Healthcare Improvement Scotland | ihub

Personality Disorder Improvement Programme

Staff Development and Therapeutic Approaches Webinar

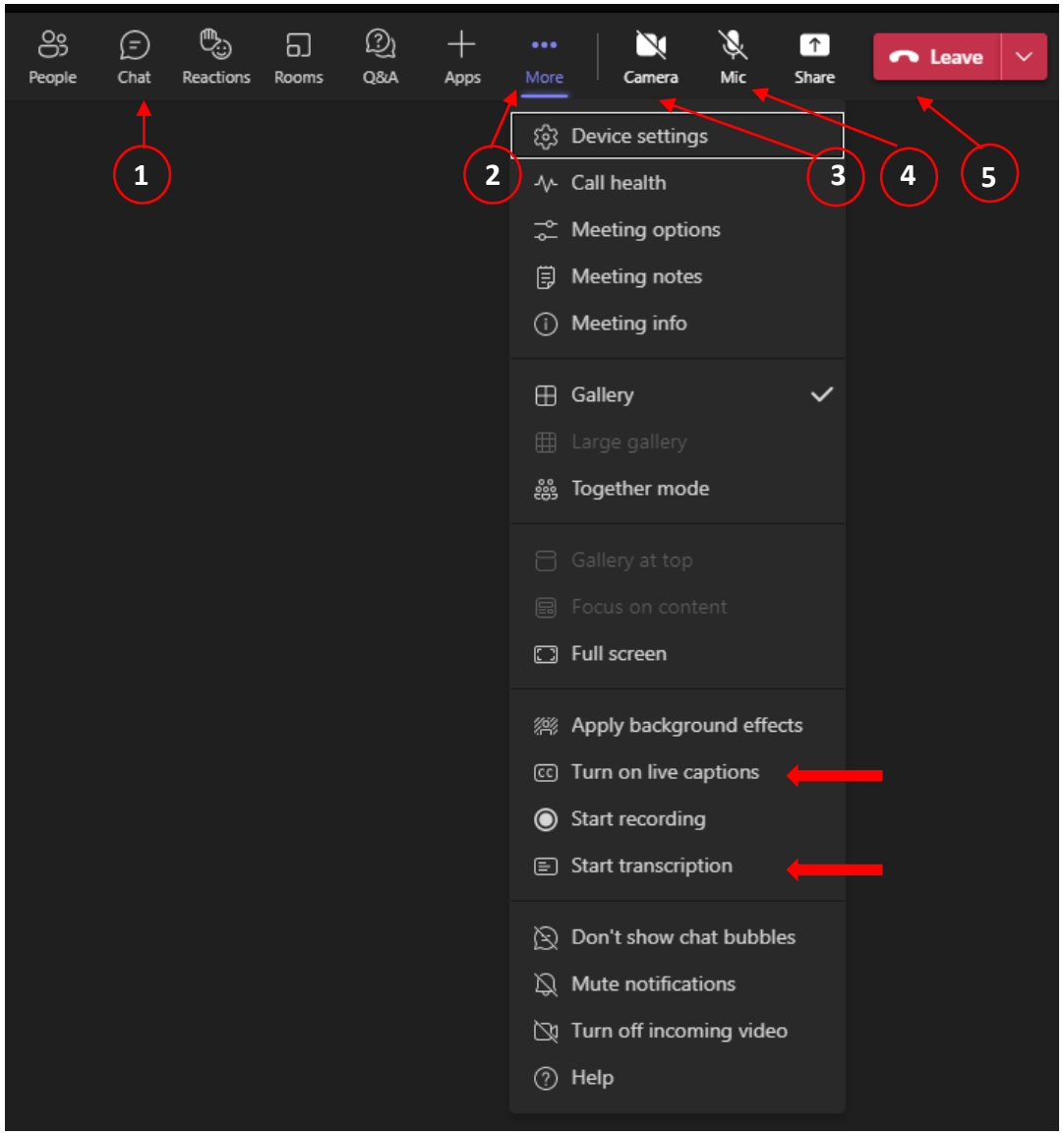
Tuesday 6 December
11:00 – 13:00

@SPSP_MH #PDIPscot

Welcome and introductions

Gordon Hay
Senior Improvement Advisor
Healthcare Improvement Scotland

MS Teams Settings



1. **How to open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Under 'more' you can access some accessibility features** such as live captions and also a live transcript of the meeting (highlighted with the arrow).
3. Your **camera** will be automatically switched **off**
4. Your **microphone** will be automatically switched **off**
5. How to **leave** the meeting

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.

Please do not record the session.

Agenda for today

Item No.	Title	Lead	Duration	Time
1.	Welcome and introduction	Gordon Hay	5 minutes	11:00 - 11:05
2.	Coordinated Clinical Care (CCC) training	Susan Lyon and Louise McGee, NHS Greater Glasgow and Clyde	15 minutes	11:05 - 11:20
4.	Questions and answers for our speakers		11 minutes	11:20 – 11:31
3.	STEPPS	Allison Blackett and Claire Letham, NHS Greater Glasgow and Clyde	15 minutes	11:31 - 11:46
4.	Questions and answers for our speakers		11 minutes	11:46 – 11:57
5.	Mentalization Based Therapy (MBT)	Kirsty-Anne McEwan, NHS Grampian	15 minutes	11:57- 12:12
6.	Dialectical Behaviour Therapy (DBT)	Tim Sporle, NHS Borders	15 minutes	12:12 - 12:27
7.	Schema Therapy in Fife	Kirsty Gillings, NHS Fife	15 minutes	12:27 - 12:42
8.	Questions and answers for our speakers		11 minutes	12:42- 12:53
9.	Poll		3 minutes	12:53 - 13:56
10.	Close	Gordon Hay	4 minutes	12:56 - 13:00

DELIVERING A BORDERLINE PERSONALITY DISORDER TRAINING PROGRAMME TO STAFF WORKING IN NHS GG&C MENTAL HEALTH SERVICES

SUSAN LYON & LOUISE MCGEE

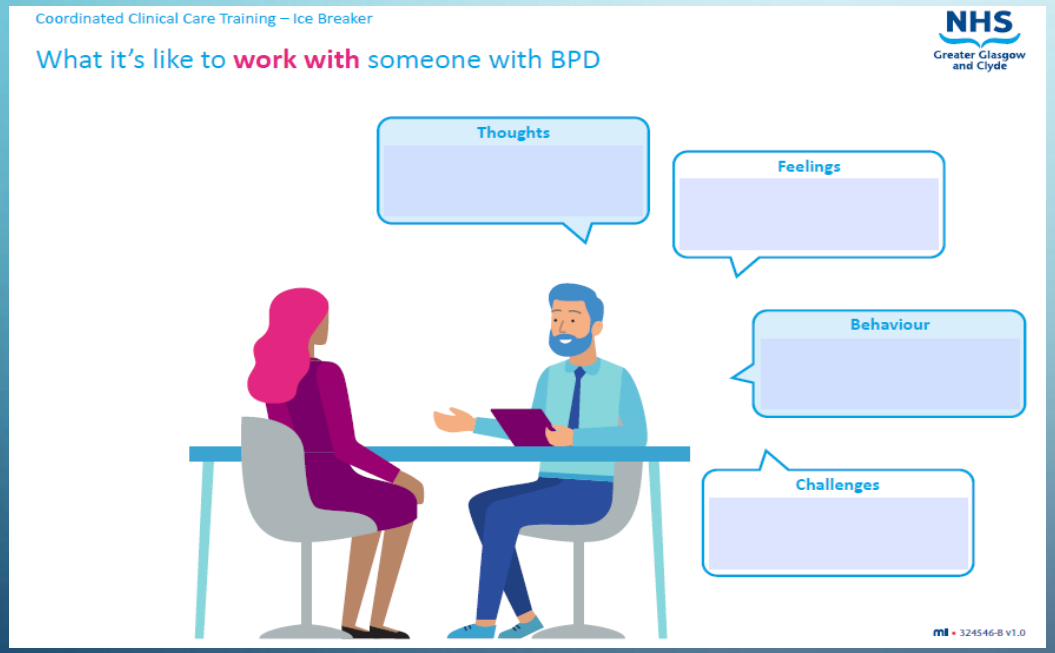
ggc.cccadmin@ggc.scot.nhs.uk

BACKGROUND

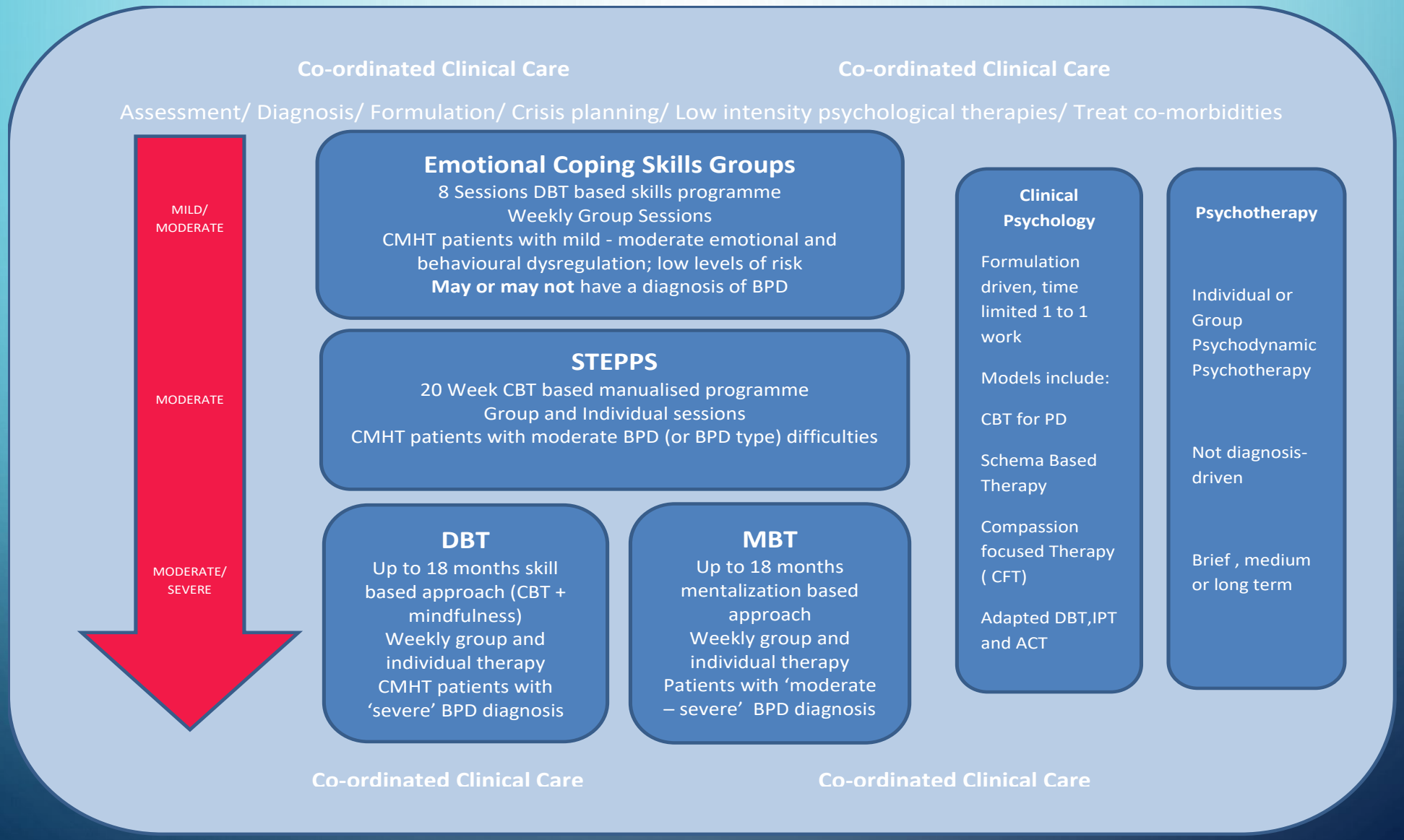
- Personality Disorder – no longer a diagnosis of exclusion (2003)
- Personality Disorder in Scotland – raising awareness, raising expectations, raising hope (2018)
- Living with Borderline Personality disorder – Mental Welfare Commission (2018)
- GG&C Mental Health Strategy (2018)
- Borderline Personality Disorder Implementation Steering Group

COORDINATED CLINICAL CARE TRAINING

- A one day multidisciplinary programme for clinical staff working with Borderline Personality Disorder



PATHWAY


Co-ordinated Clinical Care
Co-ordinated Clinical Care
Assessment/ Diagnosis/ Formulation/ Crisis planning/ Low intensity psychological therapies/ Treat co-morbidities
MILD/ MODERATE
MODERATE
MODERATE/ SEVERE
Emotional Coping Skills Groups
8 Sessions DBT based skills programme
Weekly Group Sessions
CMHT patients with mild - moderate emotional and behavioural dysregulation; low levels of risk
May or may not have a diagnosis of BPD
STEPPS
20 Week CBT based manualised programme
Group and Individual sessions
CMHT patients with moderate BPD (or BPD type) difficulties
DBT
Up to 18 months skill based approach (CBT + mindfulness)
Weekly group and individual therapy
CMHT patients with 'severe' BPD diagnosis
MBT
Up to 18 months mentalization based approach
Weekly group and individual therapy
Patients with 'moderate – severe' BPD diagnosis
Clinical Psychology
Formulation driven, time limited 1 to 1 work
Models include:
CBT for PD
Schema Based Therapy
Compassion focused Therapy (CFT)
Adapted DBT,IPT and ACT
Psychotherapy
Individual or Group Psychodynamic Psychotherapy
Not diagnosis-driven
Brief , medium or long term
Co-ordinated Clinical Care
Co-ordinated Clinical Care

OBJECTIVES

- To introduce a clinical framework of best practice
- To embed an empathic and validating culture in clinical practice
- To improve understanding and skills across clinical disciplines
- To address stigma and controversy surrounding the diagnosis
- To work alongside people with lived experience to gain expert insight about what works
- To improve service user experience of contact with services

RESOURCE

- Two 0.2 BPD Trainers from clinical background
- Collaboration with **BPD Dialogues Group**
- 3 training days a month
- Digital platform – MS Teams (30 participants per session)
- Admin support from existing psychological therapies training team
- Supported by training sub-group

OUTLINE

- Considers different theories of personality development
- Highlights diagnostic changes = ICD-11
- Acknowledges challenges to working well with this diagnosis
- Promotes principles of good practice, skills and strategies
- Emphasises treatability and evidence based therapies
- Considers importance of team and individual support

EVALUATION

- Pre and Post Outcome Measure
- Understanding; Skills; Empathy; Attitudes; Confidence
- 3 month follow up measure
- Evaluation questionnaire
- BPD Link Workers
- Communication with **BPD Dialogues Group**

INITIAL FINDINGS

- 44 training session - Feb 2021 – Sep 2022
- 460 staff members trained
- Improvement in key target areas
- Robust and dynamic
- Improved crisis outcomes
- BPD Link Workers identified for all priority service teams
- Service users report improved experience

Outcome Measures Scale 1 - 10	Pre n = 174	Post n = 55	3m follow up n = 39
Understanding of BPD	6.3	8.8	8.4
Skills for working with BPD	6.0	7.9	7.8
Empathy and Compassion	7.9	8.9	8.8
Negative Beliefs about BPD	4.4	3.7	4.5
Confidence to Treat	8.0	8.8	8.3


group discussion
groups in future
Great training
excellent training
smaller group
patients with BPD
breakout groups
time
training
days
breakout rooms
Brilliant training
face to face
days - screen
lot
good
improvement
face interaction
training day
basics of emotions

CONCLUSIONS

- Compatible with both in-person and digital delivery
- Effective in achieving key target improvements
- More work needed to maintain improvements over time
- Opportunity to develop Link Worker Role
- Valuable training

WHAT NEXT?

- Increase trainer resource
- Develop further lived experience contribution
- Extend to additional service areas – CAMHS; ADRS; OACMHT; Forensic; LD
- Embed in junior doctor training programme
- Adapt for non-clinical staff (admin)
- Top up sessions to embed practice

QUESTIONS?

Thank You

Susan Lyon & Louise McGee

ggc.cccadmin@ggc.scot.nhs.uk

Adult Mental Health Services

Claire Letham, CBT Therapist, PT Groups Service, NHS GG&C

Dr Allison Blackett, Consultant Clinical Psychologist and a Psychology Professional Lead in GG&C

Psychological Therapies Groups Service (P.T.G.S.)

PTGS

Service started October 2020.

Provide Psychological Therapy Groups to people attending 18 CMHTs across NHSGGC.

Psychological Therapies Groups Service
Leverndale Hospital, Admin Building
Tel - 0141 211 6466

PTGS

The Psychological Therapies Groups Service currently delivers…..

Emotional Coping Skills (ECS) for emotional dysregulation

Behavioural Activation (BAG) for depression

The Unified Protocol (UP) for anxiety disorders

Survive & Thrive (S&T) in female-only, male-only and mixed cohorts

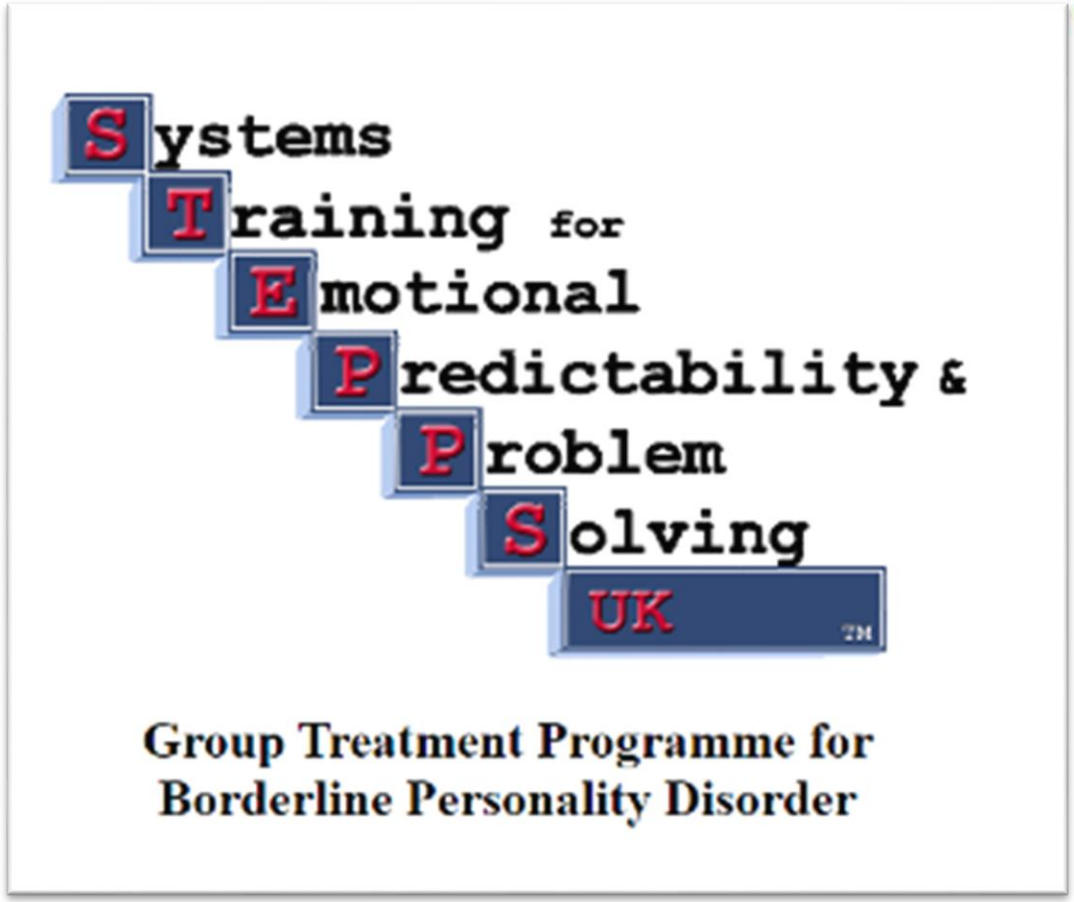
Acceptance and Commitment Therapy (ACT) for Long Term Physical Health Conditions (LTCs)

STEPPS

STAIRWAYS

The PTGS ‘intention’ for STEPPS delivery is to deliver 8 cohorts per year, in partnership with the local CMHTs, accepting 96 referrals.

STEPPS


Systems
Training for
Emotional
Predictability &
Problem
Solving
UK
Group Treatment Programme for
Borderline Personality Disorder

STEPPS

An evidence-based psychological therapy for patients with symptoms of or a diagnosis of Borderline Personality Disorder. It has been delivered in a face-to-face group setting across NHS Scotland health boards areas for several years, usually taking place in Community Mental Health Teams.

Traditionally a twenty-week programme consisting of a two-hour face to face group each week plus a 30-minute individual or small group 'reinforcer' session to reinforce the materials taught in the group sessions.

All face-to-face groups suspended in March 2020 due to Covid-19.

In summer 2020 - STEPPS facilitators across NHS Scotland began to work together to update the STEPPS materials to make them more suitable for digital delivery.

Some groups that had started face to face and had been suspended resumed digitally. New cohorts started fully digitally.

STEPPS

Skills:

Distancing
Communicating
Challenging
Distracting
Managing problems
Setting Goals
Eating
Sleeping
Exercise
Leisure
Physical Health
Abuse Avoidance
Relationship Behaviours

NHS Greater Glasgow and Clyde

General Evidence

- 8 uncontrolled studies and 3 randomized controlled studies. This provides one of the world's largest bodies of data supportive of *any* group treatment for persons with borderline personality disorder, exceeded only by that for dialectical behaviour therapy.
- The data are remarkably consistent in showing that patients have measurable improvements in mood, impulsiveness, and symptoms specific to BPD such as mood instability, cognitive problems (e.g., overvalued ideas, depersonalization, and nonpsychotic paranoia), identity issues, and disturbed relationships; health care seeking, and self-harm behaviours are reduced.
- Further, data show that STEPPS is well accepted by patients and therapists.

Black, Donald W., Nancee S. Blum, and Jeff Allen, 'Research Evidence Supportive of STEPPS', in Donald W. Black, and Nancee Blum (eds), Systems Training for Emotional Predictability and Problem Solving for Borderline Personality Disorder: Implementing STEPPS Around the Globe (New York, 2016; online edn, Oxford Academic, 1 Mar. 2017), https://doi.org/10.1093/med:psych/9780199384426.003.0002, accessed 1 Nov. 2022.

General Evidence

- STEPPS plus treatment as usual for people with borderline personality disorder, can improve symptoms, behaviour and global functioning across a range of scales. Outcomes remain relatively stable after 1 year.

General Evidence

- 30 patients completed 1 of 4 STEPPS groups. Results: Significant reductions in symptom severity and affinity for maladaptive schemas were in evidence, as well as highly significant increases in patients' self-reported quality of life.

Hill, N., Geoghegan, M. and Shawe-Taylor, M. (2016), Evaluating the outcomes of the STEPPS programme in a UK community-based population; implications for the multidisciplinary treatment of borderline personality disorder. J. Psychiatr. Ment. Health Nurs., 23: 347-356. https://doi.org/10.1111/jpm.12315

Experience and Model of Implementation

- Pre-Covid – face to face groups in CMHTs.
- From summer 2020 Scotland-wide group looked at materials to modernise them – now have videos and PowerPoint presentations as well as the original written materials to improve delivery options. This group still connects through an MS Teams channel to update each other on any developments.
- From spring 2021 – STEPPS groups resumed, and new cohorts started digitally.

Through the PTGS and CMHT partners:

- 7 groups started in 2021.
- 6 groups ran in 2022.
- Most groups started with approximately 10 patients in each group.

Developing staff to deliver STEPPS

- The PTGS launched in Dec 2020 with only one member of staff trained in STEPPS, at a time when taught STEPPS training was not available via NES
- We had to swiftly **build capacity to deliver STEPPS** within the service

Developing staff to deliver STEPPS

What we did…..

- We made links with the local ‘leads’ for STEPPS in each of the 4 localities
- We liaised with STEPPS experts in Scotland around how we could feasibly build capacity in the absence of taught courses being available
- We contributed to the national work which was ongoing at the time to digitalise the STEPPS programme
- We negotiated how to work in partnership with each of the 4 localities to deliver a STEPPS cohort digitally for their locality whilst training our staff in a peer-to-peer training approach

Developing staff to deliver STEPPS

The peer-to-peer training approach we used:

- We attached a member of our staff to each cohort being delivered by two STEPPS-trained and experienced facilitators, from the local CMHTs, for the entire 21-week programme
- We provided the expertise in digital delivery of PT groups
- We provided the admin support
- We went from 1 STEPPS trained member of staff to 9 between Spring 2021 and now

What works?

PTGS are keen for patient feedback:

- Screening
- Clinical Outcome Measures
- Feedback during sessions
- STEPPS specific feedback form
- General feedback questionnaire post group

What works?

- **Scotland-wide patient feedback:**
- "Been waiting a long time for STEPPS"
- "Glad to be able to access group digitally"
- "I found it easier despite my anxiety about being on screen doing the course online as I never missed a group"
- "An online course probably could really help. It was good that I was already at my house by the end of sessions. Some topics are very triggering, and I would be exhausted or tearful afterwards. If I then had to find my way home that could bring out its own difficulties. Training facilitators on tech also help reduce amount technical failures."
- "I found the materials very useful. Being able to go back and use them again and again"
- "It has all been very helpful"
- "I have had nothing but good things from the girls from group. Helping me see how far I've come through all this"
- "I understood EID well before, but now I understand to manage my problems better"
- "Most things but especially having a group of people who have similar difficulties to talk to and feel supported and listened to..."
- "I think the only thing would be to be in person but that can't be helped right now"
- "Some of the videos were not helpful, I didn’t understand why I had to watch a video of someone reading a script that I had in front me. The videos did have useful information but I found it frustrating how scripted and automated they sounded."
- "I think when time allows, getting it in person"

PTGS patient feedback:

You really helped me so much in gaining confidence that I really can get better. I can't actually believe, that I learned to believe I'll get better!

It's great to have links to each video, because I definitely will be referring to them in the future.

Getting information and meeting other people who suffer.

Filters

What works?

Having people relate with and gain shared understanding and support.

The knowledge and skills I got to learn were not necessarily something that has already become my own stuff, but they are being put into my mind and I am sure they would influence me more and more with time. I will review the knowledge after the course, and keep practicing the skills.

Being able to have conversations and not being judged.

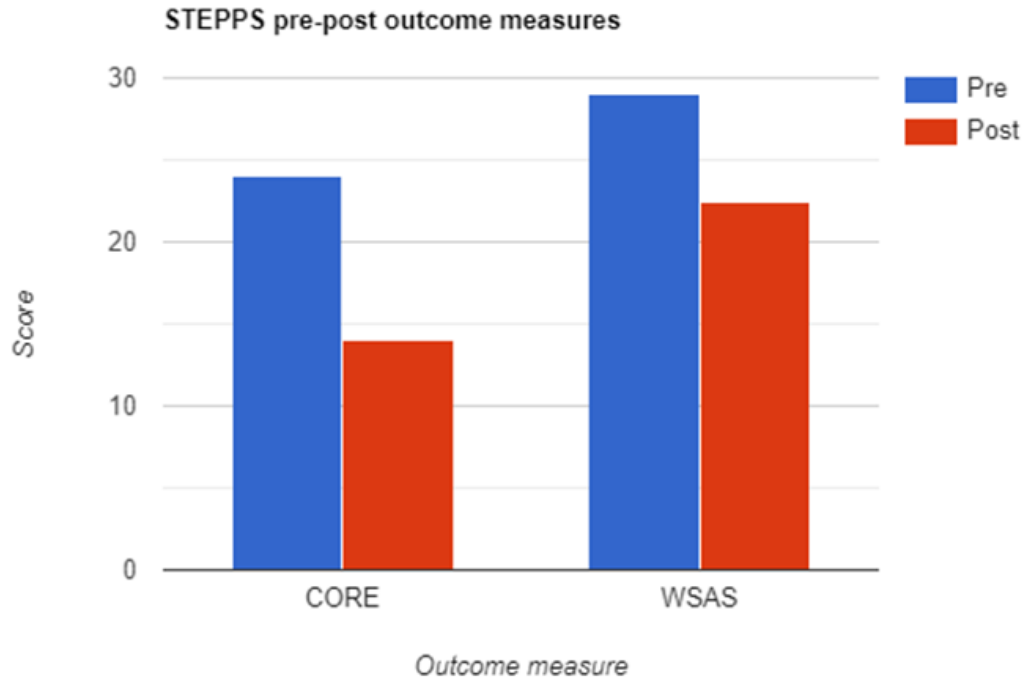
The sharing amongst everyone.

What works?

- Core-34 (overall measure of psychological distress) and Work and Social Adjustment Scale outcome measure data has been examined for groups completed between Dec 2020 and June 2022.
- 6 STEPPS cohort were completed during the census period. 18 people completed both the pre and post-test outcomes measures (1 person completed CORE only), which is a 75% return rate.

What works?

The mean pre and post scores on 2 of the group measures (CORE-OM; WSAS) are shown in Figure 11. The t-tests revealed that there was a significant change (<.05) in CORE-OM mean scores, and no significant change in WSAS mean scores.



What are the obstacles?

- Access to technology
- Access to private space
- Preference for face to face
- Access to reinforcers

PTGS patient feedback:

What are the obstacles?

I would personally like more sessions so that we can slow down a little bit.

I'd really like for more topics to be covered.

The materials are very dated

The In person dynamic was missing.

Paperwork being sent digitally for more secure confidential storage.

Maybe some updated worksheets, it could be made more lgbtq friendly with they/them rather than use of him/her in examples

Connection with MS Teams and Internet

Couldn't hug the group members and facilitators to thank them.

What have we learned in GGC?

- We can deliver STEPPS digitally
- Digital delivery is the preferred method for some patients
- When we work in partnership and pull our resources, we can quickly build capacity to deliver STEPPS
- The peer-to-peer training model is a high-quality training approach to training, which we intend to retain
- Implementation of STAIRWAYS delivery from patient feedback

Q&A Session

Mentalization Based Treatment (MBT)

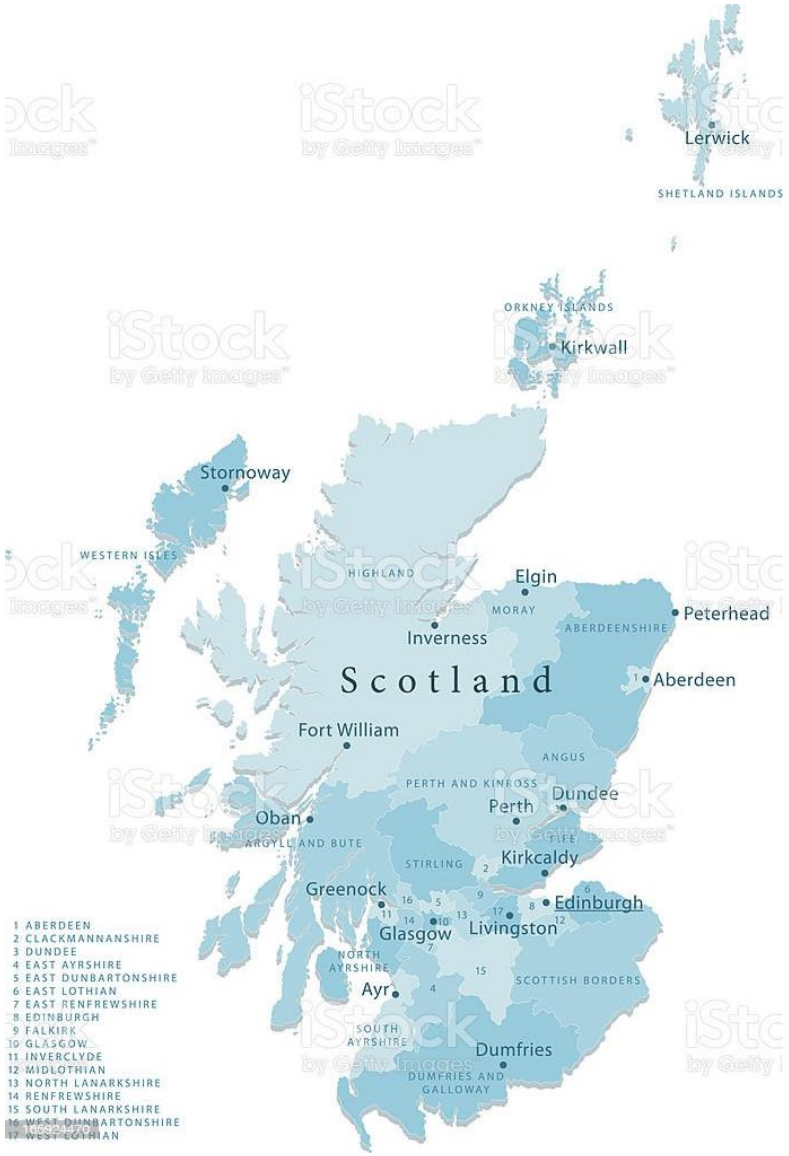
Kirsty-Anne McEwan

Adult Psychotherapist

Mentalization-Based Supervisor

Nurse Therapist

Aberdeen Psychotherapy Department



What is Mentalization?

Mentalizing is a form of *imaginative* mental activity about others or oneself.

Namely, perceiving and interpreting human behaviour in terms of *intentional* mental states (e.g., needs, desires, feelings, beliefs, goals, purposes, and reasons).

“The HUB Day” Mentalization Based Treatment Programme

Treatment Journey

Referral from secondary care

Psychotherapy Assessment – Formulation and Relational Passport

Pre-meeting Therapists and Group

24 weeks, 2 groups a day.

-1st Group – Psychoeducation MBT I (12 weeks) MBT Skills (12 weeks)

Social Break

-2nd Group – MBT G

End of 24 weeks – Review appointment 6-8 weeks.

Outcomes

Significant decrease in Global severity, interpersonal sensitivities, depression, paranoid ideation, phobic anxiety and psychoticism.

A trend towards a drop in interpersonal difficulties (IIP) and an increase in work role satisfaction (SAS).

(Perrin, 2015) (Flood, 2017)

Experience: emerging themes

- The feeling of not being alone
  - “It makes you feel you’re not alone, there are other people in the group that have the same sort of traits...”
- Being able to stop and think
  - “Being able to control, stop and think, that’s a big thing for me”
- Improving and getting worse at the same time
  - “Its been a rollercoaster, a lot of downs and not so many ups”
  - “I was seeing myself getting worse again because I was just umm dealing with a lot at the same time but not I think its gone really well.”
- Finding it difficult not to put others before yourself
  - “Feeling like you’re not stealing anybody else’s time is really difficult”

MBT Aberdeen Adaptations

- Adapting to our service needs.
- Feedback from our service users.
- MBT SMS group
- MBT EDS group which has been piloted in the Eating Disorders Department

Training and Links to other services

- Local MBT Skills course for Mental Health Practitioners (2 days)
- Supervision for Teams and Individuals – CMHT, SMS, EDS and CAMHS

MBT Scotland

MBT Basic Training

MBT Practitioner Course

Dialectical Behaviour Therapy in NHS Borders

Tim Sporle

Consultant Clinical Psychologist

Overview

- Brief explanation about DBT
- What to expect from DBT treatment
- Evidence Base
- Borders context and our Challenges and Strengths
- Evaluation
- Resources

What is DBT?

- Developed by Marsha Linehan during the 1980s – manualised by 1993
- Many similarities to CBT with a focus on the relationship between thoughts, emotions and behaviour
- Emphasis on dialectics
- Developed for people who have a diagnosis of Borderline Personality Disorder
- Goal - creating a life worth living

Dialectics

- Thesis – Antithesis - Synthesis
- Primary dialectic – acceptance vs. change
- Other themes include –
  - Connectedness
  - Relational nature of our experience
  - Change is the only constant
  - Always more than one side to any situation

Skills Courses

- Weekly skills group including homework
- Acceptance:
  - Mindfulness
  - Distress Tolerance
- Change:
  - Emotion Regulation
  - Interpersonal Effectiveness
- Repeating the course for a second cycle

Individual Therapy

- Weekly Diary Card
- Chain Analysis
- Goals – guided by target hierarchy – primary target reducing life-threatening behaviours
- Skills practice and consolidation
- Phone consultation with therapist
- Weekly team consultation for both individual therapy and skills courses

Evidence Base

- A number of Randomised Control Trials support effectiveness of individual therapy and skills (standard DBT) - see Linehan 2015
- Emerging evidence base including RCTs for skills training as stand-alone treatment – see Linehan 2015

DBT in the Borders

- Rural population, 115 000
- No specialist services – DBT Team sits within the 3 CMHTs
- 6 team members currently – approx. 2/3 sessions a week
- 2 levels of intervention – skills and programme
- 3 staff able to deliver individual treatment
- External supervision

Challenges

- Providing DBT treatment given our limited staff resources
- Maintaining staffing – e.g. relationship with CMHT Team Managers to free time of non-psychology staff
- Delivering treatment to a rural population
- Computer systems don’t facilitate data collection – e.g. questionnaire data, A&E presentations etc.

Strengths

- Developing treatment options – stand alone skills
- Using technology – video calls - to support treatment
- Consultation and advice to our CMHT colleagues
- Developing a psychological treatments pathway – DBT fits within a range of treatment options
- Developing a new psychological therapist post

Evaluation

- Working on our data collection using Microsoft Forms
- Feedback from participants over the years:

  “Since I did DBT some difficult stuff has happened and DBT helped me cope better than I would’ve done before”

  “DBT was both one of the hardest and one of the best things I have ever done”

  “I use the techniques daily, it has helped me through a very hard and emotional year”

Resources / References

- MIND leaflet on DBT: https://www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/dialectical-behaviour-therapy-dbt/
- Marsha Linehan talking about DBT: https://www.youtube.com/watch?v=bULL3sSc_-I
- DBT-RU - YouTube videos about DBT skills from Rutgers University https://www.youtube.com/c/DBTRU/featured
- DBT coach app

- Linehan (2015) DBT Skills Training Manual, 2nd Edition. The Guilford Press
- Linehan (1993) Cognitive Behavioural Treatment of Borderline Personality Disorder. The Guilford Press

Summary

- Brief explanation about DBT
- What to expect from DBT treatment
- Evidence Base
- Borders context and our Challenges and Strengths
- Evaluation
- Resources

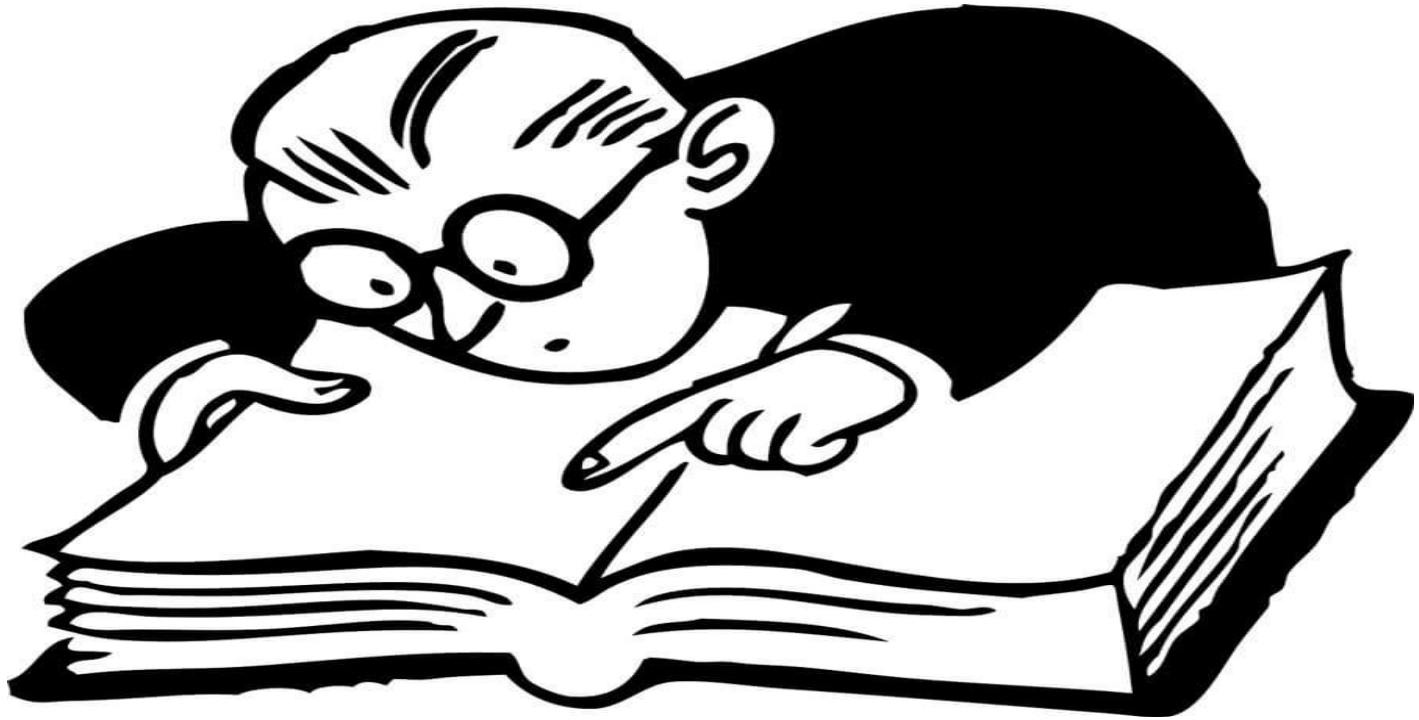
Schema Therapy in Fife

Dr Kirsty Gillings
Consultant Clinical Psychologist
Advanced Certified Schema Therapist, Supervisor & Trainer

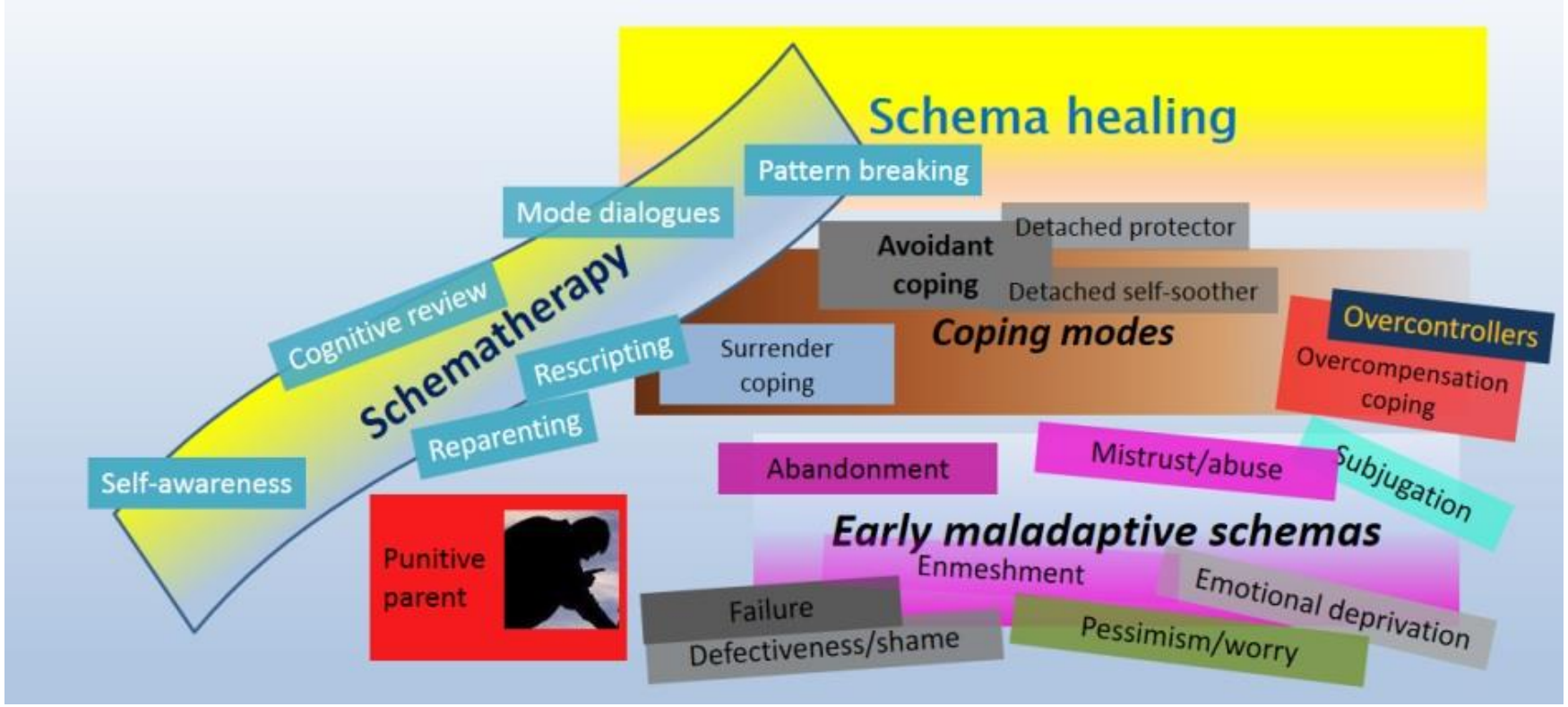
Overview

- What is schema therapy?
- How effective is schema therapy?
- Schema therapy in NHS settings – the Fife example
- Making treatment effective – governance of schema therapy in Fife

An initial caveat – the problem of terminology



What is schema therapy?



Schema Therapy Institute South Africa

How effective is schema therapy?

Psychological Medicine

cambridge.org/psm

Original Article

Cite this article: Bernstein DP *et al* (2021). Schema therapy for violent PD offenders: a randomized clinical trial. *Psychological*

Schema therapy for violent PD offenders: a randomized clinical trial

David P. Bernstein[1], Marije Keulen-de Vos[2], Maartje Clercx[2], Vivienne de Vogel[3], Gertruda C. M. Kersten[2,4], Marike Lancel[5,6], Philip P. Jonkers[7], Stefan Bogaerts[8,9], Mariëtte Slaats[5,10,11], Nick J. Broers[12], Thomas A. M. Deenen[11] and Arnoud Arntz[1,13]

Behavioural and Cognitive Psychotherapy, 2017, 45, 31–45
First published online 30 August 2016 doi:10.1017/S1352465816000357

Schema Therapy for Personality Disorders: a Qualitative Study of Patients' and Therapists' Perspectives

JAMA Psychiatry | Original Investigation

Effectiveness of Predominantly Group Schema Therapy and Combined Individual and Group Schema Therapy for Borderline Personality Disorder
A Randomized Clinical Trial

Arnoud Arntz, PhD; Gitta A. Jacob, PhD; Christopher W. Lee, PhD; Odette Manon Brand-de Wilde, PhD; Eva Fassbinder, MD; R. Patrick Harper, MSc; Anna Lavender, DClinPsy; George Lockwood, PhD; Ioannis A. Malogiannis, DrMed; Florian A. Ruths, DrMed; Ulrich Schweiger, DrMed; Ida A. Shaw, MA; Gerhard Zarbock, PhD; Joan M. Farrell, PhD

Economic Evaluation of Schema Therapy and Clarification-Oriented Psychotherapy for Personality Disorders: A Multicenter, Randomized Controlled Trial

Lotte L. M. Bamelis, PhD[a]; Arnoud Arntz, PhD[a,c,*]; Pim Wetzelaer, MSc[a]; Ryanne Verdoorn, MSc[a]; and Silvia M. A. A. Evers, PhD[b,d,e]

Article

Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders

Lotte L.M. Bamelis, Ph.D.
Silvia M.A.A. Evers, Ph.D.
Philip Spinhoven, Ph.D.
Arnoud Arntz, Ph.D.

Objective: The authors compared the effectiveness of 50 sessions of schema therapy with clarification-oriented psychotherapy and with treatment as usual among patients with cluster C, paranoid, histrionic, or narcissistic personality disorder.

Method: A multicenter randomized con-

Results: A significantly greater proportion of patients recovered in schema therapy compared with treatment as usual and clarification-oriented psychotherapy. Second-cohort schema therapists had better results than first-cohort therapists. Clarification-oriented psychotherapy and treatment as usual did not differ. Findings

Contents lists available at ScienceDirect
Behaviour Research and Therapy
journal homepage: www.elsevier.com/locate/brat

Implementation of outpatient schema therapy for borderline personality disorder with versus without crisis support by the therapist outside office hours: A randomized trial

Marjon Nadort[a,*], Arnoud Arntz[b], Johannes H. Smit[a], Josephine Giesen-Bloo[b], Merijn Eikelenboom[a], Philip Spinhoven[d], Thea van Asselt[e], Michel Wensing[c], Richard van Dyck[a]

Schema therapy in NHS settings

Group schema therapy for personality disorders: A pilot study for implementation in acute psychiatric in-patient settings

Igor Nenadić[a,*], Sina Lamberth[b], Neele Reiss[b,c]

[a] Department of Psychiatry and Psychotherapy, Jena University Hospital, Friedrich-Schiller-University of Jena, Philosophenweg 3, 07743 Jena, Germany
[b] Department of Differential Psychology and Psychological Assessment, Institute of Psychology, Goethe University of Frankfurt am Main, Theodor-W.-Adorno-Platz 6, 60323 Frankfurt, Germany
[c] Institute for Psychotherapy Mainz (IPSTI-MZ), 55116 Mainz, Germany

Exploring the effect of group schema therapy and comorbidity on the treatment course of personality disorders

David Koppers[a], Henricus L. Van[b], Jaap Peen[a] and Jack J.M. Dekker[a,c]

A Feasibility Study of Group Schema Therapy with Psychomotor Therapy for Older Adults with a Cluster B or C Personality Disorder

Silvia D.M. van Dijk, Renske Bouman, Ewa H. Folmer, Sebastiaan P.J. van Alphen, Rob H.S. van den Brink & Richard C. Oude Voshaar

Short-term group schema therapy for mixed personality disorders: a pilot study

Sally A. Skewes[1], Rachel A. Samson[1], Susan G. Simpson[1]* and Michiel van Vreeswijk[2]

Short-term group schema cognitive-behavioral therapy for young adults with personality disorders and personality disorder features Associations with changes in symptomatic distress, schemas, schema modes and coping styles

Fritz Renner[a,*], Michiel van Goor[a], Marcus Huibers[a,c], Arnoud Arntz[a], Betty Butz[b], David Bernstein[a]

The influence of depressive symptoms on the effectiveness of a short-term group form of Schema Cognitive Behavioural Therapy for personality disorders: a naturalistic study

David Koppers[1*], Henricus Van[2], Jaap Peen[1], Jet Alberts[2] and Jack Dekker[1,3]

The NHS Fife Example – Online Brief Group Schema Therapy initial outcome analysis (N = 50)

- Low dropout (overall 20%; typically <10%)
- Well attended (M = 17.8 sessions attended)
- No adverse events (bar the odd complaint!)
- Significant change in:
  - Symptoms (global distress, interpersonal sensitivity; BSI)
  - Schemas (YSQ) and modes (SMI)

Making treatment effective

- Treatment fidelity
- Adherence to the protocol
- Building a sustainable model

Thank you for listening!

Q&A Session

Polls

Next steps

Follow up email circulated Soon

See Me Scotland Workshop – 19th January

Keep in touch

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To find out more visit https://ihub.scot/improvement-programmes/mental-health-portfolio/personality-disorder-improvement-programme/