

# Group Schema Therapy for Cluster-C Personality Disorders: a pilot study.

No registrations found.

<b>Ethical review</b>	Not applicable
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON23368

### Source

NTR

### Health condition

avoidant personality disorder, dependent personality disorders, obsessive-compulsive personality disorder

## Sponsors and support

**Primary sponsor:** Universiteit van Amsterdam

**Source(s) of monetary or material Support:** n.v.t.

## Intervention

## Outcome measures

### Primary outcome

The main outcome variable is change in severity of manifestations of the primary PD. The severity of PD manifestations will be assessed with the AVPDSI (for Avoidant PD), the DEPDSI (for Dependent PD), and the OCPDSI (for Obsessive Compulsive PD): structured interviews for assessing the frequency of various manifestations of DSM5 defined Avoidant, Dependent and Obsessive- Compulsive PD criteria during the last 3 months (Baljé et al., 2016; Arntz et al., 2017; Verheul et al, 2017).

## Secondary outcome

1. PD-related beliefs will be assessed with the PDBQ-69 (Arntz et al., 2004), of which the beliefs specific for Avoidant, Dependent, and Obsessive-Compulsive PD will be taken.
2. Self-esteem will be assessed with the 10-item version of Rosenberg's Self-Esteem Scale (RSES; Rosenberg, 1965; Franck et al., 2008).
3. Self-Ideal Discrepancy will be assessed by calculating the difference between the Self and Goal scales of the Miskimins Self-Goal-Other Discrepancy Scale (MSGO; Miskimins et al., 1971).
4. General, social and societal functioning will be assessed with the WHODAS, taken by the research assistant (Üstün, 2010).
5. Happiness will be assessed with the 1-item happiness question validated in more than 30 countries (Veenhoven, 2011).
6. Quality of Life will be assessed with the EuroQol EQ-5D-5L (Herdman et al., 2011; Rabin & Charro, 2001).
7. Schema Modes will be assessed with the Schema Mode Inventory-2 (SMI-2; Bamelis et al., 2011), which assesses the frequency of Schema Mode activation for the modes relevant for the pertinent PDs.
8. Early Maladaptive Schemas will be assessed with the YSQ-Revised, a shortened version of the YSQ (YSQ-R; Rijkeboer, 2013).
9. General psychopathological symptoms as an index of severity of syndromal disorders will be assessed with the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983).
10. Medication and mental health care use will be monitored at each assessment.

## Study description

### Background summary

The aim of the study is to document the effectiveness of GST as treatment for Cluster-C PDs

## **Study design**

Outcome instruments will be assessed before naturalistic wait (labeled “baseline” – applicable only when there is a naturalistic waitlist > 2 months), at pretreatment (just before treatment starts, counted as 0 months), at Mid-treatment (after 15 sessions group-ST; approximately 4 months), Post-treatment (after 30 sessions group-ST; approximately 8 months), Post-booster sessions ) approximately 12 months), and at a 1-year follow-up (one year after Post-booster assessment). When the waitlist is less than 2 months, the pretreatment assessment is skipped.

## **Intervention**

Group Schema Therapy

## **Contacts**

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## **Eligibility criteria**

### **Inclusion criteria**

- Avoidant, Dependent or Obsessive-Compulsive PD based on the DSM-5 as primary diagnosis (assessed with SCID-II or SCID-5-P).
- Age 18-70

- Ability to understand, read, write and speak Dutch.

## Exclusion criteria

- DSM-5 alcohol or drug dependence. (After 3 months of abstinence participation is possible).
- Comorbid psychotic disorder
- DSM-5 Bipolar disorder, type 1 (current or past)
- (Sub)threshold Borderline PD
- Acute suicide risk
- IQ<80
- Schema Therapy of any kind (e.g., individual, group, inpatient, outpatient, day treatment) in the past year.
- patients should not start with any form of psychological treatment or medication during screening or during the study's treatment or waitlist period. Medication should be on a stable level for 3 months, if not stopped. (Non-PD focused supportive treatment may be continued during wait and screening, but not during the study treatment and study 1-year follow-up period)
- Not able to plan (group) therapy sessions of 90 minutes within the treatment period.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

### Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-03-2017
Enrollment:	90
Type:	Anticipated

## Ethics review

Not applicable	
Application type:	Not applicable

## 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 NL5531

NTR-old NTR7115

Other Ethische commissie Faculteit Maatschappij en Gedragwetenschappen (FMG) van de UvA : 2017-CP-7563

## Study results