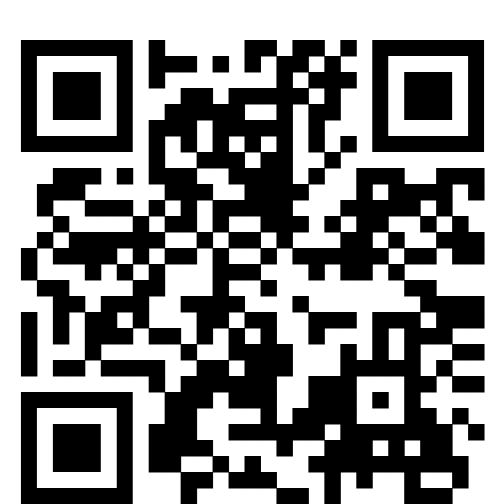


# The Effect of BPD Stigma Reducing Residential Programming on Adolescent Treatment Outcomes

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## Introduction

- Individuals with borderline personality disorder (BPD) are under-treated, misunderstood, and discriminated against in the healthcare system (Klein et al., 2022).
- In the United States, the ratio of consumers requiring treatment for BPD to providers who treat the population is 4.5:1 (Iliakis et al., 2019).
- In 2021, only 49.6% of residential treatment programs offered Dialectical Behavioral Therapy, the gold standard in treating BPD symptoms and traits (Spina & Levy, 2024).

## Research Question

Do residential treatment elements that challenge BPD-related stigma, such as increased family involvement, highly trained floor staff and a skills deficit model, improve treatment outcomes?

## Methods

**Participants:** 26 clients (*M*<sub>age</sub> = 15.28 years) for 2023 Treatment Year

### Race

- White = 76%
- Unknown = 24%

### Previous hospitalizations

- 23.1% clients had ZERO hospitalizations prior to admit
- 38.5% had a single hospitalization prior to admit
- 31% had between 2 and 5 hospitalizations prior to admit
- 0.04% had 10+ hospitalizations prior to admit

**Average length of stay:** 54.2 days

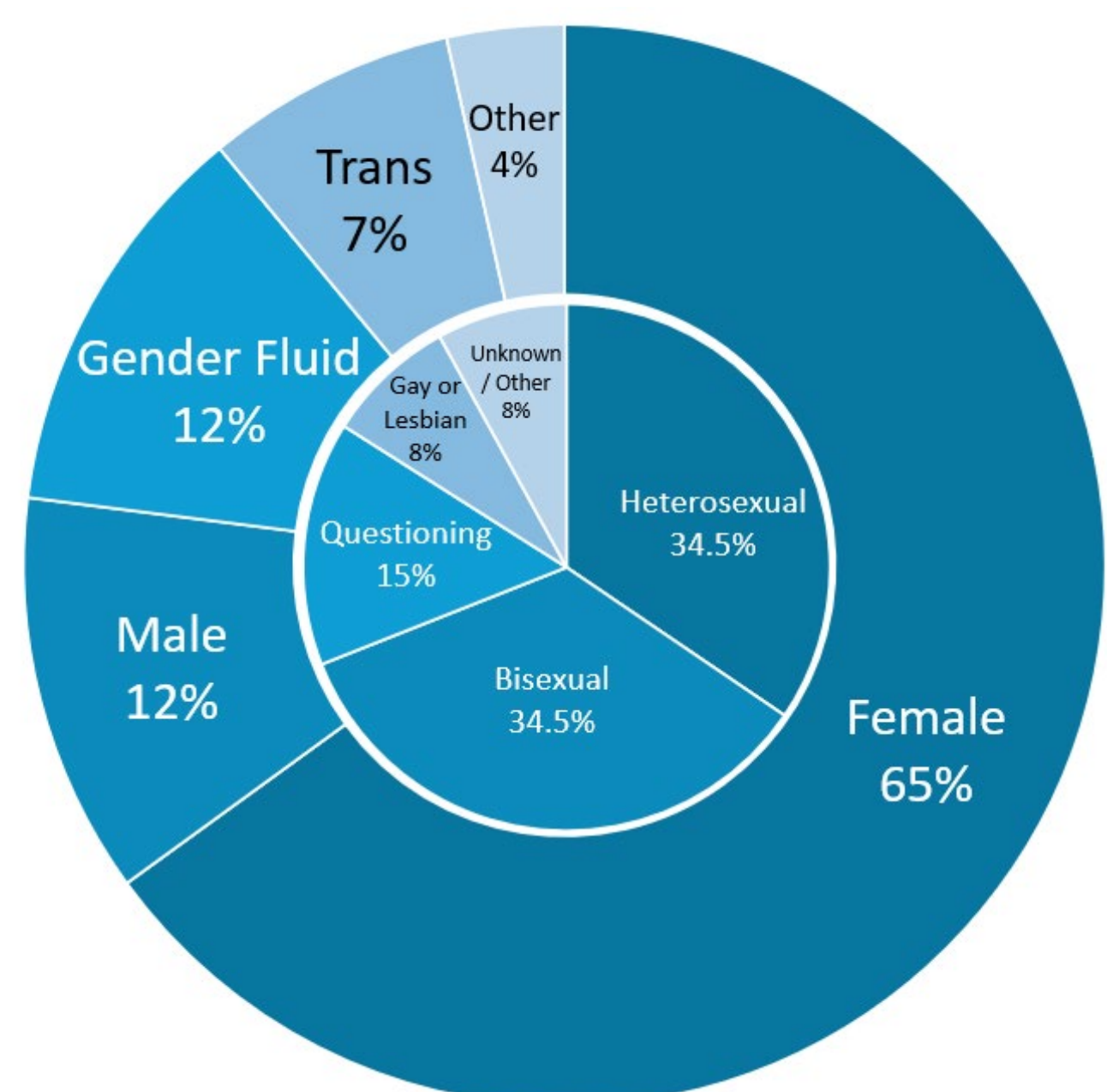


Figure 1. Distribution of sample by sexual orientation and gender identity.

### Procedures and Measures:

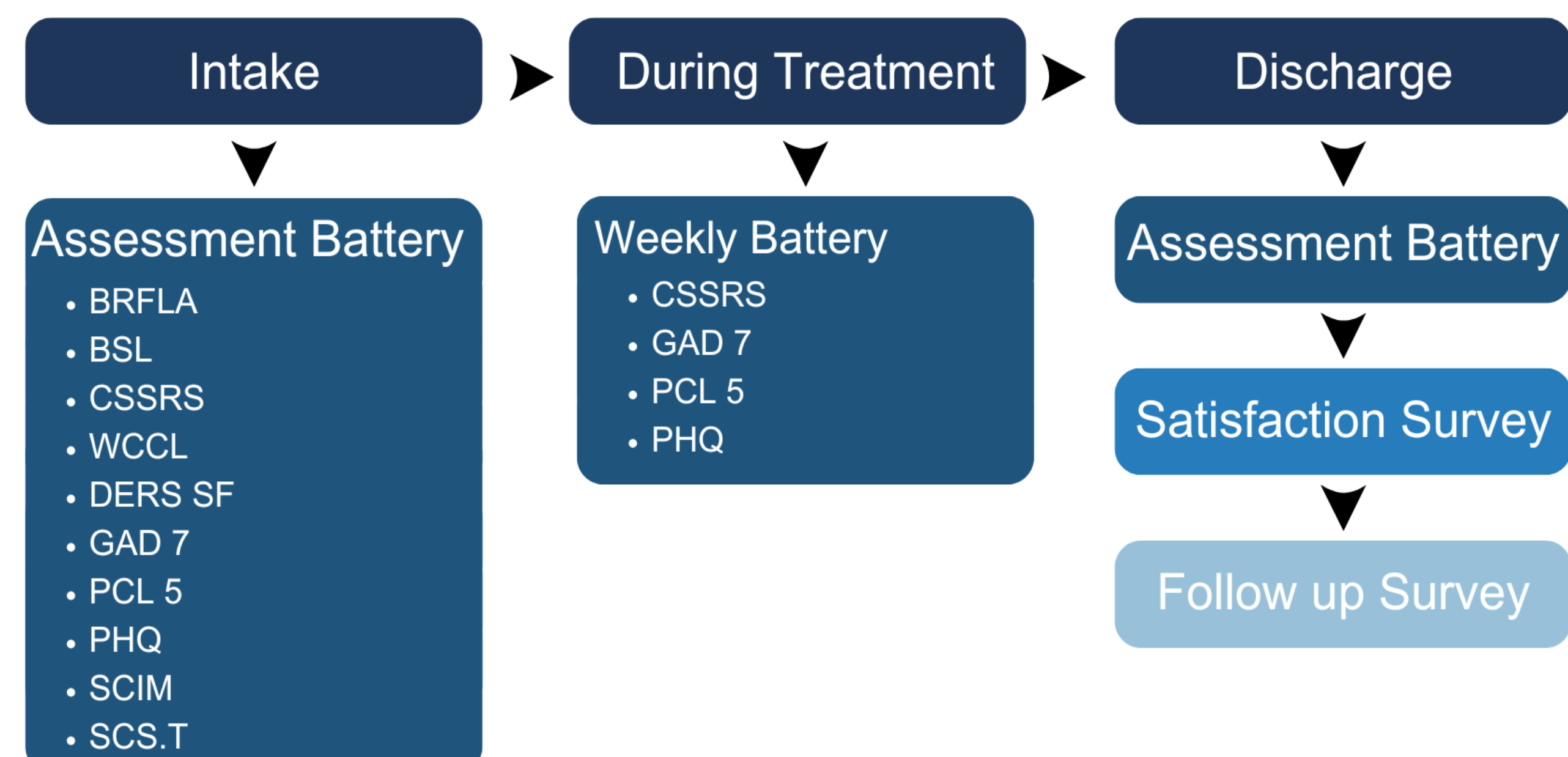


Figure 2. Three assessments were given throughout treatment to measure treatment outcomes. The assessment battery is the same at intake and at discharge. Satisfaction and follow up surveys were administered to client and families at and post discharge.

## Skills Deficit Model

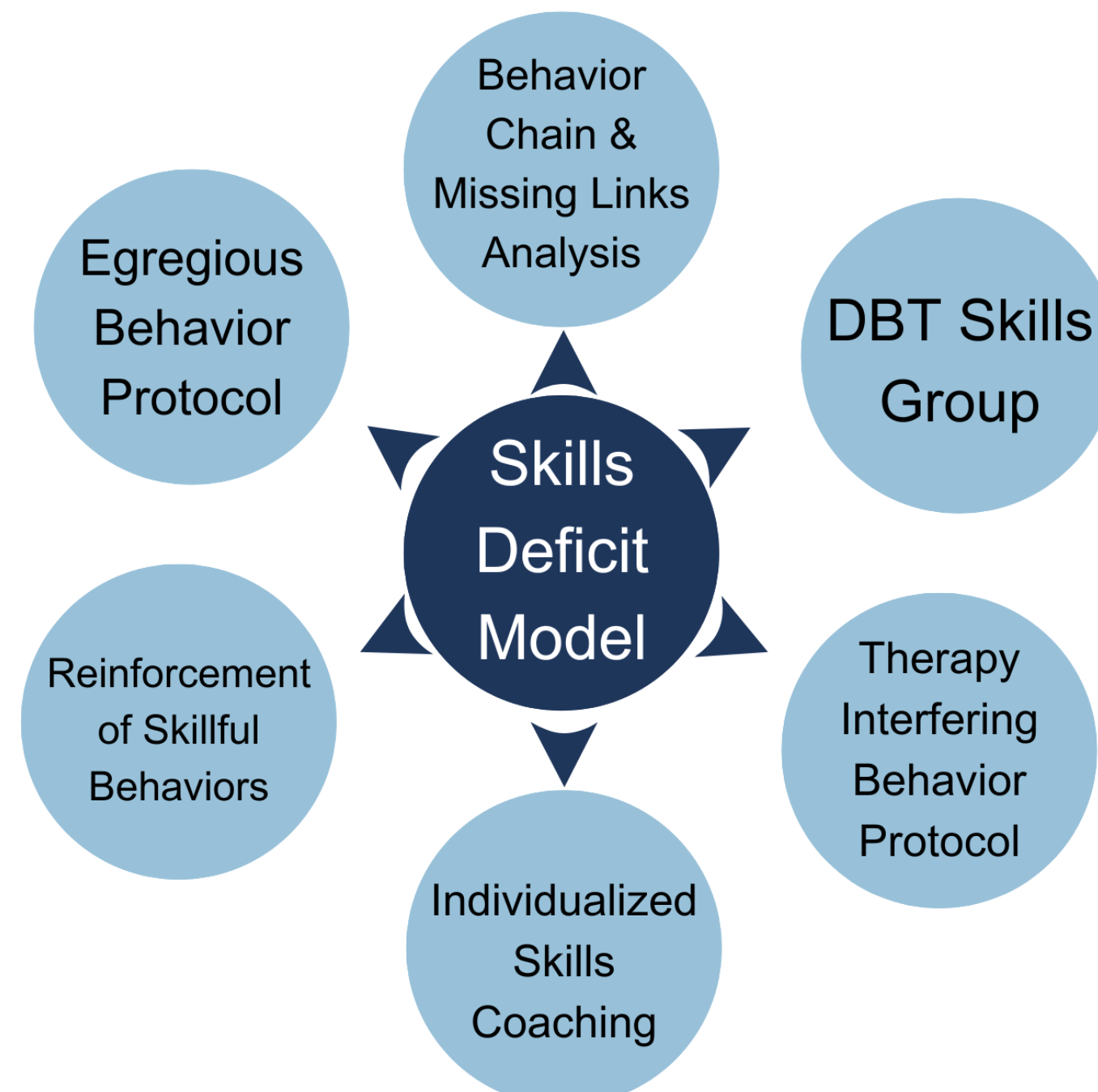


Figure 3. Our skills deficit model reduces stigma and blame by taking a non-judgmental stance, with a focus on assessing for missing skills.

- We use a robust individual and group reinforcement and contingency management system to decrease therapy interfering/egregious behaviors and increase skillful behaviors.

## Floor Staff Training

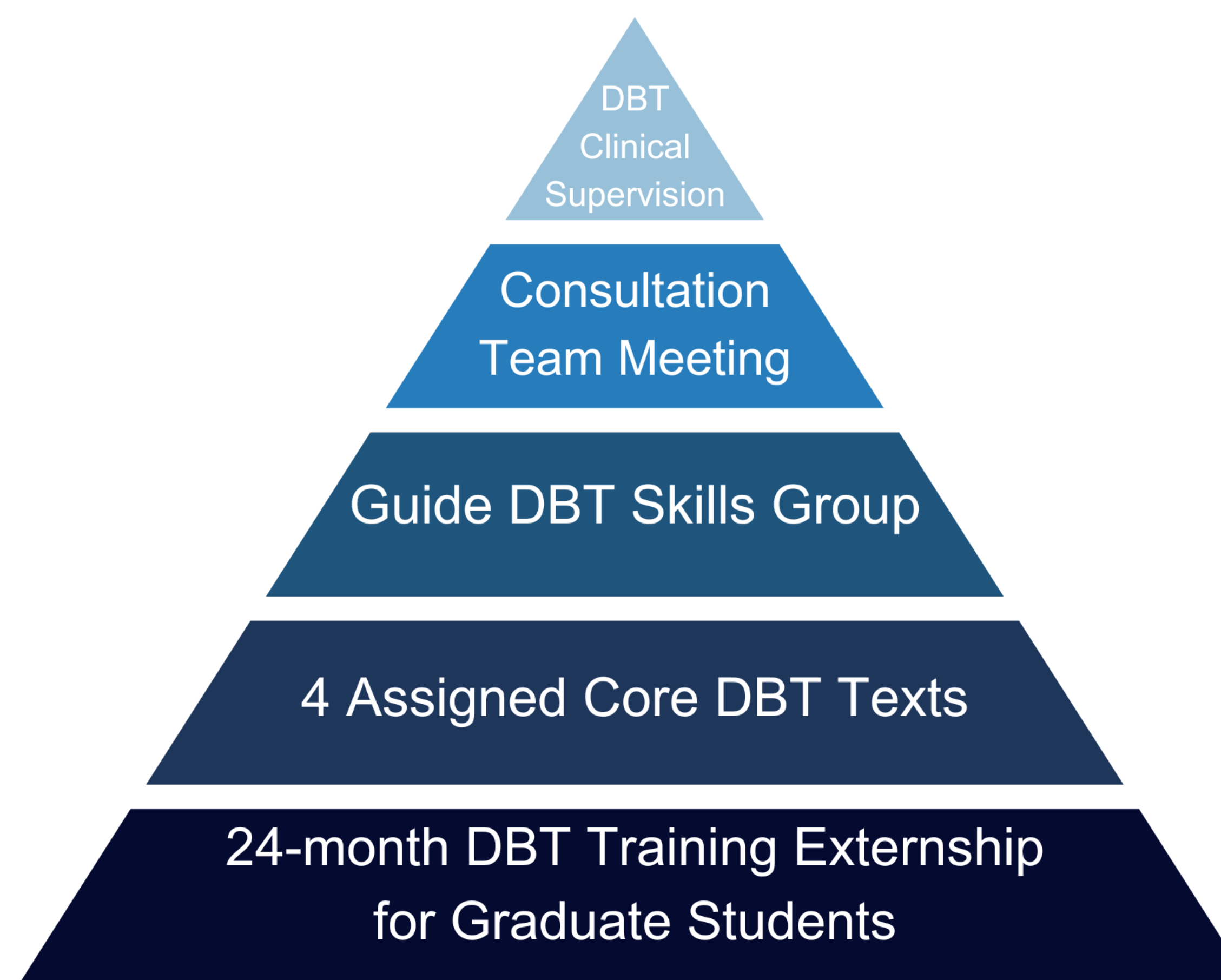
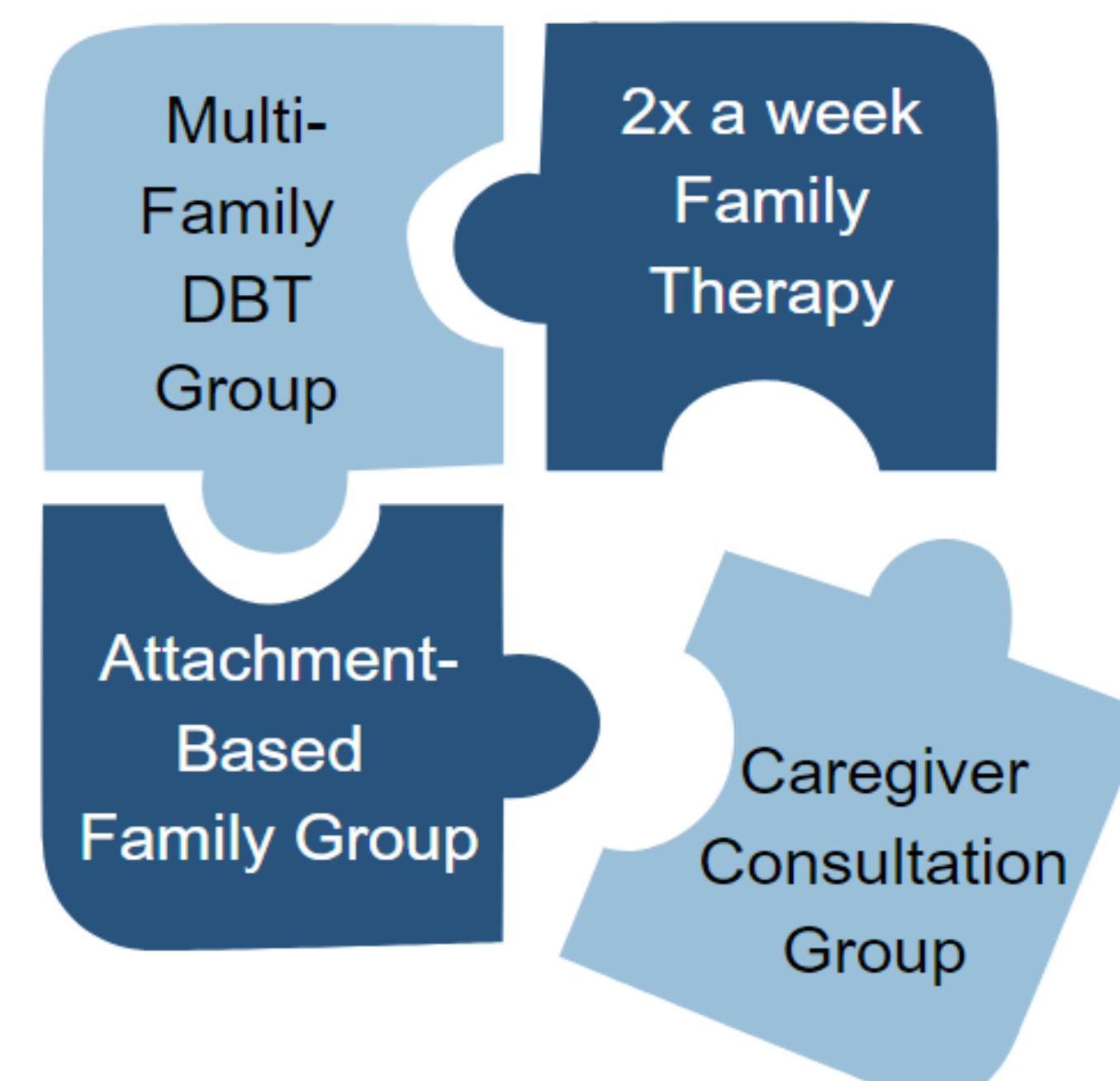


Figure 4. Floor staff training model proposes an "externship" model that emphasizes DBT training, consultation, assigned core DBT readings and weekly individual clinical supervision.

## Family Involvement

Figure 5. A 7+ hour per week curriculum dedicated to "whole family wellness" versus treating an "identified patient".



## Results

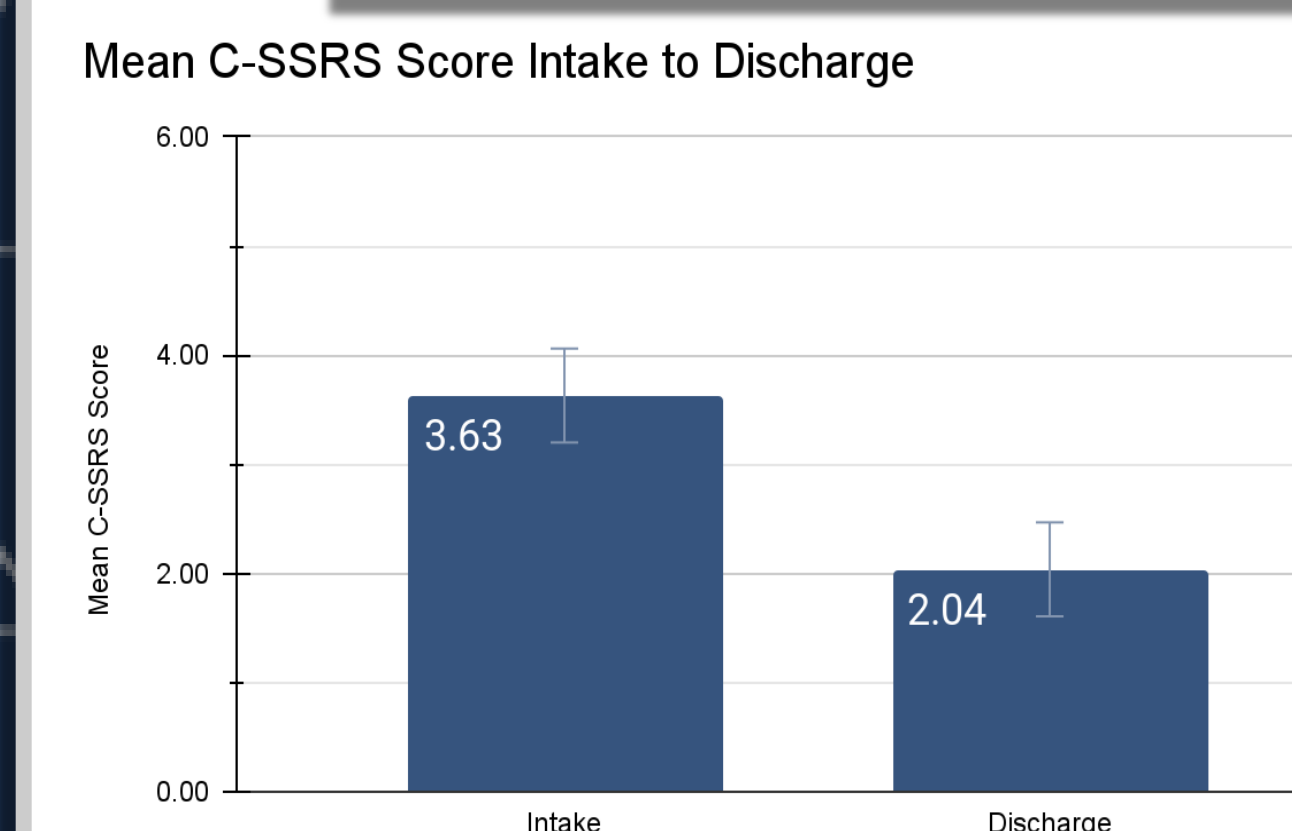


Figure 6. Client C-SSRS scores at intake and discharge.

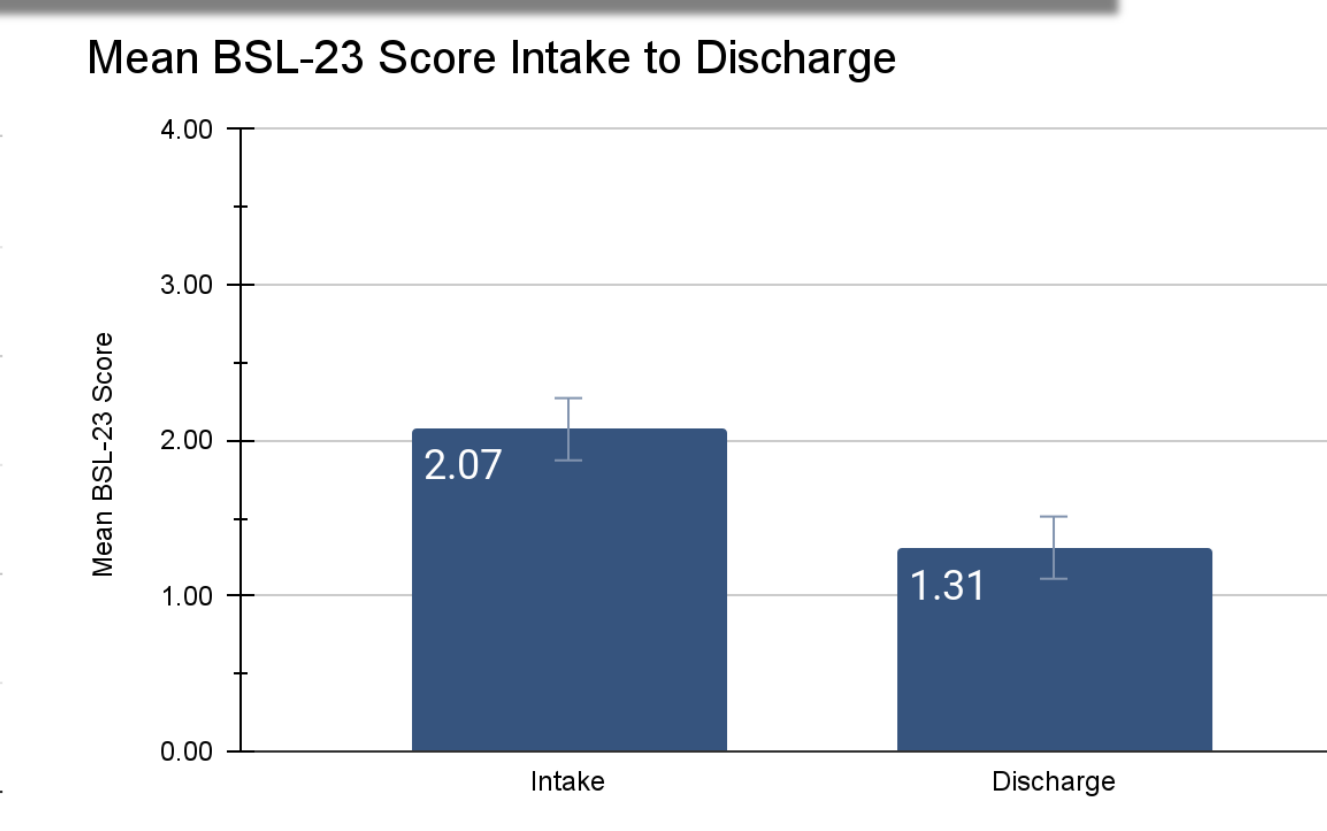


Figure 7. Client BSL-23 scores at intake and discharge.

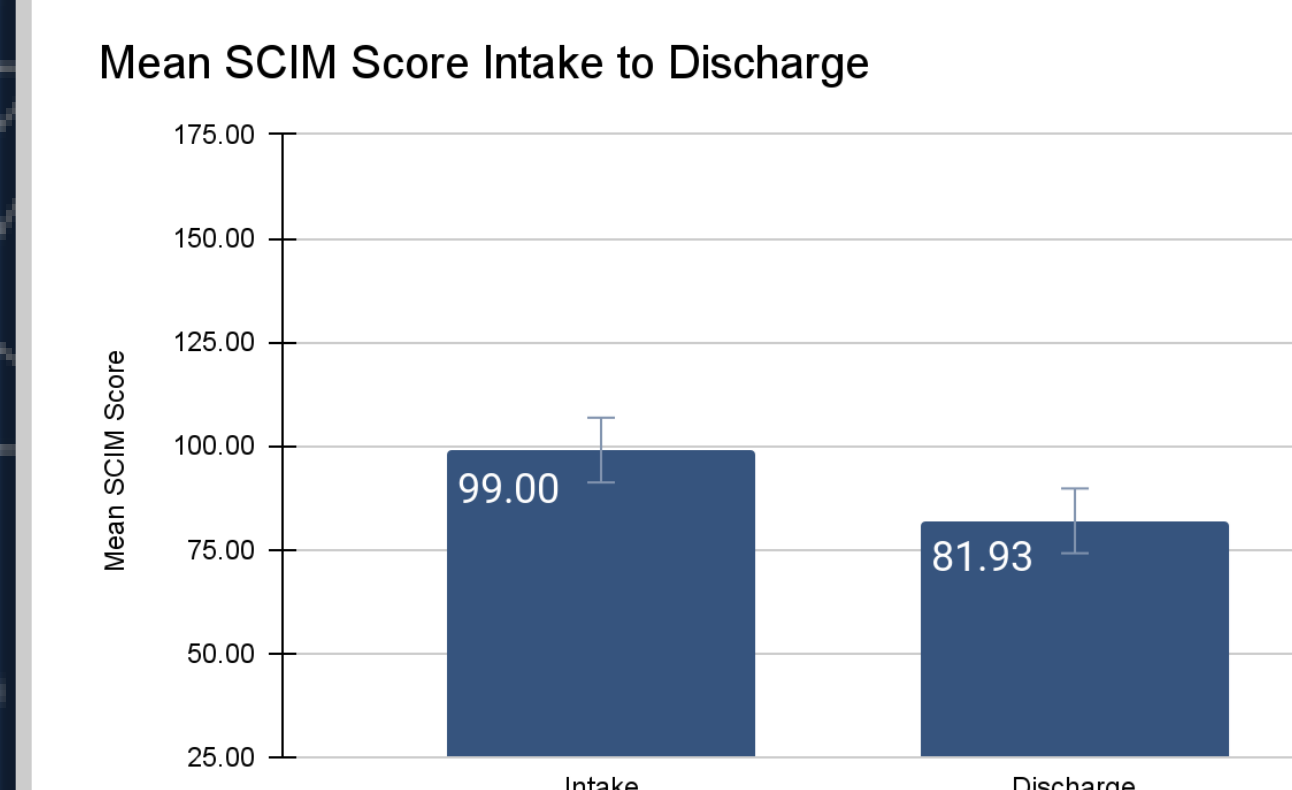


Figure 8. Client SCIM scores at intake and discharge.

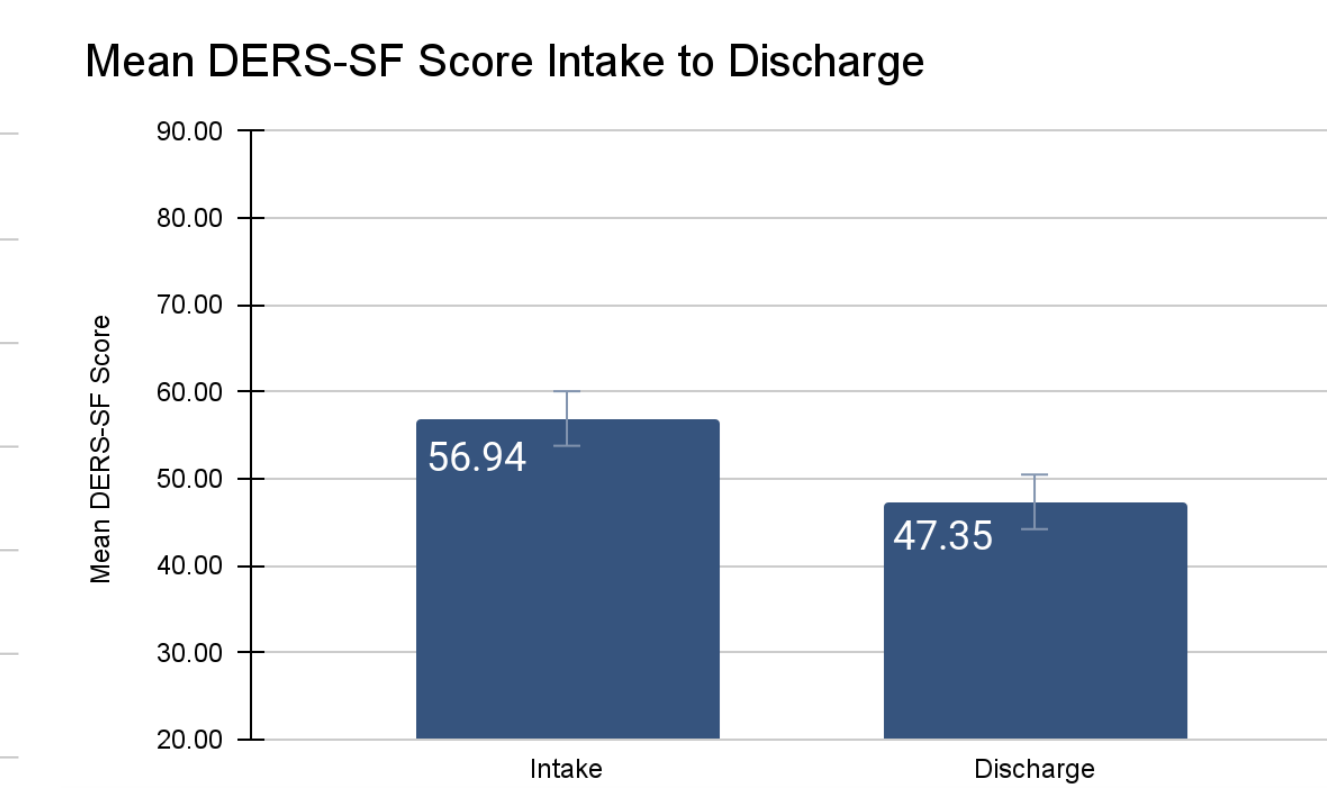
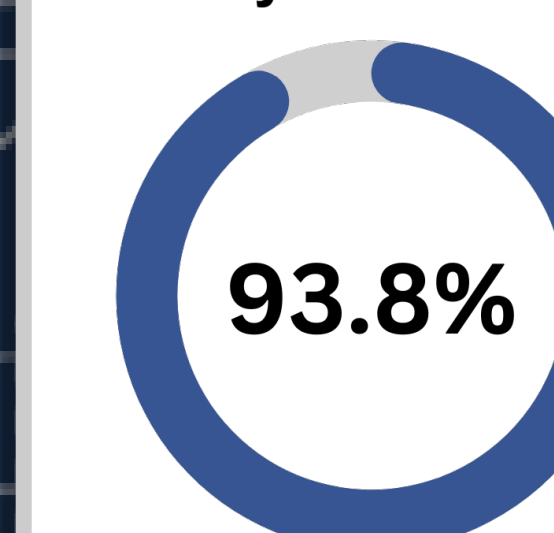


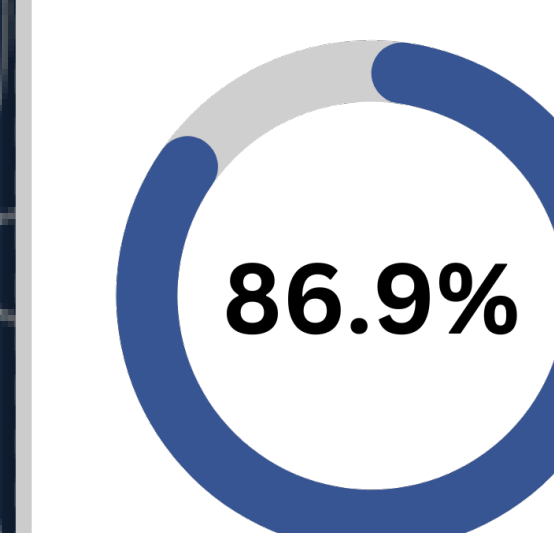
Figure 9. Client DERS-SF scores at intake and discharge.

### Family Satisfaction



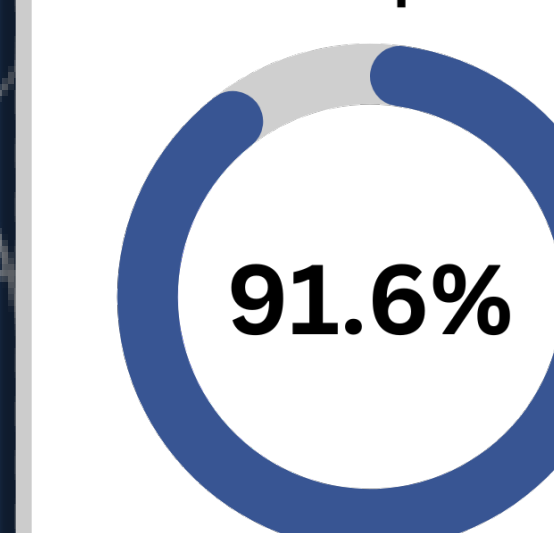
- Training, professionalism, and warmth of the floor staff made families more likely to pursue follow up treatment at Compass and refer another family to Compass in the future.
- Learning the same skills their child was learning and feeling supported by other parents was reported by parents as the most effective aspect of Saturday family programming.

### Client Satisfaction



- Clients reported that one of the most helpful aspects of their experience was the support and coaching they received from the floor staff.

### Floor Staff DBT Competency



- At the end of the 24 month DBT externship, floor staff completed a comprehensive exam evaluating their mastery of the DBT skills.

## Discussion

### Strengths in Our Model

- 82% of family therapy, 35% of individual therapy, and 100% of groups were facilitated by DBT-LBC certified clinicians.
- Conceptualizing family as recipients of treatment vs individual client contributing to improved outcomes.
- Overwhelmingly positive feedback from families that addressing with transactional approach is effective and validating.

### Future Considerations

- Identifying or developing standardized measures of family functioning.
- Improving systems for collecting follow up data to inform effectiveness.
- Strategic planning outreach to more diverse populations.