

Letter to Editor

An innovative program of assistance to people with personality disorders

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Personality Disorders Treatment Centre terminated its activity on 31st July 2015. The Centre was part of a project co-financed by EFS „Integration Centre – to be able to love and work”. It was developed on the basis of long term experience of Personality Disorders and Neurotic Disorders Treatment Ward (OLZOiN) in the Józef Babiński Specialist Hospital in Krakow. The Personality Disorders and Neurotic Disorders Treatment Ward has been a leader in a number of projects aimed at broadening the knowledge about personality disorders (PD) via specialist conferences for professionals working with people with PD. The idea of an innovative model of helping people suffering from PD has been elaborated in cooperation with doctors, therapists, psychosocial nurses and representatives of public integration centres and local employment agencies. The Centre was created on the basis of Dutch solutions and British inspirations, yet adjusted to Polish needs and capabilities. Peron 7F offers a rich information database on PD, a knowledge sharing platform for patients, doctors, therapists and other professionals working with PD, as well as broad training programme.

There has been, so far, no other institution in the region that would undertake an educational and informational effort aimed at popularisation of knowledge on PD and awareness in this area. It is known that people with no knowledge on personality disorders have difficulty to differentiate between patients with psychiatric illnesses and personality disorders. These two conditions are often mistaken or people with PD are encompassed by the category of psychiatric illness which is a mistake. Specific personality disorders are recognised in 2.1–18% of general population, which comprises between 5% and 8% of all patients referred to various medical professionals and between 7.4% and 50% of patients hospitalised in psychiatric hospitals [1]. A review of researches on personality disorders shows that they comprise between 5.9% of population (Nestadt) to 17.9% (Zimmerman, Coryell) [2]. Further analyses show that the discrepancies in proportions are a result of lack of detailed studies and methodological weaknesses. Other sources [3] show that personality disorders can be

diagnosed in 6–13% of population. Undoubtedly, most research on PD comes from the USA and Western Europe. It is estimated that 10.6% of USA population suffers from diagnosable personality disorders [4]. European research show incoherent results: Norway (1994–97) 13.4 % of population, UK 4.4%. Manual of Clinical Psychiatry issued in Poland in 2011 gives no detailed information on epidemiology saying that “There has been no comprehensive research in Poland on epidemiology of psychiatric disorders in general population” [2]. There is no clear epidemiological data for PD in Poland and no knowledge of gender specific issues. There are no data available on the percentage of PD in population of unemployed people.

Personality Disorders and Neurotic Disorders Treatment Ward in Krakow admits yearly 75 patients from all over Poland, which is ca. 0.03% of population with PD. Moreover, clinicians in Poland observe an increase in number of diagnosed personality disorders due to new factors such as unemployment and lack of social security related to political and economic transformation processes [5]. There is no treatment centre in Lesser Poland nor in the whole country that would adequately address the needs of people with personality disorders. Among sources of difficulties in working with PD patients there is insufficient knowledge about PD in population, specific difficulties of these patients, problems they have in contact with doctors and other supporting institutions (Social Welfare Centres and employment agencies), lack of specialist treatment centres and adequate help, insufficient time of state refunded therapy, little interest of doctors and therapists in career difficulties of these patients, difficulties in finding job and frequent drop outs.

Professional activities of patients are often neglected and forgotten in therapeutic interventions. Professional activity of people with personality disorders is an inseparable condition of return to social functioning. This problem is also observed by patients who completed their therapy, their reflections presented in “Interviews with patients treated in OLZOiN”. Former patients and patients in-treatment often have no precise career plans or their existing plans are inadequate or unreal. Some of them have various interests but they do not know how to turn them into professional activity. Others have no ideas concerning their professional and financial future. Many patients are not aware of their competences and abilities. Moreover, their difficulties often led them to premature termination of education and neglecting their competences. Many patients do not know how to write a CV, how to look for a job, how to behave during the recruitment process. These people often lack self-confidence, have fluctuating motivation and low self-esteem. After accomplishing treatment in the ward, many patients seek any job that will allow them to earn a living, although it is often temporary and well below their competences. Only few manage to find a job that is financially satisfying and in line with their competences and interests.

People suffering from PD are dependent on their families of origin. Analysis of medical documentation of patients treated in OLZOiN shows that 46% of them are financially dependent on their families of origin, 28% earn their living (for 7% job is unstable). 66.4% of patients live with their parents. 26% of young patients that were

able to take a job and other social roles were receiving state money as disabled or were in the process of applying for social welfare support.

The project that has come to an end was aimed at providing wide range of help to people with personality disorders, comprising not only therapeutic support but bringing them back to society through professional activation.

In order to provide this help, the “Integration Centre – to be able to love and work” in Krakow was created. The programme of treatment and professional activation lasted for 18 months and comprised of psychoanalytic psychotherapy and additional activities (bibliotherapy, theatre training, psycho-drawing, etc.), participation in individual sessions and workshops with career advisors. Participants of the project, almost from the beginning, were doing a 3 months apprenticeship that was preparing them for full professional employment.

The Project was aimed at patients belonging to the second group, who could benefit from insight therapy, i.e. who could bear at least minimum level of frustration, were capable of self-reflection, etc. Methods elaborated throughout this Project are a source of help and support for medical doctors of various specialisations, general practitioners, psychiatrists, psychologists and psychotherapists in diagnosis, treatment planning and making adequate referrals of patients with PD. It is clear from local and international experiences that treatment and support of patients with PD is dependent on a few factors, crucial of them being depth of disorder. Adequate diagnosis of disorder and further referral to treatment are a basis for further decisions on the adequate level of social support and cooperation with families and other institutions.

Patients were qualified for the project in a process of thorough diagnosis consisting of 4 consultations, based on the method applied in Personality Disorders and Neurotic Disorders Treatment Ward in Krakow. 20 people were qualified for treatment in the Project, among them patients treated earlier in Personality Disorders and Neurotic Disorders Treatment Ward of Józef Babiński Hospital in Krakow. Some patients were treated previously in other institutions and for some of them participation in the Project was their first experience of institutionalised psychotherapy. This division helped in preparation of specific therapeutic programmes for each patient with PD. The Centre programme was mirroring the structure of a psychiatric day care centre that can be state financed (NFZ) and the number of 20 patients was optimal. The Centre was open Monday to Friday, 12 hours a day, between 8.00 a.m. and 8.00 p.m. Each participant was obliged to follow an Individual Treatment Plan that was created according to common therapeutic guidelines with consideration of individual specific of the patient, such as work commitments and/or starting of an 3 months apprenticeship. Participants were obliged to follow Treatment Regulations. Every day in the Centre there were “on duty” psychosocial nurses¹ (two shifts between 8.00 a.m. and 2.00 p.m.; 2.00 p.m. and 8.00 p.m.). The building itself was divided into a “daily” and “therapeutic” part.

¹ At the moment in Poland, the profession of a psychosocial nurse does not exist. However, in the project the term psychosocial nurse is used in order to stress its specific role and function.

Therapeutic part was used for individual and group therapy. Daily part, comprising of a living room, kitchen annex and a garden could be used by patients between therapeutic activities to get in contact with other participants and talk to psychosocial nurses. Other group activities that were taking place there were culinary training, garden training and preparation of common meals. Additional therapeutic activities were analysed and consulted with personality disorders treatment professionals and participants of the project and could be modified in the course of the project.

Individual therapeutic methods were selected to provide maximum opportunity for the participants to learn new competences and develop areas of personality that used to be the source of serious difficulties. There are the following most popular evidence-based methods: psychoanalytic (psychodynamic) psychotherapy, dialectic-behavioural therapy, mentalisation-based therapy, transference-focused psychotherapy, therapy of schema. Long term psychoanalytic/psychodynamic therapy was applied in the project, as its effects are evidence-based in patients with personality disorders [6–9].

Evidence-based medicine are clinical procedures with confirmed effectiveness, efficiency and safety with the best available scientific knowledge both experimental and observational. The foundation of the whole multidisciplinary team was psychoanalytic psychotherapy, whereas methods of intervention were adjusted to the needs and capabilities of individual patients. There were following interventions used in the treatment process: mentalisation, cognitive techniques, emotional regulation methods and interpretations. Other additional activities such as bibliotherapy and psycho-drawing were implemented. Other forms of expression allowed patients to learn more about themselves and others, but also broaden one's own perception of the external reality and individual capabilities. Discussions about additional activities for patients gave the team an opportunity to broaden their knowledge of patients and influenced further changes in the treatment process. Psychotherapy was rooted in the therapeutic community that took place every day and was conducted by experienced community therapists. The role of psychosocial nurse was immense and information they could provide about patients was invaluable. A new function of case manager was introduced to care for effective case communication and coordination of efforts as well as monitoring of achievements in apprenticeship and further employment. The role of case managers in the Project was given to psychosocial nurses. The role of case manager was innovative and its role was to create a link between therapy and professional activities such as voluntary work, apprenticeship and regular employment. Case managers were sharing their knowledge of patients' difficulties in the area of social and professional functioning with employment counsellors. The most important element of professional activation was identification of patient's capabilities, his/her professional potential and interests, that would lead to definition of further career development path. Another aim was to support patients' self-esteem by recognising with them their capabilities and motivating them to look for appropriate job. The key to success was to take actions that would be in line with individual capabilities, interests and expectations which made their identification crucial.

During the Project patients worked as volunteers and did apprenticeships, also participating in consulting sessions with career advisers. In order to activate patients in the professional area, cooperation was initiated with local employment agency, Social Welfare Centre and other organisations responsible for social integration and career activation. Meetings with representatives of these organisations (employment agencies and social welfare centres) showed that are in need of an educational offer to learn how to work with clients with PD. On the other hand, employees of these organisations are highly qualified in the area of social support and career development and can be of great help to people suffering from PD.

It is estimated that around 20% of the most difficult clients they have, are people with diagnosis of PD. All methods and techniques that employees of these institutions knew brought no effect in contact with people with PD.

On the basis of experience from other programmes on working with violent behaviours in families it is known that working with multidisciplinary teams comprising of various specialists is most effective. A similar idea was applied in the Project. In order to help people with PD in the most effective way, work should be focused on two areas: therapy and work.

As a result of the Project, a programme of supervisions and trainings on working with people with PD for employees of local employment agencies and social welfare centres was initiated; it was followed by publication of training materials on personality disorders. A website on personality disorders – www.zaburzeniaosobowosci.pl – with information for professionals, patients and their families was created in order to make knowledge on personality disorders widely available.

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