

Grace under Duress

Management of personality
disorder in primary care

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Oxfordshire Complex Needs Service

Plan

- Assessment and diagnosis
- Epidemiology
- Aetiology
- Morbidity
- Management principles
- Oxfordshire Complex Needs Service
- Discussion

Cluster A: 'odd, eccentric'

- Schizoid – detachment from emotional engagement and restricted emotional expression
- Paranoid – distrust and suspiciousness, others motives are interpreted as malevolent
- Schizotypal – schizophrenia spectrum

Cluster B 'flamboyant, dramatic, emotional, erratic'

- Emotionally unstable (Borderline) – instability in interpersonal relationships, affect and self image, impulsivity, self harm
- Histrionic – excessive emotionality and attention seeking
- Dissocial/antisocial – disregard for and violation of the rights of others
- Narcissistic – grandiosity, need for admiration, lack of empathy



trainspotting



Trainspotting is a 1996 British comedy-drama film directed by Danny Boyle, based on the 1996 novel by Irvine Welsh. The film stars Ewan McGregor, Ewan McGregor, and Ewan McGregor. The film is set in Glasgow, Scotland, and follows the lives of a group of young men who are addicted to drugs and alcohol. The film is known for its fast-paced editing, dark humor, and the iconic 'Choose Life' speech by Ewan McGregor.

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Cluster C 'anxious, fearful'

- Obsessive-compulsive – preoccupation with orderliness, perfectionism and control
- Dependent – submissive and clinging behaviour related to an excessive need to be taken care of
- Avoidant – social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation

Things to look out for

- *Enduring* pattern of inner experience and behaviour that deviates markedly from the expectations of the individuals culture
- Inflexible and *pervasive*
- Leading to clinically significant *distress or impairment* in social, occupational, or other important areas

Presentations

- recurrent *deliberate self harm*
- symptoms of depression and anxiety
- eating disturbances
- *interpersonal problems*, which may include violence
- parenting problems
- substance abuse
- behavioural difficulties, including criminal offences.
- somatic symptoms without physical pathology
- *high level of use of services*

Mortality and disability

- Comorbid alcohol and drug use
- Depression and anxiety
- Increased chance of accidental death, suicide, homicide
- Relationship difficulties
- Housing problems
- Long term unemployment

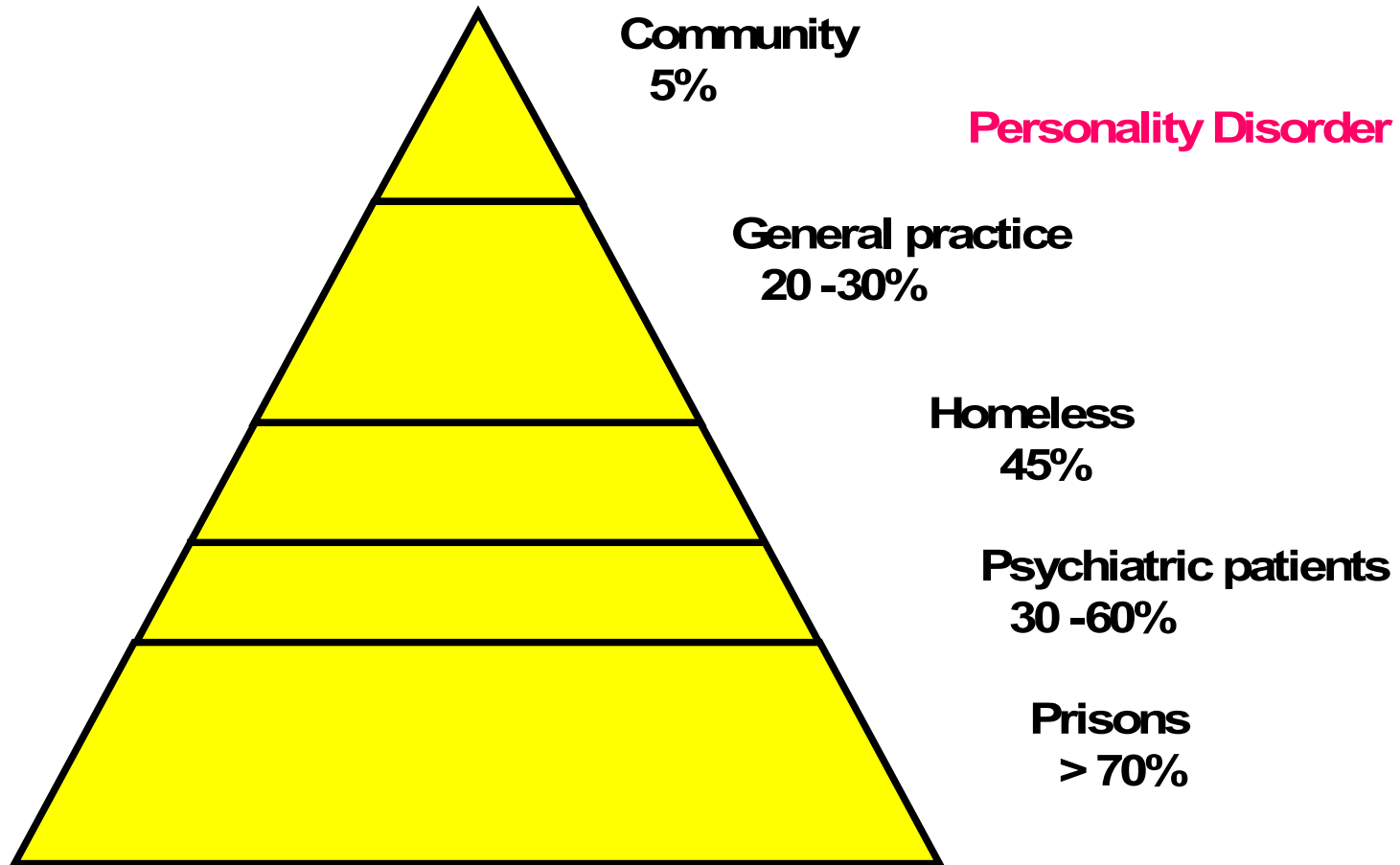
Morbidity

- High consumption of psychotropic medication
- Frequent attenders at GP, emergencies
- ‘Difficult consulting behaviour’
- Revolving door syndrome/repeated psychiatric hospitalisation

Compared to depression, greater use of:

- psychiatric medication
- hospitalisation
- psychotherapy
- day care
- social care

Epidemiology



Aetiology

- Lack of secure attachments -> affective instability
- General risks for all PD:
 - parental psychopathology
 - family breakdown
 - traumatic events

BPD

- describe parenting as neglectful or overprotective
- greater temperamental needs, historically all nurturance perceived as inadequate
- Prospective study (Johnson 1999)
 - PDs up in children grossly neglected or abused
 - physical or sexual
 - cluster B

Trajectory

- J shaped curve for clusters B and C (traits not disorders)
- Antisocial personality disorder falls off >45
- Recent controversies (Fonagy 2006)

Video

Management principles

1. consistency

- all professionals substantially involved should maintain contact to reduce potential of 'splitting' and maintain a consistent approach

2 - pay attention to countertransference

ie reflective practice

- blaming
- the assumption that unconscious processes are conscious
- understanding past and present dynamics, avoiding falling into same roles
- supervision

Management principles

- 3 – avoid reinforcing unhelpful behaviours
attachment rather than rule based
- 4 – encourage reflection and agency in decisions, explaining rationale
- 5 – medication
- 6 – pay attention to the meaning of behaviour, including self harm
- 7 - Special patients: 'The Ailment', Main 1968
- 8 - Boundaries

Possible indications for admission

- Crisis intervention, particularly to reduce risk of suicide or violence to others
- Comorbid psychiatric disorder such as depression or brief psychotic episode
- Chaotic behaviour endangering the patient and the treatment alliance
- Stabilising medication
- Reviewing the diagnosis and treatment plan
- Full risk assessment

Risk assessment

- Possible triggers
- Emotional antecedents
- Continual or temporary nature
- Use of drugs and/or alcohol
- Towards whom – general or specific
- Intensity e.g. delusional or not
- Plans
- Reaction of interviewer/team e.g. fear

Managing dependent and destructive clients

- Expectations
- Interpersonal focus
- Affect focus - arousal
- Power and agency
- Don't be put off by the label
- Supervision

General principles

- Experience of being the subject of reliable, coherent and rational thinking
- Have mostly been deprived of consideration and commitment during early development and quite frequently in later life

Oxfordshire Complex Needs Service

Challenges

- Joint working with non statutory agencies
- Accessible settings
- Service user and ex service user collaboration/leadership/empowerment
- Intensive targeted intervention, not just outpatient therapy and/or medication
- Open access and self referral

Traditional PD provision

- Traditional psychological therapies: weekly outpatient model
- CMHTs
- Inpatient units

Thames Valley Initiative

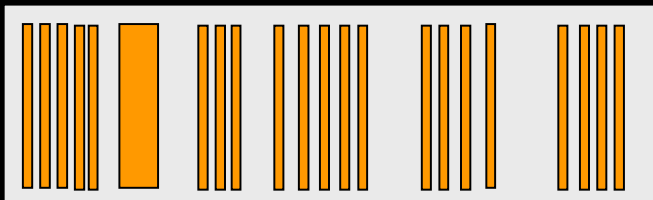


- Intensive intervention for most disabled
- Hub and spoke
- Geographically and functionally tiered services for those less disabled/ otherwise committed

Emphasis on group working

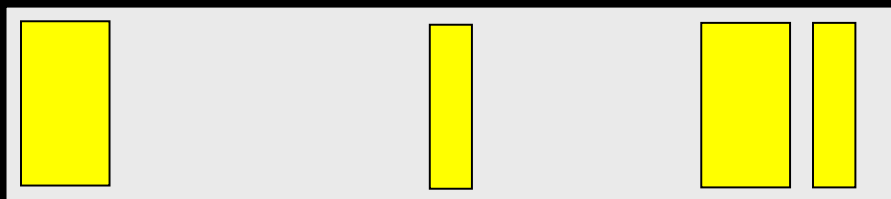
- Effectiveness
- Empowerment, patients set own boundaries and rules
 - Non expert model
 - Support system
- Safe practice
 - Boundary drifting
 - Communication and miscommunication

Tier 1: Assertive engagement and active assessment



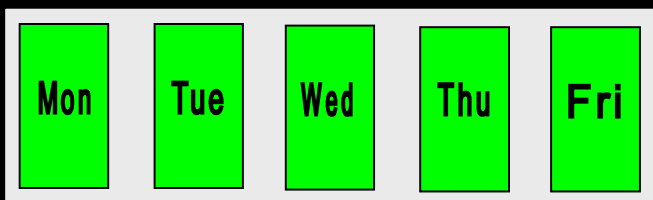
Weekly “drop-in” engagement group for informal meeting and information sharing

Tier 2: Outreach, inreach and “access to therapy”



Different activities at different times in the week, for different populations, in different locations
n=54 (with 3 projects) t=12-18 months

Tier 3: Day programme: definitive treatment



Whole-time daily programme as service base, with different activities, therapies and groups.
Considerable user-involvement.
n=21; t=18 months

Tier 4: Leaving process – graded disengagement



Half day per week (or less), with overlap into last weeks/months of tier 2 or tier 3 programme. In liaison with other agencies (eg college, employment).
Normally back to GP care only.
n=25; t=6 months

Other features of the service

- Service user and ex service user collaboration/leadership
 - Initial bid and plan
 - STARS programme
 - Ex service user work in initial engagement, preparatory groups, step down work
 - Consultation, presentations, training
- Training
- Joint working with non statutory services
 - Rethink/family and friends group
 - Restore, Mind, Elmore, Connection
- Carers work: Oxford Friends and Family, Banbury F&F
- Older adults PD group
- Other more recent developments

Other features of the service

- Referral process
 - How to refer/self referral
 - What will happen next
 - How to support patients referred
- Every person has a link worker
 - Feel free to call
- Principles we work on
 - Consent and self determination
- Rules and guidelines (set mainly by patients)
 - Medication, benzodiazepines
 - Attendance
 - Transfer of care (CPA and prescribing)

Results from Oxon CNS

	2006	2007	2007 spoke service	2008 overall completers 06/07
MH bed days	93%	70%	97%	100%
A&E attendances	-	45%	-	89%
Medication use	65%	55%	79%	65%
GP attendances	45%	-	70%	60%
Suicide attempts	-	-	100%	-
Self harm events	-	-	88%	-

End

Please take a leaflet if you would like
someone from the service to talk to
staff, or contact
sally.brookes@obmh.nhs.uk