

# 10 years of Soteria in the Netherlands

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# Outline

- Soteria Netherlands
  - Therapeutic principles
- How things ended
- Research studies
  - Qualitative
  - Quantitative
- Future perspectives
- Lessons learned

# Soteria Emergis (2011-2021)

- “*Warm welcome*”
- Why a special facility for first episode psychosis?
- Search for a small-scaled setting to address the specific needs of FEP



Jan van  
Blarikom

# Therapeutic principles

(Ciompi & Hoffmann, 2004)

1. Small scaled, calming, homelike environment
2. Continuous personal presence
3. Close collaboration with family/ people of reference
4. Clear concordant information about psychosis
5. Practical goals (normalizing groupwise activities outside of MHC)
6. Low-dose medication

Experts by experience



# How things ended – the closing of Soteria NL

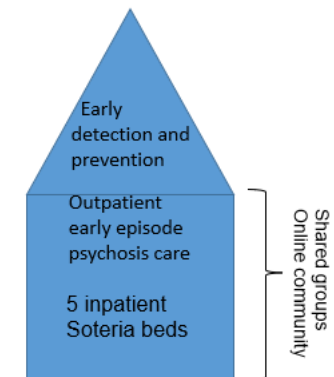
## Accumulation of things:

- Small wards are financially vulnerable
- Shortness in staff
- Covid
- Shift from in- to outpatient care

- The seemingly simple principles of Soteria (being with) are actually very complex to comprehend



**Future: Soteria 2.0**



# Qualitative research

## Facilitating

- Being in there together (both peers and staff)
  - Nature of contact; equal, close, feeling less of a 'patient'
- Feeling of belonging, at home, room for positivity
- Being active in *normalizing* activities

## Hindering

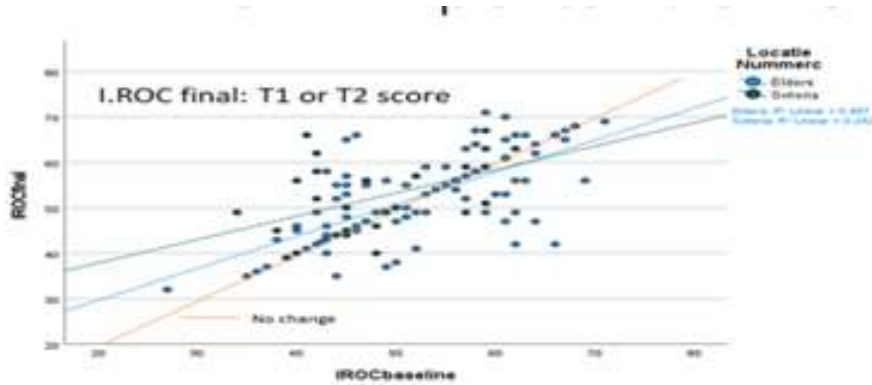
- Emphasis on medication
- Attention for meaning and spirituality was missed



"It was just homely there. And it made me feel good, also when I look back. Every time I get to [city] I think about Soteria (smiling) and then I also think about the good things..."  
(Female, 32 years old)

"For me it's like, when I enter Soteria, it's like I'm returning to family... You kind of build a relationship with staff there... I also think it's just, the way they are. They're open and not afraid to reveal something of themselves..." (Male, 21 years old)

# Quantitative research



After 2 years, Soteria participants showed higher personal recovery scores compared to care as usual ( $\beta=-4.56$ , 95%CI=-8.63 - -0.48,  $p=0.029$ ).

However, when correcting for symptom severity at baseline, the effect of Soteria in the course of personal recovery time disappears.

## THE EFFECT OF SOTERIA ON PERSONAL RECOVERY IN THE TREATMENT OF EARLY EPISODE PSYCHOSIS - A NATURALISTIC COHORT COMPARISON OVER THE COURSE OF TWO YEARS.

Pen Kemmerling<sup>1,2</sup>, David van den Berg<sup>1,2</sup>, Wynke Castellucci<sup>1,2</sup>, Niels Indiger<sup>1,2</sup>

**INTRODUCTION** Highest treatment of psychosis typically focuses on symptom reduction. While service users' endorse a broader perspective on recovery (personal recovery), PR capturing processes like connectedness, hope, identity and overcoming stigma, meaning in life, and empowerment (Jenny et al., 2011). Soteria houses an small scaled residential setting for the treatment of early-onset psychosis, in which a caring, stimulating environment and being present are the most important therapeutic ingredients in reaching recovery (Chung, 2011). Previous research showed that Soteria is equally capable of reducing symptoms and improving functioning, compared to CAU, while offering treatment in a more patient-oriented, less stigmatizing way (Castellucci et al., 2015). The current study aims to compare Soteria (SOT) with CAU treatment, in a naturalistic setting (NL) in the Netherlands, for its effect on PR over the course of two years in early episode psychosis patients.

### PERSONAL RECOVERY SOTERIA NL

**METHOD**  
Assessments: Primary outcome: Personal recovery (I.ROC) at baseline, 1- and 2-year follow up. Potential moderators: baseline scores of symptom severity (PANSS-CL), impairment in functioning (WHODAS), internalized stigma (IMS), and hospital admissions.  
Statistical analysis: Minimum important Difference scores, Regression analysis (I.ROC) and scores, logistic regression, controlling for I.ROC baseline scores), Diagnostic case studies & multilevel analysis to deal with missing data and potential moderators.

**RESULTS**

Minimum important difference of PR for the Soteria and CAU group.

Regression analysis: participants in the CAU group on average showed 4.56 to 5 points lower I.ROC scores ( $\beta=-4.56$ , 95%CI=-8.63 - -0.48,  $p=0.029$ ), indicating a difference of 7.5% on a 60 points scale.

Sensitivity analysis revealed no effect of missing data. When correcting for PANSS baseline scores, the effect of Soteria in the course of PR over time disappears, suggesting that effects were mitigated by symptom severity.

### DISCUSSION

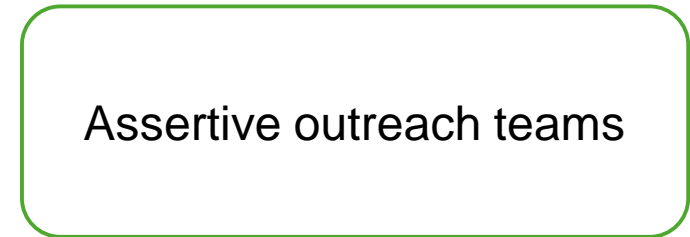
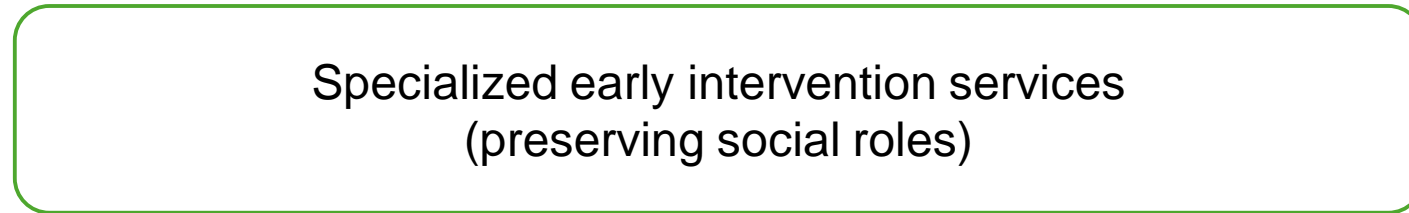
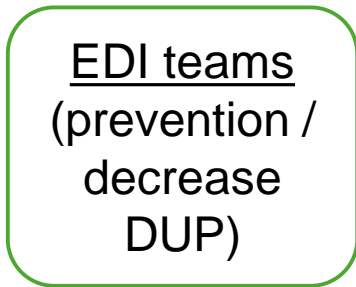
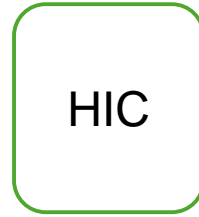
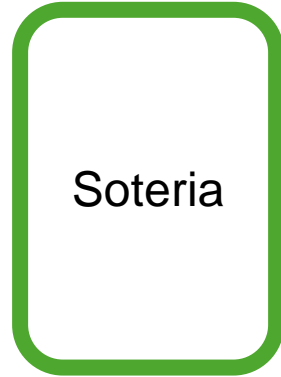
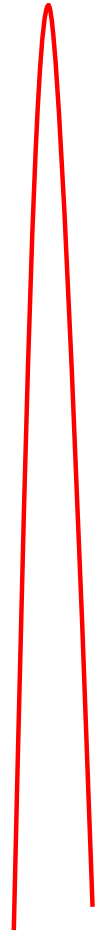
Both at individual level and as a mean group score, participants that received treatment in Soteria showed a larger improvement in PR after two years compared to participants that received only CAU. However, when controlling for baseline symptom severity, the difference between both conditions in PR scores disappeared. Moreover, the generalizability of results is limited by the data size and comparability of groups. In previous qualitative research of Soteria NL, Kemmerling et al., (2020) service users emphasized the normalizing nature of contact, activities and setting of Soteria. Future research, repeating analyses on a larger scale, should incorporate the effects of Soteria on internalized stigma.

### CONCLUSION

Soteria houses offer an alternative to regular inpatient treatment of early episode psychosis combined with the care of personal recovery oriented care. There are several benefits to be noted, however, studies into the effects are scarce and hampered by methodological considerations like small samples, and difficulties with finding comparable control groups. Nevertheless, results of Soteria are promising on both clinical, functional and personal recovery. Therefore Soteria - and resembling approaches - as practical ways of facilitating personal recovery in inpatient early episode psychosis care, deserve more attention research.

# Future perspectives - early episode psychosis care (in the Dutch context)

1st psychosis



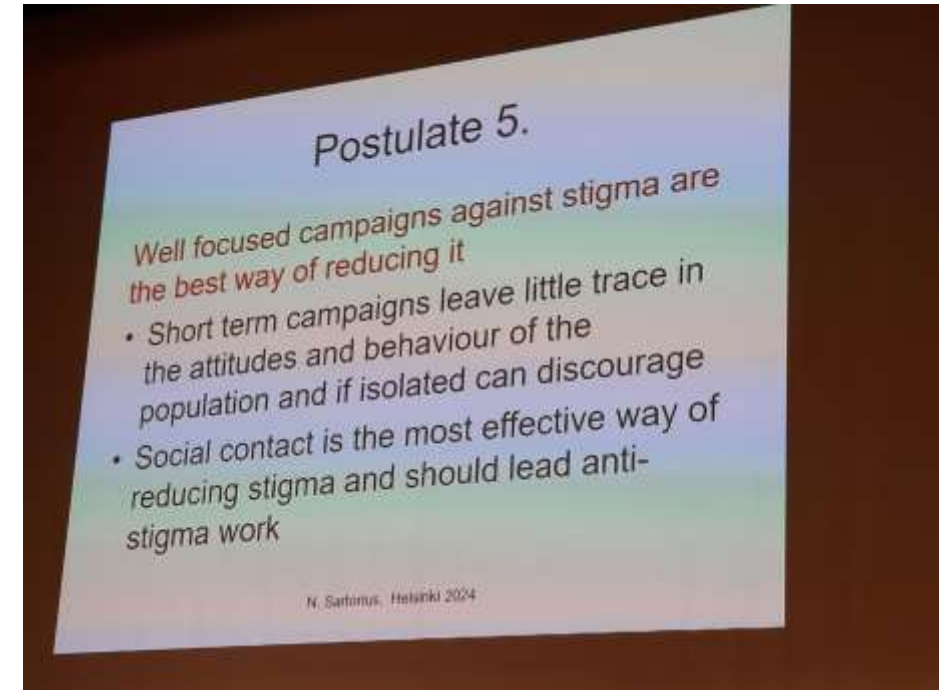
Age





# Lessons learned

- 1. Reflecting on a hospital admission with reduced stigma** is a significant achievement.
- 2. Recovery from acute psychosis** is facilitated by normalizing contact, environment and activities
- 3. Simplicity vs the complexity of Soteria**
- 4. Evidence for Soteria:** Demonstrating the effectiveness of Soteria is difficult but not impossible.
- 5. Closeness and Connection are contagious**
- 6. Will to Change vs. Action**



Prof. Sartorius, ISPS conference 2024

ISPS conference  
Helsinki