

**Psycho-education with individuals diagnosed with a personality  
disorder: a systematic review**

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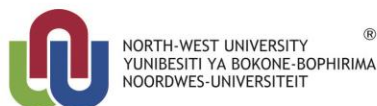
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Dit begin alles hier <sup>™</sup>



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## SECTION 1

### Acknowledgements

To my God, King and Saviour, every height I could ever reach was due to your unfailing love and favour that made me strong and gave me wings to soar.

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## Summary

Much research and knowledge has been generated on personality disorders. Less information is available on the treatment and the effectiveness of treatment for personality disorders. Very little has been written about the use of psycho-education with individuals that have been diagnosed with a personality disorder. Yet, literature shows compelling evidence that these individuals often have poor understanding about their diagnoses, regardless of whether they are currently in treatment or not (Barlow & Durand, 2009; Von Krosigk, 2013).

In a few preliminary studies the effects of psycho-education as a treatment tool for personality disorders have been explored. However, no systematic reviews exist to summarize exactly how much knowledge recent research has generated on this topic, as well as show what the value of said research is. There is also no clear answer whether it is worth implementing psycho-education with individuals diagnosed with a personality disorder and how such an intervention would look, or what the outcomes of such an intervention would be.

This study aimed to explore relevant literature for the best available evidence regarding the use of psycho-education with individuals diagnosed with a personality disorder. It specifically aimed to generate a systematic review that summarizes all the relevant information available in research about the pre-treatment conditions of these individuals, and to also explore the information available about the implementation of the interventions themselves. Finally, it aims to summarize the post-treatment results of a psycho-educational intervention.

This systematic review was conducted by doing a comprehensive and systematic key word search of electronic databases. A total number of 211 articles were identified with the initial search. After the duplicates, non-English articles and articles that do not contribute to the particular research question were removed; 13 articles remained. These articles were assessed for

quality by two reviewers (the authors of this article) independently. All thirteen articles were found to be of acceptable quality to be included in the study, as agreed by both the reviewers. Studies that were included were published between 1995 and 2015, which used different methodologies and research designs. There were empirical studies and theoretical articles, as well as quantitative and qualitative studies. Many of the empirical studies were pilot studies, stressing the need for more future research on this topic. Three predetermined main themes, correlating with the three aims of the study, were selected to structure the findings from the studies included in the review, under which sub-themes were synthesized from the thirteen articles as they emerged from the articles.

Theme A relates to any aspects that the articles highlighted regarding pre-treatment conditions, in other words relating to conditions before the psycho-educational intervention was implemented. It was found that individuals diagnosed with a personality disorder typically do not know their diagnosis, has no insight regarding it and does not understand the impact thereof on their lives. It also shows they do not typically have much knowledge regarding personality disorders. The research indicates that interpersonal difficulties are common with individuals with personality disorders and included studies specifically focusing on the impact these individuals have on their families, and the impact their families have on them. The latter also includes the impact that these individuals have on their children through their parenting style. Theme B focuses on the interventions that the included studies discuss. Here, it was found that psycho-education is sometimes used as an intervention on its own, and sometimes used in combination with other interventions. Theme C relates to post-treatment results, and it was found that psycho-education can have a positive influence on mood symptomatology, on the interpersonal

functioning of the individual, with special reference to their relationships with their families, and that there can also be an improvement with regards to impulsivity.

In light of the abovementioned findings, it was recommended that more research be done on the topic to better understand the different variables of psycho-education, and how they each contribute to the success of psycho-education for individuals with personality disorders. For health care practitioners involved in the treatment of individuals diagnosed with a personality disorder, it is recommended that they reconsider their stance on disclosure of diagnosis and psycho-education when it comes to personality disorders, as this study shows compelling evidence of the positive outcomes when it comes to the psycho-education of these individuals, and to study this systematic review as well as the constituent studies should they wish to facilitate a psycho-educational programme or intervention of their own.

## Opsomming

Baie kennis en navorsing aangaande persoonlikheidsversteurings is al gegenerer. Minder inligting is beskikbaar oor die behandeling en die effektiwiteit van behandeling van persoonlikheidsversteurings. Verder is kennis oor die gebruik van psigo-opvoeding met individue wat met 'n persoonlikheidsversteuring gediagnoseer is baie skaars. Tog beweer literatuur dat individue wat met 'n persoonlikheidsversteuring gediagnoseer is, gewoonlik gebrekkige kennis en begrip van hulle diagnose het en wat die impak daarvan op hulle lewens het, ongeag of hulle onder behandeling is of nie (Barlow & Durand, 2009; Von Krosigk, 2013).

'n Aantal studies het al voorlopige navorsing oor die effek van psigo-opvoeding as 'n wyse van behandeling vir persoonlikheidsversteurings gedoen. Daar is egter geen sistematiese oorsig van die literatuur om te wys hoeveel kennis resente navorsing oor die onderwerp beskikbaar het nie. Daar is dus ook nie 'n aanduiding van die kwaliteit van die bestaande navorsing oor die genoemde onderwerp nie en verder is daar geen duidelike aanduiding of dit die moeite werd is om psigo-opvoeding toe te pas met individue wat met 'n persoonlikheidsversteuring gediagnoseer is nie. Terselfdertyd is daar nie 'n duidelike antwoord oor hoe sodanige intervensie sou lyk, en wat die uitkomste daarvan sou wees indien dit geïmplementeer word nie.

Hierdie studie het as mikpunt die ondersoek van relevante literatuur om die beste beskikbare bewyse van die gebruik van psigo-opvoedkunde met individue wat met 'n persoonlikheidsversteuring gediagnoseer is, te bekom. 'n Meer spesifieke doel van die studie is om die beskikbare kennis in die literatuur oor die toestande van hierdie individue voor behandeling te hersien en op te som. Dit beoog verder ook dieselfde te doen met die beskikbare inligting oor die intervensies self. Uiteindelik wil dit ook die resultate van so 'n intervensie opsommend weergee.

Die uitvoering van hierdie sistematiese oorsig is deur middel van 'n omvattende en sistematiese sleutelwoordsoektog in elektroniese databasisse gedoen. Die aanvanklike soektog het 211 artikels as resultaat opgelewer. Nadat die duplikate en nie-Engelse artikels, asook artikels wat nie bydra om die navorsingsvraag te beantwoord nie, verwyder is, het 13 artikels oorgebly.

Hierdie artikels is afsonderlik vir kwaliteit deur twee evalueerders (die skrywers van die artikel) geëvalueer. Beide evalueerders het ooreengestem dat al 13 studies se kwaliteit voldoende is om in die studie ingesluit te word. Die studies wat ingesluit is, is tussen 1995 en 2015 gepubliseer en het van verskillende metodologieë en navorsingsontwerpe gebruik gemaak. Hierdie studies sluit empiriese studies en teoretiese artikels in en sommige van die artikels is kwalitatief, terwyl ander kwantitatief is. Baie van die empiriese studies is loodsstudies, wat die behoefte aan meer navorsing oor hierdie onderwerp beklemtoon. Algemene temas is uit die 13 artikel gesintetiseer en in drie hooftemas ingedeel, soos die temas uit die artikels na vore gekom het.

Tema A hou verband met enige aspekte wat die artikels oor toestande voor behandeling beklemtoon, met ander woorde die toestande voor die implementering van psigo-opvoedkunde. Die bevinding is dat individue wat met 'n persoonlikheidsverteuring gediagnoseer is, gewoonlik nie van hulle diagnose bewus is nie. Verder het hulle gebrekkige kennis daaroor en verstaan hulle nie die impak daarvan op hulle lewens nie. Daar is ook bevind dat hierdie persone gewoonlik min kennis oor persoonlikheidsversteurings het. Die bevindinge toon verder aan dat interpersoonlike probleme algemeen is by individue wat met 'n persoonlikheidsversteuring gediagnoseer is en die studies wat hier ingesluit is, fokus spesifiek op die wedersydse impak tussen hierdie individue en hulle families. Dit sluit ook die impak van hierdie individue se



ouerskapstyle op hulle kinders in. Tema B fokus op die intervensies wat bespreek word deur die studies wat ingesluit is. Hier is bevind dat psigo-opvoedkunde somtyds alleen toegepas word en ander kere saam met ander intervensies gebruik kan word. Tema C het te make met die resultate van die behandeling. Daar is gevind dat psigo-opvoedkunde 'n positiewe effek kan hê op gemoedssimptomologie, op interpersoonlike funksionering (spesifiek met betrekking tot die verhouding met die familie), en dat impulsiwiteit kan afneem.

As bogenoemde bevindinge in ag geneem word, word daar aanbeveel dat meer navorsing oor die onderwerp nodig is om beter te verstaan hoe die verskillende veranderlikes tot die effektiwiteit van psigo-opvoedkunde met individue wat met 'n persoonlikheidsversteuring gediagnoseer is, bydra. Aangesien hierdie studie bewyse lewer van positiewe uitkomstevindings aangaande psigo-opvoedkunde met persoonlikheidsversteurings, word aanbevelings vir gesondheidsorgpraktisyne gemaak. Daar word voorgestel dat die praktisyne die waarde van bekendmaking van 'n diagnose van 'n persoonlikheidsversteuring in ag neem. Verder word voorgestel dat die waarde van psigo-opvoedkunde in ag geneem word wanneer dit by persoonlikheidsversteurings kom. Vir dié wat 'n psigo-opvoedkundige program van hul eie wil implementeer word dit voorgestel dat hulle hierdie studie as riglyn gebruik en ook die artikels wat in hierdie studie gebruik is, bestudeer.

## **Preface**

### **Article format**

This dissertation is part of the requirements for the completion of the Magister of Arts degree in Clinical Psychology. It has been prepared according to the article format regulations of the North-West University.

### **Journal**

This manuscript is compiled in accordance with the requirements set by the Journal of Psychology in Africa. The manuscript and reference list have been styled according to the specifications of the APA (American Psychological Association, 6<sup>th</sup> edition) publication guidelines for the purposes of examination. Where journal specifications differ from APA publication guidelines, appropriate amendments will be made before publication.

### **Page numbers**

For examination purposes, the pages are numbered from the title page and proceed from there onwards.

## **Guidelines For Authors**

### **Author Guidelines: Journal of Psychology in Africa**

The *Journal of Psychology in Africa* publishes original empirical research articles, research reviews, conceptual development articles and thematic issues. Manuscripts can be regular research reports, brief reports, and those that address topical professional issues, including case analysis reports. Book reviews are accepted for publication as special announcements. Specifically, manuscripts with the following qualities are encouraged: 1) Combine quantitative and qualitative data; 2) Take a systematic qualitative or ethnographic approach; 3) Use an original and creative methodological approach; 4) Address an important but overlooked topic; 5) Present new theoretical or conceptual ideas; and 6) Present innovative context sensitive applications. Manuscript for publication consideration should show an awareness of the cultural context of the research questions asked, the measures used, the results obtained, and interpretations proposed. Finally, the papers should be practical, based on local experience and applicable to crucial efforts in key areas of psychology for development in African cultural heritage settings.

### **Editorial policy**

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editor. The editor reserves the right to revise the final draft of the manuscript to conform to editorial requirements.

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By submitting to *JPA* for publication review, the author(s) agree to any originality checks during the peer review and production processes. A manuscript is accepted for publication review on the understanding that it contains nothing that is abusive, defamatory, fraudulent, illegal, libelous, or obscene. During manuscript submission, authors should declare any competing and/or relevant financial interest which might be potential sources of bias or constitute conflict of interest. The submitting author must provide contact information for all co-authors. The author who submits the manuscript accepts responsibility for notifying all co-authors and must provide contact information on the co-authors.

The Editor-in-Chief and Associate Editors will collaborate with Taylor and Francis using the guidelines of the Committee on Publication Ethics [<http://publicationethics.org>] in cases of allegations of research errors, authorship complaints, multiple or concurrent (simultaneous) submission, plagiarism complaints, research results misappropriation, reviewer bias, and undisclosed conflicts of interest.

### **Manuscripts**

Manuscripts should be submitted in English. The manuscripts should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

## Submission

Manuscripts should be submitted to the Editor-in-Chief, *Journal of Psychology in Africa*, Elias Mpofu, PhD., DEd, CRC, Professor, Faculty of Health Sciences, University of Sydney, Cumberland Campus, East Street, PO Box 170, Lidcombe, NSW 1825, Australia, email: [elias.mpofu@sydney.edu.au](mailto:elias.mpofu@sydney.edu.au). We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission. Before submitting a manuscript, authors should peruse and consult a recent issue of the *Journal of Psychology in Africa* for general layout and style. Manuscripts should conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors.

## Manuscript format

All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of a manuscript should be arranged as follows:

- **Title:** this should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important keywords, (preferably <13 words).
- **Author(s) and address(es) of author(s):** The corresponding author must be indicated. The author's respective addresses where the work was done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided.
- **Abstract:** Articles and abstracts must be in English. Submission of abstracts translated to French, Portuguese and/or Spanish is encouraged. For data-based contributions, the abstract should be structured as follows: *Objective* - the primary purpose of the paper, *Method* - data source, participants, design, measures, data analysis, *Results* - key findings,

implications, future directions and *Conclusions* - in relation to the research questions and theory development. For all other contributions (except editorials, book reviews, special announcements) the abstract must be a concise statement of the content of the paper. Abstracts must not exceed 150 words. The statement of the abstract should summarize the information presented in the paper but should not include references.

- **Text:**

(1) Do not align text using spaces or tabs in references. Use one of the following:

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**Permission to submit article for examination purposes**

I, the supervisor of this study, hereby declare that the dissertation entitled “Psycho-education with individuals diagnosed with a personality disorder: a systematic review”, written by Oliver Rautenbach, reflects the research regarding the subject matter. I hereby grant permission that he may submit the article for examination purposes and I confirm that the dissertation submitted is in fulfilment of the requirements for the degree Magister Arts in Clinical Psychology at the Potchefstroom Campus of the North-West University. The article may also be sent to the *Journal of Psychology in Africa* for publication purposes.

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Rümando Kok





**Words:** Language practitioner    **Notes:** Pianist/Organist

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2016-05-04

## *Certificate*

This certificate confirms that the editing of the dissertation:  
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## **A brief literature orientation**

### **Conceptualising personality disorder**

This literature orientation is a broad overview of the two main constructs of this study, namely personality disorders and psycho-education. The literature orientation's goal is to help readers understand the problem statement in the manuscript. It is in no way an exhaustive presentation of the two concepts, but is meant to provide readers with the necessary introductory information to follow the manuscript more clearly.

As an introduction to personality disorders, it is worthwhile to discuss personality as a concept first. Defining personality is a debated topic as the concept of personality is a very complex one. Pointing out the different opinions and different definitions of personality is beyond the scope of this literature review. However, for the purpose of this article, personality is defined as "the set of psychological traits and mechanisms within the individual that are organized and relatively enduring and that influences his or her interactions with, and adaptation to, the environment (including the intrapsychic, physical and social environment)" (Larsen & Buss, 2002, p.4). Basically, a person's personality makes them unique, and constitutes the way they experience themselves and their environment, and it also influences how they react to their environment. It is also that by which an individual is known by others. Personality traits are characteristics of a person, who they are and how they behave. Von Krosigk (2013, p.449) highlights that an individual's personality traits distinguish them from others, but states that "when someone's traits are rigid, not adaptive to new situations, and cause significant difficulty in their work and social life, then that individual may have a personality disorder."

Similar to the concept of personality, defining personality disorder can become impossible when one tries to reflect all the different perspectives and theoretical models that have given an

explanation or definition of personality disorders. Therefore, the focus will be placed, when defining personality disorders, on an authoritative source in the diagnosis of mental disorders, namely the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association, 2013). The DSM-5 presents specific criteria that an individual must adhere to before they can be diagnosed with a personality disorder. It defines personality disorders as follows: "A *personality disorder* is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in late adolescence or early adulthood, is stable over time, and leads to distress or impairment" (American Psychiatric Association, 2013, p.645).

The DSM-5 continues to provide very specific criteria for the diagnosis of every specific type of personality disorder. Before that, however, it provides general criteria which apply to personality disorders in general and which highlight the shared aspects of the different personality disorders in contrast with the rest of its discussion. The latter highlight the unique nature of each type of personality disorder. For this study, the general understanding of a personality disorder is very important, and therefore, the DSM-5 criteria for personality disorders in general are provided in the manuscript.

The DSM-5 discusses ten different personality disorders. As mentioned, this study does not focus on the uniqueness of each personality disorder. However, the DSM-5 categorises the different personality disorders in three clusters, and these will be discussed to provide the reader with a broad understanding of the different types of personality disorders.

Cluster A personality disorders include paranoid personality disorder, schizoid personality disorder and schizotypal personality disorder. These personality disorders share common themes of anxiety and fear of other people, resulting in withdrawal from them, as well as an indifference

to other people (Barlow & Durand, 2009; Von Krosigk, 2013; American Psychiatric Association, 2013).

Cluster B personality disorders include borderline personality disorder, histrionic personality disorder, narcissistic personality disorder and antisocial personality disorder. Common features of these disorders are dramatic and impulsive behaviour, disregard for the safety of the self and others, the possibility of hostile and even violent behaviour, and very little empathy towards others (Barlow & Durand, 2009; Von Krosigk, 2013; American Psychiatric Association, 2013).

Cluster C personality disorders include avoidant personality disorder, dependent personality disorder and obsessive-compulsive personality disorder. In this group of disorders, anxiety and fearfulness are common themes, which make this particular cluster stand out from other personality disorder clusters, and render it more difficult to distinguish between them and other anxiety-related mental disorders (American Psychiatric Association, 2013; Barlow & Durand, 2009; Von Krosigk, 2013).

As is evident, the different types of personality disorders have quite diverse symptoms. In general, individuals who have been diagnosed with a personality disorder may experience difficulties related to self-image, their relationships with others, understanding themselves, others and the environment, as well as impulse control difficulties (American Psychiatric Association, 2013; Barlow & Durand, 2009; Von Krosigk, 2013).

Different methods and approaches to the treatment of personality disorders exist. Once the diagnosis has been made, psychotherapy can be implemented to treat personality disorders (Barlow & Durand, 2009). No pharmacological treatments has been proven to be effective treatment for personality disorders (Duggan, Huband, Smailagic, Ferriter, & Adams, 2008),

however, associated problems, such as depressive symptomatology may be treated with medication, which can help the individual cope better, and participate better in psychotherapy.

Literature often portrays individuals with personality disorders as having poor prognoses (Stevenson, Brodaty, Boyce, & Byth, 2011). This is often due to the fact that individuals with personality disorders have poor adherence to treatment (Barlow & Durand, 2009). This, in turn, is often due to poor insight. These individuals often do not know that they have personality disorders (D'Silva & Duggan, 2002), they do not know what a personality disorder is, how it affects them and they also fail to recognize the destructive or negative elements of personality disorders in their lives (Barlow & Durand, 2009). Furthermore, the negative interaction styles with other people, which individuals with personality disorders typically display, also come into play within a therapeutic relationship as well (Hersoug, Ulberg, & Høglend, 2014; Johansson, Høglend, Ulberg, Amlo, Marble, Bøggwald, & Sørbye, 2010). These interaction styles create many obstacles to successful psychotherapy as it is generally understood that a core element of successful psychotherapy is the building of an appropriate and strong therapeutic relationship between the therapist and the individual being treated (Corey, 2014).

It has also been reported in studies that health care practitioners such as psychiatrists and psychologists, who treat individuals diagnosed with a personality disorder, fail to, or hesitate to disclose a diagnosis of personality disorder (Lequesne & Hersh, 2004). The practitioners do not inform these individuals regarding what personality disorders are, how it affect their lives and what can be done to treat these difficulties (Lequesne & Hersh, 2004). This non-disclosure is believed to contribute to these individuals' poor adherence to treatment (Barlow & Durand, 2009).

## **Defining psycho-education**

Psycho-education is a broad term that can be used to refer to many acts of education that pertain to psychological issues (Bäuml et al., 2006). However, in the field of clinical mental healthcare, psycho-education refers to the process of transferring knowledge so that an individual can understand his or her mental disorder better, and to be able to cope with it successfully (Banerjee, Duggan, Huband, & Watson, 2006). Psycho-education is also aimed at educating the support system and health care practitioners involved in treating the individual regarding his or her personality disorder (Blum & Black, 2008). In this sense, it generates understanding of the nature of a disorder, and also transfers relevant knowledge about treatment, management of a disorder and coping skills (Bäuml et al., 2006). Psycho-education has been shown in many studies to have positive outcomes for specific mental disorders, such as depression and schizophrenia (Bäuml et al., 2006).

A number of studies have been conducted to specifically explore the feasibility of using psycho-education with personality disorders, however, these studies are few and far between and the process of generating empirical evidence seems to be in its starting phase. Exploring these specific studies is central to this manuscript, and will not be further discussed in this literature overview.

## **Conclusion**

Personality disorders have been discussed as to be understood as a diagnosis that can be made according to specific criteria as laid out in the DSM-5, which is an authoritative source for the diagnosis of mental disorders (American Psychiatric Association, 2013). Psychotherapy can be used to treat symptoms of personality disorders, which include difficulties related to self-

image, problems with relationships with others, difficulty understanding themselves, others and the environment as well as impulse control difficulties.

Although various personality disorders exist, each with differing symptomatology, the DSM-5 defines personality disorders in general by also giving a coherent set of criteria which all personality disorders share. Furthermore, it is evident that psychotherapy can be used to treat personality disorders, and that certain symptoms associated with personality disorders can be treated pharmacologically.

The discussion above indicates that treatment adherence is often poor with individuals diagnosed with a personality disorder. One influencing factor is that individuals often have poor insight regarding their diagnosis. Psycho-education has been discussed as a tool that could be used to address a lack of understanding about personality disorders, and it has been indicated that it could be used as a therapeutic tool with individuals that have been diagnosed with a personality disorder.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Banerjee, P., Duggan, C., Huband, N., & Watson, N. (2006). Brief psychoeducation for individuals with personality disorder: A pilot study. *Psychology and Psychotherapy: Theory, Research and Practice*, 79(3), 385 – 394.
- Barlow, D.H., & Durand, V.M. (2009). *Abnormal psychology: An integrative approach* (11th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Bäumli, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophrenia Bulletin*, 32(1), S1 – S9.
- Blum, N., & Black, D.W. (2008). Systems Training in Emotional Predictability and Problem Solving (STEPPS) for the treatment of BPD. *Social Work in Mental Health*, 6, 171-186.
- Corey, G. (2014). *Theory and Practice of Counselling and Psychotherapy* (9th ed). Canada: Cengage Learning.
- D’Silva, K., & Duggan, C. (2002). Service innovations: development of a psychoeducation programme for patients with personality disorder. *Psychiatric Bulletin*, 26, 268-271.
- Duggan, C., Huband, N., Smailagic, N., Ferriter, M., & Adams, C. (2008). The use of pharmacological treatments for individuals with personality disorder: A systematic review of randomized controlled trials. *Personality and Mental Health*, 2, 119–170.
- Hersoug, A.G., Ulberg, R., & Høglend, P. (2014). When is transference work useful in psychodynamic psychotherapy? Main results of the first experimental study of transference work (FEST). *Contemporary Psychoanalysis*, 50(1–2), 156–174.



- Johansson, P., Høglend, P., Ulberg, R., Amlo, S., Marble, A., Bøgwald, K., & Sørbye, Ø. (2010). The Mediating Role of Insight for Long-Term Improvements in Psychodynamic Therapy. *Journal of Consulting and Clinical Psychology, 78*(3), 438-448.
- Larsen, R.J., & Buss, D.M. (2002). *Personality psychology*. Boston: McGraw-Hill.
- Lequesne, E.R., & Hersh, R.G. (2004). Disclosure of a diagnosis of borderline personality disorder. *Journal of Psychiatric Practice, 10*(3), 170-176.
- Stevenson, J., Brodaty, H., Boyce, P., & Byth, K. (2011). Personality disorder comorbidity and outcome: Comparison of three age groups. *Australian and New Zealand Journal of Psychiatry, 45*, 771–779.
- Von Krosigk, B. (2013). Personality disorders. In A. Burke (Ed.), *Abnormal psychology: A South African perspective* (2nd ed., pp. 462-511). South Africa: Oxford University Press.

## SECTION II

### Manuscript for Examination

#### **Psycho-education with individuals diagnosed with a personality disorder: a systematic review**

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### **Abstract**

The aim of this study was to systematically review available literature on the use of psycho-education with individuals diagnosed with a personality disorder. It aimed to explore (a) aspects related to pre-intervention conditions; (b) aspects related to details about a psycho-educational intervention; and (c) aspects related to post-intervention consequences. A systematic review was done through a comprehensive electronic database search. Thirteen articles were identified for inclusion in the review. These articles were published between 1995 and 2015. Data was analysed from a qualitative content approach. The review indicated that, regarding pre-intervention aspects, individuals diagnosed with a personality disorder typically have poor knowledge regarding their diagnosis, and that interpersonal difficulties are common. Psycho-education can be administered alone, combined with other treatment, as short-term or long-term therapy and as group therapy. The family can be included in psycho-education. Results show improved interpersonal functioning, reduced symptomatology and a better understanding of personality disorders.

## **Psycho-education with individuals diagnosed with a personality disorder: a systematic review**

**Keywords:** personality disorder, AXIS - II, psycho-education, insight building, consciousness raising, information transference, knowledge transference.

### **Introduction**

Personality disorders are seen by current literature as pervasive, and individuals diagnosed with personality disorders are often seen as having poor prognoses (Barlow & Durand, 2009; Clarke, Jinks, Huband, & McMurrin, 2014; Von Krosigk, 2013). Research suggests that little can be done for individuals that have been diagnosed with personality disorders from a pharmacological approach, as a systematic review by Duggan, Huband, Smailagic, Ferriter, and Adams (2008) concludes that there is not enough evidence currently to justify a pharmacological intervention in the case of personality disorders.

The number of individuals diagnosed with personality disorders are increasing. Over the years, personality disorders have become much more prevalent, and co-morbidity with other psychiatric illnesses is very common in personality disorders (Blackburn, Logan, Donnely, & Renwick, 2003; Howard, McCarthy, Huband, & Duggan, 2013; McDermid, Sareen, El-Gabalawy, Pagura, Spiwak, & Enns, 2015). Individuals, who have been treated for personality disorders frequently relapse after they have been treated (Clarke et al., 2014; Stevenson, Brodaty, Boyce, & Byth, 2011). Psychotherapy with individuals diagnosed with personality disorders often take long periods of time with mixed results regarding success, while the longevity of progress in therapy is doubtful (Barlow & Durand, 2009). In cases where individuals have been diagnosed with an antisocial personality disorder, for instance, it is generally believed that

rehabilitation is not possible (Barlow & Durand, 2009; Meloy & Yakeley, 2014; Von Krosigk, 2013). One of the main reasons supporting this belief is because the treatment of individuals diagnosed with antisocial personality disorder is, like many other psychological disorders and especially other personality disorders, hampered by poor insight into their need for treatment and change (Barlow & Durand, 2009; Hersoug, Ulberg, & Høglend, 2014; Johansson, Høglend, Ulberg, Amlo, Marble, Bøgwald, & Sørbye, 2010; Von Krosigk, 2013). Poor insight refers to individuals, who have been diagnosed with personality disorders that do not believe there is anything wrong with their behaviour, cognitions and interpersonal relationship styles (Hersoug et al., 2014; Johansson et al., 2010). This in turn causes very poor treatment adherence (Barlow & Durand, 2009; Clarke et al., 2014; Swift & Greenberg, 2012; Von Krosigk, 2013). Another personality disorder where prognosis is weakened by poor insight is paranoid personality disorder. Individuals diagnosed with this personality disorder are usually too paranoid to adhere to treatment long enough to improve (Clarke et al., 2014) and fail to see how their personality disorder influences their view of reality, other individuals and the health professionals that are trying to help them (Barlow & Durand, 2009; Von Krosigk, 2013).

In other words, one of the reasons why psychotherapy is so difficult with regards to personality disorders, is that individuals with personality disorders usually have poor insight regarding their diagnosis (Clarke et al., 2014). They usually have poor insight regarding the inappropriateness of their behaviour and their ways of interacting with other individuals. They also have little knowledge with regards to what personality disorders are, why they have been diagnosed with that personality disorder, and why it is a problem in their own lives.

According to Prochaska's model of change, individuals attending psychotherapy are in one of the following stages of change: pre-contemplation, contemplation, action or maintenance

(Levesque, Ciavatta, Castle, Prochaska, & Prochaska, 2012; Prochaska & Diclemente, 2005). The clients who usually make progress in therapy are the ones who are in the action phase. The pre-contemplation stage is the stage farthest away from making progress in therapy, and clients in that stage usually have poor or no insight regarding their problems, their problematic behaviour and their interaction with other individuals (Levesque et al., 2012). Individuals diagnosed with personality disorders tend to remain in the pre-contemplation stage and, in contrast with many individuals diagnosed with other psychological disorders, do not tend to progress from the pre-contemplation stage into the action stage as often. Motivation to change is highly unlikely when a client does not have a sense that there is a problem that needs to be addressed. It is difficult to address problems in therapy if they are not clearly understood, defined, and if the client does not take responsibility for the problems and the ensuing problematic behaviour associated with the problems (Levesque et al., 2012).

Therefore, there is a need in psychotherapy with individuals diagnosed with personality disorders to address the issue of client treatment readiness in the form of insight (Clarke et al., 2014). Insight here, as explained above, refers to a cognitive understanding of what the specific personality disorder is that the client has been diagnosed with, as well as personal insight in terms of being able to identify the elements of the personality disorder in the clients' own life and to accept that it is present in their lives. Finally, it also entails an understanding of the necessity to change and a willingness to take steps to change. Only then can clients operate in the action stage of Prochaska's model of change, and can progress be made in therapy (Levesque et al., 2012).

Because insight poses such a significant problem with the treatment of personality disorders, psycho-education could be a pre-treatment tool that could increase the client's

responsiveness to treatment, and can possibly prevent later relapse into old behavioural patterns and interactional patterns with other individuals.

Psycho-education can be defined in various ways, and how a study involving psycho-education defines the term will ultimately influence the focus and the results of the study. There are two components that are usually associated with psycho-education, namely knowledge transference and skills training (Bäumel, Froböse, Kraemer, Rentrop, & Pitschel-Walz, 2006). Due to the fact that insight is often lacking where personality disorders are concerned, and that an increase in insight is associated with positive outcomes in psychotherapy, the current study's definition of psycho-education will focus on the transference of the knowledge component. In this light, the term psycho-education, as used by the current study, will be defined as the process of transferring knowledge regarding the diagnosis and the characteristic features of personality disorders to clients.

Psycho-education is a tool that can be used therapeutically to assist in dealing with the problem of poor insight. Its goal is to educate individuals regarding psychological disorders and mental health and to help them cope better with the disorder in their own lives and/or in the lives of their loved ones (Bäumel et al., 2006). It can be used to help individuals, who have been diagnosed with a psychological disorder, to accept that something is wrong in their lives and that remedial measures are needed to manage or overcome their problems (Banerjee, Duggan, Huband, & Watson, 2006). Psycho-education also aims at assisting the individual to come to a fundamental understanding of what the treatment connected to their diagnosis will consist of, why the treatment is necessary, and to encourage long-term commitment to treatment adherence and change (Bäumel et al., 2006). It provides a name to the problem the individual needs to deal with, and clearly defines it (Banerjee et al., 2006; Bäumel et al., 2006).

Psycho-education with a focus on personality disorders is scarce. Banerjee et al. (2006) suggest a psycho-educational programme for individuals diagnosed with personality disorders and highlight that several aims are important if psycho-education is used for such individuals. Because psycho-education is seen as a pre-treatment procedure which the therapist can use at the onset of therapy, it should aim to build a therapeutic relationship between the therapist and the individual receiving the psycho-education. It should further provide the individuals with an understanding of their personality problems and how it affects their interpersonal functioning (Long, Fulton, & Dolley, 2015). Individuals should be assisted to understand how their identified problems qualify for the formal diagnosis of a personality disorder (D'Silva & Duggan, 2002). Psycho-education in these cases should also aim at collaboratively agreeing on treatment goals by highlighting areas of the individual's life that need to change (Banerjee et al., 2006; Huband, McMurrin, Evans, & Duggan, 2007).

The current study is motivated by a lack of solutions to the poor insight of individuals diagnosed with a personality disorder. Poor insight creates obstacles for psychotherapeutic change. This fact can be derived from the results of recent studies which show that the building of insight in psychotherapy facilitates positive outcomes, such as an increase in interpersonal functioning (Hersoug et al., 2014; Johansson et al., 2010). Individuals with good insight regarding their mental illness usually make quicker and longer lasting progress in therapy (Hersoug et al., 2014; Johansson et al., 2010; Levesque et al., 2012). Hence, psycho-education as a pre-treatment programme for psychotherapy with individuals diagnosed with personality disorders could possibly increase treatment responsiveness.

The different types of personality disorders that are listed in the DSM-5, which will also be included in the current study, are paranoid personality disorder, schizoid personality disorder,



schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder, avoidant personality disorder, dependent personality disorder and obsessive compulsive personality disorder (American Psychiatric Association, 2013).

Although these disorders have different or unique clinical presentations, they share a common set of clearly defined criteria. To define personality disorders, in general, the following criteria from *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013, p.646) are given:

"A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events).
2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response).
3. Interpersonal functioning.
4. Impulse control.

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better explained as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., head trauma).”

It is thus clear that as a group, the different personality disorders have common features. Research with a focus on the implementation of psycho-education with individuals diagnosed with specific personality disorders is also scarce, and therefore, a decision was made to include all personality disorders in this review in order to enable the viability of a systematic review on this topic.

### **Goals of the Study**

The aim of the study is to explore currently available research with a focus on the use of psycho-education for individuals diagnosed with a personality disorder. The study focuses on three aspects of these studies. Firstly, it will explore any themes related to pre-treatment conditions (e.g. prior to the implementation of a psycho-educational intervention). Secondly, it will focus on the implementation of psycho-educational interventions (treatment aspects). Thirdly, it will focus on the results of a psycho-educational intervention (post-treatment aspects).

The objective of the research was to synthesize and summarize all relevant themes from the available literature regarding psycho-education for individuals diagnosed with a personality disorder related to:

1. pre-treatment aspects;
2. treatment aspects; and
3. post-treatment aspects.

The reason for summarising this information is to help inform readers regarding the best and most recent evidence for the effectiveness of psycho-educational interventions for individuals diagnosed with a personality disorder, and to also provide guidance on what such interventions comprise and how they might be implemented.

In light of the objectives stated above, three central research questions arise that this study seeks to address: Firstly, *when considering studies that focus on the use of psycho-education for individuals diagnosed with a personality disorder as a method of treatment, what are the pre-treatment aspects that the studies highlight or focus on?* Secondly, *when looking at these studies, which aspects of the psycho-educational intervention itself do they highlight?* Thirdly, *what are the post-treatment results that arise from these studies after a psycho-educational intervention has been implemented?*

### **Method**

A systematic review was done to identify all the existing studies that are methodologically sound and relevant to the specific topic of this proposed study (Bambra, 2011; Bryman, 2008; Higgins & Green, 2008; Milner, 2015; Petticrew & Roberts, 2006), namely the implementation of psycho-education with personality disorders.

The databases which were searched and search engines which were used include EBSCOhost, Google Scholar, JSTOR, Sabinet Reference, SAePublication, Scopus, ScienceDirect and Web of Science. These are all the databases that the NWU has access to. Onesearch was used, a function of the NWU library website, which provides results from all the search engines and databases with a single search. After a list of articles were generated by the electronic search, consultation with a librarian was also done to gain access to additional articles of which the full texts were not available through the aforementioned databases, but were

nonetheless displayed as results of the search. This was done to improve the thoroughness expected from a systematic literature review (Bambra, 2011; Higgins & Green, 2008; Milner, 2015).

A systematic review uses inclusion criteria to help ascertain which studies are relevant to the review (Bryman, 2008; Milner, 2015). The following key words were used in combination with inclusion criteria and Boolean operators:

Group 1: personality disorder OR AXIS – II OR paranoid personality disorder OR schizoid personality disorder OR schizotypal personality disorder OR antisocial personality disorder OR borderline personality disorder OR histrionic personality disorder OR narcissistic personality disorder OR avoidant personality disorder OR dependent personality disorder OR obsessive compulsive personality disorder

AND

Group 2: psycho-education OR psycho-educational OR psycho-educate OR psycho-educating OR insight building OR consciousness raising OR information transference OR knowledge transference

In dividing the search words into two groups the electronic search was forced to produce all research articles that mention both personality disorders and psycho-education.

Literature suggests the use of inclusion criteria to help select studies for inclusion (Bryman, 2008; Higgins & Green, 2008; Milner, 2015). The following inclusion criteria were used:

- full-text journal articles;
- peer-reviewed articles;
- chapters in books;

- conference proceedings;
- higher degree dissertations; and
- studies that have been published between 1 January 1995 and 31 August 2015 (the date of the electronic search).

A time span of 20 years is seen as an acceptable time scope, which would cover recent and past studies that could assist in answering the research questions. Studies older than 20 years might not be based on the modern understanding of personality disorders and psycho-education, and might still be based on previously used diagnostic systems, such as older versions of the DSM.

Literature also indicates that a systematic review should make use of exclusion criteria to ensure that only relevant studies are included in the review (Bryman, 2008; Kwon, Lemieux, McTavish & Wathen, 2015; Milner, 2015; Petticrew & Roberts, 2006). Criteria according to which research articles were excluded from the systematic review are as follows:

- studies that are not in English and that have no English abstracts;
- duplicate reports of the same study; and
- non-research reports, letters and commentaries.

The electronic search was set to target the entire text, and not just the abstract, title or key words, which reduced the chances of leaving out important studies from the review (Kwon et al., 2015). Initially, the search produced 211 results. These were articles which mentioned one of each of the two groups of key words somewhere within the text. In this group of 211 articles, not all the articles were relevant to the research questions, even though they all had the relevant key words. However, within this group, all the articles that are relevant to the research questions were present among other, irrelevant studies. After the list of 211 articles were generated, 138 articles were removed from the list, as they were duplicates, non-peer reviewed articles and

articles in languages other than English. Kwon et al. (2015) highlights the importance of removing duplications carefully from a search during a systematic review to ensure that a study does not include unnecessary duplicates, but does not exclude articles that could have been relevant to the study. Seventy three articles remained. Subsequently, the remaining 73 articles were screened by the first reviewer for relevance to the topic of the study (Petticrew & Roberts, 2006). Of these 73 articles, 60 were excluded from the study due to the focus not being on psycho-education with individuals diagnosed with a personality disorder, and thus not being relevant to the research topic of this study. The whole process of selecting the final 13 articles included in the study is reflected in Figure 1.

<Insert Figure 1 approximately here>

The remaining 13 articles were critically appraised for quality by both reviewers independently to ensure that a minimum standard of quality was met by each article, and to provide readers with an idea of the quality of the articles that contributed to the findings (Milner, 2015; Petticrew & Roberts, 2006). Having two reviewers also adds to the validity of the study, and reduces chances of bias to influence the critical appraisal process (Petticrew & Roberts, 2006).

The articles were rated in different categories, and given a 1, 2 or 3 in each category. One (1) indicates a score of *poor* while 2 indicates an *average* score, and 3 represents a *good* score. The reviewers agreed beforehand that an article would be excluded if both reviewers gave an article a score of 1 in one or more of the same categories. Results of the critical appraisal process are reflected in Table 1.

Even though the two reviewers disagreed on some aspects of the quality of some of the articles, both agreed that none of the articles had issues that warranted for any of them to be excluded from the study on the basis of quality, which is the main purpose of a critical appraisal (Higgins & Green, 2008). The reviewers discussed points of disagreement regarding certain aspects of the quality of the articles, and agreed that differences were not enough to warrant further investigation and that regardless of minor differences, none of the articles were of such poor quality to be excluded from the study.

Finally, findings from the articles were synthesized and summarized in accordance with literature on the methodological steps of systematic review (Higgins & Green, 2008; Milner, 2015; Petticrew & Roberts, 2006). Table 2 reflects these summaries.

Ethical clearance to conduct the research was obtained from the NWU (NWU-00184-15-A1).

<Insert Table 1 approximately here>

<Insert Table 2 approximately here>

## **Results and Discussion**

Regarding the results of the systematic literature review that was conducted, it is worthwhile to first examine the 13 articles included and to note some aspects regarding their research designs and methods (Petticrew & Roberts, 2006).

Of the 13 included studies, 7 were quantitative studies, while 6 were qualitative studies. Of the 6 qualitative studies, one was empirical research, while the other 5 were theoretical articles. Of the 8 empirical studies, two were survey designs and six were experimental designs. Of the experimental designs, 5 out of the 6 studies were pilot studies. Four of the experimental designs were randomized control trials while the other two had pre/post designs.

Thus, it is clear that the generation of empirical knowledge and evidence regarding the use of psycho-education with individuals diagnosed with a personality disorder is still in its beginning phase with many of the studies either pilot studies or non-empirical articles.

Next, the findings which were synthesized from the systematic literature pertaining to answering the research questions are discussed as sub-themes, as they arose from the included studies, under the three predetermined main themes. This is done according to the steps that Petticrew and Roberts (2006) outline for literature reviews that contain heterogeneous studies such as this one (differing designs and methods were used in the studies included in the review). They suggest that the results of studies should be organized into logical categories and sub-categories, and that results should then be synthesized according to the categories across all the studies.

Note that with the included studies, sub-themes or issues that were extracted from the articles come from the results or the conclusions of these articles, and not from, for instance, their own individual literature studies or literature overviews. The latter is to keep the



synthesized findings relevant to the current study's research questions, as including themes from literature overviews of the included studies will veer off the scope of this literature review. However, where Theme B is concerned, where aspects related to psycho-educational interventions were found, the thematic content was mainly gathered from the method sections and from the appendices of studies, where they typically provide readers with more details on their interventions.

As mentioned, findings from the studies were summarized under three main predetermined themes. These themes are highlighted in Figure 2, along with their respective sub-themes. Firstly, some of the included studies focused on producing insight regarding the nature of the conditions related to personality disorders prior to any sort of intervention. These themes are less prevalent than the other two, as the nature of the selected articles focuses more on the implementation of the psycho-educational intervention and the results thereof. However, a few studies did focus on pre-treatment conditions, and therefore, they will be summarized under Theme A: aspects related to pre-intervention conditions. Note that themes related to pre-treatment conditions were not inferred from studies, e.g. if a study reported an improvement in mood symptoms, one could infer that a condition related to personality disorders involves mood symptoms. However, this would not be the topic of the findings of the study. The study's findings would be, in this example that mood symptoms improve after the use of psycho-education. Themes of pre-treatment conditions were only included if they were the topic of the findings of any of the empirical studies included in the review, or if they were the focus of discussion of a theoretical article included in the review.

The second main theme under which findings from the included studies were summarized is aspects related to the psycho-educational interventions themselves, as some studies provided a

lot of insight regarding the nature of the interventions, and how they were implemented. It was found that every study was based on an intervention where psycho-education was either implemented on its own as an intervention, or it focused on an intervention of which psycho-education was only one part of a bigger intervention. Therefore, the two sub-themes that arose from the main theme of aspects related to interventions, were psycho-education alone as intervention, and psycho-education in combination with other elements of intervention.

The third main theme under which sub-themes that arose from the studies was summarized, relates to how the studies reflect the outcomes of their psycho-educational interventions. In other words, all the results of interventions are synthesized into this main theme.

### **Theme A: Aspects Related to Pre-intervention Conditions**

#### **Aspects related to poor knowledge of diagnosis.**

A study done by D'Silva and Duggan (2002) showed that patients in an in-patient setting who were diagnosed with a personality disorder typically had very poor knowledge of their diagnosis. It seems that they have poor knowledge regarding personality disorders in general, and they are rarely informed of their disorder. Poor knowledge of treatment, aetiology and prognosis were also reported. Furthermore, a study by Lequesne and Hersh (2004) found that clinicians that are involved in the treatment of individuals who have been diagnosed with a personality disorder are typically very hesitant to disclose and discuss diagnoses of a personality disorder. It also showed that clinicians were less willing to disclose diagnoses of personality disorders than to disclose other mental disorder diagnoses. Therefore it seems that individuals who have been diagnosed with a personality disorder rarely know about their disorder, have a

poor understanding of their personality disorder, and have poor understanding of how it impacts on their personal lives.

**Interpersonal aspects.**

Studies by Glick, Dulit, Wachter and Clarkin (1995) and Gunderson, Berkowitz and Ruiz-Sancho (1997) indicate that it is important to consider the family or the primary support system in the case of an individual who has been diagnosed with a personality disorder. The family can have either a negative or a positive impact on the symptomatology of such an individual. The study also emphasizes that the impact of the individual who has been diagnosed with a personality disorder on his or her family has historically been minimized and should be taken into consideration. Hence, they report that a lot of stress is generated within the family system as a result of the way that the family system and the member who has been diagnosed with a personality disorder interact with each other and impact on one another. Stepp, Whalen, Pilkonis, Hipwell, and Levine (2012) continue to provide insight in the way in which individuals diagnosed with a personality disorder impacts on the lives of people close to them. They highlight the negative impact that these individuals could possibly have as a result of an unhealthy parenting style with their children. In this sense, children of individuals diagnosed with personality disorders are reported to experience many negative outcomes due to the way the parents interact with their children.

## **Theme B: Aspects Related to Details about Interventions**

### **The use of psycho-education alone as an intervention.**

Several studies focused their attention on the implementation of psycho-education in some form with personality disorders by studying results of psycho-education without other forms of intervention, or focusing their discussion solely on psycho-education, and not on other forms of treatment or intervention as well (Banerjee et al., 2006; D'Silva & Duggan, 2002; Lequesne & Hersh, 2004; Waltz, Dimeff, Koerner, Linehan, Taylor, & Miller, 2009; Zanarini & Frankenburg, 2008).

Studies vary with regard to the length of their proposed psycho-educational interventions. D'Silva and Duggan (2002) propose an intervention of 8 to 12 weeks with weekly sessions. Banerjee et al. (2006) proposes a shorter, brief psycho-educational intervention that is four weeks in length with weekly sessions. Waltz et al. (2009) only utilizes a single session for their psycho-education intervention. Zanarini and Frankenburg (2008) propose a workshop intervention that seems to be one short session only, while Lequesne and Hersh (2004) gave no indication of the possible length of an intervention. It is evident that several studies indicate that psycho-education can be done with limited time spent, while others indicate that much more time can be spent on psycho-education, if said time is available.

An important aspect of a psycho-educational intervention seems to be to assess the individual formally using psychometric instruments, or structured or semi-structured interventions, regardless of whether the individual has previously been diagnosed with a personality disorder or not (Banerjee et al., 2006; D'Silva & Duggan, 2002; Zanarini & Frankenburg, 2008). This is not to be confused with the process of the research done in the

studies where participants are screened to determine whether they are eligible to participate. These assessments are later used as part of the intervention.

Another aspect many of the studies highlight is the assessment of the individual's baseline knowledge of personality, personality disorders, and to assess to what extent they have insight regarding the impact of their personality disorder on their difficulties (Banerjee et al., 2006; D'Silva & Duggan, 2002). Furthermore, they are encouraged to try to identify their own personality disorder diagnoses (Banerjee et al., 2006; D'Silva & Duggan, 2002). All their insights are then compared to objective assessments and the opinions of objective sources, such as treating clinicians.

Most studies with a focus on psycho-education alone, indicate the importance of knowledge transference (Banerjee et al., 2006; D'Silva & Duggan, 2002; Waltz et al., 2009; Zonarini & Frankenburg, 2008). Knowledge transference seems to be a core part of psycho-education to inform participants of what personality disorders are, what the difference is between the various types of personality disorders and the different clusters of personality disorders, the aetiology of personality disorder, and the options for treatment (Banerjee et al., 2006; D'Silva & Duggan, 2002; Zonarini & Frankenburg, 2008). D'Silva and Duggan (2002) also include education regarding personality and personality traits. Furthermore, the study by D'Silva and Duggan (2002) discusses the importance of giving an individualized, written feedback form to each participant in the intervention process to help them retain the information, and Banerjee et al. (2006) incorporate this aspect in their intervention as well. Lequesne and Hersh (2004) discuss the importance of disclosing a diagnosis of personality disorder, but do not elaborate on which aspects of knowledge transference or diagnosis disclosure the focus should be placed. Furthermore, regarding knowledge transference, only the study by Waltz et al. (2009) discusses

skills training. They discuss the teaching of Dialectical Behaviour Therapy skills to help individuals diagnosed with a personality disorder to deal better with difficulties they may face, such as impulsivity and storminess in relationships. The teaching is done by showing the participants a pre-recorded video with an instructor teaching these skills in detail (Waltz et al., 2009).

**The use of psycho-education combined with other aspects of treatment or intervention.**

With several of the articles on studies included in this systematic review, psycho-education was either used in combination with other elements of treatment, or as part of a bigger intervention (Blum & Black, 2008; Glick et al., 1995; Gunderson et al., 1997; Huband et al., 2007; Long et al., 2015; McMurrin & Wilmington, 2007; McMurrin, Crawford, Reilley, McCrone, Moran, Williams, Adams, Duggan, Delport, Whitham, & Day, 2011; Stepp et al., 2012).

All of these studies included another type of treatment or intervention along with psycho-education for individuals that have been diagnosed with a personality disorder. Psycho-education is often combined with social problem-solving training in some of the studies, where, together with psycho-education, participants of the studies, all of which have been diagnosed with personality disorders, are taught skills on how to resolve interpersonal conflicts, and to deal with problems that might arise in their relationships better (Blum & Black, 2008; Huband et al., 2007; McMurrin & Wilmington, 2007; McMurrin et al., 2011). The latter is in part achieved by teaching participants to not react emotionally, but to think of the consequences of their actions before they respond. Focusing on interpersonal aspects is seen as crucial by these studies as a lot of the difficulties related to personality disorders are related to interpersonal functioning.

It seems that, in the case where psycho-education is used in conjunction with other elements of treatment, intervention programmes tend to be longer and tend to incorporate group therapy more than when psycho-education is administered on its own. There is also a tendency to combine the use of individual sessions with group sessions. Huband et al. (2007) discuss an intervention that comprised three one-hour individual psycho-educational sessions followed by 16 weekly group-based problem-solving sessions of two hours each. The study by Blum and Black (2008) is based on an intervention of 20 weekly sessions of two hours each. Gunderson et al. (1997) explain that their family intervention approach could take as long as a year and a half. Long et al. (2015) suggest the use of six group sessions together with one individual session before and one individual session after the group sessions.

There is also an emphasis on the inclusion of the family or primary support system of the individual that has been diagnosed with a personality disorder (Gunderson et al., 1997; Stepp et al., 2012). It is uniformly discussed in these studies that providing knowledge to the support systems of individuals with personality disorders is of great value to assist the families and support groups to cope better with the stressful impact that the member with a personality disorder has on the system, and also to teach them how to help the individual with the personality disorder to cope with his or her difficulties more successfully.

Apart from knowledge transference to families, Gunderson et al. (1997) emphasize that families, especially families of origin of individuals diagnosed with a personality disorder, should not be vilified or blamed for the condition of the individual, but should instead be sympathized with, while at the same time they should not be exempted from taking responsibility for the management of the condition henceforth. Also, they propose a combination between

working with individual families and working with groups of families that act as a basis for teaching skills, problem-solving and inter-family support.

As with interventions which focus on psycho-education alone, these studies all focus on knowledge transference. In the studies where families are incorporated, teaching the families about personality disorders, as well as teaching the family skills to help the individual with a personality disorder is viewed as important aspects to focus on.

Some studies further suggest that written feedback and written information are provided to individuals diagnosed with a personality disorder and their families so that they can have lasting resources and to help them retain the knowledge that they have gained during the intervention (Blum & Black, 2008; Gunderson et al., 1997; Long et al., 2015).

Thus, it seems that there is a lot of potential in combining psycho-education with other forms of treatment for individuals diagnosed with a personality disorder. A common trend is to combine psycho-education with problem-solving therapy (Huband et al., 2007; McMurrin & Wilmington, 2007; McMurrin et al., 2011). There also seems to be a lot of potential to use psycho-education together with family therapy and to include the primary support system in the psycho-educational process in order for them to become better equipped to deal with the impact that the individual with the personality disorder has on them and to support him or her. Furthermore, group therapy seems to be an appropriate medium to facilitate knowledge transference. Also, in combining psycho-education with other forms of treatment or intervention, such combined programmes tend to be longer processes than when psycho-education is used on its own. Finally, with the combination of psycho-education with other treatments, there is a greater emphasis on skills training in the knowledge transference process.



### **Theme C: Aspects Related to Post-intervention Consequences**

Regarding the results of endeavours to administer psycho-education to individuals with personality disorders, several categories of consequences have arose from the studies included in this systematic review. One of the most highlighted and emphasized consequences of these studies' interventions was an improvement that could be seen in the interpersonal functioning of these individuals (Banerjee et al., 2006; Blum & Black, 2008; Huband et al., 2007; D'Silva & Duggan, 2002; Gunderson et al., 1997). Another important aspect that merits consideration is that several studies report an improvement in insight, or more specifically, understanding of the diagnosis, both by the individuals diagnosed with a personality disorder, as well as the family members, naturally where studies included the support system (Banerjee et al., 2006; D'Silva & Duggan, 2002; McMurrin & Wilmington, 2007). The third aspect that stands out in this regard is improvements in symptomatology, such as mood symptomatology and impulsivity (Blum & Black, 2008; Huband et al., 2007; Waltz et al., 2009; Zanarini & Frankenburg, 2008).

#### **Consequences related to interpersonal functioning.**

One aspect that many of the studies tried to address with their interventions was social problem-solving skills. It is meaningful that two of the studies report improvement in problem-solving skills after their intervention was administered (Blum & Black, 2008; Huband et al., 2007).

An important aspect of psychotherapy with individuals with a personality disorder is the therapeutic relationship that they have with their therapist. According to some of the studies reviewed here, psycho-education has the potential to strengthen the therapeutic relationship (Banerjee et al., 2006; D'Silva & Duggan, 2002).

Positive aspects have been discussed and reported with regard to family and support system functioning. It seems that families of individuals with personality disorders feel less stressed after interventions, and they report better communication within the family. They also report less emotional intensity within the family (Gunderson et al., 1997).

#### **Consequences related to insight and understanding of diagnosis.**

It seems that psycho-educational interventions improve the insight of participants regarding their diagnosis by helping them to understand personality disorders, identify and understand their own personality disorder diagnoses, and to understand the impact personality disorders have on their lives, and how their difficulties are related to their personality disorder diagnoses (Banerjee et al., 2006; D'Silva & Duggan, 2002). Together with these outcomes, it is worthwhile to mention that participants of such interventions often report a positive experience regarding their participation in these intervention programmes. Clinicians have also been reported to have a positive attitude towards these types of interventions and the implementation thereof (Banerjee et al., 2006; McMurrin & Wilmington, 2007).

Families of individuals with personality disorders have also been shown to react positively to receiving knowledge about personality disorders, and have shown improved knowledge after psycho-educational interventions (Gunderson et al., 1997).

#### **Consequences related to improvement of symptomatology.**

Several studies report an improvement in mood symptomatology after interventions were administered. Huband et al. (2007) report that the participants of their study showed lower anger expression after the intervention. Blum and Black (2008) report that their intervention resulted in lowered depression symptomatology. Waltz et al. (2009) report a decrease in negative affect for their participants. Also, several studies report an improvement regarding impulsivity (Blum &

Black, 2008; Zanarini & Frankenburg, 2008). Note that the studies included in this systematic review which implemented psycho-education together with other aspects of treatment in the interventions of their studies, did not specify whether the psycho-education component or the other components of their interventions brought about the improvements in symptomatology, as this was not the focus of their studies. Therefore, it cannot be concluded that all of the symptom improvements reported in the studies that combined psycho-education with other aspects of treatment were due solely to psycho-education. Instead, these studies should be interpreted in terms of the fact that their interventions as a whole, of which psycho-education was one of the components, provided the reported results in symptomatology improvement.

<Insert Figure 2 approximately here>

### **Limitations**

This study was limited to English studies due to financial constraints. The extra costs to have studies in other languages translated to English would have been too high, and this study would hence have not been possible. However, during the initial electronic searches it was noted that very few of the studies that were excluded on basis of language were exclusively non-English. In other words, English versions for most of those studies were available. Furthermore, as this study should be regarded as a systematic literature review, and not a "rapid review", it is an expected limitation not to be able to include every bit of information on the planet in the original screening for relevant articles. This, however, does not negate the systematic nature of which a massive amount of available articles in as many databases as available were screened

with only the truly relevant ones selected for inclusion in the study. This study followed all the methodological steps of a systematic review.

Another limitation of the study is the limited material which could be included in the study. Few studies have really focused on the topic. Systematic literature reviews may be more relevant where a larger body of knowledge had been produced on a topic already. However, this study is also valuable for the same reason, namely in giving a concise and synthesized summary of knowledge on this topic, and also pointing out the need for more research to be generated.

Furthermore, the nature of some of the studies included in the review poses a limitation with regards to the conclusions that could be drawn regarding the effectiveness of psycho-education to produce improvements in the symptomatology of individuals diagnosed with a personality disorder. Some studies combined psycho-education with other forms of treatment, such as problem solving skills training, and their studies did not indicate to what extent improvements were brought about by psycho-education and other interventions respectively.

### **Conclusion**

This systematic review aimed to explore the relevant literature available on the use of psycho-education with individuals that have been diagnosed with a personality disorder. More specifically, it aimed to answer three research questions. Firstly, when looking at studies that focus on the use of psycho-education for individuals diagnosed with a personality disorder as a method of treatment, what are the pre-treatment aspects that the studies highlight or focus on? Secondly, when looking at these studies, which aspects of the psycho-educational intervention itself do they highlight? Thirdly, what are the post-treatment results that arise from these studies after a psycho-educational intervention was implemented?

To answer these questions, a systematic review of available research was done, and a critical appraisal was done of selected articles to ensure their quality. Thirteen studies were selected that were relevant to help answer the research question, and which were seen as of high enough quality to comprise a systematic review.

The included articles were then studied for common material to discuss under the three main predetermined themes that pertained to the answering of the research question. The findings, organized under the three main themes, are as follows:

Firstly, aspects related to pre-intervention conditions were identified. These aspects mainly focused on the poor insight that individuals with personality disorders have of their diagnosis, of limited knowledge about personality disorders in general, and how said personality disorder impacts on their lives, on the lives of their loved ones and contributes to or causes the main difficulties in their lives. It was also explored by included studies that interpersonal difficulties are a main concern with these individuals. This included discussions regarding the negative impact that individuals with a personality disorder has on their families and also on their children due to unhealthy parenting styles. Furthermore, it has been highlighted that families can help to maintain unhealthy symptoms related to personality disorders in the way they interact with the individual with the personality disorder.

Secondly, aspects related to details about the interventions were synthesized and summarized under the second main theme to correlate with the second research question. It was found that psycho-education can be administered as a stand-alone treatment, or it can be combined with other interventions, such as social problem-solving therapy, family therapy and other methods of treatment. Treatment length varied within the different studies, with studies that combined psycho-education with other forms of intervention typically having longer treatment

programmes. Knowledge transference was a common theme in all of the studies, with the aim of improving the understanding and knowledge of personality disorders in general, to increase the insight of individuals with personality disorders to understand why they have been diagnosed with a personality disorder and how it impacts on their lives and their loved ones, and to understand the treatment available for them. Also, where the family and support system were included, it was an important objective to help these members to also understand these concepts better. Furthermore, skills training was an important aspect of these interventions, although programmes that combined psycho-education with other elements of treatment were more likely to emphasize skills training, while studies focused on psycho-education alone were more likely to emphasize the transference of knowledge and insight building.

Results of psycho-educational interventions include improvement in social functioning, improvement in symptomatology related to personality disorders, such as mood symptomatology and impulsivity, and an improvement in insight, knowledge and understanding of personality disorders and the impact they have on these individuals. These results pertain to the third research question.

### **Recommendations**

It is recommended for clinicians or other health care professionals who play a role in the treatment or management of individuals with personality disorders to seriously consider whether enough is being done to properly psycho-educate their clients. This study clearly proves that a serious lack of understanding exists regarding the difficulties experienced by individuals with personality disorders. It also highlights the fact that all available evidence suggests strong benefits in the psycho-education of these individuals, and anything but the use of psycho-education deprive individuals with personality disorders of the said benefits. For those who wish

to create a formal psycho-educational programme, it is recommended to use this study as a starting point and to also study the constituent studies of this review.

Regarding future research on the topic, it is recommended that future research focuses on identifying and isolating different variables in psycho-education with individuals with personality disorders, and to research each of them to provide a clearer picture of which elements render psycho-education successful. Another serious limitation in the literature to be eliminated and elaborated on is research pertaining to the different personality disorders and how psycho-education might be implemented to benefit each of the different types. Even though the current review does not focus on specific personality disorders individually, each personality disorder has its own sets of difficulties and challenges, and individuals suffering with different personality disorders might respond differently to psycho-education. Psycho-education with one type of personality disorder might be much different than psycho-education with another personality disorder. Furthermore, most research done in this regard focuses on borderline personality disorders, while very few, if any, studies focus on psycho-education for individuals suffering from other personality disorders.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bambra, C. (2011). Real world reviews: a beginner's guide to undertaking systematic reviews of public health policy interventions. *Journal of Epidemiological Community Health, 65*, 14-19.
- Banerjee, P., Duggan, C., Huband, N., & Watson, N. (2006). Brief psychoeducation for individuals with personality disorder: A pilot study. *Psychology and Psychotherapy: Theory, Research and Practice, 79*(3), 385-394.
- Barlow, D.H., & Durand, V.M. (2009). *Abnormal psychology: An integrative approach* (11th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Bäumel, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophrenia Bulletin, 32*(1), S1-S9.
- Blackburn, R., Logan, C., Donnelly, J., & Renwick, S. (2003). Personality disorders, psychopathy and other mental disorders: co-morbidity among patients at English and Scottish high-security hospitals. *The Journal of Forensic Psychiatry & Psychology, 14*(1), 111-137.
- Blum, N., & Black, D.W. (2008). Systems Training in Emotional Predictability and Problem Solving (STEPPS) for the treatment of BPD. *Social Work in Mental Health, 6*, 171-186.
- Clarke, M., Jinks, M., Huband, N., & McMurrin, M. (2014). Strategies for engaging people with personality disorder in treatment. *Mental Health Practice, 17*(8), 23-27.
- D'Silva, K., & Duggan, C. (2002). Service innovations: development of a psychoeducation programme for patients with personality disorder. *Psychiatric Bulletin, 26*, 268-271.



- Duggan, C., Huband, N., Smailagic, N., Ferriter, M., & Adams, C. (2008). The use of pharmacological treatments for individuals with personality disorder: A systematic review of randomized controlled trials. *Personality and Mental Health, 2*, 119-170.
- Glick, I.D., Dulit, R.A., Wachter, E., & Clarkin, J.F. (1995). The family, family therapy, and Borderline Personality Disorder. *Journal of Psychotherapy Practice and Research, 4*(3), 237-246.
- Gunderson, J.G., Berkowitz, C., & Ruiz-Sancho, A. (1997). Families of Borderline patients: a psychoeducation approach. *Bulletin of the Menninger Clinic, 61*(4), 446-457.
- Hersoug, A.G., Ulberg, R., & Høglend, P. (2014). When is transference work useful in psychodynamic psychotherapy? Main results of the first experimental study of transference work (FEST). *Contemporary Psychoanalysis, 50*(1-2), 156-174.
- Higgins, J.P.T., & Green, S. (2008). *Cochrane handbook for systematic reviews of interventions*. Version 5.1.0. [updated March 2011]. Retrieved from [www.cochrane-handbook.org](http://www.cochrane-handbook.org).
- Howard, R., McCarthy, L., Huband, N., & Duggan, C. (2013). Re-offending in forensic patients released from secure care: The role of antisocial/borderline personality disorder co-morbidity, substance dependence and severe childhood conduct disorder. *Criminal Behaviour and Mental Health, 23*, 191-202.
- Huband, N., McMurrin, M., Evans, C., & Duggan, C. (2007). Social problem-solving plus psychoeducation for adults with personality disorder: pragmatic randomized controlled trial. *British Journal of Psychiatry, 190*, 307-313.
- Johansson, P., Høglend, P., Ulberg, R., Amlo, S., Marble, A., Bøgwald, K., & Sørbye, Ø. (2010). The Mediating Role of Insight for Long-Term Improvements in Psychodynamic Therapy. *Journal of Consulting and Clinical Psychology, 78*(3), 438-448.

- Kwon, Y., Lemieux, M., McTavish, J., & Wathen, N. (2015). Identifying and removing duplicate records from systematic review searches. *J Medical Library Association, 103*(4), 184-188.
- Lequesne, E.R., & Hersh, R.G. (2004). Disclosure of a diagnosis of borderline personality disorder. *Journal of Psychiatric Practice, 10*(3), 170-176.
- Levesque, D.A., Ciavatta, M.M., Castle, P.H., Prochaska, J.M., & Prochaska, J.O. (2012). Evaluation of a stage-based, computer-tailored adjunct to usual care for domestic violence offenders. *Psychology of Violence, 2*(4), 368-384.
- Long, C.G., Fulton, B., & Dolley, O. (2015). Using psychoeducation to motivate engagement for women with personality disorder in secure settings. *Journal of Psychiatric Intensive Care, 11*(1), 18-26.
- McDermid, J., Sareen, J., El-Gabalawy, R., Pagura, J., Spiwak, R., & Enns, M.W. (2015). Co-morbidity of bipolar disorder and borderline personality disorder: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Comprehensive Psychiatry, 58*, 18-28.
- McMurrin, M., & Wilmington, R. (2007). A Delphi survey of the views of adult male patients with personality disorders on psychoeducation and social problem-solving therapy. *Criminal Behaviour and Mental Health, 17*, 293-299.
- McMurrin, M., Crawford, M.J., Reilley, J.G., McCrone, P., Moran, P., Williams, H., Adams, C.E., Duggan, C., Delport, J., Whitham, D., & Day, F. (2011). Psycho-education with problem solving (PEPS) therapy for adults with personality disorder: a pragmatic multi-site community-based randomized clinical trial. *Trials, 12*, 198.

- Meloy, J.R., & Yakeley, J. (2014). Antisocial personality disorder. In G. O. Gabbard (Ed.), *Gabbard's treatment of psychiatric disorders* (5th ed., pp. 1015-1034). Washington, DC: American psychiatric publishing.
- Milner, K.A. (2015). Systematic reviews. *Oncology Nursing Forum*, 42(1), 89-93.
- Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: a practical guide*. UK, Oxford: Blackwell Publishing.
- Prochaska, J.O., & DiClemente, C.C. (2005). The transtheoretical approach. In J.C. Norcross, & M.R. Goldfried (Ed.), *Handbook of psychotherapy integration* (2nd ed., pp. 147-171). New York, NY: Oxford University Press.
- Stepp, S.D., Whalen, D.J., Pilkonis, P.A., Hipwell, A.E., & Levine, M.D. (2012). Children of mothers with Borderline Personality Disorder: identifying parenting behaviours as potential targets for intervention. *Personality Disorders: Theory, Research, and Treatment*, 3(1), 76-91.
- Stevenson, J., Brodaty, H., Boyce, P., & Byth, K. (2011). Personality disorder comorbidity and outcome: Comparison of three age groups. *Australian and New Zealand Journal of Psychiatry*, 45, 771-779.
- Swift, J. & Greenberg, R. (2012). Premature discontinuation in adult psychotherapy: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 80(4), 547-559.
- Von Krosigk, B. (2013). Personality disorders. In A. Burke (Ed.), *Abnormal psychology: A South African perspective* (2nd ed., pp. 462-511). South Africa: Oxford University Press.
- Waltz, J., Dimeff, L.A., Koerner, K., Linehan, M.M., Taylor, L., & Miller, C. (2009). Feasibility of using video to teach a Dialectical Behavior Therapy skill to clients with Borderline Personality Disorder. *Cognitive and Behavioral Practice*, 16, 214-222.

Zanarini, M.C., & Frankenburg, F.R. (2008). A preliminary, randomized trial of psychoeducation for women with borderline personality disorder. *Journal of personality disorders*, 22(3), 284-290.

### **Critical reflection**

It is clear that a few studies have focused their attention on psycho-education, specifically for individuals that have been diagnosed with personality disorders. A lot of these studies have been preliminary and pilot studies, and although some studies have highlighted in appreciable detail what their interventions entail and what the contents of the programmes are, very few studies have really identified and isolated the variables of psycho-education with personality disorders and also tried to identify to what degree each of these variables play a role in the positive outcomes of these interventions. For instance, it is not clear whether knowledge transference about personality disorders in general contribute to the ability to cope better with the individuals' difficulties, or whether they only improve their abilities to cope once they come to grip with a personal awareness of how elements of personality disorders are affecting them, or whether it is the skills training aspect of psycho-education that really makes the difference.

Furthermore, a lot of the knowledge reflected in this study rests on themes synthesized from studies that implemented psycho-education with other elements of treatment, yet none of these studies attempted to identify the degree to which psycho-education contributes to successful outcomes versus the contribution of, for example, problem-solving therapy or family therapy.

Many of the studies included in this review have made assumptions regarding psycho-education based on preliminary studies that have been done before their studies. No clear or concise knowledge has been generated regarding the exact effectiveness of psycho-education, and if it is effective, which factors contribute to its effectiveness. Hence, a lot of research needs to be conducted before the effectiveness of psycho-education can be stated scientifically.

However, what this current study contributes in value is to show that preliminary knowledge which has been generated on this topic indicates that, in one form or another, psycho-education with personality disorders is practically implementable, can easily be combined with other forms of therapy, and shows promise towards positive outcomes.







Criteria	Research design and methodology		Sample and sampling method		Trustworthiness / Reliability / Validity		Ethical considerations		Duration and size of study		Control group and variables		Details of intervention		Relevance of measure		Average Score		
Disorder: identifying parenting behaviours as potential targets for intervention. <i>Personality Disorders: Theory, Research, and Treatment</i> , 3(1), 76-91.																			
Gunderson, J.G., Berkowitz, C., & Ruiz-Sancho, A. (1997). Families of Borderline patients: a psycho-education approach. <i>Bulletin of the Menninger Clinic</i> , 61(4), 446-457.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	3	2
Waltz, J., Dimeff, L.A., Koerner, K., Linehan, M.M., Taylor, L., & Miller, C. (2009). Feasibility of using video to teach a Dialectical Behavior Therapy skill to clients with Borderline Personality Disorder. <i>Cognitive and Behavioral Practice</i> , 16, 214-222.	3	3	3	2	3	2	2	2	3	2	3	2	3	3	3	3	3	2.88	2.38
McMurrin, M., Crawford, M.J., Reilley, J.G., McCrone, P., Moran, P., Williams, H.,	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3	3	3	2.75



Criteria	Research design and methodology	Sample and sampling method	Trustworthiness / Reliability / Validity	Ethical considerations	Duration and size of study	Control group and variables	Details of intervention	Relevance of measure	Average Score		
Zanarini, M.C., & Frankenburg, F.R. (2008). A preliminary, randomised trial of psycho-education for women with borderline personality disorder. <i>Journal of personality disorders</i> , 22(3), 284-290.											
Lequesne, E.R., & Hersh, R.G. (2004). Disclosure of a diagnosis of borderline personality disorder. <i>Journal of Psychiatric Practice</i> , 10(3), 170-176.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	2	3

\* With theoretical articles, categories that were not applicable for said articles were marked as N.A. These articles were not scored according to the different sub-categories indicated in this table, but were instead given a general, qualitatively score.

**Table 2 - Summarized findings from included studies**

<b>Author/Year</b>	<b>Research design and methodology</b>	<b>Sample</b>	<b>Intervention or main themes of literature reviews</b>	<b>Specific aspects of implementation discussed</b>	<b>Summary of findings</b>
D'Silva, K., & Duggan, C. (2002).	Survey design, quantitative research	11 in-patients, males diagnosed with a personality disorder	Psycho-educational programme of weekly individual sessions with each patient, lasting 8 - 12 weeks.	Individual psycho-educational programme	Patients diagnosed with a personality disorder generally have poor knowledge of their diagnosis. A psycho-educational programme may help develop understanding and improve relationships between clinicians and patients.
Huband, N., McMurrin, M., Evans, C., & Duggan, C. (2007).	Pilot, randomised control trial, quantitative research	255 individuals from England diagnosed with at least one personality disorder, currently in treatment	Three one-hour individual psycho-educational programme followed by 16 weekly group-based problem-solving sessions of 2 hours each.	Individual psycho-education in combination with other interventions	Intervention seems to facilitate significantly better problem-solving skills, higher overall social functioning and lower anger expression.
Blum, N., & Black, D.W. (2008).	Theoretical	Peer-reviewed	20 weekly group therapy sessions for out-patients, 2 hours in length, focusing on systems training, CBT and psycho-	Group intervention, psycho-education combined with CBT, DBT and systems training, support systems	Intervention seems to have relieved depression and other symptoms associated with the disorder as well as causing significantly better global improvement. It also shows improvement in specific borderline personality disorder-related symptoms including the mood, cognitive, and impulsive domains, as reported but not further explained by the article.

Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
McMurrin, M., &	Delphi Survey,	12 in-patients	Individual psycho-	Individual psycho-	Both psycho-education and social problem-solving therapies were viewed as useful by the participants.

Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
Wilmington, R. (2007).	qualitative research	with diagnosis of personality disorder	educational programme	educational programme combined with social problem-solving skills training	
Banerjee, P., Duggan, C., Huband, N., & Watson, N. (2006).	Pilot study, pre-test, post-test design, quantitative research	18 forensic in-patients and 16 community out-patients diagnosed with personality disorder	Brief, 4-session psycho-educational programme intended as a pre-treatment tool.	Individual psycho-educational sessions	Psycho-education appears to be seen as helpful by patients, improves knowledge of diagnosis and appears to strengthen the therapeutic alliance.
Stepp, S.D., Whalen, D.J., Pilkonis, P.A., Hipwell, A.E., & Levine, M.D. (2012).	Theoretical	Peer-reviewed	Children of mothers diagnosed with borderline personality disorder are at risk of poor psychosocial outcomes. Reasons for these poor outcomes as well as interventions, including psycho-	Psycho-education as part of treatment for mothers that have been diagnosed with borderline personality disorder to alleviate the impact on the child.	It should be taken in consideration that the parenting styles of people diagnosed with BPD could have a negative impact on children. Psycho-education could form part of interventions in this regard. Involving the support system is encouraged.

Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
Gunderson, J.G., Berkowitz, C., & Ruiz-Sancho, A. (1997).	Theoretical	Peer-reviewed	education for the mother, are discussed.  Intervention focuses on alleviating the stress and conflict in families with a member that has been diagnosed with borderline personality disorder. A proactive and future-orientated approach is taken while avoiding blaming either the family or the patient. Involving the support system is important.	Single-family therapy sessions followed by multiple-family sessions. Psycho-education combined with other aspects of treatment.	Family intervention, specifically multi-family session treatment improves family communication. Families report feeling less burdened due to the group sessions.
Waltz, J., Dimeff, L.A., Koerner, K., Linehan, M.M., Taylor,	Randomised controlled trial, within-subjects design,	30 participants	Using video material to teach patients DBT skills related to coping with	Psycho-education via video, skills-teaching.	Intervention showed signs of increase in understanding and willingness to utilize DBT skills. Patients reported decreases in negative affect after the intervention.

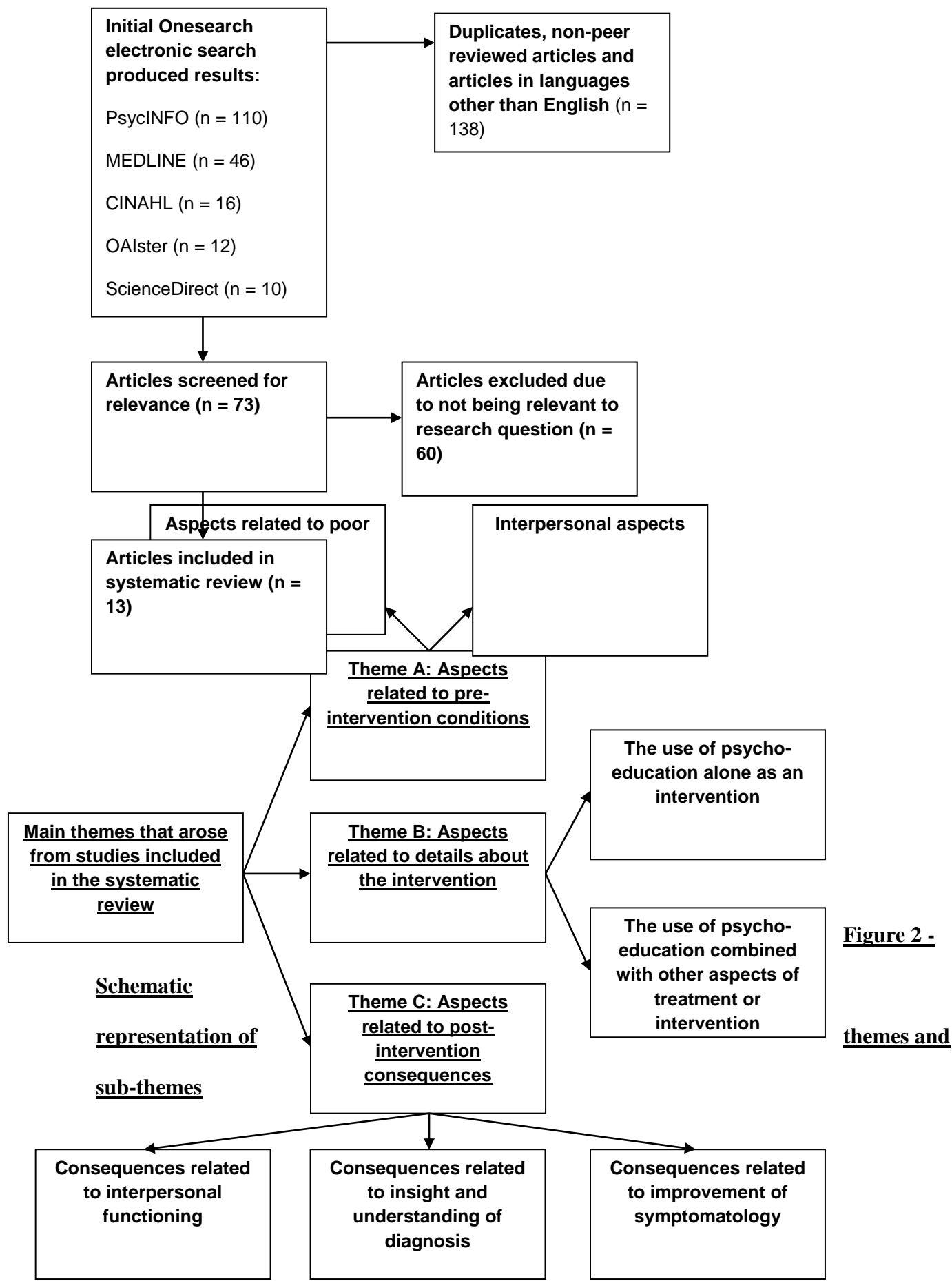
Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
L., & Miller, C. (2009).	quantitative research		personality disorder difficulties.		
McMurran, M., Crawford, M.J., Reilley, J.G., McCrone, P., Moran, P., Williams, H., Adams, C.E., Duggan, C., Delpont, J., Whitham, D., & Day, F. (2011).	Pragmatic, two-arm, multi-centre, parallel randomised controlled clinical trial. (proposed)	340 community-dwelling adults with one or more personality disorder, both male and female (proposed).	Psycho-education and problem-solving therapy for adults	Individual psycho-educational sessions combined with group sessions to teach social problem-solving skills	Individual psycho-educational treatment is seen as a tool to enhance engagement in group therapy.
Glick, I.D., Dulit, R.A., Wachter, E., & Clarkin, J.F. (1995).	Theoretical	Peer-reviewed	The intervention focuses both on the individual and the family. Education of the family on the personality disorder is important. Reduction of the expression of negative emotions in the	Individual and family psycho-educational interventions.	Difficulties that individuals diagnosed with borderline personality disorder face are connected to their families, and interventions or treatment should include the family where appropriate.



Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
Long, C.G., Fulton, B., & Dolley, O. (2015).	Pilot Study, pre-test, post-test design, quantitative research	36 female in-patients	A psycho-educational group programme for women diagnosed with a personality disorder who have been admitted to a medium secure setting.	Individual psycho-educational sessions followed by group psycho-educational sessions, in combination with various other group therapy sessions as part of a multidisciplinary approach.	Treatment seems to have caused improvement of positive outcomes for treatment completers.
Zanarini, M.C., & Frankenburg,	Pilot study, randomised control trial, quantitative	50 female participants diagnosed with	A psycho-educational workshop which informs	Psycho-education is done in the form of a lecture or	Informing patients diagnosed with borderline personality disorder about their diagnosis and teaching them about the disorder can lead to a significant reduction in impulsivity and storminess of

Author/Year	Research design and methodology	Sample	Intervention or main themes of literature reviews	Specific aspects of implementation discussed	Summary of findings
F.R. (2008).	research	borderline personality disorder.	participants about the latest information on etiology, phenomenology, co-occurring disorders, treatment options, and longitudinal course of borderline personality disorder.	workshop to inform individuals of the latest knowledge regarding borderline personality disorder.	relationships. Psycho-educational programmes can be useful, effective and cost-effective pre-treatment tools.
Lequesne, E.R., & Hersh, R.G. (2004).	Theoretical	N.A.	No treatment discussed, only the disclosure of diagnosis to patients.	Disclosure of diagnosis and information about diagnosis to patients with borderline personality disorder.	Clinicians seem to be hesitant to disclose a diagnosis of borderline personality disorder to patients and their support systems; however, there are many compelling reasons for disclosure.

**Figure 1 - A visual presentation of the proposed systematic review**







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**ETHICS APPROVAL CERTIFICATE OF PROJECT**

Based on approval by Health Research Ethics Committee (HREC), the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

<b>Project title:</b> Psycho-education with individuals diagnosed with a personality disorder: a systematic review																																	
<b>Project Leader:</b> Mr R Kok																																	
<b>Ethics number:</b>	<table border="1"> <tr> <td>N</td> <td>W</td> <td>U</td> <td>-</td> <td>0</td> <td>0</td> <td>1</td> <td>8</td> <td>4</td> <td>-</td> <td>1</td> <td>5</td> <td>-</td> <td>A</td> <td>1</td> </tr> <tr> <td colspan="3">Institution</td> <td colspan="6">Project Number</td> <td colspan="2">Year</td> <td colspan="4">Status</td> </tr> </table>			N	W	U	-	0	0	1	8	4	-	1	5	-	A	1	Institution			Project Number						Year		Status			
N	W	U	-	0	0	1	8	4	-	1	5	-	A	1																			
Institution			Project Number						Year		Status																						
<small>Status: S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation</small>																																	
<b>Approval date:</b> 2015-07-15	<b>Expiry date:</b> 2016-11-01	<b>Risk</b>	<b>None</b>																														

Special conditions of the approval (if any): None

**General conditions:**

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC:
  - annually (or as otherwise requested) on the progress of the project,
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-IRERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented,
    - the required annual report and reporting of adverse events was not done timely and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

**Linda du  
Plessis**

Digitally signed by Linda du Plessis  
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**Prof Linda du Plessis**

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

### Change log

These changes were made after examination of the dissertation, before the final draft was handed in, as suggested in the reports of the three examiners of the dissertation.

<b>Report 1</b>	
<b>Recommended change</b>	<b>Change made</b>
Concern was raised regarding a contradiction: dissertation states that main themes of study was synthesized from the included studies, while it was actually predetermined.	Changes were made in the summary section (P.4 - 6), the results and discussion section (P.40 - 42) and the conclusion (P.52 - 54) to explain more clearly that the main themes were predetermined while the sub-themes were derived from the studies included in the review.
Cohen's Kappa Coefficient was deemed irrelevant/not applicable to the study	Cohen's Kappa Coefficient removed from the study
<b>Report 2</b>	
<b>Recommended change</b>	<b>Change made</b>
P.5 - Paragraphs too short	Merged paragraphs
P.6 - Paragraphs too short	Merged paragraphs
P.7 - "Psigo-opvoeding" versus "psigo-opvoedkunde" to refer to psycho-education in Afrikaans.	"Psigo-opvoeding" was used throughout
P.8 - Paragraphs too short	Merged paragraphs
P.9 - Paragraphs too short	Merged paragraphs

P.29 - replace "get well" with "improve"	Replacement was made
P.30 - The phrase "Because insight is such a big problem" was highlighted as too informal	Rephrased to "Because insight poses such a significant challenge"
P.50 - 52 - Additional in-text references to sources used were recommended	In-text references added
P.51 - "with these intervention programme"	changed to "in these intervention programmes"
P.51 - 52 - Concerns were raised that, regarding studies which used psycho-education together with other interventions, it was clearly specified what these studies concluded regarding the contribution that psycho-education made to the improvements in symptomatology.	Further explanations were given to attempt to clarify that these studies did not indicate to which extent psycho-education contributed to results, and this limitation was further discussed under the section of Limitations.
P.54 - ". . .the three research question."	changed to ". . . the three research questions, namely:"
P.54 - "These included articles . . ."	changed to "The included articles . . ."
P.54 - "with personality disorder"	changed to "with a personality disorder"
P.56 - Paragraph too short	Merged paragraphs
<b>Report 3</b>	
<b>Recommended change</b>	<b>Change made</b>
P.4 - "A lot of knowledge and research"	changed to "Much research and knowledge"
P.4 - " A few preliminary studies have reported done preliminary research on the	changed to "In a few preliminary studies the effects of psycho-education as a treatment tool for

effects of psycho-education as a treatment tool of personality disorders. "	personality disorders have been explored."
In-text referencing incorrect	In-text referencing changed so that multiple sources referenced occur in alphabetical order.
P.22 - "Regrettably, not much has been written regarding the psycho-education of individuals diagnosed with a personality disorder and their support system while psycho-education is the tool that could possibly address these difficulties of insight"	Paragraph was removed as the meaning was unclear and the paragraph did not contribute any meaning to the description of psycho-education.
P.22 - 23 Passive voice has been overused	Conclusion was changed to use passive voice less.
P.27 - "electronic search"	changed to "electronic database search"
P.28 - "amount of individuals"	changed to "number of individuals"
P.29 - Reference given to Prochaska's model of change is only an application of the model	Added a reference to Prochaska's model of change
P.32 - "Due to the fact that research with a focus on the implementation of psycho-education with individuals diagnosed with specific personality disorders is scarce, a decision was therefore made to include all personality disorders in order to enable the viability of a systematic review on this topic."	Passage was integrated on page 34.



P.33 - reference is incorrect in terms of page number	Page number added to reference
P.35 - " <i>when looking at studies</i> "	Changed to "when considering studies"
Table 1 - it was unclear what it meant if a category was marked with a /.	Instead, the / marks were replaced by N.A. to indicate that the category is not applicable to the specific article. A footnote was added to explain this further.
P.58 - " <i>J Med Lib Assoc.</i> " must be written out in full	The part of the reference was written out in full as "Medical Library Association"
P.54 - "This study hints at the fact that a serious lack of understanding exists. . ."	changed to "This study clearly proves that a serious lack of understanding exists . . ."