

The added value of couple-based interventions compared to treatment as usual for patients with personality disorder.

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The purpose of this study is to contribute to the knowledge of couple-based interventions for patients with personality disorder. Personality disordered patients often experience great difficulty in adequately regulating their emotions and behaviors...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Personality disorders and disturbances in behaviour
Study type	Interventional

Summary

ID

NL-OMON49137

Source

ToetsingOnline

Brief title

Couple-based interventions for patients with personality disorder.

Condition

- Personality disorders and disturbances in behaviour

Synonym

personality, personality disorders

Research involving

Human

Sponsors and support

Primary sponsor: Parnassia Bavo Groep (Den Haag)

Source(s) of monetary or material Support: De eigen instelling (Parnassia Groep/ Parnassia Academie) en de reguliere zorg.

Intervention

Keyword: couple-based interventions, couples therapy, personality disorders

Outcome measures

Primary outcome

The main question of this study is:

A: What is added value of couple-based interventions for personality disordered patients on dyadic coping (compared to treatment as usual)?

Hypothesis A: Personality disorderd patients report significant improvements in dyadic coping by following treatment as usual combined with couple-based interventions (compared to treatment as usual).

Secondary outcome

The secondary questions for this study are:

B: What is de added value of couple-based interventions for personality disordered patients on global disfunctioning (compared to treatment as usual)?

Hypothesis B: Personality disordered patients report significant improvements in global disfunctioning by following treatment as usual combined with couple-based interventions (compared to treatment as usual).

C: What is the added value of couple-based interventions for partner on dyadic coping (compared to treatment as usual; for patient only)?

Hypothesis C: Partners report significant improvements on dyadic coping by following couple-based interventions (compared to treatment as usual; for patient only).

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D: What is the added value of couple-based interventions for partners on global disfunctioning (compared to treatment as usual; for patient only)?

Hypothesis D: Partners report significant improvements in global disfunctioning by following couple-based interventions (compared to treatment as usual; for patient only).

Study description

Background summary

Personality disordered individuals experience great difficulty dealing with inner experiences, which causes problems with cognitions, emotions, behaviors and interpersonal functioning. In personality disorders the emotional problems (affectivity) play a central role; the variety, intensity, lability and coping of emotional responses (DSM-5, APA 2013).

Learning to regulate emotions is in the development of an individual mainly a dyadic process (Eurelings-Bontekoe et al., 2007). The focus on emotion regulation problems is therefore focused on the transactions between the individual and the environment and their interaction patterns (emerging in childhood and perpetuating in adulthood). According to Linehan's biosocial model (2016), emotion dysregulation is seen as a result of a biological predisposition of the individual (emotional vulnerability), the (disabling) environment and the interaction (transactions) between the two during a individual's development. Emotion regulation is indeed an inner process, but

because of the interactive part of the regulation of emotions, the ability of the significant other to regulate emotions is therefore also of immediate importance. During development, this is the regulatory capacity of the parents, in adulthood it can also be a significant other, such as a partner. The partner brings his own ability to regulate emotions into the dyadic regulation.

Emotion regulation problems are most common in the intimate relationship(s) of the individual. The partner relationship is therefore an important context in which emotion regulation (problems) occurs and where treatment programs should therefore be focused on (Whisman & Baucom, 2012). For most people the partner relationship is the most important interpersonal relationship that is built up during life, but that same partner relationship can be a source of stress and negative dynamics. Some partners can be supportive and validating, but in other cases they can also play an important role in perpetuating dysfunctional patterns in the relationship (Snyder & Whisman, 2003) instead of offering an adequate dyadic regulation of stress. Therefore, it is believed that treatment programs for personality disorders can benefit from involving the partner in treatment.

However, according to the (Dutch) Integrated Guideline Treatment for the Treatment of Personality Disorders (Kenniscentrum persoonlijkheidsstoornissen, 2011) current effective psychotherapies are mostly focused on the individual (the patient), with very limited attention for partners or other relatives. This is striking, given that the close relatives have a lot to endure with the patient, but can also provide support during treatment. The integrated guideline treatment (2011) then describes that working together with family and other relatives should be one of the general treatment principles for a solid treatment program for personality disordered patients.

The importance of a system approach is also endorsed in the Multidisciplinary Guideline for Personality Disorders (Landelijke stuurgroep Multidisciplinaire Richtlijnontwikkeling in de GGZ, 2008) and should focus on restoring relationships. According to the multidisciplinary guideline for personality disorders, systemtherapy is suitable for all personality disorders, but clinical practice shows that not many therapists involve the partner in treatment. That seems like a missed opportunity. Family members, partners and other relatives often react in their own way to their family member with a personality disorder, which can lead to relational problems. If the relative(s) and the patient continue to function in the same way, dysfunctional patterns in these relationships will be maintained, strengthened, and the desired change will be held back. Moreover, when help is offered at an early stage, tension and overload in relationships can be prevented. At the same time, family members/partners can also be sources of healing and support and it would be a loss to ignore or neglect their healing help.

Thus, from the integrated treatment guidelines for personality disorders, it is believed that personality treatments could benefit from involving partners in treatment. According to van Ee (2019), the goal of involving close relatives

(such as the partner) is to prevent interactions (patterns and dynamics) which unintentionally perpetuate or increase the psychological symptoms of the patient. The aim is also that the partner (or relative) doesn't develop any complaints or problems, but rather that the system's supporting capacity is maintained or strengthened. In this way, patients and partners/relatives can become aware of their mutual reactions to each other and understand how they affect the other and vice versa.

Although the positive effect of system approach and couples therapy has been demonstrated in various ways, Langeland (2019) concluded that little research has yet been conducted into the efficacy of systemic interventions in the treatment of personality disorders. It appears that during the treatment of adults with personality disorders, systemtherapy is only added to the treatment program upon the indication of the main practitioner. Laan and Rijken (2017) from the Dutch Association for Relationship and Family Therapy (NVRG) also recognize this phenomenon and believe that systemtherapy and couples therapy should not replace individual (personality)treatment, but state that both should exist side by side because both have their added value and can reinforce each other.

In short, despite the fact that patients with personality disorders can experience all kinds of difficulties in the partner relationship (and vice versa), the involvement of the partner in personality treatment is underrepresented in clinical practice and research into the effects of couples therapy is lacking.

Current study examines the added value of couple-based interventions in the treatment of patients with a personality disorder, whereby the outcome measures are **dyadic coping** (the cooperation and communication of the couple; learning to handle stress together) and the overall functioning of the patient and partner.

Study objective

The purpose of this study is to contribute to the knowledge of couple-based interventions for patients with personality disorder.

Personality disordered patients often experience great difficulty in adequately regulating their emotions and behaviors and have recurring problems in relationships, work and social functioning.

For many people, the partner relationship is one of the most important intimate interpersonal relationship built in life. However, the presence of a personality disorder can have a major (negative) influence on the quality of the partner relationship and partners can play an important role in maintaining dysfunctional interaction patterns. From the treatment guidelines for personality disorders it is believed that personality treatments could benefit from involving the partner in treatment. However, according to recent research from Langeland (2019) little is known about the effectiveness of couples therapy and couple-based interventions in the treatment of patients with personality

disorders.

Study design

Design:

Current study uses a (non-concurrent) multiple baseline design, enabling to assess the participants at different times. This within-subject design does not involve an independent control condition/group, but the participants are used as their own controls. Repeated measures are taken within the same participants to determine the effect of the experimental condition (the couple-based interventions). A non-concurrent multiple baseline design is essentially a series of A-B replications in which the length of each baseline phase is different (Morley, 2017).

[Figure 1 in the researchprotocol shows a visual schematic representation of the multiple baseline design in current research].

This multiple baseline design uses an A-B-A construction;

Phase A (baseline) is the treatment as usual (TAU), an evidence-based group psychotherapy for personality disordered individuals (dialectical behavioral therapy (DBT), psychodynamic therapy (PD) or schema focused therapy (SFT)).

The participants are randomly assigned to a baseline condition (see chapter 5.2. of the researchprotocol) in which the participant follows 2, 4 or 6 sessions of the treatment as usual (phase A).

Then in phase B there is an addition of 8 sessions of couples therapy (EXP) at the continuing TAU.

Finally, after phase B, phase A follows again for 6, 4 or 2 sessions TAU. This serves as a follow-up period and ensures that all patients have had the same amount of sessions in total (counterbalancing).

In total 17 measurements will take place (patient and partner). A baseline measuring moment (T0) is performed before therapy starts and after that weekly measurements will take place over an 16-week study period.

Intervention

Regular treatment:

All patients follow a treatment as usual which consists of an evidence-based group treatment for personality problems, which are given by experienced and trained therapists. The group treatments take place weekly and last 1.5 to 2 hours.

During the total study period (phase A + B + A), the patients follow a total of 16 sessions of group treatment and (in phase B) 8 additional sessions of couples therapy. These sessions with patient and partner take place weekly and last 60 minutes.

Intervention:

For the couples therapy sessions, a pluralistic model by Snyder and Whisman from 2003 is used (Snyder & Balderrama-During, 2012).

[The format is shown in appendix 1 of the research protocol.]

This format offers a pluralistic model based on the principle that the different couples in therapy will vary in the interventions that are needed at different stages of treatment. These interventions are based on the couple and in which phase of the model they are ("couple based interventions") and provide insight into how the patterns of the couples contribute to stress and dysfunction in the relationship.

The used format was used in previous scientific research at the Department for Personality Disorders (PsyQ CPP, The Hague, the Netherlands) by de Vos, Marissen and Slotema in 2016 (see METC protocol ID: NL55559.058.16).

The couples therapy sessions are carried out by systemtherapists at PsyQ CPP and the PsyQ Systemtherapy department, who all have experience and affinity with patients with personality problems and couples therapy. In order to strive for uniformity (treatment integrity) in the use of the format, monthly supervision meetings will be organized.

Study burden and risks

No risks or undesirable effects are expected in current study because the participants first start with their regular evidence-based group treatment for personality disorders (treatment as usual). The couples therapy sessions are added in treatment phase B as an additional treatment offer/intervention to achieve a quality improvement in the partner relationship. The couples therapy sessions are aimed to improve the communication, cooperation and the coping of the couple.

It is not in line with general expectations that couples therapy entail risks or negative effects (side effects). In fact, the expectations regarding current study are that offering couples therapy sessions at the beginning of a personality treatment program will have positive effects in the terms of involvement, resilience and dyadic coping of the couple, as well as positive effects on the overall functioning of the patient.

If the patient and/or partner experience severe stress or crisis, their main practitioner from PsyQ (psychiatrist or clinical psychologist) can be contacted for support (during office hours), to assess what is needed at that time.

Outside office hours and weekends, contact can be made with their general practitioner.

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

- Personality disorder according to DSM-V (patient)
- Participating grouptherapy for personality disorders (patient)
- Partnerrelationship > 1 year
- Patient and partner: age > 18 year

Exclusion criteria

Psychotic disorder (active)
Mental retardation
Wilsonbekwaamheid bij de patiënt

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 10-02-2021

Enrollment: 38

Type: Actual

Ethics review

Approved WMO

Date: 16-07-2020

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

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

CCMO

ID

NL72656.078.20