

**Nadort, M., van Dyck, R., Smit, J.H., Giesen-Bloo, J., Eikelenboom, M., Wensing, M., Spinhoven, P., Dirksen, C., Bleecke, J., van Milligen, B., van Vreeswijk, M., & Arntz, A. (2009). Three preparatory studies for promoting implementation of outpatient schema therapy for borderline personality disorder in general mental health care. *Behaviour Research and Therapy, 47*, 938-945.**

Abstract:

Objective: Three studies were conducted to prepare for the implementation of Schema Therapy (ST) for Borderline Personality Disorder (BPD) in general mental healthcare settings. Two were surveys to detect promoting and hindering factors, one was a preliminary test of a training program in ST. Methods: In 2004, a diagnostic analysis of factors promoting and hindering implementation of a new treatment for BPD was conducted among both managers (n = 23) and therapists (n = 49) of 29 Dutch mental healthcare institutes through a written survey (Study 1). Next, a training program, including a set of DVDs displaying the major therapeutic techniques, was developed and tested among eight therapists. The training program was evaluated by the participants. After the training, three independent raters evaluated therapists' adherence and competence, viewing videos of the therapists completing structured role-plays (Study 2). In 2008, a second written survey was conducted in 22 mental health institutes to study factors for future nationwide implementation of ST (Study 3). Results: Both surveys indicated that the situation in most institutes was favorable for implementing a new effective treatment, as participants were not satisfied with the existing treatments, had suitable professional backgrounds, worked in settings with (B)PD-oriented care programs, and expressed a need for change. The surveys yielded clear results for promoting or hindering successful implementation of ST. Promoting factors included scientific evidence for the effectiveness of the treatment, structural changes in the patient's personality, rapidly noticeable effects for the patient, low drop-out rates and a favorable cost-effectiveness. Possible barriers included implementation mandated unilaterally by management, choosing ST based on financial or organizational needs, extending implementation over a lengthy period of time and providing telephone support by therapists beyond office hours. The eight-day training program received very positive ratings. After the training, therapists were rated as sufficiently adherent and competent applying ST to treat BPD patients, with peer supervision and supervision recommended as a supplement to the training. Conclusion: This study showed that the situation in 2005 was advantageous to start implementation of ST. Evaluation of the training and the achieved competence scores of trainees concluded that the training program was a good basis for training therapists in ST. Outcome of the survey in 2008 demonstrated that there was a clear interest for implementation of ST for BPD patients in the future.