information about the possibility of recovery from personality disorders.
- Providing tools and strategies to help them take care of themselves and the client in the event of future crises.
- Providing relevant information to help the family member or carer understand the issues and empower them to respond effectively.
- Providing family members and carers with basic connection and affirmation to give them an opportunity to voice their concerns and foster a sense of hope for the future.
- Understanding the unique needs of families and carers and facilitating connection with community-based supports and resources where relevant.

The relational model

The brief intervention described here fits into a broader system of care. This manual has been developed using the Project Air Strategy relational step-down model (Grenyer, 2014). The model advocates an integrative collaborative approach to supporting the recovery of people with a personality disorder. It focuses not only on supporting the person with a personality disorder but also supports families and carers, health services and clinicians.

In the relational treatment model, the person's difficulties are seen as stemming from unhelpful relationship patterns that have developed over time (Grenyer, 2012). These relationship patterns are considered both intrapersonal (how the person relates to themselves, including their feelings and thoughts) and interpersonal (how they relate to others, and how others relate to them). The principles of guideline-based good clinical care and personal recovery have been influential in the development of this approach.

The relational approach

The relational approach is consistent with the dynamic principles of good psychiatric management (Gunderson & Links, 2008), and the Clinical Practice Guideline for the Management of Borderline Personality Disorder (National Health & Medical Research Council, 2012), and recognises the importance of supporting clients on their journey of personal recovery (Leamy et al., 2011). The relational treatment model aims to support and empower the client to understand and modify any unhelpful relationship patterns, to get their needs met more effectively, and to promote recovery and healing. The model recognises that responsibility for effective relationships also rests with others involved in the client's life. Therefore, clinicians, case managers, families and carers, youth and support workers, teachers, school counsellors and the broader community, share a responsibility to respond effectively to the person in a way that is helpful and promotes hope and optimism. Caring for and helping people with personality disorders is everyone's business. Everyone can choose to adopt the key principles from the Project Air Strategy relational model.

It is now well recognised that service systems need to work collaboratively and 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 psychological therapy, peer led support, and other care options in the wider community. There needs to be a shared approach to working alongside young people and adults with personality disorders to support them to build lives that are meaningful and worth living.

Providing brief immediate therapeutic care may better support young people and adults who are at risk of significant harm. The risks of not intervening rapidly and meeting the needs of young people and adults can include the development of high-risk and complex needs such as personality disorder and associated mental health difficulties, criminal offending and criminal justice system involvement, drug and alcohol misuse, suicide, employment instability, high-use of mental health services, social isolation, and homelessness.

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

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

Evidence for the brief intervention model

Clinical research has shown that implementation of the brief intervention reduces demand on health services, has high attendance rates and is associated with significant improvement in mental health outcomes. In a cluster randomised controlled trial, the brief intervention stepped care approach resulted in reduced bed days, re-presentation rates and overall service costs for clients with personality disorder (Grenyer et al., 2018). In addition, clients attending the brief intervention reported a significant reduction in borderline personality disorder symptom severity, distress and suicidal ideation, and increased quality of life following the intervention (Huxley et al., 2019). The largest effect size of these improvements was on suicidal ideation, suggesting that the brief intervention approach effectively functions as a suicide prevention program for people with complex mental health needs.

Research has shown that most clients who utilise the brief intervention are then referred to external services, with only a small proportion (about 13%) requiring internal pathways of care. Most of the clients retained by the public health service were stepped on to group or individual psychological treatment, and very few were stepped up to acute care services. Importantly, about half of the clients who engaged in the brief intervention clinic did not require a referral for follow up. This suggests that the brief intervention met most of the clients at their time of need with no further intervention required. Most of the clients who did require further treatment were referred to other health providers (e.g., private psychologists or primary health care providers; Huxley et al., 2019).

These findings have been replicated by a recent independent study (Bartsch et al., 2024) evaluating individual and system-level outcomes of the brief intervention approach across South Australia. Analysis comparing service utilisation data for participants (n=332) 6 months pre- and post-engagement in the brief intervention showed significant reductions in presentations at the emergency department (63%), inpatient admissions (65%) and bed days (82%). Patient outcomes (n=115) were also improved significantly from the first to last session of the brief intervention on domains including borderline personality disorder symptom severity, general distress, depression, anxiety, risk factors for suicidality, and psychosocial functioning. Carers (n=33) also reported that the session with them improved their hope, confidence, and knowledge.

In addition, a recent study interviewing 20 mental health clinicians delivering the brief intervention virtually demonstrated strong acceptability and perceived efficacy for telehealth modality (Bailey et al., 2023). Clinicians rated client acceptability of telehealth brief intervention as 80%, and clinician acceptability as 84%. Perceived effectiveness was rated at 80% and sustainability as 84%. The clinicians provided a range of qualitative recommendations to support virtual brief intervention. These recommendations and other associated resources contributed to the publication of the ‘Project Air Strategy Virtual Brief Intervention Manual’ (available here).

Finally, preliminary evaluation of a randomised controlled trial of this approach in Canada has reported positive outcomes (Sonley et al., 2024). Participants with BPD who presented to the ED with suicidality or self-harm (n = 60) were randomised to either receive the brief intervention approach or treatment as usual. At 6 months follow-up, participants receiving the brief intervention had significant reductions ED visits, inpatient admissions, and suicidal ideation, compared to those receiving treatment as usual. The intervention was well-received by clinicians and participants.

The brief intervention approach also has considerable benefits for staff and services providing this model of care. Clinicians build confidence in being able to effectively transfer skills to the brief intervention in a person-centred framework, and their attitudes towards the work are benefitted by their increased confidence and understanding of the people they are working with. For example, a study of 102 multidisciplinary mental health clinicians evaluating staff attitudes and skills in the treatment of people with personality disorder pre- and post-training and implementation of the stepped care approach demonstrated significant improvements in clinician skills, confidence, theoretical knowledge, and attitudes (Grenyer & Bailey, 2024). Clinicians also identified that implementation of the whole-of-service model led to improved accessibility to treatment, and quality of care to clients and their families and carers.

Who should use this manual?

This manual is for health professionals who work therapeutically with young people and adults who present in crisis with complex needs, and who show signs of a personality disorder or emerging personality difficulties. The manual can be used by a variety of practitioners, including clinical psychologists, school counsellors, case managers, social workers, mental health nurses, psychiatrists, and family therapists. Clinicians implementing the intervention described in this manual should be adequately qualified and be engaged in regular clinical supervision. It is recommended that clinicians attend the Project Air brief intervention training prior to implementation in clinical settings.

Associated resources

This manual provides an outline of the therapeutic considerations of the brief intervention approach. Associated helpful resources include:

- Project Air Strategy for Personality Disorders* (2015). *Treatment Guidelines for Personality Disorders 3rd Ed.* Wollongong: University of Wollongong, Illawarra Health and Medical Research Institute.
- Project Air Strategy for Personality Disorders (2019). *Adolescent brief intervention manual for complex mental health issues: Responding to emerging personality disorder, trauma history, self-harm and suicidal behaviour*. Wollongong: University of Wollongong, Illawarra Health and Medical Research Institute.
- Project Air Strategy for Personality Disorders (2023). *Project Air Strategy Virtual Brief Intervention Manual*. Wollongong: University of Wollongong.
- Project Air Strategy for Personality Disorders (2024). *Guide to implementing and sustaining a brief intervention clinic*. Wollongong: University of Wollongong.

Developing a specific 'gold card' clinic

This manual is designed to support the development of a specialised brief intervention for personality disorder, which may be located within acute services or community mental health settings linked closely to emergency and inpatient services. Clients who may be suitable include people who have recently presented to an Emergency Department, been discharged from an inpatient psychiatric unit following self-harm or suicidal thoughts or behaviours, or presented elsewhere in crises related in some capacity to personality difficulties. 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 consistent with best-practice and evidence-based guidelines for the treatment of people with personality disorders.

What is a 'gold card'?

The term 'gold card' refers to a specific gold referral card that is sometimes provided to clients when they are booked into the first and subsequent appointments. Many clinics are therefore known as a "Gold Card Clinic." There are a variety of options for operationalising the brief intervention, ranging from less formalised approaches where the intervention is integrated into existing clinics to more formalised and stand-alone approaches in which the intervention is run as a separate clinic. Irrespective, the brief intervention is usually overseen by a senior clinician who assumes a 'co-ordination' role. These considerations are outlined in the associated 'Guide to Implementing and Sustaining a Brief Intervention Clinic' resource (available here). The brief intervention can go by other names depending on the preferences of localised services.

The brief intervention 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 an acute care setting. The intervention acts as an intermediary point between acute services and longer-term treatment programs. Some implementation sites establish broad referral pathways and accept referrals from first responder services, school principals and/or doctors. Referral pathways are dependent upon operationalisation at the local service level. Example 'business rules' defining clinical operation procedures, including intake and discharge, are provided in the accompanying 'Guide to Implementing and Sustaining a Brief Intervention Clinic' (here).

The four-session model

The brief intervention offers four sessions that focus on identifying the person's values and recovery goals, strategies to tolerate distress and promote effective coping, and professional and personal supports that the person can draw upon within the community. The four-session model emphasises the importance of always maintaining a relational and person-centred approach. During the intervention, clients are provided with the choice of nominating an appropriate family member or carer (this may include a parent, partner, sibling, friend and so on) to be approached by the clinician to engage in a session focussed specifically on supporting this person in their caring role. This session typically focuses on the current needs of the family member or carer to ensure they receive support in their caring role.

Referral criteria

Clinical services that use this manual may choose to focus on people who present in crisis with suicidal ideation, self-harm, and/or personality difficulties or a diagnosis of a personality disorder. People who present with primary difficulties associated with substance use or psychosis are generally not suitable for this specific approach and may be better supported by alternative services. Furthermore, the program involves clinicians working alongside the client to gain insight into their difficulties and providing relevant information to action change and support effective coping. Clinicians should consider whether prospective clients are willing and able to engage in this sort of intervention before proceeding and consider appropriate adaptations for the benefit of individual clients.

The Project Air Strategy suggests the following referral criteria for people who may benefit from the four-session brief intervention model:

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

The Project Air Strategy emphasises that compassion towards these clients is critical, and has developed these key principles:

Key Principles for Working with People with Personality Disorders

- Be **compassionate**.
- Demonstrate **empathy**.
- **Listen** to the person's current experience.
- **Validate** the person's current emotional state.
- **Take the person's experience seriously**, noting verbal and non-verbal communications.
- Maintain a **non-judgemental** approach.
- Stay **calm**.
- Remain **respectful**.
- Remain **caring**.
- Engage in **open communication**.
- **Be human** and be prepared to acknowledge both the serious and funny side of life where appropriate.
- Foster **trust** to allow strong emotions to be freely expressed.
- Be **clear, consistent, and reliable**.
- Remember aspects of challenging behaviours have **survival value** given past experiences.
- Convey **encouragement** and hope about their capacity for change while validating their current emotional experience.

Procedures and session plans

People meeting criteria for the brief intervention are given an appointment either by the referring service or brief intervention coordinator/allocated clinician (depending on how the approach is operationalised locally). If the appointment is made directly by the referrer, staff should confirm with the client as soon as possible (with a minimum of 24 hours' notice prior to their scheduled appointment time). It is important that the client is made aware of the nature of the service and what to expect prior to attending. Clinicians should be aware that clients may be emotionally overwhelmed during or immediately following a crisis and may require reminders and prompts in the lead up to their initial appointment. Time should be taken to ensure the client fully understands and agrees to attend the first appointment.

In instances where an appropriate family member or carer has been identified by the client, the brief intervention may be structured as follows:

Session Plans:

- **Session One:** Individual session with the client.
- **Session Two:** Individual session with the client
- **Session Three:** Individual session with a family member or carer (or this session could be a joint session including the client)
- **Session Four:** Individual session with the client.

Importantly, the structure of the intervention is flexible and should prioritise the individual needs and preferences of the client. Furthermore, the structure of the intervention may vary depending on the resourcing and constraints of the organisational setting. For example, if the primary carer cannot attend the sessions an alternative support person may be included, or the additional session may be offered to the client. Young people, in particular, may be difficult to engage. Flexibly adapting the approach in terms of setting (e.g., offering the intervention in a school-based setting) may reduce stigma and orient the young person to therapy and how further therapy may be of benefit.

Checklist for when clients do not attend their appointment

1. Clinician to contact the client to ascertain their wellbeing and reason for non-attendance.
    a. **If answer:**
        i. Briefly explore reason for non-attendance and offer the client another appointment at a time that is suitable. Ideally, this should be within 24-48 hours to ensure the client is seen and able to be supported whilst still in crisis or shortly after the crisis has resolved.
    b. **If no answer:**
        i. Contact referrer to assess the client's situation and acuity.
        ii. Contact the crisis team to determine if there has been contact with the client.
        iii. Use any other contact numbers available for the client or their carer and attempt to reschedule an appointment.
2. Clearly document details of the contacts, including any decisions made, actions taken, and outcomes achieved.

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

Setting the therapeutic frame

Because the treatment emphasises a relational model, attending to the therapeutic relationship and the frame are critical. The frame establishes the space in which the therapeutic work can take place. This includes practicalities such as the time, location, duration of sessions and outline of therapy (for instance, the aims and limitations of the sessions, how the time is

managed, and what sorts of things the client may choose to discuss). The frame also includes the policies or limits of the organisation or clinician (for instance, contact outside of therapy, rescheduling missed or cancelled appointments, or confidentiality and the management of concerns about client safety).

A clear discussion regarding the frame is required at the outset of any therapeutic relationship to establish well-defined expectations for both the client and the clinician. These clear expectations provide a safe and predictable therapeutic environment, which is particularly important when working with people with a diagnosis of a personality disorder. An important component of establishing the therapeutic frame is pre-emptively discussing the ending of the brief intervention. This involves explaining that this is a brief intervention that will only last for up to four sessions. It should be explained that other support options and referrals will be considered where appropriate, and that efforts will be made to ensure a smooth handover and transition that minimises disruption for the client.

How to use the resources in this manual

This manual makes reference to a range of resources which may be useful for clinicians seeing young people and adults as part of the brief intervention. The electronic version of this manual includes hyperlinks which can be used to directly access resources available for download from the Project Air website. For readers of the printed version of this manual, the full web address for each resource can also be located in *Appendix A* at the back of the manual. All resources (Care Plans, Fact Sheets and Guidelines) referred to in the manual are available for download online at www.projectairstrategy.org.

When working with people accessing mental health services, clinicians need to be mindful about how they introduce Care Plans and Fact Sheets. Written material can be overwhelming for people in crisis or confronting for people who have experienced learning difficulties. This might cause a therapeutic rupture or lead clients to disengage from the brief intervention if the materials are not shared sensitively. 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 clients.

In particular, the Care Plan should represent the client's own understanding of their values and goals, strategies they find useful when managing difficult emotions, and supports they can access when in crisis. It is critical that clients feel a sense of ownership over their own Care Plan and that it is meaningful for them. The Care Plan is best thought of as a written record arising out of a meaningful and therapeutic interaction with the client.

The Care Plan and Fact Sheets have been designed to be accessible to a broader audience while still providing important, specific information about care planning and relevant information for people with a diagnosis of a personality disorder. These resources are user-friendly, and many people will have no difficulty utilising the resources as they have been designed.

However, clinicians are encouraged to adapt the Care Plan and Fact Sheets as needed to ensure they are both engaging and presented in an appropriate way for individual clients. In order to ensure that Care Plans and Fact Sheets are accessible and readily available to clients, clinicians may encourage them to take photos on their smart phone or consider other ways to ensure the information is more easily accessible and likely to be utilised. Clinicians should encourage clients to take ownership of these resources and empower them to use them in ways that are effective for them.

Once the client has engaged in the process, and rapport has been established, it should also be explained that the Care Plan acts as a means of communicating with other individuals who provide them with support and care. Remind the client that contributing to the Care Plan helps ensure they have a say in how others support them whilst in crisis, even if they prefer to use another method to remind themselves of helpful strategies, resources, and contacts when in crisis.

Connecting with families and carers

Relationships are critical to the wellbeing of everyone. Challenges with mental health cannot be understood in isolation from the rest of a person's wider support system. Families and carers are often the people who spend the most time with the client and know them best. Including families and carers is therefore important because it ensures the client can be better supported by those around them. Additionally, families and carers themselves are often isolated and unsupported in their roles as providers of support to clients. Because of this, families and carers often benefit from receiving additional support to protect their own emotional wellbeing.

Ideally, the primary family member or carer who supports the client should be invited to attend the first session if this is agreed by the client and is feasible. The manual has also included a single session for the family member or carer alone (Session Three). Flexibility in including an appropriate family member or carer is part of the clinical judgement of the clinician and should consider the specific circumstances of the client. If clinicians are unsure about engaging a particular family member or carer, they should seek the consultation of the brief intervention coordinator and/or team. Parents/guardians usually attend for clients under 18 years of age.

Here are some tips for connecting with families and carers:

1. First, discuss the value and importance of engaging with carers with the client (e.g., "*To help understand how best to support you*"). It should be clearly explained to the client at the outset that including a family member or carer will enable them to care for the person more effectively when the person is in crisis. Ideally, the family member or carer will be present at the first session, however, if not, the client may either choose to take home an information pack for their family member or carer, or this may be sent to the family member or carer directly (*"Would you like to take this, or shall we send it by email or post?")*.
2. Second, seek agreement to make contact with the family member or 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 this person, 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 those around them know what's going on and are able to offer support. I think it would be good for me to contact them 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 so that you feel comfortable."* This family member or carer may then be included on the clients Care Plan.

A client who is refusing family or carer involvement

If the client refuses to allow contact with a family member or carer, explore their concerns:

> *"What are your concerns about me contacting them", "Can we talk through what you think might happen if we contact them?"*

Highlight the value and importance of involving family members and carers in the process to ensure they are able to support the client as best as possible. A discussion about confidentiality (e.g., you won't be

telling the family member or carer what the client says about them or private information that has been discussed in session) and the benefits to the client (e.g., ensuring the person is supported by those around them effectively) can help ease any concerns the client may have. The client may provide limited consent to engage the family member or carer which may be able to be accommodated. For instance, agreeing on what information will and will not be shared, or for the client to be involved in part or all of the carer session (Session Three).

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

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

"You've told me that you really don't want to involve your family member or carer in this process, and I respect your right to make that decision. If they call me, I won't discuss your treatment with them. I can, however, provide them with general information regarding mental health challenges, treatment and support options, how to navigate the mental health service, and the services available to them that they might find helpful. This information is general and not specifically related to you in any way. I will not discuss the work we are doing together or things we discuss unless you decide otherwise later on."

If the family member or carer is not attending the first session, but permission is given to contact them:

- First, make contact with the family member or carer and provide an overview of the brief intervention approach.
- Second, invite them to a single family member or carer-only session. You may choose to post or email the person an invitation and send some carer Fact Sheets (see Session Three for suggested carer Fact Sheets).

Suggested wording for the family member or carer invitation letter may include:

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

Working with clients from other cultures

When working with clients from other cultures there may be a need to modify this approach. For example, working with Aboriginal and Torres Strait Islander people may require working closely with kinship and family structures, and it may be relevant to consider the role of intergenerational trauma and seek advice from cultural experts. Holistic family and kinship approaches should be adopted, providing for the physical, mental, emotional, and spiritual wellbeing of the client and the people around them in their community. It might also be beneficial to connect with local Aboriginal and Torres Strait Islander organisations and consider involving Aboriginal and Torres Strait Islander health and/or community workers where

possible. Resilience can be encouraged by using the healing value of culture, which affirms identity and connection to community.

Intergenerational trauma also needs to be a consideration when working with culturally and linguistically diverse clients and their families. Refugee and migrant communities may be struggling with unresolved trauma, grief, and loss, as well as additional situational stressors such as financial and housing insecurity. Further, adjusting to a new culture, language and way of life can put increased stress on these people and their families. Second generation migrant families may also struggle with different social expectations. Clinicians should consider how the approach can be adapted and how any additional services such as translators might make services and resources more accessible and inclusive of these groups of people.

The Project Air Strategy aims to provide a positive intervention that is culturally sensitive and utilises an integrated service delivery model which includes government and non-government agencies and community leaders. The clinician may also provide key services with general information and Fact Sheets that support their work with the client and should consider adapting material and resources as needed. Clinicians should consider onward referral options that are holistic in responding to the client's needs and are culturally appropriate where possible.

Working with schools

It is well recognised 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. Where consent is not provided to work with schools, clinicians should use their clinical judgement and consider the age of the client and relevant legislation to decide what level of communication with schools would be most appropriate. Clinicians should also consider whether there has been any prior engagement or contact with school counsellors and discuss this with the young person.

Involving key services and people in the young person's life is vital for ensuring a collaborative approach among all stakeholders involved in providing care and support for the young person.

The young person may be better equipped and able to manage mental health difficulties with the support of significant people in other settings such as school. It would be useful to identify a trusted adult from the school setting to be engaged in this process. If appropriate, the clinician may even consider using the structure of the carer session to organise an information session with the trusted school contact. The importance of liaison with schools, the place in which young people spend a large amount 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. See the associated resource 'Project Air Strategy Brief Intervention Manual for Adolescents' (2019) for more specific information on working with young people using the brief intervention approach.

Working with clients with cognitive deficits or intellectual disability

Clinicians may consider the use of simplified language and a range of communication strategies such as verbal, visual and object symbols for clients who have difficulties such as cognitive deficits or an intellectual disability. When discussing values, goals and Care Plans, personal illustrations may be useful in communicating ideas. Make sure to go at the clients' pace whilst assessing understanding, and consider the use of behavioural rehearsal, technology such as audio and visual recordings, and recruiting carers to provide assistance where required.

Working with clients who have experienced trauma

A large portion of people who have been diagnosed with a personality disorder have experienced trauma. Developmental trauma in childhood is common and often results in people experiencing difficulties with attachment and forming relationships, including therapeutic relationships. Clinicians need to be attuned to how a person's experience of trauma impacts them and adapt their approach to working with the person to create a sense of physical and emotional safety in the here-and-now. Establishing therapeutic rapport and trust is essential and should be prioritised. Clinicians should also enquire about any prior contact the person has had with health services (particularly during a crisis) and seek to understand what the person did and did not find helpful. This can guide clinicians in supporting clients in ways that promote healing and a sense of trust in health services. This can then be integrated into the Care Plan so that other people and services supporting the person can adopt these approaches.

For people who have experienced trauma and been diagnosed with a personality disorder, behaviours that are now no longer helpful (for example, shutting down or dissociation) may have once been essential for the person's survival. Furthermore, self-destructive and suicidal behaviours that led the person to being referred to the clinic are often the person's way of tolerating unbearable pain when in crisis. It is important to validate the client's distress and acknowledge the role that these behaviours play. If clients become distressed during sessions, mindfulness activities, self-soothing, grounding techniques and other distress tolerance skills can be useful to introduce to clients and can later be integrated into the Care Plan. Clinicians can then focus on working collaboratively with clients to identify their strengths and elicit ways of coping during a crisis that move them towards their recovery goals.

Care Plans

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

Example Care Plan Wallet Card

Available for download from www.projectairstrategy.org. The full web address for this resource can also be located in *Appendix A* at the back of this manual.

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

Example Care Plan – Client version

Available for download from www.projectairstrategy.org. The full web address for this resource can also be located in *Appendix A* at the back of this manual.

Care Plan	

Name:	**Clinician Name:**

My main therapeutic goals and problems I am working on

(1) In the short term

(2) In the long term

My crisis survival strategies

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

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

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

Places and people I can contact in a crisis:

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

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

Name	Contact Details	Role in My Care	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

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

Example Care Plan – for families, partners, relatives and carers

Available for download from www.projectairstrategy.org. The full web address for this resource can also be located in *Appendix A* at the back of this manual.

Carer Plan	

Name:	**Clinician Name:**

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

(1) In the short term

(2) In the long term

My carer crisis survival strategies

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

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

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

Places and people I can contact in a crisis:

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 Kids Helpline: 1800 551 800 Local Service:

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

Name	Contact Details	Role in My Care	OK to Contact?

Signature: **Clinician's Signature:**

Date: **Date of next review:**

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

Session One

Individual session with the client

Objectives:

- Focus on developing rapport and a positive therapeutic relationship.
- Explore factors that led to the crisis.
- Begin to develop a Care Plan.
- Conduct a risk assessment.
- Provide relevant information.
- Connect with family members or carers.
- Introduce involvement of a lived experience or peer worker if available.

Session Outline:

1. Build rapport and focus on developing a positive therapeutic relationship and sense of physical and emotional safety (throughout the sessions).
2. Set the frame for treatment (i.e. discuss the duration of the current and future sessions, including the four-session model and plan for onward referral).
3. Provide information on the purpose of the brief intervention.
4. Understand what led to the client's crisis and provide a space for them to talk.
5. Explore the development and maintenance of specific difficulties.
6. Begin to develop a Care Plan in collaboration with the client, focusing on the 'My crisis survival strategies' section.
7. Conduct a risk assessment.
8. Provide client with information relevant to the current crisis.
9. Connect with family members or carers (if possible). This may include an introduction to the family member or carer who could be present for part or all of the session based on the client's preference.
10. Discuss need, and ascertain willingness, for further appointments.
11. Encourage the client to think more about their values and goals.

Resources

All resources are available for download online at www.projectairstrategy.org. The full web address for each resource can also be located in *Appendix A* at the back of this manual.

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Working with People in Crisis and Conducting a Risk Assessment, Involving Family Members and Carers, Developing a Care Plan.*

- Care Plan.

- *'How did I get here'* Treatment Tool (available here).

- Project Air Factsheets. Examples: *What are Personality Disorders?, What Treatment is Available To Me?, Problems with Drug and Alcohol Use, Relationship Difficulties, Arguments & Conflicts, Self-Harm: What is it?, The Importance of Self-Care: Managing Anger, Managing Distress, Managing Emotions, Effective Communication.*

- Carer Fact Sheets, as appropriate (i.e. *The Basics: for Families, Partners & Carers, Looking After Yourself: for Families, Partners and Carers, Managing Anger, Helpful Tips for Challenging Relationships*).

- Associated resources: If the session will be held using telehealth modality, see also '*Project Air Strategy Virtual Brief Intervention Manual'* (2023). If the client is a young person, see also *'Project Air Strategy Brief Intervention Manual for Adolescents'* (2019).

Steps to follow for Session One:

Focus on building rapport and a positive therapeutic relationship and sense of physical and emotional safety.

Acknowledge the client's efforts to attend the session.

Focus on the here-and-now:

> *"I know I've got this referral information in front of me, but I'd find it really helpful to find out from you in your own words why you're here today?" or "Can you tell me what's brought you here today?"*

Go slowly and focus on the here-and-now experience rather than past events such as the client's trauma history. For example, refocus by saying:

> *"It sounds as though you have had some very painful experiences. I can understand wanting to talk about this. In these sessions, because of the time we have together, it is often most helpful to think about what's going on for you now. Once we have worked together to think about how to get through this crisis, we can then consider together whether seeking additional support for you to talk through these painful experiences would be helpful. This will mean you can have a dedicated space to talk through this more with the time it deserves".*

Refer to the ***Key Principles for Working with Personality Disorders*** outlined above (p.10).

Set the frame for treatment and check contact details

Introduce yourself and your role within the service. Be clear with the client about how many times they will see you. It is essential that the same clinician is responsible for delivering all four sessions of the brief intervention. This is because it ensures continuity of care which prevents the person from needing to recount their story and experiences, enables sessions to build off each other in the development of the Care Plan, and increases the likelihood that the client will develop therapeutic rapport and have a positive experience of engagement with mental health services. This can be particularly powerful and healing for clients who may have had previous fragmented contact with mental health services.

Discuss confidentiality and its limits, provision of four sessions, and the length of each session. Discuss any limits to how many times appointments can be cancelled and/or rescheduled. Clarify whether the client can contact you outside of sessions and, if not, what support options are available if needed.

Check the client's current contact details.

Inform the client that the session length is typically 50 minutes but is flexible if they wish to finish earlier. Explain to the client that they are able to take a break if they need.

Understanding of the brief intervention and client's hopes for attending

Ask about the client's understanding of the brief intervention and provide them with further information where necessary. The following explanation may be useful:

> *"The brief intervention 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. One of these four sessions will be offered to someone who supports you. We can talk about who the best person for this might be. We can also link you into other resources or services in the community to help you continue your recovery process".*

Enquire what the client would like to achieve by attending the clinic:

> *"What are three things that you would like to achieve by coming to the clinic?"*

If the client is unable to answer this question and is feeling hopeless about the future, it might help to offer suggestions to the client:

> *"Sometimes, when things are feeling very difficult, it can be hard to have hope for the future and think about how coming here might be able to help. For some people, coming here allows them a dedicated and safe space to think about what happened. This can be painful but is often helpful for thinking about what could be done differently next time things start to feel overwhelming. In these conversations, people often realise there are things they can do differently when they are hurting that don't somehow add to the level of pain or suffering. We can also talk about some strategies that might help in the future."*

Ensure that the client is aware of the limited nature of the service, however the clinic will provide care planning and connection to additional supports where required. This can include clinical, peer-led or other suitable supports and services. Explain that, where possible, the clinic will try to facilitate connecting the client with these services in a way that allows for a smooth handover with minimal disruption.

Let them know that for some clients one to three sessions is adequate to meet their needs, while others will come to the realisation that they may benefit from additional therapeutic work. In the latter case, inform them that referral to further treatment providers will be given:

> *"Sometimes people want to talk about things they find difficult for a bit longer than the three sessions we have together here. We can also help you find other people or groups for you to talk to if this is the case".*

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

This should be the main focus of Session One. Gain an understanding of what happened for the client to end up in crisis. It can be helpful to use the Project Air Strategy 'How did I get here' Treatment Tool to guide this discussion.

Sometimes a client might want to share past experiences of trauma during this session. It is important to guide them to understand the value of focussing on what has been going on for them in the here-and-now in a way that does not invalidate what they have shared with you, or their reasons for sharing (see above section on moving away from thinking about past trauma). Refocus by saying:

> *"It's often helpful to think about what's going on for you right now... I want to try and bring us back to what has been happening for you recently so we can think about the best way to support you. My concern is that if we spend too much time talking about the past then we won't have enough time together to think about what has been happening for you recently. Can you give me an example of a recent situation which you found challenging/difficult/hard?"*

Sometimes a client might come to the session with their carer/family. If the client and/or their family member or carer go off track or start blaming each other, try to encourage them to objectively describe the events and what was said and done. Say "Imagine that you are a fly on the wall, what is it that you would have seen?". If the client and/or a family member or carer are interrupting each other, explain that it is natural that people experience and remember events differently, and that both people will have an opportunity to give their perspective.

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

Be mindful to maintain a relational approach to treatment. This includes maintaining a strong focus on the therapeutic relationship, and understanding how the person relates to themselves and others.

Explore the development and maintenance of specific difficulties

For many clients, crises can escalate quickly, and it can be confusing for them to understand why they experience strong emotional reactions and engage in particular behaviours that often make the situation worse. This then can increase feelings of remorse, guilt and shame. Explain to the client that it can be helpful to spend time understanding what happened and what might be done differently next time. Simply hoping that next time things unfold differently is often unhelpful. Often what is required is a close look at how events unfold to really understand the situation and why things escalate. Attempt to raise the client's awareness by engaging with curiosity and exploring how the problem or issue may have developed and may be maintained. If no issue was identified previously or the client's recent crisis is no longer relevant, a different example can be used. 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 outside of our control and due to our environment (e.g., particular behaviours from other people), and some of these are things that we do have control over (e.g., sleep, substance use, not making the time to eat well and exercise). This Treatment Tool (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 situations that make things worse for you."*

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

See the Project Air Strategy *Guidelines on Developing a Care Plan* (Treatment Guidelines, 2015) to inform this process and document the information gathered in the session so far (for example, what led to the crisis, warning signs etc.) on the Care Plan. It is very important that the development of the Care Plan is collaborative and generated from a meaningful discussion. The priority is to engage in a therapeutic and reciprocal discussion about things the client notices increases or triggers distress, as well as coping strategies that the person has used that did and did not help them.

Discuss problem solving strategies to help prevent the escalation of future crises. For example, identify what tools the client has, such as lifestyle factors (diet, exercise, sleep) and coping strategies (emotion regulation skills, distress tolerance skills, social supports), that could be used in the future. It is important to first draw out any strategies or skills that the client already uses and finds helpful. Some clients, however, may not feel as though they have these strategies or skills and may require suggestions and demonstrations from the clinician. It might also be helpful to rephrase questions to encourage clients to share information (for example, asking them about things they enjoy or that tend to take their mind off things that are upsetting them):

> *"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".*

As the Care Plan is updated across sessions, clients may wish to take a photocopy, photograph or screen shot for them to refer back to between sessions. Keep a copy of the original Care Plan with you until it has been fully completed. Once fully completed, provide the original Care Plan to the client and make a copy for your own records. Where consent has been provided, it is also important to distribute the Care Plan to other individuals/organisations involved in the person's care (i.e. GP, case manager). Where possible, it is beneficial to encourage the client to share the Care Plan themselves (ensuring that this is followed through with). Clients may also wish to share the Care Plan with family members or other loved ones.

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

wish to take a photograph of the Care Plan and keep it on their phone for convenience.

Conduct a risk assessment

See the Project Air Strategy Treatment Guidelines (2015) chapter on *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Provide information relevant to the current crisis

Consider what information might be most useful for the client and any Project Air Strategy Fact Sheets that might be relevant (see above for examples of Fact Sheets, all available at www.projectairstrategy.org). Be sure to discuss the content of the Fact Sheets and why these are being given. Introduce these by saying:

> *"Here are some Fact Sheets that you might find helpful given what you've told me today".*

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

- *What Treatment is Available to Me?*
- *The Importance of Self-Care*
- *Managing Emotions*
- *Managing Distress.*

If information about personality disorders is provided, it is important to ensure the client understands why this is being provided and what this means. In addition, it is important to explain to clients, families, and carers that internet searches about personality disorders can lead to misinformation. Explain that that there is a lot of incorrect information about personality disorders on the internet and encourage them to access reliable information (for example, through the Project Air website).

Connect with the family member or carer

It is ideal for the family member or carer to attend the first appointment with the client, during which a joint agreement around care planning can be made. It might be that the family member or carer attends only part of the session if this is more comfortable for the client (for example, some clients may only agree for a family member or carer to be present if they have their own time during the appointment to discuss the current crisis). This can be negotiated on a case-by-case basis. 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 the person who gives you the most support can be involved in your treatment".*

The carer may then be included on the client's Care Plan as a primary support person.

At a minimum, and where the client is consenting, the family member or carer should be supplied with an invitation letter to attend an appointment (Session Three) and an information pack (i.e. Fact Sheets) as appropriate. Where the client is reluctant to nominate a family member or carer it is important to explore why this is the case and correct any incorrect assumptions (for example, correct any fears about confidentiality, etc.). See *Connecting with families and carers* (p.13) section of this manual.

See Project Air Strategy Treatment Guidelines (2015) - chapter on *Guidelines for Involving Family Members and Carers*.

Introduce the involvement of a lived experience or peer worker if available

Many clients find that talking with a person who has lived experience of surviving mental health difficulties can provide a sense of hope and optimism for recovery. This can be helpful for clients when in crisis and can be incorporated into the intervention alongside the four sessions.

If there is a lived experience or peer worker available within the service that can meet and support the client, this can be explained in the first session. Client's may need an explanation about the role of a lived experience or peer worker. If this is available and the client agrees, clients may benefit from having the opportunity to meet with this person during or after the session if possible.

"Lived experience workers or peer workers are people who have experienced mental distress and recovered. They are employed by the service and draw on their own personal experiences of mental distress, suicidal crisis, and recovery to provide engagement and support for people like yourself. It can often be helpful to speak with them about their experience of recovery and they can help to provide a safe place for you to talk about things that might be on your mind. These people are not clinicians. They can help with things like talking about recovery, goals and plans for the future, navigating health systems and other topics that might be on your mind".

Services will need to consider what arrangements are practical and clinically beneficial in their context for incorporating lived experience or peer workers into the four-session model.

Discuss need, and ascertain willingness, for further appointments

Advise the client that they have the option to access three more brief intervention appointments (two for themselves and one for their family member or carer).

Discuss the client's need for further clinic appointments in the context of their current life circumstances:

"Given what you've told me today, I think there are some more things we can talk about to help make things a bit easier for you (at home/work/school)."

Where a need is ascertained, discuss the client's willingness to engage in future clinic sessions:

"So do you think you'd find it helpful to come back and spend a bit more time talking about these problems and learn ways in which to respond that don't make the situation worse?"

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

Encourage the client to think more about their values and goals

Where the client agrees to attend future sessions, encourage them to consider their values and goals in-between appointments and flag this to discuss further in Session Two. It is important to remember that for people in crisis, it might feel overwhelming to think about their values and goals for a future that they may have difficulty imagining for themselves:

"I'm really glad that you found today helpful. Over the next week I'd like you to have a think about what kinds of things you'd like to achieve for yourself in the future and your goals in life. I know that this can be difficult at times when things have felt very hard and painful, and that sometimes it can seem impossible to think about what you want the future to look like. If this is the case, I want you to think about the things that matter to you (your values). I then want you to think about any things that you could aim to do in your daily life that align with these values (your goals). We can start very small and if you are having trouble, I can work alongside you to help with this. That way we can make sure you're doing things each day which will help lead you in the direction you want to go."

Where the client declines to attend future sessions, encourage them to continue to think about their future goals and values and act in ways that are consistent with these. Provide the client with referrals to other services where required. Complete the Care Plan in session. Provide the client with the original and keep a copy for your own records and, where consent has been given, to distribute to other professionals involved in the client's care:

"I think it's really great that you came here today and decided to talk about the things that you have been finding difficult. 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. With your permission, I would like to share a copy of the Care Plan that we have worked on with the people involved in your care. This way they can understand the work we have done together so that they will be better able to support you."

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

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

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

Session Two

Individual session with the client

Objectives:

- Further engage the client.
- Understand the client's goals and values.
- Further develop the Care Plan.
- Conduct a risk assessment.
- Provide further relevant information and support.

Session Outline:

1. Engage the client by asking how they have been since the last appointment.
2. Discuss the client's goals and values further.
3. Develop the Care Plan further, focusing on the 'My main therapeutic goals and problems I am working on' and 'My crisis survival strategies' sections.
4. Provide an opportunity for the client to discuss any other issues.
5. Provide information about the development and maintenance of specific problems.
6. Conduct a risk assessment.
7. Encourage the client to think about their plans after the brief intervention sessions are complete in between appointments and flag this to discuss further in Session Four.
8. Provide information on the benefits of longer-term treatment for people with more enduring problems.

Resources

All resources are available for download online at www.projectairstrategy.org. The full web address for each resource can also be located in *Appendix A* at the back of this manual.

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Working with People in Crisis and Conducting a Risk Assessment, Involving Family Members and Carers, Developing a Care Plan.*

- Care Plan

- *'How did I get here'* Treatment Tool (available here).

- Project Air Factsheets. Examples: *What are Personality Disorders?, What Treatment is Available To Me?, Problems with Drug and Alcohol Use, Relationship Difficulties, Arguments & Conflicts, Self-Harm: What is it?, The Importance of Self-Care: Managing Anger, Managing Distress, Managing Emotions, Effective Communication.*

- Carer Fact Sheets as appropriate (i.e. *The Basics: for Families, Partners & Carers, Looking After Yourself: for Families, Partners and Carers, Managing Anger, Helpful Tips for Challenging Relationships*).

- Associated resources: If the session will be held using telehealth modality, see also '*Project Air Strategy Virtual Brief Intervention Manual'* (2023). If the client is a young person, see also *'Project Air Strategy Brief Intervention Manual for Adolescents'* (2019).

Steps to follow for Session Two:

Engage the client further

It can be helpful to open the session by asking the client how they have been:

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

Understand the client's goals and values

Maintain a focus and structure in treatment by linking back to Session One and the discussion of the client's goals and values. This is particularly important where the client is highly distressed and there is a risk that the session could pass by without an opportunity to keep developing the Care Plan. Any attempts to redirect the client back to the focus of the session should be done whilst validating the client's difficulties.

Ask the client what their thoughts were in-between the sessions on their future goals and values:

> *"At the end of last weeks' session, I asked you to have a think about what kinds of things you'd like to achieve for yourself in the future. What have been your thoughts about this?"*

If the client says they did not think about it, say:

> *"That's ok, what comes to mind when you think about what you'd like your future to look like? "What kinds of things do you think you'd have to do for that to come true?"*

If the client was unable to come up with values and goals, work with them to help them explore this. Be curious and seek to understand what matters to the person and what particular goals might assist them to live meaningfully and in a way that aligns with what matters most to them.

Identify the difference between short-term and long-term goals. Focus on things that the client can do and are within the client's control. Where possible, discuss what things would look like if they achieved these goals. It is also a good idea to think about any barriers or things that might get in the way and to discuss how the client might overcome these barriers.

Some clients may find it particularly challenging to identify goals and values for a variety of reasons. Strategies such as values cards and motivational interviewing may be helpful. Remember to be patient with clients and that it can take time to understand a person's values and goals. It may also be acceptable for clients to suggest vague goals at this stage.

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

See the Project Air Strategy Treatment Guidelines (2015) chapter on *Guidelines on Developing a Care Plan* to inform this process.

Use the information gathered in the sessions to date to assist this process. For example, the client's future goals and problems they are working on:

> *"Okay, so we know what your goals are and/or we know what you want your future to look like. 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.

Further develop the Care Plan, focusing on the 'My crisis survival strategies' section

Link back to the discussion of the crisis in Session One and ask the client whether they have identified any other details or reflections on what led up to the crisis. Session Two offers an opportunity to expand on the discussion about strategies or skills that might help the client to navigate and manage difficult situations more effectively. Include any additional crisis survival strategies in 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)."*

Be sure to discuss and incorporate any existing skills and strengths of the client.

You may wish to provide Fact Sheets on a variety of coping options, or practice using some targeted skills in session (e.g., a mindfulness or distress tolerance activity). In addition, Fact Sheets can also be used to provide additional information and strategies where relevant. For example, if drug and alcohol issues have been identified, you may wish to use the Fact Sheet *Problems with Alcohol and Drug Use.*

Keep a copy of the Care Plan and make a copy of the most recent version for the client to take away until the next appointment. If the Care Plan is fully completed, provide the original Care Plan to the client, and make a copy for your own records and, where consent has been provided, for distribution to other professionals.

Provide an opportunity for the client to discuss any other issues

This will help with further engagement in treatment and provide the client with a feel for what longer-term treatment may involve:

> *"Do you have any other concerns or worries that you'd like to talk about? Is there anything you think I might have missed that feels important to discuss?"*

Be mindful to maintain the relational approach to treatment. This includes maintaining a strong focus on the therapeutic relationship, and understanding how the person relates to themselves and others.

Conduct a risk assessment

A person's risk of harm to self and/or others can change over time. It is important to touch base with the client about any changes to their risk since the last appointment. This may be briefer than the risk assessment conducted in Session One. See the Project Air Strategy Treatment Guidelines (2015) - chapter on *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

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

Encourage the client to think about their plans between appointments and flag this as a topic for further discussion in Session Four (the next client session). Remember that it might feel overwhelming for the client to think about their plans after the brief intervention is complete. If this is the case, reassure the client that if they have trouble this is something you will be able to discuss together in more detail at the next appointment.

Provide information on the benefits of further treatment

It is important that clients are able to make informed choices about what kinds of further treatment or support they may wish to access. Inform the client on the benefits of longer-term treatment for those with more enduring problems or those with higher levels of difficulty managing their emotions, tolerating distress and navigating relationships. Some clients may wish to engage with further supports whilst others may not. It is important to respect the client's choice and make sure that they have all the relevant information to make informed decisions.

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

Make another appointment for the brief intervention

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

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

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

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

Session Three

Individual session with family member or carer

Objectives:

- Focus on connection, assessment of needs and education.
- Allow the family member or carer space to voice their concerns and needs.
- Assess the current needs of the family member or carer and draft a Carer Plan with them for their needs.
- Provide information and education regarding mental health difficulties, personality disorders (as appropriate), self-care and navigating the mental health system.
- Provide further referrals to more intensive family and carer interventions or other services.

Session 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 family member or carer.
3. Assess the family member or carer's current needs and responses to the client's recent crisis, and provide a space for them to talk.
4. Develop a Carer Plan with the family member or carer for *their own* self-care (see: Carer Plan).
5. Provide information and education regarding mental health difficulties, personality disorders (as appropriate), 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.
7. Consider the options of a) a joint session including both the family member or carer and client or b) individual session with the client, if the client does not consent to an individual session with the family member or carer alone.

Resources

All resources are available for download online at www.projectairstrategy.org. The full web address for each resource can also be located in *Appendix A* at the back of this manual.

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015), including chapters on *Involving Family Members and Carers.*

- Carer Plan

- Project Air Factsheets . Examples: *What are Personality Disorders?, What Treatment is Available To Me?, The Basics*, *The Importance of Self- Care: Looking After Yourself*, *Managing Anger, Helpful Tips for Challenging Relationships*.

- Carer Fact Sheets as appropriate (i.e. *The Basics*, *Looking After Yourself: for Families, Partners and Carers*, *Managing Anger*; *Helpful Tips for Challenging Relationships*).

- Carer E-Learning

- Staying Connected for Families & Carers of Borderline Personality Disorder

- Associated resources: If the session will be held using telehealth modality, see also '*Project Air Strategy Virtual Brief Intervention Manual'* (2023). If the client is a young person, see also '*Project Air Strategy Brief Intervention Manual for Adolescents*' (2019).

Steps to follow for Session Three:

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

Introduce yourself and your role within the service.

Explain that the purpose of the session is to understand the experience of the family member or carer in supporting the client and provide support for them in their caring role. More specifically, the session is aimed at understanding their unique needs and providing support and referrals to services that may be of assistance.

Discuss 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."*

Also explain to the family member or carer any limits to confidentiality that may apply regarding what can be shared from previous sessions with the client.

Check the family member or carer's current contact details. Inform the family member or carer that the session length is typically 50 minutes but is flexible if they wish to finish earlier. Explain that they are able to take a break if they need.

In some cases, a client may request to attend the third session along with their family member or carer. A joint session where the client is present for part or all of this session may be a suitable alternative to a carer only session where the client has concerns, or you judge that both the client and carer would benefit from a joint session. It is important to explore the client's concerns, and to set aims for their involvement in the session before you meet with them and their carer. Discussing confidentiality, agreeing on things that are ok to talk about, and letting the client know what to expect during this session are essential to maintaining trust.

In cases where a client has refused to involve a carer or family member in their treatment, or in cases where you have been unable to make contact with them, a client only session is a suitable alternative for the third session. This session may be used to continue working on the objectives described for session two, and to start working on the objectives described for session four (e.g., discussing the client's future plans).

Build rapport and focus on the needs of the family member or carer

Refer to the Project Air Strategy Treatment Guidelines (2015) - chapter on *Guidelines for Involving Family Members and Carers and the Project Air Strategy Key Principles for working with personality disorders* to inform this process.

Acknowledge the family member or carer's efforts in attending the session, and the struggles they experience in their caregiving role:

> *"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. It can be hard to be in a relationship with someone with these types of difficulties. I imagine sometimes you feel like you are walking on eggshells – what do you need to do to support yourself?"*

Actively move the carer away from concerns regarding aetiology and possible causes of the disorder. It can be helpful to refocus by emphasising that the most constructive thing to do is focus on how to cope with the ongoing difficulties they face in their caregiving role. It is important to do this in a way that validates the family member or carer's concern whilst also encouraging them to focus on the here-and-now. It may be helpful to say:

> *"I'm sorry to hear that that happened, that sounds very difficult. I can hear there have been a lot of very painful experiences in the past. That is why, today, I think it would be helpful if we talk about what we might be able to do to help the situation now and in the future. This way things will hopefully not get to that same point."*

Focus on the here-and-now. For example, redirect family members and carers by saying:

Assess the family member or carer's current needs and responses to the client's crises, and provide a space for them to talk

Screen for any risks to children and presence of family violence (this should be guided by service specific Domestic Violence and Child Protection screening tools). This may be addressed by saying:

> *"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 in their role of caring for or providing support to the client. This can include the impact of the recent crisis that resulted in the client's engagement with the service. It is important to remain non-judgemental and aware of any emotional, mental, or physical ways in which the family member or carer's wellbeing may be impacted.

Assess the family member or carer's current needs such as level of self-care, carer service engagement, own supports, knowledge of personality disorders (as appropriate) and navigation of the mental health system.

Assess the needs of the family unit as a whole, with a particular focus on the family dynamics:

> *"It can be challenging for families as a whole when one person is experiencing high levels of distress or has a personality disorder. This can be difficult for everyone involved. How are things at home at the moment? How is everybody coping and managing with the current situation?"*

Ask what the family member or carer would like to get out of attending the session, and what they think would be most helpful in supporting them in their caregiving role.

> *"That issue sounds 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."*

Develop a Carer Plan with the family member or carer for their own self-care

See the Project Air Strategy *Guidelines on Developing a Care Plan* (2015) to inform this process, remembering the focus is on the family member or carer rather than the client.

Discuss the family member or carer's short and long-term goals in the context of their supportive role. 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 (one session), work and change will need to continue after the session.

Discuss strategies to help the carer respond to future crises effectively whilst ensuring that only information that the client agreed to be shared is discussed.

Examples of what might be discussed may include:

- What are the client's warning signs that a crisis is approaching?
- What the carer can do to respond to this (e.g. validate the client's distress, call the mental health team, encourage the client to engage in distress tolerance skills, encourage the client to access peer-led support services and safe spaces, etc).
- 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, etc).

It is important to approach the discussion with a non-judgemental perspective and frame it as being aimed at helping everybody navigate future crises more effectively. If the client has provided consent, it may be helpful to share a copy of the client's Care Plan with the family member or carer.

Carers can sometimes feel frustrated or confused when clinicians emphasise the importance of their own self-care. Carers can find it difficult to balance caring for themselves and caring for the client, and this can, at times, result in the carer sacrificing their own needs. If this occurs, it can be helpful to frame this conversation around the importance of engaging in self-care to be in the best position to support the client in the long term.

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

Provide relevant information

Consider what information might be most useful for the family member or carer and any Project Air Strategy Fact Sheets, or other resources that might be relevant (see above for examples of Fact Sheets, all available at www.projectairstrategy.org). Be sure to discuss the content of the resources and why these are being given.

At a minimum, provide the carer with access to the free Project Air Carers e-learning program (here), the "Staying Connected" carer film on Youtube (here), and the following Project Air Strategy Fact Sheets:

- *Looking After Yourself*
- *The Basics*
- *Effective Communication*
- *Managing Anger*

If information about personality disorders is provided it is important to ensure the family member or carer understands why this is being provided and what this means. In addition, it is important to explain to families and carers that internet searches about personality disorders can lead to misinformation. Explain that there is a lot of incorrect information about personality disorders on the internet. Encourage them to access reliable information (for example, through the Project Air website).

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

Provide information on services that may be appropriate for the family member or carer. This may include providing a direct referral for the family member or carer, and/or providing a list of local and online options should they wish to consider the options at a later time.

Occasionally family members and 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 family or carer for the client's difficulties. Carers also need support to be effective in their role and support better outcomes for themselves and the client. Discuss any concerns and possible barriers that might limit the family member or carer's further involvement with support services.

Document the session

Fully document the session within the client's file.

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

Session Four

Individual session with the client

Objectives:

- Discuss the client's plans for the future.
- Provide information on future treatment and support options.
- Discuss relapse prevention.
- Finalise the Care Plan.
- Conduct a risk assessment.
- Provide onward referrals to other services.

Session Outline:

1. Continue discussing the client's future plans.
2. Consider and discuss treatment and support options.
3. Conduct a risk assessment.
4. Finalise the Care Plan, focusing on the 'My support people' section.
5. Link the client with other services and provide referrals where necessary.
6. Consider connecting with the family member or carer (present for part or whole session based on need) to involve them in discussions about future plans.

Resources

All resources are available for download online at www.projectairstrategy.org. The full web address for each resource can also be located in *Appendix A* at the back of this manual.

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Working with People in Crisis and Conducting a Risk Assessment, Involving Family Members and Carers, Developing a Care Plan.*

- Care Plan

- Project Air Factsheets. Examples: *What are Personality Disorders?, What Treatment is Available To Me?, Problems with Drug and Alcohol Use, Relationship Difficulties, Arguments & Conflicts, Self-Harm: What is it?, The Importance of Self-Care: Managing Anger, Managing Distress, Managing Emotions, Effective Communication.*

- Carer Fact Sheets as appropriate (i.e. *The Basics: for Families, Partners & Carers, Looking After Yourself: for Families, Partners and Carers, Managing Anger, Helpful Tips for Challenging Relationships*).

- Associated resources: If the session will be held using telehealth modality, see also '*Project Air Strategy Virtual Brief Intervention Manual'* (2023). If the client is a young person, see also *'Project Air Strategy Brief Intervention Manual for Adolescents'* (2019).

Steps to follow for Session Four:

Continue discussing the client's future plans

In the final session it is important to maintain a focus on how the client can move forward in their life in a way that is meaningful for them after the brief intervention has been completed. Maintaining hope for the future and a sense of optimism that feels achievable for the client is important. It can be helpful to refer back to Session Two and re-orient the client to the discussion about their values and goals. It may be that the client's thinking has changed since the last session so it is important to touch base and enquire about any thoughts that might have arisen since the previous session. If there is self-doubt or concerns from the client about how achievable their goals are, it is important to discuss what barriers might arise and how the client might be able to overcome these.

Consider and discuss treatment and support options

Provide the client with options for further treatment and support and discuss these with them. These might include acute and medical services (e.g., Emergency Departments, acute care services, primary health services), mental health specific supports (e.g., community-based therapy programs, psychological therapy, peer-facilitated support options) or other supports that consider the holistic wellbeing of the person (e.g., social support programs, financial support programs etc.). It is important to take a holistic perspective and consider a range of mental health, medical and psychosocial support services.

Where ambivalence about willingness to engage in further treatment or with wider supports exists, it can be helpful to discuss the clients concerns and see if there is an opportunity to alleviate these. It is important to respect the client's autonomy and empower them to make their own decisions. This includes ensuring that they have all the relevant information and support to make informed decisions. Adopting a motivational interviewing approach may be helpful.

Conduct a risk assessment

A person's risk of harm to self and/or others can change over time. It is important to touch base with the client about any changes to their risk since the last appointment and ensure the person feels able to respond effectively if risk increases after the brief intervention has been completed, See the Project Air Strategy Treatment Guidelines (2015) chapter on *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Finalise the Care Plan, focusing on the 'My support people' section

See the Project Air Strategy *Guidelines on Developing a Care Plan* (Treatment Guidelines; 2015) to inform this process.

Use the information gathered in the previous sessions about support people and services in the client's life to assist with this process.

Integrate any additional therapeutic goals or crisis survival strategies into the care plan. It can also be helpful to have a discussion with the client about things they can do to keep themselves well to prevent relapse, as well as strategies to implement if and when relapse does occur.

Give the original Care Plan to the client to keep and make a copy for your own records.

Offer the client a Care Plan Wallet Card to record this information so they may carry it with them in a more convenient manner if they wish. Consider other ways in which the client can make the Care Plan as accessible and useful to them as possible. This may involve sharing copies with family members or carers, or taking a photograph of the Care Plan and saving it to a personal electronic device, such as their phone.

Encourage the client to continue to utilise the Care Plan as an ongoing document that they can revise over time to ensure it remains current and meaningful.

Link the client with other services and provide referrals where necessary

Based on your knowledge of the client and their willingness to access further treatment and support, provide them with information about other services that may be of benefit. Where necessary, refer the client to these services.

Give the client written details, including any available brochures, along with the phone number, and address of the services (and/or specific individuals) they are being referred to.

If time allows, it may be helpful to contact services together during the final session to make referrals or enquiries about accessing supports. This can empower the client to take ownership over this process.

Document the session and distribute any revisions made to the Care Plan

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

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

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Appendix A

- **Project Air Strategy Treatment Guidelines for Personality Disorders**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247241.pdf

- **Project Air Strategy Brief Intervention Manual for Adolescents**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow261709.pdf

- **Project Air Strategy Virtual Brief Intervention Manual (for telehealth delivery)**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow276944.pdf

- **Guide to implementing and sustaining a brief intervention clinic**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow276949.pdf

- **Sessions 1-4: Project Air Strategy Resources & Factsheets**

  - **Care Plans**
    Care Plan Wallet Card:
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow276838.pdf
    Care Plan – Client Version:
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247542.pdf
    Care Plan - for families, partners, relatives, and carers:
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247543.pdf

  - **How Did I Get Here? (Treatment Tool)**
    https://documents.uow.edu.au/content/groups/public/@web/@ihmri/documents/doc/uow189982.pdf

  For the Client:

  - **What are Personality Disorders?**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow243932.pdf

  - **What Treatment is Available to Me?**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow243928.pdf

  - **Problems with Alcohol and Drug Use**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247512.pdf

  - **Relationship Difficulties, Arguments & Conflicts**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247500.pdf

  - **Self-harm: What is it?**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247505.pdf

  - **The Importance of Self-Care**
    https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247513.pdf

- **Managing Anger**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247507.pdf

- **Managing Distress**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow260855.pdf

- **Managing Emotions**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247511.pdf

- **Effective Communication**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247506.pdf

For Carers:

- **The Basics: for families, partners & carers**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247519.pdf

- **Looking After Yourself: for families, partners & carers**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247525.pdf

- **Managing Anger: for families, partners & carers**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247524.pdf

- **Helpful Tips for Challenging Relationships**
  https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow247522.pdf

- **E-Learning for Carers**
  https://documents.uow.edu.au/server/projectair/carers-intro/

- **Staying Connected for Families and Carers of Borderline Personality Disorder**
  https://www.youtube.com/watch?v=r_B61YifyrM

Further resources and factsheets are available online at www.projectairstrategy.org