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The wrong bridge: A response to Stokoe and Constable (2015) "Borderline personality disorder in adolescents: The diagnostic controversy and treatment abyss"

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I wish to query some elements of the above article regarding "Borderline Personality Disorder" (BPD) in adolescents.

Firstly, the National Service Framework for CAMHS states that "Services [should] ensure that children and young people receive treatment interventions which are guided by the best available evidence and which take account of their individual needs and circumstances" (DoH, 2004, p35) - "diagnosis" is not in the document. More recently, there is impetus towards payment-by-results clustering, the latest report reinforcing that "Membership of a grouping does not necessarily imply a diagnosis" (Wolpert et al., 2015, p.7). The national context does not support the authors statements that as CAMHS services are diagnosis-driven, we need to pursue the BPD diagnosis.

Secondly, it is inconsistent to argue that we should extend the level of diagnosis of BPD in order to ensure that complex needs are met. There is clear need for the development of support for young people with high levels of emotional and interpersonal difficulty, but there is no reason to develop such services without using formulation-based approaches rather than extending the functional diagnostic routes (reinforcing the problems these create). There are particular difficulties where the language of diagnosis is so ingrained that clinical psychology has to operate – critically – within these frameworks (I have been part of a new

"eating disorder" service), but it is not professionally coherent to develop new services based on a language of diagnosis that does not already exist.

Thirdly, whilst the authors state that there is limited evidence for the use of formulation, this misses the fundamental idea that formulation is a strong philosophical and ontological position that stands as distinct from diagnosis, and is theoretically coherent as a way of understanding human experience. The standards of evidence required for a paradigm shift are different from that of a clinical tool.

Finally, the assertion that "there is a good foundation of research" for diagnosis is perhaps overstated; the cited articles are more cautious than this, and a recent systematic review in a psychiatry journal (Winsper et al., 2015) found risk of bias in at least one study domain in every paper included, and low-moderate prediction of a continued diagnosis into adulthood, despite supporting the idea of BPD as a valid diagnosis for adolescents.

In summary, it is this author's opinion that there is no clear basis for UK clinical psychologists to embrace a diagnostic approach to the interpersonal and emotional difficulties which get labelled as BPD in adolescents.

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