

M5X02249: Legal, ethical and professional issues in mental health

Week 2: Afternoon lecture – Clinical Case Study

Statistics associated with BPD

- 1-2% of population (Torgersen et al., 2001)
- In Clinical settings 15% of population
- Co-morbid for mood disorder in 24% - 74% of BDP patients
- 4% – 20 % have Bi-polar Disorder
- 25% of individuals with Bulimia Nervosa have BPD
- Substance Abuse present in 67% of patients

Clinical Characteristics of BPD

- Efforts to avoid real or imagined abandonment
- Unstable or intense interpersonal relationships alternating between idealisation and devaluation
- Identity disturbance – unstable self-image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour
- Affective instability due to a marked reactivity of mood
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty in controlling anger
- Transient, stress related paranoid ideation or severe dissociated symptoms

Biological and Psychological factors to consider

- **Biological factors:**

- Other family members - genetics (Distel, et al., 2009).
- Family history studies (Baron et al., 1985).
- High rates of mood disorders (Distel et al., 2009).

- **Environmental factors:**

- Trauma (Wagner & Linehan, 1994).
- The greater the abuse, the higher the suicide rates (Bandelow et al., 2005).
- However, trauma is not explicitly necessary.
- Linehan (1993) emphasises the role of the **`invalidating environment`**.



The `invalidating environment`

- The parents tendency to negate or respond erratically/inappropriately to a child's emotions or experiences.
- This results in trivialising the child's distress and can imply that a child lacks discipline and subsequently does not learn to correctly label and regulate emotion or emotional arousal.
- They find it difficult to tolerate distress or whether to trust their emotional responses.
- They mistrust their own internal states and instead turn to environmental cues for guidance.
- This impairs ability to develop and maintain relationships due to a lack of a coherent sense of self.
- Thus the person learns that they should suppress emotions but also that the excessive use of emotional behaviour is the only way to elicit help from others.

Treatment

- DBT: Dialectic Behavioural Therapy (Linehan, 1993)
- Targets both symptoms and the goals of treatment
- (a) life-threatening and suicidal behaviours
- (b) behaviours which interfere with treatment
- (c) behavioural patterns which have a severe effect on goals
- It combines weekly individual therapy with psychoeducational skills in groups.
- Individual therapy focuses on motivational issues such as staying alive, crisis intervention and management based on the activity from the previous week.
- Group skills are 2-2.5 hour structured sessions of pre-determined topics. Half the session is homework and half for new skills.

Problems associated with Treatment

- Minimal input
- Long silences
- Anger or withdrawal
- Dissociative reactions
- Hospitalisation may act as a reinforcer; may encourage the behaviour you are trying to reduce
- Why?
- What could you do to reduce this?
- What are the potential set backs?

6 Sub-headings for the risk assessment

1. Identification of the Risk
2. Static and dynamic Factors
3. Triggers and Precipitating Factors
4. Protective Factors
5. Maintaining Factors

Six points to consider for the risk assessment

- 6. Management of the risk:
 - (i) in terms of severity
 - (ii) in terms of general and specific risks
 - (iii) in terms of immediacy
 - (iv) in terms of volatility
 - (v) in terms of likely treatment or interventions
 - (vi) in terms of ongoing management and review

Final section: Reflective Summary

- A reflective account of the skills required to conduct a detailed and flexible risk assessment.
- To include reference to the `Best Practice` (DoH; 2007) document.
- No more than 500 words in total.

