

Online supplement

Results from the uncontrolled 18-month follow-up

Data from the 18-month follow-up of CAT participants provided descriptive information on the categorical SCID-II outcomes, and within-group parametric and non-parametric analyses were used to investigate remaining outcome measures.

Comparison of baseline scores on all outcome measures for CAT participants who completed follow-up *v.* those who did not showed that there were no significant differences. This suggests that although follow-up data are incomplete, they are likely to be representative. At baseline, all CAT participants met diagnostic criteria for at least one personality disorder. Of 12 participants returning for SCID-II assessment at 18-month follow-up, 5 no longer met symptomatic criteria for any personality disorder, 6 were unchanged or showed symptoms of fewer personality disorders and only 1 had deteriorated. Pre and follow-up data for all remaining outcome measures are shown in Table DS1. Paired *t*-tests comparing baseline with follow-up suggested significant improvements in the IIP ($t(16) = 3.522$, $P = 0.003$); GSI ($t(9) = 2.346$, $P = 0.044$); and DisQ ($t(17) = 4.059$, $P = 0.001$). A Wilcoxon signed-rank test, used to analyse DES scores, indicated significant reductions in dissociation ($z = -2.090$, $P = 0.037$).

Discussion

To date, there is only limited evidence that gains observed during personality disorder interventions can be maintained once weekly therapy ceases.⁴ Some distinguishing features of CAT, including its relational focus, and its diagrammatic and written components (for example the sequential diagrammatic reformulation, the reformulation and the goodbye letter)¹⁰ offer concrete tools to guide both the therapist and participant through the challenge of therapy termination. Nevertheless, there are ethical concerns about withholding treatment from complex and sometimes high-risk participants, in order to provide a controlled comparison group. Given the naturalistic setting of our study, we were unwilling to delay specialist treatment for the TAU participants beyond the 10-month comparison period. This meant that there was no comparison group against which to evaluate the CAT follow-up data, so the within-participant comparisons should be interpreted with caution, particularly given the high level of attrition. Notwithstanding these concerns, our 18-month follow-up of CAT participants showed the possibility that improvements might be maintained after weekly therapy had finished.

Table DS1 Means (s.d.) of outcome measures for the cognitive analytic therapy group at pre- and 18-month follow-up

Measure	Pre-therapy		Follow-up	
	<i>n</i>	Mean (s.d.)	<i>n</i>	Mean (s.d.)
Inventory of Interpersonal Problems**	17	2.15 (0.39)	17	1.48 (0.58)
Clinical Outcomes in Routine Evaluation	17	2.05 (0.83)	17	1.54 (0.86)
Dissociative Questionnaire **	18	2.47 (0.51)	18	1.83 (0.54)
Dissociative Experiences Scale *	10	22.39 (15.83)	10	14.43 (13.62)
Global Severity Index*	10	1.75 (0.46)	10	1.21 (0.89)

* $P < 0.05$, ** $P < 0.01$.