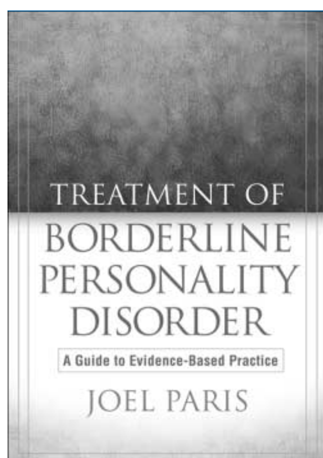

Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice

By Joel Paris.
Guilford Press. 2008.
US$35.00 (hb). 254pp.
ISBN: 9781593858346

Paris approaches a subject he knows very well by critically reviewing the available psychosocial and pharmacological therapies for borderline personality disorder (BPD). He explores evidence-based treatments and translates the research, with numerous examples from his own lengthy clinical experience, into a set of practical guidelines with recommendations for clinicians for improving diagnosis, treatment planning and clinical management.

In the first chapters he concentrates on distinguishing BPD from other disorders, traces the causes of the disorder and looks at outcomes. Borderline personality disorder overlaps with other mental disorders, particularly depression and bipolar disorder, and there can also be confusion with schizophrenia and post-traumatic stress disorder. The danger in diagnosing BPD as a form of another disorder is that it can lead to patients getting the wrong treatment and not receiving therapies that have been specifically shown to be effective for BPD. This is particularly relevant when it comes to the question of medication. The evidence base for pharmacological treatment for BPD is slim. Yet almost all patients today are being prescribed drugs, often with harmful consequences. As Paris points out, the evidence for psychotherapy is much better than for any specific drug. Medication should therefore be seen as an adjunct to psychological treatment rather than a therapeutic intervention in its own right.

The second part of the book is devoted to treatment and management. A variety of available treatments are examined and assessed, acknowledging that the methods and length of therapy used for other groups of patients may not be effective in BPD. Paris firmly believes that management requires patients to 'get a life', emphasising the importance of work, meaningful social networks and acquiring life skills. Treatments should be well-structured, involving a high level of activity on the part of the therapist, and focused on the 'here and now'. Empathy, validation, mindfulness, reflection and tolerance of distress within clear boundaries are highlighted and Paris shows that there is a surprising degree of convergence between psychodynamic and cognitive approaches when considering this group of patients.

Paris also has some interesting things to say about the length and regularity of treatment, pointing out how individuals with BPD recover in stages, not all at once, and that most of them will improve over time. This raises questions about dependency on treatment and therapists and how some longer-term therapies may become iatrogenic. Intermittent treatment should be considered as it enhances the patient's sense of healing themselves while leaving a door open to return to treatment if required. My own experience shows this is in fact how many of these patients are treated within the National Health Service. The difficulty is that this is often not clearly stated or seen as a legitimate treatment modality.

This is a sensible and thoughtful book with practical applications for anyone interested in, or working with, individuals with BPD. My only caveat is that it underplays the role of group treatments for BPD and, true to its American origins, ignores cognitive analytic therapy altogether.

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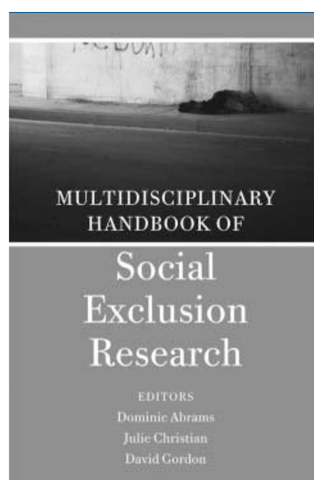

Multidisciplinary Handbook of Social Exclusion Research

Edited by Dominic Abrams, Julie Christian & David Gordon.
Wiley–Blackwell. 2007.
£80.00 (hb). 270 pp.
ISBN: 9780470095133

I guess I was asked to review this book because, with my colleague Richard Warner, I recently published a book on social inclusion. I also gave evidence to the government's Social Exclusion Unit several years ago. At the time I wondered why the government's emphasis was on exclusion rather than inclusion, viewing them as diametrically opposed. This became clear as I trawled through this edited volume of contributions from sociologists, social psychologists, other social scientists and academics, and clinicians. In the first chapter, Jane Millar quotes one definition of social exclusion: 'An individual is socially excluded if he or she does not participate in the key activities of the society in which he or she lives'. She considers that this 'implies that the opposite of social exclusion is not social inclusion, but . . . participation'. Other definitions are cited throughout the book, with acknowledgements that as yet there is no internationally agreed definition of social exclusion.

Each chapter deals with a different group of people who are subject to exclusion from society, among whom are women, homeless people, ethnic minorities and children in care. I searched in vain to find a section on people with psychiatric illness. Even though the author of the chapter on homelessness notes that one-third to one-half of rough sleepers have mental health problems, this issue is not referred to again. There is a chapter on stigma and exclusion in healthcare settings, in which substance misuse, the most stigmatised of psychiatric conditions, is discussed. However, the stigmatisation by staff in accident and emergency departments of people who self-harm is not mentioned.

Despite the title of this handbook, research studies take second place to discussion of policies, both national and international.

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Time and again the issue is raised of an oscillation between promoting social action (left wing) and holding the individual responsible for their exclusion (right wing, the 'undeserving poor').

I actually gleaned most from the final chapter in which Abrams & Christian propose a framework for analysing social inclusion and exclusion that draws extensively on research and ends with a brief section on designing interventions. It contains the following gem: 'People under the age of 25 typically viewed youth as ending at 38 and old age as starting by 55, while people over 65 typically viewed youth as not ending until after 56 and old age as not starting until after 67'.

I was disappointed to find very little documented research on attempts to facilitate social inclusion, and none that related to psychiatric patients. In short, this is not a handbook from which the psychiatric professional will derive much of relevance, but I did find that the policy issues widened my perspective on exclusion.

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