

# Effectiveness of behavioural reinforcement approach in female patients with EUPD and mild LD

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**Aim:** To evaluate the progress made by female patients with Emotionally Unstable Personality Disorder and Mild learning Disability in an acute low secure ward.

**Background:** Arbury court is a women's secure service situated in Warrington. Alderley ward is a high dependency, acute low secure ward with 15 beds. Ward has high levels of physical, procedural and relational security to provide a safe and secure environment for the patients. The Multi-disciplinary team has vast experience in treating patients with personality disorder and managing the various risks including ingestion and insertion of foreign body, self-asphyxiation and violence. Alderley Ward uses the RAID (Reinforce Appropriate, Implode Disruptive) informed approach. The team however had limited experience in nursing patients with learning disability.



NICE guidelines recommend, when a person with a mild learning disability has a diagnosis of borderline personality disorder, they should have access to the same services as other people with borderline personality disorder.

**Methods:** Inclusion criteria: patients with a primary diagnosis of EUPD with a comorbid mild learning disability

We evaluated the progress of patients on the following parameters

- Reduction in observation level
- Significant (50%) reduction in the number of incidents
- Improvement in engagement in activities and community leave

**Results:** A total of 8 patients were included in this evaluation. 5 out of 8 patients made significant progress in all three parameters within the first 3 months of the admission. One patient took 6 months to make progress.

Two patients have not made progress. Both have an IQ of <65 and has comorbid autism. In the recovery group, only one patient has IQ <65 but no Autism. Another patient in the recovery group has comorbid autism but her IQ is between 65-70.

Length of previous hospitalisation, presence of mental illness, family support or age had no significant bearing on recovery..

	6 Patients made significant progress						Refractory	
Patients	1	2	3	4	5	6	7	8
Age	Average 29 Yrs						28 Yrs	
Sex	F	F	F	F	F	F	F	F
IQ	65-70	65-70	65-70	65-70	<65	65-70	<65	<65
Autism	No	No	No	No	No	Yes	Yes	Yes
Mental Illness	No	No	No	No	No	Yes	No	No
Total Duration of inpatient care	Average 7.5 Yrs						5.5 Yrs	
Supportive family	4/6						2/2	

**Conclusions:** Within this small sample of patients, it appears that IQ <65 and comorbid Autism were determining factors for recovery.

Patients who had any one of these factors made progress but patients with both of these factors did not make progress.

Significant environmental changes may be required to achieve progress for these two patients.

Acknowledgements: Credit to the Alderley nursing team and all staff members who supported patients. Charge nurses - Grace Ajetunmobi, Scott Robinson and George Skofic. RMN - Rachel Rowley, Diane Tomlinson, Sarah Greenbaum, Caroline Adarkwah and Bryony Foxhall  
Thanks to Leanne Smith, hospital director for the support and grant to carry out environmental changes.