



BIGSPD
15th Annual Conference
LINCOLN 19th – 21st FEBRUARY 2014
ABSTRACTS AND PLENARY SPEAKER
SUMMARIES (in verse)

Biographical details of plenary speakers

Glenys Parry

Glenys is an ace psychologist
She always takes a global view
And we know she's no apologist
For the sloppy and the lazy crew
Her life's work at its centre
Is comprehensive more and selective less
And she's proud to utter as her mantra
'Improving quality and effectiveness'

Ken Silk

Ken Silk is smooth as befits his name
He comes from the US of A
You will be so glad he came
Because he has so much to say
About the true meaning of borderline
He's a real one man institution
At sorting troubles into order fine
He's the best at conflict resolution

Giles Newton-Howes

Giles is difficult to pigeon hole
As not only is he a clinician
But a researcher strong and bold
With ideas buzzing in addition
You'll hear about them in this talk
A thousand fancies will be hurled
And you may well be nonplussed and gawk
At New Zealand speaking to the world

Title: *Forensic Clinical Interviewing: From Art to Science*

Authors & Affiliation: *DR CAROLINE LOGAN (Greater Manchester West Mental Health NHS Foundation Trust & University of Manchester)*

Joined with workshop on Day 1 with Mary McMurrin

Content:

This paper addresses the nature, necessity and science of good forensic clinical interviewing skills. Clinical interviews in forensic contexts, especially with clients who have personality pathology, present practitioners with challenges rarely experienced by those working with mentally ill clients or in non-forensic settings. For example, practitioners must gather relevant information relating to subjects that the client is often reluctant to talk about in detail (e.g., risk-taking behaviour, offending behaviour, plans and fantasies) because they know the information they provide will probably be used against them. Therefore, motivating the client to engage in clinical interviews can be a substantial component of the time taken to undertake them. The diverse demands placed on practitioners interviewing ambivalent, reluctant or even hostile clients require the flexible application of many clinical skills. Yet in spite of this, clinical interviewing skills are a modest component of most professional practitioner training courses. Consequently, the specialist skills required by practitioners working in forensic settings are often only acquired through experience – trial and error – and are dependent on the lottery that is the availability of good quality clinical supervision by a more experienced practitioner. This situation is unfortunate and increases the risk that clinical interviews in forensic settings will not achieve the outcomes envisaged by practitioners, regardless of their skills in more general clinical interviewing techniques and in specific assessment and therapeutic processes. This paper will provide an overview of forensic clinical interviewing skills and a review of the empirical evidence underpinning good interview practice in the forensic field.

Title: *Personality Disorder across the life span- clinical considerations and implications*

Authors & Affiliation: *Dr Giles Newton-Howes (Otago University)*

Plenary lecture – day?

Content:

Objectives:

To discuss personality as it changes across the life span in consider the implications of this to clinical practice

Design & Methods:

A synthesis of current knowledge examining the impact of personality pathology at various life stages, with consideration of this to standard psychiatric practice. Both longitudinal cohort studies and relevant cross sectional studies will be reviewed to provide a basis for ways to consider personality in clinical practise.

Results:

It is not expected that novel statistical analysis will be presented as part of this plenary lecture, however consideration of the benefits (and drawbacks) of the statistical approaches used will be considered. Using the literature to consider future clinical consideration will be the aim of the paper.

Conclusions:

Personality pathology, that is inter and intra personal problems not related to mental state disorder occur across the life span, however the presentations of these change with age. As well as considering personality disorder as a diagnostic entity, the impact of personality trait domains of presentation of axis I disorder may be important to explain psychopathology and 'treatment resistance'. Treatment considerations can be speculated on however little research exists to test this theory and is warranted.

Title: *"The impact of post traumatic stress disorder on treatment for personality disorder"*

Authors & Affiliation: *Kirsten Barnicot (Centre for Mental Health Imperial College London)
Stefan Priebe (Unit for Social and Community Psychiatry Queen Mary University London)*

Content:

Objectives:

To test the hypothesis that comorbid post-traumatic stress disorder (PTSD) is associated with poorer outcomes from psychological treatment of personality disorder.

Design: An observational predictor-outcome analysis of the effect of comorbid disorders on the outcome of dialectical behaviour therapy for personality disorder.

Methods: The sample consisted of 89 patients with borderline personality disorder (BPD) receiving 12 months of dialectical behaviour therapy in East London. Comorbid Axis I disorders including PTSD were assessed at treatment initiation using the Mini International Neuropsychiatric Interview, and self-harm and BPD severity outcomes were assessed at regular intervals during treatment. Multilevel modelling and logistic regression was used to assess the association between Axis I comorbidities and reduction in self-harm and BPD symptoms during treatment.

Results:

Participants with comorbid PTSD showed a significantly slower rate of decrease in self-harm, and were significantly less likely to have stopped self-harming by the end of treatment. They also had elevated BPD symptoms throughout, compared to those without PTSD. No other Axis I disorders - including substance dependence, alcohol dependence, panic disorder, major depressive disorder and psychotic disorders - had a significant effect on outcome.

Conclusion:

There may be something specific about PTSD that presents additional challenges for treatment of personality disorder. The findings provide additional support for the move to treat personality disorder and PTSD concurrently by integrating trauma-focused approaches within evidence-based treatment for personality disorder. A specific focus on aspects of PTSD that create particular challenges for treatment, including emotional numbing and dissociation, may also be merited.

Title: *The Lancet series on personality disorder*

Authors & Affiliation: *Peter Tyrer (Professor of Community Psychiatry, Imperial College, London)*

Yes – day 2 research agenda

Content:

In 2014 there will be a series of articles on personality disorder for the readers of the Journal. The Lancet is probably the most important medical journal in the world in terms of its influence on the medical profession and the public and we want to be confident that we have covered all the essential elements of the subject in the three articles that we have been commissioned to write. We have an excellent combination of authors, including Giles Newton-Howes, Anthony Bateman, Mike Crawford, Roger Mulder and Lee Anna Clark, and we already have a general structure of the articles we are going to write. This presentation will outline all the essential elements that are going to be included, but we would appreciate the views of the audience about any serious omissions. We are therefore especially keen on the audience contributing significantly to this presentation.

Title: *Common mental disorders do not require specific treatment is there is no personality dysfunction: data and evidence*

Authors & Affiliation: *Peter Tyrer (Professor of Community Psychiatry, Imperial College, London)*

Content:

It is well established that on current personality disorder has a negative impact on the outcome on almost all mental disorders, with the most convincing evidence coming from studies of depression (Newton-Howes et al, 2006, 2013). This evidence suggests that it is wise for clinicians to assess personality before they treat people with common mental disorders. I will be providing data from two studies in this presentation that further reinforces the importance of assessing personality status when a patient first presents to psychiatric services. These data, derived from the new ICD 11 classification of personality disorder (Crawford et al, 2011; Tyrer et al, 2011) , which is focused on one dimension of severity, demonstrate three findings that are close to being unequivocal for those with common mental disorders; (a) people with no personality dysfunction whatsoever respond irrespective of specific treatment, (b) people with severe personality disorder tend not to respond to any treatment for concurrent mental disorder and have repeated relapses if they do happen to respond in the short term, and (c) people with milder degrees of personality disorder respond to treatment relatively well, but all prone to relapse if preventive strategies are not set in place to offset the impact of personality dysfunction (Tyrer, 2014).

These findings have considerable implications that will be discussed in the presentation.

1. Crawford M, et al (2011). Classifying personality disorder according to severity. *Journal of Personality Disorders* 25, 321-330.

2. Newton-Howes G, et al (2006). Personality disorder and the outcome of depression: a meta-analysis of published studies. *British Journal of Psychiatry*, 188, 13-20.

3. Newton-Howes G, et al (2013). Influence of personality on the outcome of treatment in depression: systematic review and meta-analysis. *Journal of Personality Disorders*, epub ahead of print Nov 20.

4. Tyrer P, et al, (2011). The rationale for the reclassification of personality disorder in the 11th Revision of the International Classification of Diseases. *Personality and Mental Health*, 5, 246-59.

Tyrer P (2014). Personality dysfunction is the cause of recurrent non-cognitive mental disorder: a testable hypothesis. *Personality and Mental Health* (in press).

Title: *“Young People with Emerging Personality Disorders: A Service Proposal”*

Authors & Affiliation: *Chris Gordon (Somerset Partnership NHS Foundation Trust, Personality Disorder Service)*

Jane Yeandle (Somerset Partnership NHS Foundation Trust, Personality Disorder Service)

Ruth Habberfield (Somerset Partnership NHS Foundation Trust, Personality Disorder Service)

Liz Fawkes (Somerset Partnership NHS Foundation Trust, Personality Disorder Service)

Liz Challis (Somerset Partnership NHS Foundation Trust, Personality Disorder Service)

Content:

The Clinical Commissioning Group have contracted Somerset Partnership NHS Foundation Trust to develop an effective and efficient package of care for Young People and In Care Leavers who have Emerging Personality Disorders (EPD).

By recognising EPD and concentrating on early intervention the project aims to improve quality of life and life chances for young people with EPD and reduce the overall life cost of supporting people with personality disorder.

The project will provide robust data to establish whether the approach should be adopted into current working practices and service specifications. This paper is an initial outline of the service development and evaluation intentions.

Title: *Nidotherapy in the treatment of antisocial personality disorder*

Authors & Affiliation: *Peter Tyrer(Professor of Community Psychiatry, Imperial College, London)*

Kofi Kramo (Research Assistant, Imperial College)

Dr Deborah Rutter (Social Care Institute for Excellence, London)

Dr Sarah-Jane Spencer (Consultant Forensic Psychiatrist, Metropolitan Remand Reception Centre, Silverwater, Australia)

Dr Naresh Gandhi (late Consultant Psychiatrist, Park Royal Hospital, Middlesex)

Add to workshop on Day 1 at end

Content:

This study was carried out with 30 patients with antisocial personality disorder seen in both community and forensic settings. 18 of these were given at least a minimum number of three sessions but 12 were too restricted by the circumstances of their detention to be successfully engaged. The following preliminary questions were asked in the study:

- (i) Which patients with antisocial personality characteristics and comorbid personality disorder are likely to engage well with nidotherapy?
- (ii) In such patients, does nidotherapy given for a period of up to six months reduce the incidence of aggressive incidents?
- (iii) Is nidotherapy given in conjunction with normal clinical care acceptable to clinical teams and carers and is it viewed positively by those who receive it?
- (iv) Is it possible to develop a nidotherapy fidelity scale to determine whether the therapists (nidotherapists) were administering the treatment according to current guidelines?

The results were not straightforward but showed that nidotherapy has possibilities in the treatment of antisocial personality disorder when the nidotherapist has a major say in the management of the patient.

1. Spencer S-J, Rutter D & Tyrer P (2010). Integration of nidotherapy into the management of mental illness and antisocial personality: a qualitative study. *International Journal of Social Psychiatry*, 56, 50-59.
- 2.
3. BBC2 (February, 2008). *The Madness of Dancing Daniel*.

Title: *A Pathway to Engagement*

Authors & Affiliation: *Gillie Ruscombe-King, Kate Saunders and Sallybrookes. Oxfordshire Complex Needs Service*

Day 2 am symposium

Content:

Mentalisation Based Therapy (MBT) helps people think about how they feel. With some explanation of the theoretical framework of MBT, this experiential group presentation will demonstrate how group members can engage with their feelings. Through the process of mentalising, they can understand and navigate these feelings more successfully within themselves and therefore help them in relationship to other people. Often a barrier to those with entrenched personality disorder traits, this process can open the way to better engagement with a treatment group and therefore offer them the possibility of a pathway to a more intensive treatment programme. Data will be presented to support this hypothesis.

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Title: *The James Lind Alliance: Clinician, Researcher, and Service User Partnerships to Identify the Top Ten Research Priorities*

Authors & Affiliation: *Mary McMurrin (Professor of Personality Disorder Research, Institute of Mental Health, University of Nottingham)*

Research agenda for personality disorders session (Wednesday)

Content:

Objective: To open discussions about forming a James Lind Alliance to identify the top ten research priorities in personality disorder treatments.

Background: Developments in personality disorder treatments are based partly on new research. Acquiring research funding is highly competitive and success is dependent on showing that new projects address established priorities in the field. The James Lind Alliance (JLA) supports clinicians, service users, and researchers in jointly identifying and prioritising treatment uncertainties that are important to clarify through further research. See www.lindalliance.org. The JLA definition of a treatment uncertainty is that no up-to-date, reliable systematic reviews of research evidence addressing the uncertainty about the effects of treatment exists; or up-to-date systematic reviews of research evidence show that uncertainty exists. To help ensure that treatments do more good than harm, uncertainties must be identified, and those deemed sufficiently important must be addressed in research. The JLA procedure is to set up a partnership of clinicians, service users, and researchers, led by a steering group, operating to an agreed protocol.

Method: The facilitator will give an overview of the JLA aims and procedures and lead a discussion of whether a JLA for personality disorder treatments is necessary and viable.

Conclusion: If further steps are considered desirable and feasible, a plan of action will be devised.

Title: *Breaking the Cycle of Rejection revisited: the ASSiST programme as an alternative to hospital admission.*

Authors & Affiliation: *Nathasha Berthollier (Psychologist, Berkshire Healthcare Foundation Trust)*

Sangita Maurya (Assistant Psychologist, Berkshire Healthcare Foundation Trust)

Faye West (Assistant Psychologist, Berkshire Healthcare Foundation Trust)

Mark Hardcastle (Head of Psychological Therapies, Berkshire Healthcare Foundation Trust)

Geoff Dennis (Slough AMH Services Manager, Berkshire Healthcare Foundation Trust)

Rex Haigh (Consultant Psychiatrist, Berkshire Healthcare Foundation Trust)

Thursday morning session

Content:

OBJECTIVE

ASSiST is new East Berkshire 'Alternative to Admission' service for people with personality disorders who have had at least 20 days of psychiatric admission over the last 12 months. The programme uses techniques including assertive therapeutic engagement (in the wards as well as the community), a range of psychoeducational and sociotherapeutic groups, all within a psychologically informed therapeutic environment.

The aim of ASSiST is to help individuals to access a therapeutic pathway, rather than a revolving door process with repeated and largely unhelpful hospital admissions. After assertive engagement on psychiatric wards clients engage in a 12 week post discharge programme, during which a risk signature is identified and on which a therapy plan is developed. After this the individuals are supported to successfully engage in definitive evidence-based local PD treatments programmes.

DESIGN AND METHODS

Data collection involves economic and psychological measures; analysis of the first few cases is presented to demonstrate cost-effectiveness and change in relevant symptomatology.

RESULTS

Qualitative and quantitative findings will be presented.

CONCLUSIONS

Early findings demonstrate that the ASSiST programme shows promise, and that further evaluation, research and development is needed.

Title: *Voices from Behind Locked Doors Effecting Change in Secure Services: Utilising User-Led research to inform Secure Service Development and Monitoring.*

Authors & Affiliation: *Lou Morgan (PI), Andrew Richards, Sue Ellis - Emergence*

Content:

Objective: Summary of following research study, with emphasis on findings and implementation:

Pathways through low secure services in Yorkshire and Humber for people given a diagnosis of personality disorder: an exploration of service users' experience

The aim of this paper is to summarise findings and implementation of results from a recently completed service user led study exploring the experience of people given a diagnosis of personality disorder in low secure provision in the Yorkshire and Humber region.

This paper will outline the findings of the research, bringing the voice of service users in secure settings to the conference, with a particular emphasis on implementation, specifically the multiple ways in which the research has been utilised across the region to develop secure services.

Methods:

A service user led study using a combination of interviews and focus groups to gather data and thematic analysis to ascertain key messages from the research to be implemented in service development across the region.

Results:

This paper outlines the study findings relating to people's experience of secure services, highlighting the challenges faced in moving through service pathways and the key factors which support a positive and beneficial service, from the perspective of people incarcerated. We will also explore how services approach diversity/demographic issues as a key area of importance for service users. We will move on to explore how these research findings are being utilised, in practice to support the development of secure services and their ongoing monitoring for commissioning purposes.

Conclusions:

This paper highlights key issues in the provision of secure services which extend beyond the region of the study to being of national relevance. We will also demonstrate how service users and commissioners can work collaboratively to ensure research findings are not purely of academic interest but are actively shaping service development and commissioning in the region.

Title: *Lessons we can learn from Opera: residential treatment for personality disorders and the inspiration it can take from the art-form Opera*

Authors & Affiliation: *Henck van Bilsen, (St. Andrew's Healthcare, Essex)*

Content:

Opera is taken as an example for practicing mental health professionals. After an introduction to the representation of mental illness issues in Opera, the focus turns to one specific Opera: La Bohème. By focusing on a series of pivotal scenes in the Opera a range of lessons mental health practitioners can learn are deducted: Keep an open mind, even if you have found what you were looking for....; Not all irrational thinking is bad and needs to become the focus of therapy; It is better to lead a life worth suffering for, then to avoid all suffering in life; Going beyond the surface and first impressions is essential; Bad behaviour can have very noble reasons indeed.

References:

G Durà-Vilà, G. & Bentley, D. (2009) Opera and madness: Britten's Peter Grimes—a case study
Med Humanities 2009;35:2 106-109

Kellert, Stephen H. (1993). In the Wake of Chaos: Unpredictable Order in Dynamical Systems.
University of Chicago Press

van Bilsen, Henck P.J.G (2013) Lessons we can learn from opera, Journal of Psychiatric Intensive Care, Issue 2013, pp 1-8

Title: *'It takes two' – Critical reflections on what makes for effective collaboration; lessons learnt from a 5 year partnership between Emergence and Camden and Islington Foundation Trust (CIFT)*

Authors & Affiliation: *Elena Touroni, (Head of Personality Disorder Services – Camden and Islington NHS Foundation Trust)*

Kath Lovell, Managing Director (Emergence)

Fiona Thompson, Project Manager (Emergence)

Content:

Objective: This paper seeks to explore the vital components that are essential to build and sustain an authentic and successful partnership between a national service user led organisation and a mental health trust.

The first part of this paper will explore how Emergence and CIFT have successfully delivered the regional rollout of KUF for London as a vibrant and equal team, ensuring that London as a region, have performed exceptionally well in terms of targets and quality of training. The paper will examine what aspects of the partnership were crucial to such a significant achievement and will draw upon completed yearly evaluations (using the PDKASQ) for comment and discussion

The second part of the paper will focus on the new direction the partnership has taken within the last year to embed a number of innovative service user led (or developed) initiatives within the personality disorder service within CIFT. These initiatives include: provision of a team of service user consultants to provide consultation and reflection within team meetings, case consultation and supervision meetings; the development of a innovative arts and creative programme for clients of the service; the dynamic provision of informative events for carer/family and friends of clients within the trust and the upcoming development of psycho-educational products.

Conclusions: We will also demonstrate how service users and mental health trusts can work collaboratively to ensure better outcomes for service users with personality disorder. This paper will conclude with key issues in which extend beyond the partnership itself to being of national relevance.

Title: *Prescribing of medication for people with personality disorder- a snapshot in a community mental health team*

Authors & Affiliation: *Dr Umama Khan, (Consultant Psychiatrist, IOW NHS trust)*

Dr Venkatesh Ballagere Hanumanthaiah, (Specialist registrar, Wessex Deanery)

Content:

Design and Method:

A retrospective study of medication use in people with personality disorder. The case notes were randomly selected. Data was gathered on diagnosis, co-morbidity and medications prescribed in the past 1 year.

Results:

Of the 45 cases reviewed a filter of 'all responses' was applied to the data. 91% were females. Majority (98%) had a diagnosis of Borderline personality disorder. The most common additional diagnosis was of substance misuse (35%) followed by mood disorders (32%). About 1/3rd were admitted to a psychiatric unit in the last year. Around 31% had undertaken psychological therapies with a majority receiving DBT.

56% were on antipsychotic medications ; majority being on small doses of Quetiapine prescribed primarily for emotional dysregulation, affective instability and anxiety symptoms. 38% were prescribed a sedative medication. All patients were on psychotropic medications for more than 4 weeks and had a medical review within the past year.

Conclusions:

The current recommendations are based on limited research i-e medications can be prescribed to treat specific co-morbidities in people with personality disorder and no medication should be routinely prescribed in managing personality disorder.

The data showed areas of good current practice. However some areas of improvement were identified i-e to ensure documenting targets symptoms for prescribing psychotropic medications (antipsychotic, benzodiazepines and mood stabilizers) .It should be clearly documented, recorded and reviewed at intervals.

Title: *Upbeat and changing the way we think*

Authors & Affiliation: *Robert Glenton (Upbeat Chairperson and Workshop Facilitator)*

Yvonne Emmett-Pell (Upbeat Treasurer and Workshop Facilitator)

Content:

The paper aims to look at how a locally funded service user group has evolved to challenge service provision, engage vulnerable service users and seek to change attitudes of those professionals who have contact with them. We will explore the historical context of the group and how group members have changed the way the group functions and become involved in challenging and developing services within Lincolnshire. Key to this is developing a safe empowering environment that allow group members to express themselves and be accepted without being judged. Key to the group is the flagship workshop a Full Day training package for professionals about personality disorders. The aim of the workshop is to reach professionals that do not access the KUF due to limited places and restrictions place by funding requirements or cannot meet the time constraints. Written by service users delivered by service users we will examine how real life experiences can add true power to the training and challenge and shape people's perceptions and through this make a real difference to everyday practise

Title: *Deconstructive Supervision, a new model of supervision for those who supervise people who work with PD*

Authors & Affiliation: *Alan Miller, Forensic Psychologist, Ansel Group/Leicestershire and Rutland Probation Trust*

Content:

The paper describes a model of supervision specifically for people working with PD clients. It focuses on the constructive process by which people create their universe in order to create meaning for their life and their relationship to it. Cognitive psychology has examined issues of autobiographical storytelling and recall of past events and how these issues may affect the story offered to the listener. In addition to cognitive considerations of recall, 'pseudologia fantastica,' mythomania, mendacity and pathological lying which are synonymous, are involved with the concept of lying and may offer further distortions in the construction of the individual's universe. When workers use a client's history to assess risk, the elements of: extant explanations for behaviour in society, coupled with the client's conscious or unconscious need to provide an account which may not be a reality can, and does provide significant distortion. The cultural landscape in which the client's story is set requires consideration as it may also contribute to the distortion. It is therefore necessary to find ways to "wash the muddiness out of the story" to make an accurate assessment of risk. The deconstructive supervision model provides a way of helping workers maintain objectivity by reconsidering the evidence given to support the both the client's and any other worker's previous constructions of the client's personal universe that may contain elements of personal mythology.

Title; *Enhancing the problem solving competencies of personality disordered offenders: meeting the challenges of the real world*

Authors & Affiliation; *Stan Renwick C. Halford, M Mologuance-Bass,*

Content:

It is arguably something of a truism to propose that Personality Disordered Offenders often appear to experience difficulties in successfully negotiating the challenges that arise within their social world. Clearly the factors underpinning such difficulties can and have been viewed from a range of psychological and psycho-social perspectives. It is arguably however that for a significant period of time, one approach that has enjoyed much attention – particularly within offenders populations is that of social problem solving. That is, that such individuals lack the cognitive skills and practical experience of solving problems within their immediate environment (Hollin, 2001; McGuire, 2001). In this context attempts have been made to develop therapeutic interventions through which to remediate the skills deficits/competencies that such individuals are seen to carry (e.g. Reasoning and Rehabilitation, Enhanced Thinking Skills, Stop and Think). Such programs are considered (to varying degrees) to address a number of critical domains of socio-cognitive functioning covering self-control/management; interpersonal problem solving and social interaction, rigid/inflexible thinking styles, social perspective taking, analytic thinking and moral reasoning (Clarke, Simonds & Wydall, 2004).

Although there is now a range of evidence emerging regarding the benefits arising from such activities (eg Falshaw et al, 2004; Clarke et al 2004; Blud & Travers, 2006; Hubard et al, 2007), it is arguable that, to date, the evidence regarding the ecological utility of such activities remains less than compelling.

It is in the context of the above that we have previously presented evidence (predominantly experiential) of the delivery of one such programme ‘Stop and Think’ with groups of Personality Disordered Offenders detained within conditions of low security (Renwick et al, 2013).

Drawing on this previous evidence this paper will describe our iterative development of this approach – and in particular programme content. This, in order to more directly match and indeed acknowledge the degree of complexity involved in many of the day to day challenges experienced by clients in the ‘real world’ Drawing on experiences arising during programme application, this paper will offer evidence regarding the perceived utility of the described practice enhancements and offer proposals regarding future development work in this domain.

Title: *Addressing the interpersonal difficulties of personality-disordered offenders: the development and application of a multi-factorial approach to therapeutic intervention*

Authors & Affiliation: *Stan Renwick, M Mologuane-Bass, R Dawson, L.P Chesterman*

Content:

It has long been acknowledged that Disordered Personality finds expression (and indeed identification) through the interpersonal domain, in the degree to which engagement with others and ensuing relationships are impacted (Tyrer, Casey & Ferguson, 1993). Despite this, it is arguable that detailed consideration of the nature and degree of any such interpersonal dysfunction experienced by clients appears rarely afforded the degree of clinical significance such issues palpably deserve (Renwick, Mologuane-Bass, Prout & Beryl, 2013). It is therefore considered that a revision of the perceived importance of the interpersonal in both the assessment and (where relevant) the therapeutic intervention with clients experiencing such difficulties is long overdue.

This paper will intend to address this, by describing the development of a multi-model approach to addressing the interpersonal difficulties arising within a population of male personality disordered offenders detained within low secure conditions. In addition to outlining the milieu-based interpersonal model utilised within the service derived from TBS-based Social therapy, the paper will describe the development and subsequent application of a bespoke approach to the assessment and treatment of such difficulties in this population. Evidence will be presented to support the view that clients' difficulties within this domain are multi-factorial and hence necessitate the development of an intervention model that can address such complexity. Efforts to establish such a multi-factorial treatment approach will be described, and clinical experience to date offered. This, it will be argued, has the potential to afford a trans-diagnostic integrated approach to working with Personality Disordered Offenders from within the Interpersonal Skills/Competencies paradigm.

Title: *A retrospective ecological study of patient profile within Belfast Self Harm and Personality Disorder Service*

Authors & Affiliation: *Dr David Bell, (CT2 Psychiatry, Belfast Self Harm and Personality Disorder Service)*

Content:

Objectives: To analyse demographic details of those referrals invited to attend the Self Harm and Personality Disorder Service information session over a three month period to identify patient profile and difficult to engage demographic groups thereby contributing towards pathway revision.

Design: A retrospective ecological study of all referrals invited to the information session as a first contact entry point for the Self Harm and Personality Disorder Service.

Methods: A 3 month period between August-October 2013 was chosen and a list of all triaged referrals compiled. This list was then cross-referenced with the referral records and age, sex, postcode, referral source, number of information session invites, attendance and opt-in outcome were recorded.

Results: 97 invitations to attend 6 information sessions were recorded comprising of 66 patients. Average monthly attendance was 28%. The mean age bracket was 20-29 years and this age group were least likely to attend and opt-in. Increased age was associated with opt-in to treatment programme assessment. Women over the age of 30 were twice as likely to opt-in. Based on the 3 month data period males under the age of 30 were least likely to opt-in (11%) compared to older males were most likely to opt-in (80%).

Conclusions: This study highlights at risk categories that are both difficult to engage and reflect potential areas of unmet need and reinforces the importance of continued engagement with the referral source up to first point of contact. This study also demonstrates the value of having a group information session prior to individual specialist assessment.

Title: *No one escapes (film)*

Authors & Affiliation:

Content:

NO ONE ESCAPES: SYNOPSIS

No One Escapes is based on interviews with people who have a connection to women & serial killing. The title, No One Escapes, is taken from a Community Psychiatric Nurse, who told me in the early days of my research, "You've got to realise you're working in a very toxic environment, and no one escapes."

My study is about the ongoing effect of that toxicity on the lives of people who have been, at any degree of separation, involved. I hope the piece gives a powerful impression of what it's like when your life is touched by a killer. Every contact leaves a trace – and it is indeed my belief that from generation to generation, no one escapes.

NO ONE ESCAPES : INSTALLATION MISSION STATEMENT

Has emerged as an intimate invitation to the world of the serial killer. There are four screens & each screen plays looped interviews with people closely connected to the subject. The watcher can move in the space, approaching the screens one by one, or stay still, experiencing them all together. One watcher standing in the centre asked for a drink, saying he felt he was at, 'a serial killer cocktail party'.

A watcher may stay two minutes or two hours, but should leave feeling that they too have been touched and disturbed by the material - drawn into an understanding of the killers' dark, secret world.

I have always been attracted to extremes. As a child, I would beg to watch frightening TV programs - The Quatermass Experiment was a favourite - only to wake up with terrifying nightmares. The taste for fear and evil didn't go away. Later I was an avid consumer of true crime and newspaper stories on murder. (see above) I never read crime fiction - it was always the visceral reality that got to me. I felt compelled to visit scenes of trauma, like Lockerbie, Hungerford, Dunblane. I have, on occasion, used such events in my writing.

The 4 screens play very different kinds of interview.

There's Anne Marie West who grew up in a household of perverse sexuality, paedophilia, incest, and as it turned out, serial murder.

Marian Partington whose sister was sexually tortured and killed by the Wests.

The Police who investigated the case and the lawyers, profilers and journalists who became part of it during the trial - none of whom would say they've emerged damage free.

Lastly, the Forensic Consultants, who deal with killers and killing, sexual depravity and extreme violence on an all day, every day, basis. An average of ten years is burnout in that field, I was told – though some say you may feel relatively sane beside the people you're treating. They have a dark sense of humour about human nature - and they need it.

I interviewed over fifty people, including relatives of The Yorkshire Ripper's and Dr Shipman's victims.

But in the end, I was irresistibly fascinated by the case which shocked, appalled and titillated us all to the greatest degree – that of the Wests. Was it the grotesque sexuality, the Baroque torture details, the juxtaposition of the mundane, suburban couple with their arcane and unbelievable practices – they could hardly read, how could they so perfectly re-enact de Sade? I don't know. But they are the ones who captured and still hold the public imagination and taste for horror stories – vicarious, yes, but also a yardstick by which we judge our selves : “ I may be a little bit morally dodgy - I may lie to my lover or dodge my tax, but I wouldn't rape, torture, KILL, anybody ..”

This is the 1-10 scale of Good & Evil - we're all on, and all recognise, but at the same time reject. These killers are not like us, our society did not sire them – they are the 'monstrous other'. Especially the women - we regard them as un-natural, rabid nymphos, insatiable dykes, modern day witches. We refuse to believe the killers are equally human - that our culture had any hand in their creation. But look at the Nazis, ordinary men and women who loved their dogs, were kind to children, wept at classical music. How do we know what we too might be capable of doing? 10% of us are personality disordered. None of us would be impressive if all our nasty habits and grotesque fantasies were visible.

Like it or not, a part of these killers is in us all.

Title: *An Evaluation of Psychosocial Treatment for Personality Disorder using the Borderline Personality Disorder Severity Index (BPDSI): Preliminary results*

Authors & Affiliation: *Luca Pozzi, , Marta Bezzone, Floriana Bua, Antonella Cirasola, Piero Moliterni, Marco Chiesa; (Cassel Hospital Specialist PD Services)*

Content:

Objectives: A preliminary study of the impact of psychosocial treatment for a sample of severe Personality Disorder three months after intake in key dimensions of borderline symptoms and functioning.

Design and Methods: To date we recruited a sample of 31 patients with a diagnosis of personality disorder to the long-term programmes of the Cassel Hospital Specialist PD services. Independent raters applied at intake the SCID-II interview and the BPDSI at intake and at three months follow-up as part of a longitudinal study up to two years follow-up. We tested for possible presence of differences between Borderline and non Borderline patients and for improvements on the BPDSI at the three months follow-up point.

Results: 29 (91%) patients were well above the Borderline threshold for the BPDSI with only 1 out of 20 Borderline patients being below the threshold. An independent-sample T test showed significant differences between Borderline and non Borderline Patients in BPDSI total mean score, and three other dimensions (Abandonment, Personal relationships and Self-Harm). With regard to outcome at 3 months follow up we found a significant decrease in Borderline symptoms severity ($t = 2.37, p > 0.03$). However, the clinical significance as shown by the Effect size ($d = .030$) was small.

Conclusions: These preliminary results in a UK-based sample, confirms that the BPDSI is a sensitive, valid and specific measure of Borderline psychopathology. In addition, our data suggests that significant results can be already evident even after a relatively brief exposure to a specialist psychosocial programme.

Title: *The Primrose Service: The Story so Far*

Authors & Affiliation: *Dr Susan Cooper & Annette McKeown (Primrose Service, Tees Esk & Wear Valleys NHS Foundation Trust)*

Content:

The Primrose Service forms the top tier of the Offender Personality Disorder Strategy for Women and was originally introduced in 2006 as the only female component of the Dangerous and Severe Personality Disorder (DSPD) initiative. The service has twelve places for female offenders who present with a high-risk of future offending and severe personality disorder. This paper will reflect on the service since its introduction. It will outline characteristics of women admitted to the Primrose Service for assessment. Gender-responsive considerations for assessment will be examined. The paper will also reflect on women's engagement in existing interventions offered in the service including Dialectical Behaviour Therapy and the Life Minus Violence – Enhanced[®] Intervention. Additional treatment directions have been introduced including art therapy, the Wellness Recovery Action Plan (WRAP) and parallel therapies including psychodrama informed interventions and Mobile Team Challenge. This paper will also reflect on their provision with women with personality disorder. Future directions for the service will also be outlined.

Title: *Out of self-harms way? The relationship between specific self-injurious behaviors, trauma history and clinical outcome in the psychological therapy for women with severe Borderline Personality Disorder*

Authors & Affiliation: *Mark McFetridge, Helen Crooke (The Acorn Programme, The Retreat York)*

Liat Levita (University of Sheffield)

& Rebecca Milner (University of York)

Content:

Objectives:

The primary objective of the study was to examine further differences between women with severe BPD who reported a history of childhood abuse, and those who did not. The variables considered were the severity and nature of self-injurious behaviors and levels of psychological distress and dissociation before and following therapy.

Design/ Method:

Consecutive referrals (N=214) with severe BPD between 2000 and 2012 to a national specialist tier 4 residential PD service provided data via a number of validated clinical outcome measures and systematic case note review. All participants were referred with a diagnosis of BPD (DSM-IV), were female, predominantly white British (83%) with a mean age of 33 yrs (sd 10, range 18-59 years). The women participated in a residential DBT-informed Therapeutic Community for a maximum of 12 months (mean of 190 days, sd 135).

A self-harm taxonomy consisting of twelve forms of self-injurious behaviour was constructed following a review of the literature. Eight variables were added to address the presence and nature of self-reported childhood abuse, derived from the Childhood Trauma Questionnaire. The Inter-rater reliability for systematic case note review was examined and found to be high. Participant self-report measures included the Clinical Outcomes in Routine Evaluation (CORE-OM), and the Dissociative Experiences Scale (DES-II), taken at multiple time points from pre-therapy to 12 months post-discharge.

Results:

Of the women referred, 75% had a documented history of having disclosed childhood sexual abuse (CSA). These women had higher levels of all twelve categories of self-harm than those without such a history (NCSA). Furthermore there was a highly significant difference in the frequency of a particular form of self-harm (sewing up/ placing objects in vagina/ inserting objects under the skin), with this being virtually absent in the NCSA group. The CSA group also reported significantly higher levels of distress and dissociation pre-therapy than the NCSA group.

For those completing more than 60 days therapy (n=159), there were significant reductions in both CORE-OM and DES scores on discharge, and at 12 months follow-up. There were,

however, relatively greater clinical gains in the CSA group at both discharge and follow-up.

Conclusions:

Women with BPD sufficiently severe to warrant referral to a tier 4 residential PD service (2000-2012) were three times more likely to have a documented history of childhood sexual abuse. These individuals were more likely to self-harm in specific ways that may be related to their past experiences.

Despite this, following therapy within a DBT-informed TC programme the women made relatively greater clinical gains than those without a reported trauma history. This paper further explores the implications for therapy with those people having a borderline personality disorder without a childhood trauma history, together with the encouraging finding that greater levels of behavioural and self-reported distress and dissociation do not predict poor clinical outcome.

References:

Barkham et al. (2005). Clinical Outcomes in Routine Evaluation (CORE-OM)

Bernstein et al. (2003). Childhood Trauma Questionnaire

Bernstein & Putnam (1986). The Dissociative Experiences Scale (DES-II).

Title: *Medication Review of the Patients who attend the Self Harm and Personality Disorder Team, Belfast Trust. How much do we rely on medication to contain the patients in the community.*

Authors & Affiliation: *Dr Claire McLoughlin, Staff Grade Doctor, Dr Maria O’Kane, Consultant Psychiatrist,(Belfast Self Harm and Personality Disorder Service)*

Content:

Objectives: To analyse the prescribed medication , by Primary Mental Health Teams, and Community Services, who have referred the patients to the Self Harm and Personality Disorder Service . The aim of the Audit study is to assess/ question the feasibility of the NICE Guidelines for the treatment of patients who suffer from different Personality Disorders. We also are aiming to assess whether the treatment within the Self harm and Personality Disorder Service significantly helps the patients and their families to live safely in the community , reflected by a reduction in medication.

Design: Review of all prescribed psychiatric medication in use by patients who attend the Self Harm and Personality Disorders Service, Belfast Health and Social Care Trust, including combinations of different groups of medications.

Methods: Collection of all appropriate medications, collated and analysed during May 2013. Results presented at Belfast Psychiatric Academic Meeting June 2013 to Primary Mental Health Care Psychiatrists. All details collected again in November 2013, and results compared with previous results. Ongoing assessment continuing re: medication reviews by the patients’ Clinical Leading Psychiatric Physicians.

Results: Total number of patients in May 2013 : 123

Total numbers of patients in November 2013 : 147

May 2013 : 8 patients were on no medication.

- SHT patients mostly prescribed A’depressants(78.9%),
- A’ psychotics(57%), A’ convulsants(27.6%)and Benzodiazepines(27.64%).
- SNRIs most popularly prescribed A’depressant.
- Atypical > Typical, namely, Quetiapine

November 2013: 15 patients on no medication.

- 91% on anti-depressant therapy.
- Antipsychotics 58%, Anticonvulsants 28% Benzodiazepines 28%
- Types of A’psychotic and A’depressant medication types mainly unchanged.

Conclusions: This study wishes to question :

- Are the NICE guidelines realistic re: containing such patients in the community, keeping themselves and people around them safe, and are not involved with the Criminal and forensic Services?
- Are doctors “prescription-happy” re : treating these patients?
- Will the Psychological Therapy received within the Self harm and Personality Services influence the dependence of drugs on these patients, living in the community, and keep them living in the Community? The ongoing audit aims to examine this issue, with more careful input from Community and Hospital Psychiatric services, including General Practitioners.

Title: *The potential of touch in BPD therapy.*

Authors & Affiliation: *Redmond O'Hanlon*

Content:

OBJECTIVE Given what attachment/regulation theory has brought to the study of BPD, I would like to explore the possibilities, and the risks, of engaging the body much more in BPD therapy, arguing that it is hard to make any good case for its omission here, since in the beginning is the wordless, and the person a dynamic mind-body information nexus, a body-subject.

THE BODY IN THERAPY It seems to me that the implication of van der Kolk's, Trevarthen's, Schore's and Siegel's work is that early attachment deficits are grounded in the bodily mis-attunement of infant and primary carer, leading ultimately to the lack of trust and affective dysregulation haunting BPs. Why, then, are most therapists still so afraid of engaging the body in their healing work? Can it be that the shadow of Reich and the fear of litigation make them still so afraid of the body in modern therapy?

TOUCH: HANDLE WITH CARE Working with the body will inevitably raise the issue of touch in therapy: this is a very delicate, a very fraught domain: indeed, even the most committed and experienced bodytherapists are very sensitive to the extreme care needed on this front, and use touch to varying degrees in their work.

TOUCH AND TRUST Restrained, loving touch releases Oxytocin and has been shown to increase levels of trust, the sine qua non of successful therapy, especially in BPs, with their massive trust deficits; and treating the patient as an embodied person can be truly life-affirming, trust-enhancing, since so much unconscious pain, loss and absence are encoded there.

SOMATIC DIALOGUE IN THERAPY The therapist, as recipient of projective identifications, will very often feel in their bodies an intuitive sensing of a patient's primal family, world, lived being and mode of relating, but, as yet, before cognition or language, since as infants, we speak and listen first with the body, from our archaic histrionic sensibility. A young infant, living in a world of psychedelic splendour (Baron-Cohen), is an in-fans, unable to speak: in the beginning was not the word, but skin, smell, sound, touch, movement: the body. It is for this reason that David Boadella refers to therapy as a "somatic dialogue", whose benefits and affirmative mutual mirroring are associated with non-verbal formative processes like internalizations. The body, even a therapist's body, always knows and remembers - as Proust taught us so long ago, and as Keleman and Rothschild have done more recently.

THE POTENTIAL OF TOUCH IN THERAPY Touch, the laying-on of hands, was commonplace in traditional healing – and can also bring to BPs that deep sense of being nurtured and securely held which was so lacking in their attachment histories: many animal and some human studies show that free access and proximity to the primary carer (PC) override the most primal needs for food and drink – even when, as so often in BPs, with their

insecure/disorganized attachment styles, the PC is both haven and source of terror/abuse/neglect. Touch can also, as in bioenergetics and dance therapy, release into flow energies blocked, locked and frozen in the body by traumatic events too engulfing to be registered in any narrative. However, this bypassing of cognitive resistance, can easily, and explosively, release dark, repressed memories that talk therapies cannot reach, since there are far more memories stored in the body than in the brain. This is cardinally important for BPs whose poor attachment history is deeply, and pre-verbally, encoded in their “muscular selves”, shaped by early sensori-motor and muscular activity with a non-mirroring, unattuned and non-validating PC. This becomes an implicit, habitual pattern of later attachment behaviour and communication, leading so often to serial disturbed relationships; indeed, to a radical distrust of others and a deeply embedded negative introjection of what relationships are about and where they are likely to lead.

CASE HISTORIES In that extraordinary memoir of abuse, betrayal and healing, *A Shining Affliction*, Annie Rogers recounts a key moment in which her wonderful therapist, a classic psychoanalyst, broke all the rules by holding her tightly in his lap, thus enabling her to make the great leap forward in her therapy and the beginning of the possibility of putting words on the unspeakable. Naming is containing; when elaborated it can become image, then story - a key moment on the path to healing BPD dysregulation, and to bringing the amygdala into rhythmic co-operation with the neo-cortex! I shall explore this sequence and also two fascinating case histories which illustrate the classic, infernal too close/too distant dance of BPD therapy. These stories demonstrate dramatically how risky, and sometimes dangerous, bodywork can be - but also how ultimately rewarding it MIGHT BE in the hands of a subtle, highly trained and empathic therapist who is keenly aware of spatial configuration in the therapeutic exchange with a BP patient, given that attachment/regulation/attunement are so bound up with the changing, dynamic space between child and primary carer; and between patient and therapist when the attachment system is inevitably reactivated.

Title: *Personality Disorder Treatment within secure settings: a systematic review of the evidence*

Authors & Affiliation: *Dr. Piyal Sen, (Consultant Forensic Psychiatrist, Complex Needs Service, St. Andrew's Essex and Visiting Researcher, Dept of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College, London)*

Content:

Objectives: To explore the currently published evidence base for treatment of personality disorder (PD) in secure settings.

Design: A review was planned using key words and databases from the medical and psychological literature. The year 2010 was chosen as the cut-off point to cover the literature from publication of the NICE guidelines, in 2009.

Methods: A literature search was carried out of Medline, Embase and Psycinfo using keywords treatment, treatability, secure unit, forensic, and limiting them from 2010 to 2014. Other articles were found through manual search.

Results: Nearly 300 papers were found. However, there are still no randomised controlled published data on PD treatment within secure settings. The published papers mainly describe the conceptual model for treatment. Behaviour within secure settings provides some pointers to risk outside hospital. Patient views of treatment are covered, including what works for them. No single model of therapy stands out as better than others.

Conclusions: In the absence of a clear evidence base, a pragmatic approach is recommended in secure settings . Expert narrative accounts become influential, citing principles like coherence and consistency, building and maintaining motivation, and collaborative relationship. Development of a culture of enquiry through community meetings and focus on patient's ownership and awareness of personal risk profiles become the key targets for treatment .

Title: *IAPT SMI: the first year*

Authors & Affiliation: *Dr Janet Feigenbaum and Oliver English,(North East London NHS Foundation Trust)*

Content:

Objective: To demonstrate the effectiveness of DBT and CBT for the IAPT SMI programme
Design: naturalistic evaluation

Methods: All individuals referred to the IMPART demonstration site in NE London were assessed on the SCID-II. Those offered treatment completed weekly or monthly measures including: PHQ-9, GAD-7, Warwick Edinburgh Mental Wellbeing Scale, Work and Social Adjustment Scale, and the EQ-5D. In addition rates of self harm, suicide attempts, and in-patient bed days were collected.

Results: the data will be provided for approximately 200 clients who have been assessed and provided with treatment since November 2012 when IAPT SMI was launched. The data will be divided between treatment completers and those who dropped out of therapy in an effort to understand more about for whom CBT models are effective.

Conclusions: Our initial review of the data suggests that co-morbid personality disorders may affect treatment completion, in particular the presence of severe Avoidant Personality Disorder. We will discuss the impact of regular measurement, and make recommendations for services considering the IAPT SMI models.

Title; *Personality Disorder and Employment: a review of the literature and current research*

Authors & Affiliation; *Dr. Janet Feigenbaum, University College London*

Content:

Objective: This paper will review the existing limited evidence base for employment interventions for those with a personality disorder, including DBT and IPS, and outline current research looking at means of improving employment opportunities. Suggestions for how services can focus on facilitating return to employment for those with a personality disorder will be provided.

Method: systematic review

Conclusions: Individuals with a personality disorder (PD) are significantly handicapped in their efforts to obtain employment through difficulties managing emotions, problematic interpersonal relationships, high impulsivity, and poor self management skills (Sansone and Sansone, 2010). Vocational functioning in those with PD is more compromised than social functioning (Zanarini et al., 2010) and does not improve in direct correlation with change in mental health symptoms, thus suggesting that vocation needs to be tackled directly. A recent review by Sansone and Sansone (2012) found that nearly half of all individuals with PD were unemployed in longitudinal follow up (both after treatment and in non-treatment seekers). Furthermore personality disorder was associated with a greater number of jobs since age 18, less time in employment, a greater likelihood of 'cash in hand' employment, and more likely to be fired (Sanson, Leung, and Wiederman, 2012).

Title: *The development of Therapeutic communities as a residential treatment option for prisoners with Intellectual Disabilities and Personality Disorder*

Authors & Affiliation: *Jon Taylor, David Jones, Sarah Stringfellow, Sarah Trout, Mark Dalgarno, Helen Ashwell (a combination chosen from this list)*

Content:

The National PD offender strategy has led to a widespread reconfiguration of services for offenders with PD and the development of a range of new services to address the risks and needs of this particular group. Within the strategy a new service development for offenders with learning disability and PD was identified across three prison sites and one health setting. A redesigned Democratic Therapeutic Community model (Mackenzie, Bowen, Taylor & Turner 2010) was identified as a central component of the strategy. A hybrid model was opened at Rampton Hospital in June 2010 with the full model opening at two prison sites during 2013, with a third site opening in 2014.

This paper describes the development of this programme and the operating principles within the prison sites. Characteristics of men admitted to the prison and hospital sites are compared and early outcome data from the Rampton TC is described. Levels of engagement, behavioural changes and changes across a range of psychometric assessments are presented.

Title: *The loss of a separate dimension for the classification of personality disorder will hinder research and understanding of personality disorder*

Authors & Affiliation: *: Dr Giles Newton-Howes (University of Otago, New Zealand), Professors Peter Tyrer and Mike Crawford (Imperial College),and Professor John Livesley (University of Vancouver, Canada)*

Objectives:

To describe the problems that will arise now that DSM no longer has personality disorder recorded on a separate axis of classification. These problems include (i) loss of interest in personality disorder by clinicians as it will tend to be trumped by other more prominent diagnoses, (ii) the likelihood that the impact of personality disorder on treatment and outcome will now tend to be ignored, even though it is fundamental to predicting prognosis (Newton-Howes et al, 2014), the likely loss of research funding which has been much greater in the last 30 years since DSM-III introduced Axis II for personality disorder. An open discussion will follow.

Title: *The place of nidotherapy in psychiatric practice*

Authors & Affiliation: *Peter Tyrer (Professor of Community Psychiatry, and Dr Helen Tyrer, Senior Clinical Research Fellow, Imperial College, London)*

Agreed: Workshop day 1

Content:

Nidotherapy is the systematic manipulation of the environment in all its forms to make a better fit between a person and the environment (Tyrer et.al. 2003a) As such it covers a great deal more than psychiatry and most people practise some form of nidotherapy in choosing their spouses, occupations, and leisure activities. It is formalised as a treatment in those with persistent mental disorders do not respond to conventional therapy for a variety of reasons, and as all practitioners know, this constitutes a significant minority. Many of these have personality disorder, particularly Type R (or treatment resisting) , personality disorder (Tyrer et al, 2003b), and do not present, for treatment because they think that others ought to change rather than them. This workshop will demonstrate to delegates the advantages of nidotherapy in this group, and also show evidence of its effectiveness in a randomised controlled trial (Ranger et al, 2009). We are also likely to have some delegates from Sweden, where nidotherapy is now being practised to a greater extent than in the UK, who will contribute to the discussion about its potential and value.

Those attending the workshop should consider our main learning objectives:

- (a) to show that this is it a genuinely new treatment that is not just imitating existing ones
- (b) to describe the processes involved in selecting patients for treatment, setting environmental targets and monitoring progress
- (c) to give clear evidence that, compared with standard treatment, nidotherapy is highly cost-effective for those with chronic persistent mental illness

1.

2. References: Ranger M, et al B (2009). Cost-effectiveness of nidotherapy for comorbid personality disorder and severe mental illness: randomized controlled trial. *Epidemiologia e Psichiatria Sociale*, 18, 128-136.

3. Tyrer, P., et al (2003). The principles of nidotherapy in the treatment of persistent mental and personality disorders. *Psychotherapy and Psychosomatics*, 72, 350-356.

4. Tyrer P, et al (2003). Treatment-rejecting and treatment-seeking personality disorders: Type R and Type S. *Journal of Personality Disorders*, 17, 265-270.

Title: *Learning together – what can we learn from working with experts by experience*

Authors & Affiliation:

Chair/Discussant:

Dr Mark Sampson 5 Borough's Partnership

Speakers:

Dr Rex Haigh - Service user involvement throughout the life of the national personality disorder development programme

Dr Mark Sampson - An evaluation of knowledge and understanding personality disorder awareness training: Can a co-production model be effective in a local NHS Mental Health Trust?

Pete Regan/Jade Kersalls - Service user developed videos – do they provide a new approach to learning?

Gary Lamph - E learning and personality disorder awareness training: Does using service user developed video's make e-learning more effective?

Content:

Overview:

This symposium focuses on what we can learn by working in partnership with people with lived experience of personality disorder (experts by experience). The symposium describes service user involvement throughout the life of the national personality disorder development programme and beyond. Exploring how new local initiatives can build on the foundations set by the national personality disorder programme. The presentations cover - how to deliver the KUF training programme locally, demonstrations of new service user developed videos and preliminary findings and an illustration of a new e-learning awareness training. The aim of the symposiums is to illustrate how working together can lead to innovation and enhanced learning.

Paper 1 –

Title: Service user involvement throughout the life of the national personality disorder development programme

Presenter: Dr Rex Haigh Consultant Psychiatrist Clinical Advisor to National PD Development Programme, 2002-11' Athena Therapy Centre, Upton Hospital, Slough, Berkshire SL1 2BJ

Objectives: To illustrate service user involvement in the national personality disorder programme and beyond?

Design: Opening talk to the symposium

Methods: None applicable

Results: Review of service user involvement in national personality disorder programme

Conclusions: Exploring the question as to how this culture is maintained and developed now the National PD programme is closed.

Abstract:

The talk will outline the history and philosophy of service user involvement throughout the life of the national PD Development programme. This starts with the Millennium grant which started 'Borderline UK' and includes the focus groups which the Department of Health used to bring the service user voice into 'No Longer a Diagnosis of Exclusion', and the choice and commissioning of eleven centrally-funded pilot sites. The arts-based 'Personality Plus' was launched in 2007, and merged with Borderline UK to form the leading PD service user organisation, 'Emergence' – which went on to play a major part in developing the DH's 'Knowledge and Understanding Framework' (KUF). The more recent clinical review of the pilot projects identified the 'quality of relationship', and with it a particularly user-friendly service culture, as the unique feature behind their success. The question now is how this culture – of service users, clinicians, managers and commissioners in a close and trusting working relationship - is maintained and developed now that the health part of the National PD Programme has closed.

Paper 2 –

Title: An Evaluation of Knowledge and Understanding Framework (KUF) Personality Disorder

Presenters:

Mark Sampson, (5 Borough's Partnership, Harry Blackman Building, Peasley Cross Hospital, Marshalls Cross Road, St Helen's WA9 3DE)

Other authors - Julie Davies, Frank Beesley Deborah Smith and Victoria Baldwin

Objectives: Can a co-production model be effective in a local NHS Mental Health Trust

Design: Service evaluation –pre-post training evaluation

Methods: Information on 162 participants using the PD-KASQ pre and post.

Results: Results indicate that a local organisation can deliver the KUF effectively

Conclusions: KUF can be delivered effectively – the paper will also highlight lessons learned and guidance on local implementation.

Abstract:

5 Boroughs Partnership NHS Foundation Trust, in the Northwest of England, have trained over 500 staff in the Knowledge and Understanding Framework (KUF), Level 1 personality disorder awareness training. This is a 3 day nationally devised training programme delivered via an innovative co-production model (i.e. co-delivery and partnership working with service-users who have lived experience). This paper provides quantitative and qualitative information on the effectiveness of training delivery, and also serves to provide some insight into the impact of service user involvement via such a co-production model. Information on 162 participants using the KUF bespoke questionnaire (PD-KASQ) suggests that the training can be effectively delivered by and within a local NHS Mental Health Trust. Results immediately post training suggest an improvement in levels of understanding, capability efficacy and a reduction in negative emotional reactions. Indications from 3 month follow up suggests that whilst understanding and emotional reaction remain improved, capability efficacy regresses back to pre-training levels, suggesting the need for on-going supervision and/or support to consolidate skills. Discussion includes guidelines for the implementation of a truly integrated co-production model of training provision, as well as advice relating to the maximisation of long-term benefits.

Paper 3 –

Title: Service user developed videos – do they provide a new approach to learning?

Presenters: Pete Regan Creative Remedies – Jade Kersall Expert by Experience 5 Borough's Partnership PD Hub

Objectives: To demonstrate service users developed learning material

Design: Developmental

Methods: 12 months funding (£10,000) was obtained to develop service user developed training videos

Results: Results: 6 service user related videos were developed: 3 illustrated in presentation

Conclusions: Supporting service users to develop training videos' can deliver highly effective training materials. Future funding options considered.

Abstract:

As part of a training initiative funding was obtained for service users to develop training videos to support local and national training initiatives. The service users worked with a film consultant (seconded for 12 months for 2 days a week from Creative Remedies a social service creative arts project) to develop the videos. The project was support by the local

Personality Disorder Hub Service (a coproduction personality disorder team) that provided external consultation. The script and filming were independently developed by people with lived experience (experts by experience). The videos presented in this seminar have been incorporated into local (e learning) and national (structured clinical management) training programmes.

Paper 4 –

Title: E learning and personality disorder awareness training: Does using service user developed video's make e-learning more effective?

Presenter: Gary Lamph (5 Borough's Partnership)

Other authors –Mark Sampson, Gary Williamson (5 Boroughs Partnership)

Objectives: Illustrate how co-production can be involved in e-learning

Design: Service evaluation –pre-post training evaluation

Methods: Information on a number of participants using the PD-KASQ and compassion questionnaires pre and post the e-learning experience

Results: Preliminary results and also illustration of the e-learning will be presented

Conclusions: E-learning can have a place as part of a skills escalator for personality disorder training

Abstract

E learning although cost effective has mixed reviews. Many can find the experience detached and providing limited affectivity. Developing an e-learning awareness programme for personality disorder provided a challenge. How to make the experience real and fluid enough to provide meaningful learning? An innovative approach was taken to incorporate service user developed videos as the spine of the e-learning experience with the aim of keeping the co-production ethos. The paper will provide preliminary data and feedback and also incorporate a visual demonstration into the e-learning content.

Title: *'Tour de Force' – Examining the both the successful components and challenges of effective collaborative partnerships between a national user led organisation and a number of diverse organisations.*

Authors & Affiliation;

Convenor & Chair:

Kath Lovell, Managing Director – Emergence

Discussants:

Lou Morgan, Executive Director – Emergence

Fiona Thompson, Project Manager – Emergence

Julia Blazdell, Project Manager – Emergence

Iola Davies, Project Manager – Emergence

Content:

As we welcome the Tour de France to Yorkshire in 2014, this dynamic and interactive symposia will use the theme of the 'tour' to critically reflect upon the initiatives Emergence undertakes as a service user led organisation working across many areas such as training, research, service development, consultation, arts and creativity and psycho-education.

The symposia will have 3 main components,

1. Overview of Emergence and recent significant areas of work (including evaluations)
2. Workshop - Table Top discussion: Each group will explore topics related to the following areas, with each 'table' facilitated by a member of the Emergence Management Team:

'White Jersey – the young star!' What is it like starting out? How to embed new ideas and ways of working, and how to get fledging projects off the ground

'Green Jersey – the sprinter!' Managing projects effectively and delivering high quality products and services to tight deadlines and budget. What spanners get thrown in the works to derail a project and set it off course? What are the vital components of good project management?

'King of the Mountains – The uphill challenger!' What are the challenges of co-production and collaboration? What makes an effective partnership and how challenges can go on to create the very essence of authentic, reflective and dynamic projects.

Rainbow Jersey – the world champion!' What performs well and deserves wider recognition? How service user led evaluations can contribute to the field of personality disorder in terms of research, service development and improved outcomes for service users?

Yellow Jersey – the race winner!' what does success look like? What does it mean to deliver a successful project? Who wins really?

3. Panel Discussion: This will be an opportunity to pose interview style questions to the Emergence Management team who will as a team open up dialogue between themselves and the audience.

Title: *Lincolnshire Personality Disorder Pathway Project*

Authors & Affiliation:

Convenor: Dr Kerry Beckley, Consultant Clinical Forensic Psychologist, Lincolnshire Partnership Foundation NHS Trust

Chair: As above

Content:

Overview: The Personality Disorder Pathway Project is a jointly commissioned NHS/NOMS national initiative. This symposium aims to outline the work being undertaken by Lincolnshire Probation Service (LPT) and Lincolnshire Partnership Foundation NHS Trust (LPFT) in achieving the outcomes set for staff development and the provision of psychological formulation and consultation.

Paper One: The PD Pathway: A Schema Informed Approach

Dr Kerry Beckley, Consultant Forensic Clinical Psychologist & Charlotte Dunster, Assistant Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper will present the historical overview of the project in the context of local service provision and describe the theoretical basis of the 'schema informed' approach utilised. It will outline the progress to date, identifying both the challenges and facilitative forces that have been encountered. An evaluation of the training model will be presented. The plans for addressing the specific needs of both female offenders and those from an Eastern European background will be outlined. The paper will highlight the importance of reflective structures, the benefits of an integrative approach to delivering high quality formulations and consultations and taking a systems approach to facilitate organisational change.

Paper Two: The PD Specialist Offender Manager

Dan Page and Helena Wilks, PD Specialist Offender Managers

Personality Disorder Pathway Project Lincolnshire

This paper will provide an overview of how the specialist offender manager role has been developed. The specialist is tasked with acting as a personality disorder champion in their local area. The probation specialist is responsible for development and maintenance of local professional networks including community and public sector agency leads. We also work as consultants to local mental health professionals regarding the role of the Probation Service, risk management processes and cultural and practical policy shifts. The probation specialist maintains a small caseload to enable practical implementation of psychologically informed methods. We will discuss how the Lincolnshire PD Pathway manages the more serious and

complex offender cases who meet the service criteria.

We will present the challenges faced in developing and supporting the work of offender management teams. Work with Offender Management teams includes time limited joint casework with individuals with complex needs, case formulation and workforce development. We provide professional oversight and facilitate staff mentoring and communities of practice to assist Offender Managers in working in a psychologically informed way.

Paper Three: The Pathway in Practice

Dr Felicity Nichols, Clinical Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper aims to demonstrate the practical application of psychological assessment, formulation and sentence planning as facilitated by the PD Pathway project. The paper will begin with a brief overview of the Schema model, developed by Dr Jeffery Young, which informs the delivery of the pathway's objectives, and provides the context for the case study. It will then present the case of 'Ben', a 24 year old male currently on a community sentence supervision order following conviction of a domestic violence offence, to illustrate how this relates to clinical practice.

Psychological formulation is a theory-driven working hypothesis about the development and maintenance of a problem. The schema model places offending behaviour in the context of an over-compensatory coping strategy in response to the activation of early maladaptive schemas developed in childhood. This paper will provide a description of the assessment process, content and experience in relation to the formulation process. In doing so, it will provide a description of the Ben's early experiences and unmet needs leading to the development of his schemas and subsequent coping mechanisms. The resulting psychologically informed sentence plan, to promote Ben's progression through the system, will be presented alongside a critical discussion about the merits and challenges of this approach.

Paper Four: "Breaking Down the Iron Curtain: The Eastern European Offender"

Rose Bishop, Voluntary Assistant Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper aims to explore the differences between offenders from Eastern Europe who are living in the UK and non Eastern European (EE) offenders. Literature suggests that foreign nationals in the UK have different experiences within the justice system than British offenders. They tend to receive harsher sentencing as officials use incarceration as a method for accelerated deportation. However, deportation is not an issue for EE offenders due to EEA policies and open borders amongst EU countries. There has been little to no research conducted in this area. This study aims to identify how political, linguistic and social barriers

impact sentencing, psychological and treatment needs of EE offenders in the UK by firstly examining the difference in sentencing between Eastern Europeans and non EE, when investigating specific crimes. This will be completed through the OASys system. Secondly, the rationale provided for sentencing will, also, be examined through judge's transcripts. Thirdly, the pathways to offending will be observed through formulations with EE offenders which will be compared and contrasted to formulations from a non EE group; identifying schemas, coping mechanisms and protective factors, based on the Schema Model developed by Dr. Jeffrey Young. These three areas of study should identify the challenges, for EE, which are presented by current sentencing patterns and indicate future effective treatment needs for EE.

Title: *Lincolnshire Personality Disorder Pathway Project*

Authors & Affiliation:

Convenor: Dr Kerry Beckley, Consultant Clinical Forensic Psychologist, Lincolnshire Partnership Foundation NHS Trust

Chair: As above

Content:

Overview: The Personality Disorder Pathway Project is a jointly commissioned NHS/NOMS national initiative. This symposium aims to outline the work being undertaken by Lincolnshire Probation Service (LPT) and Lincolnshire Partnership Foundation NHS Trust (LPFT) in achieving the outcomes set for staff development and the provision of psychological formulation and consultation.

Paper One: The PD Pathway: A Schema Informed Approach

Dr Kerry Beckley, Consultant Forensic Clinical Psychologist & Charlotte Dunster, Assistant Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper will present the historical overview of the project in the context of local service provision and describe the theoretical basis of the 'schema informed' approach utilised. It will outline the progress to date, identifying both the challenges and facilitative forces that have been encountered. An evaluation of the training model will be presented. The plans for addressing the specific needs of both female offenders and those from an Eastern European background will be outlined. The paper will highlight the importance of reflective structures, the benefits of an integrative approach to delivering high quality formulations and consultations and taking a systems approach to facilitate organisational change.

Paper Two: The PD Specialist Offender Manager

Dan Page and Helena Wilks, PD Specialist Offender Managers

Personality Disorder Pathway Project Lincolnshire

This paper will provide an overview of how the specialist offender manager role has been developed. The specialist is tasked with acting as a personality disorder champion in their local area. The probation specialist is responsible for development and maintenance of local professional networks including community and public sector agency leads. We also work as consultants to local mental health professionals regarding the role of the Probation Service, risk management processes and cultural and practical policy shifts. The probation specialist maintains a small caseload to enable practical implementation of psychologically informed methods. We will discuss how the Lincolnshire PD Pathway manages the more serious and

complex offender cases who meet the service criteria.

We will present the challenges faced in developing and supporting the work of offender management teams. Work with Offender Management teams includes time limited joint casework with individuals with complex needs, case formulation and workforce development. We provide professional oversight and facilitate staff mentoring and communities of practice to assist Offender Managers in working in a psychologically informed way.

Paper Three: The Pathway in Practice

Dr Felicity Nichols, Clinical Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper aims to demonstrate the practical application of psychological assessment, formulation and sentence planning as facilitated by the PD Pathway project. The paper will begin with a brief overview of the Schema model, developed by Dr Jeffery Young, which informs the delivery of the pathway's objectives, and provides the context for the case study. It will then present the case of 'Ben', a 24 year old male currently on a community sentence supervision order following conviction of a domestic violence offence, to illustrate how this relates to clinical practice.

Psychological formulation is a theory-driven working hypothesis about the development and maintenance of a problem. The schema model places offending behaviour in the context of an over-compensatory coping strategy in response to the activation of early maladaptive schemas developed in childhood. This paper will provide a description of the assessment process, content and experience in relation to the formulation process. In doing so, it will provide a description of the Ben's early experiences and unmet needs leading to the development of his schemas and subsequent coping mechanisms. The resulting psychologically informed sentence plan, to promote Ben's progression through the system, will be presented alongside a critical discussion about the merits and challenges of this approach.

Paper Four: "Breaking Down the Iron Curtain: The Eastern European Offender"

Rose Bishop, Voluntary Assistant Psychologist

Personality Disorder Pathway Project Lincolnshire

This paper aims to explore the differences between offenders from Eastern Europe who are living in the UK and non Eastern European (EE) offenders. Literature suggests that foreign nationals in the UK have different experiences within the justice system than British offenders. They tend to receive harsher sentencing as officials use incarceration as a method for accelerated deportation. However, deportation is not an issue for EE offenders due to EEA policies and open borders amongst EU countries. There has been little to no research conducted in this area. This study aims to identify how political, linguistic and social barriers

impact sentencing, psychological and treatment needs of EE offenders in the UK by firstly examining the difference in sentencing between Eastern Europeans and non EE, when investigating specific crimes. This will be completed through the OASys system. Secondly, the rationale provided for sentencing will, also, be examined through judge's transcripts. Thirdly, the pathways to offending will be observed through formulations with EE offenders which will be compared and contrasted to formulations from a non EE group; identifying schemas, coping mechanisms and protective factors, based on the Schema Model developed by Dr. Jeffrey Young. These three areas of study should identify the challenges, for EE, which are presented by current sentencing patterns and indicate future effective treatment needs for EE.

Title: *Managing risk through responsive, psychologically informed relationships: How the Yorkshire/Humber Personality Disorder Offender Pathway Partnership (PDOPP) is developing semi specialist probation officers to work with personality disorder.*

Authors & Affiliation: *Jo Ramsden, (Leeds Personality Disorder Services)*

Mark Lowton, (West Yorkshire Probation)

Karyn Mannix & Peter Brown, (Leeds Personality Disorder Services and South Yorkshire Probation)

Emma Joyes, (Institute of Mental Health)

Convenor: Jo Ramsden, Leeds Personality Disorder Services

Chair: Tom Mullen, Leeds Personality Disorder Services

Discussant: Tom Mullen, Leeds Personality Disorder Services

Content:

Overview

The implementation of the national Personality Disorder Offender Pathway in Yorkshire/Humber is being undertaken by the Personality Disorder Offender Pathway Partnership (PDOPP). This exciting project – the largest of its kind in the country – comprises psychologists working in partnership with semi specialist probation officers based in four probation Trusts. The project aims to enhance the risk management of individuals whose presentation is consistent with a personality disorder diagnosis through the development of semi specialist probation officers.

This symposium provides us with an opportunity to share some of the things that have been learned during the first year of this project. Also, to discuss how the project has been shaped and how we intend to move forward to impact more directly on service users whilst continuing to ensure that we maximise the therapeutic potential of criminal justice work and facilitate effective, psychologically informed risk management.

Abstract 1

Assessing in terms of usefulness rather than truth: The role of the psychologist in supporting semi specialist probation officers

This presentation aims to outline the evolving role of the psychologist within PDOPP as we work in partnership with semi specialist probation officers to enhance the risk management of

individuals with personality disorder. The presentation will outline some of the key learning including the need to make brief, problem focussed formulations which are kept live through supervision and the importance of allowing for The presentation will discuss how the role of the psychologist within the project is one which maintains and upholds psychological principles which usefully enhance probation work rather than providing a discreet, expert, diagnostic and treatment function which sits outside of day to day criminal justice practice. confident inferences in enabling criminal justice staff to consider the protective, survival focussed function of behaviour. The need to formulate and comment on the wider system response to individuals/clients will be discussed as an important challenge for the continued evolution of this role as will the importance of maintaining a focus on a complex system as we work more directly with service users.

Abstract 2

Health and Criminal Justice: Working in partnership rather than “doing to”

This presentation will outline some of the key learning in the project that enables a partnership between health and criminal justice to function including the need for accountability on both sides. How the model maximises the effectiveness of the project by being both responsive to a psychological way of working whilst ensuring an impact within probation will be discussed as will some of the thinking about how this responsiveness will be maintained as the project expands. This presentation will highlight some of the challenges inherent within the partnership such as the tension between contract delivery when the work necessitates considered reflection on complexity.

Abstract 3

“Thank you for understanding me”: Does formulation focussed supervision help us to manage risk? The experiences of semi specialist probation officers

This presentation aims to share some of the experiences of semi specialist probation officers and will discuss how formulation focussed supervision differs from generic statutory supervision within criminal justice. How this type of intervention impacts on engagement and risk management will be discussed as will the impact of the project on the role of the semi specialist as someone working with the wider criminal justice system.

Abstract 4

Where are we now and where are we going: Early outcome data from the independent evaluation of the PDOPP project (Emma Joyes)

The PDOPP project is being evaluated independently by our academic partners at the Institute of Mental Health. This presentation will outline the time series evaluation of this complex system which is using naturally occurring data, i.e. data from the Offender Assessment System completed by probation officers/semi specialist probation officers, and data generated through questionnaires, case formulations and through focus groups with team managers, trust directors , psychologists, semi-specialist probation officers and the PDOPP project team. The approach used for analysis will be described together with early findings. Issues related to the evaluation process will be highlighted.

Title: *STEPPS from organisation to experience*

Authors & Affiliation:

Presentation 1: *Renee Harvey, Consultant Clinical Psychologist, Sussex Partnership NHS Mental Health Foundation Trust, email: renee.harvey@sussexpartnership.nhs.uk.*

Presentation 2: *Kay Macdonald, Consultant Clinical Psychologist, Clinical Academic Director, Sussex Partnership, NHS Mental Health Foundation Trust, email: kay.macdonald@sussexpartnership.nhs.uk.*

Presentation 3: *Jennie Hallet (lead), Community Recovery Worker, Sussex Oakleaf. Email: Jennie.Hallett@sussexoakleaf.org.uk*

Convenor, chair and discussant: *Renee Harvey*

Content:

Presentation 1: Renee Harvey

Implementing STEPPS (Systems Training for Emotional Predictability and Problem Solving) in different service settings in the United Kingdom

STEPPS groups have now been well-established in numerous sites across the UK at community mental health team level. A UK version of the program is gaining popularity and delivering positive outcomes. The applicability of the program to meet the needs of service users with differing levels of complexity is now being considered and will be presented here. Three areas of development are currently under way. Firstly, STEPPS has been embedded into the programme within a specialist service setting, with added elements of support. This aims to address the additional challenges of multiple diagnoses, greater demands on services, and higher levels of risk, chaotic lifestyle issues, and complex systems/organizational involvement. The preliminary outcomes will be presented, together with the implications this has had within the wider care pathway. Secondly, a modified version of STEPPS has been developed for use at Primary Care level, with groups now being piloted. Thirdly, a version for use with younger people has now been successfully piloted and preliminary results will be presented. These modified versions provide a new set of challenges regarding the optimal level to which the program may be shortened and simplified and still remain effective. The modifications being piloted consider both the needs of services, with stringent targets, time, staffing and budget limitations as well as the large numbers of service users for whom a timely intervention could potentially prevent years of disruption, distress and escalation of problems.

Presentation 2: Kay Macdonald

Organisational strategy to ensure effective implementation of personality disorder service

innovations.

This paper describes an organisational change model to support emerging research evidence, enabling innovative approaches in delivering services for those with personality disorders

The modernisation agenda of the NHS in the UK and current economic challenges requires a significant degree of innovation in models of health care delivery including evidence of economic impact and efficiency alongside demonstration of quality of care and positive experience for service users. Unless an organisational approach is adopted there is a risk of “passive dissemination” of research findings and clinical innovations and the translation of organisational benefits (economic and quality of care) will be lost. The organisational approach in disseminating STEPPS research and practice provides an example to illustrate this.

Dissemination of research findings into service delivery is largely dependent on organisational context with challenges rooted in political and interpersonal conflict between researchers and managers (Cullen, 1998). The approach described in this paper will demonstrate the positive outcomes when organisational factors are accounted for throughout the journey and will ensure that research meets the needs of service users and the demands of the organisation including financial imperatives in the challenging economic environment.

The model of change management used to address these questions is PEST. This model enables analysis of the environment of an organisation. The acronym PEST describes political forces and factors/options open to the organisation (P), economic influences including financial resources available (E), sociological trends including demographic changes and demands on services (S) and finally technological innovations and new approaches such as STEPPS (T).

Presentation 3: Jennie Hallett (and colleagues)

STEPPS in the journey of recovery

Jennie and colleagues will present Service User accounts of a journey from dependency on services towards discovering and reclaiming talents, strengths and a more fulfilling life. This will embed the skills learning from STEPPS within a context of support and empowerment as well as other learning and growth opportunities, which together enable potentially radical changes to lives.

Title; *'Context sensitive workforce development: innovation and challenge in developing the offender pathway, the contribution of the KUF'*

Authors & Affiliation; *Dr Neil Gordon, (Institute of Mental Health & NeFran Consulting)*
Andrea Milligan,(Institute of Mental Health)
Cholena Mountain, (Institute of Mental Health & Emergence)
Zena Rashid,(Institute of Mental Health)
Jina Barrett (Institute of Mental Health & Tavistock & Portman Trust)
Tom Mullen (Leeds PD Network)

Content:

This symposium will explore how the National KUF Programme is developing and adapting in its focus to meet the emerging workforce demands across the new offender pathway. We will reflect critically on the challenges of creating innovative and context sensitive training packages underpinned by the KUF relational model and service user centred philosophy. The different presentations will address work that is currently going on in 5 specific areas:

- 1-Working with women and developing gender sensitivity in custodial settings,
- 2-Working with probation based staff to develop psychological mindedness,
- 3-Working with reception and front of house staff in first contact with service users,
- 4-Working with frontline staff in prison environments.
- 5-Communities of practice and organisational development

The themes addressed will include: gender sensitivity and the provision of emotional containment, reflective practice and team dynamics, interpersonal sensitivity and compassion, managing self in emotionally charged encounters, and creating communities of practice to support organisational development and innovation

The five papers will focus on a specific element of the offender pathway workforce and explore how the KUF model is being utilised to ensure the staff involved are able to engage with complex interpersonal dynamics and effectively manage and make sense of challenging interpersonal encounters with service users and colleagues. We will also review the challenges of conducting this work in a rapidly changing policy environment where economic constraints and radical service reorganisation are key features of the evolving systems within which the staff are working.

Title: *Managing and treating ASPD in the community: Furthering the PD Offender Strategy*

Authors & Affiliation:

Chair, Convenor and Discussant:

JESSICA YAKELEY, Consultant Psychiatrist in Forensic Psychotherapy, Portman Clinic, Tavistock and Portman NHS Foundation Trust

Presenters:

CELIA TAYLOR, (Lead Consultant Forensic Psychiatrist and Head of Service, Millfields Unit, East London NHSFT)

JAKE SHAW (Forensic Psychologist, Case Identification Lead for London Pathways Partnership, East London NHSFT)

PHIL MINOUDIS, (Consultant Clinical Psychologist, Clinical Lead for London Pathways Partnership and Lead Psychologist for Millfields PD Unit, East London NHSFT)

ANNA MOTZ (Consultant Clinical and Forensic Psychologist, Thames Valley Forensic Mental Health Service, Oxford Health NHS Foundation Trust)

Content:

Overview: The NICE guidelines on antisocial personality disorder (ASPD) were welcomed for legitimising treatment for individuals who often reject treatment yet have high risks of co-morbidity and mortality. However, the narrow range of treatment recommendations highlights the need for more empirically based treatments for this complex and costly disorder.

This symposium describes our involvement in recent developments regarding the community management and treatment of individuals with ASPD, as part of the Personality Disorder Offender Pathways Strategy.

In the first talk, Celia Taylor will start by presenting work with probation officers of case screening and identification of personality disordered offenders, the experience of working with probation officers on formulation, and the range of ASPD offenders identified in the process.

Jake Shaw and Phil Minoudis will then present the findings from the first 9 months of the rollout of the case screening and identification of Offender Personality Disorder Strategy across the London Probation Trust including demographic, risk and individual characteristics.

Jessica Yakeley will then describe the planned roll-out of 11 pilot mentalisation-based treatment services for ASPD across the country as one of the latest developments of the PD Offender Pathway, which will be jointly delivered by health and probation staff as part of a planned multi-site RCT.

Anna Motz will conclude with describing in detail the experience of setting up a pilot community MBT service for men with ASPD, highlighting the clinical, practical and ethical

challenges involved in delivering an MBT service to this hard-to-engage client group.

Paper 1

Title: *Antisocial Personality Disorder and the Probation Service – A New Approach to an Old Role*

Presenter: *Dr Celia Taylor (BSc, MB.BS, MRCPsych, Diploma Forensic Psychiatry Lead Consultant Forensic Psychiatrist & Head of Service)*

Content:

A core principle of the Offender Personality Disorder Strategy is that the National Offender Management Service (NOMS) and the NHS should take joint responsibility for the assessment, treatment and management of this population. It focuses particularly on the need for early identification of personality-disordered offenders who present a high risk of serious harm to others, such that an active pathway of interventions can be planned.

Studies show that approximately 60% of offenders on probation officers' caseloads qualify for a diagnosis of personality disorder, with antisocial personality disorder predominating. Probation officers are thus responsible for the management of the vast majority of this problematic category.

Over the past year the London Pathways Partnership (LPP), a unique consortium of four Mental Health Trusts, has been working together with the probation service to identify cases and draw up a shared formulation that can inform sentence planning, by setting out interventions to reduce risks posed to others, and improve psychological health and social wellbeing.

I will describe this process, and the great range and variety of offenders identified. I will also discuss experiences of the impact of this work on individual probation staff, who frequently find themselves the targets of hostility, threats, deception and complaints. I consider the impact on inter-agency working and organisational anxieties of this new focus on an unpopular and stigmatised group.

Paper 2

Title: *The development of a screening tool for PD offenders*

Presenter: *JAKE SHAW, (Forensic Psychologist, Case Identification Lead for London Pathways Partnership, East London NHSFT)*

PHIL MINOUDIS, (Consultant Clinical Psychologist, Clinical Lead for London Pathways Partnership and Lead Psychologist for Millfields PD Unit, East London NHSFT)

Content:**Case identification:**

The Offender Personality Disorder Strategy demands identification of personality disorder early in the sentence. In London, the size of the task is not insignificant, with the entire caseload numbering approximately 39,000. The challenge associated with developing an efficient file-based screening tool sensitive to both risk and personality disorder will be discussed.

Various approaches piloted in the early stages on the London Pathways Project will be reviewed, including automated systems, clinical judgement, consultation and finally a hybrid informant/file-based algorithm.

The findings from the first 9 months of rollout across the London Probation Trust will be presented; including demographic, risk and individual characteristics.

Ideas for future directions will be put forward, with suggestions for assessing reliability and validity of case identification systems for personality disordered offenders.

Paper 3

Title: *Managing and treating ASPD in the community: Furthering the PD Offender Strategy*

Presenter: *Jessica Yakeley (Consultant Psychiatrist in Forensic Psychotherapy, Portman Clinic, Tavistock and Portman NHS Foundation Trust)*

Content:

In this third talk of the symposium, I will outline the current development, implementation and evaluation of a mentalization-based treatment (MBT) community services for offenders with a diagnosis of antisocial personality disorder (ASPD) as the clinical component of a planned multi-site randomised controlled trial (RCT). The services will be jointly delivered across eleven sites by Health Service providers and the National Probation Service as an integrated part of the National Offender Personality Disorder Pathways Strategy; ten of these will be services for men, and one will be a service for women. The services will be robustly evaluated against key outcome criteria including reduction in aggressive acts and antisocial behaviours, reoffending, increased health and quality of life, and cost efficiency of service. The RCT will be to investigate whether MBT targeting mentalizing problems in ASPD is an effective treatment for high-risk offenders with ASPD in the community in terms of reducing aggressive acts. The services will be delivered jointly on probation premises by probation staff and the health service provider clinicians as part of the National PD Strategy.

Paper 4

Title: *'The Reflections Group: A Pilot Group of Mentalisation-based Treatment for Men Diagnosed with Antisocial Personality Disorder: Developments Nine Months On.*

Presenter: *Anna Motz and Elizabeth Grocutt*

Content:

Background:

Individuals diagnosed with antisocial personality disorder are traditionally difficult to engage in therapy, and fall through the net of services, remaining at high risk of re-offending. A pilot community-based group for high-risk men diagnosed with anti-social personality disorder was established in order to engage this high-risk population. This talk describes the developments of this group nine months on.

Aims:

To examine whether this group of men will continue to engage with the treatment programme and to determine if this will result in reduced levels of aggression and violent offending and higher levels of interpersonal functioning. To monitor levels of engagement and determine enhanced capacity for mentalisation.

Design:

Patients are offered weekly mentalisation based group treatment programme alongside less frequent individual meetings. Evaluation is conducted through both quantitative and qualitative methods. The facilitators meet regularly with the men for review, as well as working closely with their offender managers and mental health professionals involved.

Methods

The men record assessments of their mood at the beginning of treatment and this is repeated at regular intervals throughout. They are initially also assessed using the HCR-20. Any violent incidents are recorded and reviewed.

Preliminary results:

The engagement level of this difficult-to-reach population has been good, and the preliminary findings indicate that the men rate their mood as higher and their aggressive outbursts lower, since attending the group. The group has changed in membership since its outset with two recalls of group members and one discontinuation, leading the facilitators to consider refining their selection criteria and modifying some aspects of group content.

Conclusion

Preliminary results suggest that modified MBT may be an effective treatment for ASPD, but this needs to be tested via a full scale RCT.

Title: *A new pathway for forensic community PD services*

Authors & Affiliation: *Matt Bruce, Clinical Psychologist, FIPTS, South London and Maudsley NHS Foundation Trust (SLAM)*

John Canning, (Team Leader, FIPTS, SLAM)

Paul Ashton, (Expert by Experience and Director of N-Gage)

Fred Washington, (Expert by Experience and Director of N-Gage)

Belinda Coulston, (Forensic Psychologist, FIPTS, SLAM)

Carmen Corbett, (Forensic Mental Health Practitioner, FIPTS, SLAM)

Samantha Russell, (Forensic Mental Health Practitioner, FIPTS, SLAM)

Ketan Sonigra, (Forensic Mental Health Practitioner, FIPTS, SLAM)

Convenor/Discussant: *Matt Bruce, Clinical Psychologist, FIPTS, South London and Maudsley NHS Foundation Trust (SLAM)*

Chair: *John Canning, Team Leader, FIPTS, SLAM*

Content:

Overview: Throughout its decade in operation the Forensic Intensive Psychological Treatment Service (FIPTS) has undergone vast transformations to meet both Government and service user expectations. FIPTS adopts a graduated “pathway” model of security and support for offenders with personality disorder (PD), from medium secure care, to supported housing, to outpatient provision. However, recent Government proposals, specifically in relation to community PD provision, are likely to present considerable challenges as well as opportunities for existing delivery models. This symposium aims to outline the development of FIPTS, its evidence base, essential lessons learned, exciting practice innovations and future challenges for forensic community PD services.

The first presentation will provide an overview of FIPTS, its pathway over the past 10 years, the evolving treatment model and its emerging evidence base. It will also consider lessons learned and attempt to forecast potential challenges for community PD services over the coming years.

The second presentation will explore the role of Enabling Environments in shaping, improving and integrating pathways to deliver seamless offender care that transcends service setting and agency. It will share the experiences of evaluating the 10 Enabling Environment standards across the FIPTS pathway.

The third presentation will introduce ‘critical transition points’ (CTP’s) and their significance in understanding and effectively managing offender pathways. It will further illustrate the role of Enabling Environment standards in managing critical transitions to optimise and safeguard offender progress.

The final presentation will take the form of a workshop for forensic PD community service providers and other stakeholders to explore potential challenges and solutions for future provision in light of new Government proposals

Title; *Engaging community patients in the Nottingham City PD Therapy Team*

Authors & Affiliation; *Dr Cooper, (Nottingham City PD Therapy Team)*

Andrea Milligan,(Nottingham City PD Therapy Team)

Sarah Mundell, (Nottingham City PD Therapy Team)

Dr Paul MacAllister, (Nottingham City PD Therapy Team)

Content:

The Nottingham City PD Therapy Team was established in April 2013, as part of the larger Nottingham City Community Forensic Mental Health Team, which case manages approximately 60 high risk community patients. The therapy team was set up from existing staff without any extra funding, with the aim of providing therapeutic interventions for a group of patients for whom there had previously been a gap in provision. We will present a number of case vignettes of patients that we have attempted to engage in therapy that we hope highlights some of the successes and failures of the service design, its development, and of the difficulties in providing treatment to this group of patients in the community.

Title: *The influence of personality status on the outcome of a randomised controlled trial of drug treatment, CBT, or self help over 10 weeks, 2 and 5 years, and 12 years*

Authors & Affiliation: : *Professors Peter Tyrer and Mike Crawford, Dr Helen Tyrer (all Imperial College), Dr Maria Zauter-Tutt and Dr Katarina Miolseska (Central Northwest London NHS Foundation Trust), Professor Scott Weich (University of Warwick), Dr Boliang Guo (University of Nottingham) and Professor Min Yang (West China Research Center for Rural Health Development, Sichuan University, China)*

Presenter: *Professor Peter Tyrer (Imperial College)*

Objectives:

To test the hypothesis that personality dysfunction recorded using the new ICD-11 diagnostic system influences the long-term outcome of treatment for anxiety and depressive disorders

Design: The long-term follow-up of a randomised controlled trial of 210 patients from general practice psychiatric clinics with panic disorder, generalised anxiety disorder, and dysthymic disorder treated with CBT, diazepam, dothiepin or placebo medication, or self-help, with follow-up over 12 years. Personality dysfunction was assessed at baseline using the Personality Assessment Schedule and subsequently separated into five ICD-11 groups (0 = no personality dysfunction, 1 = personality difficulty, 2 = mild personality disorder, 3 = moderate personality disorder, 4 = severe personality disorder, by independent assessment of baseline data by MZ-T and KM with discordant ratings assessed by MC and SW to achieve consensus. The primary outcome was change in total psychopathology scores using the Comprehensive Psychopathological Rating Scale (CPRS) at all time points.

Results: 96% of patients seen at baseline were followed up. Patients with no personality dysfunction, personality difficulty and mild personality disorder had similar long-term outcomes but as symptomatology was greater at baseline those with personality dysfunction were more handicapped at 12 years. Those with moderate and severe personality disorder improved at first but deteriorated over time and at 12 years were at the same level of pathology as at baseline.

Conclusion: The results support the hypothesis that significant personality disorder is associated with poor long-term outcome of common mental disorders.



BIGSPD
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POSTERS

Title: *The Treatment & Management of Anti social Personality Disorder (ASPD), Audit of NICE Guidelines, West London MHT*

Authors & Affiliation: *Dr Pardis Mostajabi, Dr Punita Sharma, Dr Manjeesta Das & Dr Oliver Dale*

Content:

Objectives

The estimated burden of personality disorders in the country is 2.46 million with estimated prevalence of 5.8% in the community as of 2007 and expected to increase slightly by 9.3% to 2.69 million in 2026.

There are notable variations in clinical practice and specialist services available across different boroughs. NICE guidelines, published in January 2009, made recommendations for the treatment and management of ASPD across all service delivery units.

In this trust wide audit we aimed to assess the clinical practice and provided service for ASPD clients across Hammersmith & Fulham, Ealing, and Hounslow mental health services.

Design

For this audit, a generic tool was developed by the WLMHT ASPD working group considering NICE Guidelines. This was a 24 question proforma covering main areas of diagnosis, assessment, risk management, and treatment.

Method

All patients with primary or secondary diagnosis of ASPD from electronic record, RIO system were included. The dynamic aspects of care, such as risk assessment, offered psychological therapies, were judged from risk assessment, CPA documentation, tribunal reports and any therapy reports. Records were searched for documented risk management plans. The use of Structured Risk Assessment method, HCR-20 was assessed.

This process was done by three different higher trainees for each SDU. The researchers did few cases together to reduce observer bias. Data from the proforma was then collated into an excel spreadsheet, with no patient identifiable information included. Data was analyzed in Excel.

Results

Numbers of identified cases were not similar in each borough, from 105 identified patients, H&F had 44%, and Hounslow and Ealing respectively had 32% and 22%. In regards to evidence of documented full assessment H&F had 97% this was 50% and 15% For Ealing and Hounslow. Documented risk management plans were 58%, 51% and 43% in Hounslow, H&F and Ealing respectively. There was significant difference in use of structured risk assessment, HCR-20, 42%, 8% and 6 %, for Ealing, H&F and Hounslow, same pattern was noted in referrals to

Forensic services, 56%, 27%, 23% in Ealing, H&F and Hounslow respectively. In regards to psychological therapies There was also a difference between three boroughs; 83% in Hounslow were offered psychological interventions in compare to 52% and 43% in Ealing and H&F.

Conclusion

We identified notable differences in practice in three different boroughs. This audit was only based on documented electronic records and further audit considering patient experience would be beneficial in getting the full picture. Training programs in assessment and management of ASPD and also developed dedicated PD services to device specific intervention for ASPD will help to provide equal and efficient clinical care to ASPD clients.

Title: *Distress management clinics in secondary mental healthcare*

Authors & Affiliation: *Lindsey Barratt (Gedling Community Mental Health Team, Nottinghamshire Healthcare NHS Trust)*

Content:

Objectives- to offer Distress management clinics to clients who struggle with overwhelming emotions and subsequent behaviours, in order to decrease distress and improve coping and self management skills.

-To promote acceptance, hope and recovery.

-To develop a more accepting and helpful introduction into mental health services, increasing empowerment, self management and understanding.

-To evaluate whether this was effective in alleviating distress, improved coping skills, knowledge and understanding of problems and could increase engagement with more specialist services.

Design – clients were offered 10 sessions of mindfulness, distress tolerance, emotional regulation, psycho-education and crisis management planning prior to referral to more specialist evidence based groups A combination of DBT skills, compassionate mind concepts and Mindfulness was used following consultation with members of a therapeutic community and evaluation of the then current services provided by the community mental health team.

Method- included clients who struggled with overwhelming emotions and managing distress. Initially one clinic was run offering 10 individual sessions. The sessions incorporated Mindfulness and skills training in a key area.

Results- Measurements from the CORE showed a decrease in levels of distress and self report showed that clients felt that they had developed skills, an understanding and felt they had a robust plan to manage potential crises. There was an increase in uptake of specialist groups and services.

Conclusion- by offering clients an opportunity to develop skills for self management and psycho-education, this can decrease client's distress, increase access to specialist services and improve the clients experience of secondary mental healthcare.

Title: *Mental health professionals' attitudes to working with people with personality disorders*

Authors & Affiliation: *Emma McQuillan, Trainee clinical Psychologist (University of Surrey)*

Supervised by Dr Fiona Warren, Lecturer, (University of Surrey)

Content:

Aim: This systematic literature review aims to synthesize and evaluate studies of mental health professionals' (MHPs) attitudes to people with personality disorders (PD).

Method: Comprehensive electronic searches were carried out on three databases (Psych Info, Web of Knowledge and Scopus) and reference lists were searched. Studies of a range of MHPs were included such as nurses, psychiatrists and psychologists.

Results: Both quantitative (n=18) and qualitative studies (n=4) met inclusion criteria. The majority focused on professionals' attitudes to borderline PD (n=19). Studies were broadly divided into those describing and measuring MHPs' attitudes and intervention studies focusing on the impact of training on attitudes to PD. MHPs were reported to have more negative attitudes to people with PD than schizophrenia or depression. However the meaning of negative attitudes varied considerably. A limitation across studies was the range of attitude measures, which had not been psychometrically tested. Differences in attitudes between professional groups were also identified, such as nurses expressing less empathy towards people with PD. Attitude change studies indicated MHPs' attitudes can be improved through training.

Conclusions: Overall the literature indicates MHPs have negative attitudes towards people with PD. This is concerning given the impact of the therapeutic relationship on treatment outcomes (Clarkson, 2003). However positive attitudes also exist and it is promising that attitudes are susceptible to change. It is suggested that a validated measure of attitudes towards borderline PD is developed. This could improve consistency across future studies, with the ultimate aim of improving outcomes for this client group.

Title: *A different way in? Choice and Engagement in a therapeutic service for Borderline Personality Disorder*

Authors & Affiliation: *Dr Vanessa Jones (Athena Therapy Centre, Berkshire Healthcare NHS Foundation Trust)*

Co-authors: Sangita Maurya (Athena Therapy Centre, Berkshire Healthcare NHS Foundation Trust)

Dr Rex Haigh (Athena Therapy Centre, Berkshire Healthcare NHS Foundation Trust)

Content:

Purpose: State the aim or primary objectives of the paper

This paper reports on the practice of using an 'Open Day' as the entry route for service users into treatment services for Borderline Personality Disorder (BPD). It considers the benefits and limitations of this approach versus traditional systems.

Background: Give a concise summary of information, which places the present paper in context

The Athena therapy centre in Slough specialises in helping service users with BPD. Many people with this diagnosis are wary of services and have difficulty in engaging in therapy with historically high drop-out rates from services.

People referred to Athena are invited to attend an 'Open Day' which is designed by clinicians to provide information, complete some assessments, encourage discussions and enable those attending to make choices as to which services, groups and therapies they feel are suitable. At the end of the day those attending can make their decision about starting with the service.

Methods: Provide details of the procedures adopted and their rationale (e.g., literature search, inclusion/exclusion criteria and methods of analysis) and/or key arguments and theoretical positions.

The key theoretical ideas supporting the 'Open Day' are those of patients' choice and mechanisms of engagement. To examine the process two researchers observed different Open Days; discussions were conducted with staff on their perception of the advantages/disadvantages, and a focus group was held with service users examining their experience of the Open Day. All these were analysed using qualitative techniques.

Conclusions: State the conclusions that can be drawn from the work described, including theoretical, methodological or applied/policy implications as appropriate and any key limitations of the study.

The "Open Day" system of entry into services suggests a novel way of engaging a service user group who find it hard to access helpful treatment and struggle to engage via traditional routes. This model needs further research but could potentially be successfully adapted for use across other services for severe mental illness.

Title: *Growing Better Lives: Green therapies for Personality Disorders*

Authors & Affiliation: *Dr Vanessa Jones, (Growing Better Lives, Institute of Mental Health, University of Nottingham)*

Co-authors: Rachel Evered, (Growing Better Lives, Institute of Mental Health, University of Nottingham)

Dr Rex Haigh, (Growing Better Lives, Institute of Mental Health, University of Nottingham)

Content:

Purpose: State the aim or primary objectives of the paper

This paper describes and assesses the benefits of a novel Greencare therapy for people with complex emotional needs (often diagnosed as ‘personality disorder’).

Background: Give a concise summary of information, which places the present paper in context

Personality disorders are long-term mental health conditions affecting all areas of a person's life. There is significant unmet treatment need and many people with personality disorder are wary of services and difficult to engage: dropout rates are high as people find it hard to complete challenging treatment.

“Growing Better Lives” is an innovative project that works alongside statutory services to address these needs, providing psycho-social and rehabilitative programmes, green activities and contact with nature in a healing, nature-based environment. Weekly sessions are held for service users at various stages: pre-therapy stabilisation, preparation for therapy engagement, alongside intensive psychotherapy groups, step-down groups for leavers from intensive therapy.

Methods: Provide details of the procedures adopted and their rationale (e.g., literature search, inclusion/exclusion criteria and methods of analysis) and/or key arguments and theoretical positions.

This is a novel therapy in terms of treatment paradigm and service user population and at this stage qualitative research methodology was most appropriate. Focus groups were conducted with service users (from all stages) and staff examining various aspects of Greencare. Thematic and content analysis of results was carried out by a group of supervised and trained psychologists producing information for service evaluation purposes, for development of additional groups, and themes for potential outcome measures.

Conclusions: State the conclusions that can be drawn from the work described, including theoretical, methodological or applied/policy implications as appropriate and any key limitations of the study.

These results explore the benefits of this Greencare therapy from a Service User perspective and indicate potential clinically valuable ways of treating people with personality disorder.

Title: *How do mental health professionals experience and make sense of managing risk in self-harm and suicide with patients diagnosed with borderline personality disorder? A study using Interpretative Phenomenological Analysis*

Authors & Affiliation: *Dr. Victoria Moran, Clinical Psychologist, (Tees, Esk & Wear Valleys NHS Foundation Trust)*

Dr. Tim Prescott, (Doctorate in Clinical Psychology Programme Director, Teesside University)

Dr. Stuart Mitchell, (Consultant Clinical Psychologist, Northumberland, Tyne & Wear NHS Foundation Trust)

A thesis submitted in the partial fulfilment of the requirement for the award of the degree of the Doctorate in Clinical Psychology at Teesside University

Content:

Working with borderline personality disorder (BPD) often brings challenges for mental health professionals that come in the form of risky behaviours, such as suicide attempts and self-harm. The experience of managing risk from the perspective of mental health professionals is under-researched; as such it is not clear how staff experience decision making in this area. Recommendations and guidelines on how staff should manage risk related behaviours and the diagnosis of BPD exist. Local and national drivers have focused on suicide, risk reduction and service inclusion. Given the complex nature of the client group and potentially challenging working context, exploration of mental health professionals' experiences in this area could be of value.

Interpretative Phenomenological Analysis (IPA) was used to explore the experience of managing risk of suicide and self-harm in patients diagnosed with BPD. Seven participants were recruited through a purposive sampling strategy. Semi-structured interviews were audio recorded, transcribed and analysed in line with IPA guidance. Four super-ordinate themes emerged from the data: Clinicians' experiences with self; Clinicians' experiences with the patient; Power, Control, and Uncertainty; and a World of Conflicts, Paradox, and Unpredictability. The findings highlighted that clinicians experience a divide between the work with the patient and the work within the system. Participants were committed to working to manage risk. However, participants also described being powerless to the actions of both the patient and the system. This created a conflicting and unpredictable working environment. The discussion highlights the implications of the research, including the importance of supervision and risk tolerant approaches to clinical work.

Title: *Performance of patients with borderline personality disorder in the trust game*

Authors & Affiliation: *Marisa Dias, UCL; Tobi Nolte, Anna Freud Centre; Luca Pozzi, UCL; Read Montague, UCL*

Content:

Objectives: Patients with borderline personality disorder (BPD) experience severe impairments in interpersonal relationships, emotional regulation and impulsivity. Economic games provide an objective way of studying social exchanges. In the trust game, trust can be measured by the amount of Monetary Units (MU) invested in a trustee. We were interested in understanding how people with BPD behaved, compared with healthy controls (HC). We hypothesize that BPD invested less MU. We also hypothesise that BPD have higher impulsivity and difficulty with emotional regulation than controls and that this is a predictor of performance in the trust game.

Design: case control-study, cross-sectional.

Methods: We used a computerised 10-round trust game, where participants (20 BPD and 20 HC) played the investor role. They were matched for age, gender, IQ and socioeconomic status. Participants completed self-report questionnaires and scales (Difficulties in Emotion Regulation Strategies Scale and Barratt impulsivity Scale).

Results: We compared the two group characteristics with univariate tests and used linear regression and correlation to determine predictors of performance. Contrary to our hypothesis results show that there is no difference in the behaviour of BPD and HC as shown by MU invested, total scores and round profile trends. BPD have higher impulsivity and emotional deregulation but that does not predict performance in the game.

Conclusions: This suggests that trust in BPD may be an independent personality factor not associated with impulsivity and emotional regulation. Economic games represent an alternative to self-report in the assessment and understanding of cooperative behaviours and can aid in therapy.

Title: *Predictors of Detention in Patients with Personality Disorder*

Authors & Affiliation: *Kike Olajide (Centre for Mental Health, Imperial College), Mike Crawford (Centre for Mental Health, Imperial College), Swaran Singh*

Content:

Objectives: To determine the rate of detention under the Mental Health Act (MHA) in patients with Personality Disorder (PD) and patients with a possible diagnosis of Personality Disorder (PD-POSS) compared to patients with non-PD diagnoses (NON-PD).

To understand the socio-demographic and clinical characteristics of PD and PD-POSS patients who are detained under the MHA, and understand predictors of detention in these patients.

Design: This Cross-Sectional Study was used to determine detention rate and generate odds ratios to determine predictors of detention.

Methods: The study was conducted across three Mental Health Trusts in Birmingham, London and Oxford and looked at all MHA assessments conducted during July to October in 2008-2011. Details of the MHA assessment were taken from AMHP records. A total of 4419 participants were separated into 3 groups according to their diagnosis; 252 PD, 197 PD-POSS and 3970 NON-PD.

Results: There was an increase in detention rates from 2008 (17.4%) to 2009 (38%) in patients with personality disorder. Pearson's χ^2 tests were carried out to test for associations between variables of interest; Year of MHA assessment was associated with detention at the 5% significance level in PD ($\chi^2=15.26$, $p<0.05$) and PD-POSS ($\chi^2=2.576$, $p<0.05$) patients.

Conclusions: Patients with personality disorder are detained at a relatively high rate. The MH 1983 now incorporates amendments introduced in 2007, which may have contributed to the increase in detention rates seen in 2009 and 2010.

Title: *The Psychologically-Informed Consultation & Training (PICT) approach*

Authors & Affiliation: *Stuart John Chuan (Highgate Mental Health Centre, Dartmouth)*

Content:

The Psychologically-Informed Consultation & Training (PICT) approach is primarily to 'consult to the system' rather than work directly with the service user. Primarily service facing, PICT seeks to equip the existing workforce with the knowledge, skills and confidence to work effectively with service users presenting with personality disorder or multiple and complex mental health and challenging behaviours. PICT staff work alongside a number of services outside of Camden & Islington's Personality Disorder Service providing case consultation, training and direct work (jointly conducted with staff in recipient services). PICT is in it's infancy, but is working alongside staff in the following services:

- Islington's Targeted and Specialist Family Support (including within the Troubled Families programme) and Children in Need Services
- Islington's 18-24 Transitions Gangs & Serious Youth Violence Service
- GP practices
- Crisis pathway services (crisis home treatment teams, crisis houses, acute inpatient wards, A&E MH liaison)

This approach is designed to help those services adopt a more targeted, proportionate and effective approach, which is especially pertinent with service users with complex needs that (care) managed by a wide range of generic and specialist services. The aim is to impact positively on:

1. Service user experience
2. Workforce capabilities
3. Demand on and use of services
4. Clinical outcomes
5. Economic savings

www.candi.nhs.uk/PICT

Title: *Personality Disorder and Violence in the National Household Population of Britain*

Authors & Affiliation: *Rafael A. González, PhD, Simone Ullrich, PhD, Tian Zhang, MD & Jeremy W. Coid, MD*

Content:

Background: Violence is believed to be more common among persons with personality disorder (PD). Very few studies of representative community samples have assessed the prevalence of each PD category, and none has investigated their relationship with violence. We aimed to test whether there is a differential association between violence and all individual categories of PD, and potential gender differences.

Methods: We report data from the survey of Psychiatric Morbidity among Adults in Great Britain (2000), representative of adults aged 16 to 74 years. A randomly selected sample of 8397 completed the self-reported violence module, including: repetition, injury, minor violence, victims and location of incidents. Personality disorders were identified using the Structured Clinical Interview for DSM-IV screening questionnaire (SCID-II). All models were weighted to account for non-response and adjusted for demographic correlates of violence.

Results: Direct associations were found for antisocial and paranoid personality disorder and violence in men, and only for antisocial personality in women. The odds of violent behaviour in women with ASPD were nearly twice that observed in their male counterparts. The increase rate of violent respondents by number of personality disorders was significant for males and females (all $p < .001$). Effect-modification between PD clusters revealed no multiplicative (interactive) effect on having more than one PD Cluster on self-reported violence.

Conclusions: Contrary to expectations, most PD categories showed no independent associations with violent behaviour over the previous 5 years in the population. ASPD in this study demonstrated strong associations with severity, versatility, repetition, violence in different locations and against different victims, as has been previously reported (Coid et al., 2009). Violence also demonstrated a linear association with increasing Axis II comorbidity. Effects of PD comorbidity investigated by clusters revealed that it is cluster B, and ASPD in particular primarily driving associations with violence.

Title: *Insensitivity to the magnitude of potential gains or losses when making risky choices: women with Borderline Personality Disorder compared with Bipolar disorder and controls*

Authors & Affiliation: *Kate Saunders (University of Oxford)*

Guy Goodwin (University of Oxford)

Robert Rogers (University of Bangor)

Thursday research symposium

Content:

Background

Borderline personality disorder (BPD) and bipolar disorder (BD) are common psychiatric diagnoses. Poor decision-making is a feature of both disorders although is likely to arise through different mechanisms: poor impulse control in BPD; altered reward processing in BD. We tested the hypothesis that individuals with borderline personality disorder will have impairments in processing explicit reinforcement cues while making risky choices compared to participants with both individuals with BD and healthy controls (HC).

Methods

Twenty women with BPD, 20 women with BD (euthymic) and 20 healthy (non clinical) females, matched for age and cognitive ability, completed measures of state and trait affect, impulsivity and aggression. Participants then completed a risky choice task that a series of choices between 2 simultaneously presented gambles that differed in the magnitudes of their possible gains and losses, and the probabilities with which these outcomes were delivered.

Results

BPD was associated with reduced differentiation between gambles with large compared to small gains, and large compared to small losses while making risky choices. This was associated with an increased tendency to choose outcomes with a negative expected value.

Conclusions

BPD, but not, BD is associated with failure to use explicit reinforcement signals when choosing between risky actions, inducing a tendency to choose disadvantageously. These results add to our understanding of the cognitive deficits in BPD and raise questions about how facilitating behavioural change in BPD might best be measured and approached.

Title; *Personality dysfunction is the reason for recurrence in non-cognitive mental disorders*

Authors & Affiliation; *Peter Tyrer (Imperial College, London)*

Content: The hypothesis that most persisting mental illness is a consequence of personality dysfunction is examined using several sets of longitudinal data. The case is made in this poster that personality status is more important than presenting symptomatology in determining the management and treatment of all common mental disorders, with only the neurodevelopmental disorders and major psychoses as exceptions. This challenges much of current thinking but is much more than a speculative hypothesis.

Title; *The lessons and legacy of the program for dangerous and severe personality disorders*

Authors & Affiliation; *Peter Tyrer, Sylvia Cooper, Tim Weaver (Imperial College, London)*

Conor Duggan (University of Nottingham and Partnerships for Care), Deborah Rutter (Social Care Institute for Excellence)

Content: The DSPD programme was an experiment, and all experiments lead to lessons. Most would agree that detaining individuals in hospital who were unwilling to have treatment was a little foolish as it conflated beneficence with deterrence and public protection. This led to a belief that 'treatment' was little more than a fig leaf that sought to cover and excuse the use of preventative detention. On the other hand, the programme did provide – especially for those in a prison setting - the possibility of having their emotional and mental health difficulties addressed, often in a sensitive and positive way. The programme also led to a stimulus for further research and development in the field of personality disorders as a whole, and the net consequence is a better national programme for the treatment of personality disorders than anywhere else in the world, an area where only the Netherlands can properly compete.