



Joost Hutsebaut

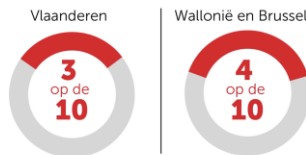
## Moet het altijd zo moeilijk zijn?

Simpel behandelen in een topklinische context **of** Niets is wat het lijkt

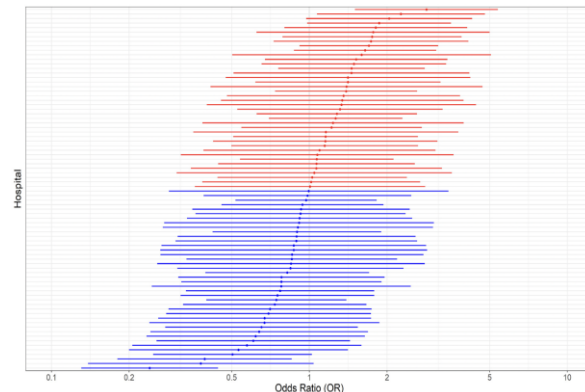
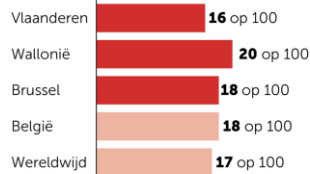
# Niets is wat het lijkt



# Soms is iets wel degelijk wat het lijkt



### Coronadoden in ziekenhuizen

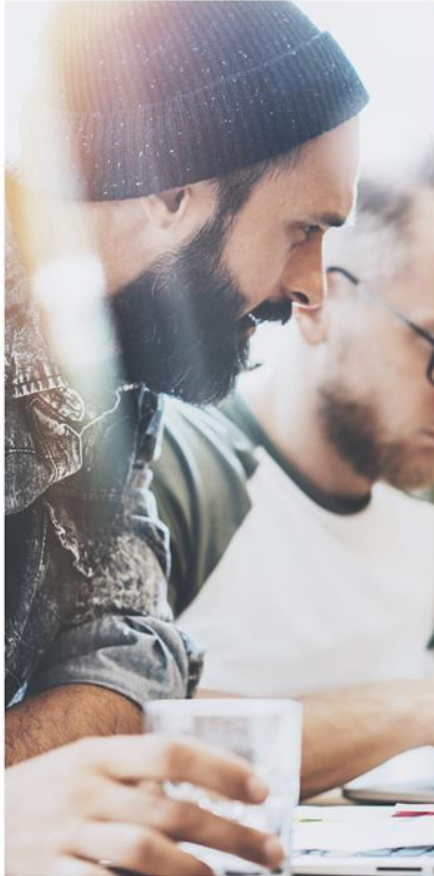


**Niet in elk ziekenhuis vielen evenveel coronadoden, hoe komt dat?  
"Onderzoek dringt zich op"**

Bron: De Morgen, 29-07-2021

Taccone, F. S., Van Goethem, N., De Pauw, R., Wittebole, X., Blot, K., Van Oyen, H., Lernout, T., Montourcy, M., Meyfroidt, G., Van Beckhoven, D., & Belgian Society of Intensive Care Medicine and the Belgian Collaborative Group on COVID-19 Hospital Surveillance (2020). The role of organizational characteristics on the outcome of COVID-19 patients admitted to the ICU in Belgium. *The Lancet regional health. Europe*, 2, 100019. <https://doi.org/10.1016/j.lanepe.2020.100019>

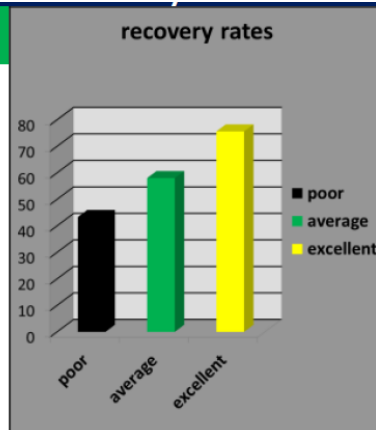
# Is TOPGGz wat het lijkt?



# Persoonlijkheidsstoornissen

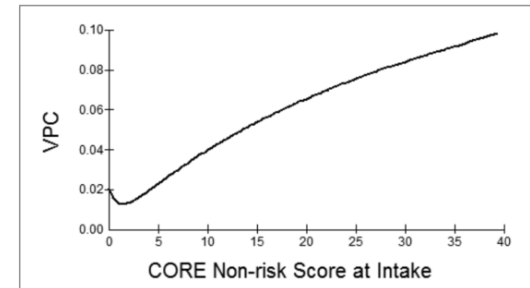
## UK NHS adult primary care counselling & psychological therapy services

- 119 therapists
- treating 10,786 patients
- Recovery - Jacobson & Truax criteria: reliable change to below the clinical cut-off
- From 119, 3 groups of therapists
  - n=19 poor (16%)
  - n=79 average (66%)
  - n=21 excellent (18%)



Saxon, D. & M. Barkham (2012). "Patterns of therapist variability: Therapist effects & the contribution of patient severity and risk." *J Consult Clin Psychol* 80(4): 535-546.

Figure 1: Variance Partition Coefficients (VPC) for Intake CORE-OM non-risk scores, with a histogram of the frequency of scores





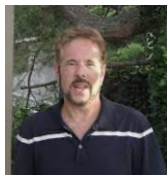
# Persoonlijkheidsstoornissen



- Meer (life time) behandeling dan andere psychische aandoeningen, zoals depressie (Bender et al., 2011)
- Meer (life time) verschillende behandelmodaliteiten dan andere psychische aandoeningen (Zanarini et al., 2015)
- Hoge drop-out rate in behandeling (Iliakis et al., 2021)



# Soms lijkt iets duidelijk



Evidence-based:

- DGT
- MBT
- SFT
- TFP





# Persoonlijkheidsstoornissen

PSYCHOLOGIE

Bekijk abonnementen Log In Q

artikelen thema's tests trainingen coachfinder abonnement shop zakelijk

Home > Thema's > Borderline > Nieuwe inzichten in de behandeling van borderline

## Nieuwe inzichten in de behandeling van borderline

Geschreven door  
Manon Sikkel



© Pexels

© leestijd 5 minuten

### Meer over Borderline



Genezen van borderline  
Preston



Dik de Wulsten: 'De maatschappij veroorzaakt borderline symptomen'  
Preston



Een moeder met  
borderline

KENNISLINK

## Borderline is te genezen



Zoltan Beke

Voor het eerst is wetenschappelijk aangetoond dat een borderlinestoornis succesvol te behandelen is en dat mensen er zelfs van kunnen genezen. Van de borderliners die gedurende drie jaar twee maal per week Schema Focused Therapy kregen, herstelde 52% volledig. Een klinisch betekenisvolle verbetering werd bereikt door tweederde van de patiënten.

7 juni 2024

ECONOMIE

Interview

## In veel gevallen is borderline heel goed te genezen

POLITIEK NATUUR KINDEREN BFD ARNOUD ARNTZ UNIVERSITEIT VAN AMSTERDAM  
DE VIERSPRONG HESSELINK MAASTRICHT UNIVERSITY DISORDER GENDEREN

**Psychologie** In therapieën doorleven borderlinepatiënten hun verlatingsangst die in hun jeugd is ontstaan. Zo leren ze hun stress en emoties te reguleren.

Gemma Venhuizen 11 november 2016 Leestijd 8 minuten

Je bent met je nieuwe geliefde naar de film geweest. Hand in hand lopen jullie na afloop naar buiten. Smoorverliefd. Je partner zoent je op je wang, en fluisert in je oor: „Louv' huis of het mijne?“



Al abonnee? [Inloggen](#)

NRC Handelsblad  
12 november 2016



Bekijk artikel in krant >

Gerelateerd in ons archief

20 oktober 2017: NRC/NS

Trouw

HEPING DUURZAAMHEID&ECONOMIE RELIGIE&FILOSOFIE OPINIE CULTUUR&MEDIA SPORT PODCASTS ACHTERPAG

## Onderzoek: genezing borderliners mogelijk

(Novum) - Borderlinepatiënten kunnen worden genezen. Dat blijkt dinsdag uit een studie van de Universiteit Maastricht, de Vrije Universiteit Amsterdam en de Universiteit Leiden naar het effect van behandelmethodes. Borderliners lijden vaak aan chronische instabiliteit, kunnen impulsief en suïcidaal zijn en hebben identiteitsproblemen. Eerder werd aangenomen dat patiënten met borderline niet voor honderd procent konden worden genezen.

de viersprong  
specialist in persoonlijkheid, gedrag en gezin





**En toen begon de ellende pas echt**





# Richtlijnen blijven op de zeef liggen



## Barriers to Implementing the Clinical Guideline on Borderline Personality Disorder in the Netherlands

Marleen L. M. Hermens, Ph.D.  
Peter T. van Splunteren, M.Sc.  
Annemiek van den Bosch, M.Sc.  
Roel Verheul, Ph.D.

**Objective:** This study determined the gap between actual care and optimal care (recommended in the clinical guideline) for patients with borderline personality disorder in the Netherlands. Factors that affected guideline implementation were identified. **Method:** Ten specialized mental health organizations participated in this cross-sectional study. The number and proportion of pa-

**Conclusions:** Most patients with borderline personality disorder did not receive the recommended first-step treatment (psychotherapy). Care pathways may help improve efficiency and quality of care. (*Psychiatric Services* 62: 1381-1383, 2011)

**B**orderline personality disorder is a severe mental disorder associated with a high burden of disease (1)

determined by the specific theoretical orientation. One of the most important determinants of the efficacy is a clear and coherent therapy framework, which should be applied consistently. Dialectical behavior therapy, schema-focused therapy, mentalization-based treatment, and transference-focused psychotherapy are examples of empirically supported psychodynamic and cognitive-behavioral psychotherapeutic treatments that

## Treatment of Borderline Personality Disorder: Is Supply Adequate to Meet Public Health Needs?

Evan A. Ilakis, B.A., Anne K. I. Sorley, M.D., J.D., Gabrielle S. Ilagan, B.A., Lois W. Choi-Kain, M.D., M.Ed.

**Objective:** This study aimed to assess the supply of and demand for treatment of borderline personality disorder (BPD) to inform current standards of care and training in the context of available resources worldwide.

**Methods:** The total supply of mental health professionals and mental health professionals certified in specialist evidence-based treatments for BPD was estimated for 22 countries by using data from publicly available sources and training programs. BPD prevalence and treatment-seeking rates were drawn from large-scale national epidemiological studies. Ratios of treatment-seeking patients to available providers were computed to assess whether current systems are able to meet demand. Training and certification requirements were summarized.

**Results:** The ratio of treatment-seeking patients with BPD to mental health professionals (irrespective of professional interest or training in treating BPD) ranged from approximately 4:1 in Australia, the Netherlands, and Norway

to 192:1 in Singapore. The ratio of treatment-seeking patients to clinicians certified in providing evidence-based care ranged from 49:1 in Norway to 148,215:1 in Mexico. Certification requirements differed by treatment and by country.

**Conclusions:** Shortages of both providers available to treat BPD and providers certified in specialist treatments of BPD exist in most of the 22 countries studied. In well-resourced countries, training clinicians to provide generalist or abbreviated treatments for BPD, in addition to specialist treatments, could help address the current implementation gap. More resource-efficient alternatives must be considered in countries with insufficient staff to implement even generalist treatments. Consideration of realistic allocation of care may shape future guidelines and standards of BPD treatments, beyond intensive evidence-based psychotherapies.

*Psychiatric Services* 2019; 70:772-781. doi:10.1176/appi.ps.201900073





# Ceci n'est pas evidence-based

441

Psychology and Psychotherapy: Theory, Research and Practice (2019), 92, 441–464  
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John Wiley & Sons Ltd on behalf of British Psychological Society



The British  
Psychological Society

www.wileyonlinelibrary.com

## Is mentalization-based therapy effective in treating the symptoms of borderline personality disorder? A systematic review

Katharina S

<sup>1</sup>Sheffield Institute

UK

<sup>2</sup>Department of

**MBT: Cohen's d tussen  
.59 and 2**

University of Sheffield,

**Objective**—To examine the efficacy of mentalization-based therapy (MBT) for the treatment of borderline personality disorder (BPD), in particular, in decreasing psychiatric symptoms associated with BPD and its comorbid disorders.

**Method.** Fourteen papers were included in the review which examined the effectiveness of MBT in the context of BPD; these included 11 original studies and three follow-up papers.

**Results.** Mentalization-based therapy was found to achieve either superior or equal reductions in psychiatric symptoms when compared with other treatments (supportive group therapy, treatment as usual/standard psychiatric care, structured clinical management, and specialized clinical management).

**Discussion.** Mentalization-based therapy can achieve significant reductions in BPD symptom severity and the severity of comorbid disorders as well as increase quality of life.

Published in final edited form as:  
*Res Soc Work Pract.* 2014 March ; 24(2): 213–223. doi:10.1177/1049731513503047.

## Meta-Analysis and Systematic Review Assessing the Efficacy of Dialectical Behavior Therapy (DBT)

Patrick T. Panos<sup>1</sup>, John W. Jackson<sup>2</sup>, Omar Hasan<sup>2</sup>, and Angeles Panos<sup>1</sup>

<sup>1</sup>University of Utah, Salt Lake City, UT, USA

<sup>2</sup>Harvard University, Boston, MA, USA

**DGT: Hedges g  
tussen .18 and  
1.41**

### Abstract

**Objective**—The objective of this meta-analysis was to assess the efficacy of DBT (e.g., decreasing life-threatening suicidal ideation) explicitly with borderline personality disorder (BPD) patients and criteria, across treatment providers and settings.

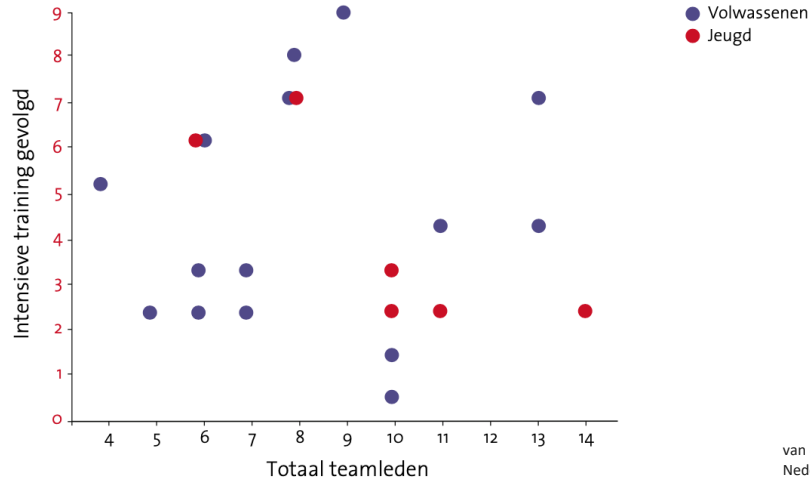
**Method**—Five randomized controlled trials (RCTs) were identified in a systematic search that examined the efficacy of DBT in reducing suicide attempts, parasuicidal behavior, attrition during treatment, or symptoms of depression, in adult patients with BPD.

**Results**—Combining effect measures for suicide and parasuicidal behavior (five studies total) revealed a net benefit in favor of DBT (pooled Hedges'  $g = -0.622$ ). DBT was only marginally better than treatment as usual (TAU) in reducing attrition during treatment in five RCTs (pooled risk difference  $-0.168$ ). DBT was not significantly different from TAU in reducing depression symptoms in three RCTs (pooled Hedges'  $g = -0.896$ ).

**Discussion**—DBT demonstrates efficacy in stabilizing and controlling self-destructive behavior and improving patient compliance.

# DGT is niet steeds wat het lijkt

**FIGUUR 1** Aantal teamleden met intensieve training in verhouding tot de grootte van het DGT-team (DGT = dialectische gedragstherapie)



van den Bosch, L. M., & Sinnaeve, R. (2015). Dialectische gedragstherapie in Nederland: implementatie en consolidatie [Dialectical behaviour theory in the Netherlands: implementation and consolidation]. *Tijdschrift voor psychiatrie*, 57(10), 719–727.



# Schematherapie is niet steeds wat het lijkt

Journal of Personality Disorders, 37(2), 233–262, 2023  
© 2023 The Guilford Press

## **A SYSTEMATIC REVIEW OF THE HETEROGENEITY OF SCHEMA THERAPY**

Silvia D. M. van Dijk, PhD, Martine S. Veenstra, MSc,  
Rob H. S. van den Brink, PhD, Sebastiaan P. J. van Alphen, PhD,  
and Richard C. Oude Voshaar, MD, PhD

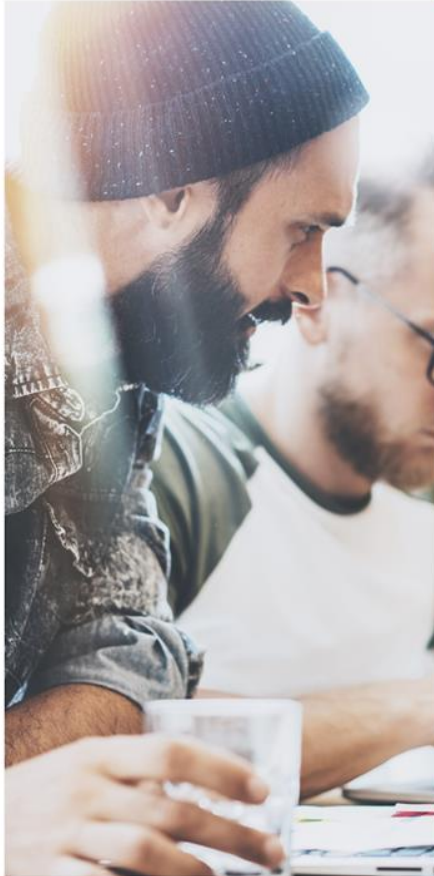
We aimed to explore the heterogeneity of schema therapy regarding (a) patient characteristics, (b) content, and (c) way of delivering schema therapy. A search was conducted of the electronic databases EMBASE, PsycINFO, Web of Science, MEDLINE, and COCHRANE up to June 15, 2022. Treatment studies were eligible if they (a) used schema therapy as (component of) the intervention examined, and (b) reported an outcome measure quantitatively. A total of 101 studies met the inclusion criteria, including randomized controlled trials ( $n = 30$ ), non-randomized controlled trials ( $n = 8$ ), pre-post designs ( $n = 22$ ), cases series ( $n = 13$ ), and case reports ( $n = 28$ ), including 4006 patients. Good feasibility was consistently reported irrespective of format (group versus individual), setting (outpatient, day-treatment, inpatient), intensity of treatment, and the specific therapeutic components included. Schema therapy was applied to various (psychiatric) disorders. All studies presented promising results. Effectiveness of the different models of schema therapy as well as application beyond personality disorders should be examined more rigorously.

**6 sessies tot 4 jaren  
Om de week outpatient tot  
volledig inpatient  
Uitgevoerd door  
verpleegkundigen of door  
volledige geregistreeerde  
psychotherapeuten**

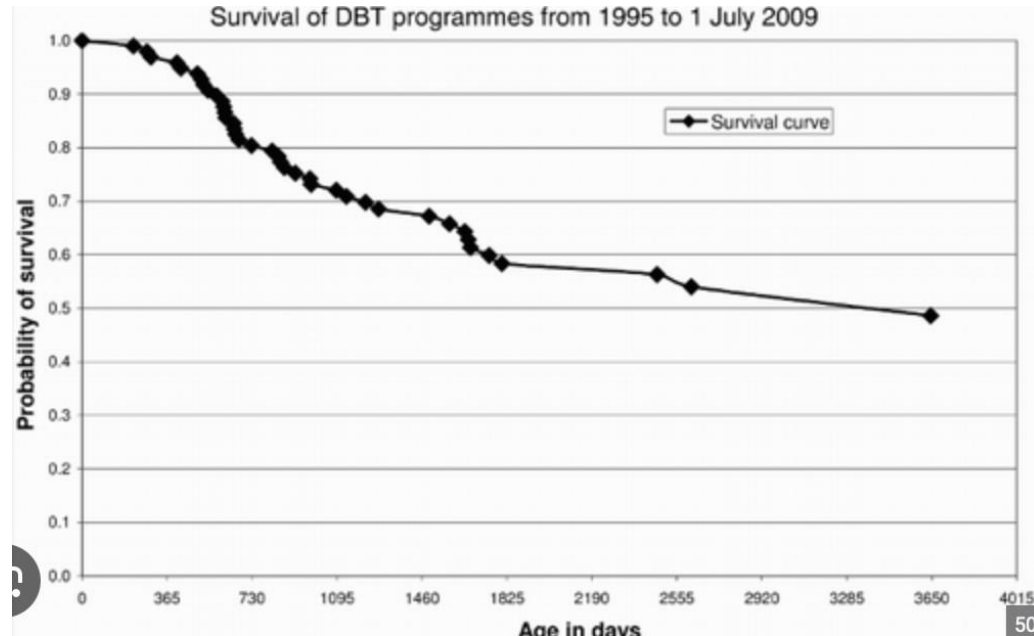
**Ceci n'est pas Schema  
Therapy...**



# TOPGGz: doen wat lijkt op wat evidence-based is?



# Blijven doen bovendien



Swales, M. A., Taylor, B., & Hibbs, R. A. (2012). Implementing Dialectical Behaviour Therapy: programme survival in routine healthcare settings. *Journal of mental health (Abingdon, England)*, 21(6), 548–555.  
<https://doi.org/10.3109/09638237.2012.689435>

# TOPGGz: (blijven) doen wat lijkt op wat evidence-based is?

**Maar helaas volstaat dit niet...**





# Zelfs identieke programma's zijn niet steeds wat ze lijken (ST)

## 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 controlled trial, with a single-blind parallel design, was conducted between 2006 and 2011 in 12 Dutch mental health institutes. A total of 323 patients with personality disorders were randomly assigned (schema therapy, N=147; treatment as usual, N=135; clarification-oriented psychotherapy, N=41). There were two cohorts of schema therapy therapists, with the first trained primarily with lectures and the second primarily with exercises. The primary outcome was recovery from personality disorder 3 years after treatment started (assessed by blinded interviewers). Secondary outcomes were dropout rates and measures of personality disorder traits, depressive and anxiety disorders, general psychological complaints, general and social functioning, self-ideal discrepancy, and quality of life.

**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 did not vary with specific personality disorder diagnosis. Dropout was lower in the schema therapy and clarification-oriented psychotherapy conditions. All treatments showed improvements on secondary outcomes. Schema therapy patients had less depressive disorder and higher general and social functioning at follow-up. While interview-based measures demonstrated significant differences between treatments, differences were not found with self-report measures.

**Conclusions:** Schema therapy was superior to treatment as usual on recovery, other interview-based outcomes, and dropout. Exercise-based schema therapy training was superior to lecture-based training.

(Am J Psychiatry 2014; 171:305-322)

TABLE 3. Mixed Logistic Regression Analyses of Recovery and Dropout Among Patients With Personality Disorders Randomly Assigned to Schema Therapy (ST), Clarification-Oriented Psychotherapy (COP), or Treatment as Usual (TAU)<sup>a</sup>

Analysis and Contrast	Analysis					Outcome		
	B	t	df	p	Exp(B) <sup>b</sup>	95% CI	Estimated Proportion	95% CI
<b>Primary analysis</b>								
<b>Recovery controlled for baseline severity<sup>c, d</sup></b>								
ST versus TAU	1.404	3.326	314	0.001	4.073	1.774-9.350		
COP versus TAU	0.334	0.725	314	0.47	1.397	0.564-3.459		
ST versus COP	1.070	2.051	314	0.041	2.816	1.043-8.157		
Cohort-by-schema therapy	2.120	2.520	314	0.012	8.334	1.592-44.631		

# Zelfs identieke programma's zijn niet steeds wat ze lijken (MBT)

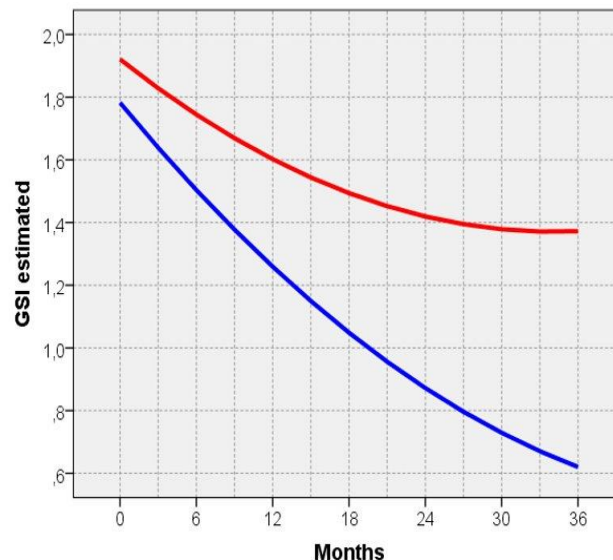


## Implementation of evidence-based treatments for borderline personality disorder: The impact of organizational changes on treatment outcome of mentalization-based treatment

DAWN L. BALES<sup>1</sup>, REINIER TIMMAN<sup>1,2</sup>, PATRICK LUYTEN<sup>1</sup>, JAN BUSSCHBACH<sup>1,2</sup>, ROEL VERHEUL<sup>1</sup> AND JOOST HUTSEBAUT<sup>1</sup>, <sup>1</sup>Viersprong Institute for Studies on Personality Disorders (VISPD), Halsteren, the Netherlands; <sup>2</sup>Erasmus Medical Center Rotterdam, Section of Medical Psychology and Psychotherapy, Rotterdam, the Netherlands

### ABSTRACT

The quality of implementation of evidence-based treatment programs for borderline personality disorder (BPD) in routine clinical care is a neglected issue. The first aim of this mixed-method naturalistic study was to explore the impact of organizational changes on treatment effectiveness of a day-hospital programme of mentalization-based treatment. Consecutively referred BPD patients were divided into a pre-reorganization cohort (PRE-REORG) and a cohort during reorganization (REORG). Psychiatric symptoms (Brief Symptom Inventory) and personality functioning (Severity Indices of Personality Problems-118) before treatment and at 18- and 36-month follow-up were compared using multilevel modelling. Effect sizes in the PRE-REORG cohort were approximately twice as large at 18 months (PRE-REORG: range 0.81–1.22; REORG: range 0.03–0.71) and three times as large at 36 months (PRE-REORG: range 0.81–1.80; REORG: range 0.27–0.81). The quantitative results of this study suggest that even when mentalization-based treatment is successfully implemented and the structure of the programme remains intact, major organizational changes may have a considerable impact on its effectiveness. Second, we aimed to explore the impact of the reorganization on adherence at organizational, team and therapist level. The qualitative results of this study indicate that the organizational changes were negatively related to adherence to the treatment model at organizational, team and therapist level, which in turn was associated with a decrease in treatment effectiveness. The implications of these findings for the implementation of effective treatments for BPD in routine clinical practice are discussed. Copyright © 2017 John Wiley & Sons, Ltd.





# Zelfs een fruittaart is niet steeds wat het lijkt



# Zelfs een fruittaart is niet steeds wat het lijkt



# Op naar een TOPGGz invulling



- Niet alles wat blinkt, is goud
- Appelen en peren zijn slechts de kers op de taart
- Hoe smakelijk ze er van de buitenkant ook uit ziet, een taart is pas echt lekker als het deeg goed gemaakt is



# GIT-PD: Ceci n'est pas TOPGGz?



Hutsebaut et al. *Borderline Personality Disorder and Emotion Dysregulation*  
(2020) 7:16  
<https://doi.org/10.1186/s40479-020-00133-7>

Borderline Personality Disorder  
and Emotion Dysregulation

REVIEW

Open Access

## Improving access to and effectiveness of mental health care for personality disorders: the guideline-informed treatment for personality disorders (GIT-PD) initiative in the Netherlands



Joost Hutsebaut<sup>1,2\*</sup>, Ellen Willemsen<sup>2,3</sup>, Nathan Bachrach<sup>4,5,6</sup> and Rien Van<sup>7</sup>

### Abstract

Evidence-based treatment for patients suffering from personality disorders (PDs) is only available to a limited extent in the Netherlands. Consequently, most patients receive non-manualized, unspecialized care.

This manuscript describes the background, rationale and design of the Guideline-Informed Treatment for Personality Disorders (GIT-PD) initiative. GIT-PD aims to provide a simple, principle-driven, 'common-factors' framework for the treatment of PDs. The GIT-PD framework integrates scientific knowledge, professional expertise and patient experience to design a good-enough practice, based on common factors. It offers a basic framework including general principles, a structured clinical pathway, a basic professional stance, interventions focused on common factors, and team and organizational



# Moet TOPGGz altijd zo moeilijk zijn?

## Drie TOP GGz ambities

- Kunnen wij een TOPGGz versie maken van een oersimpele behandeling?
- Kunnen wij die TOPGGz versie van GIT-PD ook vertalen in (betere) resultaten?
- Kunnen we TOP onderzoek doen naar die oersimpele behandeling?



OVEREENKOMST

## Een ROM-studie van de *Guideline-Informed Treatment for Personality Disorders* in vier behandelcentra

J. Hutsebaut, K.C.M. Kindt, L.J.H. van Dam, N. Bachrach

**Achtergrond** De *Guideline-Informed Treatment for Personality Disorders* (GIT-PD) wordt breed toegepast in Nederland en België in de zorg voor mensen met een persoonlijkheidsstoornis. Tot op heden bestond er geen evidentie voor de mogelijke werkzaamheid van dit behandelkader.

**Methode** Een observationele cohortstudie in vier instellingen op basis van routine outcome monitoring (ROM)-data getuigen naar verbeteringen op gebied van symptoomlast (BSI/OQ-45) en persoonlijkheidsfuncties (SIPP-5F) bij 470 patiënten.

**Resultaten** In elk van de instellingen werden zowel voor symptoomlast als persoonlijkheidsfuncties significante verbeteringen geobserveerd. De effectgroottes voor een verbetering van algemene symptoomlast varieerden ( $d = 0,55$  tot  $d = 1,05$ ).

**Conclusie** De behandelresultaten voor GIT-PD liggen in de lijn van behandelresultaten die ook voor specialiserende behandelvormen voor persoonlijkheidsstoornissen worden gezien in vergelijkbare praktijkstudies. Mogelijke verschillen tussen de instellingen zouden te maken kunnen hebben met de intensiteit, structuur en coherentie van het betreffende GIT-PD-programma.

Tabel 2. ROM-start- en eindmetingen voor symptoomstress

Instelling	Meting	M	SD	t	df	p	Cohens d
[Blauw]	BSI-s	1,53	0,76	5,0	82	< 0,001	0,55
	BSI-e	1,18	0,81				
de Viersprong	BSI-s	1,74	0,64	8,82	85	< 0,001	1,05
	BSI-e	1,06	0,66				
[Blauw]	OQ-45-s	91,3	21,3	4,26	108	< 0,001	0,61
	OQ-45-e	77,5	25,8				
[Blauw]	OQ-25-s	51,2	16,0	8,45	118	< 0,001	0,69
	OQ-25-e	39,7	17,3				

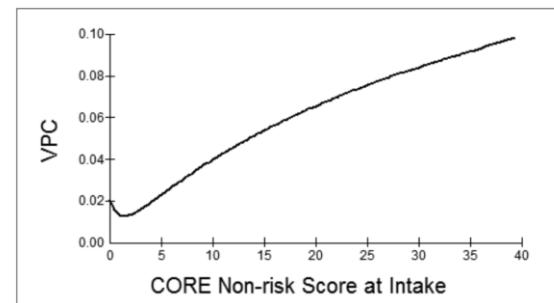
-s = startmeting; -e = eindmeting

# Wat is de functie van een TOPGGz afdeling?



**Niet in elk ziekenhuis vielen evenveel coronadoden, hoe komt dat?  
"Onderzoek dringt zich op"**

Figure 1: Variance Partition Coefficients (VPC) for Intake CORE-OM non-risk scores, with a histogram of the frequency of scores





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