

How does clients' empathy and mental flexibility relate to treatment outcome? A longitudinal study of group psychotherapy and group cohesion in personality disorders.

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Personality disorders and disturbances in behaviour
Study type	Observational non invasive

Summary

ID

NL-OMON43324

Source

ToetsingOnline

Brief title

Longitudinal study personality disorders in group psychotherapy.

Condition

- Personality disorders and disturbances in behaviour

Synonym

Personality disorders or behavioral problems

Research involving

Human

Sponsors and support

Primary sponsor: Delta Psychiatrisch Centrum (Portugaal)

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Longitudinal group personality disorders

Outcome measures

Primary outcome

The primary outcome measure is the result on the questionnaire Severity Indices of Personality Problems questionnaire (SIPP-SF).

Secondary outcome

The secondary outcome measure will be defined as scores on the following questionnaires: Symptom Checklist (SCL-90), the Outcome Questionnaire (OQ-45) and the World Organization Quality of Life (WHOQOL-Bref).

Study description

Background summary

The treatment of personality disorders (PD) has gained vast attention in the last years and treatment options have increased. PD are common, with a prevalence rate of about 13,1% in the western world (Zimmerman e.a., 1989; Black e.a., 1992; Maier e.a., 1992; Moldin e.a., 1994; Klein e.a., 1995; Lenzenweger e.a., 1997; Torgersen e.a., 2001; Samuels e.a., 2002; Grant e.a., 2005). Research has shown that in general, effect sizes of the treatment of PD are good (Cohen's d between 1.1 and 1.8). However, several comments need to be made here. First, these studies only focus on certain personality disorders under particular treatment conditions, making it difficult to generalize the results (Leichsenring & Leibing, 2003; Perry e.a., 1999). Secondly, high drop-out rates (44-66%) are common (Skodol e.a., 1983; Gunderson e.a., 1989; Kelly e.a., 1992; Perry e.a., 1999; Chiesa e.a., 2000). And it is still unclear which clients do not seem to profit (enough) from current treatment options. As PD are one of the most common psychiatric disorders (Eurelings-Bontekoe, Verheul, & Snellen, 2009) and PD are by definition associated with a

significant burden on the individuals with the disorder, those around them and on society in general (Coid, Yang, Tyrer, Roberts, & Ulrich, 2006), with substantial societal costs, effective treatment is sorely needed. Currently there is little insight as to which client*s factors influence the course and outcome of these treatments (Kenniscentrum Persoonlijkheidsstoornissen, 2013). Several interconnecting factors could be of interest here. These are group cohesion, empathy and mental flexibility. It has been suggested that group cohesion in group psychotherapy for clients with PD plays an important role in outcome (Burlingame, Fuhrman, & Johnson, 2002; Hoijsink, 2003; MacKenzie, 1994; Marziali, Munroe-Blum, & McCleary, 1997). Empathy is suggested to be a contributing factor to group cohesion (Roarch & Sarah, 2012). Also has it been proposed that there is a link between empathy and mental flexibility (Harmon-Jones & Winkielman, 2007). The goal of group psychotherapy is to change rigid dysfunctional patterns (mental flexibility) of the group members by empathising with each other (empathy) and experiencing relatedness with each other as a group (group cohesion). However, as to date no studies have investigated these factors. The current study thus investigates these with respect to treatment outcome in order to aid in selecting patients for the current treatment options, and in the development of better treatment options for the current drop outs and non-responders.

Study objective

If the hypotheses of this study are confirmed, this might have important implications for the allocation of patients to group or individual treatments. As it is expected that patients with limited mental flexibility and empathy experience less group cohesion, they may not benefit from group psychotherapy or even have increased drop-out rates and individual therapy might thus be more beneficial. Yalom (2005) states that premature termination from group psychotherapy is bad for the client, and also detrimental for the group. According to him, dropouts in groups may delay the maturation of a group for months. Until now, contra-indications were assumed on the basis of clinical judgement or co-morbid psychopathology. This research aims to also differentiate (contra-)indications on the basis of cognitive functioning and more general traits, which do not have to be pathological per se. By identifying (contra-)indications more effectively for this group treatment time, costs, frustration and even damage in clients and/or therapists can be prevented.

With this current research the following research questions are answered: does the level of empathy and the level of mental flexibility, measured at baseline (T1), have an effect on group cohesion, measured during the treatment (T2), consequently influencing the level of treatment outcome, measured after treatment (T3)? It is expected that the level of client*s empathy and mental flexibility is a predictor of the level of treatment outcome and that this effect is partly explained by the mediator group cohesion. The second research question asks, does the level of client*s empathy and mental flexibility, measured at baseline (T1), have an effect on group cohesion, measured during

treatment (T2), consequently influencing the level of client*s empathy and mental flexibility, measured after treatment (T3)? It is expected that the level of client*s empathy and mental flexibility increases over time of treatment and this effect is partly explained by the mediator group cohesion.

Study design

The study has an observational, naturalistic, prospective longitudinal design.

Study burden and risks

For the first testing participants will be asked to come to the location that they follow their treatment at and will be tested by research assistants, which have been trained by the researcher. The procedure will be executed in a quiet room and some of the instruments are presented on paper and some will be presented on a computer. It is expected that the testing will take approximately an hour of which participants can take a break in, if they desire. For the next two testings the participants can fill out the questionnaires on a computer from their home. They will get a reminder from the research assistant and will be asked to fill out the questionnaires and mail them back to the research team. This will take approximately 15 minutes. For the last testing the procedure of the first testing will be repeated. It is expected that the burden on the participants will be time and energy. For the questionnaires all short form versions have been chosen in order safe guard against unnecessary toll for the participants.

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

The participants will have been signed up and indicated by their therapists for group psychotherapy for personality disorders.

Exclusion criteria

Because the participants will already have been indicated for group psychotherapy, the contra-indications of the institution will be used: an IQ below 80, presence of a psychotic disorder, severe axis I clinical diagnosis, paranoid personality disorder, lack of motivation, severe lack of self-reflection or no fixed abode.

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated):	02-01-2017
Enrollment:	130
Type:	Actual

Ethics review

Approved WMO	
Date:	23-11-2016
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

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: 25470
Source: NTR
Title:

In other registers

Register	ID
CCMO	NL58284.101.16