

Chapter 9

Access to Evidence-Based Services for Individuals With Borderline Personality Disorder

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ABSTRACT

This chapter outlines the key features of the diagnosis of borderline personality disorder. This is a diagnosis that has attracted significant levels of stigma and has generally been viewed as difficult to treat. This has resulted in often inadequate service responses for people experiencing high levels of distress. Increased understanding is facilitated by exploring precipitating factors leading to this diagnosis, including invalidating and often traumatizing environments. Available evidence from Australian and international literature is considered, with main treatments identified to inform improved treatment outcomes. The need for attention to biological, psychological factors is highlighted and in particular acknowledgment of the high prevalence of trauma, particularly childhood sexual assault, amongst the mostly women who are given this diagnosis.

INTRODUCTION

Borderline Personality Disorder is thought to be one of the more difficult psychiatric diagnoses to treat. Individuals with a diagnosis of BPD experience feelings of immense emotional distress and feature extremes in an attempt to regulate emotions. An individual diagnosed with BPD can face difficulty in returning to an emotional baseline when aroused. Individuals feel judged or abandoned which makes effective coping during the ups and downs of life seem distant and unattainable. Chronic suicidality, self-injurious behaviours, risk taking, misdiagnosis, chaotic relationships and intense emotional responses add to the complexity of what becomes part of the daily life for an individual diagnosed with BPD. Added to the complex presentation is the conjecture within the mental health profession as to, how and where

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individuals with BPD can be best supported to overcome this often-debilitating condition? This chapter presents the available evidence on issues of accessibility and effective treatments for BPD. It opens with an introduction to BPD that includes what BPD is considered to be in terms of diagnosis and symptoms. This is followed by background information relating to the origins of this diagnosis and contemporary diagnostic techniques and requirements as identified in the two main diagnostic manuals used in mental health services in Australia today, the Diagnostic and Statistical Manual of Psychiatry by the American Psychiatric Association (DSM-V) and the International Classification of Diseases (ICD-10-AM) by the World Health Organisation. The reported incidence of BPD – both globally and within Australia is looked at followed by consideration of precipitating factors, invalidating environments, trauma, social factors, and theories related to BPD. The focus of the second half of this chapter is on treatment responses.

BACKGROUND

What Is Borderline Personality Disorder?

Borderline personality disorder (BPD) can be defined as a mental health disorder impacting the feelings and thoughts of an individual and how the individual perceives others. These thoughts and feelings typically cause functional problems during everyday life (Biskin, 2015). BPD is seen as a complex psychiatric condition with several key characteristics including: (1) unstable mood changes that typically shift at different times; (2) impulsive behaviours and; (3) self-harm (commonly physical) or suicidal behaviours. More often, these characteristics occur during stressful situations and exceed what is considered to be normative type behaviour, causing significant distress to the individual. In addition, individuals diagnosed with BPD typically have relationships that are characterized by chaos and instability, caused by behaviours commonly mediated through feelings of abandonment and rejection that may be either real or imagined (Chanen, McCutcheon, Jovev, Jackson, & McGorry, 2007). Thus, overall, individuals diagnosed with BPD commonly have a pattern of instability, not only in mood fluctuations, but also in interpersonal relationships.

BPD symptoms are numerous. However, overall symptoms revolve around feelings of self-worth and value, relations to others, and behaviours (Zimmerman, Chelminski, & Young, 2008). The most common features include:

1. Fear of abandonment, causing the individual to resort to extreme measures to avoid abandonment or rejection;
2. A consistent pattern of intense, yet unstable, relationships, where the individual's partner is, at first idolized, and then believed to be cruel;
3. Changes in self-identity and self-image, commonly including goal and value changes;
4. Incidences of stress-related paranoia and a lack of contact with reality, which can last anywhere from a few minutes to a few hours;
5. Incidences of impulsive and/or risky behaviour, which may result in emotional, physical, or mental harm;
6. Incidences of suicidal and/or self-harm threats and/or behaviour;
7. Intense mood swings which can range from happiness, irritability, shame, and/or anxiety and can last for a few hours or a few days;

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