Schema therapy in older adults

Recent research & clinical implications

Arjan Videler

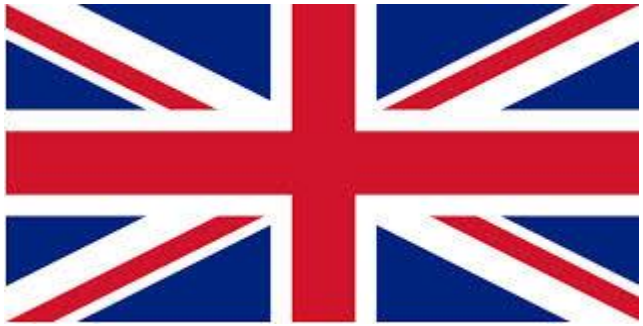
Tilburg University

Vrije Universiteit Brussel

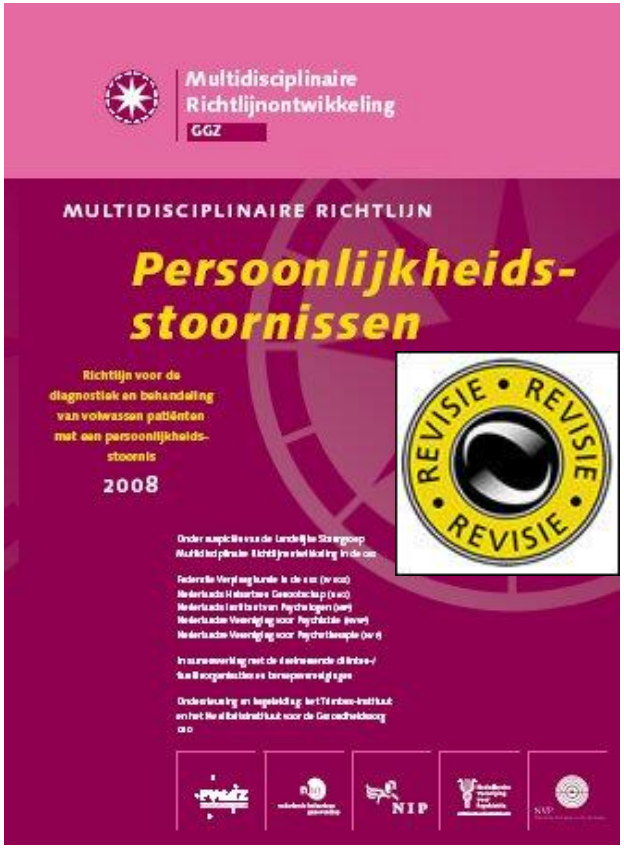
GGz Breburg

Netherlands first country with Multidisciplinary Guidelines for Personality Disorders in 2008

Followed by:



Currently under revision.....



Personality disorders in adults

Integrated Modular Treatment for Personality Disorder:

"An evidenced-based approach should make use of interventions from all therapies rather than to adopt a single therapy"

Great psychotherapy debate

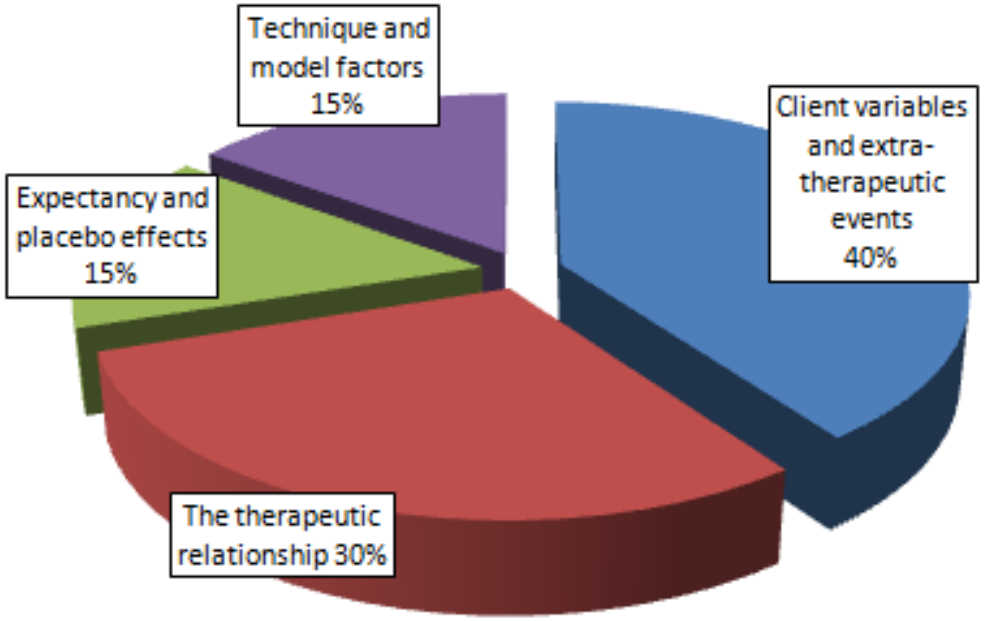


Figure 1. Percentage of improvement in therapy clients as a function of therapeutic factors (Asay and Lambert, 1999)

Great psychotherapy debate

Psychotherapy for personality disorders & older adults

What route to close the gap?

- RCT's with evidence –based treatements with older people?
- Test integrated treatment approaches in older adults?

- Something else?

Let’s send the dodo out?

Routes to EBP for Pds in later life

1. Ask the experts: Delphi study

Routes to EBP for Pds in later life

1. "Ask the experts"
2. **Give it a try what works in younger cohorts**

Routes to EBP for Pds in later life

1. "Ask the experts"
2. "Give it a try"
3. **Watch how change unfolds individually**

Ask the experts

Dutch-Flemish

Delphi Study

Van Alphen, Bolwerk, Tummers, Videler, Van Royen, Barendse, Verheul, & Rosowsky, 2012

Three treatment levels
(Videler et al., in press)

Supportive-structuring

Adaptation-enhancing

Personality-changing

Age specific aspects of treatment
(Van Alphen et al., 2012)

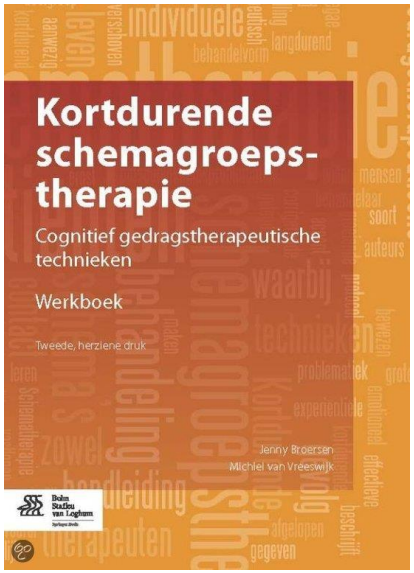
- Cohort and sociocultural beliefs
- Beliefs about & consequences of somatic ailments
- Intergenerational bonds
- Life review
- Loss of others, support and autonomy

Replicated in US

Rosowsky et al. submitted

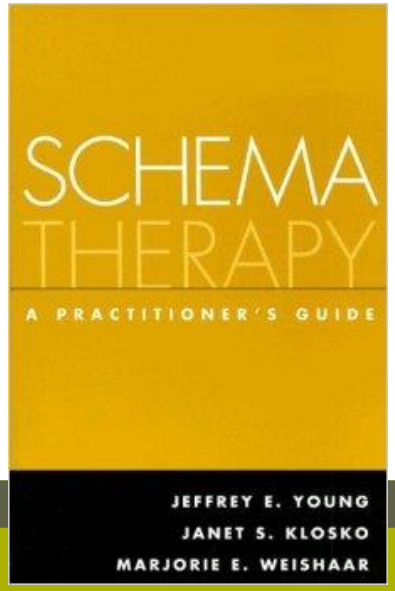
Route 2: Give it a try

- Proof of concept study
- Short group schema therapy



Schema therapy

- Evidence-based for the treatment of personality disorders (Giesen-Bloo et al, 2006; Farrell et al, 2009; Nadort et al, 2009; Bamelis et al, 2013)
- ST integrates elements of CBT, object relations theory, gestalt therapy and attachment theory



Schema therapy

- Stable and enduring early maladaptive schemas (EMS) are core elements of PDs
- Goal of ST is to decrease the impact of EMS
- And to replace negative coping responses and schema modes with more healthy ones
- In order to help patients getting their core emotional needs met

Schema therapy

- Cognitive techniques
- Behavioral techniques
- Experiential techniques
- Relationship: “Limited reparenting”

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Effects of schema group therapy in older outpatients: a proof of concept study‡

A. C. Videler,[1,2,4] G. Rossi,[2] M. Schoevaars,[3] C. M. van der Feltz-Cornelis[4,5,6] and S. P. J. van Alphen[2,7]

[1] *Bruheze Hospital, Department of Old Age Psychiatry, Tilburg, the Netherlands*
[2] *Department of Clinical & Life Span Psychology, Vrije Universiteit Brussel (VUB), Brussels, Belgium*
[3] *Psychology Practice Schoevaars, Capelle aan den IJssel, the Netherlands*
[4] *Tilburg University, Tranzo Department, Tilburg, the Netherlands*
[5] *Clinical Centre for Body, Mind and Health, GGz Breburg, Tilburg, the Netherlands*
[6] *Trimbos Institute, Board, Utrecht, the Netherlands*
[7] *Mondriaan Hospital, Department of Old Age Psychiatry, Heerlen-Maastricht, the Netherlands*

ABSTRACT

Background: Short-term group schema cognitive behavior therapy (SCBT-g) showed improvements in overall symptomatology, early maladaptive schemas (EMS) and schema modes, both in adults and adolescents with personality disorder (PD) features and long-standing mood disorders. However, no research has yet been carried out on the effect in older adults. Therefore, in a proof of concept study, we explored the effect of SCBT-g in older outpatients with PD features and longstanding mood disorders.

Method: Thirty-one older outpatients, aged 60–78 years with PD features and/or longstanding mood disorders were included in a proof of concept study with pre-mid-post design. Primary outcome was psychological distress (Brief Symptom Inventory) and intermediate outcomes were EMS (Young Schema Questionnaire) and schema modes (Schema Mode Inventory), assessed at baseline, mid-treatment and end-of-treatment. Paired samples *t*-tests were conducted, and Cohen's *d* effect sizes reported for pre mid- and post-treatment. As proof of concept analysis, hierarchical regression analyses with residual change scores were used to analyse whether early process changes in EMS (intermediate outcomes) predicted later outcome changes in symptoms.

Results: SCBT-g led to significant improvement in all three measures of psychological symptoms, EMS and modes with medium effect sizes. Pre-treatment to mid-treatment changes in schema severity predicted symptom improvement from mid- to end-of-treatment.

Conclusion: This proof of concept study shows that SCBT-g has potential to change EMS and to show significant effect at symptom level in older outpatients with PD features. A control condition in a randomized controlled trial is a necessary step for further research.

Key words: schema therapy, group therapy, older adults, proof of concept study

Introduction

There is a substantial body of evidence showing that older adults respond well to a variety of forms of psychotherapy, both individual and group psychotherapies, to a degree comparable with younger age groups (APA, 2013). Efficacy has especially been demonstrated for individual cognitive-behavioral therapy (CBT) in the treatment of depression and anxiety disorders (Pinquart *et al.*, 2007; Hendriks *et al.*, 2008), and for life review therapy and group psychotherapy in the treatment of depression (Scogin *et al.*, 2005; Krishna *et al.*, 2011).

Nevertheless, the efficacy of schema therapy (ST) in older adults remains to be explored. ST was originally developed by Young (1990) as an individual psychotherapy for the treatment of PDs, especially the borderline PD, and has recently been elaborated for the treatment of other complex psychiatric disorders (Edwards and Arntz, 2012). In younger cohorts (18–50 years), ST has emerged as an effective treatment for personality disorders (PDs) and other patient groups such as chronic mood and anxiety disorders (Bamelis *et al.*, 2012, 2013). ST integrates elements of CBT, object relations theory, gestalt therapy and attachment theory into one unified, systematic approach of treatment

Correspondence should be addressed to: Arjan Videler, Lange akker 18, 5081 MS, Hilvarenbeek, Netherlands. Phone: +31630588253; Fax: +3146683438. Email: a.videler@ggzbreburg.nl. Received 31 Jan 2014; revision requested 3 Mar 2014; revised version received 14 Mar 2014; accepted 3 Jun 2014. First published online 3 July 2014.

‡The original version of this article was published with an author name spelt incorrectly. A notice detailing this has been published and the error rectified in the online and print PDF and HTML copies.

Intervention: Short group schema therapy

- SCBT-g (Van Vreeswijk et al., 2013)
- 18-20 sessions
- Cognitive and behavioral techniques
- No experiential techniques

Participants

- 42 participants
- Age 60 + (M=68, SD=4,6)
- Multidisciplinary consensus diagnosis of longstanding mood disorder or a chronic adjustment disorder **with comorbid** PDs or PD features
- No response to evidence based or best practice based therapy

Design: Proof of concept

- Developed to test feasibility of new intervention or drug in small trial
- Investigates activity of intervention on assumed therapeutic process
- By evaluating effect on intermediate outcomes related to presumed mechanism
- Preliminary phase to a randomized controlled trial

Measures

Measurements at pre-treatment, mid-treatment (session 10) and end-of-treatment (2 months after session 18):

- Symptomatic distress : **BSI**
- EMS : **YSQ** (relatively age neutral! Pauwels e.a., 2014)

- Schema modes : **SMI** (pre-treatment and end-of-treatment)

Effect sizes

	Pre-treatment	Mid-treatment	End of treatment	Effect sizes (pre-mid/mid-end/pre-end)
BSI	63,58 (28,61)	52,45 (25,94)	48,00 (28,31)	0,41/0,15/**0,54**
YSQ total	42,04 (11,36)	39,77 (9,94)	38,42 (10,11)	0,30/0,11/**0,38**
YSQ domain 1 (Disconnection/Rejection)	2,65 (0,86)	2,45 (0,74)	2,40 (0,76)	0,25/0,07/0,31
YSQ domain 2 (Impaired autonomy/Performance)	2,42 (0,71)	2,29 (0,62)	2,21 (0,58)	0,20/0,13/0,32
YSQ domain 3 (Impaired limits)	2,47 (0,77)	2,47 (0,75)	2,30 (0,69)	0/0,24/0,23
YSQ domain 4 (Other directedness)	3,17 (0,85)	2,97 (0,74)	2,86 (0,77)	0,25/0,15/0,38
YSQ domain 5 (Overvigilance/Inhibition)	2,60 (0,82)	2,51 (0,80)	2,43 (0,81)	0,11/0,10/0,21
Healthy modes	45,57 (11,71)	-	49,65 (12,29)	Na/Na/-0,34
Coping modes	30,59 (8,67)	-	27,99 (9,76)	Na/Na/0,28
Parent modes	39,27 (12,19)	-	34,85 (12,96)	Na/Na/0,35
Child modes	31,24 (10,45)	-	28,39 (11,19)	Na/Na/0,26

Proof of concept: Intermediate analysis of residual change scores

- Synchronous correlations significant association of pre-treatment to mid-treatment changes in YSQ scores with pre-treatment to mid-treatment BSI changes
- Mid-treatment to end-of-treatment changes in YSQ scores also significantly associated with mid-treatment to end-of-treatment changes in BSI scores

- **This suggests that changes in EMS co-occur with changes in symptomatic distress**

Proof of concept: Intermediate analysis

- Pre-treatment to mid-treatment YSQ change significant predictor of mid-treatment to end-of-treatment BSI change?
- Hierarchical regressions

- **Pre-treatment to mid-treatment YSQ change significant predictor of mid-treatment to end-of-treatment BSI changes: accounting for additional 10% of the variance**

Discussion

- **SCBT-g led to significant improvement in symptomatic distress (*d* = 0.54) from pre-treatment to post-treatment**
- Further analysis: pre-treatment to mid-treatment EMS change appears significant predictor of mid-treatment to end-of-treatment BSI changes
- **Implies that EMS change mediates changes symptomatic distress**

Discussion

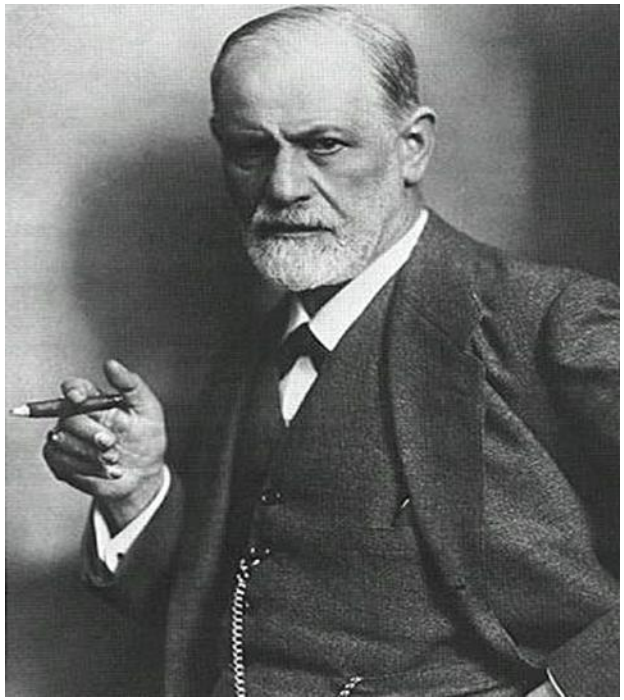
- This was also found in the study of Van Vreeswijk *et al.* (2012) in a younger cohort

- This finding can be seen as **proof of concept that SCBT-g decreases EMS and thus lessens symptomatic distress in older adults**

Short group schema therapy across age groups

Studie	Measures	Effect sizes
Renner et al. (2013)	SCL-90 YSQ SMI	0,81 0,56 0,98
Vreeswijk et al. (2012)	SCL-90 YSQ SMI	0,66 0,75 0,50-0,65
Videler et al. (2014)	BSI YSQ SMI	0,54 0,38 0,26-0,35

Effective but less than in younger age groups?



Medium effect size!

Versus large in adults & young adults

EMS less flexible and changeable with age?

Adaptations SCBT-g protocol

- More time to learn schema language and to recognize triggering of schemas and modes in personal life
- Several individual ST sessions prior to start of SCBT-g and halfway evaluation
- Simplifying cognitive techniques in the workbook
- Examples that fit experiential world

Increasing power of schema therapy

- Individual ST
- More therapy sessions
- Integrating **experiential techniques** as they are more powerful at changing EMS
- Improving ST for older adults by integrating age-specific aspects into the treatment protocol:

  (Videler *et al.*, 2012; Videler et al., submitted)

Route 3: How change unfolds individually in ST

Individual ST: 40 sessions + 10 boosters

Multiple baseline case series design

Using time series analysis

Looking for possible modifications for older adults

Preliminary results

Multiple baseline case series design

- Small N (8)
- Age: 63-76 (M=69,7)
- Cluster C Pds
- Frequent measures
- Focus on change mechanisms

Outcome Measures

- Personality disorder : SCID-II
- Symptoms : SCL-90
- QOL : WHO-Qol, Euroqol
- Target complaints : VAS-scales

At baseline, 6, 12 & 18 months

Mediating variables

Schemas : YSQ

(baseline, 6, 12 and 18 months)

Core beliefs: weekly VAS-scales of credibility

(Grouped at baseline, CBT, experiential and follow-up phases)

Possible modifications

Interview at 12 months

What does this tell us so far?

- 7 completed; 1 declared herself cured after CBT technique phase
- Mixed regression analyses: no significant time effects within baseline and follow-up phases
- Linear time effect during treatment phases strong so ST had a positive impact on core beliefs during treatment
- Time effect disappeared after conditions entered in model (AR1) so unlikely effects due to time effect

What does this tell us so far?

- Symptoms, EMS and core beliefs decreased during two treatment phases
- Mostly during experiential techniques

- **All 8 participants remitted from PD**

Preliminary

Modifications for later life
Videler et al. submitted

- Usage of language
- Imagery & rescripting
- Concise Case conceptualization
- Integrate Wisdom enhancement
- Focus on Positive schemas

Future of ST and psychotherapy for PDs in older adults?

- Specific treatment mechanisms for older adults?
- Moulding the EBP's for later life?
- Also at supportive-structuring and adaptation-enhancing treatment level

Take home

- Schema therapy is effective in older adults
- Especially experiential techniques!
- ST can be better moulded for older adults