

Schema Therapy in adolescents with externalizing behavior problems

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RELEVANCE

This dissertation focused on bridging theory and practice of Schema Therapy (ST; Young, Klosko, & Weishaar, 2003) with adolescents, specifically those in court-mandated, secure residential treatment. Questions have been raised about the effectiveness and cost-effectiveness of residential treatment, given the paucity of well-designed (randomized) controlled studies on this topic, the typical one-size-fits-all approach, and the high costs involved. Moreover, questions have been raised about the coerciveness of residential care, whether coercive treatment detracts from treatment effectiveness, and ethical issues regarding confining adolescents against their will.

However, review studies and meta-analyses have suggested that residential treatment is a moderately effective and necessary component of a comprehensive care system for adolescents with severe behavior problems and their families (Frensch & Cameron, 2002; Hair, 2005; Knorth, Harder, Zandberg, & Kendrick, 2008). They all show that the effectiveness of residential treatment is increased when patients' families are involved in treatment, and when aftercare services are provided. One meta-analysis, based on 27 controlled studies including 17,038 youths in both secure and non-secure residential treatment, showed greater effects of residential treatment when it incorporated evidence based treatments, such as cognitive behavior therapy but not skills training (de Swart et al., 2012). Regular group care, however, did not seem to be effective and the authors suggested that it might even increase behavior problems. Given the potential disadvantages of (court-mandated) residential treatment, such as high costs and ethical issues of confinement and coercion, residential care must demonstrate evidence of effectiveness in order to be justified. If regular group care is not effective, we should develop and test alternatives that integrate evidence based interventions in residential treatment.

A treatment focusing both on PDs and behavior problems could mitigate a variety of negative outcomes and could make a difference for the lives of patients and their families. Youth living in residential care perceive their quality of life to be low (Jozefiak & Kayed, 2015), and patients with severe externalizing behavior problems and personality disorders (PDs) or PD traits often face a lifetime of difficulties, struggling with social skills, academic functioning, and relationships (Chanen, Jovev, & Jackson, 2007; Levy et al., 1999).

This dissertation is also of economical relevance. Implementing evidence-based treatment in secure residential youth care contributes to a higher quality of care (de Swart et al., 2012). Scientists have estimated that \$3.2 to \$5.8 million could be saved each time an adolescent with disruptive and criminal behaviors is successfully treated (Cohen & Piquero, 2009). The high societal costs are spent on juvenile justice, damage to persons and property, special education, and mental health care. ST treatment, preferably in a continuity of care model, has the potential to help patients return safely to the community, and may prove to be an effective and cost-effective intervention.

FOR WHOM ARE THE FINDINGS OF THIS DISSERTATION RELEVANT?

First of all, the findings emphasize some important issues for treatment providers, such as the need for PD diagnosis in adolescents when appropriate, for early intervention during this age period, and for the implementation of evidence-based treatments in secure residential youth care. It includes the first studies focusing on the validity of ST's framework in adolescents, and on the feasibility and effectiveness of ST for patients with severe disruptive behaviors and PD traits in secure residential youth care. Our findings, and qualitative descriptions of ST for patients with externalizing behavior problems, may encourage treatment providers to consider implementing ST in their treatment services.

Second, the dissertation is also of interest to policy makers. In the Netherlands, recently a shift has been made towards decentralization of responsibilities and finance of youth mental health care. This places a tremendous responsibility on municipalities, who have to decide to what extent they will continue to financially support secure residential care. The promising findings of this dissertation are consistent with findings from previous research that secure residential treatment is effective, especially when evidence-based interventions are incorporated (Hair, 2005; Knorth et al., 2008; de Swart et al., 2012).

ACTIVITIES / PRODUCTS

The findings of the studies in this dissertation are disseminated through scientific papers published in international and national journals. Also, book chapters are written on the application of ST to adolescent patients with PD traits and externalizing behavior problems, such as Chapter 8 of this dissertation. These papers and book chapters will not only make clinicians and policy makers aware of the results, they may also provide guidance in how to implement and apply ST treatment to this complex patient group. Of course, for a full understanding and use of ST techniques, certified training is necessary. In the Netherlands, several certified training programs in basic and advanced ST are available for clinicians working with adults and adolescents (e.g., www.schematherapieopleidingen.nl). There also is a certified training for ST for PDs, aggression, and addiction (www.akkerdistel.nl/opleiding), which is open to clinicians working both with adults and adolescents, but does not focus on adolescents per se. As a follow-up to the work we have done for this dissertation, I am considering developing a specialized course for clinicians working with adolescents with externalizing behavior problems and PD traits. I am also considering the development of video material illustrating ST with externalizing adolescents to use as a supporting material for such a training course. Once this course is developed, it could also be distributed internationally (for example through the International Society of Schema Therapy; ISST). To our knowledge, such a specialized course is also lacking in other countries.

Furthermore, the findings of this dissertation are spread when providing Safe Path (Bernstein, Kersten, van den Broek, & Gelissen, 2014) training and supervision in youth

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care settings. Safe Path has been implemented in secure residential youth care, including wards for high risk forensic youth, and child protective services supporting youth returning to the community after discharge from secure residential care (Bernstein, van Oorsouw, Candel, Clercx, & Alberts, 2017).

Based on the findings of this dissertation, we are developing an outpatient form of ST for externalizing adolescents so that continuity of care can be ensured after discharge from (secure) residential youth care. We aim to use a consistent ST approach throughout various stages of treatment, making use of patients' networks, to support their transfer back into the community. In fact, such an outpatient form of ST may also prove effective in the prevention of the need for (secure) residential treatment when it is applied as an early intervention for adolescent patients with PD traits and mild to severe externalizing behaviors.

Another way of disseminating the findings of this dissertation is through a symposium, to which we will invite treatment providers of both secure and open residential treatment, court staff (e.g., judges, lawyers), youth protective services, municipal officials, youth clinicians, and group care workers. Presentations about ST may also be offered to patients and their families.

INNOVATION

These products and activities are innovative, because there are few products and activities that focus on ST with adolescents. Moreover, the focus on ST with an externalizing group of adolescent patients is completely new. Although still controversial, we stress the importance of diagnosing PDs or PD traits in adolescents, especially in secure residential youth care where PD traits are highly prevalent (**Chapter 2**). Only if clinicians recognize that patients' problematic behavior is part of complex and persisting PD patterns can we provide adequate treatments to them.

Thus far, one treatment manual on ST with adolescents has been published. This treatment manual (Roelofs et al., 2013) describes the application of individual and group ST with adolescents with PD traits. Chapter 8 of this dissertation extends the use of ST to a complex and often resistant subgroup of adolescents with externalizing behaviors, and a treatment protocol is included in Chapter 5. These products may be combined to write a full treatment manual for ST with these adolescents. Our aim for adopting a continuity of care model, using the ST approach throughout various stages of treatment, is also very innovative in secure residential youth care.

Finally, although demand of certified ST training for clinicians working with adolescents is increasing, no ST training specifically for clinicians working with externalizing adolescents has been developed. With this dissertation and our clinical experience, we have acquired sufficient knowledge to fill this gap. Video illustrations will

support the learning of ST techniques with adolescents, as currently only video materials of ST with adults are available.

REALIZATION & TIME PLAN

The Ottho Gerhard Heldringstichting, where most of the research in this dissertation was conducted, is part of a holding company (Conrisq Group). The Conrisq Group includes several treatment centers for youth and adults with externalizing behaviors, facilitating the spreading of knowledge and methods of ST to bring them to a larger group of users.

With regard to the time plan, the chapters of this dissertation are either published, submitted to international peer-reviewed journals, or in preparation to be submitted. Then, our first priority is to develop and realize an outpatient form of ST for patients with externalizing behaviors. This should be effectuated in 2018. The O.G. Heldringstichting / Conrisq Group will financially support this project, although external funding may be searched to facilitate research on its effectiveness.

Safe Path trainings and supervision are currently being supplied, and may also be provided to other (secure) residential treatment centers on demand. The ST symposium for treatment providers, court staff, youth protective services, municipal officials, youth clinicians, and group care workers will be held in the spring of 2018. This symposium will be facilitated by the O.G. Heldringstichting / Conrisq Group.

Ideas concerning the development of a ST course and supporting video materials for clinicians working with externalizing adolescents will be further explored in 2018.