



Borderline Personality Disorder symptoms amongst adults with offending histories attending criminogenic programs in South Australia

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Acknowledgement of Country



I acknowledge the traditional custodians of the land we meet on, the Wurundjeri peoples of the Kulin Nation, and all of the traditional custodians of the Adelaide Plains and South Australian regions.

I acknowledge their deep and ongoing connection to the land and waters, and pay my respects to elders past, present, and emerging.

I also acknowledge the negative impact of colonisation and the overrepresentation of First Nations people in the justice system.



Background



Research

- Outdated Australian data¹⁻⁴
- Systematic review⁵ of international rates of BPD in prisons suggests higher rates compared to community samples
 - Community prevalence: 1-2%^{6,7}
 - Diagnostic interview: 27.4% women; 18.8% men
 - Self-report measure: 29.1% women; 16.4% men



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Review Article

Global prevalence of borderline personality disorder and self-reported symptoms of adults in prison: A systematic review and meta-analysis

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ABSTRACT

The prevalence of borderline personality disorder (BPD) in the general population is estimated to be 1.8 % whereas the rates of BPD among people in prison have been reported between 9 and 30 %. To date, there are no published systematic reviews into the rates of BPD among adults in prison. Understanding the prevalence of BPD in this setting can help to inform prison-staff education, funding and intervention options, and adequate care for an already at-risk population. We aimed to explore the global prevalence of BPD diagnoses and self-reported symptomatology among adults in prisons via systematic review and meta-analysis. We also aimed to explore gender differences between women and men in prison. Following the PRISMA guidelines, we conducted a systematic review and meta-analysis of papers where a BPD diagnosis or self-reported symptoms were reported within a prison population of male or female adult offenders (18+ years). Our search yielded 33 studies comprising diagnostic interviews, and 15 studies which included self-reported symptom measures. The results indicated that for women and men in prison, the prevalence of BPD was (27.4 % and 18.8 %, respectively) when assessed via diagnostic interview. Results were similar for both women and men in studies that used a self-report measure to assess a BPD diagnosis (29.1 % and 16.4 %). Findings suggest that the prevalence of BPD in prisons should be considered when making decisions about mental health and criminogenic interventions. Self-report measures could be a resource-efficient method for screening prisoners for personality pathology in prison settings. Contemporary, well-structured, large-scale studies are required to better understand the prevalence of personality disorder in prisons.

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Background



Risk and Treatment

- BPD symptoms may increase risk of offending, including
 - Impulsivity
 - Emotional instability
 - Intense and inappropriate expressions of anger
- Understanding rates of BPD may inform
 - Management of challenging behaviours
 - Design and implementation of interventions
 - Training needs



Background



Incarceration

- Aims of incarceration and behavioural contingencies can be at odds with principles of mental health treatment or lead to exacerbations in disorder
 - Increased emotional distress of prisoner
 - Staff frustration and rejection⁸



Background



RNR Model

- Applying RNR model is challenging⁹
 - Overlap in impulsivity, damaging behaviours for example
 - Response to treatment might be affected by
 - Interpersonally hypersensitive
 - Experience emotional dysregulation
 - Fear abandonment
 - Distrustful
 - Evidence to support tailoring interventions¹⁰



Background



Assessment

- Assessment of BPD can be difficult in prisons
 - Resource limited environment
 - No screening tools validated in prisons
- McLean Screening Instrument for BPD (MSI-BPD)¹¹
 - Used in clinical settings
 - Utilised in several international studies in forensic settings



Aims



To perform a retrospective audit to investigate

- Rates of BPD symptoms using the MSI-BPD
- Amongst adults who were medium- and high-risk of recidivism
- Participating in a criminogenic program or a modified-DBT program offered by the South Australian Department for Correctional Services (DCS)



Method



Setting

- Justice system identified as a priority population in BPD Co model of care
 - Understanding rates of BPD symptoms
 - Stepped care
 - Aims to improve access to services
- Partnership between BPD Co and DCS to share data
 - SA Clinical HREC approved as a quality improvement



Audit

Method



- Retrospective audit
 - February 2021 to August 2023
 - MSI-BPD screener completed as part of routine assessment prior to commencing a rehabilitation program
- De-identified data from participants who gave voluntary consent
 - Age
 - Sex
 - Aboriginal or Torres Strait Islander background
 - Type of program completed



Method



Participants

- Male programs
 - Sexual offences (moderate & high intensity)
 - Violent offences (moderate & high intensity)
 - Domestic violence offences (moderate intensity)
 - General offences (moderate intensity)
- Female programs
 - General offences (moderate intensity)
 - 12-session modified Dialectical Behaviour Therapy (Mod-DBT) program (moderate intensity)
- Programs delivered in prison or community



Method



Measures

- McLean Screening Instrument for BPD (MSI-BPD)
 - A 10-item self-report measure assessing BPD symptoms
 - Scores of 7+ suggest possible presence of BPD
 - Adapted for population



Findings



Sample

- 659 completed the MSI-BPD
 - 83 completed the screener more than once
- 576 MSI-BPD responses were included in the audit
 - 55% of 1200 program participants during that period



Findings



Table redacted pending publication

Table 1. Means, standard deviations and percentages of participants scoring ≥ 7 on the MSI-BPD across key demographics.



Findings



Table redacted pending publication

Table 2. Mean, standard deviation and percentage of participants scoring ≥ 7 on the MSI-BPD across rehabilitation program types and intensity.



Discussion

- High number of people in the SA correctional system rated 7+ BPD items on a screener
 - 33% compared with 1-2% in the community
 - Differences were observed between program types and program intensity but not statistically significant
- No significant differences between men and women who rated 7+ items
 - More male completers
 - Women drawn from Mod-DBT also



Discussion



- Findings compare with
 - Previous Australian studies: 13-27%
 - Global estimates: 29.1% women; 16.4% men
- Research suggests diagnostic biases may occur¹² and men with BPD are likely to experience stigma¹³
- Further research is needed to better understand BPD in men and the impact of early interventions and treatment



Implications



Offending/Recidivism

- Systematic reviews identify BPD as one of many risk factors for general¹⁴ and IPV offending^{15,16}
- BPD is a criminogenic need and may be a responsivity factor¹²
- DBT and other EBTs adapted for the forensic setting¹⁷ may reduce recidivism¹⁸



Implications



Assessment

- MSI-BPD may be a useful screening tool for self-reported BPD symptoms for people in prison
 - Results of self-reported screening measures comparable to diagnostic interviews⁵
 - Efficient screening tool when time and resources are limited
- Untreated self- and interpersonal-dysfunction may undermine efforts to reduce recidivism¹⁸



Implications



Training

- Results support the need for education and training for staff working with people with BPD (e.g. prison guards, allied health workers)
 - Develop theoretical knowledge and practical skills
 - Reduce burnout¹⁹
 - May improve risk management associated with suicidal behaviours
 - Reduce stigma towards people with BPD



Implications



Stigma

- Being cognisant of stigma
 - BPD is highly stigmatised
 - Many people with BPD do not have contact with the justice system
 - BPD is a risk factor for victimisation¹⁵



Limitations



- Screener may over-estimate symptoms²⁰
 - Need for further comprehensive clinical assessment
 - Overlap of BPD and impact of intergenerational trauma
- Categorical vs Dimensional
 - High rates of comorbidities (e.g. ASPD¹³)
 - Alternative model proposes self- and interpersonal-dysfunction are core traits of all personality disorders²¹
- Females were underrepresented
- Only included participants in criminogenic and Mod-DBT programs



Future Considerations



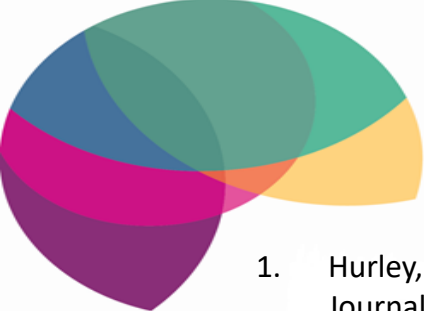
- Future research should
 - Include more women, remandees, short and community-based orders
 - Clinical interviews: categorical and dimensional
 - Examine co-morbidities (including personality disorder)
 - Examine how personality disorder symptoms may be criminogenic and/or responsivity factors
 - Explore how mental illness generally fits within the RNR framework²²
 - Trial skills training for symptom management



Conclusions



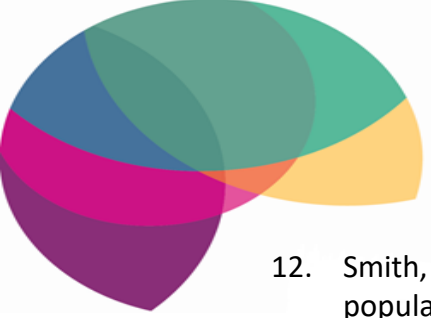
- Rates of BPD symptoms amongst medium- and high-risk individuals in South Australia's correctional system are high
- MSI-BPD may be a useful screening tool for BPD symptoms
- These findings have implications for treatment, management, and rehabilitation



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