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community links report

● ● ● no.4

● Personality disorder

In this special edition of communiqué, community links explains its new service and shares its groundbreaking framework for understanding personality disorder and promoting recovery.

A Manager's Perspective

Setting up, delivering and developing services for clients on the personality disorder spectrum is a great challenge for anyone.

To help practitioners and services to do this I have written an evidence based holistic framework for understanding personality disorder. I have used jargon free plain English to help staff and clients make sense of complex needs, which often seem confusing or overwhelming. The framework aims to promote more effective recovery work, and looks at the areas where people have serious sets of problem habits. These are habits of thought, emotion and behaviour (sometimes called characteristics or traits). These are also the areas in which people can recover. Our experience comes from being part of the Leeds Personality Disorder Network.

This client group tend to have significant difficulties in relationships, in problem solving and in risk taking in addition to problems managing emotions. Clients also experience difficulties with their beliefs about themselves (their 'identity') and other people. This framework considers clients as individuals in relationship with their environment (where they live, what they do with their time and who they meet).

The way to use the framework is to consider one of your clients, or yourself, and answer the prompt questions under each heading. You can do this on your own, in discussion with others or with the client. Then you can think and "puzzle" about what connections and repeated patterns there may be between the different areas. This can then help to build up a holistic understanding of the strengths and difficulties someone may have. For example, someone may have their main difficulty in getting angry and this is connected to their

relationships and getting into conflict when living with others then leads to being evicted. Someone else may have a different pattern where loneliness in their own flat is connected to their self-harming at night and attending A&E. Making these connections can inform a support plan. For example, someone may need to be in their own tenancy instead of a hostel but with social activities to alleviate the loneliness.

The majority of clients (but not all) disclose experiencing serious sexual, emotional, physical or mental abuse and/or neglect when growing up. Developmentally, clients have usually developed problem habits or traits in reaction to these experiences, in the absence of good enough life skills. Whilst understandable, these ways of thinking and relating cause significant distress to the client and others as well as affecting the client's level of social functioning.

By listening to how clients see themselves an understanding can be agreed about how someone's whole life is now and the main areas of difficulty. This agreed understanding can then help staff to work out their role and limits in relation to helping the client get better and recover. If everyone involved regularly reflects on the framework, they can assess a recovery journey in terms of progress and blocks to progress. I am indebted to John Livesley (2003) for this approach.

By reflecting on our practice within this framework, clients, staff and services can all get better together – creating positive stories of recovery journeys.

Ray Middleton

Manager, Personality Disorder Services

inside story...

Holistic Framework for Understanding Personality Disorder

Planning for recovery.



"Taking an evidence-based approach, this framework looks at the areas where people have serious sets of problem habits. These are habits of thinking, emotions and behaviour (sometimes called characteristics or traits). Importantly these are also the areas in which people can recover and get better."



Ray Middleton

Holistic framework for unders

Consider and discuss the following:

1. ENVIRONMENT

1.1 Where they LIVE

Describe what it is like where the client lives. How would they describe it?
How safe and secure is it where they live?

1.2 What they DO with their time

- a. Living Skills: Can / do they Cook Shop Clean Manage Money
b. Meaningful Use of Time: Study Voluntary Work Paid Work Hobbies

1.3 Who they MEET (Social Networks)

Describe the people the client meets regularly? How do they view these people?
What influence do others have on the clients?

2. BELIEFS AND THOUGHTS ABOUT:

2.1 Themselves (their 'identity')

How would the client describe himself or herself? How do they think and feel about themselves?
How does the client think other people see them?

2.2 Other people

How would the client describe the other people they meet?

2.3 The 'way the world works'

How does the client think their 'world works'?
(E.g. is it dangerous/unfair etc – this is a hard question so you can say you 'do not know'!)

2.4 Motivation to Change and Taking Responsibility:

How motivated to change are they in order for their life to get better?
To what extent do they see themselves as responsible for their own problems?

3. PROBLEM-SOLVING STRATEGIES

3.1 Assessing a problem:

List some of the problems the client has at the moment:
Does the client tend to exaggerate or minimise their problems?
How do they tend to react to their problems?

3.2 Planning a solution:

Does the client plan solutions to problems? Are their plans realistic and achievable?
Does the client avoid solving problems?

3.3 Taking risks:

- a. What risks are they vulnerable to? Self harm? PHYSICAL HEALTH?
b. What risks are there of them OFFENDING?

3.4 Reviewing/reflecting on the outcomes of actions and plans:

How much does the client reflect on their actions and consider how effective their plans have been?
How much do they learn from experiences? (Do they adjust their plans based on past experiences?)

Understanding complex needs

4. BUILDING RELATIONSHIPS

4.1 Co-operating

- a. What is the client like at asking for, and co-operating with, help?
- b. In what ways does the client help others?

4.2 Conflict

What conflicts crop up for the client? (What does the client gets cross about?)

4.3 Ways of communicating

What is the client like at listening to and understanding others? What are they like at communicating? Does the client think other people listen to and understand them?

5. MANAGING EMOTIONS

5.1 Anger

What does the client get angry or cross about? How does the client react when they get angry?

5.2 Anxiety/fears

What does the client get anxious, fearful or worry about? How does the client react when anxious?

5.3 Low mood/enjoying life activities

What causes the client to get low in mood or fed up? What activities does the client enjoy doing?

5.4 Other emotions (e.g. guilt, loneliness, shame, grief, emptiness, excitement, envy, stress...)

What other emotions does the client experience?

5.5 Addictions and Impulsive Acts

Does the client use any of the following to cope with thoughts, feelings or lack of feelings? (i.e. Do they misuse any of these mood-altering activities?):

Over- or under-eating alcohol drugs gambling misusing sex work addiction
exercise self neglect self harm cutting burning overdosing others

Do these activities cause the client any problems?

Does the client want to stop or reduce these activities? [Y/N]

6. REFLECTIONS AND CONNECTIONS

Discuss what connections you or they can make between the five areas.

6.1 Finally discuss:

- a. How **you** think and feel about this client?
- b. What your **role and limits** are in relation to the client?

Service User Perspective

I have received an assessment and a service from Community Links based on this framework. Prior to this I had a chaotic accommodation history with periods of homelessness and stays in secure settings relating to my mental health problems. I now successfully manage my own flat in the community and continue to work hard at my recovery.

The fact the framework is in plain English is really helpful. It is useful in helping me see and understand how difficulties in one area of my life can connect to and affect other areas. For example, when I found it difficult to manage my anger I got into conflicts with staff in the supported accommodation where I was staying. Once I 'kicked off' and barricaded the staff in their staff room. The staff were feeling anxious as they couldn't escape, so they phoned the police who arrested me – and I was evicted. Sat here now in my flat, two years later, I think the staff did the right thing. At the time I was too overwhelmed with anger to think rationally and thought they were being unfair.

I was then homeless and admitted to hospital where I was assessed by Emma and Ray. Emma explained clearly the help she could and could not offer. She then helped me get my own flat, which I did successfully despite having some doubts. I got lots of support from different people in the Personality Disorder Network – my health support worker helped me find social activities, Emma helped me problem solve housing and finances and my Care Coordinator took an overview and particularly helped me in the area of managing my emotions better, reducing my anxiety, self harm and anger.

To recover I needed to get in the right environment first, which for me was my own flat and not a hostel. This meant I got less angry but then felt very lonely, so next I needed help joining social groups and finding meaningful things to do. At the same time I needed help building skills to manage my emotions better so I could stay 'on track' with my recovery. I needed help with my beliefs about the realities of life – for example, the risk of losing my flat. I was motivated in my recovery because I did not want to lose my flat and go backwards.

I have improved my choices about who I meet and who I avoid and stopped hanging around with the wrong crowd. I have stopped alcohol and drugs, which was essential to my recovery, but I still find this hard at times when I feel strong emotions. I have learnt to have a go at solving problems first and ask for help when I am stuck. In my previous way of life I would "bottle things up, lose it and kick off!".

Now I am in my recovery, I am calmer, talk more openly with others and can build better relationships.

Lisa Marie Carley

Service User

Case Workers Perspective

Our experience is that recovery for people on the personality disorder spectrum is an exploratory journey, in achievable stages, unique to each individual. Often we assess clients with multiple, complex, overlapping and conflicting problems, habits and needs. So it is understandable that at times it can feel overwhelming.

This holistic framework can help us, as workers, to make sense of these complex issues and to work out our role and limits in relation to the client's needs. It can help structure more effective reflection and facilitate positive discussions around support plans which in turn can reduce our anxiety. With complex needs, knowing where to begin with a support plan can often prove to be a stumbling block for both clients and workers alike, so a framework can help to decide what to prioritise.

Clearly demonstrated in our practice is: the importance of genuinely engaging the client in a collaborative process, agreeing on the 'starting point' assessment around a framework and agreeing any joint work towards recovery, encouraging the building of trust, establishing and maintaining boundaries about roles and limits, repairing breaks in the therapeutic relationship and encouraging clients to develop skills to better manage their life.

The holistic viewpoint gives both workers and clients a better understanding of the social and environmental context they are in. It can also provide a good context for assessing and managing risk and therapeutic risk taking in relation to all the other factors at work. It helps to clarify which needs we cannot meet and so signpost other services better placed to work along side us.

This framework can help workers to see the client as an individual person with a set of individual needs. It also allows us as workers to see ourselves as individuals and to reflect on and process our own emotions and thoughts in relation to solving problems through relationships with others.

Emma Turner and Peppa Leverton

Case Workers

"I got lots of support around the areas in this framework from different people in the Personality Disorder Network – my health support worker helped me find social activities, Emma helped me problem solve around housing and finances and Lawrence, my Care Coordinator, took an overview and particularly helped me in the area of managing my emotions better, reducing my anxiety, self harm and anger.."