

# A Powerful Story- An Evaluation Study of a Life Story Intervention to promote Recovery in People with Personality Disorders in the Third-line Health Care

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

## Summary

### ID

NL-OMON48083

### Source

ToetsingOnline

### Brief title

A Powerful Story

### Condition

- Personality disorders and disturbances in behaviour

### Synonym

emotional dysregulation, personality problems

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universiteit Twente

**Source(s) of monetary or material Support:** ZonMw

## **Intervention**

**Keyword:** Intervention, Life story, Personality disorders, Recovery

## **Outcome measures**

### **Primary outcome**

The primary outcome measure is the feasibility of the intervention as reported by participants (patients and practitioners) and by an observer present at the sessions. This is done on the basis of the Client Satisfaction Questionnaire (CSQ, Larsen, Attkisson, Hargreaves, & Nguyen, 1979; Dutch translation: De Brey, 1983), which is administered to the practitioners after each session, the Helpful Aspects of Therapy form (HAT; Llewelyn et al., 1988; Elliott, 2012), which is administered to the patients after each session, the observations of adherence and treatment integrity at each session and the evaluation of the entire intervention afterwards (CSQ for both practitioners and patients).

### **Secondary outcome**

A second outcome measure is the change in recovery based on the Mental Health Recovery Measure (MHRM, van Nieuwenhuizen et al., 2013, Young & Bullock, 2005).

A third outcome measure is the therapy course based on shared stories during the sessions and a qualitative analysis of the end product.

## **Study description**

### **Background summary**

Personality disorders are psychological disorders with a rigid and lasting pattern of thoughts, feelings, and behaviors that cause a lot of individual suffering and high social costs. There is evidence that psychotherapy contributes to the clinical and functional recovery of personality disorders, also in the third-line mental health care. This does not imply, however, that there is also a personal and social recovery. A narrative approach offers opportunities to work in a personalized way on personal and social recovery. The approach makes a clear distinction between the person and the disorder, shows that stories contribute to relationships, direction and meaning in life and deals with the unique story of people. A newly developed intervention, called 'A Powerful Story', can strengthen the personal and social recovery.

## **Study objective**

This evaluation study builds on a preliminary design study, in which 'A Powerful Story' is designed. The primary aim of the current study is to investigate the feasibility of the intervention 'A Powerful Story' in the treatment of personality disorders. The first sub-goal is to map the possible added value for personal and social recovery. The second sub-goal is mapping out the course of therapy by evaluating the therapy change processes, and the products that are made by participants during this intervention.

## **Study design**

The current study is a proof-of-concept study, using both qualitative and quantitative measurement methods. 'A Powerful Story' will be offered as an optional module, in addition to the regular treatment offered at the clinical institution, GGNet Scelta, where the study will take place. The intervention will last 11 weeks.

## **Study burden and risks**

Patients participating in 'A Powerful Story' will receive a weekly group session of 105 minutes, of which 5 minutes are scheduled for a break. The whole interventions will take 11 weeks. In addition to the weekly group sessions, patients also receive homework assignments, which have to take 30 to a maximum of 60 minutes per week. In 9 of the 11 sessions there is homework. Participants (both patients and practitioners) are asked to fill in a number of questionnaires and forms. This concerns the patients 3 times 10 minutes filling in the MHRM - a questionnaire with 30 questions about recovery, 11 times 10 minutes filling in the HAT about helping and disturbing aspects during the sessions and 1 time 15 minutes filling in the CSQ over the entire module. Clinicians are asked to complete the CSQ after each session and at the end of the module (12 times 15 minutes). In total, patients and practitioners are charged 1155 minutes before the intervention (11 group sessions). In addition, patients invest a total of 540 minutes in total for homework over all 9 weeks.

The supervisors invest a total of a maximum of 330 minutes for preparing for all sessions. The weekly load for completing the mentioned instruments is 155 minutes for patients. For practitioners this concerns 180 minutes. In summary, the overall burden for patients is a maximum of 1850 minutes. For practitioners this concerns a maximum of 1665 minutes. Furthermore an observing investigator will observe all participants and will take notes on an observation form during every session.

Possible risks, such as getting stuck in the (writing) process or reliving traumas will be solved as well as possible by consulting the main responsible therapist of each potential participant, whether this intervention is suitable and feasible for the patient in question. The module is embedded in the treatment context of Scelta, the institution where the research takes place, so that participants can always contact their own practitioners with questions or problems. The expected benefits for participants in this module are that they can continue with a rewritten and hopeful life story that may contribute to their personal and social recovery.

## 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

To qualify for participation in this research, a patient must:

1. Follow a treatment at Scelta, GGNet
2. Have been approved to participate by his responsible therapist
3. Be able to complete this intervention during the treatment at Scelta ;Explanation:

Inclusion criterion 2: The main responsible therapist decides in consultation with the patient whether it is appropriate to participate in the module. The main responsible therapist makes use of the following screening criteria:

- There is no contraindication present, such as serious instability or being in an acute crisis (GAF score not lower than 50) or the presence of psychosis or acute suicidality. This criterion implies that a participant must be mentally competent to participate.
- A patient must be able to look at the past with some distance, as shown by at least one contribution during the treatment program in a psychotherapy session.
- A patient must be able to look forward to recovery, as demonstrated by at least one contribution during the treatment program in the social reintegration part ;There is no inclusion criterion for therapists. It concerns practitioners who work at Scelta.

## Exclusion criteria

The exclusion criteria for participation in this study are:

- low IQ (lower than 80)
- not able to participate in a group form
- antisocial personality disorder
- insufficient command of the Dutch language

These criteria were already screened during admission for treatment at Scelta. For taking part in 'Een Sterk Verhaal' they will be checked again by the main responsible therapist, who assesses whether the module seems feasible and is suitable for the patient.;In addition to the standard exclusion criteria, additional exclusion criteria have been added for this study:

- presence of contraindication (such as severe instability or being in an acute crisis (GAF score lower than 50) or the presence of psychosis or acute suicidality, implying no mental competence) ;There is no exclusion criterion for therapists. It concerns practitioners who work at Scelta.

## Study design

## Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 27-02-2019

Enrollment: 14

Type: Actual

## Ethics review

Approved WMO

Date: 22-01-2019

Application type: First submission

Review commission: METC Twente (Enschede)

Approved WMO

Date: 21-02-2019

Application type: Amendment

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

No registrations found.

**In other registers**

Register	ID
CCMO	NL67907.044.18