Evaluation and optimisation of a brief, intensive cognitive-behavioral intervention for patients with dissociative identity disorder (DID) and posttraumatic stress disorder (PTSD)

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The primary objective is to determine the effectiveness of a short-term, intensive cognitive-behavioral intervention for patients with DID and PTSD. The secundary objective is to determine possible factors that impact the treatment efficacy and to...

Ethical review	Approved WMO
Status	Pending
Health condition type	Dissociative disorders
Study type	Interventional

Summary

ID

NL-OMON56539

Source
ToetsingOnline

Brief title
The effectiveness of a cognitive-behavioral intervention for DID and PTSD

Condition

- Dissociative disorders

Synonym
Identity problem, Multiple personality disorder

Research involving
Human

Sponsors and support

Primary sponsor: PSYTREC
Source(s) of monetary or material Support: PSYTREC

Intervention

Keyword: Cognitive-behavioral therapy, Dissociative identity disorder, Posttraumatic stress disorder

Outcome measures

Primary outcome

The main study parameter will be the Dissociation process scale, which is a ten-item self-report questionnaire comprising the SDQ-5 and five questions on dissociative experiences during the previous 24 hours (see for further information section *Study procedures*). We will base our main conclusions on the change in score on the Dissociation process scale over the four phases within subjects.

Secondary outcome

The following secondary study parameters will be measured:

1. Dissociative symptoms, measured with the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D), Dissociative Disorders Interview Schedule - Self report version (DDIS-SR), Dissociative Experiences Scale (DES-II) and the Dissociation Tension Scale (DTS) - the DES-II questionnaire is already part of TAU

2. Detachment and compartmentalization, measured with the Detachment and Compartmentalization Inventory (DCI)

3. Beliefs about functioning of memory, measured with the Dissociative Beliefs about Memory Questionnaire (DBMQ)

4. PTSD symptoms, measured with the Dutch version of the Clinician-Administered PTSD Scale (CAPS-5) and the PTSD Checklist for DSM-5 (PCL-5) - both are already part of TAU

5. Depressive symptoms, measured with the 16-item Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR)

6. Suicidality, measured with the Suicidal Ideation Attributes Scale (SIDAS) - the SIDAS is already part of TAU

7. Self-harm behaviors, measured with the first item of the Inventory of Statements about Self-injury (ISAS)

8. Emotion regulation problems, measured with the Difficulties in Emotion Regulation Scale (DERS)

9. Assertiveness, measured with the Assertion Inventory (AI)

10. Patients* opinions on the function of their fragmented identities and the treatment, measured with several open questions (see for further information section *Study procedures*)

11. Drop-out percentage

Study description

Background summary

Dissociative identity disorder (DID) is a dissociative disorder, characterized by amnesia and fragmented identity. Patients with DID often have a long psychiatric history, a high level of suffering and several comorbid psychiatric symptoms. International research shows a prevalence of 1,1-1,5% in the general population and about 5% (range 0,4-14%) in psychiatric populations (*ar, 2007; *ar, 2011). Research conducted in the Netherlands showed a prevalence of 2% among admitted psychiatric patients (Friedl, & Draijer, 2000). Currently, there is no evidence-based treatment guideline available for this disorder (Ganslev

et al., 2020), Accordingly, in the current Dutch guidelines for DID treatment (Zorgstandaard Dissociatieve stoornissen, 2022), several treatment programs are suggested, but more research is necessary to investigate which treatments are effective. Secondly, current guidelines often suggest a phase-based treatment approach. The first phase focuses on safety and symptom stabilization of patients. The second phase focuses on processing the traumatic memories. The third phase focuses on identity integration and rehabilitation (International Society for the Study of Trauma and Dissociation, 2011; Zorgstandaard Dissociatieve stoornissen, 2022). There is not sufficient evidence to determine whether this phase-based treatment approach is necessary, or whether trauma-focused therapy and treating the DID symptoms can be applied without a stabilization phase. Results of a recent randomized controlled trial (RCT) showed that combining a stabilizing group-treatment with individual therapy did not result in a better outcome of the treatment of patients with complex dissociative disorders compared to individual therapy alone (Baekkelund, 2022). Considering the high level of suffering of patients and the high burden on the mental health care system, the development of effective and efficient evidence-based treatments of DID is necessary.

Results of previous research suggests that dissociation is used as a coping mechanism to cope with the intense emotions evoked by traumatic memories (Huntjes et al., 2014; Cloitre, 2012). Using dissociation, these emotions are numbed. Therefore, dissociation and symptoms of dissociative identity disorder, can be seen as avoidance behavior. In the regular treatment for posttraumatic stress disorder (PTSD) changing trauma-related avoidance behavior is a main focus. Previous research has shown that with intensive trauma-focused treatment dissociative symptoms decrease (Zoet et al., 2018). However, symptoms regarding a fragmented identity, a core symptom of DID, often remain. A cognitive-behavioral treatment approach for DID was developed and illustrated with a successful patient case (van Minnen & Tibben, 2021). The main assumption behind this treatment approach is that dissociation is an avoidance strategy, which was functional during traumatization but has become dysfunctional for patients after trauma. Another assumption is that this avoidance behavior can be changed. The effectiveness of this newly developed treatment approach for DID has not yet been studied.

The current study focuses on the evaluation of a treatment program where trauma-focused therapy is combined with the cognitive-behavioral treatment approach for DID. Therefore, the first aim of this study is to determine the effectiveness of this treatment approach. In addition, as a second aim, we will be investigating factors that possibly have an effect on the effectiveness of the treatment. Currently, very little is known about patients* opinions and experiences regarding the function of their fragmented identity and the process of parting with their identities. Gaining insight into patients* experiences may provide information to optimize treatment. To gain more insight, a qualitative study will be part of the current research.

Study objective

The primary objective is to determine the effectiveness of a short-term, intensive cognitive-behavioral intervention for patients with DID and PTSD. The secundary objective is to determine possible factors that impact the treatment efficacy and to gain insight into a patient's own opinions and experiences regarding their dissociative symptoms.

Study design

The design of the study will be a single-case experimental design (SCED) in which DID and PTSD symptoms will be measured in ten patients during three phases: (1) baseline phase, (2) treatment phase and (3) follow-up phase (6 months post-treatment). All ten subjects will receive an intensive trauma-focused therapy (treatment as usual, TAU) followed by an intensive two-day treatment for DID at the Psychotrauma Expertise Center (PSYTREC Bilthoven, the Netherlands). The DID treatment is a cognitive-behavioral intervention combining exposure to all identities with a technique to allow patients to part with their fragmented identities. Because the effectiveness of this psychological intervention has not been systematically studied yet, and the low prevalence of DID in clinical practice, we chose to start this experimental study with a small group of patients. The ten patients will be randomized during baseline. There will be three groups: (1) 4-6 weeks between end of the intake procedure and start of the TAU, (2) 6-8 weeks between end of the intake procedure and start of the TAU and (3) 8-10 weeks between end of the intake procedure and start of the TAU.

Intervention

Patients will first receive treatment as usual (TAU) for PTSD: four days combining two 120-minute sessions of prolonged exposure (PE) and eye movement desensitization and reprocessing (EMDR) sessions, two 120-minute sessions with physical exercise, and 60 minutes of psycho-education on a daily basis. The TAU is scheduled with two consecutive days of treatment, followed by a 60-minute session to evaluate the therapy.
The new intervention under study will start after the TAU. Patients will receive two consecutive days of treatment for DID with two 120-minute individual therapy sessions and two 120-minute sessions with physical exercise, per day. These two days of treatment will be followed by a 60-minute session to evaluate the treatment. The treatment program follows a detailed treatment manual. After explaining the rationale of the treatment, an inventory will be made of all fragmented identities and their functions. After starting with a relaxation-exercise, patients will be asked which of their identities they would like to part with. After this exercise, patients are asked to expose themselves to this identity, thank the identity for the function they once had aloud, and part with them. This process is repeated for all the identities the patient wants to part with. At one-month follow-up the treatment will be evaluated with several questionnaires. To evaluate dissociative experiences, we

will administer the qualitative interview. At three-months follow-up symptoms will be evaluated with the SCID-D, the CAPS-5 and several self-report measurements. At six-months follow-up the treatment will again be evaluated with the SCID-D, CAPS-5 and several questionnaires. To evaluate dissociative experiences, we will administer the qualitative interview.

Study burden and risks

The current research can be classified as having *negligible risks*. The goal of the DID treatment sessions is to change avoidance behavior, in this case dissociation. Changing avoidance behavior is also the goal of the PTSD treatment sessions, which has been proven to be safe. The exposure to their alters and parting with them, will not be a bigger burden than the four hours of trauma-focused therapy sessions that patients will have attended on a daily basis during TAU. Secondly, DID is seen as a coping mechanism after traumatic events. Patients will start with PE and EMDR to treat the traumatic memories. Thus, we hypothesize that after adequately treating the traumatic memories, patients will not need this coping mechanism as much. Furthermore, during the TAU, patients learn to regulate their emotions and cope with stressful situations. The hypothesis is that this makes them more resilient and better equipped to participate in the sessions for the dissociative symptoms.
The additional interviews and questionnaires will require around 27 hours of extra time between baseline and 6 months follow-up. However, patients at PSYTREC are already taking part in the administration of questionnaires and interviews and therefore are familiar with it. Furthermore, previous research has shown that patients with PTSD generally report filling in questionnaires as beneficial (Jaffe et al., 2015).

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

1. Dissociative identity disorder
2. Posttraumatic stress disorder
3. >18 years old
4. proficient in Dutch

Exclusion criteria

1. Acute suicidality which interferes with psychotherapy
2. The presence of psychotic symptoms, either currently or previously present

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending

Start date (anticipated):	01-06-2024
Enrollment:	10
Type:	Anticipated

Ethics review

Approved WMO Date:	22-12-2023
Application type:	First submission
Review commission:	METC Amsterdam UMC

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	NL84002.018.23