

Welcome to:



# **BPD**

## **COMMUNITY**



**Anne Deveson  
Research Centre**

A SANE Australia initiative

# What works? BPD treatment, support and recovery.

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# OUTLINE

- About us & who am I?
- Evidence-based treatments
- How do these treatments work?
- How do I access them in Victoria?
- What if I can't access them?

# TREATMENT FOR BPD

- Many different approaches can help people living with BPD lead long and fulfilling lives, working towards individual goals
- Treatment guidelines recommend that people living with BPD access **psychotherapy** that is evidence-informed and specifically designed or modified for BPD (NHMRC, 2020)
- Carers, families and friends can also benefit from psychotherapy as well as other types of support

# TREATMENT PRINCIPLES

- The mental health professional's approach should be: consistent, non-judgmental, validating, patient, empathetic and compassionate, with good communication skills and ability to tailor treatments to individual needs
- A BPD diagnosis (if relevant!) should be communicated and explained for both adolescents and adults
- Community-based treatment is preferred
- Medication should not be used as a primary treatment
  - Any hospital admissions should be brief and goal-directed
  - Carers and families should be invited into treatment, with consent of the person accessing care, and also provided with their own support



# EVIDENCE-BASED THERAPIES



Strongest evidence:

- Dialectical Behaviour Therapy (DBT)
- Mentalisation Based Therapy
- Schema Therapy
- Transference-focused Psychotherapy
- Cognitive Analytical Therapy
- STEPPS (Systems Training for Emotional Predictability and Problem Solving)



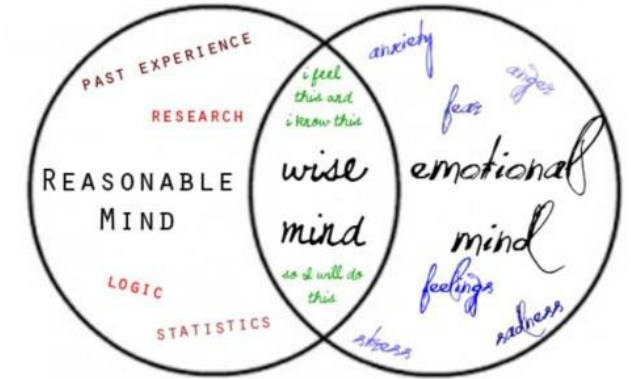
Good evidence:

- Cognitive Behavioural Therapy
- Acceptance and Commitment Therapy

# SPECIFIC TYPES OF THERAPIES

## ➤ Dialectical Behaviour Therapy (DBT)

- Overall goal: 'To build a life worth living'
- A full program involves:
  - Individual therapy (weekly for ~1 year)
  - Group therapy in 'modules' including: mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness (weekly for ~8-48 weeks)
- Many therapists practice DBT-informed therapy rather than a full program
- Individuals undertaking DBT have reported their perceptions that DBT has generally **improved insight, hope and acceptance, increased positive coping skills and self-efficacy, and validated their experiences**

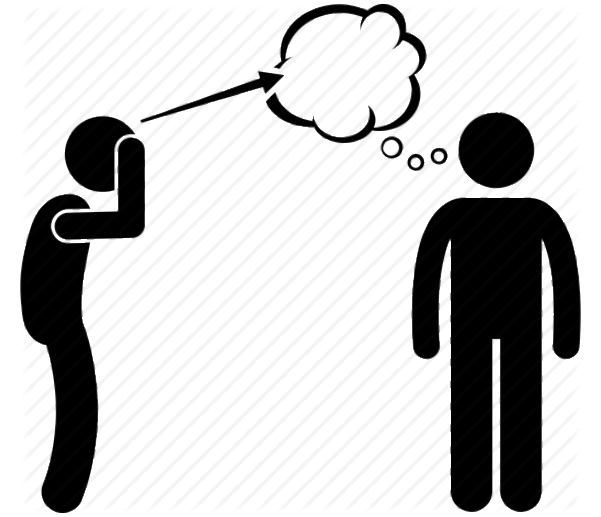


# SPECIFIC TYPES OF THERAPIES



## Mentalisation-Based Treatment

- Goal of treatment is to improve mentalisation capacity – that is, how we make sense of our thoughts, beliefs, wishes and feelings and to link these to our actions and behaviours
  - Essentially, this helps people to better process and understand their own thoughts, feelings, and actions, and others' thoughts, feelings and actions
- Goals include:
  - Feeling more in control of actions
  - Increasing emotion regulation
  - Strengthening interpersonal relationships
- Traditional MBT is organized around an 18 month treatment period involving group and individual therapies



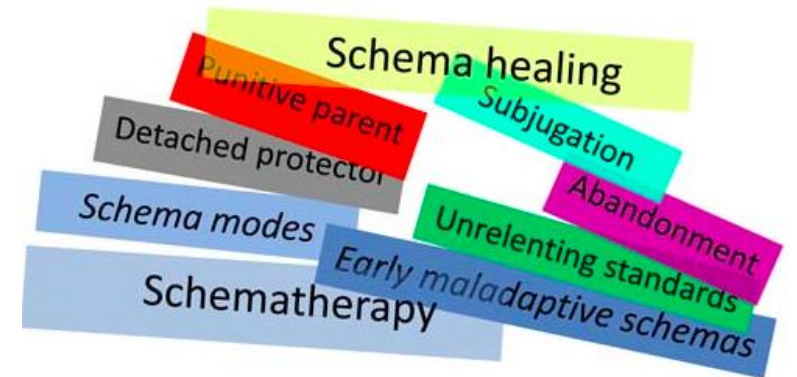


# SPECIFIC TYPES OF THERAPIES



## Schema Therapy

- Works on identifying and challenging unhealthy or maladaptive 'schemas' – broad and pervasive patterns of thinking and behavior
- Main goals:
  - Identify schemas and work on healthier ways of processing thoughts and emotions
  - Develop healthy coping styles
- Treatment can involve individual therapy, group therapy or both



# ADOLESCENTS



## Evidence-based therapies for adolescents

### *Helping Young People Early (HYPE)*

- Developed by Orygen Youth Health
- Based in Cognitive Analytic Therapy but also includes case management, family and carer support
- For young people aged 15–25

### *Adaptations of DBT and MBT for adolescents*

- Similar to adult programs – includes individual and group therapies
- Typically more youth-friendly content and language

# CORE TREATMENT STRATEGIES:

(AKA: HOW THESE TREATMENTS WORK!)

1. Treatment is based on an **explicit and evidence-informed treatment approach**
2. Treatment is generally **long-term** (e.g. at least 1 year) and regular (e.g. weekly)
3. Treatment is focused on **achieving change**
4. Treatment is **trauma-informed**
5. The therapeutic alliance is informed by **rappport and trust**, with clear boundaries and ability to repair ruptures in the relationship
6. Therapeutic plans are **shared**
7. Mental health professionals pay close **attention to a person's emotions** and provide a validating environment
8. **Risk assessment** is careful, thorough and ongoing, with thorough crisis/safety planning
9. Treatment involves strategies to:
  - improve **distress tolerance**
  - **regulate emotions**
  - improve **interpersonal skills**
10. **Families and carers** are involved in processes and provide support during treatment

# CARER SUPPORT

- Carers, family and friends are ideally involved in treatment processes and offered access to psychoeducation and other supports early
- Evidence indicates that programs for carers and families can help in a variety of ways including helping carers understand BPD, help with communication, manage stress, and engage in self-care
- These programs might involve:
  - General support groups
  - Education about BPD
  - DBT training for carers and families



# MELBOURNE



# SPECIALIST SERVICES AVAILABLE IN VICTORIA

## IN ALPHABETICAL ORDER

Name	Location	Services provided
<b>Albert Road Clinic</b>	Melbourne	Private hospital clinic, includes DBT day program for adults and modified DBT program 'LEAF' for adolescents, incorporating art and music therapy
<b>Alfred Health</b>	St Kilda, South Yarra	Community-based outpatient DBT program
<b>Alfred Hospital</b>	Melbourne	Public hospital, inpatient BPD services
<b>Banyule Community health</b>	Greensborough	Community-based DBT program
<b>Barwon Health Deakin Psychology Clinic</b>	Geelong	Community-based DBT program
<b>Delmont Private Hospital</b>	Glen Iris	Private hospital DBT day program and inpatient program
<b>Epworth Clinic</b>	Camberwell	Private hospital DBT day program, DBT graduate day program, schema therapy day program
<b>Geelong Clinic</b>	Geelong	Private hospital DBT day program
<b>Melbourne DBT Centre</b>	Murrumbeena	Private clinic DBT program; adult, adolescent, graduate groups

# SPECIALIST SERVICES AVAILABLE IN VICTORIA

Name	Location	Services provided
<b>Orygen Youth Health</b>	Parkville, Footscray	Community-based and inpatient youth-oriented mental health services. Includes: HYPE (Helping Young People Early)
<b>Schema Therapy Institute Australia</b>	Carlton	Private clinic, individual and group schema therapy
★ <b>Spectrum Personality Disorder Service</b>	Statewide with centres in Richmond, Ringwood	Community-based and residential clinical services: includes DBT, ACT (Wise Choices), MBT, psychoanalytic treatment, complex care service and more
<b>St John of God</b>	Dandenong, Warrnambool, Ballarat	Private hospital, inpatient and outpatient services with a personality disorder-specific program (may involve DBT program, schema therapy, CBT or mindfulness-based cognitive therapy)
<b>The Australian DBT Institute: Essentia Health and Wellbeing Centre</b>	Brighton	Private clinic DBT programs; includes adolescent and adult DBT and adapted-DBT programs, graduate program
<b>The Melbourne Clinic</b>	Richmond	Private hospital services including: DBT day program; CBT, mindfulness and trauma therapy; schema therapy day program; and family, friends and carers information/support sessions
<b>Victoria Clinic</b>	Prahran	Private hospital services, including: schema therapy inpatient program; schema therapy day program; DBT day program

# WHAT IF I/WE CAN'T ACCESS ONE OF THOSE TREATMENTS?

- Barriers may include cost, location, time commitment, etc
  - It's not realistic for everyone to be able to access a DBT course with 30+ group therapy sessions + weekly individual therapy – expenses, availability, not the right fit... plus not everyone needs to access a 'pure' or 'traditional' block of therapy to get benefits.
  - Many mental health professionals in a variety of settings are trained in therapies for BPD and can adapt these approaches into their practice
    - 'Evidence-informed' rather than 'evidence-based' treatment is more readily available



# WHAT IF I/WE CAN'T ACCESS ONE OF THOSE TREATMENTS?

Some options when managing finances, wait times, etc:

1. Check which **funding options** may be available to you, e.g. Medicare Better Access (Mental Health Plans – 10 rebates per year), the NDIS, Medicare Eating Disorder Plans (up to 40 rebates with a psychologist per year)
2. **Find a psychologist or service** via your GP, word of mouth or the APS 'Find a Psychologist' service. Check out their biography and ensure they practice evidence-informed treatments for BPD. Check out how payment works – e.g. bulk billing vs gap fees.



# WHAT IF I/WE CAN'T ACCESS ONE OF THOSE TREATMENTS?

3. If publically funded programs are available, consider going on a **waiting list and seeing a private psychologist** in the meantime through a Mental Health Plan
4. Consider accessing online or in-person **peer support** (e.g. SANE Forums – [saneforums.org](https://saneforums.org))
5. Check out some **self-help** resources – e.g. DBT workbooks are available to purchase online, Project Air resources, BPD advocacy group resources



# SUMMARY

- Psychotherapy is the treatment of choice for BPD and can make a real difference
  - Evidence-based therapies include DBT, MBT, Schema Therapy, Cognitive Analytic Therapy, and others
  - Therapies can help even if they are not a structured, evidence-based program
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- It can be hard to access the right kinds of treatment, and not types all will be available
  - It may take some time to figure out what works
  - Advocacy organisations, informational resources and funding initiatives may be able to help with this process



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THANK  
YOU