“Staff nurse perceptions of the impact of mentalization-based treatment skills training on clinical practice when working with people with borderline personality disorder in acute mental health – A qualitative study”

BIGSPD Conference
Inverness
23rd March 2017

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What is Mentalizing?

“Human tendency to look beyond the visible shell of the body in understanding behaviour and seeking descriptions and explanations in terms of states of mind”  (Bateman and Fonagy, eds, 2012, p.3)
Mentalization-Based Treatment Skills Training (MBT-S)

- Skills derived from full MBT treatment programme
- Aim to re-establish mentalizing when lost, maintain when present
- 2 day workshop
- Theory and Role-play
- Cost-effective
- First introduced in 2013 for Staff Nurses in Royal Cornhill Hospital, Aberdeen
- 2014 Focus Groups to assess staff perception on MBT skills value in clinical practice
- Publication 2015 (Warrender 2015)
Aim of the Study

• To explore experiences of staff nurses in acute mental health working with people with borderline personality disorder (BPD)
• To explore the perceived impact of MBT Skills training (MBT-S) on clinical practice
Setting: Acute Mental Health

- 4 Wards
- 28 Bedded Wards
- Mixed Sex
- Patients aged 14* – 65
- A melting pot of people from different backgrounds with a variety of issues

*One Ward Only
Why do this study?

• BPD accounts for estimated 20% of psychiatric inpatients (Zanarini et al 2001)
• Associations with frequent and lengthy admissions (Dasgupta and Barber 2004)
• BPD viewed negatively by staff nurses (Woollaston & Hixenbaugh 2008; McGrath & Dowling 2012)
• Staff are less sympathetic to BPD compared with other mental health issues (Markham and Trower 2003)
• No studies on staff perceptions of MBT-S
• MBT studies limited to specialised settings
• MBT-S is a new and compact two day workshop
Research Process

- Ethical Approval
- 2 x Focus Groups (9 staff nurses from 18 who had completed MBT-S, 50% participation rate)
- Neutral Facilitator
- Interpretive and Phenomenological Approach to data analysis
Themes

1. Staff Perceptions on BPD Inpatient Care
2. Impact on Staff
3. Impact of MBT-S (*7 sub-themes*)
4. Clinical Supervision
5. Changed Perceptions of BPD
“Sometimes we get people in and they come in for two days, then they go home for a week, then they come in for three days and it’s just back forth back forth back forth back forth back forth, that you just, you don’t know what you’re doing with them anymore” (FG1 P3).
“I think they suck the life out of you to be perfectly honest . . .” (FG1 P3).
3: MBT-S Themes

i. Common-Sense Approach
ii. Consistency of Approach
iii. Empathy
iv. Flexibility
v. Empowerment of Staff
vi. Tolerating Risk
vii. Limitations
“In the training there was things that you recognized that you think, oh actually we do that, but we never had any formal training on it, so it was, so we’re doing that right, but maybe there’s something else we could do differently” (FG2 P2).
3(ii): Consistency of Approach

“We all kind of work to the same goal and with the same purpose” (FG1 P2).

“It’s not somebody saying one thing and somebody says something else” (FG1 P2).
3(iii): Empathy

“When somebody self-harmed . . . you just kind of dealt with it . . . cleaned it up give them a plaster, but I think they were saying at the training it’s, that’s not a normal thing to do. Why should you just go and clean it up and that’s it done with? You should kind of act like, “oh my goodness what have you done there”, then sit down with them and speak about it” (FG1 P1).
“You can focus on a little problem, whatever’s triggered the crisis . . . you can actually go in and say ok what’s upset you today and you can start the process that way . . . Or actually having a long one to one with somebody, and actually using it as like a fixed process, that’s the structure of your one to one . . . you can . . . you vary it” (FG1 P4).
3(v): Empowerment of staff

“I just feel like I know what I’m doing a little bit more” (FG1 P3).

“It’s almost like having a secret weapon that you can actually use, and you can actually see a difference with it” (FG1 P5).
“I think as a ward we feel that we’re less likely to put somebody with a borderline personality disorder on an ob (constant observation) . . . at the weekend we had somebody that cut really quite badly... now before I think, as a ward, as nurses we would have said right ob. But no, we knew she was heading towards discharge and we kind of thought ok, so she’s anxious. This is why she has cut... she’s anxious about going home this week, this is her way of telling us she’s anxious. So we took her up to A&E and got it dealt with, came back down and we didn’t put her on, we sat with her and we spoke through it, and we empathized with her you know you’re anxious you’re going home, but we didn’t put her on an ob” (FG2 P1).
“Last time I would say I was probably having quite a good one to one with somebody and I felt like I was using my skills, another member of staff came into the interview room and pretty much in a polite way told me to kind of get back, that they needed me out on the floor” (FG1 P3).
3 of 9 Participants had attended

“Yeah, it gives you a bit more confidence... a bit more ammunition as well, from the advice... you do go away with... an improved sense of ‘well ok you know, I’m not doing it completely wrong’” (FG1 P1).
“I think it makes it less frustrating, if you can kind of sit back and think about why the person is doing it . . . And maybe it helps you be a bit more empathetic” (FG2 P2).
Summary of Findings

• Working with people with BPD in acute mental health is extremely challenging for staff nurses, and can contribute to personal distress

• Staff feel care often lacks focus

• MBT-S is empowering and gives staff a “secret weapon”

• Clinical Supervision provides support, reassurance and “ammunition”

• Combat metaphors linked to the environment, not the patients. The ‘trenches’ of acute mental health

• Staff had a better understanding of BPD and more empathy as a result of MBT-S
Recommendations for Practice

• All staff nurses have the opportunity to attend MBT Skills Training
• Group Clinical Supervision is offered weekly and within protected time
• MBT-S is offered as part of pre-registration nursing programmes
• Further research into MBT skills training and inpatient care of BPD
Thank You

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References