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U10d1 Discussion Patients with BPD.docx

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The percentage indicates the combined amount of likely AI-generated text as well as likely AI-generated text that was also likely AI-paraphrased.

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Disclaimer

Our AI writing assessment is designed to help educators identify text that might be prepared by a generative AI tool. Our AI writing assessment may not always be accurate (it may misidentify writing that is likely AI generated as AI generated and AI paraphrased or likely AI generated and AI paraphrased writing as only AI generated) so it should not be used as the sole basis for adverse actions against a student. It takes further scrutiny and human judgment in conjunction with an organization's application of its specific academic policies to determine whether any academic misconduct has occurred.

Frequently Asked Questions

How should I interpret Turnitin's AI writing percentage and false positives?
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False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models.
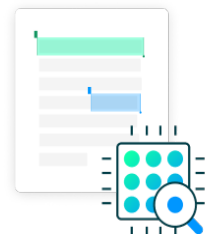
AI detection scores under 20%, which we do not surface in new reports, have a higher likelihood of false positives. To reduce the likelihood of misinterpretation, no score or highlights are attributed and are indicated with an asterisk in the report (*%).

The AI writing percentage should not be the sole basis to determine whether misconduct has occurred. The reviewer/instructor should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in accordance with their school's policies.

What does 'qualifying text' mean?
Our model only processes qualifying text in the form of long-form writing. Long-form writing means individual sentences contained in paragraphs that make up a longer piece of written work, such as an essay, a dissertation, or an article, etc. Qualifying text that has been determined to be likely AI-generated will be highlighted in cyan in the submission, and likely AI-generated and then likely AI-paraphrased will be highlighted purple.

Non-qualifying text, such as bullet points, annotated bibliographies, etc., will not be processed and can create disparity between the submission highlights and the percentage shown.

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(u10d1) Discussion: Patients with BPD

Student Name:

Institution:

Course:

Instructor

Due Date:

Patients with BPD

As a common personality illness, borderline personality disorder (BPD) affects approximately 10% of patients in outpatient setting. These patients exhibit impulsive, aggressive, and rude defense mechanisms behaviors, including projective identification, denial, splitting and suicide behavior (Lee et al., 2020). Besides, severe patients with BPD use maladaptive defensive styles and are more likely to attempt suicide. BPD patients use image-distorting defense mechanisms such as affiliation and adaptive defense styles, including maladaptive and self-sacrificing simultaneously (Lee et al., 2020). Based on the case provided, defense mechanisms portrayed by the client, include demeaning behavior, aggressiveness and sarcasm towards those who take care of her.

Upon reviewing the article by Yang & Linehan (2018), it is crucial to consider and apply the American Psychiatric Association (APA) fundamental ethics code of fairness, beneficence, and maleficence to guide the treatment process. Dialectical behavioral therapy (DBT) is a frontline treatment of BPD involving consultation of teams working together to provide treatment, such as primary therapists to maintain motivation in the delivery of effective treatment and advance their skills (Yang & Linehan, 2018). Informed consent should be obtained before DBT to ensure the privacy and confidentiality of the patient. The therapist should examine protective factors by engaging the consultation team using the best available tools to address the client's diagnosis and effective treatment. A well-written documentation on the therapeutic process should be warranted as a component of thorough suicide risk assessment, and management with clinical contact as a means to protect yourself (Yang & Linehan, 2018). In DBT, there is a need for careful adherence to boundaries to minimize violation of ethics in therapy, such as anxiety and emotive retorts that might inhibit with therapy and provision of

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treatment. Therapists should address burnout to achieve teamwork, group supervision, and use

mindfulness practices. The patient should be encouraged to use 24-hour calls offering

consultation, treatment, learn distraction skills, and obtain crisis intervention articulated in DBT

treatment goals.

References

Lee, Y. J., Keum, M. S., Kim, H. G., Cheon, E. J., Cho, Y. C., & Koo, B. H. (2020). Defense

    Mechanisms and Psychological Characteristics According to Suicide Attempts in Patients

    with Borderline Personality Disorder. *Psychiatry investigation*, *17*(8), 840–849.

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    http://dx.doi.org/10.1037/0000069-016