

The role of EMDR in the reduction of psychological symptoms in patients with personality disorders.

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EMDR could play a role in reducing both costs and therapy duration in the treatment of personality disorders. The goal of this study therefore, is to examine the effect of EMDR-treatment on psychological symptoms and experiential avoidance in...

Ethical review	Not approved
Status	Will not start
Health condition type	Personality disorders and disturbances in behaviour
Study type	Interventional

Summary

ID

NL-OMON45418

Source

ToetsingOnline

Brief title

EMDR in personality disorders.

Condition

- Personality disorders and disturbances in behaviour

Synonym

Personality disorder

Research involving

Human

Sponsors and support

Primary sponsor: GGZ Delfland (Delft)

Source(s) of monetary or material Support: GGZ-Delfland

Intervention

Keyword: Effectivity, EMDR, Personality disorders, Trauma

Outcome measures

Primary outcome

BSI:

The Brief Symptom Inventory (BSI; De Beurs & Zitman, 2006) is a 53-item self-report questionnaire on which participants rate the extent to which they have been bothered by various symptoms in the past week ranging from 0 ("not at all") to 4 ("extremely"). The BSI has nine subscales designed to assess individual symptom groups: somatization (SOM, e.g., "Faintness or dizziness"), obsessive-compulsive behavior (OC, e.g., "Having to check and double-check what you do"), interpersonal sensitivity (IS, e.g., "Feeling inferior to others"), depression (DEP, e.g., "Feeling no interest in things"), anxiety (ANX, e.g., "Feeling tense or keyed up"), hostility (HOS, e.g., "Having urges to break or smash things"), phobic anxiety (PHB, e.g., "Feeling uneasy in crowds, such as shopping or at a movie"), paranoid ideation (PAR, e.g., "Others not giving you proper credit for your achievements"), and psychoticism (PSY, e.g., "The idea that something is wrong with your mind"). The BSI also includes three scales that measure global psychological distress. The BSI is a reliable and validated test and has a good internal consistency: Cronbach's α is 0,96 (de Beurs, 2008).

Secondary outcome

Schok Verwerkingslijst (Impact of Event Scale)

The Schok Verwerkingslijst (SVL) is the Dutch version of the Impact of Event

Scale (IES) van Horowitz, Wilner and Alvarez from 1979.

It is a 15-item self-report measure that assesses subjective distress caused by traumatic events. Participants rate on a 5 point Likert-scale (0 ="not at all" to 4="extremely") the extent to which they have been bothered in the past week by various symptoms.

This questionnaire inventarizes two characteristic PTSD dimensions:

re-experiencing the traumatic event and avoidance of feelings and memories about the traumatic event. The reliability and the validity of the test is good (Ploeg, van der, Mooren, Kleber, Velden, van der & Brom, 2004). The SVL gives a good presentation of the level of intrusions and the level of avoidance after shocking experiences. Internal consistency ranges from * 0.87 to 0.96 for the total score.

AAQ-II

The Acceptance and Action Questionnaire (AAQ-II; Bond e.a. 2011) is a 7-item self-report questionnaire and measures experiential avoidance and psychological inflexibility. The items on the AAQ-2 are rated on a 7 point Likert- scale, ranging from 1 (never true) to 7 (always true). High scores on the AAQ-2 reflect greater experiential avoidance and immobility, while low scores reflect greater acceptance and committed action.

The psychometric qualities of the Dutch version of the AAQ-II are good with an internal consistency of Cronbach*s * 0.87 (Bernaerts e.a. 2014; Fledderus e.a. 2012; Jacobs e.a. 2008).

Study description

Background summary

Personality disorders are one of the most common psychological disorders. Approximately 3-15% in the general population, 40-50% of the clients in health care settings and 60-80% in forensic settings meet the diagnostic criteria (Bamelis et al., 2014; Soeteman, Verheul & Van Busschbach, 2008).

Personality disorders are thought to be caused by a combination of genetic and environmental influences. Negative life experiences are an example of environmental influences and are associated with personality pathology as well as many other psychological disorders (Kendler e.a., 2000).

According to cognitive models people with personality disorders act in dysfunctional ways because of negative core beliefs. These core beliefs are partially caused by negative life experiences and underlie information processing and emotional and behavioral processes. The treatment of patients with personality disorders generally requires an emphasis on understanding the meaning to patients of their adverse childhood experiences; how these experiences led to the development and maintenance of extremely strong, rigid, global beliefs about the self, world, and others (Beck, 2005).

Evidence based psychological treatments for personality disorders are built on the assumption that present situations provoke disturbing negative affect as they activate previously installed detrimental reaction patterns, caused by painful experiences. In Schema focused therapy (Young, 2003), for example, early experiences play an important role, and techniques such as *imagery rescripting* are used to create a new narrative of a traumatic event with a more satisfactory outcome. In psychodynamic therapy too, present day problems are linked to unconscious conflicts arising from past negative events (Freud, 1962).

The importance of past disturbing and painful experiences is not only recognized in personality treatments, it is also a cornerstone of trauma therapy. In trauma therapy an important intervention is eye movement desensitization and reprocessing (EMDR). Since 2005 EMDR has been acknowledged by the National Institute for Health and Clinical Excellence (NICE) as one of the treatments of choice for post-traumatic stress disorder (PTSD) (NICE, 2005). The effectiveness of EMDR was originally researched in patients suffering from post-traumatic stress disorder, but it has also been shown to be effective in treating negative experiences in other patient groups, such as patients suffering from psychosis (Van den Berg, e.a., 2015) and anxiety disorders (De Jongh e.a., 2002). However, efficacy research on the effectiveness of EMDR focused on negative experiences in patients with

personality disorders is missing.

Several theories have been proposed to explain the effectiveness of EMDR. In the adaptive information processing (AIP) model the basis of clinical trauma pathology is hypothesized to be dysfunctionally stored memories, with therapeutic change resulting from processing these memories within larger adaptive networks (Shapiro, 1995, 2001, 2007). Shapiro's AIP model (2001) posits that EMDR therapy facilitates accessing and processing traumatic memories and other adverse life experiences enabling positive experiences and affects to link into the traumatic network again. The AIP model suggests that EMDR may be also beneficial to the treatment of personality disorders, considering the association between adverse life experiences and personality pathology. If important dysfunctional cognitions and emotions lose strength, psychological symptoms reduce and new experiences can be gained, leaving a better base for verbal interventions and behavioral changes.

Another benefit of using EMDR for early negative experiences in patients with a personality disorder might be that during EMDR intense emotions are triggered and patients experience that they are capable of coping with their emotions. This might be an important experience, since avoidance of emotions (experiential avoidance) is an important factor in the development of personality pathology (Jacob et al., 2013; Berking et al., 2009). Focusing more on diminishing experiential avoidance seems to be a promising intervention in the treatment of personality disorders (Gratz, et al., 2008).

In conclusion, early traumatic experiences and adverse life events contribute to the development of personality disorders, EMDR could potentially be beneficial to their treatment, for example by reducing symptoms in a fast way. EMDR could play a role in reducing both costs and therapy duration in the treatment of personality disorders. EMDR is not yet investigated as an intervention in the treatment of personality disorders.

The goal of this study, is to examine the effect of EMDR-treatment on psychological symptoms and experiential avoidance in patients with a personality disorder.

Hypothesized is that both psychological symptoms and experiential avoidance will be less in patients receiving EMDR, compared to patients who did not receive EMDR. We also hypothesize that patients undergoing EMDR will experience less overall and trauma related psychological complaints.

Study objective

EMDR could play a role in reducing both costs and therapy duration in the treatment of personality disorders. The goal of this study therefore, is to examine the effect of EMDR-treatment on psychological symptoms and experiential

avoidance in patients with a personality disorder.

If EMDR seems to have the effect as hypothesized and more studies can prove this, EMDR could be an important addition to the actual guidelines for the treatment of personality disorders. Anyhow, it can be recognized as an effective intervention in the treatment of personality disorders.

Study design

The study design is a randomized controlled trial.

Patients with a personality disorder are randomly assigned to either the experimental condition or the control group. Patients in the experimental condition will receive four 90 minute sessions of EMDR and a session to make a case conceptualization.

Case conceptualization will be performed by trained EMDR-practitioners. First, all patients will be educated about the association between personality disorders, negative experiences and core beliefs. Then, there will be an individual analysis on how earlier life experiences play a role in actual psychological symptoms. The EMDR-treatment will be given following the standard protocol, added in the appendix.

EMDR will be given by therapists who received the official full 4-day training, acknowledged by the Dutch EMDR association. After participating in the study, all patients will receive the treatment as usual for personality disorders.

In the experimental group the questionnaires will be completed before and after the five sessions of EMDR (on average five weeks after measurement 1).

In the control group measurement 1 will be right after randomization. Measurement 2 will be after 5 weeks. Patients will be on a waiting list for 5 weeks (in the normal procedure they have to wait 4 weeks) and can contact GGZ Delfland 24 hours a day if necessary.

Patients will complete three questionnaires, the Acceptance and Action Questionnaire-II (AAQ-II), the Brief Symptom Inventory (BSI) and the Impact of Event Scale (Schok Verwerkings Lijst). During intake a personality disorder is diagnosed by the SCID-II.

Intervention

Eye Movement Desensitization and Reprocessing is a therapy for people who as a result of traumatic events experience psychological symptoms. It has already proven to be effective in the treatment of a broader range of disorders.

Study burden and risks

The effectiveness of EMDR in the treatment of personality disorders has not yet been investigated. However, a lot is written about the possible added value of the use of EMDR in the treatment of personality disorders. Also, positive results of EMDR have been found in vulnerable groups, such as in patients with psychosis, without any negative side effects.

Also existing interventions in evidence based therapies for personality disorders (such as schema focused therapy and psychodynamic therapy) are just as trauma therapy based on the fact that present events provoke dysfunctional emotions because they trigger earlier, painful memories. Studies show that treating trauma in people with personality disorders is safe (Van Minnen e.a., 2012).

After participation in this study, all patients will receive treatment as usual for personality disorders.

After an EMDR session the effects can carry on for mostly three days and this is a good sign. However, it could give the client the idea of having more negative emotions, for example when new images or feelings arise. It is often comforting to know that this usually does not last for more than three days and after this a new balance occurs. Patients will be informed about this.

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

Patients are included if they are diagnosed with a personality disorder, are between 18 and 75 years old and provide written informed consent.

Exclusion criteria

Patients suffering from Post Traumatic Stress Disorder (PTSD) or an addiction diagnosed during intake are excluded from the study.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Treatment

Recruitment

NL	
Recruitment status:	Will not start
Enrollment:	52
Type:	Anticipated

Ethics review

Not approved

Date: 05-04-2017

Application type: First submission

Review commission: METC Leiden-Den Haag-Delft (Leiden)

metc-ldd@lumc.nl

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	NL60423.098.17