Schema Therapy for Dissociative Identity Disorder

No registrations found.

Ethical review	Not applicable
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON25486

Source
NTR

Brief title
N/A

Health condition

Dissociative Identity Disorder

Sponsors and support

Primary sponsor: University of Groningen
Source(s) of monetary or material Support: Stichting tot Steun VCVGZ, RINO Zuid, and the participating institutions.

Intervention

Outcome measures

Primary outcome

Dissociative symptoms (DSS), Post Traumatic Stress Disorder symptoms (PCL-5), Symptoms clusters of Dissociative Identity Disorder: depersonalisation, derealisation, identity confusion and amnesia (SCID-D-R), therapy dropout percentage.

Secondary outcome

Trait dissociation (DES), a selection of validity scales from the Multidimensional Inventory of Dissociation (MID), metamemory beliefs (DBMQ), unusual sleep experiences (ISES), personality functioning and personality traits (SIPP-SF, PID-5-Brief Form), outcomes related to schema therapy (YSQ3-SF, SMI-2), daily functioning (WHODAS 2.0), happiness, quality of therapeutic relation (WAI-SR) and experiential avoidance (AAQ-II).

Study description

Background summary

One category of disorders frequently associated with a history of trauma are the dissociative disorders, of which Dissociative Identity Disorder (DID) is the most severe and chronic form. Patients suffering from DID show high levels of impairment, high treatment utilization, and high treatment costs. The aim of this study is to improve treatment for patients with Dissociative Identity Disorder, by applying an adapted form of schema therapy, a treatment which is highly effective in related disorders.
A multicentre, non-concurrent multiple baseline design will be used and 32 outpatients will be included from three mental health institutions in the Netherlands. Patients are randomly assigned to a baseline length (i.e., 13 weeks, 14 weeks, etc. up to 20 weeks). After a short education phase of 8 weeks (added for research purposes), the intervention phase will start. Patients receive 3 years of schema therapy (two years twice a week and one year once a week). Finally, six monthly booster sessions will follow.

The current study builds on a previous pilot study that provided a first test of the efficacy of a manualized adapted schema therapy approach for Dissociative Identity Disorder. Some adjustments have been made to the pilot study-protocol for the present study. These adjustments concern: a) the addition of monthly 45-minute sessions with a social psychiatric nurse to solve practical problems; b) replacement of several assessment instruments by measurements that are theoretically more attuned to the treatment goals of schema therapy for dissociative identity disorder, and updated instruments adapted to DSM-5 criteria.

Study objective

A manualized adapted schema therapy approach is effective in treating Dissociative Identity Disorder

Study design

Measurements will take place at baseline, after the education phase of 8 weeks (i.e., added for research purposes), every 6 months during treatment, post-treatment (which takes 3 years), after booster sessions (6 monthly sessions) and 6 months after the booster sessions as follow-up. Process measures will be taken weekly during the baseline and education

phase, and every other week biweekly during the treatment phase.

Intervention

A form of schema therapy, adapted to the needs of the patients with Dissociative Identity Disorder

Contacts

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Eligibility criteria

Inclusion criteria

• Main diagnosis of Dissociative Identity Disorder, diagnosed with the SCID-D-R
• The initial Dissociative Identity Disorder diagnosis was classified max 3 years ago
• Participant has not received schema therapy before
• Participant has not completed successful trauma treatment
• Participant is motivated to undertake trauma treatment and to actively participate in achieving the treatment goals (reading literature at home, doing home assignments etc.) and to practice behavioral change
• Participant agrees to be recorded; in diagnostic interviews on video and treatment sessions on audio
• Age ≥ 18 and < 60
• Participant is able to understand, read, write, and speak Dutch

Exclusion criteria

• DSM-5 substance dependence, as measured with the MINI-plus, that requires detox
• Florid psychotic episodes, as determined with the MINI-plus

• Acute suicide risk, as measured with several questions on suicidal behavior, which are administered as part of the intake.
• IQ < 80. IQ testing is requested by default by the intaker when education level is lower than intermediate vocational education. In that case, the screener for intelligence and mild intellectual disability (SCIL) is administered, with further IQ tests (WAIS) if indicated
• Other comorbid Axis I and Axis II disorders are allowed. They will be classified with the MINI-plus and the SCID-5-PD

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:	Recruiting
Start date (anticipated):	01-06-2021
Enrollment:	32
Type:	Anticipated

IPD sharing statement

Plan to share IPD: No

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	NL9607
Other	Ethische toetsingscommissie RUG PSY-1920-S-0506 : METC Exemption UMCG Groningen METc 2020/206

Study results