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Evaluation of Schema Therapy in a High-Secure Personality Disorder Service

**Bolton, Salford and Trafford
Mental Health NHS Trust** 

Mersey Care 
NHS Trust

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ACKNOWLEDGEMENTS

Home Office Dangerous and
Severe Personality Disorder
Programme

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OBJECTIVES

1. Describe research study
 - Background & literature
 - Rationale
 - Aims
 - Methodology
 - Treatment Protocol
2. Present preliminary data

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BACKGROUND

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Personality Disorder: No Longer A Diagnosis Of Exclusion

*“...consider how to meet the needs of patients with a personality disorder who experience significant distress or difficulty as a result of their disorder...”
(National Institute for Mental Health in England, 2003, p7.).*

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Personality Disorders Capabilities Framework

*“...in addition to the development of both specialist mental health and forensic services to people with PD, staff will be equipped with education and training they need to work effectively.”
(National Institute for Mental Health in England, 2003, p4.).*

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Dangerous & Severe Personality Disorder (DSPD) Programme

- Joint Home Office, Prison Service, Dept of Health Initiative
- Develop, Pilot & Deliver NEW Mental Health Services for people with DSPD
- A dedicated Research & Development programme

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DSPD Definition

- More likely than not to commit an offence that might be expected to lead to serious physical/psychological harm from which the victim would find it difficult or impossible to recover; and
- He or she has a severe disorder of personality; and
- There is link between the disorder and the risk of offending

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LITERATURE

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Psychological Therapies PD in Forensic Services (1)

- A number of meta-analyses and reviews demonstrated effectiveness (e.g. Andrews et al, 1990; Antonowicz & Ross, 1994; Lipsey, 1992; Losel, 1998)
- Effective programmes
 - Address criminogenic needs, [*e.g. attitudes, criminal associates, Antisocial Personality & Behaviour*]
 - Multi-modal with a CBT component,
 - Treatment integrity,
 - Run for longer than 12 months (Hollin, 1999; Losel, 1998)

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Psychological Therapies PD in Forensic Services (2)

- “What Works” - Harper & Chitty, 2005
 - CBT e.g. Reasoning & Rehabilitation, Problem Solving, Enhanced Thinking Skills
- CBT addressing core belief systems effective in Psychopathy (Salekin, 2002) & DSPD (Warren et al., 2003)
- Dialectic Behaviour Therapy for females with Borderline PD (Linehan, 1993).
- Short-term CBT limited due to rigidity, avoidance and interpersonal difficulties of PD – need for Schema Therapy (Young, 2003)
- Schema Therapy > Psychotherapy + TAU in BPD: 50% v 33% (Young, 2004 - *Citing Arntz 2004*)

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RATIONALE

- ✓ Few detailed studies in UK high secure samples with PD
- ✓ Limited data on the personality profiles
- ✓ Outcomes restricted to re-offending post-discharge
- ✓ Research evidence suggests CBT suited to BPD v ASPD
- ✓ Psychopathy treatment programme for prisoners scoring 25+ on the PCL-R
- ✓ No RCTs trials in incarcerated samples with primary diagnoses of ASPD

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RESEARCH AIMS

- Conduct independent evaluation of Schema Therapy using an RCT design.
- Investigate the effect of patient diagnosis and characteristics on treatment response.
- Assess treatment effects at 12-month follow-up.
- Assess feasibility of using an RCT to evaluate treatments in DSPD programmes.
- Evaluate the treatment process and integrity and identify areas for improvement.

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METHODOLOGY

- Pre-randomisation baseline assessment
- Random assignment to “Treatment as Usual” (TAU) group vs. Schema Therapy + TAU
- Blind Randomisation conducted independently
- Baseline assessment then 6 monthly during therapy
- Follow-up 12 months post-therapy

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Outcome measures

- Personality Traits
- Schemata
- Risk (Violence & Sexual Violence)
- Institutional behaviour
- Interpersonal Style

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MEASURES

<u>Demographic</u>	
<u>Personality:</u>	PCL-R, PCL:SV, SCID II, APQ
<u>Axis 1:</u>	SCID I, BPRS, HADS
<u>Risk:</u>	HCR-20, VRS, VRAG, RSVP
<u>Behavioural:</u>	CIRCLE, WARS, IBRS, MOAS
<u>Neurocognitive:</u>	Nart, STOP, Face Expression
<u>Schema:</u>	YSQ, YCI, YRAI, YPI
<u>Treatment:</u>	Therapy Adherence Scale, WAI

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Reliability Analysis

- 2 raters on 7 random cases
 - PCL Total .95
 - PCL:SV Interpersonal .86
 - PCL:SV Social Dev .94
 - VRAG .96
 - HCR-20 .83
 - BPRS .94

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TREATMENT

Mark Christie and
Arthur Fairbanks

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SCHEMA MODE THERAPY

- Developed by Jeff Young from his original Schema Focused Therapy model for patients mostly with Borderline Personality Disorder.
- Emphasis is not on the Early Maladaptive Schemas themselves but on the Schema Modes:
 - Sets of schemas with an associated emotional arousal and patterns of interpersonal behaviour.
- Basis of the model lies in the modes' derivation in the child's attempts to cope with the distress from neglect and abuse - focusing then on where these maladaptive patterns continue into adulthood.

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SCHEMA MODE THERAPY

- Aims to replace maladaptive modes with healthier ones.
- Process:
 1. Identify and label the patient's modes.
 2. Explore their origin and link to adult problems (including offending) – the Mode Formulation.
 3. Educate the patient about healthier/open modes then help and support their accessing of them.
 4. Engage in 'repair' where traumatic impact of childhood experiences is specifically identified.
 5. Support the generalisation of change beyond the therapy relationship → Termination.

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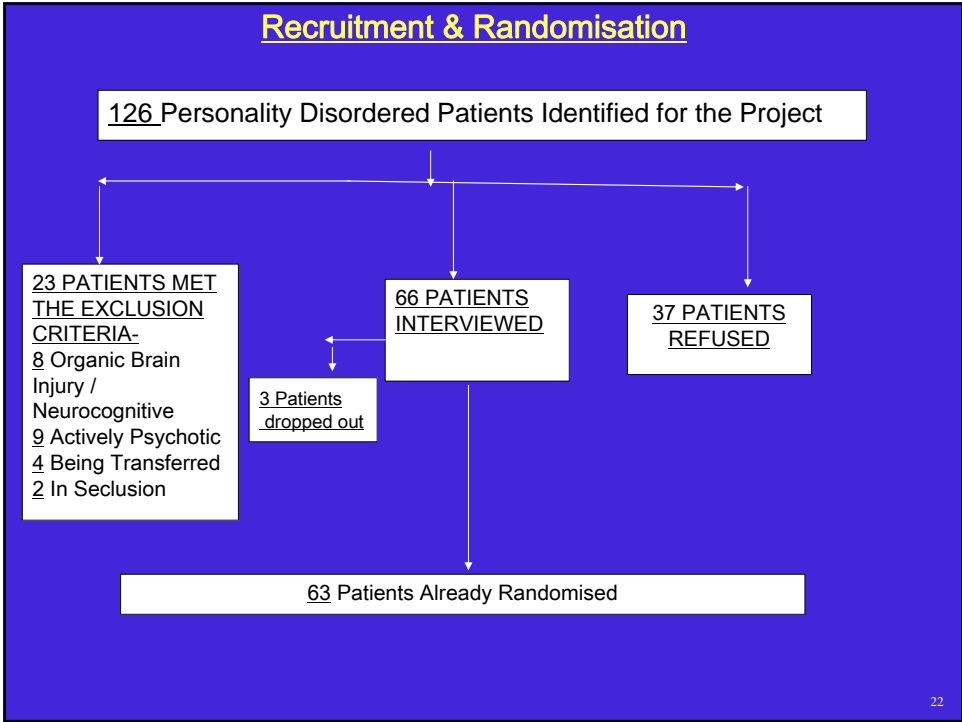


EARLY FINDINGS

Pre-Treatment

Baseline Assessment

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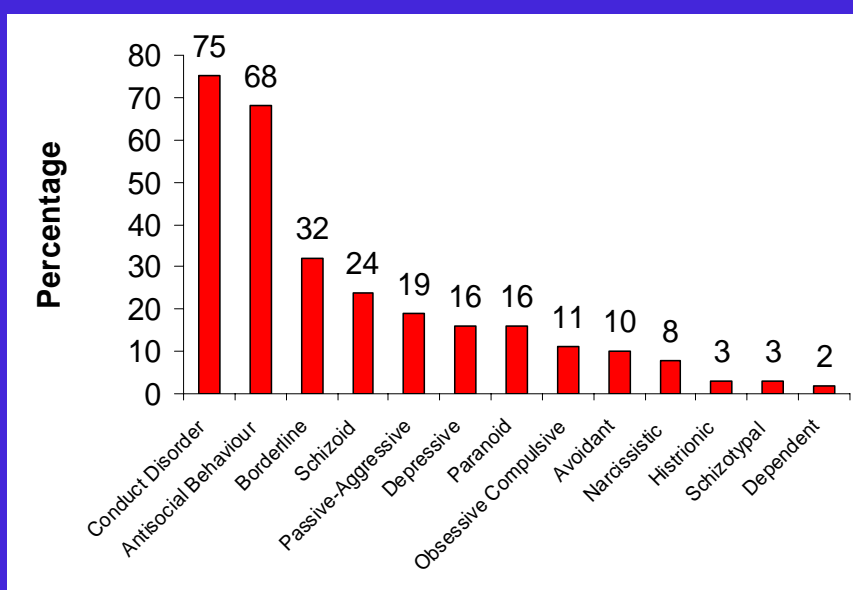


DESCRIPTIVE STATISTICS

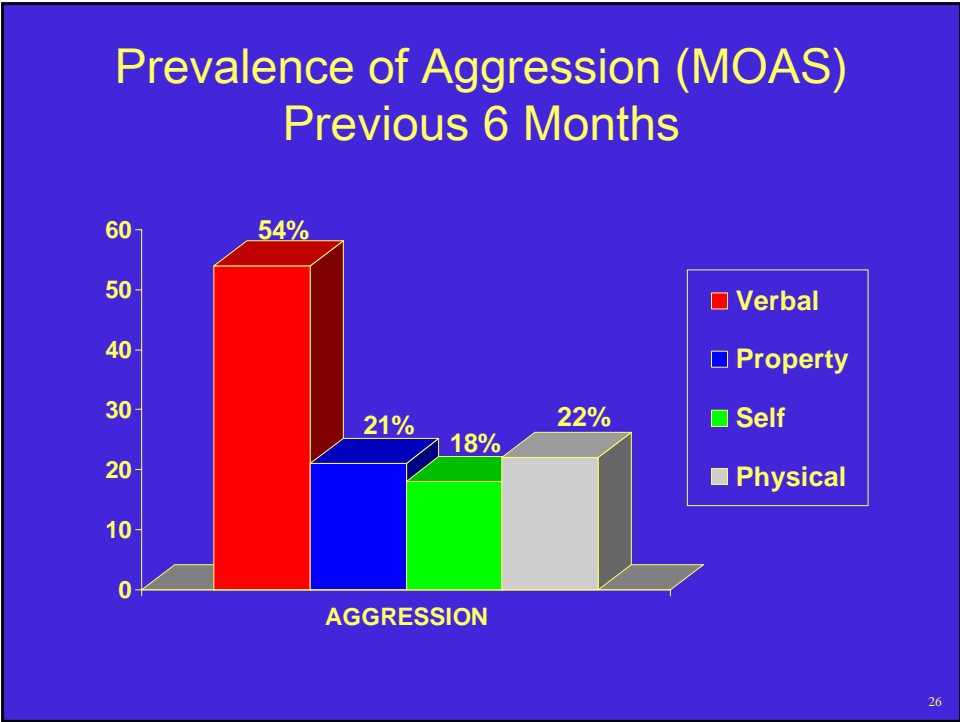
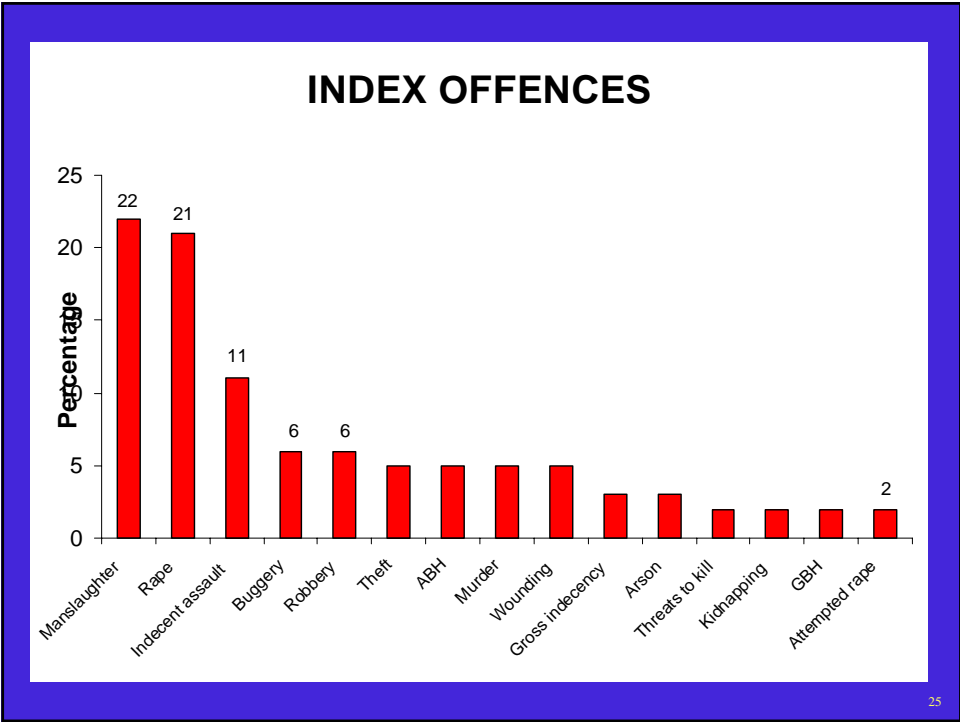
- Sample 63
- Mean Age 42 years (21-65)
- White Caucasian 87% (n=63)
- Length of Stay 13.41 years (0-32)
- Section 37/41 46% (29)
- PCL:R mean score 24.61 (SD 6.87)
 - Factor 1: 10.61 (3.59)
 - Factor 2: 11.73 (3.94)
- 62% (n=39) Psychopaths (score 25+)

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SCID II Personality Disorders



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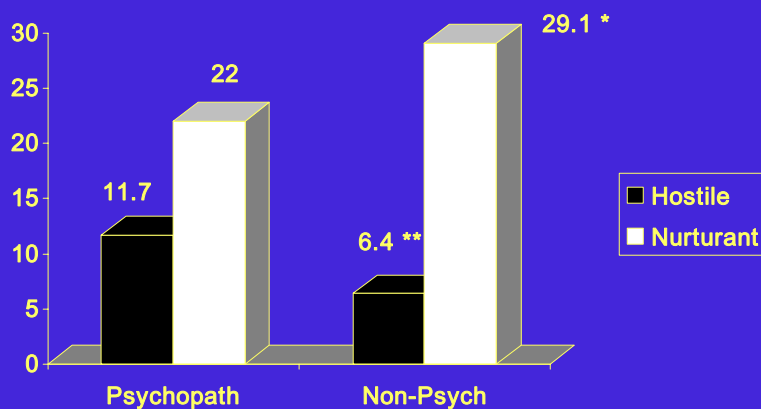
Correlation between PCL-R scores & Self-Reported Impulsiveness

	BIS: cognitive	BIS Motor	BIS Non-Plan	BIS Total
PCL-R Total	.148	.092	.229	.196
PCL-R Factor 1	-.132	-.103	-.078	-.091
PCL-R Factor 2	.375*	.269**	.456*	.420*

* $p < .05$ ** $p < .01$

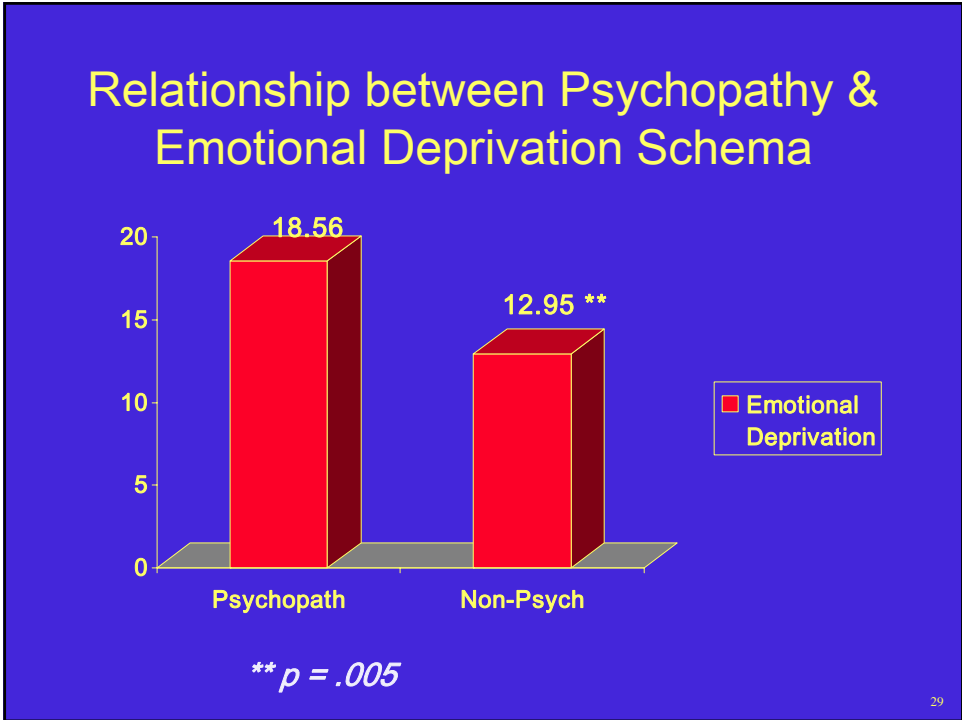
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Relationship between Psychopathy & Staff Rated Interpersonal Style



* $p < .05$ ** $p < .01$

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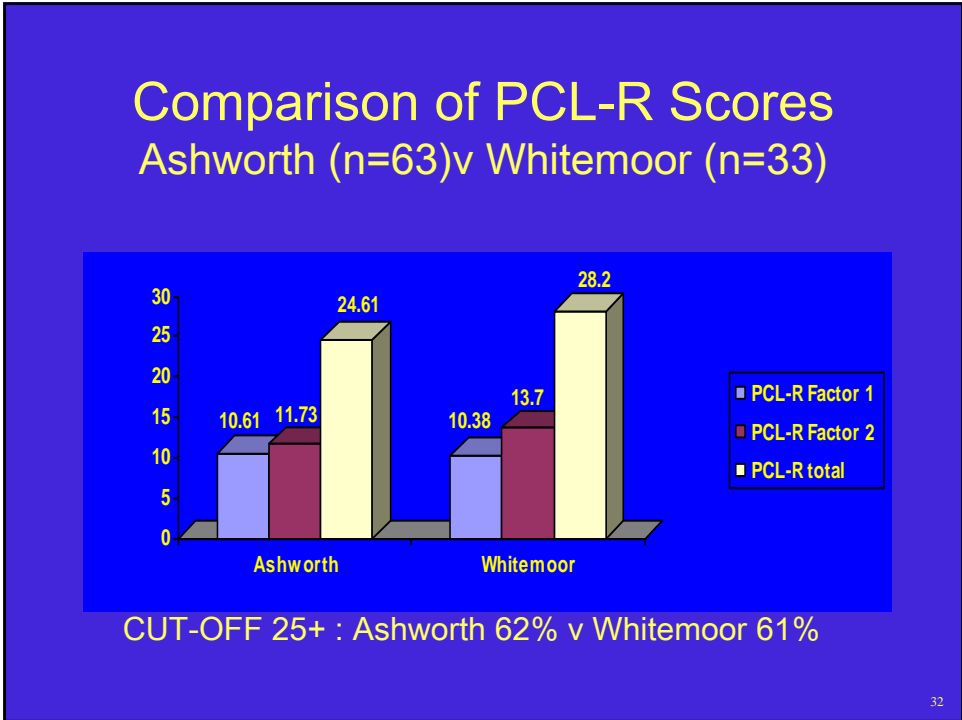


- ### Emotional Deprivation Schema 5-Items
- 1 = Completely untrue of me 6 = Describes me perfectly
1. Most of the time I haven't had someone to nurture me, share him/herself with me, or care deeply about everything that happens to me.
 2. In general, people have not been there to give me warmth, holding and affection.
 3. For much of my life, I haven't felt that I am special to someone.
 4. For the most part, I have not had someone who really listens to me, understands me, or is tuned into my true needs and feelings.
 5. I have rarely had a strong person to give me sound advice or direction when I'm not sure what to do.
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Comparison with Whitemoor DSPD sample

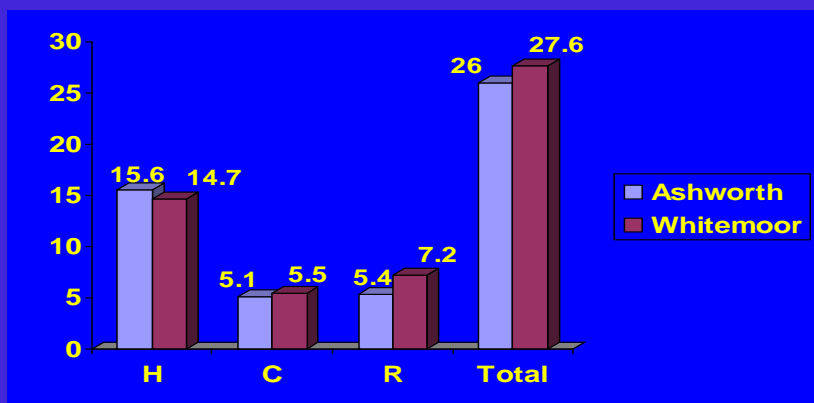
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Comparison of HCR-20 Scores Ashworth (n=63) v Whitemoor (n=33)

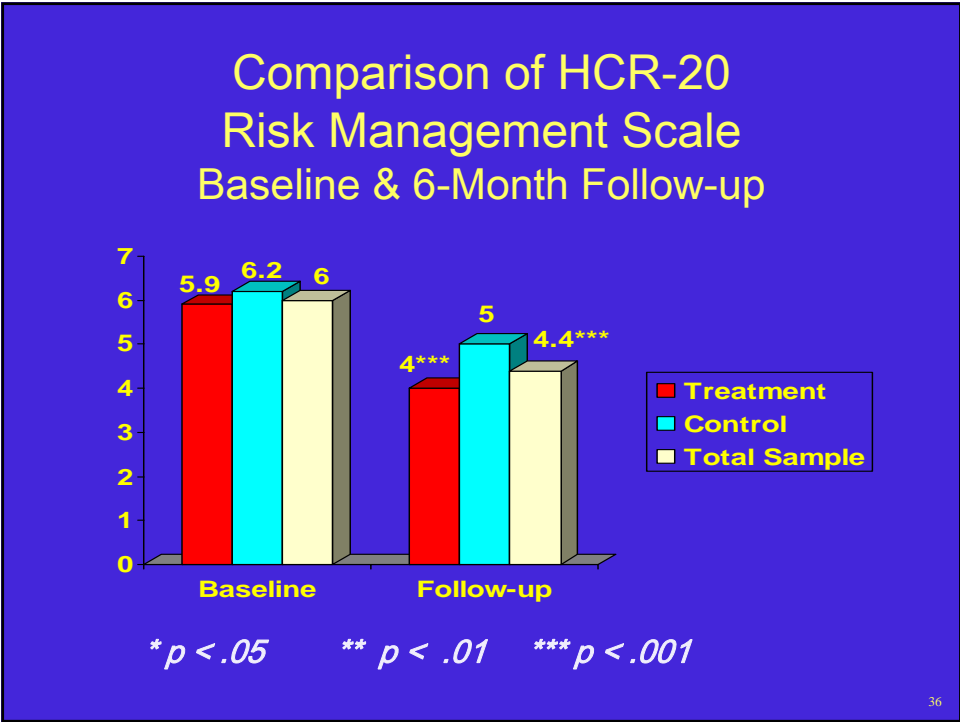
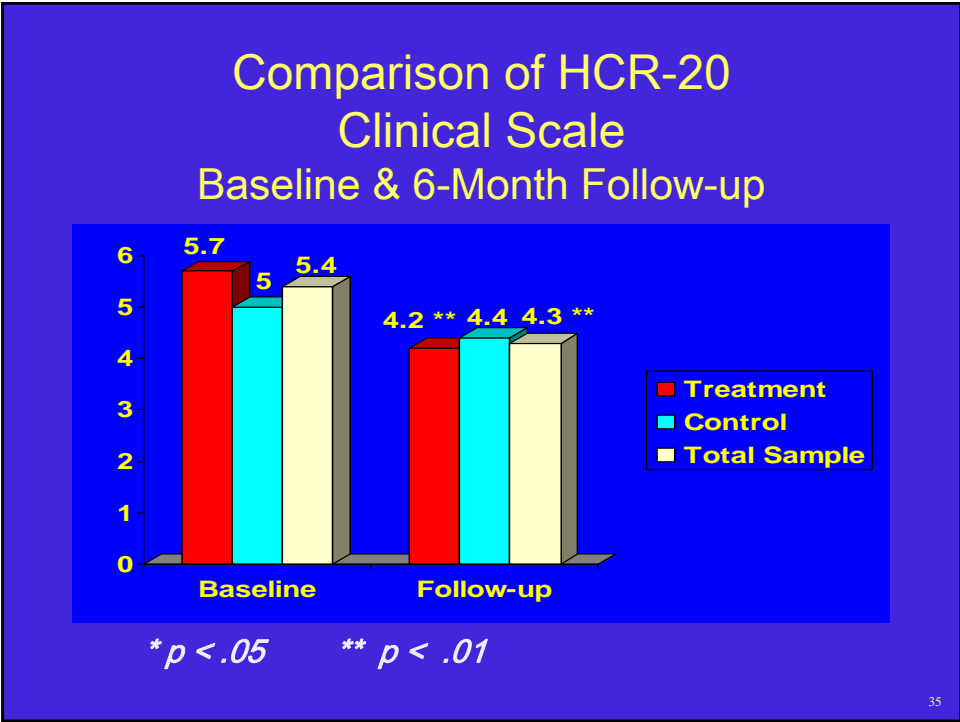


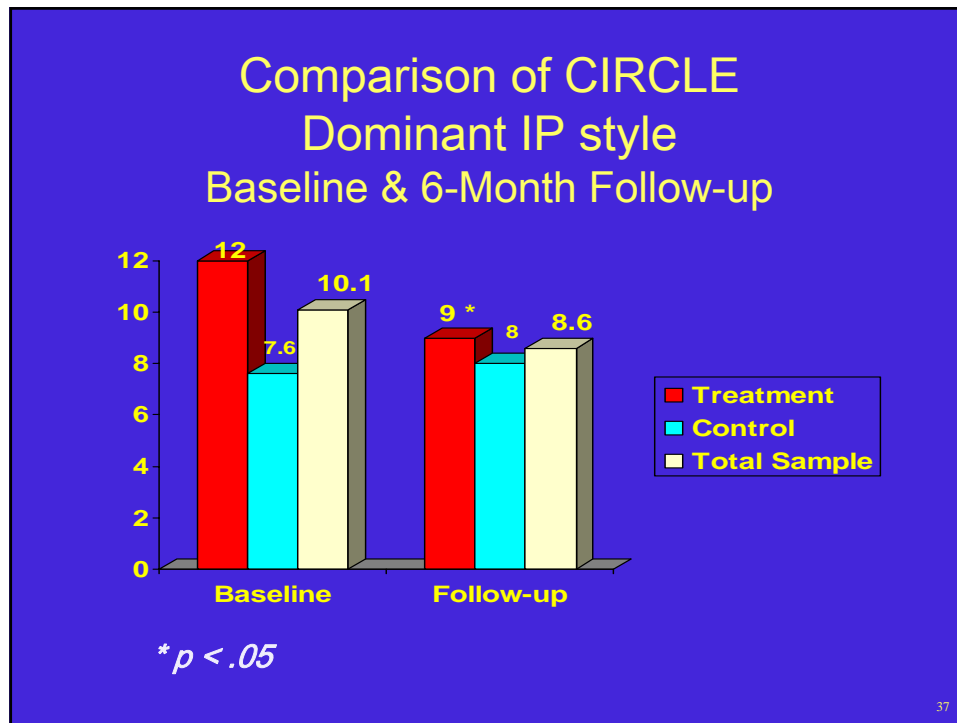
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PRELIMINARY FINDINGS

First 6-month Follow-up

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Summary Early Findings

- Nearly 2/3 Psychopaths
- Similar sample to severe PDs
- Link between Psychopathy
 - Impulsiveness
 - Hostile Interpersonal Style
 - Institutional Behaviour
 - Emotional Deprivation Schema
- Treatment group significant change in violence risk & dominant style

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Future

- Continue Follow-Ups 6-monthly
- Follow-up 12 months post treatment
- Objective evaluation of treatment Integrity

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FURTHER READING

- Hollin C.R. (1999) Treatment programs for offenders: Meta-Analysis, "What Works," and beyond. *International Journal of Law and Psychiatry*, 22, 361-372.
- Losel F. (1998) Treatment and management of Psychopaths. In: D Cooke et al (eds), *Psychopathy: Theory, Research and Implications for Society*. Amsterdam: Kluwer Academic Publishers.
- Young et al., (2003) *Schema Therapy: A Practitioners Guide*. Guilford Press. New York.
- www.schematherapy.com

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