The effect of imagery rescripting on low self-esteem in personality disorders.

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This study is aimed at investigating the effect of imagery rescripting on selfreported low self-esteem in personality disorders and the effect on diverse complaints (anxiety, depression), wellbeing and core cognitions. This might be a step into...

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

Summary

ID

NL-OMON51384

Source
ToetsingOnline

Brief title
SELFIR

Condition

- Personality disorders and disturbances in behaviour

Synonym
low selfesteem, Personality disorders

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Centraal (Amersfoort)
Source(s) of monetary or material Support: Interne gelden

Intervention

Keyword: imagery rescripting, personality disorders, self esteem, treatment

Outcome measures

Primary outcome

Primary outcome measures: self-reported self-esteem score on the Rosenberg Self Esteem Questionnaire (RSE) and credebility of core cognitions (VAS scales)

Secondary outcome

Secondary outcome measures: psychiatric symptoms (a.o depression, anxiety) on the Brief Symptom Inventory (BSI) and Becks Depression Inventory (BDI) and well-being on OQ45. Memory aspects as valence, vividness a.o. measured by VAS scales

Study description

Background summary

Low self-esteem is a transdiagnostic factor in diverse psychiatric disorders, for example anxiety (Sowislo & Orth, 2013), depression (Brown et al., 1990) and personality disorders (Lynum et al, 2008). In a meta-analysis by Morina et al. (2017) Imagery rescripting (IR) was found to be an effective technique in treating diverse symptom disorders. IR as stand-alone treatment was found to be effective for PTSD (Boterhoven de Haan et al, 2021, Raabe et al., 2015), depression (Brewin et al., 2009, Wheatley et al. 2007), obsessive compulsive disorder (Maloney et al., 2014) and social phobia (Frets et al. 2014, Wild et al. 2007, 2008). In some studies (Wild et al. 2007, 2008, Frets et al. 2014) feared negative evaluations as well as encapsulated beliefs were outcomes, but no formal self-esteem measure was used. In social phobia there is evidence that treatment of memories of adverse events leading to low self-esteem leads to improvement of self-esteem and less avoidance (Frets et al. 2014).

IR as part of schematherapy was studied for personality disorders (Arntz & van Genderen 2009, Lobbestael et al. 2010) and chronic depression (Renner et al., 2016, 2018). Because of IR mostly being part of an extended treatment in personality disorders, there's no research done solely into the effectivity of

IR in personality disorders, let alone into IR and self-esteem in personality disorders. So, the exact effect or precise contribution of IR to the treatment effect is still unknown.

Not all patients have easy access to effective treatments for low self-esteem because of long waitinglists in specialistic mental healthcare (SGGZ) and shortage of trained therapists, also triage is not focused on assessing low self-esteem in specific rather than DSM-5 psychiatric disorders. IR as a short, add-on or stand-alone module might be of value in treating self-esteem problems as a transdiagnostic factor in diverse psychiatric disorders, amongst others in personality disorders. But more research is needed. To my knowledge no research has been done investigating the effect of IR on self-esteem separately, neither in symptom disorders nor in personality disorders. This study is aimed at investigating the effect of imagery rescripting on selfreported low self-esteem in personality disorders and the effect on diverse complaints (anxiety, depression), wellbeing and core cognitions. This might be a step into composing an effective, confined self-esteem treatment module for personality disorders.

Study objective

This study is aimed at investigating the effect of imagery rescripting on selfreported low self-esteem in personality disorders and the effect on diverse complaints (anxiety, depression), wellbeing and core cognitions. This might be a step into composing an effective, confined self-esteem treatment module for personality disorders.

Based on the examples mentioned below the design of the current study has been developed, using a single case experimental design (SCED) to answer following research questions:

Research questions

1. What is the effect of imagery rescripting on low self-esteem and core cognitions in personality disorders (primary outcome)?

2. What is the effect of imagery rescripting on symptoms of depression, anxiety and wellbeing (secondary outcomes)?

3. Is imagery rescripting (B) more effective than imagining a positive memory (C)?

4.Is the effect of imagery rescripting mediated through reduction of symptoms, change of core cognitions or reduction of vividness of adverse memories?

Hypotheses
1. Imagery rescripting (versus passive and active control conditions) leads to increased self-esteem as seen in improving scores on a self-esteem selfrapport questionnaire and a rise in credibility of positive core cognitions

2. Imagery rescripting (versus passive and active control conditions) leads to a decrease in symptoms of anxiety, depression, and increased wellbeing.

3. The *rescripting* element is crucial, i.e., Imagery rescripting has a stronger effect on improving self-esteem and decreasing symptoms than activating a positive memory

4. A reduction of credibility of core cognitions precedes the reduction of symptoms

Study design

Studies showing promising results for IR reached significance even with small sample sizes. For example, the study of Brewin et al 2009, with N=10 depressed patients and on average 8 sessions after three weeks of baseline control, in which hierarchical linear modelling demonstrated large treatment effects. Arntz et al (2013) accomplished a concurrent (to control for historical effects) multiple base line case series study in which refugees (N=6) were randomly assigned to a baseline length of 6 to 10 weeks (to control for time effects), followed by a 5 weeks exploration phase (to control for attention effects) and 10 weekly treatmentsessions (IR), that showed a large improvement on PTSD symptom severity (with 9 out of 10 patients remitting from PTSD) as well as depression rates. The study of Frets et al. (2014) with N=6 patients with social phobia, with an A-B design with three weeks baseline control, showed improvement on interaction- and performance anxiety and avoidance after 5-17 weekly sessions (average 11.2). Evidence for the use of IR in treatment of obsessive-compulsive disorder (OCD) is found by Maloney et al. (2019). In an A-B-C-D single case experimental design with follow-up, with thirteen participants and - after assessment (A) - and a randomized baseline (B), the treatment phase (C) consisting of 1-6 weekly sessions of IR was needed for twelve out of thirteen patients to achieve a 35% improvement on the Y-BOCS. Based on these examples the design of the current study has been developed, using a single case experimental design (SCED) to answer the above mentioned research questions:

Study design:

Design: Single case series design with variable randomize baseline, consisting of a treatment condition and a passive and active control condition: ABACA, AABACA, AAABACA, ACABA, AACABA, AAACABA

A= 2 weeks, AA= 4 weeks, AAA= 6 weeks randomized baseline waitinglist

condition, no intervention

B= imagery rescripting: activation and rescripting of an emotional memory (2 sessions)

C= imagining a positive memory (2 sessions)

Randomization will be executed by an independent person by drawing *straws* out of 12 options (2 per design) for each included participant (like Arntz et al., 2013)

Intervention

Treatment protocol: IR protocol based on Arntz & Weertman (1999), Schmucker et al. (1995), Wild et al. (2007, 2008), Wheatley et al. (2007).

Study burden and risks

There is no risk to subjects.There is a mild cognitive and emotional load due to the intervention which is alongside the treatmet as usual. Because the in-patiënts are already on the location there's no extra burden due to traveltime. Questionnaires can be filled out at home digitally.
There is also a slight burden due to filling out the questionnaires for this study (maximum 40-50 minutes per week).

Since this research is subject to the WMO, an exemption has been requested for a trialsubject Insurance.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Inclusion criteria

Inclusion: adults aged 18-60, diagnosed with DSM-5 personality disorder(s) with self-reported low self-esteem (and beneath cut-off score of 15 on RSE, Rosenberg Self Esteem Questionnaire), medication free or stable

Exclusion criteria

Exclusion: lack of comprehension of Dutch language, acute suicidal ideation or presence of a psychotic disorder, current substance abuse disorder

Study design

Design

Study phase:	2
Study type:	Interventional
Intervention model:	Crossover
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-08-2023
Enrollment:	15
Type:	Anticipated

Ethics review

Approved WMO Date:	05-12-2023
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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	NL82676.075.22