# The effect of EMDR and CBT on low self-esteem, a randomized controlled trial

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The aim of the present study is to investigate whether EMDR is an effective method to treat low self-esteem and if this is more effective than CBT. Hypothesis:1. Participants will improve on measures of self-esteem, psychological symptoms and social...

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| **Ethical review** | Approved WMO |
| **Status** | Completed |
| **Health condition type** | Psychiatric and behavioural symptoms NEC |
| **Study type** | Interventional |

## Summary

### ID

NL-OMON40773

**Source**
ToetsingOnline

**Brief title**
The effect of EMDR and CBT on low self-esteem

### Condition

- Psychiatric and behavioural symptoms NEC

**Synonym**
low self-esteem, negative core beliefs

**Research involving**
Human

### Sponsors and support

**Primary sponsor:** Dimence (Deventer)
**Source(s) of monetary or material Support:** Dimence maakt het onderzoek mogelijk. Er is een subsidie toegekend door Vereniging EMDR Nederland (VEN)

## Intervention

**Keyword:** CBT, EMDR, low self-esteem

## Outcome measures

### Primary outcome

Score on the Rosenberg Self Esteem Scale (RSES).

### Secondary outcome

Score on the Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983).

Score on the *Inventarisatielijst Omgaan met Anderen* (IOA) (Dam-Baggen, van & Kraaimaat, 2004).

Score on the VAS-score core beliefs measuring the credibility of the selected negative and positive core belief (0% credible- 100% credible) (De-Oliveira et al., 2012).

# Study description

### Background summary

Numerous people experience repetitive negative thoughts about themselves resulting in a *low self-esteem*. Recent definitions of self-esteem describe that it represents the affective, or evaluative, component of the self-concept; it signifies how people feel about themselves (Leary & Baumeister, 2000). This affective self-evaluation is subjective at its core and is not based on specific behaviors (Robins, Hendin & Trzesniewski 2001). According to Rosenberg (1989), high self-esteem *expresses the feeling that one is good enough*. The individual simply feels that he is a person of worth. Although *low self-esteem* is not in itself a disorder, it is found in several disorders as described by the DSM-IV-TR, i.e. depression, obsessive compulsive disorder, eating disorders, chronic pain, substance abuse and psychosis (Brown, Bifulco, & Andrews, 1990, Ehntholt, Salkovskis, & Rimes, 1999, Gual et al. 2002,

Akerlind, Hornquist, & Bjurulf,1988, Soares & Grossi, 2000, Freeman et al., 1998). A low self-esteem negatively effects these disorders and increases the chance of relapse after treatment. Several studies even indicate that low self-esteem is a causal factor in some of these disorders (Silverstone, 1991, Sowislo & Orth, 2013). Treatment is often primarily aimed at the DSM-IV disorder and not directly at changing low self-esteem whereas the latter might be more effective due to causality or at least will prevent patients from relapsing.

Interventions that focus on changing low self-esteem are primarily cognitive interventions that stimulate patients to investigate their negative thoughts and try to replace them with more realistic, positive thoughts. A much heard complaint from patients however is that after treatment with these interventions they rationally believe that their low self-esteem is not so much true but that it doesn*t feel like that (Sanders & Ten Broeke, 2011, Young, Zangwill & Behary, 2002). In other words they still feel bad about themselves although knowing that this isn*t true.

Fennel (1997) developed a cognitive model of low self-esteem and describes that especially early childhood experiences lead to certain assumptions and beliefs. These beliefs are the basis for interpreting present experiences and gain in strength when these beliefs are again confirmed. These beliefs grow out to be fundamental and rigid beliefs that people have about themselves, others and the world and are called *core beliefs* (Beck, 1995). These core beliefs are mostly dysfunctional. They are not based on facts and do not match reality and lead to psychological distress.
Because the core beliefs find their origin in past experiences perhaps treatment interventions should focus more directly on these past experiences.
It is suggested that Eye Movement Desensitization and Reprocessing (EMDR) might be an effective treatment method for changing core beliefs and therefore changing low self-esteem. EMDR has been developed by Francine Shapiro in 1989 and has grown out to be a protocolled psychotherapeutic treatment method that can be used to treat symptoms caused by disturbed and unprocessed life events. With EMDR natural processing of these experiences is enhanced and symptoms diminish (Shapiro 2001, Shapiro 2002, Solomon & Shapiro 2008).

Several case studies have shown a positive effect of EMDR on low self-esteem (Dziegielewski & Wolfe 2000, Shapiro 2001, Maxwell 2003, Sanders & Ten Broeke, 2011). Furthermore
Wanders et al. (2008) did a randomized control trial using EMDR and CBT in 26 adolescents with self-esteem and behavioural problems. They compared 4 sessions EMDR with 4 session CBT and found that both methods where effective but that the EMDR condition resulted in more behavioural changes. The current study is a randomized controlled trial in adults with low self-esteem. EMDR will be compared to CBT.

## Study objective

The aim of the present study is to investigate whether EMDR is an effective method to treat low self-esteem and if this is more effective than CBT.

Hypothesis:

1. Participants will improve on measures of self-esteem, psychological symptoms and social interaction after treatment with EMDR
2. Participants will improve on measures of self-esteem, psychological symptoms and social interaction after treatment with CBT
3. Participants will show a larger improvement on measures of self-esteem, psychological symptoms and social interaction
in the EMDR condition compared to the CBT condition
4. Participants will show a more rapid improvement on measures of self-esteem, psychological symptoms and social
interaction in the EMDR condition compared to the CBT condition
5. Participants will show a larger improvement on measures of self-esteem, psychological symptoms and social interaction
at 3 month follow-up in the EMDR condition compared to the CBT condition*

## Study design

This study is a randomized controlled trial with two parallel groups i.e. an EMDR condition and a CBT condition. Participants are measured on self-esteem, psychological symptoms and social interaction before treatment, after 10 weeks of treatment and at 3 month follow up after finishing treatment. They will be treated at Dimence, a specialized mental health care facility, located in Zwolle.

Procedure:
- Patients are referred by their therapist for self-esteem treatment
- Patients are assesed with the Rosenberg Self Esteem Scale (RSES) ((Rosenberg, 1965) and part of the MINI-plus and will be included in the study when they score below the cut-off point on the RSES and do not meet the criteria for PTSD.
- Patients will be assesed with two other questionnaires, i.e. the Brief Symptom Inventory (BSI), to measure psychological symptoms, and the *Inventarisatielijst Omgaan met Anderen* (IOA) to measure social interaction.
In an interview using the downward arrow technique the patient formulates a negative core belief starting with *I am..* that represents their low self-esteem. Also a positive core belief is formulated indicating what the patient would want to believe about himself. The patient will indicate the credibility of these core beliefs on a visual analogue scale (VAS) ranging from 0-100 (0= not at all true 100=absolutely true).
- At least 30 patients will be included in either the EMDR or the CBT condition after randomization

- Participants will receive 10 weekly treatment sessions in each condition
- Participants rate the negative and positive core beliefs on a visual analogue scale (VAS-score core beliefs) after each session
- Participants fill in the RSES after each session
- After finishing the treatment condition participants are assessed with the RSES, BSI, IOA and VAS-score core beliefs and again after 3 months.

**Intervention**

Subjects are randomly assigned to either the EMDR or the CBT condition.

EMDR condition
Subjects receive 10 weekly sessions of 60 minutes each. Using the *Second method* of case conceptualization described by De Jongh et al. (2010), 5 memories are identified that have led to the formation and perpetuation of the selected core belief. These memories so to speak subjectively *prove* that the belief is true. Subjects are asked to write down these memories in a few sentences. The memory that gives the most proof for the belief according to the subject will be selected first. The basic EMDR protocol will be started using this memory (De Jongh & Ten Broeke, 2003). When efficiently treated the next memory that gives the most prove will be selected and treated with the EMDR protocol. The duration of effectively treating one memory differs between individuals which means that it is possible not all of the 5 memories will be effectively treated or that all 5 memories are treated before ending the 10th session. All sessions are videotaped and evaluated by an independent EMDR supervisor.

CBT condition
Subjects receive cognitive behavioral group therapy based on a method described by De Neef (2010). The group consists of 10 participants maximum. They receive 10 weekly sessions of 120 minutes each including a 15 minute break. They receive information about low self-esteem and keep a diary where they write down positive events and positive qualities of themselves. Cognitive interventions are used to help subjects recognize positive events and to recognize and change negative and disfunctional thoughts. They further receive information and training about receiving critism, investigate pro*s and cons of negative thoughts and discuss how to prevent relapse. All sessions are videotaped and evaluated by an independent CBT supervisor.

**Study burden and risks**

Participants will be treated according to one of two methods, i.e. EMDR or CBT, during 10 weekly sessions. Participants will be asked to fill out the RSES, BSI, IOA and the VAS before and after treatment and after 3 months. It takes approximately 30 minutes to fill out the questionnaires After each session they

are asked to fill in RSES and the VAS which will take approximately 5 minutes each time. Patients receive 10 euros for participating in the study.

# Contacts

**Public**
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Zwolle 8021 EV
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**Scientific**
Dimence (Deventer)

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# Trial sites

## Listed location countries

Netherlands

# Eligibility criteria

**Age**
Adults (18-64 years)
Elderly (65 years and older)

## Inclusion criteria

- Subjects are diagnosed with an axis I and/or an axis II disorder according to the DSM-IV
- Subjects are referred by their therapist to follow a self-esteem treatment group
- Subjects have a low self-esteem, want to improve self esteem and are likely to benefit from group treatment
- Subjects score beneath the cut-off point (<=16) on the Rosenberg Self Esteem Scale
- Subjects are able to function in a group setting
- Subjects have a referring therapist next to the treatment in this study

- Subjects are able to do homework

### Exclusion criteria

- Subjects who score above the cut-off on the RSES
- Subjects who are diagnosed with Post traumatic Stress Disorder
- Subjects who do not speak or can read the Dutch language

## Study design

### Design

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| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Randomized controlled trial |
| Masking: | Open (masking not used) |
| Control: | Active |
| Primary purpose: | Treatment |

### Recruitment

NL

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| Recruitment status: | Completed |
| Start date (anticipated): | 06-10-2014 |
| Enrollment: | 60 |
| Type: | Actual |

## Ethics review

Approved WMO

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| Date: | 04-09-2014 |
| Application type: | First submission |
| Review commission: | METC Twente (Enschede) |

# Study registrations

## Followed up by the following (possibly more current) registration

No registrations found.

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

ID: 23251
Source: Nationaal Trial Register
Title:

## In other registers

| Register | ID |
|---|---|
| CCMO | NL49421.044.14 |
| OMON | NL-OMON23251 |