

EMDR Flash Forward as an intervention on the mental images of worst case scenarios in paranoid delusions

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20606

Source

NTR

Brief title

FORWARD

Health condition

schizophrenia spectrum disorder, with paranoid delusions as a core symptom

Sponsors and support

Primary sponsor: UMC Utrecht

Source(s) of monetary or material Support: UMC Utrecht

Intervention

Outcome measures

Primary outcome

Primary Objective: Investigate whether EMDR Flash Forward is a feasible intervention to process emotionally disturbing mental images of worst case scenarios that occur in paranoid delusions, in order to decrease the preoccupation with the delusion. This is operationalized

by a lower score on the Psyrats DRS (Psychotic Symptoms, Delusion Rating Scale)

Secondary outcome

Secondary Objective: Investigate whether the patient is less inclined to avoid situations caused by the paranoid delusion in his/her daily life if he/she is less preoccupied with the worst case scenario's (after the intervention on the mental images). This is operationalized by lower scores on the SBQ (Safety Behavior Questionnaire)

Study description

Background summary

With psychosis there is a changed experience of reality, which influences perception, thinking and emotions. One of the psychotic symptoms is the presence of delusions. It is assumed that delusions are being developed to explain strange experiences and striking signals within psychosis on the basis of available knowledge and experience. The associated, intense emotions are a determining factor for the development and persistence of the delusion. Attention is often focused, the available information is perceived selectively and as a result the fear is mainly reinforced. The danger that one fears, can persist in imposing a worst case scenario on the patient in the form of a terrifying image. Correction of false delusions does not occur because of the persistence of avoidance behavior aimed at preventing this worst case scenario.

The intrusive image of the expected worst case scenario can be considered as a mental representation. Disturbing mental representations are effectively treated with Eye Movement Desensitisation and Reprocessing (EMDR), even in people with psychosis, when it comes to traumatic experiences in the past (flashbacks). The idea that mental representations that take place in the future (flash forwards) can also be treated with this technique, is elaborated in the EMDR Flash Forward protocol. Where is can be considered an effective treatment method for various anxiety disorders. Logically one could assume that the mental representations associated with paranoid delusions can therefore be edited by the EMDR Flash Forward, in order to reduce the anxious disturbance associated with the delusion. As a longer term consequence it can be assumed that the patient is less preoccupied with the delusional belief, can let go of safety behavior and be better able to organize his life more satisfactorily.

Study objective

The preoccupation with the paranoid delusion decreases after intervention with EMDR Flash Forward

Study design

T0-T5

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Intervention

EMDR Flash Forward on the worst case scenario's

Contacts

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Eligibility criteria

Inclusion criteria

1. The participants have been diagnosed with schizophrenia spectrum disorder, with paranoid delusions as a core symptom (DSM-V).
2. A score on the Psyrats DRS of > 15.
3. The age must be between 16 and 60 years.
4. Prescribed medication for the treatment of psychosis must be stable for at least a month.
5. A comorbid diagnosis of PTSD must have been treated adequately and symptoms must be in remission.

Exclusion criteria

1. Participants who still have to be adjusted to appropriate antipsychotic medication.
2. Participants with serious dissociative symptoms.
3. Participants with an alcohol or substance dependence
4. Participants with an organic syndrome or learning disability, or severe visual impairments.
5. Participants who are already following a different psychological treatment aimed at delusions.
6. Participants who have insufficient understanding of the Dutch language.
7. Participants who are suicidal.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	31-08-2020
Enrollment:	40
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion	
Date:	06-04-2020
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL8509
Other	UMC Utrecht : METC 20-156 (UMC Utrecht)

Study results