Treating nightmares with imagery interventions

No registrations found.

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

Summary

ID

NL-OMON27319

Source
NTR

Health condition

Nightmares (Nachtmerries); Imagery rescripting therapy (Imagery rescripting therapie); Imaginal exposure therapy (Imaginaire exposure therapie)

Sponsors and support

Primary sponsor: Universiteit van Amsterdam, Department of Clinical Psychology; UvA PsyPoli (www.psypoli.nl)
Source(s) of monetary or material Support: Universiteit van Amsterdam, Department of Clinical Psychology; Netherlands Organization for Scientific Research (NWO)

Intervention

Outcome measures

Primary outcome

1. Nightmare frequency
2. Nightmare distress

Secondary outcome

1. Zelf Inventarisatie Lijst (ZIL; Hovens, Bramsen, & van der Ploeg, 2000)
2. Sleep complaints (Insomnia Severity Index; Morin, 1993)
3. Nightmare beliefs (10-15 item questionnaire regarding nightmare beliefs)

Mediators of the treatment effect:
1. Nightmare distress (at night, as well as during the day)
2. Nightmare mastery (nightmare content)
3. Nightmare controllability (emotions elicited by the nightmare)
4. Predictability of emotions experienced during the nightmare
5. Tolerability of emotions experienced during the nightmare
6. Nightmare vividness
7. Sleep quality
8. Subjective Units of Distress (SUDs)

Study description

Background summary

The proposed study aims at investigating the effectivity of two CBT-based treatments for nightmares (i.e., imagery rescripting and imaginal exposure), as well as possible working mechanisms underlying these therapeutic techniques.

Study objective

It is hypothesized that imagery rescripting and imaginal exposure therapy are both effective in the treatment of nightmare disorder.

Whereas it is expected that the two therapies will both be effective in the treatment of nightmares, it might be possible that the therapies work through different mechanisms. The current study aims at exploring the working mechanisms of the two therapies by assessing the effects of several proposed mediators (see 'secondary outcome measures') of the treatment effect (see 'primary outcome measures').

Study design

(1) Pre-assessment ; (2, 3, 4) treatment sessions; (5) Post-assessment ; (6) 3-months follow-up ; (7) 6-months follow-up

Intervention

Both active interventions will be delivered by trained and experienced therapists.

Imagery rescripting (IR) therapy: participants will receive an adapted 3-session intervention of the original IR protocol by Arntz en Weertman (1999). Here, the script of a nightmare is

actively changed in the imagination of the participant, after the original nightmare has been reactivated.

Imaginal exposure (IE) therapy: participants will receive 3 sessions of a standard IE intervention (Foa & Rothbaum, 1989). Here, the nightmare is reactivated and subsequently re-lived in the participants' imagination, until the emotions accompanied by the nightmare become tolerable.

Wait-list control condition: 5 weeks. Note that after the waiting period, participants will receive either one of the active treatments (by randomization). Here, treatment will be delivered by unexperienced therapists (e.g., students). Primary and secondary outcome measures (but no mediators of the treatment effect) will be assessed at time points 1 and 5 to investigate whether the treatment effects found in the main study (i.e., treatment delivered by experienced therapists) can be replicated with a group of unexperienced therapists.

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Eligibility criteria

Inclusion criteria

18 years of age or older; one or more nightmare(s) per week, with a recurrent (emotional)

theme; nightmares have to impair the daily functioning of the client (nightmare disorder according to DSM-5); fluency in Dutch

Exclusion criteria

A current diagnosis of alcohol and/or drug abuse or dependency; PTSD resulting from protracted and recurring trauma (type 2 trauma); psychotic disorder; CBT-based psychotherapy for nightmare symptoms in the preceding 12 months; Co-morbidity as such will not be reason for exclusion but the nightmares must be the principal diagnosis. If applicable, participants will be asked to keep their medication intake stable during and 1-8 weeks before treatment (depending on the type of medication).

Study design

Design

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

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	05-01-2015
Enrollment:	90
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	11-12-2014

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	NL4828
NTR-old	NTR4951
Other	- : 2014-CP-3794

Study results