Breaking the cycles of personality disorder
Personality disorder (PD) is a complex and difficult to treat condition affecting up to 5% of the UK’s adult population.

At St Andrew’s we have expertise in treating people with a range of personality disorders, including those with a primary diagnosis of emotionally unstable personality disorder (EUPD) or borderline personality disorder (BPD).

**Cycle of behaviours**
Pervasive patterns of self-injury, impulsiveness, aggression, suicidal thoughts and drug and alcohol use are the most common cycles of behaviours seen in PD.

“Each of my behaviours had to be upped, and upped. After 3 years my behaviours were extreme. Extreme self-mutilation, head injuries, desperation.”

**Cycle of suffering**
*Eternal hell, heightened emotional pain, emptiness, fear, desperation, anger, loneliness, and frequent suicidal thoughts* is how PD is described by patients.

Life with a personality disorder can be challenging and isolating and people with PD are more likely to have other mental health problems.

“Too often it felt like there was a deep black hole inside me that sucked in all my achievement, discredited it, and spat it back out - useless and worthless.”

**Cycle of treatment**
Patients with PD frequently lack the skills required to manage behaviours and emotions, which left unmanaged can result in cycles of self-destructive behaviours and recurrent treatment.

“I would end up on one-to-one observations at my previous placement (general acute unit), my worsening behaviour and use of staff time would anger the other patients.”
DBT - NICE treatment of choice

“Building a life worth living”

Comprehensive dialectical behavioural therapy (DBT) is a manualised cognitive behavioural therapy created to specifically address the behaviours of PD.

It is the most established psychological therapy proven to be effective for PD through clinical trials and is recommended by NICE as the treatment of choice for women with PD who have recurrent self-harming behaviours.

Using strategies of both acceptance and change, DBT teaches patients the skills necessary to both regulate and change their emotions, helping break the cycle of self-destructive behaviours.

St Andrew’s Comprehensive DBT Programme

Specifically for women over the age of 18 with PD, St Andrew’s delivers Comprehensive DBT across its PD service, from medium secure through to a unique pre-discharge step in hostel-like open accommodation.

Comprehensive DBT is proven to be effective for the treatment of PD.

Comprehensive DBT must be delivered through the 5 functions of DBT:
- DBT Skills Training Groups
- 1:1 Therapy Sessions
- Skills Coaching
- Structuring the Environment
- DBT Consultation (Therapy for Therapists).

With formally trained DBT therapists and healthcare professionals with extensive expertise in PD, the effectiveness of the Comprehensive DBT Programme has been highlighted through a Service Evaluation**. The evaluation looked at the patient outcomes, following a 1 year Comprehensive DBT Programme, and demonstrated improvements for patients across all 13 outcome measures with a significant reduction in aggression and self-harming behaviours.

*Upon completion of a 12 month DBT programme at Spring Hill House

**Behavioural and Cognitive Psychotherapy 2014, E Fox et al, A Service Evaluation of a 1-Year DBT Therapy Programme for Women with BPD.

Progressive environment

The unique Locked/Open environment at Spring Hill House helps to create a sense of motivation for patients, enhancing their momentum through the service.

Key:
- Flow of care
- Access into Communal area

<table>
<thead>
<tr>
<th>Medium</th>
<th>Low</th>
<th>Locked</th>
<th>Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seacole</td>
<td>Spencer South</td>
<td>Hereward Wake</td>
<td>Spring Hill House</td>
</tr>
</tbody>
</table>

94% reduction in external aggression*  
93% reduction in self-harming behaviours*
“The black hole inside was so engulfing that it was impossible to imagine I’d ever be happy again.”
Admission

Stabilisation of life threatening behaviours is the priority at this stage of treatment. An individual therapist is assigned to a patient and through the process of building trust, a commitment to the DBT programme is first gained. This commitment is the first stage of the Comprehensive DBT Programme and encourages positive patient engagement, resulting in improved commitment with almost 50% more patients completing a DBT programme*, compared to other therapeutic programmes.

*Linehan et al, 1999
DBT Skills Training Groups

Weekly DBT Skills Training groups address the skills deficits, enabling the development of new skills, helping individuals to develop the ability to cope with problems and support them in achieving their desired goals.

Skills include: mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance, with patients completing a minimum of two cycles of each of the skills training modules.

As one of the modules of DBT group skills, emotion regulation helps individuals to both accurately label and regulate emotions and use strategies to change emotions, key to changing behaviours.

“Emotion regulation helped me to gain an understanding of my emotions and reduce my emotional suffering.”

1:1 Therapy Sessions with a DBT individual

Weekly hour-long sessions take place with an individual DBT therapist to enhance motivation and tailor the use of skills to address specific problems for each patient.

Therapists follow the DBT principles of acceptance and change, acknowledging a patient’s feelings whilst also adopting a “tough love” approach to encourage change.

One of the successes of the DBT programme is the quality of the relationship between the patient and the individual therapist.

“It was like living with a mirror, horribly frustrating, yet exceedingly useful.”

“Facing and concentrating on my pain has been my cure.”

DBT Skills Coaching

DBT skills coaching provides patients with direct access to therapists at times of crisis.

“Knowing that there is someone literally at the end of a phone 24hrs a day provides me with reassurance, and even if I don’t use it, just having that support helps me to control my feelings.”

This allows patients to generate, select and put into practice the skills they have learnt to help manage negative emotions and urges within different environments, ensuring the generalisation of skills.

Coaching can take place over the phone or face-to-face and sessions are kept brief to encourage patients to use their own problem solving strategies.
Homework Groups, Community Meetings, Staff Training

**Structuring the environment**

Patient-led community meetings, mindfulness sessions and individual homework from both 1:1 and group sessions are key to structuring the environment, creating a sense of community and a cohesive, like-minded culture.

Reinforcement of DBT skills in this way encourages patients to express their emotions and practice interpersonal effectiveness within their peer group.

---

**DBT Consultation**

**Enhancing therapist capabilities and motivation to treat effectively**

DBT consultation is an essential element of the Comprehensive DBT Programme.

It serves as peer group supervision and provides therapists with both enhancement of DBT skills and support from other therapists, encouraging them to stay hopeful and adherent to DBT principles.

Importantly, this approach also helps to guard against “therapist burnout”, commonly seen in therapists when treating patients with PD.

---

“I think that it’s good that the therapists have their own sessions where they can talk about any problems they have and try to work through them.”

Emily Fox, Consultant Clinical Psychologist

---

“If I didn’t have this protected time every week to discuss the patients I am working with, to find solutions as a team that help me stick to DBT principles and carry on working when things get really challenging, I don’t think I would have stuck with it. This really is therapy for the therapist.”

Pheon Silaule, Modern Matron

---
A wide range of therapies are offered through St Andrew’s Workbridge and community placements.
Occupational Therapy (OT) interventions focus on positive outcomes, with the ultimate goal for each patient to reach their optimum level of functioning in day-to-day life.

Interventions are based on an assessment process for each patient, and can either be 1:1 or group activities.

This structure combined with the breadth of occupational therapy sessions offered, provides patients with the opportunity to practice the DBT skills already learnt, by taking them in to everyday situations. This approach is tailored to where individuals are within the service, and actively supports their needs to successfully transition back in to the community.

Progress is monitored through regular reviews using outcome measurement methods such as the Model of Human Occupation Screening Tool (MoHOST), and changes are made accordingly to individual’s programmes.

“Positive experiences through my occupational therapy are vital to improving my mood.”
Community transition

Building a life worth living

At the point of planned discharge, patients at St Andrew’s will have successfully gained skills through the structured Comprehensive DBT Programme enabling them to address the cycle of behaviours and suffering associated with PD in order to make a successful transition back into the community.

“If I went down one of those spirals again, I can work out what I need to do to find my way out.”

Skills will have been tested throughout the service at the various levels of risk, including a unique pre-discharge step in the service in hostel-like accommodation at Spring Hill House.

Here, patients will still be supported by the MDT, but are encouraged to be self-sufficient ahead of discharge.

Comprehensive DBT Outcomes

We are able to demonstrate effectiveness through an evaluation of our Comprehensive DBT Programme. Outcomes include:

- 94% reduction in external aggression
- 93% reduction in self-harming behaviours

*Upon completion of a 12 month DBT programme at Spring Hill House
“Without the use of skills I wouldn’t have been able to begin to build a more meaningful and fulfilling life whilst managing difficult emotions and situations.”
Led by experts in the field of PD our services are delivered by on-site, multi-disciplinary teams with extensive skills and experience of working with individuals who have PD and complex presentations.

Getting in touch

For more information about our Personality Disorder service or for referrals:

**t:** 0800 434 6690 (text relay calls welcome)

**e:** enquiries@standrew.co.uk

**w:** stah.org/women

Registered Charity Number 1104951

4_0718 Individuals pictured are models and are used for illustrative purposes only.