The effectiveness of adapted schema therapy for cluster C personality disorders in older adults – integrating positive schemas

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Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON26623

Bron
NTR

Verkorte titel
N/A

Aandoening

personality disorders, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder, older adults, schematherapy

Ondersteuning

Primaire sponsor: GGZ Oost Brabant, Kluisstraat 2, 5427 EM Boekel and 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 aim of this study is to investigate the effectiveness of adapted ST for individuals as a treatment for cluster C PDs in older adults (aged 60 and older). More specifically, we will examine whether older patients with cluster C PDs benefit from adapted ST by using a compact version of the CC that integrates positive schemas and adding a specific intervention to ST which contextualizes positive schemas to lifespan to re-actualize the EAS. The primary objective of the study is to examine the effect of adapted ST on the strength of both positive and negative core beliefs. It is hypothesized that adapted ST reduces the strength of negative core beliefs and increases the strength of positive core beliefs.

Toelichting onderzoek

Achtergrond van het onderzoek

Schema therapy (ST) has shown to be an effective therapy for personality disorders (PDs) in adults. Research on treatment for PD's has focused mainly on adults so far. Given the substantial increase of elderly people, including the group of older adults with PD, more research is needed that covers the full age-span. Preliminary results have shown that schema therapy is also applicable in older adults with PDs, more specifically cluster C PDs. Suggestions were made to increase the efficacy of ST in older adults, including adjusting the case conceptualization, modifying the experiential techniques, making use of the patient's wisdom by placing their problems in a lifespan perspective and next asking them how they have coped with problems successfully earlier in life. Also by reactivating previous positive schemas, which are specific paterns consisting of emotions, cognitions, bodily sensations and neurobiological reactions in relation to self and others. . These schemas are hypothesized to develop when individuals grow up and develop in environments where their core emotional needs are met by primary caregivers.
A multiple baseline design is used with credibility of positive and negative core beliefs as primary outcome measures. After a randomized baseline phase, participants receive weekly an adapted form of ST for one year, followed by monthly follow-up booster sessions for six months. Symptomatic distress, schema modes, early maladaptive schemas and early adaptive schemas (EAS) are secondary outcome measures. Personality disorder will be diagnosed before baseline and after follow-up phase. To assess EAS we first develop a Dutch version of the Young Positive Schema Questionnaire (YPSQ) according to standard procedures.

Doel van het onderzoek

The aim of this study is to investigate the effectiveness of adapted ST for individuals as a treatment for cluster C PDs in older adults (aged 60 and older). More specifically, we will examine whether older patients with cluster C PDs benefit from adapted ST by using a compact version of the CC that integrates positive schemas and adding a specific intervention to ST which contextualizes positive schemas to lifespan to re-actualize the EAS. The primary objective of the study is to examine the effect of adapted ST on the strength of both positive and negative core beliefs. It is hypothesized that adapted ST reduces the strength of negative core beliefs and increases the strength of positive core beliefs. Also, we hypothesize that dysfunctional schemas and modes will decrease as a result of adapted ST and that positive schemas will increase. Finally, it is expected that patients will no longer meet the criteria of a PD after adapted ST treatment.

Onderzoeksopzet

SCID-5-P is completed before baseline and after therapy. HAP is completed only before baseline. Patients will be asked to complete the YSQ, SMI, BSI and YPSQ at I) baseline, II) six months after the start of ST, III) after termination of therapy and IV) after six months follow-up. In addition, during the treatment phase, participants will fill out the ultra short credibility of each statement on a weekly basis. During the baseline and follow-up phase, participants will also provide credibility scores for which they receive forms to fill in weekly (in baseline phase) or monthly (follow up phase) at home.

Onderzoeksproduct en/of interventie

We will use a multiple-baseline case series design. The design consists of three phases, starting with a baseline phase varying in length from four to eight weeks. The length of the baseline phase is randomized across participants to increase the internal validity. No therapeutic interventions will take place during this phase. The variation in baseline length offers the possibility to differentiate between time effects and experimental effects of the treatment. The second phase is the treatment phase and consists of ST for PD according to the model of Young and colleagues (2003), that is adapted for older adults and will take one year. The adaptions are based on the earlier mentioned suggested adaptions by Videler (2018). It consists of (1) a compromised version of the CC which uses the patients spontaneous language instead of the precise ST terminology and includes positive schemas and (2) an intervention that aims to activate wisdom using principles of life review (Bhar, 2014), to include positive schemas and use these EAS in imaginary rescripting (see appendix 1). The third and final phase is a six months follow-up with monthly booster sessions.

Contactpersonen

Publiek

GGZ Oost Brabant

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0031492-848004

Wetenschappelijk

GGZ Oost Brabant
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0031492-848004

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Inclusion criteria are 1) age of 60 years or older, 2) willingness to participate in the study and 3) a primary diagnosis of an avoidant, dependent or obsessive-compulsive PD, or PD otherwise specified with cluster C traits, also known as cluster C PD.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria are a diagnosis of severe depression, bipolar disorder, psychotic disorder, IQ under 80, substance dependence, autism spectrum disorder or neurocognitive disorder (Mini Mental State Examination; Folstein, Folstein, & McHugh, 1975) defined as score under 25). No other psychiatric treatment can take place during the course of the study, and medication is kept constant during the study.

Onderzoeksopzet

Opzet

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

Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-01-2020
Aantal proefpersonen:	10
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Toelichting
N/A

Ethische beoordeling

Positief advies

Datum:	01-02-2020
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 54776
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL8346
CCMO	NL71769.028.19

Resultaten

Samenvatting resultaten

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