**Agenda – Emerging Personality Disorder Meeting 22.07.2016**

**Present: Enys Delmage David Kingsley Paul Monks Albert Akoye David Mushatu Helen Gosney Jackie Preston**

**Apologies: Cressida Daglish, Simon Hill, Zeinab Iqbal, Boris Iankov, Heidi Hales**

**Minutes reviewed – all items related to current agenda – see below.**

1. **Review of research database – to include interesting research done outside the group too**

**Discussed EPD trends – the group discussed the anecdotal seeming increase in comorbidity alongside the reduction in Part III detained patients – we speculated on potential reasons for this including the focus in the youth justice system on diversion, the impact of Youth Offending Teams and the possibility of early recognition leading to early support and intervention.**

**Discussed MACI and IAPT as means of measuring positive outcomes in young people – MACI is not designed to measure outcomes in this way and the upcoming IAPT measures are likely to be too broad in terms of measuring what we would want them to measure. We discussed the merits of different tools to assess personality traits and how meaningful they are. Jackie mentioned that Simon Hill published an article relating to the MACI and SAVRY (for girls) which looked at how the items correlated with outcomes in terms of risk – the strongest correlates were early childhood disruption and abuse history.**

**We also discussed the Clozapine work done by Bluebird and St. Andrew’s which is awaiting review for publication. Enys discussed an article he had circulated related to neuroimaging and the current conceptions of adolescent brain development.**

**2. Consideration of current research projects**

**Discussed Clozapine research as it may involve additional units – Enys is seeking expressions of interest in relation to repeating the work already undertaken but on a wider scale, and as formal research rather than simply service evaluation – Heidi had previously recommended introducing some measures of service user evaluation which would be helpful as well as the measuring of incidents before and after clozapine introduction – Enys is hoping to have the services of a research assistant (part time) and will try to take this forward, time-permitting.**

**We also discussed fMRI – discussed the importance of piloting these projects offline initially – also considered how to design robust research questions – Enys is seeking guidance from both Nigel Blackwood and Essi Viding and is awaiting feedback. Three projects had been proposed – one relates to gender, one relates to callous/unemotional versus non-callous/unemotional traits and one relates to clozapine versus non-clozapine groups – David and Paul recommended that these questions may be answered more effectively via diffusion tensor imaging but there may also be a role for BOLD or other technique alongside.**

**The group then discussed the challenges with describing emerging PD satisfactorily - Richard discussed cognitive and affective empathy as well as absent procosial emotion (versus CU traits) as specifiers. We discussed how to consider risk assessment and care pathways depending on underlying traits and also described formulation as a good descriptor. The group considered which traits are associated with the highest levels of risk and how to factor in the social milieu. Helen mentioned compassion as a key to other work and compassion-focussed therapy. We then considered traits versus functional changes (i.e. personality constructs versus behavioural consequences) and complexity as a descriptor of function – since those with EPD suffer with multiple domains of impaired function. CAMHS-AID discussed by David and he is looking to make this more generally accessible via a colleague responsible for it. Jackie mentioned that Alnwood has developed a tool based on levels of functioning via Tim Diggle.**

**The issue of how EPD is adequately described is challenging in the shifting sands of adolescence where personality as a concept is in relative flux as the brain develops, and it was apparent that the best description of those with emerging personality disorder was one of holistic consideration of both trait/state and function – for this reason, multi-axial diagnosis alongside a comprehensive formulation was thought to offer the best identification mechanism to enable one to homogenize and move towards a robust research sample. When combined with a good risk assessment tool, this is also key to a good clinical description.**

**3. Reflect on clinical practice/case-based discussion slot**

**Helen discussed a clinical case where a boy needed to be rehoused as a result of threats from a gang – Richard advised to work via escalation within social services as needed but highlighted that the threshold for intervention does often seem to be very high from a social services/police perspective.**

**The group discussed trauma work and when to commence it – we discussed the individual’s mental state resources as a factor as well as context and setting but the group felt that, where young people were making disclosures, it would be somewhat perverse not to offer them some form of active treatment. It was opined that our inpatient units are well-placed to do this kind of work and that, although it might result in an increase in challenging behavior, it is probably key to long-term recovery. David M discussed EMDR and the group were supportive of a position in which trauma work, psychodynamic approaches or narrative therapy and CBT be offered at an early stage so long as the clinical state indicated it. Albert discussed length of admission as an issue – we discussed the formulation and position of the young person in relation to the disclosures. Richard discussed the processes at Broadmoor where disclosures were very assertively managed even years after the initial disclosure, which has historically led to convictions.**

**4. Progress with linked bodies (BIGSPD and FCAMHS)**

**BIGSPD – David reflected that this was predominantly a research organization but is heading towards a practice-based approach – work is now focused on a practice network to support clinicians – we discussed pitching for a slot at the next conference – we will need to do this within the next couple of months and suggestions should go directly to David.**

**The group also discussed linking with FCAMHS and also EFCAP – EFCAP apparently has a LinkedIn site which members can join. Richard is happy for the EPD network to make links with FCAMHS to boost dissemination and increase membership. The minutes of the EPD meetings appear on the AFPSIG website but it will be useful to make strong links with FCAMHS too. Enys to work with Richard on this.**

**5. Discussion of training opportunities**

**The group discussed the possibility of hosting a conference at some stage but the first focus should be on BIGSPD.**

**6. AoB**

**NICE guidance – Richard raised a point re: the guidance – discussed non-violent resistance as an intervention for parents alongside a cognitive course for children – this was not a familiar technique to some of the group and Richard will discuss a the next meeting.**

**David discussed SafeWards and instituting this, and will similarly bring this back to the next meeting.**

**David M discussed how to show parents around the units where they have requested this, and asked the group if they did this routinely. Enys and David reflected that they did not do this routinely due to a number of issues including confidentiality and safety in terms of items being brought into the unit, but they did discuss using photos/slideshows in receptions of buildings, as well as having patient-led video tours available.**

**Jackie highlighted that the Wells Unit do have the ability for parents to tour the unit – she reflected that Jo Bowness (Wells Unit) has led on this and would know more – Jackie to send contact details to Enys.**