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# **Perspectives of crisis intervention for people with a diagnosis of ‘borderline personality disorder’; an integrative review.**

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# Context

- Most international general population estimates of the incidence of 'BPD' are between 0.5% (Samuels 2002) and 1.4% (Jackson and Burgess 2000, Torgensen et al 2001, Coid et al 2006, Lenzenweger et al 2007, Arens et al 2013).
- No core features of 'BPD', but general agreement regarding three symptoms of severe emotional dysregulation, strong impulsivity and social-interpersonal dysfunction (Fonagy, Luyten and Bateman 2017).
- People diagnosed with 'BPD' have been described as having repeated crises (Borschmann et al 2012)
- Crisis frequently related to suicidal threat (Borschmann and Moran 2010)
- Between 70% (Gunderson and Ridolfi 2001) and 84% of those diagnosed may attempt suicide, multiple times (Soloff et al 2000)
- Suicide completion rates have ranged between 3.8% (Zanarini et al 2005) and 10% (Paris 2002).

# Rationale for study

- 2012 Cochrane Review found no RCT based evidence on the management of acute crises (Borshmann et al 2012)
- Evidence base and understanding remains limited
- An exploration of ‘how?’ and ‘why?’ will provide a more comprehensive understanding of crisis and interventions.
- An integrative review is the broadest type of review and can include a diverse range of literature (Aveyard, Payne and Preston 2016)



## Crisis interventions for people with borderline personality disorder (Review)

Borschmann R, Henderson C, Hogg J, Phillips R, Moran P

Borschmann R, Henderson C, Hogg J, Phillips R, Moran P.  
Crisis interventions for people with borderline personality disorder.  
Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD009953.  
DOI: 10.1002/14651858.CD009953.pub2.

[www.cochranelibrary.com](http://www.cochranelibrary.com)

Crisis interventions for people with borderline personality disorder (Review)  
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# Inclusion Criteria

- Studies on people diagnosed with 'BPD' aged 18 and over, their families, their carers, and the professionals caring for them (inclusive of comorbidities but only where the primary diagnosis is BPD)
- Studies evaluating crisis intervention (defined as one month or less), or with the experience of crisis and/or crisis intervention
- Empirical studies (quantitative, qualitative and mixed-methods studies) were included.
- UK and Ireland, Continental Europe, Europe, USA, Canada, Australasia and New Zealand.
- Publications between 2000 and 2017

# Review Questions

## 4 key questions:

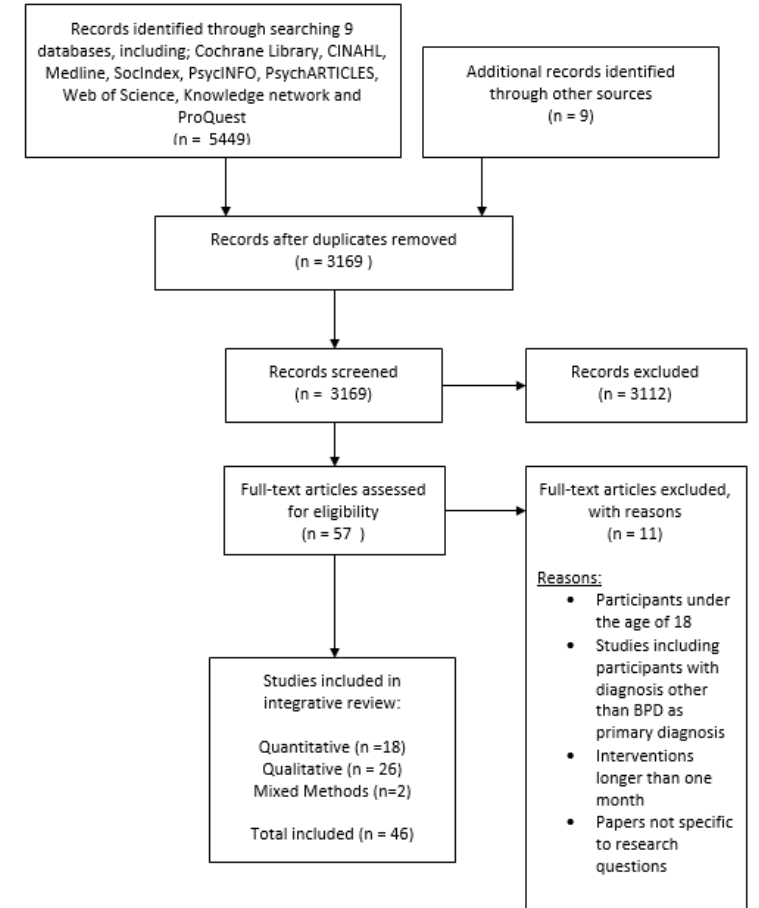
- What do people understand by “crisis”?
- What forms of crisis intervention are utilised and what do they do?
- In which contexts do these crisis interventions take place, and does the context impact on experience?
- What are the barriers and facilitators to people feeling a crisis intervention has been beneficial?

# Search Strategy

- Developed appropriate search terms
- Searched 9 databases
- 3160 papers in search, plus 9 from hand searching
- Titles and abstracts reviewed by team
- Full text was reviewed on 57 papers
- Further 11 papers excluded



PRISMA 2009 Flow Diagram



# Results

- 46 Full Text papers
- 12 Countries
- 26 Qualitative, 18 Quantitative, 2 Mixed methods
- Adapted quality appraisal tool used
- The overall quality of studies was rated at low to moderate
- Interpreted themes from full text data



# Themes

## Crisis as an overwhelming multidimensional cycle

- Crisis is a recurrent, unpredictable, subjective, multidimensional experience of overwhelm, which can be triggered by internal or external dynamics, and can contribute to vicarious crisis for families, carers and professionals

## Variations in crisis management

- Self-management often includes self-harm which varies in method and function, and professional interventions are dependent on availability of resources, knowledge, skills and attitudes of staff, rather than individual need.

## Impact of Interpersonal dynamics and communication on crisis

- Interpersonal dynamics were often a trigger to crisis, whilst social and professional relationships and approaches to communication can hold contradictory roles in relieving or adding to suffering.

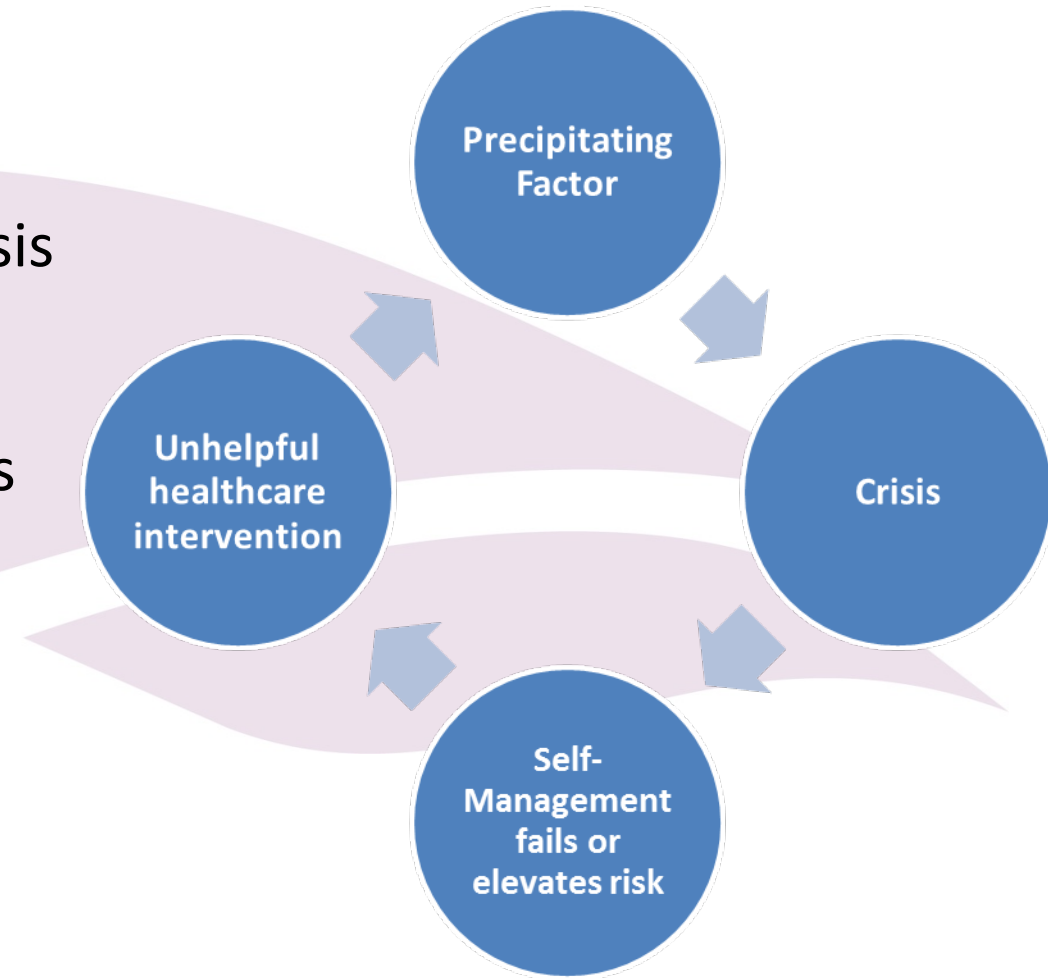
## Balancing Decision Making and Responsibility in managing crisis

- Shared decision making was identified as important to people, though perceptions and experiences of this varied, often due to differing views on where responsibility lay for management of crises.



# So what?

- Crisis is a subjective experience and a 'one size' intervention may be ill-advised
- Self-harm is not crisis, but often a response to crisis
- Professional responses do vary, though not based on person-centeredness and individual need
- Collaboration between individuals, families/carers and professionals could be improved
- Families, carers and professionals experience vicarious crisis and need support.
- Healthcare can have a double role, and can alleviate but may add to suffering



# Next Steps

- Publication
- Primary research



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