The effect of Eye Movement Desensitization and Reprocessing on Psychosis: A multiple baseline study.

Published: 26-11-2014
Last updated: 21-04-2024

This study will examine the effectiveness of EMDR in the treatment of psychosis, in patients without PTSD. Primary objective of this study is a first exploration of the efficacy of EMDR in the reduction of psychotic symptoms, perceived power of...

Ethical review	Approved WMO
Status	Pending
Health condition type	Schizophrenia and other psychotic disorders
Study type	Interventional

Summary

ID

NL-OMON40910

Source
ToetsingOnline

Brief title
Is EMDR effective for psychotic symptoms?

Condition

- Schizophrenia and other psychotic disorders

Synonym
auditory verbal hallucinations; hearing voices, psychosis

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Breburg Groep (Rijen)
Source(s) of monetary or material Support: NWO

Intervention

Keyword: effectivity, EMDR, hallucinations, psychosis

Outcome measures

Primary outcome

- Auditory Hallucinations Rating Scale - occurrence and severity of hallucinations

- Voice Power Differential Scale - perceived power of auditory hallucinations

- Cognitions Relating to Voices-scale - self-esteem, guilt, control, safety and social cognitions relating to auditory hallucinations

Secondary outcome

- Positive and Negative Syndrome Scale for Schizophrenia (computerized interview)

- Beliefs About Voices Questionnaire-revised (Vragenlijst Opvattingen over Stemmen)

- Self-Esteem Rating Scale-Short Form (Zelfwaarderingslijst)

- Becks Depression Inventory-II

- Health of the Nation Outcome Scales - general psychopathology

Study description

Background summary

Psychosis is characterized by delusions, hallucinations, disorganization and catatonic behavior (American Psychiatric Association, 1994). It is perceived as a severe disorder and seen as invalidating and stigmatizing (Dinos, Stevens, Serfaty, Weich, & King, 2004). Only about 16-37% of people suffering from schizophrenia fully recover. For other psychotic disorders, rates are somewhat higher (Harrison et al., 2001; Phrenos, 2010). Since the impact of psychosis is

severe and results in high costs for both patients and their family, and society, more effective therapeutic interventions are needed.
Trauma and psychosis are closely related (Morrison, Frame & Larkin, 2003). Of people with psychosis, 50 to 98% report having been exposed to one or more traumatic events in their life (Aas, Djurovic, Athanasiu, Steen, Agartz, Lorentzen, et al., 2012; Frueh, Knapp, Cusack, Grubaugh, Sauvageot, Cousins, et al., 2005; Goodman, Rosenberg, Mueser, Drake, 1997; Heins, Simons, Lataster, Pfeifer, Versmissen, Lardinois, et al., 2011; Kilcommons & Morrison, 2005; review by Read, van Os, Morrisson, & Ross, 2005). Exposure to traumatic events plays an important role in the etiology of psychosis (Aas, Djurovic, Athanasiu, Steen, Agartz, Lorentzen, et al., 2012; Heins et al., 2011; Goodman, Rosenberg, Mueser, Drake, 1997; Morrison, Frame & Larkin, 2003; Read, van Os, Morrisson, & Ross, 2005; Wigman, van Winkel, Ormel, Verhulst, van Os, & Vollebergh, 2012). More severe trauma exposure, inflicted with more intention to harm, has been found to be related to more severe symptoms and a worse outcome (Arseneault, Cannon, Fisher, Polanczyk, Moffitt, Caspi, 2011; Bebbington, Brugha, Brugha, Singleton, Farrell, Jenkins, et al., 2004; Bentall, Wickham, Shevlin & Varese, 2007; Galletly, Van Hooff, & McFarlane, 2011; Heins et al., 2011; Janssen et al., 2004; review by Read, van Os, Morrison, & Ross, 2005; Shevlin, Houston, Dorahy & Adamson, 2008). Different types of exposure to traumatic events are associated with different psychotic symptoms (Bentall, Wickham, Shevlin & Varese, 2007; Kilcommons & Morrison, 2005). The content of positive symptoms seems related to specific experiences of trauma in people*s lives (Bentall, Wickham, Shevlin & Varese, 2007; Falukozi & Addington, 2012; Hardy, Fowler, Freeman, Smith, Steel, Evans, et al., 2005; Kilcommons & Morrison, 2005; review by Morrison, Frame & Larkin, 2003). In many cases, psychosis develops after a life event that induces stress or strong emotions (review by Freeman & Garety, 2003; Romme & Escher, 1989; Slade, 1972, 1973). The experience of symptoms of psychosis and experiences during treatment can also be traumatizing in itself (Bendall, McGory & Krstev, 2006; Shaw, McFarlane & Bookless, 1997; Frueh et al., 2005). Positive symptoms (hallucinations and delusions) in particular seem to have a large impact (Bendall, McGory & Krstev, 2006).
Many clinicians do not treat the impact of traumatic events when a patient has a psychotic disorder. Leading researchers advise clinicians to actively inquire for traumatic experiences in patients with psychotic symptoms (Bendall, Alvarez-Jimenez, Nelson & McGorry, 2013; Read, Hammersley, & Rudegeair, 2007; Read, van Os, Morrisson, & Ross, 2005) and treat these when necessary (Bendall, et al., 2013).

EMDR is among the first-choice treatments for PTSD (Trimbos, 2009). In EMDR therapy, the current most disturbing image of a memory is evoked, which is followed by the employment of eye movements (De Jongh & ten Broeke, 2011; De Jongh & ten Broeke, 2009a). As a result of EMDR, an unsettling memory image becomes less vivid and emotional, and is stored in a new way (van den Hout & Engelhardt, 2011; De Jongh et al., 2013). Negative cognitions attached to this memory lose credibility and opposed to this, positive cognitions become more believable (De Jongh & ten Broeke, 2011; De Jongh & ten Broeke, 2009a).

First results on the application of EMDR for PTSD in patients with psychosis in the Netherlands (T-TIP, treating trauma in psychosis) show positive outcomes (van den Berg & van der Gaag, 2012; de Bont, van Minnen & De Jongh, 2013). Some of the results indicate that psychotic symptoms, in particular hallucinations, can improve after PTSD treatment (van den Berg & van der Gaag, 2012; McGoldrick, Begum & Brown, 2008). Clinical experience and some research also suggest EMDR is effective in the treatment of psychotic symptoms (van den Berg, van der Vleugel, Staring, de Bont, & De Jongh, 2013).
Based on prior research mentioned above, EMDR seems a suitable intervention for patients with psychotic symptoms without PTSD. Hallucinations are often related to traumatic experiences in individuals* lives (Hardy et al., 2005). Moreover, there are indications that EMDR can successfully be applied with a focus on traumatic memories linked to these experiences (van den Berg et al., 2013).

Study objective

This study will examine the effectiveness of EMDR in the treatment of psychosis, in patients without PTSD. Primary objective of this study is a first exploration of the efficacy of EMDR in the reduction of psychotic symptoms, perceived power of voices, and negative cognitions related to voices in patients not fulfilling the criteria of post-traumatic stress disorder (PTSD).
This study aims to contribute to the developmental model of psychosis and its possible traumatic origin, and how EMDR could intervene. It is hypothesized that severity of psychotic symptoms will be reduced following EMDR-treatment. Also, it is hypothesized that negative cognitions associated with psychotic symptoms will become less credible after treatment and perceived power of voices will be reduced.

Study design

The current study is a multiple baseline across subjects design, the start of treatment (EMDR-therapy) will be randomized over a baseline period.

Intervention

Patients will receive a maximum of nine sessions of EMDR treatment lasting ninety minutes each. For each patient, a case conceptualization based upon the Two Method Approach (De Jongh & ten Broeke, 2011; De Jongh, Ten Broeke, & Meijer, 2010), will be made, approved by both an accredited supervisor of the Dutch EMDR Association and an expert on psychosis. After target selection, the standard EMDR-procedure in Dutch (De Jongh & ten Broeke, 2003) adapted from Shapiro*s work (1995), will be used. (See Background for more information on EMDR-therapy.)

Study burden and risks

Eye Movement Desensitisation and Reprocessing is a safe and widespread therapeutic intervention, used all over the Netherlands. First results on the application of EMDR for PTSD in patients with psychosis in the Netherlands (T-TIP, treating trauma in psychosis) show positive outcomes, with less risks for clients in the treatment condition compared to the waiting list condition (van den Berg & van der Gaag, 2012; de Bont, van Minnen & De Jongh, 2013). Some of the results indicate that psychotic symptoms, in particular hallucinations, can improve after PTSD treatment (van den Berg & van der Gaag, 2012; McGoldrick, Begum & Brown, 2008). Clinical experience also suggests that EMDR is effective in the treatment of psychotic symptoms in patients without PTSD (van den Berg, van der Vleugel, Staring, de Bont, & De Jongh, 2013). Based on these recent research results and insights, EMDR can be considered a safe intervention for psychotic patients and good clinical practice for patients with psychosis without PTSD. Based on clinical experience, it seems likely that at least some of the patients will benefit from the therapeutic intervention in this study.

The burden for patients in this study is acceptable. They will have to visit the FACT-team to fill in questionnaires weekly. Filling in questionnaires will take about 10 minutes per week for a maximum of 26 weeks (depending on baseline length), and about 350 minutes in total. This will be combined with therapy sessions when the treatment intervention begins and with other appointments or activities at the location as much as possible.
It should be noted that the burden for patients in the studies mentioned before was considerably larger than in the proposed study (de Bont, van den Berg, van der Vleugel, de Roos, Mulder, Becker, et al. , 2013; de Bont, van Minnen & de Jongh, 2013). Patients will be informed well before they agree to participate.
(For more information see *aanvullende opmerkingen*.)

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

- current psychotic disorder, with auditory verbal hallucinations causing significant distress
- age between 18 and 65 years.

Exclusion criteria

- current Post Traumatic Stress Disorder (PTSD)
- no competence of the Dutch language
- a severe disorder in use of drugs or alcohol
- patients with both a BDI (Beck*s Depression Inventory)-score higher than 35 and a suicide attempt in the past three months
- patients deferring further treatment (zorgwekkende zorgmijder)

Study design

Design

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

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-11-2014
Enrollment:	10
Type:	Anticipated

Ethics review

Approved WMO

Date:	26-11-2014
Application type:	First submission
Review commission:	METC Brabant (Tilburg)

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
CCMO	NL50946.028.14