

Using the LSP to inform programme decisions for individuals with personality disorder

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Southern mental health service

- Southern sector of Adelaide, largely metropolitan
- Population of approx 330,000
- CAMHS, adult and aged services
- Merger of two separate services 3 years ago

Borderline personality disorder: worth a closer look

- We seemed to be
 - Spending a lot of time trying to keep this group out of case management and acute care
 - Getting really bad outcomes for consumers
 - Exhausting and traumatising our staff
 - Not providing anything resembling 'treatment'

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Borderline personality disorder

- approximately 2% of the population
- More common in females than males
- amongst all the personality disorders is most associated with suicidal behavior
- 8 – 10% commit suicide
- Up to 75% attempt suicide
- 69 – 80% self harm
- High users of health resources

Dialectical behaviour therapy

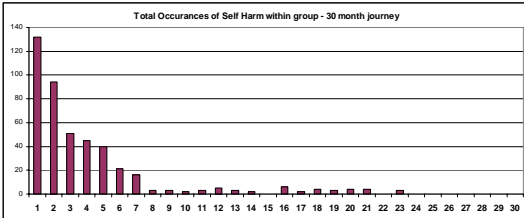
- Developed by Marsha Linehan (USA)
- Based on Cognitive and Behavioral Strategies
- Individual is validated
- Underpinning philosophy is that everything is made of opposites – these opposites create tension until resolution is reached
- Everything is made up of differing views and is a process of change
- Significantly improved outcomes from this therapy
- Validation and model fidelity make for a very 'humane' approach

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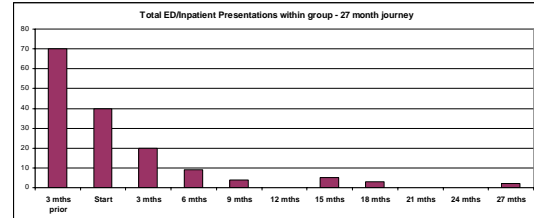
Dialectical behaviour therapy - structure

- Outpatient individual therapy for 1 hour a week
- Outpatient group skills training for 2.5 hours weekly over 22 weeks then repeated
- Telephone consultation/coaching Mon to Fri during office hours
- Therapists consultation meeting weekly
- Outcomes measured with consumers – depression, anxiety and self esteem measures

DBT outcomes – self harm



DBT outcomes – ED presentations



STOP: we can't cope

- DBT is staff and time intensive – we were completely overwhelmed with referrals
 - Huge waiting list
 - Staff expectations
- Development of DBT lite

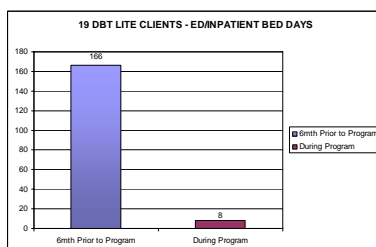
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DBT vs DBT lite

- Elements of standard DBT
 - Commitment
 - Skills training – group/time limited
 - six 1:1 sessions
- Less staff intensive
- Larger group numbers
- How could we figure out who needed standard DBT vs lite

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DBT lite outcomes



Aha!

- Disability as the differentiation point – LSP
- Many of the disability issues for borderline can be identified through the LSP
 - Relationships & social contact, warmth toward others, self-harm, aggression toward others, identity disturbance, cooperation with health services, employment, medication use
- Forms a basis for staff discussion about individual need

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LSP Scores

- Discussion is more important than score, however
- 14 LSP scores are available from the system over 2 years (more have been done but not entered)
- Range from 5 to 18
- Average 9
- DBT 'guide'
 - Standard DBT programme >10
 - Lite DBT programme <8

Acknowledgements

Thanks to the consumers and staff who have been involved in the DBT programme and all their supporters

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