

THE USE OF DIALECTICAL BEHAVIOUR THERAPY FOR IN-PATIENTS WITH BORDERLINE PERSONALITY DISORDER

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Purpose and PICO Question

The purpose of this project is to determine the benefit of introducing dialectical behavior therapy, DBT, to nursing staff on an in-patient unit for the use with borderline personality disorder, BPD. Will training in dialectical behavior therapy with staff nurses decrease the length of stay for patient diagnosed with borderline personality disorder?

Background and Evidence Review

Borderline personality disordered patients are usually the most challenging and complex patients to treat; both in-patient and out-patient. BPD patients are often blamed for their behaviors and subsequently non-therapeutic relationships develop between the clinician and the patient. As well, staff's ability to work as a team is often taxed and disrupted.

Three studies were evaluated that reviewed the effect of DBT with BPD patients. The data analyzed measured the number of inpatient days. The two larger studies, with respect to test subjects, reported fewer and shorter hospitalizations in patients treated using DBT than a controlled group using standard treatment. The third study found no significant difference in length of stay between the DBT patients and the control group.

Methods

Data will be collected retrospectively for two months prior to the training and one month following including length of stay for both BPD patients and cluster B traits not including BPD. The training will consist of a 45 minute introduction to DBT and two skills training handouts that can be used to help BPD patients. Cooperation was encouraged by one to one conversations.

Results

Prior to training the average length of stay for BPD patients was 7.7 days and made up 10.6% of the population. If BPD patients were removed from the data that were admitted and discharged in less than 24 hour, the data prior to training was 9.9 days and 10.3%. After training the average stay for BPD patients was 8.5 days and they made up only 2.8% of the populations.

Conclusion

The DBT training decreased the length of stay by 15% for patients with BPD. The percent of patients on the unit making up BPD decreased by 73% at the same time as the training which is possibly due to an increase in selectivity in psychiatric emergency services. Though the training improves the nursing staff's perspective of patients with BPD, this decreases in BPD patients admitted accordingly decreases the benefit of the DPT training since over all there are less BPD patients on the unit.

Selected References:

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