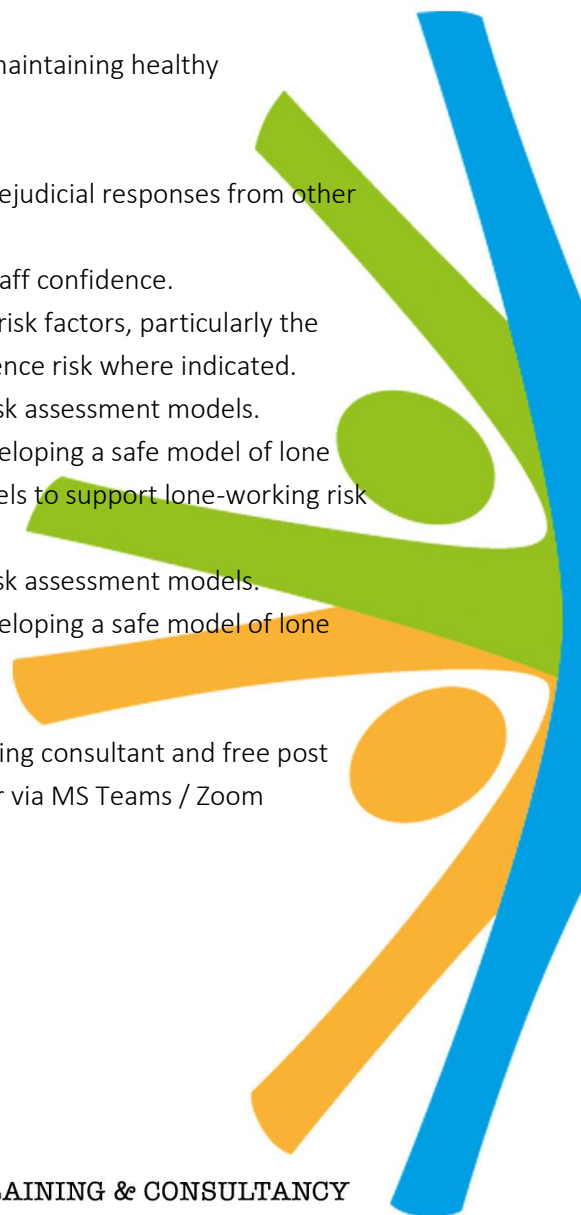


Personality Disorder Workshops with a key focus on Borderline / EUPD Psychology

This training will help staff and organisations to:

- Better-understand the internalised world of an individual with Borderline Personality Disorder (BPD) patient. (Borderline Personality Disorder is also known as EUPD).
- The common vulnerabilities, expectations and experiences of individuals indicated for the disorder.
- Knowledge, insights and formulations to improve understanding of common presentations, trigger events, common vulnerabilities, common perpetuating factors and protective factors that can mitigate risk.
- Skills to better-support individuals vulnerable to BPD / EUPD through dialectic communications skills that can improve the effectiveness of advice, skills and strategies that support mental wellbeing, reduce self-defeating behaviours and improve outcomes for all.
- Understand attachment seeking in relation to self-harm risk.
- Risk stratification to improve general safeguarding.
- Maintain boundaries and manage expectations whilst still maintaining healthy relationships.
- Skills to improve patient safeguarding and safety planning.
- Advocacy skills - confidence to challenge any negative or prejudicial responses from other services (crisis team / CMHT / ED etc)
- Manage emotional dysregulation and conflict to improve staff confidence.
- Associated externalising personality disorders and forensic risk factors, particularly the psychopathology and common factors associated with violence risk where indicated.
- Risk assessment processes – Using the HCR-20 and other risk assessment models.
- Keeping staff safe – learning from other’s mistakes and developing a safe model of lone working, reporting and interactional / communication models to support lone-working risk management.
- Risk assessment processes – Using the HCR-20 and other risk assessment models.
- Keeping staff safe – learning from other’s mistakes and developing a safe model of lone working,

This training is delivered by a psychology / psychiatry qualified training consultant and free post training support is available on an informal basis. Available onsite or via MS Teams / Zoom Webinar.



More detailed content will be included throughout the training session. The trainer will blend aspects of the content as time allows. Learning objectives differ between services so please direct the trainer to any area of importance.

Knowledge of personality disorder

- Incidence and prevalence within the personality disorder in general adult populations
- Brief overview of diagnostic criteria for common personality disorders and their coexisting psychiatric vulnerabilities (anxiety-related disorders, mood disorders depression, the potential for psychosis-related disorders and substance misuse-related concerns)

A focus on borderline personality disorder (also known as Emotionally Unstable Personality Disorder or 'EUPD') and the associated vulnerabilities and challenges for client and support staff.

- An understanding of the subjective distress experienced by the client and how this presents in symptoms associated with the disorder. This may include:-
- Abandonment anxieties that may drive attachment-seeking behaviours.
- Unhealthy schemas, beliefs and expectations associated with cognitive disruptions, emotional dysregulation (defined as the experience of overwhelming emotions that are difficult for the individual to control) risk taking / safeguarding concerns and interpersonal difficulties.
- A fragile and unstable sense of self commonly related to difficulties in developing and maintaining relationships, lack of direction and general impulsivity (risk taking, the inability to delay gratification and the poor consideration of consequences)
- A tendency to misunderstand social situations and social contexts (with a hypersensitivity to perceived rejection), commonly resulting in splitting defences, relationship instability and interpersonal crisis.
- Inter-personal sensitivities, hypersensitivity to invalidation, often feeling devalued and criticised. Commonly resulting in emotional response.
- Safeguarding concerns that may include self injury, gestural suicidality and suicide-risk.

Understanding the content of structured care

- The insight, knowledge and communications / skills critical to effective care, support and treatment for BPD / EUPD and personality disorder in general.
- Roles and responsibilities for all staff.
- Understanding and maintaining boundaries (Agreement on what you can do, what you can't do and what can be expected from the service) and what is expected from the client).

Approaches to structured care and support

- Some of this content requires appropriate DBT skills. These can be identified and addressed in the training.
- Identification and formulation of common presentations, precipitants, vulnerabilities, perpetuating factors and protective factors to influence support and safeguarding.
- Working with the client to improve the formulation by identifying-
 - the problems that the client considers to be the most distressing.
 - the ways the client currently copes with these problems (including both helpful and unhelpful responses).

- the problems which are most amenable to intervention.
- personal, social and environmental stressors which may affect the course of treatment.
- developing a set of discrete, defined targets which are listed in order of priority.
- focusing on the key problem areas associated with difficulties in interpersonal relationships in borderline personality disorder / EUPD.
- Liaising with other services, patient advocating and challenging prejudice or CMHT risk-taking where appropriate.
- The principles of dialectic therapy and skills-based training. Selecting and incorporating appropriate skills-based therapy / support into your service?
- An improved ability to distinguish between an immediate risk and long-term (background) risk of suicide and safety planning.

The therapeutic stance

- Communication styles that are inquisitive patience, compassionate and sensitivity.
- An ability to employ active listening techniques including: listening attentively, exploration by using open questions, clarifying and summarising.
- An ability to comprehend and employ validating strategies in support of client's subjective experiences.
- An ability to incorporate advice and skills-based support into conversational practice.
- helping clients plan how to deal with their problems in effective practical manner.
- helping them arrange appointments with other services and prepare for meetings with these services.

Problem solving

Identifying problems in areas especially relevant to personality disorder (i.e. tolerance of emotions, mood regulation, impulse control, self-harm and sensitivity and interpersonal problems).

- Identifying, specifying and prioritising the problems the client wishes to work on.
- "Brainstorming" possible solutions and helping the client to assess the pros and cons of possible solutions.
- Re-visiting solutions to see if they can be improved.

Supporting clients to articulate and manage emotions (with the potential for)

- Some of this content requires appropriate DBT skills. These can be identified and addressed in the training.
- Role playing situations that evoke feelings.
- Identifying cognitive triggers (automatic thoughts) that link to feelings and skills to reduce emotional distress.
- 'Chain analysis' - identifying links between events, the feelings evoked, the associated behaviours and consequences with advice and skills to improve outcomes.
- Supporting and encouraging the accurate identification and labelling of emotions and encouraging a capacity to reflect on and tolerate emotions, rather than react to, emotions.

Managing crises

- Some of this content requires appropriate DBT skills. These can be identified and addressed in the training.

- An ability to work with the client to develop a crisis plan which is based on the assessment and understanding of the early warning signs (usually based on assessment of at least three previous crises)
- Cognitive, emotional and behavioural factors that increase vulnerability.
- The desired response of others to the crises.
- What might be expected of emergency services (e.g. use of crisis centres or hospital admission).
- Identifying the capacity and limits of additional support available in a crisis e.g. telephone support.
- Brief (up to 20 minute) meeting

