

## Outcomes of a Pilot 12-Week Group Program for People with Borderline Personality Disorder

Frances Nettle & Dr Tomoko Nishizawa  
Northern Community Mental Health, Northern Adelaide Local Health Network



### Introduction

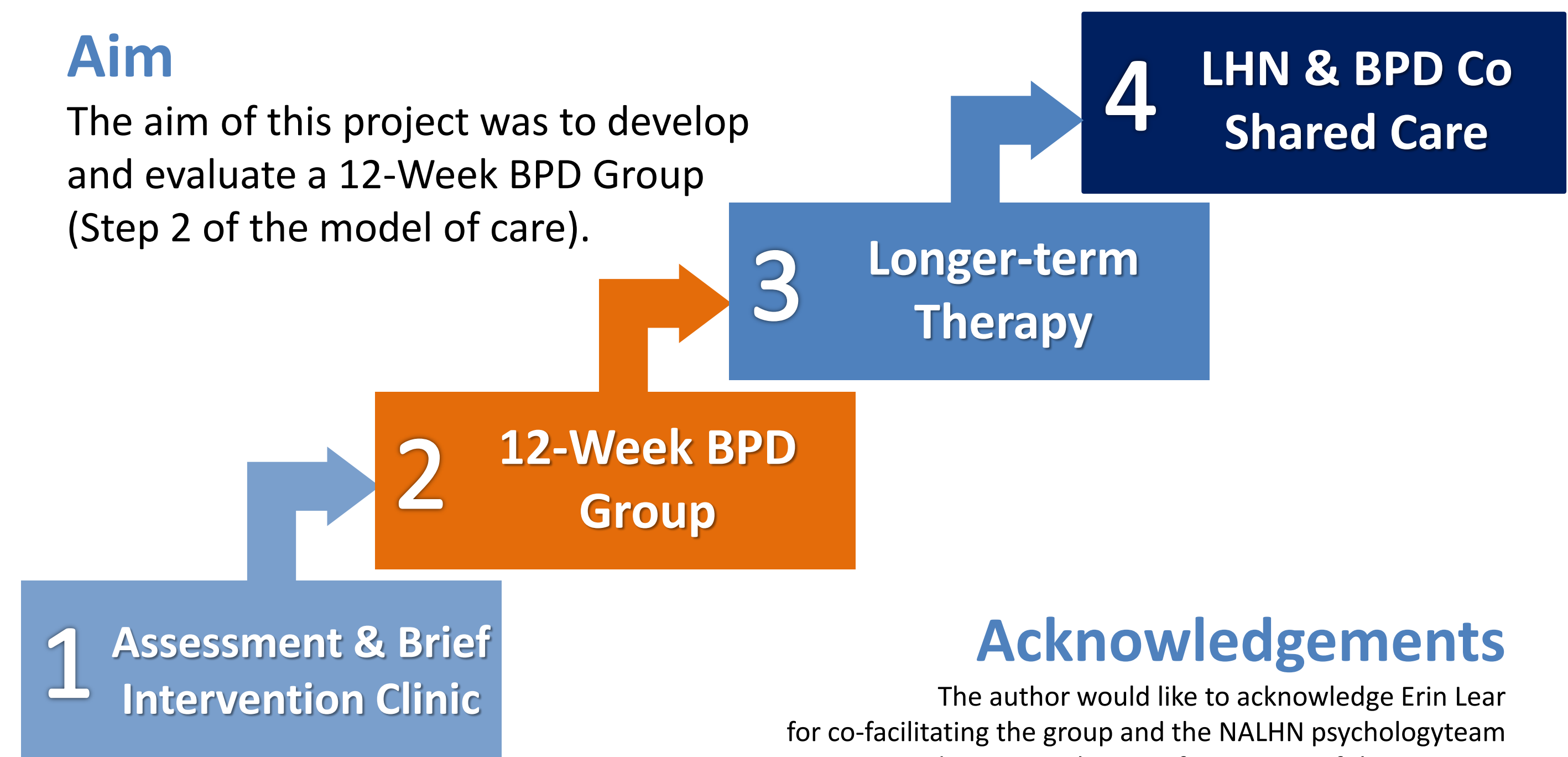
Borderline Personality Disorder (BPD) is a complex mental health disorder, which is associated with a significant degree of distress and impairment as well as increased risk of engaging in self-harming and suicidal behaviours. BPD has been identified as one of the most costly diagnoses to health services (Bender et al., 2004), with the national prevalence of BPD in mental health settings estimated to be up to 23% in outpatient settings and 43% in inpatient settings (NHMRC, 2013).

Research shows that people with BPD can improve and recover with structured evidence-based psychotherapies. Current evidence-based therapy tends to be lengthy and resource intensive, often requiring at least one year of weekly or twice weekly sessions.

There is a growing body of evidence that people with BPD may benefit from shorter interventions based on common therapeutic principles (Bateman, Gunderson & Mulder, 2015), but no consensus yet on the best model. NALHN and the BPD Collaborative have proposed a stepped model of care (see figure) to meet the needs of people with BPD in Community Mental Health.

### Aim

The aim of this project was to develop and evaluate a 12-Week BPD Group (Step 2 of the model of care).



### Acknowledgements

The author would like to acknowledge Erin Lear for co-facilitating the group and the NALHN psychology team and DBT consult group for support of the program.

### Method

The group was based on skills and principles from Dialectical Behaviour Therapy (DBT) and informed by a consumer focus group, common therapeutic principles, and other short group interventions for people with BPD.

Group sessions were focused on acquiring new behavioural skills and utilised group guidelines drawn from DBT. Participants were required to have a primary therapist to provide individual support and crisis management as needed.

The group was facilitated by two Clinical Psychologists with training and experience in DBT. Group participants were recruited from the 24-week DBT skills group waitlist. Participants were aged 21-58 years, 6 female and 1 male.

Evaluation was based on clinical outcome measures, client feedback, and clinician feedback.

### Results

Evaluation results were summarised into the following themes:

- Participants valued discussion of shared experiences and supportive peer interactions. This was evident in feedback and in strong attendance rates (average of 75%).
- Psychoeducation topics were rated among the most helpful. Mindfulness and distress tolerance skills were rated among the least helpful.
- Uptake of skills and practice between sessions was limited from many participants.
- Expectations of treatment appeared to be a significant barrier; participants reported low satisfaction and perceived helpfulness.
- The role and necessity of primary therapist was poorly implemented and understood.
- Many structural elements taken from DBT skills group received criticism (e.g. guidelines, length of sessions, homework, mindfulness, skills focus).
- Participants did not report significant behavioural change.

### Conclusion & Recommendations

Overall, the group demonstrated insufficient clinical improvement to be a viable option in its current state. An alternative short-term group therapy is being explored.

Poor fit between the service offered and participant expectations (e.g. referred for 24-week DBT skills group) was likely a controlling variable that effected engagement and skills practice, and thus limited clinically significant behaviour change.

The evaluation highlighted the importance of:

- A shared understanding of model and expectations of therapy.
- Clear communication starting from the point of referral and continuing through assessment, orientation and service provision, particularly if people are offered a different step of care to original referral.
- Further research to match person variables to step of care.
- Building on successful elements of support, sharing and psychoeducation to inform other groups for this population.

Most Helpful	Least Helpful
Pros & Cons Skill Biosocial Theory What Is A Crisis? Emotion Dictionary Validation	Mindfulness Skills TIPP Skill STOP Skill Group Norms & Guidelines Wise Mind Accepts

### References

Bateman, A. W., Gunderson, J., & Mulder, R. (2015). Treatment of personality disorder. *The Lancet*, 385(9969), 735-743.

Bender, D. S., Dolan, R. T., Skodol, A. E., Sanislow, C. A., Dyck, I. R., et al. (2001). Treatment utilization by patients with personality disorders. *American Journal of psychiatry*, 158(2), 295-302.

National Health and Medical Research Council (2012) Clinical Practice Guideline for the management of Borderline Personality Disorder (2012) last accessed 17/1/19 <https://nhmrc.gov.au/about-us/publications/clinical-practice-guideline-borderline-personality-disorder>