

Spectrum Annual Conference 2022

Navigating Diagnostic and Treatment Challenges: Is it Borderline Personality Disorder and/or Complex Post-Traumatic Stress Disorder?

ABSTRACTS

NAVIGATING THE NOSOLOGY OF TRAUMA RELATED DISORDERS AND PERSONALITY DISORDERS

Dr Lois W. Choi-Kain, Director, Gunderson Personality Disorders Institute

Experts in trauma and personality disorder treatment have been arguing an outdated question that falsely dichotomized these disorders as if only one can reign. Clinical experience and research depicts a greater complexity that people have neither, one and not the other, and both. Dr Choi-Kain will present evidence and arguments that this debate is dead, and we should move forward to a more constructive discussion about when to prioritize trauma or personality disorders, personalized to individual goals and life context. Progress in our discourse will yield more realistic and pragmatic approaches to provide the best care for recovery for all people afflicted by life stress with inadequate resources to cope.

HISTORY OF TRAUMA-RELATED PSYCHIATRIC DISORDER

Assoc. Prof. Josephine Beatson, Department of Psychiatry, University of Melbourne

Assoc. Prof. Beatson will cover the troubling history of trauma-related psychiatric disorders since the late 19th century. Periods of 'amnesia' ignored previous discoveries about the aetiology and treatment of these disorders. 'Remembering' has occurred only when events, such as WW2 and the rise of feminism in the 1970's, have ended this 'amnesia'. Since PTSD entered DSM-11 in 1980 a flowering of research has led to significant findings about the neurobiology, psychology and treatment of these disorders. Major developments will be considered and questions asked about whether the periods of 'amnesia' that preceded DSM-11 could happen again.

MEDICO-LEGAL ASPECTS OF COMPLEX TRAUMA AND PERSONALITY DISORDER

Dr Nitin P Dharwadkar, Forensic Psychiatrist (Civil Law) and Principal: MedLegalMD

Stigmatization in the legal system towards mental illnesses and especially for personality disorders and trauma disorders can present obstacles to effective unbiased hearing, appropriate nonbiased communication and consequent challenges for critical legal processes and decisions. The awareness and knowledge base about personality disorders and Complex PTSD, is often limited, among the people working in the legal system. Given that Complex PTSD has recently been introduced as a diagnosis adds another layer of complex challenges in the judiciary. This can lead to less-than-optimal decisions and outcomes for the people, suffering from contact and custody arrangements with children in Family Law or personal injury/Work Cover compensations. In order to improve the outcomes, several strategies are proposed.

These include relevant education programs targeted at the people in the legal system, provision of access to Medico Legal experts with appropriate clinical background in Complex Trauma and Personality Disorders and advocacy via Spectrum. The presentation highlights the ways in which the system processes can be enhanced, to address the problems faced by this vulnerable group of people in the legal decision-making processes. The proposed approach would improve outcomes for the people with complex trauma and personality disorder when faced with legal matters.

WORKING IT OUT TOGETHER IN COMPLEX TRAUMA AND PERSONALITY CHALLENGES: WE MEET AND THEN WE MOVE

Assoc. Prof. Loyola McLean, Course Coordinator, Brain and Mind Centre, Westmead Psychotherapy Program, The University of Sydney

It has become clearer that we develop in relationship, growing our capacities for personal and co-regulation together. One of the challenges of complex trauma and traumatic attachment is that the template of our relatedness often shows that “something that gets in the way”. It disrupts the most seemingly natural processes of rest/regulation, play, love and work and our way of seeking help, comfort and safety and co-constructing a collaborative connection to foster growth. We are also now aware that as clinicians we are part of systems that can help or hinder the collaborative shifting of capacity in these working relationships. This talk will remind us of some of the basic ideas behind working and walking together and helping the recovery journey unfold. Collaboration is key: we meet and then we move.

WORKING WITH PEOPLE WITH PERSONALITY DISORDER AND/OR COMPLEX PTSD IN CLINICAL PRACTICE

Assoc. Prof. Sathya Rao, Executive Clinical Director, Spectrum

Although we have several evidence based psychotherapeutic treatments for Borderline Personality Disorder (BPD), the vast majority of people with BPD cannot access treatments. Given the recent understanding that most evidence based treatments for BPD have more commonalities than differences, Spectrum have developed an integrated common factors approach and proposed a core competency training framework that is pragmatic and can be adapted within the Australian Mental Health Sector, across primary care, private and public sectors. This presentation will discuss the core competency framework for the treatment of personality disorder and highlight how it may also apply for the care of people with Complex Post Traumatic Stress Disorder (CPTSD) with other additional trauma specific treatments.

THE INTERSECTION OF NEURODIVERSITY, PERSONALITY DISORDER AND TRAUMA: A COMPLEX INTERPLAY

Dr Lukas Cheney, Deputy Clinical Director, Spectrum

The clinicians within Spectrum's Complex Care Service which sees the most complex and often high risk scenarios from across Victoria and Australia. There are many diagnostic dilemmas and developing treatment approaches that requires highly detailed and person-specific interventions and supports to be effective. These clinical scenarios associated with debilitating personality disorder symptoms commonly involve an interplay between insecure attachment experiences, complex trauma and neurodiversity. Each of these factors can have varying levels of contribution, so it is critical to consider and screen for each of these domains as one area may overshadow the other. In my presentation, I will provide a brief introduction and overview of neurodiversity and its relationship with both complex trauma and personality disorder.

AN INTRODUCTION TO TREATING C-PTSD USING DBT-PTSD: OUR CLINICAL EXPERIENCE

Sarah Wallace, Senior Clinician, Spectrum

In this presentation we will explore the novel DBT-PTSD treatment from a clinical perspective. DBT-PTSD is an evidence-based treatment designed for Complex-Post Traumatic Stress Disorder (with or without co-occurring BPD) by Dr Martin Bohus at the University of Heidelberg in Germany. Along with other therapeutic components, this treatment addresses trauma symptoms associated with chronic traumatic experiences via skills-assisted exposure.

You will be provided with a brief overview of DBT-PTSD which is composed of various existing therapeutic approaches including; Dialectical Behaviour Therapy, Trauma-focused cognitive and exposure-based interventions, Compassion Focused Therapy and Acceptance and Commitment Therapy. Further, I will share what we have learnt so far in delivering DBT-PTSD treatment at Spectrum. For both the client and the clinician, engaging in an exposure-based treatment can bring with it some unique challenges as well as potential for highly rewarding outcomes.