

Designing an Inclusive Model of Clinical Intervention among Persons Diagnosed with Borderline Personality Disorder: A Research Project Protocol

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BPD-IMoCI

BORDERLINE PERSONALITY DISORDER - INCLUSIVE MODEL OF CLINICAL INTERVENTION

Introduction

There is evidence that Borderline Personality Disorder (BPD) is associated with stereotypes, prejudices and stigmatization even among mental health professionals (MHPs). Negative attitudes and behaviors from the part of the MHPs towards people living with BPD (PLBPD) could be counter-therapeutic.

Programme's Objectives

To develop an inclusive and comprehensive model of therapeutic communication and effective management of the relationship between the MHPs and PLBPD, taking into account the views and the experiences of both actors in terms of facilitating factors and barriers. The purpose is to inform the content of interventions in order to support change in clinical and social level.

Methods

The programme consists of 3 work packages (WPs). A mixed methods research study is implemented, aiming to the development of a clinical intervention model and training. Further communication activities are expected to contribute to social visibility and stigma tackling.

Description of WPs

WP1: RESEARCH

❖ **Semi-structured in depth face-to-face interviews** with 40 clinicians (20 psychiatrists and 20 clinical psychologists). The interview guide consists of the following main themes: a) the concepts of mental illness and BPD, b) therapeutic communication, relationship and alliance, c) clinical work – psychotherapy. A *discourse analysis* approach is used, as our purpose is to explore how BPD is constructed through the narratives of MHPs.

❖ **Focus groups with psychiatric nurses.** The guide covers the main themes: a) knowledge, attitudes, beliefs and practices, b) facilitators and barriers, c) needs. The coding and analysis process is based on the *grounded theory*, as we are interested on the development of an explanatory model (factors, influences, effect) of nurses' attitudes towards PLBPD.

❖ **Ethnography in psychiatric wards.** Participant observation (observer as participant) in four different types of psychiatric institutions (psychiatric unit in general hospital, mental health day centre, mental asylum and community mental health centre). In vivo observation and ethnographic fieldnotes of the interaction between MHPs and PLBPD.

❖ **Semi-structured in depth face-to face interviews** with 8-10 PLBPD.

The interview guide contains the following key topics: a) living with BPD, b) seeking help and service response, c) relationships, d) needs. *Interpretative Phenomenological Analysis* (IPA) is used, as our aim is to provide detailed examinations of personal experiences and the meaning that PLBPD ascribe to their experiences.

❖ **Quasi-experimental research study** with medical and psychology students based on vignettes is carried out in order to explore the impact of perceptions of future MHPs regarding controllability, treatment and dangerousness on attitudes towards PLBPD.

❖ **Delphi Method:** An expert panel will evaluate the preliminary results in order to proceed to the final model.

WP2: TRAINING

A brief training, based on the Five Step “Microskills” Model of Clinical Teaching, will take place for MHPs. The aim is to train MHPs on communication and relation management skills according to the principles of the BPD-IMoCI. A training follow up will be carried out after 3 months.

WP3: AWARENESS-EMPOWERMENT-NETWORKING

❖ **Website and social media:** A website of BPD-IMoCI programme (<http://bpd-imoci.gr/>) and a facebook page (<https://www.facebook.com/bpdgreece/>) are being developed to give information to the public about BPD and BPD-IMoCI, aiming at *social visibility and awareness*. Also, a closed group in facebook and a forum in the website consist a space of shared experiences, ideas and emotions for PLBPD, as a tool of *empowerment*, according to the philosophy of peer support.

❖ **One-day conference:** Presentation of the results to the community of MHPs. Public debate among MHPs about BPD and mental health care.

❖ **Network:** To encourage cooperation and the exchange of know-how and best practice through *networking* between mental health institutions in Greece and other EU member countries.

Conclusion

We believe that the present programme contains a number of social innovations according to the EU standards. Specifically: a) at an epistemological level seeks to connect different theories, b) at a methodological level uses mixed methods research, c) adopts an empowering approach, d) promotes new collaborations between institutions and groups, e) seeks to create social change through raising public awareness and knowledge.



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