ELSEVIER

Behaviour Research and Therapy 42 (2004) 487–499

BEHAVIOUR RESEARCH AND THERAPY

www.elsevier.com/locate/brat

Effectiveness of inpatient dialectical behavioral therapy for borderline personality disorder: a controlled trial

Martin Bohus [a,*], Brigitte Haaf [a], Timothy Simms [a], Matthias F. Limberger [a], Christian Schmahl [a], Christine Unckel [a], Klaus Lieb [a], Marsha M. Linehan [b]

[a] *Department of Psychiatry and Psychotherapy with Polyclinic, Albert-Ludwig-University of Freiburg, Medical School, Hauptstrasse 5, D-79104 Freiburg, Germany*

[b] *Department of Psychology, University of Washington, Seattle, WA, USA*

Received 15 November 2002; received in revised form 5 June 2003; accepted 11 June 2003

Abstract

Dialectical Behavioral Therapy (DBT) was initially developed and evaluated as an outpatient treatment program for chronically suicidal individuals meeting criteria for borderline personality disorder (BPD). Within the last few years, several adaptations to specific settings have been developed. This study aims to evaluate a three-month DBT inpatient treatment program. Clinical outcomes, including changes on measures of psychopathology and frequency of self-mutilating acts, were assessed for 50 female patients meeting criteria for BPD. Thirty-one patients had participated in a DBT inpatient program, and 19 patients had been placed on a waiting list and received treatment as usual in the community. Post-testing was conducted four months after the initial assessment (i.e. four weeks after discharge for the DBT group). Pre–post-comparison showed significant changes for the DBT group on 10 of 11 psychopathological variables and significant reductions in self-injurious behavior. The waiting list group did not show any significant changes at the four-months point. The DBT group improved significantly more than participants on the waiting list on seven of the nine variables analyzed, including depression, anxiety, interpersonal functioning, social adjustment, global psychopathology and self-mutilation. Analyses based on Jacobson's criteria for clinically relevant change indicated that 42% of those receiving DBT had clinically recovered on a general measure of psychopathology. The data suggest that three months of inpatient DBT treatment is significantly superior to non-specific outpatient treatment. Within a relatively short time frame, improvement was found across a broad range of psychopathological features. Stability of the recovery after one month following discharge, however, was not evaluated and requires further study.
© 2003 Elsevier Ltd. All rights reserved.

* Corresponding author. Tel.: +49-761-270-6822, fax: +49-761-270-6919.
E-mail address: martin_bohus@psyallg.ukl.uni-freiburg.de (M. Bohus).

0005-7967/$ - see front matter © 2003 Elsevier Ltd. All rights reserved.
doi:10.1016/S0005-7967(03)00174-8

Keywords: Borderline personality disorder; Dialectical behavioral therapy; Inpatient treatment; Psychotherapy

1. Introduction

Inpatient treatment of patients meeting criteria for borderline personality disorder (BPD) is both widespread (Loranger et al., 1994) and expensive (40% of the highest utilizers of psychiatric services in the United States) (Geller, 1986). Research studies evaluating the effectiveness of inpatient treatment approaches are limited. Currently, psychoanalytic treatment and Dialectical Behavioral Therapy (DBT) are recommended as treatments of choice (American Psychiatric Association, 2001). Bateman and Fonagy (1999, 2001) compared an 18-month psychoanalytically oriented partial hospitalization program to referral to outpatient standard care (TAU). They found significantly fewer suicide attempts in the partial hospital program compared to TAU after six months of treatment. The number of individuals who were no longer parasuicidal (i.e. no longer attempting suicide or intentionally self-injuring) was significantly lower in the partial hospitalization group by 12 months, as were scores on the global severity scale of the SCL-90-R after 18 months of treatment. Follow-up treatment consisted of 18 months of outpatient psychoanalytically oriented group therapy. Results indicated further significant improvement with continued treatment.

Dialectical Behavioral Therapy was developed by Linehan (Linehan, 1993a,b; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991) as a comprehensive principle-driven outpatient treatment program for individuals meeting criteria for BPD. In a controlled randomized one-year treatment study with chronically suicidal BPD patients, Linehan found that individuals assigned to standard outpatient DBT had more positive outcomes than those assigned to outpatient psychotherapists or mental health treatment centers in the community. Superiority of the outcomes were demonstrated across a number of outcome domains, including reduction of parasuicidal behaviors (i.e. intentional self-injury and suicide attempts), length and frequency of hospitalization, treatment drop out, and improvements in anger regulation and global and interpersonal functioning (Linehan et al., 1991; Linehan, Heard, & Armstrong, 1993; Linehan, Tutek, Heard, & Armstrong, 1994). Subsequent reanalysis of the data indicated that superior DBT efficacy could not be accounted for by differences in treatment dose in the two conditions (Linehan et al., 1993). Although these finding have been substantially replicated by Linehan et al. (2002) as well as other investigators of outpatient DBT (Verheul et al., 2003), the number of controlled research studies on DBT is still limited. In addition to the standard outpatient program, DBT has been adapted to various specific settings: family and adolescent treatments (Miller, Ratey, Linehan, Wetzler, & Leigh, 1997), forensic settings, and case management, as well as inpatient and day-treatment settings.

In principle, limiting hospitalization is an important part of the DBT philosophy. However, recent data confirmed the clinical evidence that about 80% of BPD patients in Germany experience frequent inpatient treatments on an average of 65 days per year (Jerschke, Meixner, Richter, & Bohus, 1998). Given these data, it is critically important to develop structured and specific inpatient programs for this group of patients. The inpatient DBT treatment program was initially developed by Charles Swenson at New York Hospital, White Plains (Swenson,

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات