

Schema therapy for older adults with borderline personality disorder

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Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON24830

Bron

NTR

Aandoening

Schema therapy, Older adults, Personality disorder, Borderline

Ondersteuning

Primaire sponsor: TRANZO, Tilburg School of Social and Behavioral Sciences

Professor Cobbenhagenlaan 125, 5037 DB, Tilburg

Overige ondersteuning: TRANZO, Tilburg School of Social and Behavioral Sciences

Professor Cobbenhagenlaan 125, 5037 DB, Tilburg

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The primary outcome measure is the weekly assessed strength of idiosyncratic beliefs. These beliefs are evoked by a semi-structured procedure during the baseline phase. Each participant formulates three to five idiosyncratic dysfunctional beliefs they believe to be

central to their personality disorder. Participants will rate the degree they believe each statement on a visual analogue scale (VAS) from 0 to 100% credibility.

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale:

The treatment of BPD in younger adults has been examined extensively in the past quarter of a century, but there is still a world to discover in treating BPD in older adults. Until 2017, no studies had been published into the treatment of personality disorders in older adults as the main focus of treatment.

Objective:

The aim of the study is to investigate the effectiveness of schema therapy in older adults with BPD.

Design:

Multiple baseline case series study.

Study population:

Older adults (age > 60 years) with BPD. Participants will be recruited from Ggz Breburg in Tilburg and Mondriaan in Heerlen. The study requires 10 participants.

Intervention:

A multiple baseline design will be used with baseline varying from 4 to 8 weeks. Participants are randomly assigned to baseline length. During baseline no therapeutic interventions will be applied. The next phase consists of ST for BPD and lasts 52 weeks. The final phase is a follow up phase which includes six monthly booster sessions to maintain the effects of ST.

Main study parameters:

The primary outcome measure is the credibility of personal, negative core beliefs.

Secondary outcome measures are quality of life, psychological distress, early maladaptive schemas, schema modes, severity of BPD symptoms and meeting the criteria for BPD.

Doel van het onderzoek

The aim of this study is to investigate the effectiveness of individual schema therapy (ST) as a treatment for older adults with borderline personality disorder (BPD). The primary objective is to study the effect of ST on the strength of negative core beliefs in older adults with BPD. As central variable we chose the strength of belief participants have in their persona, negative core beliefs, thus the beliefs they view as central to their BPD problems. This idiosyncratic measure represents the early maladaptive schemas that are assumed to underlie the patient's BPD problems according to the ST model. We hypothesize that ST diminishes the strength of these negative core beliefs.

A secondary objective is improving quality of life. The research question is 'Will schema therapy lead to improvement of quality of life in older adults with BPD?' We hypothesize that schema therapy leads to improvement of quality of life.

A third objective is reducing psychological distress. The research question is 'Will psychological distress older adults with BPD diminish by schema therapy?' We hypothesize that psychological distress will be diminished by the given treatment.

A fourth objective is early maladaptive schemas being less intense. The research question is 'Will schema therapy lead to early maladaptive schemas being less intense in older adults with BPD?' We hypothesize that schema therapy leads to early maladaptive schemas being less intense.

A fifth objective is dysfunctional schema modes being less frequently present. The research question is 'Will schema therapy lead to dysfunctional schema modes being less frequently present in older adults with BPD?' We hypothesize that schema therapy leads to dysfunctional schema modes being less frequently present.

A sixth objective is reduction of the severity of BPD symptoms. The research question is 'Will schema therapy lead to reduction of the severity of BPD symptoms in older adults with BPD?'. We hypothesize that severity of BPD symptoms will be reduced by the given treatment.

The final objective is remission of diagnostic criteria of BPD. The research question is 'Will diagnostic criteria of BPD in older adults be in remission after schema therapy?' We hypothesize that participants no longer meet the criteria of BPD.

Onderzoeksopzet

Idiosyncratic negative core beliefs are rated weekly during baseline and treatment phases and monthly during the follow-up phase.

Secondary outcomes will be measured four times: at the start of treatment and after six, twelve, and eighteen months, except for the SCID-5-P which will be administered twice (before and after treatment).

Onderzoeksproduct en/of interventie

This study is a multiple baseline design. The design consists of three phases.

First, a baseline phase varying in length from four to eight weeks in which core beliefs are identified. No therapeutic interventions will be applied during this phase. The baseline phase is randomized across participants to increase the internal validity.

The second phase is the treatment phase and consists of ST for BPD. The duration of the treatment phase is 52 weeks. During the treatment phase, the therapist decides when to introduce the different techniques, according to the ST model (Kellogg & Young, 2006; Arntz & van Genderen, 2011) and participants case conceptualization.

The third and final phase is a follow-up phase which lasts six months and includes monthly booster sessions in which the aim is to maintain the effects of ST.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Inclusion criteria are a primary diagnosis of BPD, increased scores on the traits negative affectivity, disinhibition, and psychoticism of the Personality Inventory for DSM-5 (PID-5), absence of chronic somatic comorbidity which seriously affects daily life functioning, minimum age of 60 years and willingness to participate in the study.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria are severe depression, bipolar disorder, psychotic disorder (other than transient stress-related psychosis, if this overlaps with criterion 9 of BPD), IQ under 80, substance dependence that needs clinical detoxification and neurocognitive disorder expressed by a MMSE-score below 25.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-08-2017
Aantal proefpersonen:	10
Type:	Verwachte startdatum

Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6912
NTR-old	NTR7107

Register

Ander register

ID

METC volgt : 4200P095 TRANZO

Resultaten

Samenvatting resultaten

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