

Family, Partner and Carer Intervention Manual for Personality Disorders



STAYING CONNECTED



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

Accompanying resource:

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

Accompanying randomised controlled trial:

Grenyer, B. F. S., Bailey, R. C., Lewis, K. L., Matthias, M., Garrety, T., & Bickerton, A. (2018). A randomized controlled trial of group psychoeducation for carers of persons with borderline personality disorder. *Journal of Personality Disorders*, 33(2), 214-228.
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Definitions:

Carers

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

Emerging Personality Disorder

Young people who exhibit a constellation of behaviours and problems (i.e. emotion dysregulation, physical and verbal aggression, self-harming behaviours, low self-esteem, difficulties making and keeping friends, family dysfunction, learning problems, trauma symptoms) which taken together have been understood here as youth with emerging personality disorder.

Personality Disorder

Personality Disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Personality Disorder refers to personality traits that are maladaptive, inflexible, and pervasive in a number of contexts over an extended duration of time, causing significant distress and impairment.

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Introduction

Families, partners and carers of persons with personality disorder experience significant distress and burden within this role (Bailey & Grenyer, 2013, 2014; Day, Bourke, Townsend, & Grenyer, 2018). Treatment guidelines now recommend supporting families and carers, including involving them in the treatment process to improve wellbeing and thereby assist them in effectively caregiving for the person with personality disorder. This manual has been designed to help services engage and work with families and carers of persons with personality disorder in a brief four session intervention that aims to provide information, support and strategies.

This manual has been developed in accordance with the relational model advocated by the Project Air Strategy for Personality Disorders (see *The Relational Model of Treatment* in the Project Air Strategy Treatment Guidelines). The relational model involves an integrative and collaborative approach to personality disorders treatment, focussing not only on the person with personality disorder but also carers, health services and clinicians. In the relational treatment model, the person's problems are seen as stemming from problematic and dysfunctional relationship patterns that have developed over time (Grenyer, 2012). These relationship patterns are considered both intrapersonal (how the person relates to themselves, including their feelings and thoughts) and interpersonal (how they relate to others).

The relational model recognises that responsibility for effective relationships also rests with others involved in the person's life. It is now recognised that a service system that works together in an integrated manner better supports people with personality disorders, rather than any sector working in isolation (Grenyer, 2014; Grenyer, Lewis, Fanaian, & Kotze, 2018). Therefore, clinicians, case managers, carers, youth workers, teachers, school counsellors and the broader community share a joint responsibility to respond effectively to the person in a way that is helpful and encouraging (Townsend, Gray, Lancaster, & Grenyer, 2018). Indeed, longitudinal research indicates that clinicians attitudes towards working with individuals with a personality disorder has improved, reflecting the hope and optimism of treatment providers and the wider community informed by over 27 years of evidence and treatment (Day, Hunt, Cortis-Jones, & Grenyer, 2018). Caring for and helping people with personality disorders is everyone's business (Grenyer, Ng, Townsend, & Rao, 2017) and everyone can choose to adopt the key principles from the Project Air Strategy model.

This manual was utilized in a randomized controlled trial that sought to provide education and support to carers of individuals with a personality disorder (Grenyer et al., 2018). Compared to waitlist control groups, participants reported improvements in their relationship with their relative with a personality disorder and improvements in family empowerment (reflecting carers ability to take an active role in supporting their relatives treatment). At a 12 month follow-up these improvements were maintained and carers also reported an improvement in their mental health and decreased levels of burden.

Who should use this manual?

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

Overview of the Intervention

The Project Air Carers intervention offers support, information and strategies to assist carers within their role and improve the relationship. The approach is to de-stigmatise mental illness and promote

a hopeful attitude by emphasising the importance of relationships and a non-judgemental and safe approach to caring. Increasing awareness of the relational aspect of caregiving is integral to this approach as any unhelpful relationship patterns can be modified in order to more effectively meet the needs of the person with personality disorder and the carer.

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

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

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

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

The aims of the intervention are to:

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

Referral criteria

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

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

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

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

Key Principles for Working with People with Personality Disorders

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

How to use the resources in this manual

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

Many people will have no difficulty utilising the resources as they have been designed, however, clinicians are encouraged to adapt the relevant information contained within the provided resources and present it in a fashion that is both engaging and appropriate for the carer. For instance, there is a wallet sized version of the Carer Plan (see below) that may be more convenient for the carer to use. Alternatively, if the carer has a smart phone they could take photos of their Carer Plan, Fact Sheets and Help Sheets so that they are easily accessible and conspicuous.

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

Children and young people

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

Working with carers from other cultures

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

Intergenerational trauma also needs to be a consideration when working with culturally and linguistically diverse (CALD) families and carers. Often refugee and migrant communities are struggling with unresolved trauma, grief and loss, and adjusting to a new culture, language and way of life can put increased stress on already vulnerable people and their families. Second generation migrant families may also struggle with different social expectations (Victorian Government Department of Human Services, 2012).

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

Carer plan

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

Example Carer Plan Wallet Card

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

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

Available for download from www.projectairstategy.org

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

<p>My carer crisis survival strategies</p> <p>Warning signs that the person I support is unsafe, in distress or crisis</p> <p>Things I can do when the person I support is unsafe, distressed or in crisis that won't harm them or me</p> <p>Things I have tried before that did not work or made the situation worse</p> <p>What I can do to take care of myself in stressful times</p> <p>Places and people I can contact in a crisis: Lifeline: 13 11 14 Emergency: 000 Local Service:</p>
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My support people (e.g. friends, family members, partner, psychologist, psychiatrist, social worker, GP)			
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Name	Contact Details	Role for me	OK to Contact?

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

Session One

Topic: Understanding Personality Disorder, Emotion Dysregulation and Related Issues

Objectives:

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

Outline:

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

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

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card
- Project Air Fact Sheets. Examples: What are Personality Disorders?, Mental health support services, What treatment is available to me?
- Project Air Fact Sheets for Families, Partners and Carers. Examples: The basics, Effective communication, Managing anger
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder)

Steps to follow for Session One:

Build rapport throughout the sessions

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

Acknowledge the carer's efforts to attend the session, and the struggles they experience in their caregiving role. For example, *"I'm really struck by the way you've come in today and the way you talk about her/him, and your ability to think and connect with him/her during difficult times."*

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

Set the frame for the intervention

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

If providing the intervention in a multifamily setting:

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

Briefly establish group rules.

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

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

Briefly screen for any risks (this could be achieved through your organisations Domestic Violence and Child Protection screening tools). This may be addressed with *"sometimes difficult things happen in a family, I am wondering if there has been any violence? Who in the family might be unsafe?"*

Assess the carers current needs such as level of self-care, carer service engagement, own supports, knowledge of the disorder and mental health system. Assess the needs of the family unit as a whole, particularly the family dynamics: *"Who has been tossed around most by the person's behaviour?"*

Provide psycho-education regarding personality disorder, development and treatment

Diagnosis key points:

Personality disorder can be described as:

Impulsive and self-destructive behaviour

Changing emotions and overwhelming feelings

Problems with identity and sense of self

Thoughts of suicide or self-harm

Challenging personality features.

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

Prevalence and development key points:

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

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

Emphasise the biopsychosocial model of personality disorder development:

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

Actively move the carer away from concerns regarding possible causes of the disorder. Refocus by emphasising that the most constructive issue they can attend to is how to cope with the current and ongoing problems they face in their role. It may be helpful to say, *“I’m sorry to hear that happened, but what’s important today is not to focus on the past, but rather talk about today and tomorrow, about what we can do to help the situation now.”*

Treatment key points:

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

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

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

Provide psycho-education regarding emotion dysregulation and relationships

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

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

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

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

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

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

Introduce the Carer Plan

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

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

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

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

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

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

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

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

Discuss family and carer research and roles

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

Carers report significant levels of burden and grief in their role

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

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

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

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

Document the session

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

Session Two

Topic: Interpersonal Styles and the Caregiving Relationship

Objectives:

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

Outline:

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

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

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

Steps to follow for Session Two:

Engage the carer further

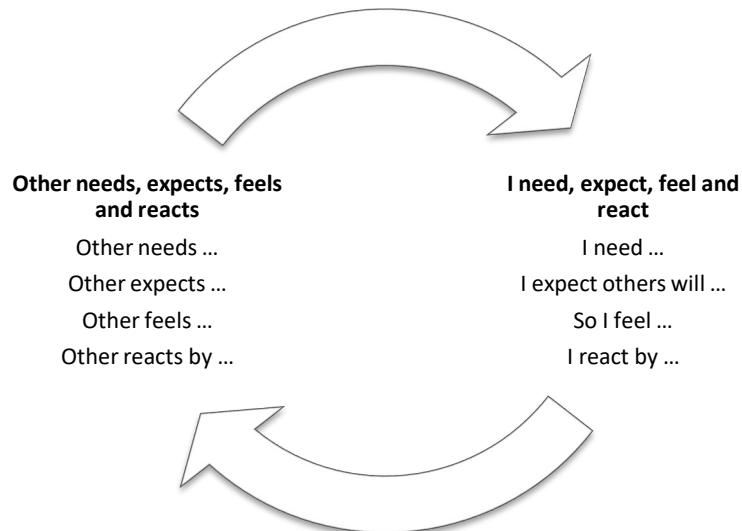
This can be achieved by checking-in, such as “what did you take away from the last session?”, “Have you changed your caregiving approach at all considering the discussion from the last session?”, “What have you included in the goals section of your Carer Plan?”

Provide psycho-education regarding interpersonal styles and patterns

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

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

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



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

Develop communication strategies

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

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

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

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

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

Develop the Carer Plan further

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

Document the session

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

Session Three

Topic: Limit Setting, Crisis Management and Safety Planning

Objectives:

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

Outline:

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

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

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card (from Session Two)
- Project Air Fact Sheets for Families, Partners and Carers. Examples: Relationship difficulties, arguments and conflicts, Understanding self-harm and suicidal thinking, Managing anger
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder)

Steps to follow for Session Three:

Engage the carer further

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

Develop limit setting strategies

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

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

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

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

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

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

Develop crisis management strategies

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

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

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

Further develop the Carer Plan with emphasis on safety planning sections

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

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

Document the session

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

Session Four

Topic: Self-Care and Conclusion

Objectives:

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

Outline:

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

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

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015) including chapters on *Involving Family Members and Carers* and *Developing a Care Plan*
- Carer Plan / Carer Plan Wallet Card (from Session Three)
- Project Air Fact Sheets for Families, Partners and Carers. Examples: Looking after yourself, The importance of self-care, What else can I read? What is mindfulness
- Project Air Help Sheets. Examples: Rhythms and sounds, Sushi train, Leaves on a stream, Dropping anchor, Bubbles
- Training DVD (Staying Connected: A family, partner and carer resource for improving relationships with people with a personality disorder).

Steps to follow for Session Four:

Reinforce the importance of self-care

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

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

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

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

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

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

Discuss further support options and resources

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

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

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

Finalise the Carer Plan

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

Wrap-up and conclusion

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

Document the session

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

Sample Intervention Poster

PROJECT AIR CARERS

A workshop for
families, partners
& carers about
personality
disorder



Do you support
someone who
experiences



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



WORKSHOP OVERVIEW

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

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

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

Cost: Free (registrations essential)

How do I register?

Phone Jacinta or Kate on (02) 4868 2755 or Teagan on (02) 4822 1872
or email jacinta.bishop@sfnswh.org.au

Eligibility

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

This workshop is facilitated by Project Air Strategy for Personality Disorders from the Illawarra Health and Medical Research Institute. PROJECT AIR STRATEGY is a team working to improve the services available for people with a personality disorder.

For helpful family and carer resources, go to www.projectairstrategy.org



Reference List

- Bailey, R., & Grenyer, B. F. S. (2013). Burden and support needs of carers of persons with borderline personality disorder: a systematic review. *Harvard Review of Psychiatry*, 21(5), 248-258. doi:10.1097/HRP.0b013e3182a75c2c
- Bailey, R., & Grenyer, B. F. S. (2014). Supporting a person with personality disorder: a study of carer burden and well-being. *Journal of Personality Disorders*, 28(6), 796-809. doi:10.1521/pedi_2014_28_136
- Day, N. J. S., Bourke, M. E., Townsend, M. L., & Grenyer, B. F. S. (2018). Pathological narcissism: A study of burden on partners and family. *Journal of Personality Disorders*. doi:10.1521/pedi_2019_33_413
- Day, N. J. S., Hunt, A., Cortis-Jones, L., & Grenyer, B. F. S. (2018). Clinician attitudes towards borderline personality disorder: A 15-year comparison. *Personality and Mental Health*, 12(4), 309-320. doi:10.1002/pmh.1429
- Grenyer, B. F. S. (2012). The clinician's dilemma: Core conflictual relationship themes in personality disorders. *ACPARIAN (the official newsletter of the Australian Clinical Psychology Association)*, 4, 24-26.
- Grenyer, B. F. S. (2014). An integrative relational step-down model of care: The Project Air Strategy for personality disorders. *ACPARIAN (the official newsletter of the Australian Clinical Psychology Association)*, 9, 8-13.
- Grenyer, B. F. S., Bailey, R. C., Lewis, K. L., Matthias, M., Garretty, T., & Bickerton, A. (2018). A randomized controlled trial of group psychoeducation for carers of persons with borderline personality disorder. *Journal of Personality Disorders*, 33(2), 214-228. doi:10.1521/pedi_2018_32_340
- Grenyer, B. F. S., Lewis, K. L., Fanaian, M., & Kotze, B. (2018). Treatment of personality disorder using a whole of service stepped care approach: A cluster randomized controlled trial. *PLoS One*, 13(11). doi:10.1371/journal.pone.0206472
- Grenyer, B. F. S., Ng, F. Y., Townsend, M. L., & Rao, S. (2017). Personality disorder: A mental health priority area. *Australian and New Zealand Journal of Psychiatry*, 51(9), 872-875. doi:10.1177/0004867417717798
- Townsend, M. L., Gray, A. S., Lancaster, T. M., & Grenyer, B. F. S. (2018). A whole of school intervention for personality disorder and self-harm in youth: a pilot study of changes in teachers' attitudes, knowledge and skills. *Borderline Personality Disorder and Emotion Dysregulation*, 5, 17. doi:10.1186/s40479-018-0094-8

Carer Plan

Name:

Clinician Name:

My main 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

What I can do to take care of myself in stressful times

Places and people I can contact in a crisis:

Lifeline: 13 11 14 **Emergency:** 000 **Local Service:**

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

Name	Contact Details	Role for me	OK to Contact?

Signature:

Clinician's Signature:

Date:

Date of next review:

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

www.projectairstrategy.org



Families and Carers

The Basics

Sometimes there is an initial shock when you first learn of their problem and you may find it difficult to make sense of your own feelings. Other times it is a relief to know what the problem is, because it has been around for a long time without proper treatment. In fact, the whole experience can be overwhelming and may bring up many questions and sometimes even fewer answers. This is not an unfamiliar experience. Many others have described feeling this way.

What is a personality disorder and how is it treated?

Personality disorder is a name used to describe a pattern of traits that affect people's inner experiences, behaviours and relationships. Personality traits are 'disordered' when they become extreme, inflexible, and maladaptive. This tends to create a pattern of problems that cause the person and those around them significant distress over a period of time. A personality disorder often leads to significant disruption to a person's capacity to work, study and maintain good relationships. It is a recognised diagnosed mental disorder and specific psychological therapies have been shown to be effective treatments. Personality disorder usually starts in adolescence or early adulthood, although features can also be present in children or emerge in older adults, and can go on for a number of years. It is estimated that around 1 in 10 people experience a personality disorder at any given point in time and both men and women can be affected.

Personality is shaped by a combination of factors including characteristics we are born with, such as our interpersonal sensitivity and capacity to regulate emotions, and our life experiences. Difficult life experiences such as losses, abuse or trauma are common to some personality disorders. The combination of factors that lead to a personality disorder differs for each person, and more scientific research is needed to help understand the causes. There are several different types of personality disorder, including avoidant, borderline, antisocial, narcissistic, obsessive-compulsive and schizotypal.

What can I do to help?

As a family member, partner or carer, one of the first questions you may have is "What can I do to help?". Below are some things that people who have been supported by someone like you have said helped the most:

- Look after yourself – it is important that you make sure you are healthy and safe and have good supports around you
- Provide a listening ear – just being there, without judgement, to provide a space to talk and share concerns
- Practical support – helping with financial, housing and transportation problems
- Instil hope – encourage the person to believe that recovery is possible
- Help the person find value – help the person realise that although they may have problems these can be treated and it does not define who they are as a person
- Encourage self-care – such as healthy eating, adequate sleep, exercise and engagement in enjoyable activities
- Encourage treatment – such as attendance at individual and group therapy appointments

As caring people, we naturally don't want the people we love to make mistakes. We may feel a need to protect them from the stress that this may cause. While this is understandable, it is also important to allow the person to take some level of responsibility. This also means allowing them to live with the consequences of their decisions and behaviors.



Families and Carers

Managing Anger

Anger is a normal human response that we all experience but can be difficult to deal with if you're on the receiving end. Anger is a key characteristic of many mental health disorders and can be challenging for partners, families and carers.

What is anger?

Anger is an emotion we all experience in response to situations that seem unfair or disappointing. People may also become angry when they feel stressed or under pressure, experience mental health issues (such as mood swings), or feel like they're losing control over something. Anger can alert the person that something needs to change. Unfortunately, anger is most likely to be directed at loved ones and people the person feels safest with. Angry reactions to another person's kindness or intimacy may stem from past experiences when the person has felt let down. Anger, when out of control, can also be destructive and does not give the person license to be aggressive, attacking or violent.

The environment

The person may find it difficult to tolerate challenges or criticism and be particularly sensitive in close relationships. Make time to talk about neutral topics and acknowledge that there is more to life than problems. When provoked, try to avoid adding to the conflict or situation by being too reactive. Take time out when needed. This can help calm the situation and enable you to respond rather than react.

Routines

Look after yourself by maintaining your own routine, social connections and support. Be aware of times you may feel isolated or drawn into chaos and crisis. Find structure in your daily life that includes taking care of yourself.

Be consistent

Try to be fair and consistent in the way you respond to anger and behaviours you find difficult or challenging. Be collaborative and invite discussion about what are appropriate and inappropriate behaviours, and what the consequences of these are. Be clear about what is expected of all family members. Be prepared to stand your ground and maintain your respect if you feel unfairly attacked.

Listen for the underlying issue

Anger is usually a reflection of some form of hurt or perceived rejection. It may help to listen to the person's accusations or complaints, and acknowledge to yourself that their anger is an attempt to communicate an underlying unmet need. Although this can be hard to do, it may help you to distance the person's anger from being a direct attack on you. When you feel ready, give the person space to talk about their pain, anger and hurt. Avoid dismissing or challenging their feelings.

Wait until the situation is calm and then discuss.

Disagreements and conflicts in relationships are normal. If the person is angry and accusatory, admit to whatever is true. Try to avoid becoming defensive about what you believe is not true or valid. Keep your tone as neutral as possible. Do not match the anger and criticism to theirs; this will only fuel the fire. If you note something that needs to be discussed or addressed, wait until the storm has passed. When the time is right, try problem solving the situation with the person. Where possible, express your own point of view on the issue but avoid accusing or blaming the person. Violence is never OK. If the person becomes aggressive or violent, leave the situation.



Families and Carers

Helpful Tips for Challenging Relationships

Caring or supporting a person with a personality disorder can be challenging. Just as each person is unique, so is every relationship; and what helps to improve relationships is different for everyone. Below are some tips for maintaining healthy relationships with the person you care about.

Remember to look after yourself. The best way to support and care for a loved one is to make sure you are healthy and feeling good yourself. This includes looking after your social, physical, mental and emotional health needs.

- Take time out to reflect – be prepared to allow some time away to think things through and allow some time to heal when a situation has become too hot to handle.
- Ensure that there are clear boundaries and expectations for the relationship – everyone needs to know what is expected of them and your safety is important. Find a way to collaborate and agree upon what are acceptable and unacceptable behaviours (e.g. anger is OK, violence is not).
- Convey encouragement and hope about the person's capacity to change and recover, and support the person through set-backs.
- Demonstrate empathy – show understanding by reflecting back how you experience the person (e.g. "I can see you're feeling hurt about your Dad leaving").
- Listen to the person's current experience – make time to hear what the person is saying. If it is not the right time, suggest another time (e.g. talking on the telephone whilst shopping may not be the best time to listen to the person).
- Validate the person's current feelings – let the person know that how they are feeling is important.
- Take the person's experience seriously, including verbal and non-verbal communications (e.g. pay attention to what the person is saying as well as how they are acting or behaving).
- Maintain a non-judgmental approach – remember that the person is different from you and has their own way of doing things (it may not be the most efficient or effective way but it is their way!).
- Stay calm – in the height of a crisis or argument, it is normal to react angrily or become defensive. However, this often isn't helpful. It can take practise, but staying calm when things get heated can help reduce a crisis.
- Remain respectful – when emotions run high it can be easy to be dismissive or judgmental. Finding a way to value the other person's life choices and opinions, which may be different from your own, can help improve the relationship.
- Remain caring – focus on the person as a whole, including the things you like about them, rather than just focusing on the person's challenging or difficult behaviours.
- Engage in open communication – this includes listening and talking. Don't be afraid to let the person know how you're feeling and how things are affecting you.
- Use humour where appropriate – this can help to lighten a situation.
- Be clear, consistent and reliable – this can reduce the other person's problems if they get clear messages and expectations from you.
- Remember that some behaviours may have been helpful in the past even though they're no longer appropriate – demonstrate empathy and talk with the person about what is acceptable.





Families and Carers

Effective Communication

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

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

Be clear in communication

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

Allow the other person to room to speak

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

Non-verbal communication

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

Techniques to avoid

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

Remembering your relationship role

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





Families and Carers

Strategies for Effective Communication & Healthy Relationships

Why focus on relationships?

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

Contagious emotions

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

Five key relationship strategies

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

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

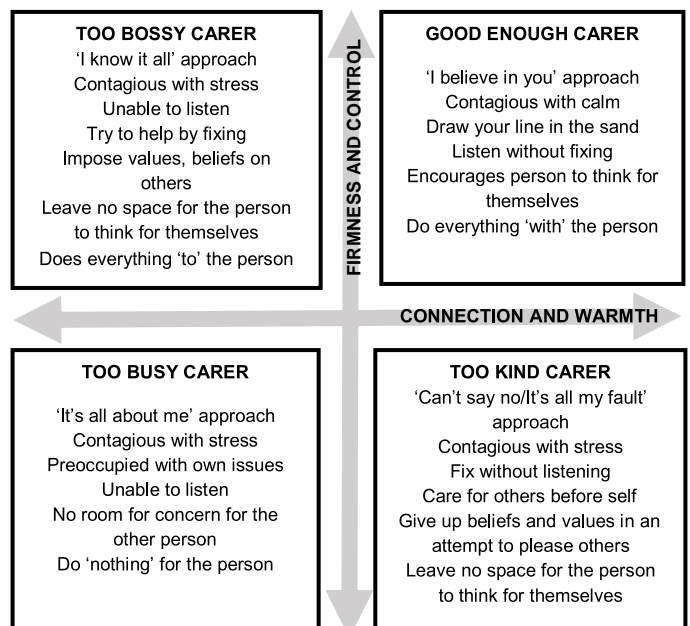
The relationship dances

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

The four relationship dance scenarios

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

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



(Cont'd...)



Safety planning – Like a fire drill

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

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



Calling emergency services – An act of love

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

Credits

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

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

The introduction and conclusion is by Brin Grenyer.

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

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

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



Families and Carers

Looking After Yourself

As caring people, we naturally don't want the people we care about to make mistakes. We may feel a need to protect them from the stress and suffering that their actions can cause. Sometimes in doing this we may not always look after ourselves properly.

When a person is in a crisis, there may be a need to be 'on duty' and provide 24-hour support. While this can be necessary, once the crisis is over and things have settled down it is also important to take a step back from the situation and not be constantly available. This is a time for you to look after yourself and attend to your own social, emotional, physical and mental health needs. Even though you may feel guilty about this, it is important to remember that caring for yourself also shows the person you care about how they can look after themselves better too. To help you maintain a balance between your own day-to-day demands and to assist you in your caring role, there are a number of things you can do.

Aim for balance in your life

- Spend time with other family members and friends
- Maintain hobbies and interests in your life that you find enjoyable, satisfying or interesting
- Maintain your spirituality, in whatever way that means to you, which may include spending time in nature, informal prayer, or other activities that nourish you
- Eat healthy and nutritious food
- Drink plenty of water, at least 2 litres per day
- Engage in regular exercise
- Ensure you get plenty of sleep (between 6 and 9 hours each night)

Attend to your own emotions

A person's problems can affect many members within a family (e.g. parents, spouse, children or siblings). This can bring up a whole range of emotions such as guilt (Where did I go wrong? Did I do anything to cause this?), shame and stigma (What will other people think? Who can I

talk to?), fears of what will happen to the person in the future, frustration and anger at oneself or the person you care about, hurt and grief (for being misunderstood or at the losses within your own or the other person's life). You are not alone in these feelings and it can often be useful to acknowledge them in a number of ways:

- Talk to a friend or other family member who is not overly involved in the situation
- Write about or journal your feelings; this can provide much needed relief
- There are many websites that offer blogging where you can talk to other people going through similar problems
- Join a support group that meets on a regular basis
- Seek support for yourself by contacting a health professional; talking to your doctor in the first instance can be helpful
- Find out all that you can about personality disorders and treatment options. Ask a health professional for reliable sources of information
- Have an action plan to put in place in times of crisis. Wherever possible, involve the person you care about in the planning of this
- Talk to staff involved in the person's treatment, while they may not be able to provide all of the information you would like to know due to confidentiality, they can provide you with a basic level of information and direct you to resources that will assist you in your supportive role
- Be aware of emergency services offered by your local mental health service, including ambulance and the role of police
- Have emergency and crisis phone numbers and information on hand for easy access when needed.



Families and Carers

Understanding Self-harm and Suicidal Thinking

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

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

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

- Difficulty getting along with family members or friends
- Feeling isolated or bullied
- Relationship breakup
- Current or past physical, sexual, or emotional abuse or neglect
- Loss of someone close such as a parent, sibling or friend
- Serious or ongoing illness or physical or emotional pain

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

Is self-harm the first step towards suicide?

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

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

Self-harm, suicide and stigma

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

(Cont'd...)

The difference between self-harm and suicide attempts

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

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

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

What can I do to help?

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

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



Self Help

Relationship difficulties, arguments & conflicts

Relationships can be tough. Although arguments and disagreements are part of every relationship, ongoing conflicts can be a real problem.

What causes arguments?

Arguments with family or friends may be caused by:

- Pressures – demands placed on you from others may create a feeling of pressure. This could involve pressures from work, study, managing money or maintaining relationships.
- Expectations – people may expect you to be or act a certain way different from how you feel. This may be due to religious, cultural or personal differences and may cause tension.
- Different opinions – although it's common for people to have different opinions, values and beliefs, there may be times when this leads to conflict. This may leave you feeling unsupported or that people are against you.
- Misunderstandings – it can be easy to accidentally jump to wrong conclusions with others. This is especially easy when using text messaging or social media, where meaning and emotion can be lost.
- Changes in life – major life changes may cause tensions, e.g., separation, divorce, moving house or the arrival of a new baby.

What can help?

Take some time out

In the heat of the moment it's not uncommon to get angry or say something you later regret. If you feel emotionally reactive or vulnerable take some time out. Go for a walk or count to 10. Revisit the situation later when you feel calmer.

Acknowledge your feelings and vulnerability factors

Recognising the different emotions you may be feeling and examining why you got angry is an important step. It is also helpful to explore what vulnerability factors may be present in your life,

e.g., feeling unwell, tired or upset by other matters.

Get some support

Talk to someone outside your family or friendship circle to get a different perspective on the situation. This can help you understand why there is conflict and work out a solution. If the conflict or argument is because of violence or abuse and you feel safe, tell somebody about it. Talk to a counsellor, your doctor, the police or a friend.

Talk it through with the person you've had the argument with

The idea of talking to the person you've had an argument with may seem impossible. You may feel like it's up to the other person to make the first move. But sometimes making the effort to sort something out, no matter who is at fault, can make the situation better. Here are some tips:

- Approach the topic when you're feeling calmer. Choose a time when you're less likely to be interrupted.
- Be honest, but avoid using sarcasm or making personal comments. Stick to 'I feel' or 'I need' comments e.g., "I feel upset and uncomfortable when you talk about me in front of other people".
- Listen to what the other person has to say and try to understand their point of view. Understanding why someone said or acted in a certain way may help ease tensions.
- Try to find a compromise and stick to it. If you can't find a way to compromise, try to 'agree to disagree'. People have different opinions based on their own experiences, beliefs and values – everyone is different.
- If you have said something in the heat of the moment that you later regret, apologise to ease the situation and show the person you care.



Self Help

Dropping Anchor



Sometimes during distressing or crisis situations we may feel that we're caught in an emotional "storm" – tossed around by the waves and wind (i.e., our distressing thoughts and emotions) and unable to see and think clearly.

Grounding is a mindfulness technique that helps us bring our attention to the present moment. When we feel overwhelmed by our feelings and thoughts, we may lose track of our surroundings. Mindfulness helps us to reconnect to the present moment. It's about taking a moment to pause and check-in with ourselves. Though it can be very difficult to engage in mindfulness during times of distress or crisis, it is a helpful skill to practice and our capacity to use this technique will increase.

You can think of this practice as similar to a boat dropping anchor during a storm. Although dropping anchor won't necessarily make the storm pass, it does provide safety for the boat until conditions are calmer. Practicing this skill over time can help us feel more stable and improve our ability to handle stressful situations.

Follow the instructions below to 'drop an anchor' when you notice yourself getting overwhelmed by your emotions and thoughts:

1. *Pause for a moment* to re-orient yourself with your surroundings
2. Take slow *deep breaths*, noticing how your chest rises and falls with each breath
3. Firmly *plant your feet* into the ground, feeling the muscles in your legs tense up
4. *Stand or sit up straight*, feeling the muscles in your back contract
5. Then look around you and describe *three things that you can see*
6. Listen to the sounds that might be present and describe *three things that you can hear*
7. *Repeat* the exercise until you feel more calm or grounded

Remember that it is normal for your attention to wander, and when you notice this happening gently turn your attention back to the exercise. You might find that practicing this exercise doesn't make all of the distressing thoughts and feelings go away – that's ok. See if you can create just a little bit of space between yourself and your distress. You may also notice yourself making judgements. This is a common and almost automatic response. If this happens, simply notice that a judgement has been made and gently bring your attention back to whatever it is that you are observing.



Self Help

A mindfulness activity you might like:

Leaves on a Stream

Mindfulness skills help to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. We want any thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') and physical sensations (e.g. 'I feel sick') that come up in this activity to float away, using your mind. Make your thoughts to be like leaves on a stream. Follow the instructions of this short mindfulness activity.

Start by sitting upright in your chair, putting your hands comfortably on your lap. If you want to, close your eyes. Remember that your task is to simply observe any thoughts, feelings, sensations or urges that you may experience in your body.

I want you to imagine that you are standing on a bridge above a stream. Floating on the stream are leaves from the surrounding trees. This may be a stream that you have actually been to before, or one that you have near your house, or it may be one that you just imagine. Take a few moments to observe what is going on around you and what is happening within you. Remember observing is just looking around, it is not attempting to label, describe or respond in any way.

... stay quiet for 20 seconds

Now I want you to label what you observe without letting judgments get in your way. For each observation that you make, I want you to label it as a thought, feeling, urge or physical sensation, put it on one of the leaves and let it float off down the stream. So you may have a thought about something, label it as a thought, put it on a leaf and watch it float away downstream.

... stay quiet for 20 seconds



Other things you might observe are body sensations, feelings you are experiencing, or distractions going on around you in the room, label each one, put it on a leaf and let it drift down the stream.

... stay quiet for 20 seconds

The important thing to remember is not to go down the stream with the leaf, but rather to stand back and let the leaf drift off.

... stay quiet for 20 seconds

If you notice your mind wandering off, gently notice where your mind was, what you were thinking about, describe this distraction, put it on a leaf and watch it float away downstream.

... stay quiet for 2 minutes

Now slowly bring your focus back to the room. Feel yourself sitting on the chair, listen to any sounds in the room... and slowly in your own time begin to open your eyes.

Practice this activity often.

Allowing your distracting thoughts, feelings, urges and physical sensations to float away, helps you calm the mind. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to float away on a leaf on a stream. A calm mind allows you to focus on what is important for you right now, today.



Self Help

A mindfulness activity you might like: **Blowing Bubbles**

Mindfulness skills help to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. We want any thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') and physical sensations (e.g. 'I feel sick') that come up in this activity to float away, using your mind. Make your thoughts to be like bubbles. Follow the instructions of this short mindfulness activity.

Start by sitting upright in your chair, putting your hands comfortably on your lap. If you want to, close your eyes. Remember that your task is to simply observe any thoughts, feelings, sensations or urges that you may experience in your body.

I want you to imagine that you are standing in the middle of a large open field blowing bubbles. Take a few moments to observe what is going on around you and what is happening within you. Remember observing is just looking around, it is not attempting to label, describe or respond in any way.

... stay quiet for 20 seconds

Now start to describe what you see around you. Describe something, then give that description to one of the bubbles and allow that bubble to float away. Describe another thing you see, and put that description on a bubble and blow it away. Keep doing this for a moment while you remain standing in the field.

... stay quiet for 20 seconds



Now, slowly bring your attention to yourself, and start describing things that are happening within you - thoughts, feelings, urges and physical sensations. Each time you notice one of these, describe it with one of these four labels (a thought, a feeling, an urge, a physical sensation), put the description on a bubble and let the bubble float away from you up into the sky. Sometimes bubbles pop, enjoy that experience.

... stay quiet for 20 seconds

If you notice your mind wandering off, gently notice where your mind was, what you were thinking about, describe this distraction, put it on a bubble and let the bubble float away.

... stay quiet for 2 minutes

Now slowly bring your focus back into the room. Feel yourself sitting on the chair, listen to any sounds in the room... and in your own time begin to open your eyes.

Practice this activity often

Allowing your distracting thoughts, feelings, urges and physical sensations to float away, helps you calm the mind. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to float away on a bubble. A calm mind allows you to focus on what is important for you right now, today.