

University of Wollongong

Research Online

Faculty of Arts, Social Sciences and Humanities
- Papers

Faculty of Arts, Social Sciences & Humanities

2020

Peer support for people with personality disorder: A 6-session peer and clinician co-facilitated group program – Facilitator Manual

Karlen R. Barr

Mahlie Jewell

Aoife M. Herrick

Jessica A. Giles

Michelle L. Townsend Dr

See next page for additional authors

Follow this and additional works at: <https://ro.uow.edu.au/asshpapers>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Peer support for people with personality disorder: A 6-session peer and clinician co-facilitated group program – Facilitator Manual

Publication Details

Barr, K. R., Jewell, M., Herrick, A. M., Giles, J. A., Townsend, M. L., & Grenyer, B. F. S. (2020). Peer support for people with personality disorder: A 6-session peer and clinician co-facilitated group program – Facilitator Manual. Wollongong, Australia. University of Wollongong.

Authors

Karlen R. Barr, Mahlie Jewell, Aoife M. Herrick, Jessica A. Giles, Michelle L. Townsend Dr, and Brin F. S Grenyer



PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Peer Support for People with Personality Disorder

**A 6-Session Peer and Clinician Co-Facilitated Group
Program**

Facilitator Manual





Self Help & Peer Support

Project Air Strategy acknowledges the major support of the NSW Ministry of Health. The Project works with mental health clinicians, consumers and carers to deliver effective treatments, implements clinical strategies supported by scientific research and offers high quality training and education.

Contact us at info-projectair@uow.edu.au or visit <https://www.projectairstrategy.org>

Peer Support for People with Personality Disorder: A 6-Session Peer and Clinician Co-Facilitated Group Program – Facilitator Manual

Manual Development Team: Karlen R. Barr, Mahlie Jewell, Aoife M. Herrick, Jessica A. Giles, Michelle L. Townsend, & Brin F.S. Grenyer.

The Project Air Strategy for Personality Disorders acknowledge Caitlin Miller and Mekael Barnes who assisted in the development process.

Citation: Barr, K. R., Jewell, M., Herrick, A. M., Giles, J. A., Townsend, M. L., & Grenyer, B. F. S. (2020). Peer support for people with personality disorder: A 6-session peer and clinician co-facilitated group program – Facilitator Manual. Wollongong, Australia. University of Wollongong.

Based on the manual: Ng, F.Y.Y., Marceau, E.M., Leary, S., Jewel, M., Gilbert, S., Stanton, K., Watson, N., Neale, S., Townsend, M.L., & Grenyer, B.F.S. (2018). Peer support for people with personality disorder: A peer and clinician co-facilitated group intervention – Facilitator Manual. Wollongong, Australia. University of Wollongong.

The authors would like to acknowledge that Session Four: Creative Recovery Practices includes the program *Drawing for Distress Tolerance* by Mahlie Jewell (Jewell, 2019).

The authors would like to acknowledge Jennifer Singh for providing examples of a wellness toolkit.

<https://www.projectairstrategy.org>

© 2020

For correspondence: Professor Brin Grenyer (grenyer@uow.edu.au)

ISBN
978-1-74128-330-3 (ebook)
978-1-74128-329-7 (paperback)

Table of Contents

Definitions.....	4
Introduction to the Manual	5
Overview of the Peer Support Group Program	10
Program Structure.....	12
Structure of Group Sessions.....	13
Creating and Maintaining Boundaries in the Peer Support Group	16
Overview of Group Sessions	23
Session One: Introduction to the Peer Support Group Program	29
Session Two: Self-Stigma and Strengths.....	37
Session Three: Self-Compassion and Self-Care	44
Session Four: Creative Recovery Practices.....	51
Session Five: Building My Best Life	61
Session Six: Review of Program Sessions	69
Facilitator Wellbeing.....	75
Examples of Grounding/Mindfulness/Relaxation Exercises	78
References	79

Definitions

Facilitator

A facilitator is a person who is responsible for running and leading an activity or program. The term is used in the Peer Support Group manuals (facilitator manual and participant workbook) to describe both the peer facilitator and the mental health clinician. Of note, a facilitator may have both a lived experience of personality disorder and be a clinician with tertiary qualifications in mental health. In this case, the facilitator can co-facilitate with either a peer facilitator or a mental health clinician.

Peer Facilitator

In the Peer Support Group manuals the 'peer facilitator' refers to the facilitator who has lived experience of personality disorder (specifically traits of borderline personality disorder) and identifies with being 'in recovery' or 'recovered'.

Mental Health Clinician

The term 'mental health clinician' refers to any clinician who has tertiary qualifications in mental health. This includes; psychologists, social workers, mental health nurses, psychiatrists or other qualified health workers.

Personality Disorder

Personality disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Guide for Mental Disorders (DSM). Personality disorder refers to personality traits that are maladaptive and pervasive in a number of contexts over an extended duration of time, causing significant distress and impairment.

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is a mental health disorder recognised under the categorical systems of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Guide for Mental Disorders (DSM). BPD is characterised by patterns of interpersonal conflict, emotional dysregulation including anger and impulsivity and difficulties with identity or a healthy sense of self.

Introduction to the Manual

Impetus of this Peer Support Program

Specialist psychological therapies have been developed for the treatment of personality disorder, where research evidence have demonstrated good outcomes for individuals who engage in these therapies (Cristea et al., 2017; Storebø et al., 2020). Despite this, the capacity of mainstream mental health services to provide longer-term therapies have resulted in long waiting lists and calls for alternative forms of support. This coincides with calls from individuals with lived experience for greater amounts of community-based supports (Ng et al., 2020).

Parallel to the need for more support services for personality disorder are the desires of individuals with personality disorder who identify with being in recovery or recovered to 'give back.' These individuals offer learnings from their experiences to provide hope to others. In addition, peer work is acknowledged as a legitimate profession which requires skill, including experiential knowledge (Mead et al., 2001; O'Hagan et al., 2009). This aligns with the development of the peer workforce (Stratford et al., 2017), presenting a unique opportunity for the growth of new models of care for individuals with personality disorder (Brightman, 1992).

Development of this manual

The development of this manual was initiated through consultation with individuals with lived experience of personality disorder and the concerns over the difficulties with accessing treatment and services. The high demand for services in the treatment of personality disorder has been recognised internationally, where there is a growing need to develop new models of care (Grenyer et al., 2017).

Peer Support

Policy surrounding mental health service design and delivery have increasingly called for services to be recovery-oriented (Commonwealth of Australia, 2013a, 2013b). Approaches to recovery-oriented mental health servicing have recognised the lived experiences of individuals with mental health issues and their family and carers, the need for person-centred care and the consideration of personally meaningful outcomes beyond the realms of symptom change (Ng et al., 2016).

Peer support is one approach to recovery-oriented servicing, which utilises the experiential knowledge and expertise of individuals with lived experience who are in recovery or recovered from mental health concerns (Stratford et al., 2017). Additionally, this has been reflected in policy documents which advocate for the development of the peer workforce (Mental Health Commission of New South Wales, 2014).

Peer support is an approach which deflects from mainstream forms of mental health service delivery. Individuals who undertake a peer support role have experience of mental ill health and are in recovery or have recovered, where their knowledge and experiences are utilised to provide services or support for others (Davidson, et al., 2006). Peer support services are increasingly being adopted by mainstream mental health services, where the principles and values underpinning the practice of peer support have been argued to distinguish peer support from other types of supporting relationships (such as psychotherapeutic or friendships). Various papers have sought to understand the underlying principles and values of peer support (Gillard et al., 2017; Stratford et al., 2017). The international charter for peer support identified principles including:

- Focusing on empowering individuals to take an active central role in working towards recovery and wellbeing
- Promotion of dignity and social inclusion of all people with personality disorder
- The peer supporter role derives credibility through the lived experiences of individuals
- The reciprocal nature of the peer support relationship

Several studies have contributed to the understanding of values underpinning peer support, however all studies have included elements associated with equality, hope, trust, respect, acceptance and understanding, shared experiences and responsibility (Gillard et al., 2017; Stratford et al., 2017).

These principles and values of peer support have been closely tied to understanding the mechanisms of change. In a qualitative study of 10 peer workers, three core processes were identified to be a facilitator for change (Gillard et al., 2015):

1. Development of trusting relationships that is based on lived experience, through connecting with others and building relationships.
2. Having a role model to understand personal recovery and how to live well with mental health issues, which assist in providing a sense of hope
3. Facilitate engagement with the community and mental health services

Studies evaluating services provided by peer support workers have demonstrated mixed findings in the effectiveness of peer support across multiple studies. Yet, a Cochrane systematic review concluded that 'involving consumer-providers (peer facilitators) in mental health teams results in psychosocial, mental health symptom and service use outcomes for clients that were no better or worse than those achieved by professionals employed in similar roles' (Pitt et al., 2013). Similarly, in comparing three types of peer support (peers added to traditional services, peers in existing clinical roles and peers delivered structured curricula), Chinman and colleagues (2014) identified that services involving peers were as effective as those that did not involve peers. The differences in outcomes between cross sectional studies and randomised control trials have also been identified, where outcomes in cross sectional studies are more favourable (Chinman et al., 2014; Pitt et al., 2013).

Arguments have been made to suggest that the outcomes and measures used to understand the effectiveness and efficacy of peer support services needs to be more aligned with the principles and values of peer support. However, given the calls within policy for the development of the peer workforce, the evidence base for peer services and programs need to be further developed.

Theoretical orientation of the Peer Support Program

This Peer Support Group program was developed in accordance to the relational model, as advocated by the Project Air Strategy (Project Air Strategy, 2015). The relational model recommends care to be provided in an integrative and collaborative manner, focusing not only on individuals with personality disorder but also on their family, carers, clinicians and the health service. The relational model acknowledges that the development of personality disorder stems from problematic and dysfunctional relationship patterns that have been developed over time, where relational difficulties are intrapersonal (relationship with oneself) and interpersonal (relationship with others) (Grenyer, 2012). As such, within the context of the peer support program as described in this manual, the relational model refers to the relationships the individual has with themselves, with other group members, with the facilitators, the health service or organisation, family and carers, and the wider community. The collaborative nature of the program reinforces the notion that facilitators are not viewed to be 'teachers' or 'experts' but rather people who foster learning.

While this program includes skills development, a crucial component relates to the development of skills in the context of relational interaction and learning, with other group members and with facilitators. The peer facilitator plays the important role of modelling personal recovery, including wellbeing and challenges, and the capacity for living well with or without mental health concerns. A unique aspect of this program is focused on creating a space for relational interaction, learning about oneself and others through shared experiences, and in-the-moment practise of skilful responses to potential distress.

Effective treatment for personality disorder

Common elements of effective treatments for personality disorder have been identified in the literature (Bateman et al., 2015), comprising of five main principles. This manual has adopted

these five principles into the design of the peer support program. The five common elements as reflected in this manual include:

1. Structured (manual directed) approach
2. Group members are encouraged to assume control/take responsibility of themselves
3. Facilitators help to connect feelings with situations and actions
4. Facilitators are active, responsive, and validating
5. Facilitators take part in supervision with their supervisor to debrief and discuss group processes and personal reactions

Key principles in supporting people with personality disorder

Project Air Strategy through its Treatment Guidelines promotes the following key principles for supporting people with personality disorder (Project Air Strategy, 2015). Adopting and maintaining these key principles throughout the program helps to engage and foster a belief that services provided are valuable, consistent, and beneficial. These guidelines also promote non-judgemental, stigma-free and respectful communication and relationships between facilitators and group members.

Key Principles for Supporting People with Personality Disorders

- Be **compassionate**
- Demonstrate **empathy**
- **Listen** to the person's current experience
- **Validate** the person's current emotional state
- **Take the person's experience seriously**, noting verbal and non-verbal communication
- Maintain a **non-judgemental** approach
- Stay **calm**
- Remain **respectful**
- Remain **caring**
- Engage in **open communication**
- **Be human** and be prepared to acknowledge both the serious and funny side of life where appropriate
- Foster **trust** to allow strong emotions to be freely expressed
- Be **clear, consistent, and reliable**
- Remember aspects of challenging behaviours have **survival value** given past experiences
- Convey **encouragement** and **hope** about their capacity for change while validating their current emotional experience.
- Maintain **healthy boundaries**
- Practice **self-care**
- Engage in **supervision** actively

A note about personality disorder

Changes to the conceptualisation of personality disorders have been proposed by expert researchers in the field, where a dimensional model of personality disorder has been proposed. This dimensional model captures the presence or absence of personality disorder, the severity and traits exhibited by individuals (Bach et al., 2017; Tyrer et al., 2015). This has been reflected in changes to the International Classification of Diseases – 11 (ICD-11) and in the emerging measures and models section of the Diagnostic and Statistical Manual – 5th edition (DSM-5; American Psychiatric Association, 2013). The introduction of the dimensional model of personality disorders, will replace the existing categorical model which describes 10 specific personality disorders (for example borderline personality disorder). The dimensional model will assist in addressing the high rates of comorbidity (Grenyer, 2017) common in personality disorders. It is acknowledged that much existing knowledge and the evidence-base in personality disorders has derived from the categorical conceptualisation, therefore this manual has been developed for people with personality disorder with a focus on difficulties experienced in borderline personality disorder.

Who should use this manual?

This manual is for peer workers, mental health professionals and services who are interested in providing co-facilitated programs for individuals with personality disorder. It is recommended that peer workers involved in the program have lived experience of personality disorder (with traits resembling borderline personality disorder) and have undergone appropriate training, including training in facilitating groups and supporting people with personality disorder. Clinicians delivering the program should be adequately qualified and both peer workers and mental health clinicians should be engaged in regular supervision, peer consultation, and other continuous professional development.

Overview of the Peer Support Group Program

The Peer Support for People with Personality Disorder: A Peer and Clinician Co-Facilitated Group Program (from now on referred to as "Peer Support Group Program ") was developed to:

- Support individuals with lived experience of personality disorder (particularly individuals with traits associated with borderline personality disorder) and
- Who are interested in participating in the Peer Support Group Program in the capacity of a group member or a peer facilitator.

The Peer Support Group is a co-facilitated program where the support group is co-facilitated by a peer facilitator (an individual with lived experience of borderline personality disorder) and a mental health clinician.

The manual offers an overview on the Peer Support Group program, how to create and maintain boundaries and detailed session plans and resources for use in the support group.

Aims of the Program

The Peer Support Group Program aims to:

- Improve individual group members' resources to manage their challenges and improve wellbeing
- Provide individuals with BPD a non-judgemental, non-punitive space for sharing experiences with others
- Provide evidence-based psychoeducation and skills development
- Provide an environment where group members and facilitators learn from each other

Duration/Alternative Formats

The program has been designed as a 6-week program, with two hour weekly sessions, however this format is flexible.

Examples of alternative formats could include:

- Setting aside the first two weeks for individual assessment and pre-group commitment and orientation sessions, making this an 8-week program in total.
- Extending the amount of time taken to cover the topics (E.g. taking two weeks to cover all the material in each topic, making this a 12-week program).
- Going through all the material twice (E.g. One whole group completes material then repeats from beginning)
- Modifying this program into a structured individual therapy treatment. The therapist, peer worker and participant follow the same curriculum and structure, with half the session on homework review and half the session on other content - meaning it could be fitted into a 50 minute individual session with short grounding/mindfulness/relaxation exercises at the start and finish.

Facilitator Roles

It is important for the peer facilitator and clinician facilitator to discuss their roles prior to the first group session. The Peer Support Group Program is designed for the peer facilitator to take a lead facilitating role, and for the clinician facilitator to deliver the more clinical psychological educational aspects and to assist in monitoring risk and supporting group members who are experiencing distress.

Group Members

The Peer Support Group Program has been designed for individuals with a personality disorder, particularly those who have BPD. It is recommended that group members have concurrent individual therapy whilst participating in the group and have prior experiences of treatment for BPD (within an individual or group setting). However, current or prior treatment experiences are not essential for participation and may depend on organisational context and the preference of the group facilitators. The Peer Support Group will provide an additional opportunity to access

support. It is envisioned that this Peer Support Group will not act as a 'pre-group' for specialist interventions, but will support current treatment experiences. Eligibility criteria (if any) should be discussed and determined prior to the establishment of the group. It is recommended that there are no or little eligibility criteria.

Engaging in an intake assessment process will assist to identify:

- Whether the individual has BPD
- Issues which may preclude them from taking part in the support group
- Whether the individual can read and write (if so, additional support can be provided)

Group Size

Group sizes are recommended to be a maximum of 8, and optimally 6 group members. The initial intake of group members may be a little larger, to account for non-attendance and possible drop-out later in the program.

Program Structure

Session number	Topic	Objectives
1	Introduction to the Peer Support Group Program	<ul style="list-style-type: none"> - Introduction of facilitators and group members - Build rapport between facilitators and group members - Identify the goals of the Peer Support Group - Be aware of the group guidelines and boundaries - Foster respect and non-judgement in the group environment and rapport with other group members
2	Self-Stigma and Strengths	<ul style="list-style-type: none"> - Continue to build rapport between facilitators and group members - Introduce the biopsychosocial model of BPD - Introduce concept of self-stigma - Understand how self-stigma affects people - Understand that people living with BPD have strengths
3	Self-Compassion and Self-Care	<ul style="list-style-type: none"> - Continue to build rapport between facilitators and group members - Introduce concepts of self-compassion and self-care - Establish the importance of self-compassion and self-care - Highlight that the process of self-compassion and self-care will be unique for each individual
4	Creative Recovery Practices	<ul style="list-style-type: none"> - Discuss experiences of different creative practices - Learn and try different creative practices - Discuss how creative practices can be used to support recovery
5	Building My Best Life	<ul style="list-style-type: none"> - Develop understanding of what wellness and recovery personally means - Highlight the possibility of recovery - Discuss what group members can do to support themselves each day - Build a wellness toolkit
6	Review of Program Sessions	<ul style="list-style-type: none"> - Review topics group members have requested - Reflect upon group process and experiences - Reflect upon the benefits and challenges associated with attending the group program

Structure of Group Sessions

Group sessions are 2 hours in duration, where each session follows a similar structure. This provides consistency and security for group members.

Each group session consists of six parts:

Grounding, Mindfulness and Relaxation Exercise	10 minutes
Introduction to the Group Session	10 minutes
Reflections of Previous Session and Group Member Sharing	40 minutes
Short Break	10 minutes
Psychological Education, Skills Development, and Group Discussion	40 minutes
Debrief and Grounding/Mindfulness/Relaxation	10 minutes
Documenting the Session, Facilitator Self-Reflection, Debriefing and Supervision	

NB: Session 1 follows the above structure, except the individual sharing component is replaced with an ice-breaker exercise to increase rapport between members and facilitators.

Grounding, Mindfulness or Relaxation Exercise

- Grounding, mindfulness or relaxation exercises at the start of the session provides group members with the opportunity to reorient themselves to the group environment and prepare themselves for the group session.
- Group members should be advised that they are going to engage in a grounding, mindfulness or relaxation exercise and what they will be asked to do.
- Group members are encouraged to take part, however can also be given the choice to not participate or participate in a similar activity.
- Check in with the group following the grounding/mindfulness/relaxation exercise.
- Some examples of grounding/mindfulness/relaxation exercises are provided at the end of the manual. Facilitators are encouraged to source their own exercises to match the interest of the group. It is encouraged that a range of grounding, mindfulness or relaxation exercises are used flexibly and not only in their traditional form, which often features a focus on the breath (some people may not find this particularly helpful and may prefer to focus on other objects of attention).

Introduction to the Group Session

- Provide a brief overview of the topic of the session. The topic primarily pertains to the psychological education and skills development component of the session.
- In session one, this section also includes a *'meet and greet'*.
- The introduction to the session aims to provide group members with an indication of what is going to happen and what will be covered in the specific session.

Reflections of Previous Session and Group Member Sharing

- Remind group members of the group guidelines at the start of sharing, and emphasise that the guidelines are in place to keep the group respectful and comfortable.
- Prompt group members to reflect on the previous week's topic and to share additional thoughts they may have had during the week.
- Each group member should be encouraged to share and allocated approximately 4 to 5 minutes each, depending on the group size. The sharing time limit needs to be explicitly stated to group members so that the experience is not invalidating.
- Ask group members to share:
 - o One positive story they have experienced in the past week (regardless of how small or big it is)
 - o One challenge they have experienced in the past week
- A benefit associated with sharing within a group setting is that other group members can provide feedback, support and role-modelling. It is important to allocate some time for other group members to offer support after each group member shares about their week.

Break

- Usually in the middle of the 2- hour session
- Provides an opportunity for facilitators to debrief with any group member who may be having a difficult time following the sharing component of the group
- If the group does not want a break, additional time can be allocated to the psychological education, skills development and group discussion part of the group session.

Psychological Education, Skills Development, and Group Discussion

- A different topic is addressed each week in the group
- Session plans are provided as part of the facilitator manual
- This section may consist of:
 - o Psychological education information
 - o Skills training
 - o Reflective practice
 - o Art based exercises
 - o Take home activities

Debrief and Grounding/Mindfulness/Relaxation

- Check in with group members with how they received the information covered in the session and also how they are feeling.
- Ask for a take-home message from the session and encourage group members to reflect upon something positive about themselves that they are willing to share with the group
- Debrief with group members who may be feeling distressed
- Give group members the autonomy of choosing the grounding/mindfulness/relaxation exercise they engage in. Encourage group members to take part in the exercise for at least 5 minutes.
- Encourage group members to 'shake off' at the end of each session. This involves a literal full body shake which prepares group members to go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if the emotions need them too.

Facilitator Self-Reflection and Checklist

- At the end of each session, facilitators are encouraged to reflect upon what happened in the session. This also acts as an opportunity for facilitators to identify their own feelings about the group processes and to identify if they have been triggered in any way. These experiences can then be discussed when debriefing or in supervision with their allocated supervisor.

- A checklist of the session is also provided for facilitators to identify whether individual components of the session were completed.

Documenting the Session

- Both facilitators to document the session in accordance with professional and organisational requirements.

Creating and Maintaining Boundaries in the Peer Support Group

Creating and maintaining boundaries in the Peer Support Group helps to create a respectful, comfortable environment for the group. Boundaries also provide group members with an idea of what to expect in the group setting. These boundaries need to be established at the commencement of the support group and clearly understood by all group members. All participants in the group (including the facilitators) need to be agreeable to the boundaries in order to participate in the group.

Creating and maintaining boundaries is facilitated by:

- Informing group members of the goals of the Peer Support Group
- Housekeeping issues
- Group guidelines and boundaries
- Establishing guidelines around discussion about past trauma, self-harm or suicidal behaviour
- Relationships between group members and facilitators
- Relationships between group members

Establishing the Goals of the Peer Support Group Program

Establishing the goals of the Peer Support Group Program provides group members with an explanation of what the aims of the group are and what people can expect to gain from the group.

The Peer Support Group Program aims to provide a respectful, comfortable environment for individuals with BPD to gain support, learn life skills and strategies, and increase hope for recovery within a supportive group environment.

Housekeeping Issues

Time and Day of the Group Session

For the duration of the peer support program, it is recommended that the sessions are held at the same time and on the same day of the week, as this promotes a sense of consistency for group members. Decisions surrounding the time and day of the group session should be determined according to the availability of the peer facilitator and the clinician, practical issues such as access to appropriate space, and where possible the preferences of the group program members. Efforts should be made to determine the arrangements prior to the advertisement and commencement of the Peer Support Group.

Length and Frequency of the Group Session

The Peer Support Program runs weekly over a 6-week period, with each session running for two hours each. However, depending upon the organisational context, the model is flexible and can be adapted.

Attendance and Participation

Many programs designed specifically for the treatment of BPD have rigorous and strict attendance and participation requirements. The Peer Support Program was developed with a support group framework, therefore does not prescribe a strict attendance requirement. It is encouraged that group members attend the program in its entirety. The flexibility of the program is dependent upon the organisational context and structure and should be negotiated during the implementation phases of the group.

Participation from all group members is important as it may assist:

- To build rapport and trust between group members and facilitators
- Group members to gain more from attending the group
- The group to run smoothly
- To create a sense of ownership of the group in group members

The Peer Support Group Program requires interpersonal learning and communication and the facilitators will work to ensure the group is respectful and comfortable for both the individual and other group members.

All members of the group should agree to participate actively to facilitate their and others' learning and maintenance of health. Attendance is considered one part of active participation. Within the group, minimal evidence of active participation is also required. Examples of participation include one or more of the following: making verbal statements, culturally appropriate eye contact, looking at the manual, listening to others, and being involved in non-verbal activities such as art.

Facilitators will actively support if group members feel unable to tolerate being in the group or make an active contribution. Participants who dominate the group verbally or non-verbally, or who make no active contribution, will come to the attention of the facilitators who will try to address the issues directly in the group, or between groups if it is unable to be resolved directly.

While attending the group, individuals (group members and facilitators) should not be under the influence of drugs or alcohol and should aim to be psychologically available, in order to engage with the content and activities of the group. Use of headphones and other devices during the group is not allowed. Phones should be switched off or put on silent.

Participation requirements can be adapted for different organisational settings.

Informed Consent

The ability to provide informed consent involves potential group members being provided with sufficient information to make a decision as to whether they would like to engage in the Peer Support Group. Information that potential group members may require:

- Duration of the program
- The length and date of each group session
- The aims of the program
- Topics covered in the program
- Expectations of group members
- Eligibility criteria
- Crisis support information
- Whether the attendance/participation of the person attending the program will be recorded by an organisation

Potential group members should be provided with information about the peer support program prior to the start of the group. This can occur in the context of an intake assessment, however it is recommended to be repeated within the first session of the program.

Confidentiality

It is expected that 'what is discussed in the room, stays in the room.' Therefore, it is expected that group members, peer facilitators, and clinicians do not share personal discussions had in the group with people beyond the group.

There are some circumstances in which confidentiality may be broken by a clinician. It is highly recommended that these reasons are provided to group members in the form of a handout. Reasons include (taken from the APS Code of Ethics, p. 14-15):

- With the consent of the relevant client or a person with legal authority to act on behalf of the client
- Where there is a legal obligation to do so
- If there is an immediate and specific risk of harm to an identifiable person or persons that can be averted only by disclosing information or

- When consulting colleagues or in the course of supervision or professional training, provided by the psychologist/health professional
 - o Conceals the identity of clients and associated parties involved or
 - o Obtains the clients consent, and gives prior notice to the recipients of the information that they are required to preserve the client's privacy and obtains an undertaking from the recipients of the information that they will preserve the client's privacy

If risk is disclosed to the peer facilitator, it is recommended that the clinician is notified and the clinician use their judgement about the next steps. It is recommended that prior to the group the clinician and peer facilitator discuss how they would like to handle the disclosure of risk.

Although this peer support program allows for group members to support each other outside the group setting, it is recommended that the above guidelines surrounding the discussion of other group members are applied.

Leaving the Session Early or Leaving the Program Early

Facilitators should encourage group members to stay for the entire group session, however it is acknowledged that this may not always be possible. Situations such as being triggered by content or other group members' sharing may result in the group member wishing to leave the group session early.

The following protocol should be followed when a group member wishes to leave the group early due to being distressed:

- Group member expresses to a group facilitator desire to leave the group session early
- The group facilitator needs to make a judgement on whether it is appropriate for them to leave the group to debrief with the group member at that moment in time. This may be dependent upon the dynamic of the group.
 - a. If it is possible, leave the group and go to a quiet space to debrief with the group member.
 - b. If not possible, ask the group member to wait outside the group but not leave until they have debriefed with the group facilitator.
- Encourage the group member to stay and reflect upon skills which they can use to support them remain in the support group setting
 - a. If the group member is unwilling, allow them to leave the group. The group member should be provided with emergency contact numbers.
 - b. The group facilitator should aim to follow up with the group member 1 or 2 days following the group session
- The group facilitator handling the situation should debrief with their supervisor.
- Such issues should be documented in the record of the group, including the reasons why decisions were made or actions taken.

Discussion about Past Trauma, Self-Harm or Suicidal Behaviour

To maintain the group as a respectful, comfortable environment, discussion about past trauma, self-harm, suicidal behaviour (including suicidal ideation) should be avoided as much as possible in the Peer Support Group. Discussion about these topics may trigger other group members and disrupt the dynamic of the group. Despite this, it is difficult to remove all triggers from the group setting. It is also acknowledged that utilising skills in the group context to appropriately respond to triggers, where possible, is encouraged and represents an opportunity for growth. It is important for the facilitators to address the discussion about past trauma, self-harm or suicidal behaviour with the group. During the discussion about group guidelines and boundaries in Session 1, the group may come up with expectations regarding this topic. For example, the group might decide not to talk in detail about past trauma, self-harm or suicidal behaviour, but may be comfortable to talk about ways to manage these or strengths they have developed.

Group members should be encouraged to advise facilitators if they have been triggered and advised of the procedures to follow during these circumstances. These can follow a similar procedure for *leaving half way through the group session or leaving the program early*. Therefore, group members that are triggered or experience distress during the group are encouraged to raise this with the facilitators (not other group members).

The following protocol may be useful in managing group members who become triggered or distressed during the support group:

1. Group member expresses to a group facilitator that they feel distressed or are triggered
 - a. Clinical judgement in managing crisis and risk is required, therefore the clinician should take responsibility in handling the situation
2. The clinician makes a judgement on whether it is appropriate to leave the group to debrief with the group member at that moment in time. This may be dependent upon the dynamic of the group.
 - a. If it is possible, leave the group and go to a quiet space to debrief with the group member.
 - b. If not possible, ask the group member to wait outside the group but not leave until they have debriefed with the clinician
3. Listen to the group member about what is going on for them. Prompt the group member to reflect on their emotions and thoughts.
4. Encourage group member to reflect upon strategies which have helped them in the past, that they are willing to try.
5. If the group member is unable or unwilling to engage with the clinician, a decision surrounding the level of risk needs to be made.

Depending on the level of risk, group members can be referred to crisis hotlines or their individual clinician for more support. 24/7 telephone counselling and crisis services include:

Emergency assistance	000
Lifeline	13 11 14
Suicide Call Back Service	1300 659 467
Kids Helpline (5-25 years)	1800 55 1800
MensLine Australia	1300 78 99 78
Veterans and Veterans Families Counselling Service	1800 011 046
National Sexual Assault, Domestic Family Violence Counselling Service	1800 737 732
Beyond Blue	1300 224 636
Q-Life, LGBTIQ+ peer support service	1800 184 527

A factsheet with other Australian mental health support, information and referral hotline numbers is available on the Project Air Strategy website (www.projectairstrategy.org).
(*Factsheet: Mental Health Support Services*)

Relationship between Group Members and Facilitators

Contact with Facilitators Outside of Group Meetings

Group members may want to contact facilitators outside of group meetings for a variety of reasons. These could include:

- Clarification of information or skills learnt in the group
- Socialising (E.g. Wanting to have a chat with someone)
- Crisis intervention

It is recommended that group members do not contact facilitators outside of group sessions. However, this may not be possible depending on the context of the group, and discretion of the group facilitators should be used. Guidelines surrounding contact should be provided in the initial session of the peer support program. Contact with facilitators is discouraged as it may affect the dynamic of the peer support group, which differs from a peer support process that is more open.

Group members should be given time at the start of each session to ask questions about the previous session's content. Additionally, emphasis and clarification of group details during the first session may alleviate confusion surrounding the logistics of the group and boundaries.

Group members should be advised at the start of the peer support program that during crisis situations, group members should contact their individual treating clinician, crisis hotlines or present to the local emergency department. See section on *Discussion About Past Trauma, Self-Harm or Suicidal Behaviour* for details of 24/7 telephone counselling services and the 'Mental Health Support Services' factsheet.

Contact with Group Members Outside of Group Meetings

Group members can offer support to each other outside of the group meetings, when it is mutually agreed upon between the group members. Support from others outside of group sessions can reduce feelings of isolation and provide opportunities for new relationships to form. Although this can be beneficial for a number of reasons (e.g. social interaction, opportunities for skill practice), individuals with BPD have interpersonal difficulties and may find this challenging. Members with pre-existing or developing sexual partnerships should not attend group together and should inform the facilitators of their relationship. Facilitators may need to intervene to create greater safety and preserve group dynamics if these issues become a problem.

Group Guidelines and Boundaries

The boundaries stated above are intended to inform the suggested group guidelines and boundaries. However, it is important that the group guidelines and boundaries are developed by the group members. The following is a list of suggest group guidelines and boundaries that facilitators can use as prompts, if it is needed.

Group Guidelines and Boundaries

1. **'What is discussed in the room, stays in the room'**: Maintain confidentiality, therefore what is discussed in group should not be repeated or shared with others beyond the group
2. **Talk about yourself and your experiences**. Share feelings and experiences. Avoid giving advice or trying to 'fix' another group member's problems. Although sharing is encouraged, it is not compulsory.
3. **It is the group's job to make the group work**: Arrive on time, participate, and try to attend for the duration of the session and program. Show respect towards the facilitators and follow their instructions.
4. **Tell a facilitator if you need to leave the group early**: If feeling distressed and want to leave, check in and debrief with a facilitator
5. **Discussing trauma can be distressing for others**: These important stories can be shared with your individual therapist.
6. **Being heard and hearing others is supportive and shows respect and compassion towards others**: Listen carefully to everyone as we can learn from each other.
7. **Avoid interrupting others**: Have one person speak at a time and avoid having other conversations whilst group members are talking.
8. **Everyone is welcome and valued here**: We celebrate diversity and respect the unique experiences and opinions of everyone. This is a non-judgmental space.
9. **Use of language**: Abusive or offensive language, including racism, sexism, and homo/queerphobia, will not be tolerated.
10. **Turn off mobile phones or turn mobile phones to silent**
11. **Group members can offer support to other group members outside of the group**
12. **Advise facilitators of any intimate relationships you have with another group member**: This includes siblings, family members, partners, and sexual relationships.

Responding Effectively to Challenging Behaviour

Establishing guidelines and boundaries and enforcing them in a consistent manner is important in creating a respectful, comfortable environment for group members. Yet, some group members may try to challenge the guidelines and boundaries that are in place. It is a part of the facilitator's role to manage behaviours which may disrupt the dynamics of the group. A variety of scenarios may present themselves during the peer support sessions, the onus is particularly placed on the clinician to use clinical judgement on how best to manage the situation. The context in which situations occur, the environment, group dynamics and the perspectives of other group members should be considered when making decisions on how to manage a situation.

Examples of scenarios and possible ways of responding are presented below.

Possible scenario	Possible ways of managing the situation
A group member consistently arrives late to the group	<ul style="list-style-type: none"> - Ask group member to provide a reason privately rather than in front of the group. Doing this within the group can be seen as shaming. - Asking other group members to communicate their thoughts and feelings about lateness may also be useful in helping the group member understand the perspectives of others. (Discretion is required for this, as this may be viewed as shaming by some individuals).
A group member arrives under the influence of drugs or alcohol	<ul style="list-style-type: none"> - If facilitators suspect a group member is under the influence of drugs or alcohol, have a conversation (outside from the group) with the group member to determine whether they are under the influence. - If the group member is under the influence, the clinician will need to make a judgement about the capacity of the group member to benefit from the group and whether their behaviour will be triggering or disruptive to other group members.
Group members dominate the sharing part of the group	<ul style="list-style-type: none"> - Facilitators to keep track of time during sharing and starting wrap up when it is close to the end of the allocated time. - Thank group members for providing input and move onto the next group member. - Advise group members they can continue discussions during the break.
Group members discussing self-harm	<ul style="list-style-type: none"> - Remind group members of the guidelines and the reasons why discussing self-harm is not helpful for the support group setting. Conversations about visible self-harm should be done in private with the person, not in front of the group.

Overview of Group Sessions

Session One: Introduction to the Peer Support Group

For a more detailed session plan, please see page 29

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session and Each Other <ul style="list-style-type: none"> - Orient group members to the group setting - Facilitator and group member introductions 	20 minutes
3. Sharing <ul style="list-style-type: none"> - Ice breaker activity - Handout participant workbooks 	30 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Introduce the Peer Support Group Program - Introduce group guidelines and boundaries - Discussion about group guidelines 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015): Section on Key Principles for Working with People with Personality Disorder
- Participant workbook - Session One

Session Two: Self-Stigma and Strengths

For a more detailed session plan, please see page 37

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session	10 minutes
3. Sharing <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 - 5 minutes per group member 	40 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Explain the biopsychosocial model of BPD - Discuss self-stigma and the use of negative language about the self - Discuss positives and strengths of people living with BPD 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Participant workbook – Session Two

Session Three: Self-Compassion and Self-Care

For a more detailed session plan, please see page 44

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session	10 minutes
3. Sharing <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 – 5 minutes per group member 	40 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Explain how the brain changes when we practise self-compassion and self-care. - Discuss the definitions of self-compassion and self-care, and why they might be important. 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Participant workbook – Session Three

Session Four: Creative Recovery Practices

For a more detailed session plan, please see page 51

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session	10 minutes
3. Sharing <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 - 5 minutes per group member 	40 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Discuss experiences of different creative practices. - Learn and try different creative practices. - Discuss how creative practices can be used to support recovery. 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Participant workbook – Session Four
- Art supplies (e.g., A4 sheets of paper, pens, coloured textas/pencils)
- Music and a speaker

Session Five: Building My Best Life

For a more detailed session plan, please see page 61

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session	10 minutes
3. Sharing <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 - 5 minutes per group member 	40 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Develop understanding of what wellness and recovery personally means - Highlight the possibility of recovery - Discuss what group members can do to support themselves each day - Build a wellness toolkit 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Participant workbook – Session Five

Session Six: Review of Program Sessions

For a more detailed session plan, please see page 69

1. Grounding, Mindfulness or Relaxation Exercise	10 minutes
2. Introduction to the Session	10 minutes
3. Sharing <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 – 5 minutes per group member 	40 minutes
4. Short Break	10 minutes
5. Psychological Education, Skills Development, and Group Discussion <ul style="list-style-type: none"> - Provide group members with autonomy in determining the focus of this component of the group - Reflect upon group process and experiences - Reflect upon the benefits and challenges associated with attending the group program 	40 minutes
6. Debrief and Grounding/Mindfulness/Relaxation	10 minutes

Resources:

- Participant workbook – Session Six
- Group member certificates

Session One: Introduction to the Peer Support Group Program

Objectives:

- Build rapport between facilitator and group members
- Identify the goals of the Peer Support Group
- Receive housekeeping information about the group
- Develop an awareness of the group guidelines and boundaries

Outline:

1. Grounding, mindfulness and relaxation exercise
2. Introduction to the session and each other
 - a. Orient group members to the group setting
 - b. Facilitator and group member introductions
3. Ice-breaker activity
4. Psychological Education, Skills Development, and Group Discussion
 - a. Explain the structure of the program and the sessions to the group members
 - b. Introduce and develop guidelines for the group
 - c. Open discussion about the group and answer questions from group members
5. Debrief and grounding/mindfulness/relaxation

Resources:

- Project Air Strategy Treatment Guidelines for Personality Disorders (2015): Section on Key Principles for Working with People with Personality Disorder
- Participant workbook: Session One Introduction to the Peer Support Group

Steps to follow for Session One:

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group.

Discuss in general what a grounding/mindfulness/relaxation exercise is and why engage in these exercises.

'Everyone in society is busier than ever and it is often easy to forget about the here and now. Taking part in a grounding/mindfulness/relaxation exercise is one way of bringing our attention to the present moment.'

Inform the group prior to engaging in the exercise what it will require group members to do. Group members may have prior experiences with grounding or mindfulness exercises and pre-formed ideas about their effectiveness. Remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise. If group members feel uncomfortable with engaging in the grounding/mindfulness/relaxation exercise, give them the option to opt out. Instead they could be asked to sit quietly.

'The grounding/mindfulness/relaxation exercise we are going to do is called _____ and in the exercise you will be asked to _____. Although everyone may have different thoughts about grounding/mindfulness/relaxation, let's try to put those judgements aside and have a go. How does that sound? Does anyone have any questions or concerns?'

Guide group members through the grounding/mindfulness/relaxation exercise. It is recommended that this first exercise isn't mind/body focused, but more fun and participatory.

'Let's take a bit of time to bring our minds to the group environment and prepare ourselves for the group.'

Ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

2. Introduction to the Session and Each Other (20 mins)

a. Orient group members to the group setting, focus on building rapport with group members and a positive relationship between facilitators and group members (5 mins)

Welcome group members to the group and acknowledge their efforts in attending the session. For example *'I'm really glad everyone could make it to this session today. For some of you it must have been very difficult, particularly as this is a new situation with people you do not know.'*

Refer to the *Key Principles for Working with People with Personality Disorder* for guidance on how to communicate and work with people with BPD.

b. Introduce yourself and invite group members to introduce themselves as well (15 mins)

This can be done by going around the room and asking each group member to introduce themselves by saying their name. It might help group members if facilitators introduce themselves first.

For example; *'Hi, my name is Jack and this is my colleague Christine. We will be co-facilitating the group together'*

Depending on the dynamics of the group, it might be worthwhile to invite group members to provide some information about themselves in a structured way. Examples of what to invite group members to share may include:

- Their name
- Choose a coloured card and share a positive word related to that colour
- One thing they enjoy or used to enjoy doing
- Choose a strength card
- A brief description of what they would like to get out of the group

3. Group Member Sharing (30 mins)

As the group is still getting to know each other in the first session, individual sharing is replaced with an ice-breaker exercise. This may help group members feel more comfortable being in the group environment. This should be explicitly stated to group members.

'Usually there will be time for everyone to share how their week is going and share positive stories and challenges they have experienced. But as this is the first week and everyone is still getting to know each other, we are going to play an ice-breaker activity.'

a. Engage in an ice-breaker activity

Please refer to Appendix A at the end of this section for a list of possible ice breaker activities.

b. Handout participant workbooks

Mention that the workbook should be brought to each group session, as the activities for the group correspond with the workbook.

4. Short Break (10 mins)

Advise group members what time they should return to the group.

5. Psychological Education, Skills Development, and Group Discussion (40 mins)

Resource to use: Participant workbook – Session 1

Introduce the Peer Support Group Program

Provide group members with an overview of what the goals of the program are and orient group members to the structure of each of the sessions. Emphasise that each of the group sessions take on a similar structure.

Clearly stating what to expect from the group will assist to set the frame and introduce boundaries for group members. The following should be specifically addressed:

- The time and day of the group session
- Length and frequency of the program and each group session
- Attendance and participation requirements
- Confidentiality issues
- Leaving a group session early or leaving the program early
- Discussion about past trauma, self-harm and suicidal behaviour
- Contacting group facilitators and members outside of session

More in-depth information about the above can be found in the *Creating and Maintaining Boundaries in Peer Support Groups* section of the facilitator manual

Discussion surrounding what to expect from the group will lead into discussion about the group guidelines. Facilitators can also ask group members about what they expect of the group and what they want to get out of the group.

Introduce the group guidelines and boundaries

Introduce the group guidelines and boundaries to group members by emphasising the role of the guidelines in keeping the group a respectful, comfortable place for all members. It is recommended that the group guidelines and boundaries come directly from the group members, to promote ownership. The group members and facilitators can write each guideline down together and then place a personal signature or mark on the guidelines. Greater details surrounding the rationale of the guidelines can be found in the *Creating and Maintaining Boundaries in Peer Support Groups* section of the facilitator manual. Below is a list of suggested guidelines and boundaries for the Peer Support Group Program which may be given by facilitators as prompts. It is also important for facilitators to prompt a group members to think about how they would like to manage the discussion of past trauma, self-harm and suicidal behaviours. Greater details can be found in the *Discussion about Past Trauma, Self-Harm and Suicidal Behaviour* section of the facilitator manual.

Prompting questions to consider as the group develops guidelines and boundaries:

-If we were at the end of the group and things had gone very well, how would this look?

-What are common problems in group work that you would not like to see happening in this group?

-How do we check after each group that we worked in accordance with the guidelines?

-How do we let people know how we're travelling so that everyone feels okay at the end, so that we come to a better outcome and so that we explore problems and work out how to solve them together?

Group Guidelines and Boundaries

1. **'What is discussed in the room, stays in the room':** Maintain confidentiality, therefore what is discussed in group should not be repeated or shared with others beyond the group
2. **Talk about yourself and your experiences.** Share feelings and experiences. Avoid giving advice or trying to 'fix' another group member's problems. Although sharing is encouraged, it is not compulsory.
3. **It is the group's job to make the group work:** Arrive on time, participate, and try to attend for the duration of the session and program. Show respect towards the facilitators and follow their instructions.
4. **Tell a facilitator if you need to leave the group early:** If feeling distressed and want to leave, check in and debrief with a facilitator
5. **Discussing trauma can be distressing for others:** These important stories can be shared with your individual therapist.
6. **Being heard and hearing others is supportive and shows respect and compassion towards others:** Listen carefully to everyone as we can learn from each other.
7. **Avoid interrupting others:** Have one person speak at a time and avoid having other conversations whilst group members are talking.
8. **Everyone is welcome and valued here:** We celebrate diversity and respect the unique experiences and opinions of everyone. This is a non-judgmental space.
9. **Use of language:** Abusive or offensive language, including racism, sexism, and homo/queerphobia, will not be tolerated.
10. **Turn off mobile phones or turn mobile phones to silent**
11. **Group members can offer support to other group members outside of the group**
12. **Advise facilitators of any intimate relationships you have with another group member:** This includes siblings, family members, partners, and sexual relationships.

There is space in the participant workbook for group members to write the guidelines and boundaries. Encourage group members to write down the guidelines, and place the guidelines in the room every session.

6. Debrief and Grounding/Mindfulness/Relaxation (10 mins)

Check in with the group members to see how they received the information and ask if there are any questions.

“How did you find that? Are there parts of it that you agree or don’t agree with?”

‘What went well? What didn’t go well?’

‘Is there anything you were concerned about?’

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Explain why a grounding/mindfulness/relaxation activity is important before leaving the group. Encourage group members to ‘shake off’ to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if the emotions need them too.

7. Documenting the session

Document the session in accordance to professional and organisational requirements.

Session One: Checklist

Have the following been completed?

	<p>1. Grounding, Mindfulness and Relaxation Exercise</p>
	<p>2. Introduction to the Program and Each Other</p> <ul style="list-style-type: none"> - Orient group members to the group setting - Facilitator and group member introductions
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Ice breaker activity - Handout participant workbooks
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Introduce the Peer Support Program - Introduce group guidelines and boundaries - Discussion about group guidelines
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self-Reflection

Session One: Introduction to the Peer Support Group Program

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

Appendix A: Ice Breaker Activities

1. Yarn web

Description

Standing in a circle, each person tosses a ball of yarn to someone else in the circle while holding onto the end of the yarn. The person throwing the yarn says their name and something they like about the person they are throwing the yarn to.

Resources

Ball of yarn

What to Do

1. Stand in a circle as a group with everyone facing inward toward the centre of the circle.
2. The person holding the yarn tells everyone their name and one thing that they like about the person they are throwing the yarn to (a person of their choice). For example, a person might say, "My name is Anne. I like her shirt." As this is the first meeting for group members, encourage group members to say something that they like about the person that they can see (e.g., smile, hair, clothing, jewellery, shoes).
3. Holding firmly to the end of the yarn, the person tosses the ball of yarn to the person they made the previous statement about.
4. The person receiving the yarn says their name and one thing they like about the person they are throwing the yarn to.
5. Holding firmly to the end of the yarn, the person tosses the ball of yarn to the person they made the previous statement about.
6. Continue until everyone has received the string at least once and told the group their name and one thing they like about someone else.
7. A facilitator asks the group to say words that the spiderweb represents (like "connected, linked, joined"). The facilitator then drops their yarn and notes that the web is weakened.
8. A facilitator asks everyone to then one by one drop the yarn. You watch the web collapse. The facilitator then asks everyone to pick up the yarn and rebuild the web. The point is to show how connected we all are and how we all feel loss at one person being missing. The web works when we are all together, working together and we are all important.

2. Object in your bag

What to Do

1. Each person introduces themselves by saying their name and randomly choosing an object in their bag. Group members can tell the story of the object, such as how it came to be with them, why they have it, et cetera.

3. Pick an Animal or Place

Resources

Pictures of different animals or places

What to Do

1. Each person chooses a picture of an animal and describes to the group why they have chosen that animal OR each person chooses a picture of a place that they would like to go to if money and time were not an issue and why they would go there.

Session Two: Self-Stigma and Strengths

Objectives:

- Continue to build rapport between facilitators and group members
- Understand the biopsychosocial model of BPD
- Introduce concept of self-stigma
- Understand how self-stigma affects people
- Understand that people living with BPD have strengths

Outline:

1. Grounding, mindfulness and relaxation exercise
2. Introduction to the session
3. Encourage sharing amongst group members
4. Psychological Education, Skills Development, and Group Discussion
 - a. Explain the biopsychosocial model of BPD
 - b. Discuss self-stigma and the use of negative language about the self
 - c. Discuss positives and strengths of people living with BPD
5. Debrief and grounding/mindfulness/relaxation

Resources:

- Participant workbook – Session Two

Steps to follow in Session Two:

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group.

Inform the group prior to engaging in the exercise what it will require group members to do and remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise.

Following the activity, ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

Ask group members whether there are mindfulness exercises they prefer or have worked for them in the past. As a group, you can create a running list of favourite mindfulness activities to be completed in future sessions.

2. Introduction to the Session (10 mins)

a. Orient group members to the group setting and how the group runs (5mins)

Welcome group members and acknowledge the group members' efforts in attending the group session. For example, *"It is great to see everyone come back for another group session. In today's session we will take turns sharing how our week was, then go into the skills component of the program and finally debrief, to see what everyone thought and how you feel. We will take a break at about one hour into the session. How does that sound?"*

Wait for group members' response and answer any questions they may have.

b. Provide an overview of the session (5 mins)

Orient the group members to the topic of today's session. This could be achieved through providing group members with an outline of the content of the session, such as *"In today's group, we will be talking about the biopsychosocial model of BPD, self-stigma and strengths that people with BPD often have."*

3. Reflections of Previous Session and Group Member Sharing (5 minutes + 4-5 minutes per group member ~ 40 mins)

Encourage group members to reflect on the previous week's content/discussion and share if they have additional thoughts or comments. It is best to have this as a group conversation.

"In last week's group session we talked about ____ (insert the previous week's topic here)____, did anyone have more thoughts during the week about what was discussed?"

Then encourage group members to share one positive story and one challenge they have experienced in the past week. Suggested script:

"Perhaps we can go around the room and share one positive story that you had and one challenge that you experienced last week? I will give each person about four to five minutes but do let me know if you feel you are unable to contribute today"

Facilitators will need to keep track of the time and set boundaries for this. Facilitators should explicitly state the reason for keeping to time so that group members do not experience invalidation.

4. Short Break (10 minutes)

Advise group members when they should re-join the group.

5. Psychological Education, Skills Development, and Group Discussion (40 minutes)

a. Explain the biopsychosocial model of BPD.

Everyone has a personality. However, this may become a personality disorder when personality traits become ongoing, inflexible and cause significant impairment or distress for the individual. These traits often emerge in adolescence or early adulthood and affect most areas of life, including relationships, work, and study. There are several different types of traits and while all of them have different features, they also share some common elements. For example, people with BPD may experience difficulties with emotions and expressing feelings, difficulties with relationships, and difficulties with a sense of self and identity.

The likelihood of a person experiencing personality disorder is dependent on a combination of risk and protective factors. Figure 1 summarises this in relation to the development of personality disorder.

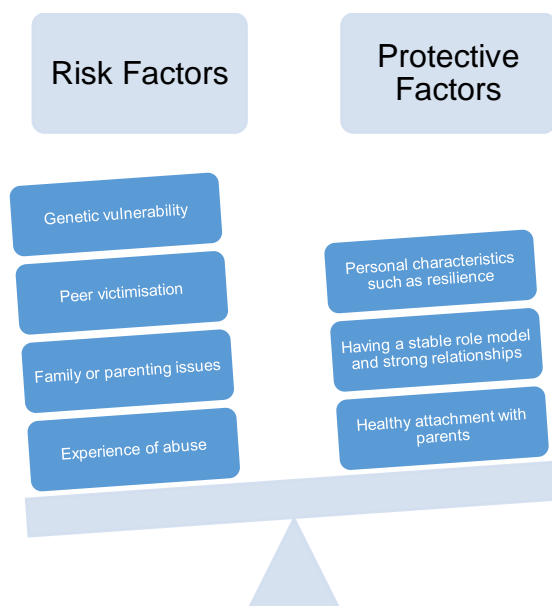


Figure 1. Risk and protective factors associated with personality disorder development

Biopsychosocial model of BPD development

The exact causes of personality disorders are unknown but they are thought to involve several contributing factors:

- Biological or genetic factors (inherited from family) including extreme sensitivity to emotions
- Relationships with caregivers in early childhood that were problematic
- Traumatic early life experiences (e.g., abuse, neglect, death of parents, peer-victimisation)
- Ways of thinking and coping with feelings – often learnt during childhood and through experiences with other people

- Stressful social circumstances – financial, work, relationship, or family

'Biopsychosocial' means many factors may contribute to personality disorder development. Factors which may contribute include biological factors and psychosocial experiences, such as adverse childhood experiences (actual or perceived). Therefore, no one factor causes personality disorder.

Discussion questions to consider:

-How does the biopsychosocial model of BPD 'sit' with you? What do you agree or disagree with?

-In your own words, how do you make sense of the biopsychosocial model of BPD?

b. Discuss self-stigma and the use of negative language about the self. Encourage peer worker and any group members to share, if they are comfortable.

Explain to group members that self-stigma happens when someone becomes aware of stigma that others have about them and applies that stigma to oneself. Self-stigma includes perceptions and beliefs people have about themselves. Acknowledge and validate that external stigma is real and hurtful and that self-stigma happens due to wider discrimination and rarely comes from internal intuition but from adopting the views of others. It's important to note that experiencing self-stigma is not a weakness of a person. When we hear messages, particularly from sources we trust like friends, family, mental health clinicians, those messages will sink in. It's similar to breathing in polluted air; you can't help but be affected.

Discuss the group member's experiences of self-stigma and how it affects them. Discuss the group member's experiences of stigma from other people, and how it was internalised.

Discuss negative language that is used by group members about themselves.

Discussion questions to consider:

- How does self-stigma affect you?
- What negative messages do you tell yourself?
- At what times or in what situations do you notice self-stigma affecting you?

To support discussion, facilitators can provide some examples of negative language that may be used by group members. For example, facilitators can explain how some people with BPD refer to themselves as "a borderline", worry about being manipulative, feel as though they're "too sensitive," or feel as though they're "too much for people to handle."

c. Discuss what some positives are as a person living with BPD. Encourage peer worker and any group members to share, if they are comfortable.

Discussion questions to consider:

- What positives did you find in being diagnosed with BPD?
- What are your strength areas or 'superpowers' as a person living with BPD?

Positives, strengths, and 'superpowers' can be written by facilitators using a white board, and group members are encouraged to write these down in their workbooks. Facilitators may need to provide prompts to group members of positive/strengths, such as being empathetic and resilient.

Take Home Activity

Encourage group members to notice all of the ways/times when the strengths, positives, and superpowers are in action during the week between sessions. They can write these down in their workbooks.

6. Debrief and Grounding/Mindfulness/Relaxation (10 minutes)

Check in with the group members to see how they received the information and ask if there are any questions.

'How did you find that? Are there parts of the session that you agree or disagree with?'

'What went well? What didn't go well?'

'Is there anything you were concerned about?'

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Encourage group members to 'shake off' to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if they need them to.

7. Document the session

Document the session in accordance to your organisational and legal requirements.

Session Two: Checklist

Have the following been completed?

	<p>1. Grounding, Mindfulness and Relaxation Exercise</p>
	<p>2. Introduction to the Session</p>
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 - 5 minutes per group member
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Explain the biopsychosocial model of BPD - Discuss self-stigma and the use of negative language about the self - Discuss positives and strengths of people living with BPD
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self-Reflection

Session Two: Self-Stigma and Strengths

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

Session Three: Self-Compassion and Self-Care

Objectives:

- Continue to build rapport between facilitators and group members
- Introduce concepts of self-compassion and self-care
- Establish the importance of self-compassion and self-care
- Highlight that the process of self-compassion and self-care will be unique for each individual

Outline:

1. Grounding, mindfulness and relaxation exercise
2. Introduction to the session
3. Encourage sharing amongst group members
4. Psychological Education, Skills Development, and Group Discussion
 - a. Explain how the brain changes when we practise self-compassion and self-care.
 - b. Discuss the definitions of self-compassion and self-care, and why they might be important.
5. Debrief and grounding/mindfulness/relaxation

Resources:

- Participant workbook – Session Three

Steps to follow for Session Three

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group.

Inform the group prior to engaging in the exercise what it will require group members to do and remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise.

Following the activity, ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

Exercise choice: See examples of grounding/mindfulness/relaxation exercises at the end of the manual or identify an exercise which may be useful for the group or complete an activity identified by the group in Session 2.

2. Introduction to the Session (10 mins)

a. Orient group members to the group setting and how the group runs (5mins)

Welcome group members and acknowledge the group member's efforts in attending the group session. For example, *"It is great to see everyone come back for another group session. Today's session will be in a similar format to last week, we will take turns sharing how our week was, then go into the skills component of the program and finally debrief, to see what everyone thought and how you feel. We will take a break at about one hour into the session. How does that sound?"*

Wait for group members' response and answer any questions they may have.

b. Provide an overview of the session (5 mins)

Orient the group members to the topic of today's session. This could be achieved through providing group members with an outline of the content of the session, such as *"Today we will be discussing self-compassion and self-care."*

Answer any questions group members may have.

3. Reflections of Previous Session and Group Member Sharing (5 minutes + 4-5 minutes per group member ~40 mins)

Encourage group members to reflect on the previous week's content/discussion and share if they have additional thoughts or comments. It is best to have this as a group conversation.

"In last week's group session we talked about ____ (insert the previous week's topic here)____, did anyone have more thoughts during the week about what was discussed?"

"Our take home activity from last week was to notice any time when we saw our strengths or superpowers show up. Does anyone want to share a strength they noticed?"

Then encourage group members to share one positive story and one challenge they have experienced in the past week. Suggested script:

"Perhaps we can go around the room and share one positive story that you had and one challenge that you experienced last week? I will give each person about four to five minutes but do let me know if you feel you are unable to contribute today"

Facilitators will need to keep track of the time and set boundaries for this.

4. Short Break (10 mins)

Advise group members when they should re-join the group.

5. Psychological Education, Skills Development, and Group Discussion (40 mins)

a. Explain how the brain changes when we practise self-compassion and self-care.

When we criticise ourselves, such as talking to ourselves negatively as we discussed last session, our brain and body respond. A part of our brain called the amygdala responds to threats in our environment, including self-criticism, and tells our body to prepare for the 'attack' by increasing a hormone called cortisol and we may experience things such as an increase in heart rate. When we are compassionate towards ourselves, our levels of cortisol decrease. In addition, our brain releases the hormone oxytocin, which helps to increase our feelings of trust and calm. When we are compassionate to ourselves, our body responds the same as though we were receiving compassion from someone else because our brains and bodies experience it as the same thing. For example, our brain and body responds the same to a caress we give to ourselves and to a caress we receive from someone else. When we practise self-compassion and self-care, we can create new pathways in our brains which can increase our feelings of trust and calm, and help us to be compassionate to ourselves in the future.

b. Discuss the definitions of self-compassion and self-care, and why they might be important. Highlight the personal nature of self-compassion and self-care – Different people will find different strategies and approaches that work for them.

Self-compassion

Self-compassion means that we first see that everyone in the world has some degree of suffering – and then realise that this includes us too! It's painful to suffer and taking on an attitude of self-compassion means we recognise how difficult life can be and treat ourselves with kindness.

Discuss the opposite of self-compassion - self-criticism. It's easy to be judgemental of ourselves when we're feeling difficult emotions or have made a mistake. A lot of us have learnt this from a very young age. We might be feeling terrible about ourselves for whatever reason but then we judge ourselves for feeling that way and end up feeling even worse. Learning to identify the ways that we're self-critical can be very helpful for us to begin to notice, mindfully observe these thoughts, and do our best to comfort ourselves instead.

One of the reasons that self-compassion is so important is because research has found that people with higher levels of self-compassion have greater levels of wellbeing and resilience, and show less symptoms of depression and anxiety.

Encourage group members to write themselves a note that directs them to 'answer' themselves when they are particularly self-critical, in the same words, tone and way that they would respond to a friend in the same situation. Group members can place the note in an easily accessible place, such as their wallet or as a note in their phone, so that it can be taken out when they are self-critical.

Self-care

Self-care simply means what we can do to help us act with more compassion to ourselves.

While distress tolerance is often about doing things that distance or distract us from difficult situations, self-care is about doing things that soothe us and make us feel better. This can help us calm down during a crisis in the short-term, but doing things like this also has long-term benefits and may increase our feelings of self-compassion and, therefore, wellbeing.

Be kind to yourself in moments of distress. There is a lot of research showing the benefits of engaging your '5 senses'. Some examples of how you can practice self-care include:

1. What you see

- Focus your vision on something you find soothing, for example, a photo of something or someone you love, the flame of a candle, a flower, the waves in the ocean, or the stars.

2. What you hear

- Listen to sounds that you find soothing, for example, beautiful music, running water, sounds of nature (including birds, waves, rainfall), or sing a favourite tune.

3. What you smell

- Try using your favourite smells to soothe yourself, for example, light a scented candle, bake biscuits, use a scented body wash, or smell the ocean breeze.

4. What you taste

- Chew or eat something that you love mindfully and slowly. Take a moment to really taste what you have chosen to eat or drink. Notice what it feels like to enjoy eating something.

5. What you touch

- Take a bubble bath, put on a textured piece of clothing, brush your hair or stroke a pet.

Best of all, engage in an activity that uses all or most of your senses at once, for example, sit on the beach, under a tree, or on your bed while watching, listening to, and smelling your surroundings, such as the ocean and the sand. Practice relaxation techniques such as deep breathing (if this feels comfortable) or visualising a relaxing scene. These activities may help you feel more alive and provide relief from your distress.

Facilitators should acknowledge how difficult self-care can be for many people with BPD. Talk about why self-care can be hard, and how practising self-care is how you not only stay well, but how you learn to love yourself and that each of these activities in practise, when used regularly, develops neural pathways.

Discussion questions to consider:

- What does self-compassion mean to you?
- What does self-care mean to you?
- In what ways do you practise self-compassion and self-care?
- What are barriers that prevent you from practising self-compassion and self-care?
- How can you practise self-care?

As a group, facilitators can encourage group members to come up with different self-care activities for each of the five senses. Ideas can be written up on a white board or a place for everyone to see. Group members can also write self-care ideas in their workbooks.

Take home activity:

- Encourage group members to choose what take home activity they would like to do this week that is related to self-compassion and self-care.
- For example, participants may choose to mindfully engage in a chosen self-care activity over the next week. Encourage group members to notice the difficulty involved in engaging in a self-care activity. The task will be to share this experience in group the following week. Inform participants that they can share their self-care activity with the group in any way

they like – they can talk about it, show a photo, bring in an object that was soothing etc. Alternatively, they can create a sensory box for self-soothing and bring in to show the group.

6. Debrief and grounding/mindfulness/relaxation (10 minutes)

Check in with the group members to see how they received the information and ask if there are any questions.

'What was everyone's thoughts on the session today? Was there information that you didn't agree with? How does everyone feel?'

'What went well? What didn't go well?'

'Is there anything you were concerned about?'

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Encourage group members to 'shake off' to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if the emotions need them too.

7. Document the session

Document the session in accordance to professional and organisational requirements.

Session Three: Checklist

Have the following been completed? *(Place a tick in the box)*

	<p>1. Grounding, Mindfulness or Relaxation Exercise</p>
	<p>2. Introduction to the Session</p>
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4-5 minutes per group member
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Explain how the brain changes when we practise self-compassion and self-care. - Discuss the definitions of self-compassion and self-care, and why they might be important.
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self Reflection

Session Three: Self-Compassion and Self-Care

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

Session Four: Creative Recovery Practices

Objectives:

- Continue to build rapport between facilitators and group members
- Learn how creative practices can be used to support recovery

Outline:

1. Grounding/mindfulness/relaxation activity called “Multimodal Drawing”
2. Introduction to the session
3. Encourage sharing amongst group members
4. Psychological Education, Skills Development, and Group Discussion
 - a. Discuss different creative practices and how the creative practices could be used to support recovery
 - b. Learn and try different creative practices.
5. Debrief and grounding/mindfulness/relaxation

Resources:

- Participant workbook – Session Four
- Art supplies (e.g., A4 sheets of paper, pens, coloured textas/pencils)
- Music and a speaker

Steps to follow in Session Four:

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group. The “Multimodal Drawing” grounding exercise is recommended for this session.

Inform the group prior to engaging in the exercise what it will require group members to do and remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise

Following the activity, ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

For this session, complete the “Multimodal Drawing” grounding exercise outlined below. The “Multimodal Drawing” exercise is from the program *Drawing for Distress Tolerance Version 2* by Mahlie Jewell, Graphics for Good (Jewell, 2020).

Multimodal Drawing

How It Works

- Promotes radical acceptance in small bursts
- Engaging with positive sensations
- Immersing yourself in the task
- Connection through senses

When To Do It

- A task to do when you need to immerse in an overwhelming positive sense (sound)
- Should be done with music unfamiliar to you (removes trigger points)
- Especially helpful when you are feeling “numb”

What To Do

- Use a service/app like spotify or pandora and switch it to random to get new music.
- Start to draw to the music, focus only on the page and what you are hearing
- Stop drawing when the song is over
- Using fluid materials - like ink, food colouring, paint, pastels are best.
- Make a commitment to leave the thoughts and feelings behind and start again as the next song plays.

2. Introduction to the session (10 mins)

a. Orient group members to the group setting and how the group runs (5 mins)

Welcome group members and acknowledge the group member's efforts in attending the group session.

If needed, advise group members on the structure of the group.

b. Provide an overview of the session (5 mins)

Orient the group members to the topic of today's session. This could be achieved through providing group members with an outline of the content of the session, such as *“Today we will be talking about and trying different creative practices that can be used to help us keep well each day.”*

3. Reflections of Previous Session and Group Member Sharing (5 minutes + 4-5 minutes per group member ~40 mins)

Encourage group members to reflect on the previous week's content/discussion and share if they have additional thoughts or comments. It is best to have this as a group conversation.

"In last week's group session we talked about ____ (insert the previous week's topic here)____, did anyone have more thoughts during the week about what was discussed?"

"We also had a take home activity related to self-compassion and self-care from last session. Did anyone want to share their self-care activity?"

Then encourage group members to share one positive story and one challenge they have experienced in the past week. Suggested script:

"Perhaps we can go around the room and share one positive story that you had and one challenge that you experienced last week? I will give each person about four to five minutes but do let me know if you feel you are unable to contribute today"

Facilitators will need to keep track of the time and set boundaries for this.

4. Short Break (10 mins)

Advise group members when they should re-join the group

5. Psychological Education, Skills Development, and Group Discussion (40 mins)

a. Discuss experiences of different creative practices. Encourage peer worker and any group members to share, if they are comfortable.

Explain to group members that there are various types of creative practices that can be used to support recovery including art for wellbeing, music for wellbeing, movement practices (e.g., yoga), journaling, knitting etc.

Discussion questions to consider:

- What are some creative practices you do?
- What types of creative practices do you currently use?
- What have you noticed about yourself when using creative practices?
- What types of creative practices do you want to learn more about?

To encourage group members to share their creative practices, facilitators may use prompts. For example, facilitators may ask group members whether they have used specific creative practices, such as drawing, and how they experienced the creative practice.

b. Learn and try different creative practices.

The types of creative practices that are used in this section depend on what types of creative practices the group members are interested in learning more about.

Group facilitators can introduce various types of creative practices. Group members can either all try the practices together, or try the practices that they resonate most with.

The following is list of potential creative practices that group facilitators can teach to group members. For each of the following creative practices, the group facilitators can demonstrate and explain how the practice can be used to maintain wellbeing and how the practice can change their brain. For example, art practices may allow one's mind to focus on art, instead of something else. The art practices also align with theory and skills from dialectical behaviour therapy (DBT; Linehan, 1993).

Group members are encouraged to try the creative practices as they feel comfortable. It is important to explain to group members that creative practices are subjective. For example, someone cannot be 'good' or 'bad' at art, and everyone can be creative. It is very important that

facilitators do not make any value judgements on the work produced during the creative practices and that no one is praised for being a better artist. Creative practices are not about the end result. Creative practices are about the process and how it makes people feel. It is important to communicate this to group members, including group members who may be reluctant to join in.

The following art practices are from the program *Drawing for Distress Tolerance* by Mahlie Jewell, Graphics for Good (Jewell, 2019). Resources regarding the *Drawing for Distress Tolerance* program can be found here <https://graphicsforgoodmi.wordpress.com/resources-for-lived-experience/>

Art practices:

i. Continuous Line

Time

Approximately 10 minutes (important for the facilitators to manage)

Materials

Positive images that group members can copy (e.g., appropriate, positive magazine or book images)

Sheet of paper

Coloured texta/pencils

DBT Theory/Skills Used

-Only suffering in the moment

-Turning the mind

-Wandering mind

How It Works

-Helps you focus

-Challenges your brain and builds new neuropathways

-Steers your mind away from intrusive thoughts (switching the engaged sector of the brain, moving away from the anxious brain)

-Produces really unique drawings

-Different every time

-Challenges your brain to sit in 'discomfort'

What to Do

-Start with one colour

-Focus on something positive

-Do not lift up texta/pencil

-Once you lift off you have to start again

An example of Continuous Line can be found in Appendix B at the end of this section.

ii. Positive Memory Bank

Time

As long as possible for this one.

Materials

Sheet of paper

Coloured texta/pencils

DBT Theory/Skills Used

-Accumulate positive memory

-Build mastery

-Turning the mind

-Reframing

-Check the facts

How it Works

- Helps us build mastery in putting energy into positive emotions and memory
- Turning the mind
- Good practice to do on a hard day, to celebrate what was positive within it

What to Do

- Draw one thing that was good about today whilst focusing on that memory.
- Add colour, written narrative and images that help you capture the moment
- Ask yourself “How much time do I spend focusing on positive memories? Do I need to spend more time doing this?”
- Find the beauty in the moment
- Keep these artworks as reminders – these can be perfect additions to self-soothe kits

iii. Repetitive Lines & Shapes

Time

Approximately 10 minutes (important for the facilitators to manage)

Materials

A5 sheet of paper
Coloured texta/pencils

DBT Theory/Skills Used

Activity
Contribution
Comparison
Emotions
Pushing Away
Thoughts
Sensations

How it Works

- Can help you distract from negative thoughts
- Gives you lots of time for distress to come down
- Can be used in high distress
- You can do it anywhere
- Channel your feelings
- Helps you complete and celebrate a goal

What to Do

- Create one shape to start from
- Build around with same or similar shapes/lines
- Must fill the whole page

iv. Colour Challenge

Time

Take home

Materials

Sheet of paper
Coloured texta/pencils

How it Works

- Challenges your brain to think positively
- Creates something for you to keep
- You can do it many times with new results
- Good gift for others

What to Do

- Find a positive message or image you can use
- Select three colours only
- Avoid the same colour touching

Music practices:

i. What do you hear

Present the group members with various musical pieces and ask them to listen to each carefully. Group members can either stay silent or do something creative while listening, such drawing or humming. Next, provide group members with pieces of paper where they can write, journal, or draw what they noticed or felt while listening to the music and what they are noticing or feeling afterwards.

ii. Music that is important to me

Provide group members with a piece of paper. Ask group members to write down what songs are important to them and why. Ask them to write down how the song makes them feel and what lyrics or aspects of the song(s) resonate with them most.

c. Discuss how creative practices can be used to support recovery. Encourage peer worker and any group members to share, if they are comfortable.

Discussion questions to consider:

- How could you use creative practices, such as the ones we learned today, to support your wellness and recovery?
- What times do you think creative practices could be useful?

6. Debrief and grounding/mindfulness/relaxation (10 mins)

Check in with the group members to see how they received the information and ask if there are any questions.

'How did you find that? Are there parts of the session that you agree or disagree with?'

'What went well? What didn't go well?'

'Is there anything you were concerned about?'

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Encourage group members to 'shake off' to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if the emotions need them too.

7. Document the session

Document the session in accordance to your organisational and legal requirements.

Session Four: Checklist

Have the following been completed? *(Place a tick in the box)*

	<p>1. Grounding, Mindfulness and Relaxation Exercise</p>
	<p>2. Introduction to the Session</p>
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4-5 minutes per group member
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Discuss experiences of different creative practices - Learn and try different creative practices - Discuss how creative practices can be used to support recovery
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self-Reflection

Session Four: Creative Recovery Practices

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

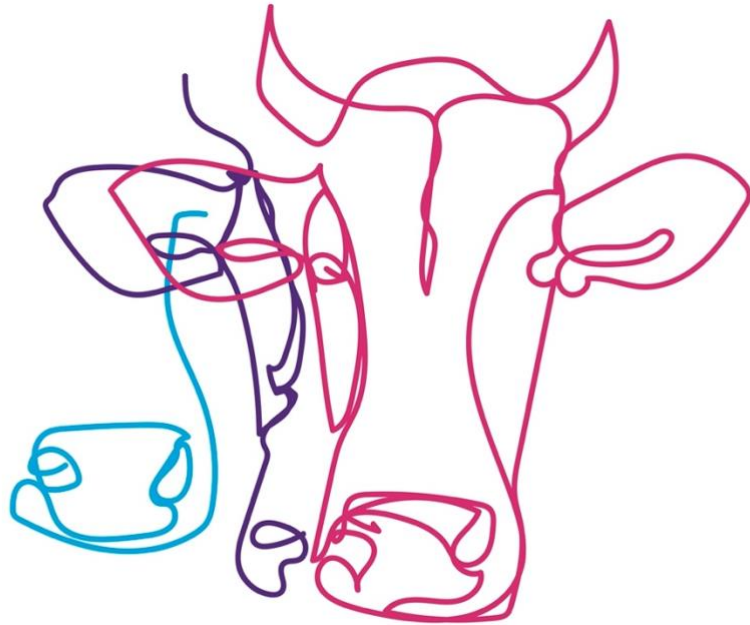
Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

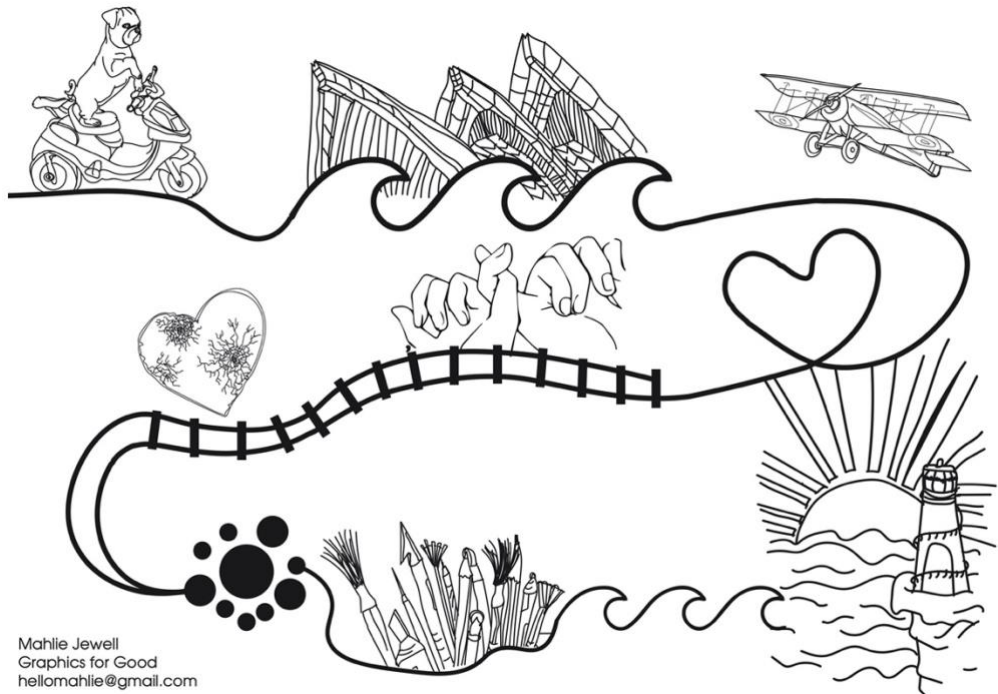
Appendix B

Example of Continuous Line



Mahlie Jewell
Graphics for Good
hellomahlie@gmail.com

Example of Story Drawing

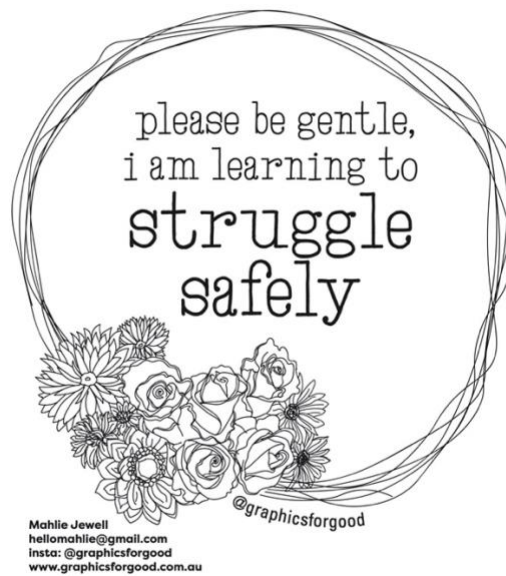


Mahlie Jewell
Graphics for Good
hellomahlie@gmail.com

Example of Repetitive Lines & Shapes



Example of Colour Challenge



Session Five: Building My Best Life

Objectives:

- Continue to build rapport between facilitators and group members
- Understand what recovery personally means
- Develop ideas of how to keep oneself well each day
- Build a wellness toolkit using art

Outline:

1. Grounding, mindfulness and relaxation exercise
2. Introduction to the session
3. Encourage sharing amongst group members
4. Psychological Education, Skills Development, and Group Discussion
 - a. Develop understanding of what wellness and recovery personally means
 - b. Highlight the path towards recovery
 - c. Discuss what group members can do to support themselves each day
 - d. Build a wellness toolkit
5. Debrief and grounding/mindfulness/relaxation

Resources:

- Participant workbook – Session Five

Steps to follow in Session Five:

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group.

Inform the group prior to engaging in the exercise what it will require group members to do and remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise

Following the activity, ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

Exercise choice: See examples of grounding/mindfulness/relaxation exercises at the end of the manual or identify an exercise which may be useful for the group or complete an activity identified by the group in Session 2.

2. Introduction to the session (10 mins)

a. Orient group members to the group setting and how the group runs (5mins)

Welcome group members and acknowledge the group member's efforts in attending the group session.

If needed, remind group members of the structure of the group.

Remind participants that next week will be the final session for the Peer Support Group.

b. Provide an overview of the session (5 mins)

Orient the group members to the topic of today's session. This could be achieved through providing group members with an outline of the content of the session, such as *"Today we will be talking about what recovery means to us personally and what we can do each day to keep ourselves well."*

3. Reflections of Previous Session and Group Member Sharing (5 minutes + 4-5 minutes per group member ~40 mins)

Encourage group members to reflect on the previous week's content/discussion and share if they have additional thoughts or comments. It is best to have this as a group conversation.

"In last week's group session we talked about _____(insert the previous week's topic here)_____, did anyone have more thoughts during the week about what was discussed?"

Then encourage group members to share one positive story and one challenge they have experienced in the past week. Suggested script:

"Perhaps we can go around the room and share one positive story that you had and one challenge that you experienced last week? I will give each person about four to five minutes but do let me know if you feel you are unable to contribute today"

Facilitators will need to keep track of the time and set boundaries for this.

4. Short Break (10 mins)

Advise group members when they should re-join the group

5. Psychological Education, Skills Development, and Group Discussion (40 mins)

a. Discuss recovery and what it means to group members. Encourage peer worker and any group members to share, if they are comfortable.

Key points about wellness and recovery:

- Wellness and recovery looks different to different people
- Recovery is not about 'changing your personality', but it is a process of learning about oneself, self-management of symptoms, development of skills, and expanding upon naturally occurring resources and support networks to support wellbeing.
- Wellness and recovery in BPD is possible

Discussion question: What does wellness and recovery mean to you?

You can complete this section as a whiteboard activity.

Emphasise the individualistic nature of recovery and that there is not one definition of what wellness or recovery means.

Research examining the lived experiences of people with personality disorder have suggested that recovery may be a journey of 'self-discovery', where through engaging in relationships and society you learn more about yourself. However, there are many ways of doing this and the nature of wellness and recovery may be fluctuating.

Instil message of hope for the possibility for wellness and recovery, including the message that recovery is not linear, and just because participants find themselves going backwards sometimes, it does not mean they're not recovering.

b. Discuss how group members can support themselves each day. Encourage peer worker and any group members to share, if they are comfortable.

Discussion question to consider:

- What are the things that I can do each day to support my progress?
- What are the things that I can do to look after my physical health (e.g., sleep hygiene, nutrition)?
- What are the 'tools' I can use to increase my sense of wellbeing (e.g., enjoyable activities, behaviours, attitudes)?

Participants can write the answers that resonate with them in their workbook.

c. Build a wellness toolkit.

On a piece of paper or in their workbook, encourage group members to build a wellness toolkit. The toolkit could include things such as:

- Goals (life, health, treatment, medication, and overall recovery)
- Daily activities you need to do to stay well/healthy
- Self-care activities for when you are not feeling well/healthy
- Words that describe you when you are feeling well/healthy
- People that support you in your recovery journey

Group members can look back at their responses (b) to remind themselves of how they can support themselves each day, and can add these ideas to the wellness toolkit. Group members are encouraged to reflect on what they have learned in the previous sessions, and add these components to their toolkit (e.g., creative practices).

Resources required: A4 sheets of paper, pens, coloured textas/pencils, appropriate magazines (i.e, screened by facilitators for appropriate content), glue, scissors.

Instructions:

- Participants to draw a picture or make a collage of their wellness toolkit. This could be absolutely anything. It is important to emphasise that participants are free to express whatever images come to them.
 - Some people might feel embarrassed or ashamed about drawing whereas others might readily take to the activity. Work with what comes up in the room and, if possible, model self-compassion during this process and help participants to respond to the activity (and whatever thoughts and feelings come up) with compassion for themselves.

If desired, facilitators can show group members a personal example of a wellness toolkit, or the example toolkit shown in Appendix C at the end of this section. For more ideas regarding wellness toolkits facilitators and group members can visit <https://mentalhealthrecovery.com/info-center/developing-a-wellness-toolbox/>

Take home task:

Group members can complete the wellness toolkit, if they have not done so already. Ask group members to bring their finished wellness toolkit to next session, and they can share with the group if they want to.

6. Debrief and grounding/mindfulness/relaxation (10 mins)

Check in with the group members to see how they received the information and ask if there are any questions.

‘How did you find that? Are there parts of the session that you agree or disagree with?’

‘What went well? What didn’t go well?’

‘Is there anything you were concerned about?’

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Encourage group members to ‘shake off’ to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home, with the promise that they will return to the emotions the next session if the emotions need them too.

7. Document the session

Document the session in accordance to your organisational and legal requirements.

Session Five: Checklist

Have the following been completed? *(Place a tick in the box)*

	<p>1. Grounding, Mindfulness and Relaxation Exercise</p>
	<p>2. Introduction to the Session</p>
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4-5 minutes per group member
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Develop understanding of what wellness and recovery personally means - Highlight the possibility of recovery - Discuss what group members can do to support themselves each day - Create a wellness toolkit
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self-Reflection

Session Five: Building My Best Life

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

Appendix C

Examples of a wellness toolkit:



Session Six: Review of Program Sessions

Objectives:

- Provide group members with autonomy in determining the focus of group discussion
- Reflect upon group process and experiences
- Reflect upon the benefits and challenges associated with attending the group program

Outline:

1. Grounding, mindfulness and relaxation exercise
2. Introduction to the session
3. Reflections of Previous Session and Group Member Sharing
4. Break
5. Psychological Education, Skills Development, and Group Discussion
 - a. Provide discussion on topics identified by group members in Session One
 - b. Reflect on the take-home messages of group members
 - c. Discuss the benefits and challenges experienced in taking part in the peer support group
 - d. Provide group members with evaluation sheets
6. Debrief and Grounding/Mindfulness/Relaxation exercise

Resources:

- Participant workbook– Session Six
- Group member certificates

Steps to follow for Session Six

1. Grounding, Mindfulness and Relaxation Exercise (10 mins)

Engage in a grounding/mindfulness/relaxation activity together as a group.

Inform the group prior to engaging in the exercise what it will require group members to do and remind group members to engage in the exercise non-judgmentally. Ask group members if they have any questions or concerns, and address these prior to starting the grounding/mindfulness/relaxation exercise

Following the activity, ask group members about their thoughts on the exercise. This may provide an indication of what has and what hasn't worked in the past for different group members.

Exercise choice: See examples of grounding/mindfulness/relaxation exercises at the end of the manual or identify an exercise which may be useful for the group or complete an activity identified by the group in Session 2.

2. Introduction to the Session (10 mins)

a. Orient group members to the group setting and how the group runs (5mins)

Welcome group members and acknowledge the group members' efforts in attending the group session.

If needed, advise group members on the structure of the group.

b. Provide an overview of the session (5 mins)

Orient the group members to the topic of today's session. Remind group members that this session is the last for the Peer Support Group program.

Be aware that some group members may feel uncomfortable about the group ending.

Answer any questions group members may have.

3. Reflections of Previous Session and Group Member Sharing (5 minutes + 4-5 minutes per group member ~40 mins)

Encourage group members to reflect on the previous week's content/discussion and share if they have additional thoughts or comments. It is best to have this as a group conversation.

"In last week's group session we talked about ____ (insert the previous week's topic here)____, did anyone have more thoughts during the week about what was discussed?"

"We also built wellness toolkits last session. Did anyone want to share a part of their wellness toolkit?"

Then encourage group members to share one positive story and one challenge they have experienced in the past week. Suggested script:

"Perhaps we can go around the room and share one positive story that you had and one challenge that you experienced last week? I will give each person about four to five minutes but do let me know if you feel you are unable to contribute today"

Facilitators will need to keep track of the time and set boundaries for this.

4. Short Break (10 mins)

Advise group members when they should re-join the group

5. Psychological Education, Skills Development, and Group Discussion (40 mins)

Group member guided topics

- Discuss any topics that were suggested by group members in session one or throughout the group program.
- Remind group members of the topics covered over the six weeks and bring it all together. For example, discuss newly established goals and ongoing wellness toolkit development.

Program reflections/Celebrations

- Provide an overview of the sessions that were covered in the program
- Leave approximately 30 minutes for group members to provide their reflections on the program. Encourage group members to share their experiences of the group, however remind group members that this is optional.
- *Discussion prompts:*
 - o What are your thoughts of the program?
 - o What worked?
 - o What could be improved?
- Be aware that some group members may be uncomfortable with the group ending. Allow group members to express their concerns, however facilitators will need to contain this.
- Hand out evaluation forms and graduation certificates towards the end of the session. An example of a graduation certificate can be found at the end of this section in Appendix D.

6. Debrief and Grounding/Mindfulness/Relaxation (10 minutes)

Check in with the group members to see how they received the information and ask if there are any questions.

'What was everyone's thoughts on the session today? Was there information that you didn't agree with? How does everyone feel?'

'What went well? What didn't go well?'

'Is there anything you were concerned about?'

Encourage group members to engage in a grounding/mindfulness/relaxation activity for 5 minutes before leaving the group. Encourage group members to 'shake off' to prepare themselves before they go back into the world. This may include mindful self-talk about leaving emotions in the room where they are and not taking them home.

7. Document the session

Document the session in accordance to professional and organisational requirements.

Session Six Checklist

Have the following been completed? *(Place a tick in the box)*

	<p>1. Grounding, Mindfulness or Relaxation Exercise</p>
	<p>2. Introduction to the Session</p>
	<p>3. Sharing</p> <ul style="list-style-type: none"> - Reflections on previous session - Individual sharing: 4 - 5 minutes per group member
	<p>4. Break</p>
	<p>5. Psychological Education, Skills Development, and Group Discussion</p> <ul style="list-style-type: none"> - Provide group members with autonomy in determining the focus of this component of the group - Reflect upon group process and experiences - Reflect upon the benefits and challenges associated with attending the group program
	<p>6. Debrief and Grounding/Mindfulness/Relaxation</p>
	<p>7. Document the Session</p>

Facilitator Self-Reflection

Session Six: Review of Program Sessions

What worked well for the group?

Were there any challenges experienced? What were they?

How do I feel about how the group went?

Is there anything I would change in regards to how I ran the group?

Are there any risk related situations that need to be followed up on?

Other Notes

Location of the group: _____ Date of group: _____

Facilitator name: _____

Appendix D

Peer Support Group Program Graduation Certificate



 **PROJECT AIR**
A PERSONALITY DISORDERS STRATEGY

This is to certify that

has completed the

Peer Support Group Program

www.projectairstrategy.org

 UNIVERSITY OF WOLLONGONG AUSTRALIA

 ihmri
Institute for Health and Medical Research

 NSW GOVERNMENT Health

Facilitator Wellbeing

Many peer support facilitators have commented on the benefits and rewarding nature of the work, however providing services to people who share a common lived experience of personality disorder may be challenging and emotionally draining. It is common to feel a number of emotional reactions when working with individuals with personality disorder or personality disorder traits. Some emotional reactions you may experience include:

- Feeling manipulated, frustrated or angry
- Intense like or dislike for a person
- Feeling pulled to the rescue of the person and becoming emotionally invested in their wellbeing
- Feeling incompetent and overwhelmed by the person's presenting complexities
- Doing more than you usually would, for example: disclosing a lot of personal information or giving out private mobile numbers
- Difficulty providing consistent responses

It is important to recognise that these emotional reactions are normal and to be aware of and monitor the emotional responses you experience. It is okay to ask for support or debrief with the group's co-facilitator or people outside of the group about these feelings (whilst maintaining the confidentiality of the group). Remember to keep in mind that although we wish to support other people, our own self-care is vital as well.

Before commencing a group, it is important for peer facilitators to consider their own boundaries for sharing their personal journey, including what they will and won't share. For some ideas on this visit

https://bpdfoundation.org.au/images/Advocacy/16_Tips%20and%20Tricks%20for%20Lived%20Experience%20Advocacy_Final.pdf

Activity:

What are some signs that might indicate that you may need to engage in self-care?

List the self-care habits you engage in that help you cope and stay well?

What are some obstacles which prevent you from engaging in self-care?

What are some solutions to overcoming these obstacles?

Reflective practice

Reflective practice acts as an internal monitoring system to manage reactions and feelings in a healthy manner. Reflective practice requires active engagement in tasks involving:

- **Critical inquiry:** The consideration of the moral and ethical implications and consequences
- **Self-reflection:** The reflection of our own values and beliefs
- **Reframing:** Adjusting our perception of a situation by seeing it from a different perspective

Facilitating a support group involves continuously learning. Without growth and development, it may inhibit our ability to work effectively. Some advantages of reflective practice include:

- Increased confidence in your role
- Facilitates proactive work-ethic and motivation
- Minimises risk-factors for stress and burn out
- Promotes work-life enrichment and balance
- Creates a necessary sense of self-efficacy
- Allows us to monitor our belief system

Engaging in reflective practice is not a luxury; it is a vital part of being able to work effectively. We understand that schedules can be busy, but it is important to set aside time to engage in reflection – even if it is just 5 minutes before the group. The strategies below are examples to get you started:

- **Self-care:** Looking after your own mental wellbeing will facilitate reflective practice while minimising negative consequences
- **Talking to your group co-facilitator or someone outside the group:** Getting advice from someone else when support is needed
- **Non-reactive stance:** Being aware of your thoughts and feelings in a non-reactive way
- **Reflective journal:** Keeping a journal can be a helpful way to keep track of your thoughts, feelings and experiences
- **Professional development:** Continuously updating your skills and knowledge

Grounding/mindfulness/relaxation tips

- Your breath is like an anchor to the present moment. If you notice yourself becoming overwhelmed or your thoughts wandering, gently bring yourself back to your breath
- Choose a common activity you do throughout the day, for example, opening a door. Each time you do this activity, take a moment to notice your breath and be mindful of the present moment
- Notice what you are doing as you are doing it and tune into your senses. When you are eating, notice the colour, texture and taste of the food
- When you are walking, tune into how your weight shifts and the sensations in the bottom of your feet. Focus less on where you are headed
- Don't feel that you need to fill up all your time with doing. Take some time to simply be
- Listen to the sounds in the room, feel your body, see the space you are in, notice the temperature and smells
- Recognise that thoughts are simply thoughts; you don't need to believe them or react to them
- Practice truly listening without making judgements or thinking ahead about your own dialogue in the conversation
- Notice where you tend to zone out (e.g. driving, emailing or texting, brushing teeth). Practice bringing more awareness to that activity
- Spend time in nature. This will give your mind an opportunity to rest from the day, allowing space for body and mind rejuvenation
- Bring attention to the top three priorities of your day. Break work time into small blocks for higher levels of efficiency and take short breaks in-between

Examples of Grounding/Mindfulness/Relaxation Exercises

Examples of exercises can be found on the Project Air Strategy website (under the 'factsheets' tab) www.projectairstrategy.org/mpafactsheets/index.html

Factsheets which may be useful as a grounding, mindfulness or relaxation exercise include:

- Mindfulness exercise: balloons
- Mindfulness exercise: sushi train
- Mindfulness exercise: leaves
- Mindfulness exercise: sounds
- Mindfulness exercise: walking
- Five things

Here is another example of a mindfulness activity:

Step One: Focus on the Breath

Notice your state of being by focusing on your breath. What can your breath tell you about how you are feeling? For example, you might be feeling calm, grounded, energized or even agitated. Write down how you are feeling as you focus on your breath.

Step Two: Develop a Sense of Gratitude

List some things you feel grateful for in this moment. You can be grateful for many things including your health, friendships, financial security, relationships, abundance, etc. What do you feel grateful for?

Step Three: Set an Intention

The next step involves setting an intention for the day. This might include setting the intention to be present, to feel grounded or to remain calm during a challenging situation. List an intention or intentions for the day.

Step Four: Let Go

Ask yourself what you are holding onto that no longer serves you? List some worries or some things you can let go of. For example, you can let go of the need to be liked, the need to be perfect or let go of the constant tendency to worry. What can you let go of?

Facilitators are encouraged to develop or search for alternative exercises online to suit the needs of the group. For example, many mindfulness activities which have participants focus on a sound can be found on YouTube.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). American Psychiatric Association.
- Bach, B., Sellbom, M., Skjernov, M., & Simonsen, E. (2018). ICD-11 and DSM-5 personality trait domains capture categorical personality disorders: Finding a common ground. *Australian and New Zealand Journal of Psychiatry*, 52(5), 425-434. <https://doi.org/10.1177/0004867417727867>
- Bateman, A.W., Gunderson, J., & Mulder, R. (2015). Treatment of Personality Disorder. *The Lancet*, 385(9969), 735-743. [https://doi.org/10.1016/S0140-6736\(14\)61394-5](https://doi.org/10.1016/S0140-6736(14)61394-5)
- Brightman, B.K. (1992). Peer support and education in the comprehensive care of patients with borderline personality disorder. *Psychiatric Hospital*, 23(2), 55-59.
- Commonwealth of Australia. (2013a). A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers. [http://www.health.gov.au/internet/main/publishing.nsf/content/67d17065514cf8e8ca257c1d00017a90/\\$file/recovqde.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/67d17065514cf8e8ca257c1d00017a90/$file/recovqde.pdf)
- Commonwealth of Australia. (2013b). A National Framework for Recovery-Oriented Mental Health Services: Policy and Theory. http://www.mhima.org.au/pdfs/Recovery%20Framework%202013_Policy_theory.pdf
- Cristea, I.A., Gentili, C., Cotet, C.D., Palomba, D., Barbui, C., & Cuijupers, P. (2017). Efficacy of psychotherapies for borderline personality disorder. *JAMA Psychiatry*, 74(4), 319-328. <https://doi.org/10.1001/jamapsychiatry.2016.4287>
- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32(3), 443-450. <https://doi.org/10.1093/schbul/sbj043>
- Gillard, S., Foster, R., Gibson, S., Goldsmith, L., Marks, J., & White, S. (2017). Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services. *Mental Health and Social Inclusion*, 21(3), 133-143. <https://doi.org/10.1108/MHSI-03-2017-0016>
- Gillard, S., Gibson, S.L., Holley, J., & Lucock, M. (2015). Developing a change model for peer worker interventions in mental health services: A qualitative research study. *Epidemiology and Psychiatric Sciences*, 24(5), 435-445. <https://doi.org/10.1017/S2045796014000407>
- Grenyer, B. F. S. (2014). An integrative relational step-down model of care: The Project Air Strategy for Personality Disorders. *The ACPARIAN*, 9(8-13).
- Grenyer, B.F.S. (2017). Revising the diagnosis of personality disorder: Can it be single, clinical and factorial? *Australian and New Zealand Journal of Psychiatry*, 52(2), 202-203. <https://doi.org/10.1177/0004867417741984>
- Grenyer, B.F.S., Ng, F.Y.Y., Townsend, M.L., & Rao, S. (2017). Personality disorder: A mental health priority area. *Australian and New Zealand Journal of Psychiatry*, 51(9), 872-875. <https://doi.org/10.117/0004867417717798>
- Jewell, M. (2019). *Drawing for distress tolerance*. Graphics for Good.
- Jewell, M. (2020). *Drawing for distress tolerance version 2*. Graphics for Good.
- Lawn, S., & McMahon, J. (2015). Experiences of care by Australians with a diagnosis of borderline personality disorder. *Journal of Psychiatric and Mental Health Nursing*, 22(7), 510-521. <https://doi.org/10.1111/jpm.12226>
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.
- Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141. <https://doi.org/10.1037/h0095032>

- Mental Health Commission of New South Wales. (2014). Living Well: A Strategic Plan for Mental Health in NSW 2014-2024. [https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)
- Ng, F.Y.Y., Bourke, M., & Grenyer, B.F.S. (2016). Recovery from borderline personality disorder: A systematic review of the perspectives of consumers, clinicians, family and carers. *Plos One*, 11(8), 1-21. <https://doi.org/10.1371/journal.pone.0160515>.
- Ng, F.Y.Y., Townsend M.L., Jewell, M., Marceau, E.M., & Grenyer, B.F.S. (2020). Priorities for service improvement in personality disorder in Australia: Perspectives of consumers, carers and clinicians. *Personality and Mental Health*. <https://doi.org/10.1002/pmh.1485>
- O'Hagan, M, McKee, H. & Priest R. (2009). *Consumer survivor initiatives in Ontario: Building for an equitable future*. Ontario Federation of Community Mental Health & Addictions Program.
- Pitt, V., Lowe, D., Hill, S., Prictor, M., Hetrick, S. E., Ryan, R., & Berends, L. (2013). Consumer-providers of care for adult clients of statutory mental health services. *Cochrane Database of Systematic Reviews*, 3. <https://doi.org/10.1002/14651858.CD004807.pub2>
- Project Air Strategy. (2015). Treatment Guidelines for Personality Disorders. 2nd ed. <http://www.projectairstrategy.org/content/groups/public/@web/@ihmri/documents/doc/uow189005.pdf>
- Storebø O.J., Stoffers-Winterling, J.M., Völlm, B.A., Kongerslev, M.T., Mattivi, J.T., Jørgensen, M.S., Faltinsen, E., Todorovac, A., Sales, C.P., Callesen, H.E., Lieb, K., & Simonsen, E. (2020). Psychological therapies for people with borderline personality disorder (Review). *Cochrane Database of Systematic Reviews*.
- Stratford, A. C., Halpin, M., Phillips, K., Skerritt, F., Beales, A., Cheng, V., Hammond, M., O'Hagan, M., Loreto, C., Tiengtom, K., Kobe, B., Harrington, S., Fisher, D., & Davidson, L. (2017). The growth of peer support: An international charter. *Journal of Mental Health, Early Online*, 1-6. <https://doi.org/10.1080/09638237.2017.1340593>
- Tyrer, P., Reed, G.M., & Crawford, M.J. (2015). Classification, assessment, prevalence, and effect of personality disorder. *Lancet*, 385(9969), 717-726. [https://doi.org/10.1016/S0140-6736\(14\)61995-4](https://doi.org/10.1016/S0140-6736(14)61995-4)