

# Training communication skills and mentalization in group schema therapy for patients with borderline personality disorder

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## Abstract

**BACKGROUND:** This article introduces a structured method for communication skills training within group schema therapy (GST) specifically tailored for individuals with borderline personality disorder (BPD). Patients with BPD often face relational difficulties due to intense emotional responses and maladaptive schema modes, thus creating a need for targeted communication training to promote healthier interpersonal relationships.

**METHODS:** This training approach was developed based on interviews with six experienced schema therapists specialising in GST for BPD. The therapists shared practical insights, case examples, and strategies, which were synthesized into a structured communication skills training method. The main methods are chairwork, core emotional needs clarification, role-playing, and role reversal to increase self-understanding, empathy, and constructive problem-solving.

**RESULTS:** The communication training in GST concentrated on recognising and articulating patients' core emotional needs while understanding the needs of others. The therapists recognized four main blocks to skill change: low self-esteem,

fear of criticism, social and communication style variances, and undeveloped assertive skills. Methods used to address these tasks include strengthening self-assurance, forming a caring and kind setting, and teaching modes identification exercises to manage emotional answers. Patients described substantial progress in relational self-confidence, empathy, and flexibility in conflict resolution.

**CONCLUSIONS:** The GST communication training offers BPD patients essential tools for understanding and expressing interpersonal needs. The group format improves learning through shared experiences and real-time observations. These observations indicate that GST-based communication training can address BPD-related interpersonal problems and may support longer-term improvements in relational functioning and life satisfaction.

## INTRODUCTION

Training in communication skills is a fundamental part of cognitive-behavioral therapy (CBT), which is commonly applied to address many psychological problems, including personality disorders (Kasalova et al. 2018; Ociskova et al. 2023; Prasko et al. 2011). By increasing patients' capability to recognise and interact with others in behaviours that respect the needs of both parties, communication training improves collaboration, relational understanding, healthy boundaries, and general relationship quality (Prasko et al. 2011; Banerjee et al. 2024). In group situations, various communication exercises can help patients build capability and self-awareness when facing relational problems (Bellack 2004; Heinssen et al. 2000).

Schema therapy, an integrative psychotherapeutic approach, has confirmed effectiveness in treating personality-related problems, especially borderline personality disorder (BPD) (Arntz & van Genderen 2009; Baljé et al. 2024; Emmelkamp et al. 2024). This approach expands traditional cognitive-behavioural methods by incorporating concepts from attachment theory, developmental psychology, ego psychology, and Gestalt therapy, resulting in a comprehensive therapeutic model that allows for greater depth in treating maladaptive schemas (Hoffart Lunding et al. 2016; Veenstra-Spruit et al. 2024).

Within schema therapy, maladaptive schemas are identified and addressed as deep-seated patterns that heavily influence a patient's worldview and interpersonal interactions, often activated as specific schema modes in response to various triggers (Pol et al. 2024). For example, child modes are usually emotion-driven and impulsive. In contrast, maladaptive coping modes try to "manage" these modes. Patients with personality disorders frequently experience an overactive inner Critic Mode alongside an underdeveloped Healthy Adult and Kind Parent mode, producing problems in

terms of balanced self-assessment and self-compassion. Schema therapy helps patients identify and work through these modes within their stories (Prasko et al. 2023).

Group schema therapy (GST) is a structured adaptation of individual schema therapy that combines cognitive, experiential, emotion-focused, and behavioral techniques to modify dysfunctional patterns in individuals with BPD. (Farrell et al. 2014; Tracy et al. 2024). The group setting allows participants to share and process emotions with peers facing similar struggles, creating a unique environment of mutual support and belonging (Farrell et al. 2014; van Vreeswijk et al. 2024). The dynamics within GST enable participants to gain new perspectives on their issues and benefit from each other's insights, enriching the therapeutic experience (Yalom & Leszcz 2005). As a transdiagnostic, flexible approach, GST is applied to homogeneous diagnostic groups and is adaptable to various formats and treatment durations (Roediger et al. 2018).

In GST, the group setting serves as a corrective experience where participants' core emotional needs can be met through constructive behaviours, frequently helping them to recognise and rescript how previous experiences contribute to current interpersonal patterns (Farrell et al. 2009; Storebø et al. 2020). A primary focus within this context is building communication skills that support empathy and respect for others, which is crucial for patients with BPD to manage the interpersonal conflicts and misunderstandings repeatedly described by therapists and group members (Prasko et al. 2024). That training allows patients to recognise and express both their own needs and the needs of others, developing an atmosphere of mindful communication and cooperation (Kantor et al. 2022).

## METHOD

This article presents a practical approach to social skills training that focuses on mentalising others' viewpoints within GST for patients with BPD. Given that this method has not yet been fully documented in schema therapy publications, the present article aims to describe its application in real-world GST settings.

The main author conducted semi-structured interviews with six schema therapists experienced in GST and communication skills training, particularly focusing on mentalization for BPD. These talks intend to explore the purpose and parts of the method and provide detailed steps for therapists to use in practice. The insights collected from these interviews were integrated into a preliminary draft of the method, which the therapists subsequently revised, refined, and complemented with additional practical details to ensure a clinically accurate and contextually grounded description.

### Therapist Interviews

The therapists shared insights into their communication training methods within GST, describing the planned goals and results. The discussions emphasised concrete approaches for developing mentalisation and empathy, which are critical for patients with interpersonal relationships.

### Gathering Stories and Examples

Therapists were asked to provide examples from their work with BPD patients in GST settings. These examples presented a practical basis, illustrating crucial procedures and steps for developing social skills and mentalisation within the context of the group. By describing therapist-patient interchanges, the technique is grounded in authentic therapeutic communications, making it available and relevant for professional use.

### Identifying Challenges and Strategies to Overcome Them

The interviews also explored therapists' problems while using this approach in therapy. These involved maintaining structure within group sessions, patient resistance, and addressing the complexities of group dynamics. Therapists shared specific strategies for managing these obstacles, underscoring their experiential insights and adaptability.

### Drafting and Refining the Method

Building on these contributions, the method was drafted to focus on the essential components of mentalising others' needs. Following therapist feedback, further details were incorporated to ensure that the description accurately reflects the nuances of practice and can be readily adapted in therapeutic settings.

This overview presents a structured, expert-derived method for training communication skills through mentalisation in GST, based on interviews with six schema therapists and their clinical examples.

## **THE PURPOSE OF PRACTISING UNDERSTANDING AND COMMUNICATION WITH OTHERS**

Effective communication is essential for managing complex or conflictual social situations (Kasalova et al. 2018; Kantor et al. 2022). In such situations, miscommunication and strong emotional responses can intensify conflicts and strain relationships. Identifying and communicating one's needs while understanding those of others is important for reaching the shared ground and promoting reciprocated respect. In schema therapy, assertive communication helps patients express emotions and thoughts constructively, thereby supporting healthy conflict resolution and relationship building.

### Goals and Benefits of Communication Skills Training Through Mentalization

GST communication skills training aims to increase self-awareness and empathy toward others, providing patients with tools for managing interpersonal relationships with greater emotional insight. Training explicitly aims to:

- *Enhance Self-Awareness:* Patients learn to recognise and express their needs, emotions, and thoughts, developing a profound understanding of personal incentives and emotional responses.
- *Foster Empathy and Understanding:* Through mentalization training, patients practise observing situations from others' perspectives, a skill crucial for patients with BPD who may have problems with perspective-taking. This improves understanding of others' needs and emotions, which supports healthier interpersonal patterns (Bellack 2004; Yildiz et al. 2004).
- *Promote Clear and Constructive Expression:* The training highlights expressing needs and emotions clearly and constructively, empowering patients to communicate openly without intensifying conflict. That is helpful for patients who over-prioritize or suppress their needs to avoid dissatisfaction.
- *Facilitate Conflict Resolution:* This training provides approaches to address conflicts by finding compromises that respect the needs of all parties. This increases collaboration and decreases feelings of resentment, building trust within relationships.
- *Strengthen Relationship Quality:* By training patients to communicate mindfully, openly and collaboratively, the therapy supports the building of healthier, more satisfying relationships (Laurensen et al. 2018).

Communication skills training can significantly increase interpersonal relationships, self-esteem, and conflict resilience (Yildiz et al. 2004). According to therapists' reports and group feedback, patients often experience improvements in the quality of their relationships and in overall life satisfaction and emotional well-being (Laurensen et al. 2018).

## **PRACTICE STEPS: FROM DESCRIPTION TO COMPROMISE**

The training consists of five structured phases—describing a recent conflict, role-play, role reversal, clarifying needs, and building a compromise—that guide patients in identifying and expressing needs constructively (Ociskova et al. 2023; Prasko et al. 2023).

### (a) Description of a Situation and Role-Play

The procedure starts with the therapist inviting a patient to recall a recent interpersonal problem or misunderstanding. Together, they identify the crucial moments and the emotional and schema mode responses during the communication. The therapist then organises a role-play of the situation within the group, allowing

the patient to re-enact the communication and present the problem to the group members.

**Therapist:** Katka, could you describe a time you fought with your mother?

**Katka:** Yes, we recently fought because my mother blamed me for having mental problems again. She told me I should try harder to obey her rules because she means well and understands what I need better.

**Therapist:** I understand. Can you describe what key moments and emotions you experienced in that situation?

**Katka:** I felt very frustrated and misunderstood. I felt my needs weren't important, and I always had to back off. I was furious.

**Therapist:** Thank you, Katka. I want to ask one of the group members to demonstrate this situation to you. Petra, could you play the role of Katka's mother?

**Petra:** Yes, I'd like to do it.

**Therapist:** Great. Katka, can you start by repeating what you said to your mother?

**Katka:** I told her I felt under pressure and would like her to give me a break.

Group members perceive and reflect on the relationship dynamics through this role-playing, gaining profound insight into interpersonal patterns and emotional triggers.

### (b) Role Reversal

Next, the therapist guides a role-reversal practice, where the patient switches roles with the other person involved. This step helps the protagonist to see the circumstances from the other's perspective, facilitating empathy and consciousness of earlier unrecognised needs. The therapist offers guidance and support so that the patient can wholly experience and understand the feelings and needs of the other person.

**Therapist:** Let's switch roles. Katka, you can play your mother. And Petra, you play Katka.

**Katka:** Okay, I'll try.

**Petra:** I'm ready.

**Therapist:** Excellent. Katka, start by talking like your mother

**Katka:** (playing the role of mother) You have mental problems. You have to try harder and do as I say because I mean well and understand what you need better than you. Katka, you know I'm doing this for you!

**Petra:** (angrily in the role of Katka) You're pushing me. Leave me alone!

**Therapist:** Okay, let's stop here. Katka, how are you feeling now in the role of your mother?

**Katka:** It was strange, but it helped me understand that maybe she believed she was helping me. After Petra's replay, I felt rejected, and it annoyed me.

**Therapist:** I know. And Petra, how are you feeling in Katka's role?

**Petra:** I felt frustrated and helpless, just as Katka described. I was also angry. It was very intense. I felt my mother was just pushing me; she didn't understand or like me. I got mad at her and wanted to tell her to go to hell.

**Therapist:** Thank you both. This step helps us better understand the emotions and needs of both. What about the others? How did you feel about it?

**Vladimir:** I was angry at the mother. She's just like my mom. They keep pushing. But when Petra, in Katka's role, sent her somewhere harshly, I felt sorry for her. I don't understand why, but I did.

**Lucie:** I felt sorry for them both. They don't have it easy. But I understand that Katka is angry with her mother, who makes her life a hell. I also understand that mom feels rejected. This has no solution.

**Veronika:** If mom could say it differently, she wouldn't have pushed like that! I was also annoyed that she blamed Katka for being sick. That's disgusting!

**Jaroslava:** I understand the mother's side. Maybe she is unhappy that Katka is lost, so she tries to counter it and force her because she is clueless. She's acting stupid, but I don't think she has immoral intentions.

**Therapist:** Thanks for the views. Many of you seem to recognise Katka and her mom's feelings. Let's try to think about what Katka needs and what her mom needs. Which basic needs are not met in their dialogue?

Role reversal frequently discloses underlying emotional needs in both parties, stressed unexpressed fears or painful desires for validation and connection.

### (c) Clarifying Needs

Following role reversal, the therapist encourages the participant to articulate their needs and consider those of the other person involved. This step helps the participant to develop clarity and practise assertiveness in expressing what they need from others while remaining open to others' needs.

**Therapist:** (turning to Katka and Petra) Thank you both for your willingness to try role reversal. Now, let's focus on our and our mum's needs. Katka, let us know what you need in this situation.

**Katka:** I need my mother to respect me and stop pressuring me constantly to do what she wants. I want her to be more supportive and less critical.

**Therapist:** Which core emotional needs do you feel are unfulfilled in this conversation? Such as acceptance, safety, appreciation, and autonomy.

**Katka:** I don't feel safe, accepted, or independent at times like this. That's what I want from my mom. And maybe gratitude for how I fight my problems. She never valued that. She still criticises and pressures me.

**Therapist:** Thank you, Katka. You need your mother to accept and appreciate you. It would help if you were also independent. Now, try to think about what your mom needs. And Petra, and the others in the group try to empathize with Katka's mother and consider her needs. Katka, what do you think your mum is missing?

**Katka:** I think she doesn't feel appreciated for everything she does for me. She probably doesn't feel safe either because she can't be sure when I'm going to explode on her or when I'm going to cut myself. She's definitely worried about me and

needs to feel accepted by me. She doesn't get that from me or dad. I get that, but she always angers me, so I don't tell her that.

**Therapist:** I like the way you thought about your mother's needs. She seems to have similar needs to yours. What do others think?

**Petra:** Her mother wants Katka to be happy and successful, but she may not know how to express it adequately. Maybe she's worried about her future and wants to help her as much as possible.

**Veronika:** I think Katka's mother feels alone, too. She does not have the support of Katka's father or Katka.

**Jaroslava:** I also think that she may feel underappreciated. She takes care of the household, her husband, and Katka but only gets criticism. Then, she behaves critically. It's like my mom.

**Therapist:** That's a good suggestion. Katka knows her mother best among us. Katka, what do you think when you hear these views of your mother's needs?

**Katka:** That makes sense. Maybe I didn't realise that her criticism could be based on worries about me. My mom is frustrated with me and my dad. I must state that she is trying very hard, and no one rewards her.

#### (d) Re-enacting Communication with a Focus on Needs

The therapist asks the patient to re-enact the situation, focusing on meeting the other person's needs. After that, they will focus on fulfilling their own needs. The therapist provides guidance and support so that the patient can find a balance between the two sides and achieve more effective communication.

**Therapist:** Great. Now, I would like you to try to respond to your mother in such a way that fulfils her needs, such as acceptance, appreciation, and safety, and then openly and honestly communicate your needs. Katka, could you give it a try? However, I will first ask Petra to repeat what your mother said, and then you will follow up on what we said to each other. Petra, go ahead.

**Petra:** (playing the role of mother) You have a psychiatric disorder. It would be best if you tried harder to do what I want from you because I understand what is important to you better than you. Katka, you know I'm doing this for you!

**Katka:** Mom, I really appreciate everything you do for me. I see you trying to keep the house in order for Dad and me. I really appreciate it, and I love you. You matter to me. I know you're trying to help me because you're unhappy with how things are going. I want to tell you that I am doing my best in therapy and am already making some progress. I need you to support me and let me make my own decisions. It would also help if you criticised me less. Even though I understand your concerns about me, I feel pressured and lash out at you unnecessarily. At the same time, I respect you, and you're critical of me.

**Petra:** (playing the role of mother) Katka, I understand that you feel under pressure. I want you to know I love and want the best for you. Maybe I am not saying it enough, but I care about you. I'm sorry if I've been too pushy. I love and root for you; I hope you're doing well in therapy. I will always be there for you.

**Therapist:** Excellent, Katka. Now, focus on fulfilling your own needs.

**Katka:** Mom, I need you to understand my needs. Let me make my own choices, and put less pressure on me. I know you mean it well, but I feel pressured unreasonably. I don't want it that way. I need you to support me more and criticise me less. Even though I know you're doing it because you're worried about me.

**Petra** (playing the role of mother): I understand you, Katka. I will try to support you more and criticise you less. I love you.

**Therapist:** Great, thank you together. This step helps us balance meeting the other person's needs and our own. What do you think about this interaction now?

**Katka:** I feel well. I understand my mother better and can express this better. When Petra was my mom, it was also perfect. Perhaps Mom might react similarly. I have to try it with her, but I don't know if I will mess it up, and I also don't know how she will react.

**Petra:** And I felt better as Katka's mom when I saw that Katka understood me, that I wanted to help her and that I cared about her.

**Therapist:** I'm glad. What about the rest of the group?

**Jaroslava:** I liked it. I realised I wasn't thinking about my mom's needs either and was only aware of my own. I would also like to be able to think of the needs of both. Katka said it very nicely. I think she could actually do it with her mom.

**Veronika:** I want to try it, too, but we have bigger arguments with my dad.

**Vladimir:** I don't think it would work with my mom. She doesn't let herself be manipulated.

**Lucie:** It didn't feel like manipulation to me. It felt real. I just don't know if I would be able to react so nicely when my mom snaps at me. But I definitely want to try it.

#### (e) Building a Compromise

The therapist helps the patient and the group members to work together to offer a compromise that suits both parties. This step involves finding a solution that respects the needs of all people involved and encourages cooperation and reciprocated understanding. The therapist provides feedback and support to ensure the proposed compromise is realistic and feasible.

**Therapist:** Thank you all for your openness and willingness to communicate. Now, we could try to find a compromise that will suit both parties. Katka, what compromise would you suggest so that the needs of both parties are respected?

**Katka:** I think Mom and I could find a way to communicate better about my needs and hers. Perhaps we could have regular conversations where we would talk openly about our feelings and needs.

**Therapist:** That sounds like a good start. Petra, what negotiation would you propose from Katka's mother's point of view?

**Petra:** (playing the role of mother) I agree that we ought to talk more. I want to understand you more and criticise you less. I would also like you to know, Katka, that you can count on me if you need support.

**Therapist:** Great. Now, we could try to formulate specific steps for you to take. Katka, what specific steps would you suggest?

**Katka:** We could set aside time weekly to debate what troubles us and what we need. I would also like my mother to respect my boundaries and not blame me for my problems.

**Petra:** (playing the role of mother): I agree. I'll try to listen more and criticise less. I would also like you to know, Katka, that I want to help and care about you. Maybe I'll be clumsy at first, but you can tell me that.

**Therapist:** Outstanding. This compromise involves regular talks and respecting each other's boundaries and needs. How do you feel about this suggestion now?

**Katka:** I feel better knowing that we plan to talk to each other and respect each other.

**Petra:** And I feel better knowing that you understand. I want to help you and take care of you. I am also glad that you understand me.

## GROUP SESSION EXAMPLES

In GST, practical examples of group interactions allow participants to observe, reflect, and actively practise new communication skills in a structured, supportive environment. By experiencing common relational issues through role-playing, they are encouraged to explore personal needs and schema modes in a way that fosters understanding without overt psychoeducation, thus promoting self-discovery.

### (a) Educating the Group and Inviting Questions on the Method

To introduce the method, the therapist briefly outlines the GST approach, focusing on understanding and addressing relational needs and schema modes.

**Therapist:** Today, we will focus on understanding and communicating with others as part of group schema therapy. The aim is to learn to understand ourselves and others better and to communicate more effectively, especially in conflict situations. The exercise will take place in several steps: first, we will describe and demonstrate the situation, then we will change roles, clarify the needs of both parties, replay the communication to fulfil the needs, and finally, propose a compromise. Do you have any questions about it?

**Zuzana:** How accurately will the role reversal take place?

**Therapist:** Good question, Zuzana. Role reversal means switching roles with the other person involved in the problematic situation. That helps you to experience the problem from another person's point of view and better recognise their emotions and needs. Now, I would like one of you to describe a specific conflict or a misunderstanding. Who would like to start?

**Vlado:** I could. I recently had a struggle with a colleague at work. We had opposite views on how the project should be completed and argued.

**Therapist:** Thank you, Vlado. Can you describe in more detail what happened?

**Vlado:** I suggested that we use new software to save time. However, my colleague insisted we continue with the old one because we know it well. We started arguing, and we couldn't find the middle ground.

**Therapist:** Okay, Vlado. Now I would like to ask you to choose someone from the group to play the role of your colleague.

**Vlado:** Zuzana, could it be you?

**Zuzana:** Sure, I would love to.

**Therapist:** Great. Vlado, now play yourself, and Zuzana will play the colleague when you argue about the software.

**Vlado:** (playing himself) We should use the new software. It will save us a lot of time.

**Zuzana:** (playing a colleague) We know the old software well. Why should we risk something new?

**Vlado:** (playing himself) Because the new one is more efficient and modern!

**Zuzana:** (playing a colleague) But what if it does not work as you think?

**Therapist:** Great, now we'll switch roles. Zuzana, you will play Vlado's colleague.

**Zuzana:** (playing Vlado) We should use the new software. It will save us a lot of time.

**Vlado:** (playing a colleague) But we know the old software well, so why should we take a risk with something new?

**Therapist:** Great, now we're going to focus on the needs of both parties. What were your needs in this situation?

**Vlado:** I wanted the work to be more efficient and faster.

**Therapist:** What about your colleague Zuzana? What were his needs?

**Zuzana:** Vlado wanted certainty and stability because he knew the old software well.

**Therapist:** Excellent. Now, we will try to replay the communication so that the needs of both parties are fulfilled. Zuzana, start as Vlado.

**Zuzana:** (playing Vlado) I understand you are worried about the new software because you know the old one well. But we could try the new one because it might save us time. How about we try it on a smaller project first?

**Vlado:** (playing a colleague) That sounds reasonable. We can try it, and if it doesn't work, we can return to the old one.

**Therapist:** Great, that's a good compromise. How do you feel after this exercise?

**Vlado:** I think it was helpful. It helped me to see the situation from my colleague's point of view.

**Zuzana:** Yes, it was interesting. We could communicate better if we made more of an effort to understand the needs of others as we tried here.

**Therapist:** Thank you both. I want the other group members to share their impressions and feelings about this exercise.

### (b) Role Play by a Fellow Group Member

The therapist asks another group member to role-play the patient's reaction. This step permits the patient to experience the circumstances from the other person's point of view and better understand their emotions and needs.

**Therapist:** I would like Zuzana to act out Vlado's reaction. Vlado, you will play your colleague. This step will permit you to experience the circumstances from the other person's point of view and to understand their feelings and needs better. Zuzana, can you start?

**Zuzana:** (playing Vlado) We should use the new software. It will save us a lot of time.

**Vlado:** (playing a colleague) But we know the old software well, so why should we take a risk with something new?

**Zuzana:** (playing Vlado) Because the new one is more efficient and modern!

**Vlado:** (playing a colleague) But what if it doesn't work as you think?

**Therapist:** Exceptional. Now, we will focus on how Vlado feels in the role of his colleague. Vlado, what did you feel when you played the role of your colleague?

**Vlado:** I felt uncertain and nervous that the new software wouldn't work as needed. I feared the unknown and wanted to stick to what I already knew.

**Therapist:** That is a very useful understanding. Now that you have practised the situation from your colleague's perspective, what needs do you think he had?

**Vlado:** I think he needed safety and stability. He wanted to work with something we knew well and would not cause us any difficulties.

**Therapist:** Great, that's an important view. Zuzana. What emotions did you experience when you role-played Vlado?

**Zuzana:** I felt unsatisfied because my suggestion was not respected enough. I wanted a colleague to realise the profits of the new software.

**Therapist:** Thank you, Zuzana. Now that we have recognised the needs of both parties, we can focus on finding an alternative response that would meet those needs. How can we communicate in a way that respects the needs of both parties?

As Zuzana steps into her role, Vlado relives the interaction, allowing him to feel the impact of the conflict. This also gives the group a clearer view of the dynamic at play. Through this interaction, group members gain insight into the competing needs for innovation (Vlado) and stability (colleague), a common interpersonal challenge.

#### (c) Role Reversal: Experiencing the Other's Perspective

The therapist leads a debate in which the patient and the other group members seek an alternative response. This step involves identifying both parties' needs and finding ways to fulfil those needs.

**Therapist:** Now that we have identified the needs of both parties, let's look together for an alternative reply that would fulfil those needs. Vlado, how might you communicate with your colleague so that his needs for security and stability are respected?

**Vlado:** Perhaps I could start by acknowledging his concerns and suggesting that we try the new software on a smaller project to see how it works.

**Therapist:** That's a good start. Zuzana, how would you react to this as a colleague?

**Zuzana:** I think I could accept it. If I could see that the new software worked well on a smaller project, I would also be willing to use it on larger projects.

**Therapist:** Great, that's a respectable compromise. What other steps could we take to meet the needs of both persons?

**Vlado:** We could also schedule regular reviews and feedback while testing the new software to ensure everything runs smoothly.

**Therapist:** Perfect. That might help increase safety and stability. Zuzana, what do you think?

**Zuzana:** Yes, that would certainly help. Systematic checks would allow us to reply quickly to any problems.

**Therapist:** Great, so we have some suggestions: test the new software on a smaller project and schedule regular reviews and feedback. How do you feel now after this exercise?

**Vlado:** I think it was helpful. It helped me better understand my colleague's needs and find a way to respect them.

**Zuzana:** Yes, it was interesting. I think we could communicate better if we put more effort into understanding others' needs.

**Therapist:** Thank you both. I want the other group members to share their impressions and feelings about this exercise.

This interaction allows Vlado to explore his colleague's motivation for predictability and feel his frustration reflected. Afterwards, the therapist invites both to reflect. This exercise enables Vlado to approach the conflict from a broader perspective, which softens his initial frustration.

#### (d) Clarifying Needs and Exploring Compromise

The therapist asks the protagonists and other group members to share their experiences.

**Therapist:** Now we have completed the role-playing. I want to ask Vlado and Zuzana to share their experiences. Vlado, can you start?

**Vlado:** Surely. It helped me better recognise my colleague's needs and understand his apprehensions. I also learned that compromise is essential.

**Therapist:** Thank you, Vlado. What about you, Zuzana? What are your feelings?

**Zuzana:** It was also helpful for me. I learned to listen better and to try to recognise the needs of others. It was exciting to see the situation from Vlado's point of view and realise how significant it is to be open and prepared to compromise.

**Therapist:** That's great to hear. What specific moments or techniques did you find most helpful?

**Vlado:** I found playing the role of my colleague the most useful. I understood his concerns and why he wanted to stick with the old software.

**Zuzana:** Finding an alternative response was useful for me. It helped me to see that there are ways to meet the needs of both parties without getting into battle.

#### (f) Whole-Group Reflection and Sharing

Finally, the therapist invites all group members to share their impressions. This step supports mutual learning and reinforces the sense of belonging in the group.

**Therapist:** Thank you both for sharing. I want other group members to share their impressions.

**Alena:** I think it was precious. Seeing how Vlado and Zuzana worked to find a compromise helped me to recognise that I can communicate healthier with problems.

**Barbora:** I agree. It was inspiring to see how they both tried to understand the other side's needs and to find a solution that suited them.

**Lucie:** It was helpful to see how understanding the other person's needs can change the conversation. I realised I often assume that others don't want to meet me halfway."

**Peter:** I agree. Seeing Vlado's approach helped me think of ways to handle similar situations differently.

**Therapist:** Thank you all for your sharing. It is important that we learn from this exercise and begin to apply it in our daily lives. If you have any questions or need further support, I am here.

## OBSTACLES AND CHALLENGES IN COMMUNICATION SKILLS TRAINING AND HOW TO OVERCOME THEM

Therapists described that building communication skills in GST often involves confronting several common difficulties, frequently rooted in schemas, intense emotional reactions, or unmet interpersonal needs.

### (a) Fear of Rejection or Criticism

Many patients experience fear or anxiety around articulating their needs and worry that others may criticise or reject them. This worry often leads to withdrawal or avoidance, which prevents open communication and reinforces social isolation.

*Overcoming Strategy:* The therapist forms a safe and non-judgmental environment where group members are encouraged to share all their thoughts, feelings and experiences.

### (b) Low Self-Esteem

Many patients with BPD may suffer from feelings of guilt, shame or inadequacy, making it hard for them to communicate their needs or establish boundaries openly. This can lead either to over-accommodating others or to feeling unable to stand up for one's own needs.

*Overcoming Strategy:* The therapist provides positive reinforcement and highlights participants' strengths in building self-confidence. Role-playing exercises where participants practise expressing their needs in supportive settings allow them to experience success in communication.

### (c) Communication Barriers Due to Style or Background

Differences in communication style, age, language, or cultural background can create misunderstandings, leading to frustration and breakdowns in communication. These barriers can also trigger schema modes related to mistrust or abandonment.

*Overcoming Strategy:* Therapists encourage cultural cognisance and sensitivity within the group, inspiring

patients to ask questions and seek explanations to prevent misinterpretations. Open debates on various communication styles help normalise these modifications and reduce schema-driven responses.

### (d) Emotional Blocks

Strong emotions such as fear, anger, sadness, helplessness, and anxiety often block open and effective communication. Patients may reply defensively or shut down, limiting their capability to participate in productive dialogue.

*Overcoming Strategy:* Therapists help patients recognise and manage their emotional responses through self-reflection, mindfulness exercises, and schema awareness. Patients learn to self-regulate and respond from a healthier, more balanced view by identifying which schema modes are triggered.

### (e) Lack of Foundational Communication Skills

Some patients may have a deficiency in basic communication skills like active listening, clear or empathetic expression, and assertiveness, which are crucial for successful interactions. This lack of skill can make interactions more challenging and reinforce feelings of insufficiency.

*Overcoming Strategy:* Communication skills are introduced gradually through structured practice in active listening, paraphrasing, and empathetic or assertive expression. Regular group role plays allow patients to develop these skills within a safe and supportive setting.

Considering these challenges, training communication skills and mentalization in GST for individuals with BPD may place significant demands on therapists, particularly those who are younger and less experienced. Reflecting on their own activated schemas, interpersonal needs, and mentalisation capacity thus emerges as another potentially significant factor for successfully implementing this method.

However, the present description is based on interviews with six experienced therapists and illustrative group vignettes rather than systematic outcome data, so future studies are needed to evaluate the effectiveness and generalisability of this communication training in GST.

## DISCUSSION

### Participants' Reflection and Feedback

In the group examples and therapists' reports, patients regularly reflect on the changes they notice within themselves and their relationships. Many describe feeling more empowered to express their needs openly, clearly and self-confidently, which usually translates into better interactions with close persons, family, friends, and classmates or colleagues. A supportive atmosphere enables participants to share not only their

successes but also the struggles they face as they attempt to implement these new skills in everyday life.

Feedback collected from participants indicates that exercises focused on role reversal need clarification, and constructive dialogue provides them with insights into relational dynamics they had previously found confusing or distressing. Many express surprise at how identifying and articulating needs can defuse tension and prevent conflicts. These exercises appear to have a corrective emotional impact, as illustrated when participants like Katka, Petra, or Vlado experience understanding and validation of their own and others' needs during role-play and reflection.

The exercises that improve self-awareness and empathy enhance patients' capability to understand and respond to others, leading to a deeper cognisance of their schema modes. By recognising when specific modes are activated (e.g., the Vulnerable Child or Angry Protector), participants can make conscious choices to respond from their Healthy Adult mode, which leads to healthier and more balanced relationships.

## CONCLUSIONS

This article has adopted a structured approach to developing communication skills within group schema therapy (GST) for people diagnosed with BPD. By concentrating on the dual goals of understanding one's own needs and empathising with the needs of others, GST enables patients to build crucial skills for healthier social interactions.

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