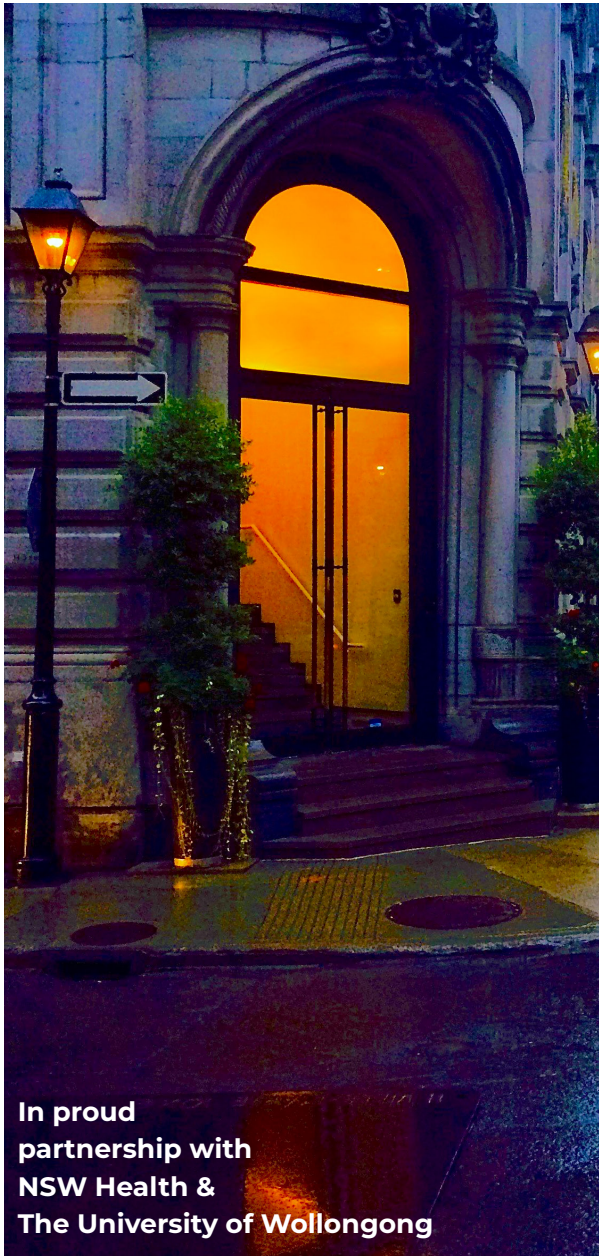
20th International Conference on the Treatment of Personality Disorders

Creating Relationships That Matter

5-7 November 2026
Wollongong, Australia

PROJECT AIR



In proud partnership with NSW Health & The University of Wollongong

The 2026 International Treatment of Personality Disorders Conference is presented by

Project Air Strategy for Personality Disorders

PROJECT AIR

NSW GOVERNMENT Health

UNIVERSITY OF WOLLONGONG AUSTRALIA

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Welcome from the Chair

Dear colleagues and participants,

It is a particular thrill to welcome you to our landmark **20th International Conference on the Treatment of Personality Disorders.** Since 2007, we have run an annual conference on the treatment of personality disorders, and it has been an amazing place to hear and reflect on the growth in the field. Over the last 20 years we have seen an increasing sophistication of science methods and clinical thinking, along with the enrichment of understanding through the inclusion of voices of people with lived and living experience. We have had leaders in science, practice and lived experience from all over the globe come and visit us and join in these discussions, and we have all been energised and inspired through these exchanges.

The conference theme this year perfectly reflects what we have done over the years: **“Creating Relationships That Matter.”** The theme also reflects the general principle that personality disorders have been considered "a disorder of relationships and the medicine is relationships." Relationships that matter are central to recovery. This conference invites us to consider how to enhance the therapeutic alliance with those seeking care by bringing ourselves to this relationship in an active, responsive and validating way. "Creating" such relationships needs our spontaneity, kindness and deliberation in the setting of a safe and predictable frame for care and treatment. Carers, family, health care workers, teachers, welfare teams, employers and the broader community may all play a role. By learning to trust, reflection can be on things "that matter.” We look forward to these discussions, presentations and reflections.



Professor Brin Grenyer
Conference Chair
Director of Project Air Strategy

Lived Experience Day

Thursday 5 November 2026
University of Wollongong
McKinnon Building 67.101

Creating Relationships That Matter

9:15am	Conference Room Opens
9:30am	Acknowledgement of Country
	Conference Opening
9:45am	**Rita Brown** *From overwhelm to advocacy: A lived experience journey toward creating relationships that matter*
10:30am	Morning Break
11:00am	**Sharon Ereaux** *Unmasking schizoid personality disorder: Experience, understanding and hope*
11:30am	**Creative Session Activities** *Interwoven Textile Art, Time Capsule, eLearning Resources*
12:30pm	Lunch Break
1:30pm	**Discussion Panel** *Rita Brown, Natalie Malcolmson, Josh Paton, Scarlet Jones*
2:15pm	**Lauren Vuckovich** *The relationship with myself: What recovery looks like from inside it*
2:45pm	Afternoon Break
3:15pm	**Scarlet Jones** *Existing truthfully within youth mental healthcare*
3:35pm	**Natasha Cuevas** *We heal together: The art of emotional connection*
3:55pm	Closing Reflections
4:00pm	**Art Exhibition Opening and Artist Panel Discussion**
5:00pm	Conference Close

Meet our Keynote Speaker



Rita Brown, OAM

Director of the Lived Experience Workforce, Spectrum, Victoria
President of the BPD Foundation

Rita is a lived-experience leader and a national and international advocate. As a family carer, she brings a deep belief in creating compassionate, inclusive systems where people living with personality disorder - and those who support them - can thrive.

Presentation Details

Rita's journey into the world of personality disorder care did not begin in a training room or a policy meeting - it began at home, as an overwhelmed carer trying to understand how to support someone she loved through the intensity, fear, and relational pain of borderline personality disorder (BPD). Like many families, she entered the system confused, isolated, and unsure where to turn. At times, the system seemed not only unable to support either of them and at its worst, felt almost hostile to their distress - leaving both feeling blamed, misunderstood, or perceived as too difficult to help. What made the difference were the people who reached in: those who offered connection, created spaces where they felt heard, and demonstrated a genuine understanding of the depth of their distress.

This presentation traces the arc of that journey: from struggling carer, to volunteer seeking to make sense of her experience, to a dedicated lived experience leadership role supporting and advocating for people with lived experience and carers within mental health services, and ultimately to her current role as President of the Australian BPD Foundation and a national and international advocate. Across each stage, one thing has remained clear: the important role that relationships and human connection play in shaping how people cope, heal, and, at times, find the courage to keep going. Drawing on both personal experience and professional practice, she reflects on how lived experience roles create bridges across health, community, family, and policy systems. She explores how mutuality, shared humanity, and relational courage enable carers, clinicians, and people with lived experience to work together rather than in parallel. Recovery is not simply an individual journey; it is a collective endeavour. We are all in this together.

Meet our Speakers

Scarlet Jones

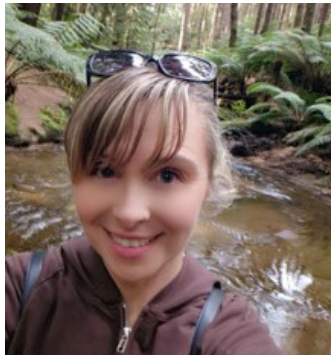
Lived Experience Practitioner



Scarlet Jones (she/her) is a Youth Peer Worker, Mental Health Advocate and member of Project Air's Lived Experience Air Academy. Drawing on her own experiences of youth mental health services, she works to ensure young people's voices are meaningfully included in the care and systems that affect them. Scarlet has contributed to the development of Project Air's treatment guidelines and eLearning resources and presented at the 2025 International Conference on the Treatment of Personality Disorders. Her work is grounded in peer values and a commitment to compassionate, transparent, and relationship-based care. She is particularly interested in trauma-informed practice, neurodiversity, challenging stigma and bias, and the role of lived experience in creating more human and responsive mental health systems.

Lauren Vuckovich

Paramedic, Clinical Educator, and Lived Experience Advocate



Lauren Vuckovich (she/her) is an experienced paramedic, clinical educator and accredited trainer, with 15 years working across healthcare, clinical education, training and development. She brings both professional and lived-experience perspectives to mental health, with a particular interest in the gap between what we understand clinically and what people can actually access and apply in real life. Lauren is also a writer, musician and relentlessly curious researcher who is happiest somewhere in nature. Her interests range from psychology and human behaviour to wildlife, sustainable tourism and whatever subject has most recently captured her curiosity. She is a wife and mum of three, and is currently exploring what recovery can look like when the goal is not becoming less yourself, but developing a safer and more trusting relationship with who you already are.

Meet our Speakers

Sharon Ereaux

Lived Experience Advocate and Recovery Coach



Born in the outer suburbs of Sydney, Sharon Ereaux (she/her) is a multifaceted creative, enjoying writing, art-making, knitting and more. Her passion to share her story in words and in art was birthed through a journey with complex mental health challenges. After two attempts at marriage, successful single parenting, and years of illness, she is focussed on turning the struggles into gems to bring real change help to others. Her writing, coaching and advocacy work are guided by her lived/living experience of longstanding anorexia nervosa, Schizoid Personality Disorder and Ehlers Danlos Syndrome. Always driven to understand things and to problem solve, she has many valuable insights and strategic ideas to share.

Natasha Cuevas

Designer, Artist, Lived Experience Advocate



Natasha Cuevas (she/her) is a Mandandanji woman, designer, artist, mother of three and lived-experience advocate with a passion for exploring the complexity of human emotions. Drawing on her personal experiences of mental health, trauma and recovery, Natasha uses creativity, storytelling and conversation to challenge stigma and encourage greater understanding. Her work explores the power of creative expression to help us make sense of our inner worlds, communicate experiences that can be difficult to put into words, and create connection through shared humanity. In her spare time, Natasha enjoys finding respite in nature and learning about both her Aboriginal and Chilean Mapuche cultures. Her creative practice is continually shaped by identity, connection, storytelling and a curiosity about what it means to be human.

Lived Experience Day

The Lived Experience Day brings together people with lived and living experiences of personality disorder, including individuals, family, friends, and carers, to share their stories through formal presentations, open panel discussions with presenters, and creative sessions. We also welcome clinicians and researchers to join us in these presentations, discussions, and reflections, ensuring lived experiences are heard by everyone.

This year's theme, **Creating Relationships that Matter**, offers a valuable opportunity to hear from people with lived and living experiences, carers, and clinicans about what kinds of relationships matter, how they can be created, and what makes them meaningful.

Scientific Conference

Friday 6 November 2026

University of Wollongong

McKinnon Building 67.104

Creating Relationships That Matter

8.50am	Conference Room Opens
9:00am	Welcome to Country - **Aunty Joyce Donovan**
9:15am	**Prof. Brin Grenyer** *Celebrating 20 conferences: Past, present and future*
9:30am	**Rita Brown** *Mutuality, connection and hope: Creating relationships that matter*
10:30am	Morning Break
11:00am	**Prof. Chiara De Panfilis** *Intimacy, social cognition, and social inclusion challenges in people with personality disorder: Research and clinical implications*
12:00pm	**Lightning Talks**
12:30pm	Lunch Break and Posters
1:15pm	**Dr Jacqueline Huber** *Rethinking risk and hospital use in crisis emergency mental health presentations for people with suicide, self-harm, and personality disorder features*
1:45pm	**Dillon Tepper** *"Why hasn't it been done already?" Psychiatric rehabilitation priorities for people diagnosed with borderline personality disorder*
2:05pm	**Sin-Ying Tan** *Beyond crisis: Factors associated with recurrent inpatient readmission and emergency department re-presentation in borderline personality disorder*
2:25pm	**Celeste Cari** *Managing risk, navigating boundaries, and gaining insight: Psychosocial support workers' experiences of supporting persons with borderline personality disorder*
2:45pm	Afternoon Break
3:00pm	**Dr Kayla Steele** *Personality pathology and outcomes of digital CBT for anxiety disorders: Evidence from two randomised control trials*
3:20pm	**Discussion Panel** *Rita Brown, Prof. Chiara De Panfilis, Dr. Jacqueline Huber, Natasha Cuevas*
3:50pm	Closing reflections
4:00pm	Conference Room Close

Meet our Keynote Speakers



Professor Chiara De Panfilis

Associate Professor of Psychiatry, Department of Medicine and Surgery, Unit of Neuroscience, University of Parma, Italy

Prof. De Panfilis' research focuses on the potential social-cognitive mechanisms that shape the clinical picture and the psychosocial functioning of individuals suffering with personality disorders. She is clinically active in implementing general psychiatric care for personality disorders with transference focused psychotherapy principles. Prof. De Panfilis is President-Elect of the European Society for the Study of Personality Disorders (ESSPD) and co-founder and vice-president of the Personality Disorders Lab (Parma-Milan, Italy), and has authored more than ninety peer-reviewed publications.

Presentation Details

Difficulties in intimate relationships and loneliness are key drivers of psychosocial problems in personality disorders. In this regard, identifying the social-cognitive mechanisms underlying the unique patterns of social (dis)connection in people with personality disorder can help to pinpoint potential intervention targets. Empirical evidence robustly indicates that individuals with BPD in particular feel excluded and disconnected from others, even when they are actually included. This presentation will review the social-cognitive mechanisms underlying the misinterpretation of social inclusion as rejection and differentiate these mechanisms from the more limited findings regarding other personality disorder presentations. While people with BPD may have an intact objective perception of rejection during social interactions, they could appear to exhibit deviant emotional responses and evaluations in social scenarios, causing them to feel rejected even during 'fair', accepting social exchanges. These findings are consistent with the object-relations theory of personality pathology. Individuals with BPD find it difficult to feel close to anyone because real relationships would inevitably differ from an idealized vision of a perfectly accepting relationship. This subjective experience of insufficient social connection despite actual social acceptance may be a core feature of BPD that should be actively addressed in treatment and considered an important marker of recovery. The presentation will then explore potential strategies to address this 'acceptance insensitivity' bias effectively in BPD treatment.

Meet our Keynote Speakers



Rita Brown, OAM

Director of the Lived Experience Workforce, Spectrum, Victoria President of the BPD Foundation

Rita Brown, OAM, is a lived-experience leader and a national and international advocate. As a family carer, she brings a deep belief in creating compassionate, inclusive systems where people living with personality disorder - and those who support them - can thrive. Rita is President of the Australian BPD foundation, the Associate Director of Lived Experience Workforce and Advocacy at Spectrum (the Victorian Statewide Service Specialising in Personality Disorder and Complex Trauma), a board member of Asia-Pacific Association for the Research and Treatment of Personality Disorder and a member of the ISSPD (International Society for the Study of Personality Disorder) Lived Experience Advisory Committee. Her advocacy, writing and national contributions were recognised in 2025 with the ISSPD Perry Hoffman Award for Community Service, and she was awarded an Order of Australia Medal in the 2026 Australia Day Honours list for her contribution to community (mental) health.

Presentation Details

Personality disorders are often described as disorders of relationships, making relationships themselves one of the most powerful agents of change. Drawing on her experiences as a family carer of a person living with borderline personality disorder (BPD), her work in a dedicated lived experience leadership role, and her role as Chair of the Australian BPD Foundation, Rita will explore the transformative potential of mutuality in creating relationships that matter. For many people living with BPD, experiences of stigma, invalidation, misunderstanding, and disconnection become barriers to help-seeking, engagement, and recovery. Equally, families and carers often experience their own journey of confusion, distress, and isolation. Yet meaningful relationships - whether with clinicians, peer workers, family members, researchers, educators, or community members - can all become catalysts for hope, trust, and recovery. Rita will discuss how lived experience perspectives challenge traditional notions of expertise and invite a more relational, collaborative approach to care. She will highlight that compassionate human connection is not a luxury in (mental) healthcare - it is a powerful therapeutic intervention that benefits both patients and those who care for them.

Meet our Speakers

Dr Jacqueline Huber

St Vincent's Hospital, Sydney, Australian and New Zealand Emergency Psychiatry Network



Jacqueline is a Senior Staff Specialist Psychiatrist and Clinical Lead in Emergency Psychiatry at St Vincent's Hospital Sydney. She is the founder and Chair of the Australian and New Zealand Emergency Psychiatry Network and a PhD candidate at the University of Sydney. Her clinical and research work focuses on improving care for people presenting in mental health crisis, particularly those experiencing suicidality and self-harm. Her research examines the role of hospital care, short-stay crisis units, risk assessment, and how emergency mental health services can provide more therapeutic, person-centred responses to distress.

Dr Kayla Steele

Black Dog Institute, University of New South Wales



Kayla is a clinical psychologist and postdoctoral research fellow at the University of New South Wales School of Psychology, based at the Black Dog Institute. Her research focuses on developing, implementing, and evaluating novel digital psychological interventions for anxiety and depression, personality disorder and women's mental health. Clinically, Kayla has worked across various settings including inpatient mental health, adult and child and adolescent community mental health, university psychology clinics, and private practice. She specialises in working with individuals with personality disorder and complex trauma.

Meet our Speakers

Dillon Tepper
PhD Candidate,
Adelaide University



Dillon is a mental health occupational therapist and PhD candidate interested in the daily living functioning of people diagnosed with borderline personality disorder (BPD). His research focuses on understanding how a diagnosis of BPD impacts everyday activities and routines, with the goal of raising the profile and evidence-base of rehabilitation interventions to enable functional recovery.

Sin-Ying Tan
Senior Clinician,
Eastern Health



Sin-Ying is a mental health clinician and emerging practitioner-researcher working in a public mental health service in Melbourne. Her clinical and research interests include borderline personality disorder (BPD) and mental health service improvement. Through her clinical practice and research activities, she aims to strengthen evidence-informed and recovery-oriented care.

Celeste Cari
Research Assistant,
Charles Sturt University



Celeste has a background in psychology and health research. Her research interests include personality disorders, relationships, and the experiences of people working within mental health and healthcare settings. Celeste's recent research has explored how psychosocial support workers navigate their relationships with people with borderline personality disorder. Her work has been published in Advances in Mental Health.

Presentation Details

Rethinking risk and hospital use in crisis emergency mental health presentations for people with suicide, self harm and personality disorder features
Dr Jacqueline Huber

Emergency mental health care for people presenting with suicidality, self-harm and personality disorder features remains shaped by risk assessment and admission decisions. Yet our ability to predict suicide at the individual level is poor, and admission itself is not a neutral intervention. For some people it can provide sanctuary, relational safety and a crucial interruption to crisis; for others, restrictive practices, loss of agency and poorly defined admission goals may compound distress or reinforce patterns of repeated hospital use. Drawing on research into Psychiatric Emergency Care Centres and short-stay crisis care, including clinician and service-user perspectives, we examine how we might move beyond the question of whether a person is simply "safe" or "unsafe". It will consider hospitalisation as an active clinical intervention requiring a defined purpose, collaborative goals and attention to both relational and environmental safety.

Personality Pathology and Outcomes of Digital CBT for Anxiety Disorders: Evidence from Two Randomised Controlled Trials
Dr Kayla Steele

Personality disorder and anxiety disorders frequently co-occur, complicating treatment and contributing to poorer clinical outcomes. Cognitive Behavioural Therapy (CBT) is recommended as a first-line treatment for anxiety disorders and has demonstrated efficacy across a range of anxiety presentations. However, comorbid personality pathology may influence symptom severity, treatment responsiveness, and recovery trajectories. While digital CBT has become increasingly widespread and effective for anxiety disorders, little is known about the impact of personality pathology on outcomes in these interventions. This presentation reports preliminary findings from secondary analyses of two recent randomised controlled trials: a brief digital CBT program for social anxiety disorder and a blended-care digital CBT program for anxiety and depression. The analyses examine whether personality traits and personality functioning predict treatment response and adherence across these digital formats. Findings will be discussed in the context of improving treatment planning and understanding the role of personality pathology in the delivery and effectiveness of digital CBT for anxiety disorders.

Presentation Details

"Why hasn't it been done already?" Psychiatric rehabilitation priorities for people diagnosed with borderline personality disorder
Dillon Tepper

Introduction: Remission from borderline personality disorder does not mean functional recovery. Psychiatric rehabilitation is needed. This study identified priority domains and ideas for a rehabilitation program targeting daily living functioning. Methods: Modified nominal group technique captured consumer (n = 9), carer (n = 7), mental health clinician (n = 3) and occupational therapist (n = 5) perspectives. Discussions were analysed using conventional content analysis. Results: Priority domains: 1) Finding purpose and identity through roles, values and milestones; 2) Sleep and energy management; 3) Coping strategies for emotional regulation; 4) Relationships, social connection and interpersonal skills; 5) Structured routines and balanced living; 6) Self-care, household and financial management; 7) Help-seeking and self-advocacy. A modular, graded program could progress from foundations at home to values-aligned community integration. Design considerations included carer involvement, facilitator training and responsiveness to stigma. Conclusion: Findings lay a foundation for co-producing a relationship-informed rehabilitation program for functional recovery.

Managing risk, navigating boundaries, and gaining insight: Psychosocial support workers' experiences of supporting persons with borderline personality disorder
Celeste Cari

Psychosocial support workers play an important yet under-researched role in supporting individuals with borderline personality disorder (BPD). While existing literature highlights negative experiences and stigma towards individuals with BPD among clinicians, little is known about psychosocial support workers' experiences. This qualitative study explored the experiences of eight psychosocial support workers through semi-structured interviews and inductive thematic analysis. Five themes emerged: managing difficult presentations, navigating negative emotional responses, role-related impacts, awareness of stigma, and the importance of support and training. Participants experienced significant emotional strain managing risk and complex interpersonal boundaries in low-support environments. These findings demonstrate how the distinct nature of psychosocial roles shapes frontline experiences. Ultimately, this study emphasises the need for targeted training and organisational structures to support worker well-being and elevate the quality of relational care for individuals living with BPD.

Presentation Details

Beyond Crisis: Factors Associated with Recurrent Inpatient Readmission and Emergency Department Re-presentation in Borderline Personality Disorder
Sin-Ying Tan

Individuals with borderline personality disorder (BPD) experience disproportionately high rates of recurrent psychiatric inpatient admissions and emergency department (ED) presentations, placing substantial burdens on individuals, carers and healthcare systems. Despite this, the factors associated with repeated acute service utilisation have not previously been synthesised. This systematic review identified and synthesised evidence on factors associated with recurrent acute service use, with exploratory meta-analyses estimating one-year rates. Narrative synthesis identified five broad domains associated with recurrent acute service utilisation: clinical severity, suicidal and self-harming behaviours, previous service utilisation, social circumstances, and service-related factors. Exploratory meta-analyses estimated that almost half of individuals were readmitted to inpatient care and approximately three in five re-presented to ED within one year. The findings suggest that reducing recurrent acute service use requires more than symptom management, highlighting the importance of continuity of care, therapeutic engagement and coordinated, recovery-oriented relationships that support individuals across the continuum of care.

Lightning Talks

More than grounding: The human-nature relationship in personality disorder recovery
Dr. Stephanie Weston

Recovery from personality disorder is fundamentally relational, yet meaningful recovery relationships are often conceptualised exclusively in human terms. This presentation explores a broader perspective: the potential for relationships with nature to contribute meaningfully to recovery. Theoretical and conceptual foundations for nature as a relational resource in recovery are presented, focusing on nature both as a relational resource independent of therapy or therapist, as well as how nature may transform the therapeutic relationship when therapy occurs outdoors. The poster also presents a clinical vignette and introduces an emerging research program exploring human-nature relationships in recovery for young people with severe mental illness. By expanding our understanding of what constitutes a meaningful recovery relationship, this presentation invites consideration of how connections with the natural world may enrich therapeutic practice and support recovery for people living with personality disorder.

The role of depressive experiences in the relationship between adult attachment and pathological narcissism
Mina Barley

This project investigates the relationships between adult attachment, dependent and self-critical depressive experiences and pathological narcissism. The study aims to identify pathways in which dependent (anaclitic) and self-critical (introjective) depression account for the relationship between insecure attachment and vulnerable narcissism. In a sample of 292 participants, it was found that introjective depression partially mediates the relationship between fearful attachment and vulnerable narcissism, while anaclitic depression fully mediates the relationship between preoccupied attachment and vulnerable narcissism. These findings carry practical implications for the treatment of pathological narcissism, particularly by highlighting dependency and self-criticism as modifiable therapeutic targets. Clients presenting with anaclitic concerns may benefit from interventions addressing fear of abandonment and relational dependency, such as building tolerance for autonomy. Alternatively, clients with introjective concerns may benefit from interventions targeting harsh self-criticism, such as cognitive restructuring and compassion-focused approaches. Both approaches recognise the depressive vulnerability underlying presentations of vulnerable narcissism.

Lightning Talks

Envy and gratitude: The role of personality functioning and narcissism
Athena Staughton

Melanie Klein (1946, 1956) proposed that early life is dominated by emotional impulses, envy and gratitude, directed toward the mother that either facilitate or hinder the integration of positive and negative experiences of self and others. This process is integral to healthy relating in later life. Kernberg (1967) extended these ideas into a theory of narcissism and personality organisation, which informed modern dimensional models of personality functioning and severity. This study examined Klein's classic theoretical proposition by examining how gratitude and resentment relate to personality functioning impairment and narcissism, bridging object-relations theory with contemporary personality assessment. Among the 502 undergraduates sampled, grandiosity was unrelated to personality functioning impairment despite being related to greater resentment and lower gratitude. Narcissism and personality functioning impairment independently predicted resentment more strongly than gratitude, and the effects of narcissism on these outcomes did not depend on level of personality functioning impairment. Narcissism and personality functioning impairment were positively related with conflict and anger in participants natural language. These results support the distinction between general impairments in personality functioning from specific stylistic factors and endorse psychodynamic models of treatment for narcissism that focus on targeting underlying envious grievances rather than cultivating gratitude directly.

Co-occuring bulimia nervosa and borderline personality disorder presentations: Implication of impulsivity on affect dysregulation profiles and clinical functioning
Isabella Frame-Ripley

This research examines the complex clinical presentation of individuals experiencing co-occurring bulimia nervosa (BN) and borderline personality disorder (BPD), using archival clinical data collected through the Project AIR Affect Regulation Clinic. This combined presentation is characterised by heightened impulsivity, where individuals experience depletion of self-control during states of intense negative affect. This under controlled and emotionally reactive impulse style increases the likelihood of engaging in rash behaviours such as bingeing and purging, which in turn reinforce bulimic patterns. In this context, binge–purge behaviours function as maladaptive strategies to regulate and ameliorate negative affect. The study compares the broader affect dysregulation profile of individuals with BPD and those with co-occurring BPD BN, focusing on clinically observable indicators of anger, depression, and psychological distress, and examines whether these differences extend to clinical functioning. Findings aim to deepen understanding of the emotional mechanisms underlying complex comorbid presentations.

Lightning Talks

"Let us know that you understand it's hard": Experiences of informal support among carers of preadolescents experiencing suicidal distress
Asha Patterson

The prevalance of suicidal distress (SD) among preadolescents aged 9 - 13 years is increasing, meaning more carers are in need of support through the profound psychological, social, and vocational strains associated with their caregiving role. While research has investigated the *formal* support needs of carers, their *informal* support experiences, help offered by friends, family, and community, remain unexplored. This exploratory mixed-methods study aimed to understand the experiences and perceptions of informal support among seven Australian carers of preadolescents experiencing SD. Reflexive thematic analysis generated four themes: (1) *The carer and child's experiences are fundamentally misunderstood*, (2) *Navigating relationships through particularly confronting experiences*, (3) G*enuine connection is at the heart of postive support experiences*, (4) *Receiving support from peers is invaluable, but easier said than done*. The findings highlight the potential for informal networks to be meaningful sources of practical and emotional support for carers. However, gaps in public understanding of preadolescent SD and difficulties accessing appropriate online peer groups mean this potential often goes unrealised. Thus, strengthening the capacity of carers' informal support networks should form part of a comprehensive approach toward preadolescent suicide prevention.

Adapting the perfectionism social disconnection model: The roles of attachment, mentalisation, shame, and perfectionism in trait social anxiety
Paris Grozdanovski

Social anxiety refers to the tendency to respond anxiously in social situations, often involving an element of performance, interaction, or other interpersonal aspects (Elwood et al., 2012; Leary & Kowalski, 1995). The Perfectionism Social Disconnection Model (PSDM) provides a theoretical pathway linking attachment difficulties, perfectionistic traits, and intensified experiences of shame to complexly contribute to the development of psychological dysfunction, including social anxiety (Hewitt et al., 2017). The literature frequently associates these factors, and mentalisation deficits with greater social anxiety symptoms within both clinical and non-clinical populations. The present study adapts the PSDM to simultaneously examine each variable's role in explaining greater social anxiety symptoms. Specifically, whether a preoccupied attachment style, the tendency to hypermentalise, greater experiences of shame, and socially prescribed perfectionism explain this phenomenon in a university population of undergraduate psychology students.

Lightning Talks

Long-term symptomatic and functional outcomes in borderline personality disorder: A systematic review of longitudinal course and baseline predictors
Hannah Stewart

Background: Although Borderline Personality Disorder (BPD) symptoms often remit over time, it remains unclear whether symptom improvement is accompanied by functional gains across vocational, educational, relational and social domains. *Aim:* To systematically review the literature on longitudinal symptomatic and functional outcomes for adults and adolescents with BPD, and baseline predictors associated with these outcomes. *Methods:* PRISMA-guided systematic review. Eligible studies included adults or adolescents with a formal diagnosis of BPD, baseline assessment, follow-up of at least two years, and both symptomatic and functional outcomes. Data were extracted on study characteristics, outcomes, predictors, treatment context and key findings. Risk of bias was assessed using the Joanna Briggs Institute Checklist for Cohort Studies. *Results:* Of 11,368 records, 32 studies met inclusion criteria. *Conclusions:* This review will synthesise how symptomatic and functional improvement relate over time, how functioning changes across domains, and which baseline factors are associated with more or less favourable outcomes.

CHIME-ing in: The lived experience of personal recovery in BPD
Georgia Dellow

Recovery from BPD remains poorly understood and standard recovery frameworks may be insufficient at capturing the challenges associated with recovery. CHIME-D, a recovery-oriented framework developed through lived experience voices, was used to understand personally meaningful recovery. Personal narratives of recovered and non-recovered individuals were analysed through CHIME-D, examining how CHIME-D moves over time. At 1-year follow-up both groups spoke of Difficulties at a similar frequency. By 5-year follow-up, the recovered group spoke of fewer Difficulties, often within a broader narrative of personal growth. Conversely, the non-recovered group had increased Difficulties-related content, spoken in relation to unmet needs. Recovery is an ongoing process and how difficulties are narrated may matter clinically. Ongoing support needs to remain attentive to these difficulties and not treat symptom improvement as evidence that ongoing challenges have resolved. CHIME-D has demonstrated applicability in understanding BPD recovery, with each dimension potentially serving as a therapeutic target for intervention.

Lightning Talks

Redeveloping treatment guidelines for personality disorder: Centering the voices of experts with lived and living experience
Sophie Lucas

Project Air Treatment Guidelines (PATG) for personality disorder were last revised over ten years ago. Historically, these have been written for health professionals by health professionals. This poster comprises a narrative overview of processes of consultation of Lived and Living Experience (LLE) experts in the PATGs redevelopment. The revision involved guidance and feedback from PAS Lived Experience Coordinator, staff, and PAS Lived Experience Air Academy (LEAA) members (N=11). Providing opportunities for the LEAA to review PATGs drafts and sharing feedback and opinions in inclusive and diverse ways, speaks to / highlights the complexity of living with borderline personality disorder (BPD), and how treatment may be experienced by people living with BPD and their carers. Reflections are summarised on the process of inviting the LEAA, and the importance of creating meaningful, respectful engagement opportunities. LEAAs inclusion in this process was essential; gaining rich insights into treatment received, understanding what's working well, and identifying gaps in PATGs that need addressing.

A randomised controlled trial of a recovery-oriented peer and clinician co-faciliatated group for borderline personality disorder
Sophie Lucas (Poster only)

While structured psychotherapies for borderline personality disorder (BPD) are effective, access remains limited. Peer support models may enhance engagement, empowerment, and recovery-oriented outcomes; however, controlled evaluations of co-produced, hybrid peer and clinician interventions for BPD are scarce. A peer and clinician co-led, six week group therapy program, AIR Peers, was co-developed by and for people with BPD. To examine whether peer involvement improves symptom reduction and mental health outcomes compared with treatment as usual (TAU), a parallel-group randomised controlled trial (RCT) was undertaken; N = 83 (88% female, M age = 36yrs) were randomised into either AIR Peers therapy (n = 43) or TAU (n = 40). The intervention was co-facilitated by a peer worker with a lived experience of BPD and a clinical psychologist. AIR Peers involved 12 hours of group therapy over a 6-week period. The primary outcome was symptom reduction (DSM-5) with secondary outcomes of self-reported mental health ratings (MHI-5). The AIR Peers group was associated with clinically meaningful reductions in symptom severity in addition to improvements in overall mental health, while no changes were found in the TAU group. Additionally, qualitative analyses indicate that high participant satisfaction ratings provide support for the AIR Peers model to be included as a meaningful evidence-based treatment. This study had two key innovations; first, a peer worker who had recovered from BPD co-led the group; second, the topics in the AIR Peers program were novel and co-developed by people with lived and living experience of BPD and clinical psychologists.

Clinical Workshop

Saturday 7 November 2026
University of Wollongong
McKinnon Building 67.104

Using Transference Focused Psychotherapy (TFP) informed care principles to improve outpatient and community mental health therapy for people with personality disorder and complex needs - A clinical case based workshop

8.50am	Conference Room Opens
9:00am	Welcome and Opening
9:30am	**Applied TFP: Origins, rationale, and definition**
10:30am	Morning Break
11:00am	**Applied TFP: What's in the toolbox?**
12:30pm	Lunch Break
1:30pm	**The applied TFP toolbox: Structuring the treatment *before* treatment begins**
3:00pm	Afternoon Break
3:15pm	**The applied TFP toolbox: Contracting and treatment plan**
4:00pm	Conference Room Close

Professor Chiara De Panfilis

Associate Professor of Psychiatry, Department of Medicine and Surgery, Unit of Neuroscience, University of Parma, Italy

Prof. De Panfilis' research focuses on the potential social-cognitive mechanisms that shape the clinical picture and the psychosocial functioning of individuals suffering with personality disorders. She is clinically active in implementing general psychiatric care for personality disorders with transference focused psychotherapy principles. Prof. De Panfilis is President-Elect of the European Society for the Study of Personality Disorders (ESSPD) and co-founder and vice-president of the Personality Disorders Lab (Parma-Milan, Italy), and has authored more than ninety peer-reviewed publications.

Clinical Workshop

Using Transference Focused Psychotherapy (TFP) informed care principles to improve outpatient and community mental health therapy for people with personality disorder and complex needs - A clinical case based workshop

Workshop Objectives

1. Explain how the core principles of TFP can inform mental health care outside of the standard twice-weekly specialist TFP psychotherapy setting ("Applied TFP").
2. Describe how Applied TFP can be used to structure mental health care for people with personality disorders, including community-based, outpatient, multidisciplinary team-based care, regardless of whether psychotherapy is offered.
3. Illustrate the core elements of the Applied TFP "toolbox": structural diagnosis; sharing the diagnosis; timely contact with family members and prior treaters; identifying treatment goals; and treatment contract.
4. Describe how the Applied TFP treatment framework helps clinicians from various professional backgrounds to understand patients' behaviour as an expression of their internal world. Explain the importance of monitoring the three channels of communication, tolerating confusion, identifying dominant object relations and using clarification and clinician-centred interventions to manage affect storms.
5. Clarify that Applied TFP principles can be integrated into other treatments: clinicians do not have to abandon their own approach to use TFP principles adjunctively.
6. Explain how using an "Applied TFP checklist" when structuring outpatient and community mental health treatment for individuals with personality disorders and complex needs can help to avoid common errors, such as team splitting, polypharmacy, unnecessary hospitalisations, clinical decisions that escalate crises, psychotherapies without clear goals and inconsistent responses among team members.
7. Illustrate how Applied TFP principles aim to protect both the patient and the clinicians.

Art Exhibition

radical renaissance

CREATING RELATIONSHIPS THAT MATTER

This is the recognition of the creativeness of people with lived and living experience of emotional distress, trauma, and being labeled. Creativity isn't just healing - it speaks, takes up space, and redefines what a life worth living may mean beyond systems that may not see us as who we really are.

PROJECT AIR

Opening Night

05 NOVEMBER 4PM-5PM

McKinnon Building (67),
University of Wollongong

Join us for an evening of art, conversation and connection, featuring artist talks, refreshments and exhibition viewing. The exhibition will continue to be **available to view throughout the conference.**

'I've Always Hated 5pm', Jamee Lea, 2026



Claire Payne, Em Newton-Elliot, Helen Minns, Jack, Jamee Lea , Jem Sharwood, Kirsten Campbell, Mariam Chanaoui, Patricia Brockbank, Sarah Clarke, Sharon Ereaux, Stewart Stubbs, Vasternous, Viva, Zaide Harker

Quiet Retreat Space

International Treatment of Personality Disorders Conference

Project Air invites attendees to recharge in our quiet retreat space - a calming environment designed to support emotion regulation, reduce distress, and enhance focus



Soft Furnishings

Memory foam filled bean bags offer a comfortable place to unwind

Visual Environment

Visually engaging elements promote a sense of calm and reduce sensory strain

Soundscape

Gentle ambient sounds like rainfall create a soothing auditory experience and increase focus

Lighting

Soft fairy lights provide low level illumination to reduce sensory overload and promote relaxation

Tactile Engagement

Sensory items like fidget tools invite grounding through touch and support self-regulation

University of Wollongong
McKinnon Building 67.102

PROJECT AIR

We value your feedback

We would greatly appreciate honest feedback about your experience of the 20th International Treatment of Personality Disorders conference. Please use the QR codes below to help us improve our delivery of future conferences.

Lived Experience Day

Scientific Conference

Clinical Workshop

To access additional resources regarding personality disorders, visit

www.projectairstrategy.org

