# Cluster C in de spotlight: FORCE onderzoeken

## *Ochtendsymposium VGCt 6 maart 2025*

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## Cluster C PHS (DSM-5):

- Vermijdende PHS
- Dwangmatige PHS
- Afhankelijke PHS

# Inhoud

- Huidige evidentie Cluster C PHS
- Design en behandelingen FORCE
- Voorlopige resultaten
  - Cluster C baseline kenmerken
  - Behandeldrop-out FORCE

# Huidige evidentie Cluster C PHS

# Huidige evidentie individuele therapie Cluster C

- Bamelis et al. (2014). ST vs Clarificatie-geörienteerde PT vs TAU (N=323)
- Emmelkamp et al. (2006). CGT vs PD (N=62)
- Hellerstein et al. (1998). Korte steungevende PT vs Kortdurende dynamische PT (N=49)
- Muran et al. (2005). PD vs kortdurende relatiegerichte therapie vs CGT (N=84)
- Svartberg et al. (2004). AFT vs CGT (N=50)

# Huidige evidentie groepstherapie Cluster C

**Cluster C PHS**:

- Wibbelink et al. (2022). Open pilot studie GST-C (N=137)
- Wilberg et al. (2023). Open pilot studie gecombineerde groep en individuele therapie voor vermijdende PHS (N=28)
- Groot et al. (2023). RCT schematherapie individueel vs GST-C vs TAU (lopend, QUEST-CLC, beoogde N=378)

**Mixed populatie:**

- Lorentzen, Ruud & Fjeldstad (2013 & 2016). Psychodynamische groepstherapie: 80 sessies PG vs 20 sessies PG (N=167, waarvan 45% met PHS)

# Conclusie huidige evidentie Cluster C

- Evidentie is schaars
- Psychotherapieën voor Cluster C zijn effectief
- Kleine verschillen tussen de behandelingen
- Kleine sample size limiteert de power

# Design en behandelingen FORCE onderzoeken

# Het waarom van de FORCE studies

- Cluster C PHS: Scientific ‘neglect’
- Onderschatting van ernst en gevolgen
- Hoge prevalentie & comorbiditeit

# Design FORCE

- Twee RCT's: individuele (I-FORCE) en groepstherapie (G-FORCE).
- Vergelijking van psychodynamische & schema therapie
- Pragmatische studie
- Monocenter
- Focus op predictoren/moderatoren en werkingsmechanismen: *what works for whom and why?*

# In- & exclusie criteria FORCE

**Inclusie**

- Cluster C PHS of

Andere gespecificeerde PHS (voornamelijk C trekken)

**Exclusie**

- (Subklinische) Cluster A or B PHS
- Ernstige psychiatrische stoornis, crisis, IQ < 80

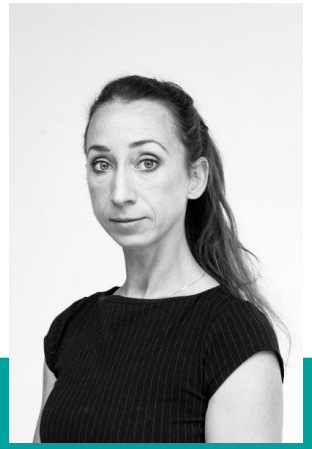
# Beslisprocedure groep versus individueel

- Shared decision proces intaker en patient
- Uitgangspunt: groep tenzij
- Intaker legt advies voor
- Exclusiecriteria groep
- Voor & nadelen groep dan wel individuele behandeling

# Design G-FORCE

***Doel:*** **Vergelijking van de differentiële (kosten-) effectiviteit van drie vormen van groepspsychotherapie voor cluster C PHS bij 24 maanden**

***N*** **= 290**



van den Heuvel *et al. Trials* (2023) 24:300
https://doi.org/10.1186/s13063-023-07309-w



STUDY PROTOCOL Open Access

## G-FORCE: the effectiveness of group psychotherapy for Cluster-C personality disorders: protocol of a pragmatic RCT comparing psychodynamic and two forms of schema group therapy

Birre B. van den Heuvel[1*], Jack J. M. Dekker[2], M. Daniëls[1], Henricus L. Van[1], Jaap Peen[1], Judith Bosmans[3], Arnoud Arntz[4] and Marcus J. H. Huibers[5]

**Abstract**

**Background** Cluster-C personality disorders (PDs), characterized by a high level of fear and anxiety, are related to high levels of distress, societal dysfunctioning and chronicity of various mental health disorders. Evidence for the optimal treatment is extremely scarce. Nevertheless, the need to treat these patients is eminent. In clinical practice, group therapy is one of the frequently offered approaches, with two important frameworks: schema therapy and psychodynamic therapy. These two frameworks suggest different mechanisms of change, but until now, this has not yet been explored. The purpose of the present G-FORCE trial is to find evidence on the differential (cost)effectiveness of two forms of schema group therapy and psychodynamic group therapy in the routine clinical setting of an outpatient clinic and to investigate the underlying working mechanisms and predictors of outcome of these therapies.

**Methods** In this mono-centre pragmatic randomized clinical trial, 290 patients with Cluster-C PDs or other specified PD with predominantly Cluster-C traits, will be randomized to one of three treatment conditions: group schema therapy for Cluster-C (GST-C, 1 year), schema-focused group therapy (SFGT, 1.5 year) or psychodynamic group therapy (PG, 2 years). Randomization will be pre-stratified on the type of PD. Change in severity of PD (APD-IV) over 24 months will be the primary outcome measure. Secondary outcome measures are personality functioning, psychiatric symptoms and quality of life. Potential predictors and mediators are selected and measured repeatedly. Also, a cost-effectiveness study will be performed, primarily based on a societal perspective, using both clinical effects and quality-adjusted life years. The time-points of assessment are at baseline, start of treatment and after 1, 3, 6, 9, 12, 18, 24 and 36 months.

**Discussion** This study is designed to evaluate the effectiveness and cost-effectiveness of three formats of group psychotherapy for Cluster-C PDs. Additionally, predictors, procedure and process variables are analysed to investigate the working mechanisms of the therapies. This is the first large RCT on group therapy for Cluster-C PDs and will contribute improving the care of this neglected patient group. The absence of a control group can be considered as a limitation.

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# Design I-FORCE

***Doel:*** **Vergelijking van de differentiële (kosten-)effectiviteit van drie vormen van individuele psycho-therapie voor cluster C PHS bij 12 maanden, en 18, 24 en 36 maanden FU**

***N*** **= 264**

Daniëls et al. Trials (2023) 24:260
https://doi.org/10.1186/s13063-023-07136-z

Trials

STUDY PROTOCOL Open Access

Individual psychotherapy for cluster-C personality disorders: protocol of a pragmatic RCT comparing short-term psychodynamic supportive psychotherapy, affect phobia therapy and schema therapy (I-FORCE)

Martine Daniëls[1*], Henricus L. Van[1], Birre van den Heuvel[1], Jack J. M. Dekker[2], Jaap Peen[1], Judith Bosmans[3], Arnoud Arntz[4] and Marcus J. H. Huibers[1,5]

**Abstract**

**Background** Cluster-C personality disorders (PDs) are highly prevalent in clinical practice and are associated with unfavourable outcome and chronicity of all common mental health disorders (e.g. depression and anxiety disorders). Although several forms of individual psychotherapy are commonly offered in clinical practice for this population, evidence for differential effectiveness of different forms of psychotherapy is lacking. Also, very little is known about the underlying working mechanisms of these psychotherapies. Finding evidence on the differential (cost)-effectiveness for this group of patients and the working mechanisms of change is important to improve the quality of care for this vulnerable group of patients.

**Objective** In this study, we will compare the differential (cost)-effectiveness of three individual psychotherapies: short-term psychodynamic supportive psychotherapy (SPSP), affect phobia therapy (APT) and schema therapy (ST). Although these psychotherapies are commonly used in clinical practice, evidence for the Cluster-C PDs is limited. Additionally, we will investigate predictive factors, non-specific and therapy-specific mediators.

**Methods** This is a mono-centre randomized clinical trial with three parallel groups: (1) SPSP, (2) APT, (3) ST. Randomization on patient level will be pre-stratified according to type of PD. The total study population to be included consists of 264 patients with Cluster-C PDs or other specified PD with mainly Cluster-C traits, aged 18–65 years, seeking treatment at NPI, a Dutch mental health care institute specialized in PDs. SPSP, APT and ST (50 sessions per treatment) are offered twice a week in sessions of 50 min for the first 4 to 5 months. After that, session frequency decreases to once a week. All treatments have a maximum duration of 1 year. Change in the severity of the PD (ADP-IV) will be the primary outcome measure. Secondary outcome measures are personality functioning, psychiatric symptoms and quality of life. Several potential mediators, predictors and moderators of outcome are also assessed. The effectiveness study is complemented with a cost-effectiveness/utility study, using both clinical effects and quality-adjusted life-years, and primarily based on a societal approach. Assessments will take place at baseline, start of treatment and at 1, 3, 6, 9, 12, 18, 24 and 36 months.

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# Uitkomstmaten

*Primaire:*

- Ernst van de Cl-C PHS (ADP-IV)

*Secundaire:*

- Persoonlijkheidsfunctioneren (AVP/DEP/OCPDSI, IPO-16)
- Herstel Cl-C PHS (SCID-5-P)
- Psychiatrische symptomen (BSI)
- Quality of life (EQ-5D)
- Kosten (TiC-P)

# Proces onderzoek: predictoren/moderatoren

- Life events
- Vroegkinderlijk trauma (CTQ)
- Autisme trekken (AQ-10)
- Persoonlijkheidsorganisatie (IPO-83)
- Narcisme (Nederlands Narcisme Schaal)
- Ernst PHS en comorbide cluster A/B trekken (SCID-5-P)

# Proces onderzoek: mediatoren

1. *Algemene factoren:*

   **Groepsrelaties (Group Questionnaire-NL)**

   **Werkalliantie (WAI)**

2. *Theorie-specifieke factoren:*

   **b.v. Schema modi (SMI-2); stijl van afweer (OPV)**

# Meetmomenten FORCE

| T0 | T1 | T2 | T3 | T4 | T5 | T6 | T7 | T8 | T9 |
|---|---|---|---|---|---|---|---|---|---|
| Base-line | Start | 1 mnd | 3 mnd | 6 mnd | 9 mnd | 12 mnd | 18 mnd | 24 mnd | 36 mnd |

# Behandelingen G-FORCE

**Groep Schema Therapie-C**
(GST-C)
30 sessies
1 jaar

**Schema halfopen groep**
(STHO)
60 sessies
1,5 jaar

**Psychodynamische Groepstherapie**
(PGT)
80 sessies
2 jaar

Gestructureerd
Kortdurend

Ongestructureerd
Lang durend

# GST-C (Tjoa & Muste 2021)

- **Instroom & duur:**
  Halfopen groep, na 10 zittingen in- & uitstroommoment, combinatie groepstherapie (30 zittingen) en individuele therapie (maximaal 180 minuten)
- **Doelgroep:**
  Cluster-C persoonlijkheidsstoornis
- **Indeling groepssessie:**
  - Gestructureerde deel
  - Pauze
  - Gestructureerd deel
- Junior/Medior/Senior cliënten

# Schema halfopen groep (Aalders & Van Dijk, 2012)

- **Instroom & duur:**
  Half open groep, blokken van 20 sessies, dan evaluatie en in- & uitstroommoment, maximaal 60 zittingen.
- **Doelgroep**
  Gemengde groep (B/C)
- **Indeling groepssessie:**
  - Gestructureerde deel
  - Pauze
  - Psychodynamisch deel
- Junior/Medior/Senior cliënten

# Psychodynamische groep (Van den Heuvel et al., 2021, intern document, Arkin)

- **Instroom & duur:**
  Open groep, maximaal twee jaar.
- **Doelgroep**
  Gemengde groep (B/C)
- **Indeling groepssessie:**
  - Psychodynamisch deel
- Junior/Medior/Senior cliënten

# Behandelingen I-FORCE

Schematherapie (ST)

50 sessies
1 jaar

Affect Fobie Therapie (AFT)

50 sessies
1 jaar

Kortdurende Psychodynamische Steungevende Psychotherapie (KPSP)
50 sessies
1 jaar

**Sessie 1-32: 2x per week (intensieve fase)**
**Sessie 33-50: 1x per week**

# Protocollen I-FORCE

- **Schematherapie**

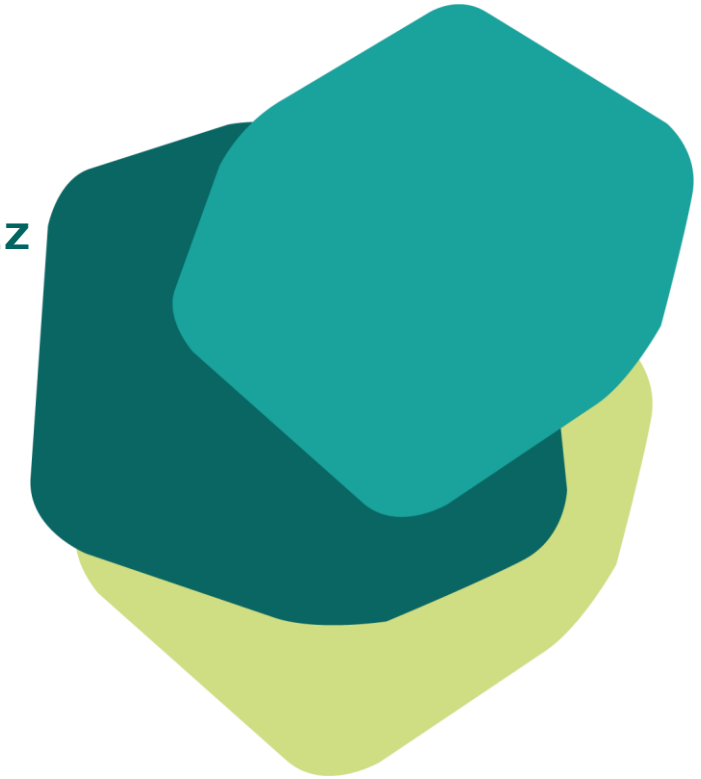
  Aangepast protocol, gebaseerd op protocol Cluster C Arntz (2012) (Daniëls et al., 2020, intern document, Arkin)

- **Affect fobie therapie**

  Protocol en handleiding voor Cluster C PHS (van Dam & Turksma, 2020, intern document, Arkin)

- **KPSP**

  Aangepast protocol voor cluster C, gebaseerd op handboek de Jonghe et al. (2013) (Van et al., 2020, intern document, Arkin)

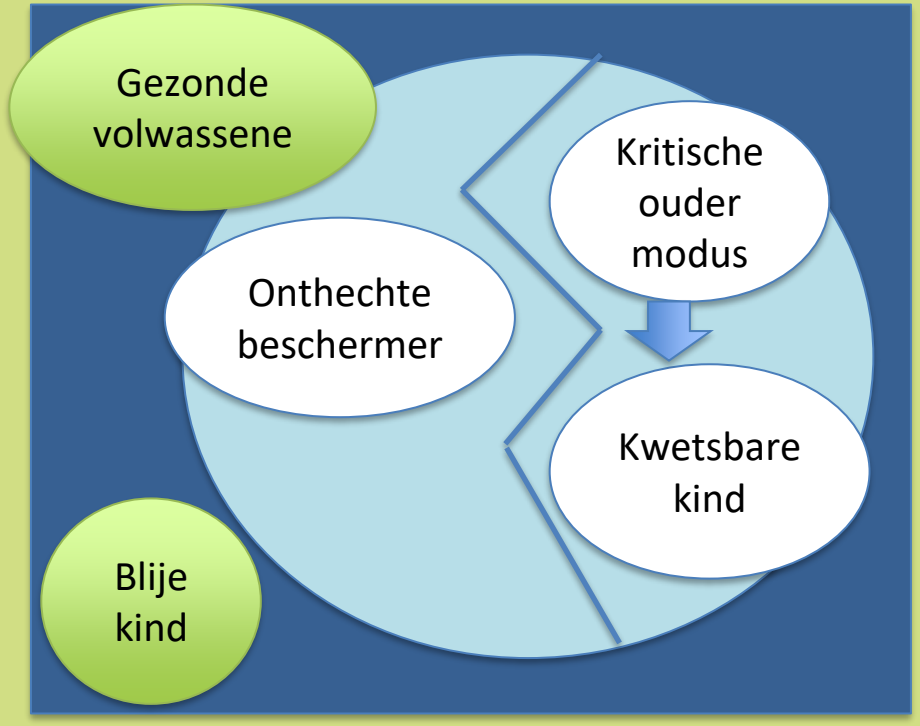


# Casus Lynn

- Laag zelfbeeld
- Recidiverende depressies
- Perfectionistisch > burnout
- Onthecht van partner en zoon
- Achtergrond: kritische/devaluerende ouders, emotioneel niet beschikbaar

# Schema therapie

- Modi/schema's
- Vervulling van gemiste basisbehoeftes in kindertijd
- Imaginaire rescripting
- Modus model

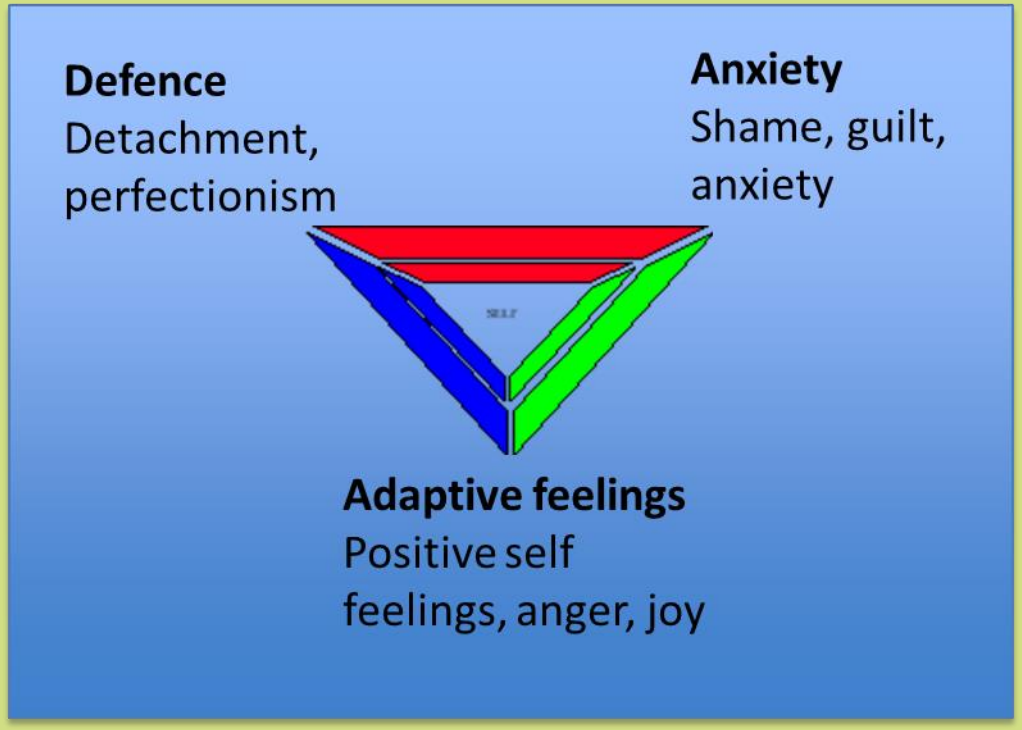


# Routekaart Schema therapie

| Zitting | 1-6 | 7-32 | 33-47 | 48-50 |
|---|---|---|---|---|
| | Kennis-maken & CCC | Experientiële technieken | Experientiële technieken / Gedrags-technieken | Afronding & afscheid |
| | INTENSIEF | | 1x PER WEEK | 1x PER 2 WEKEN |

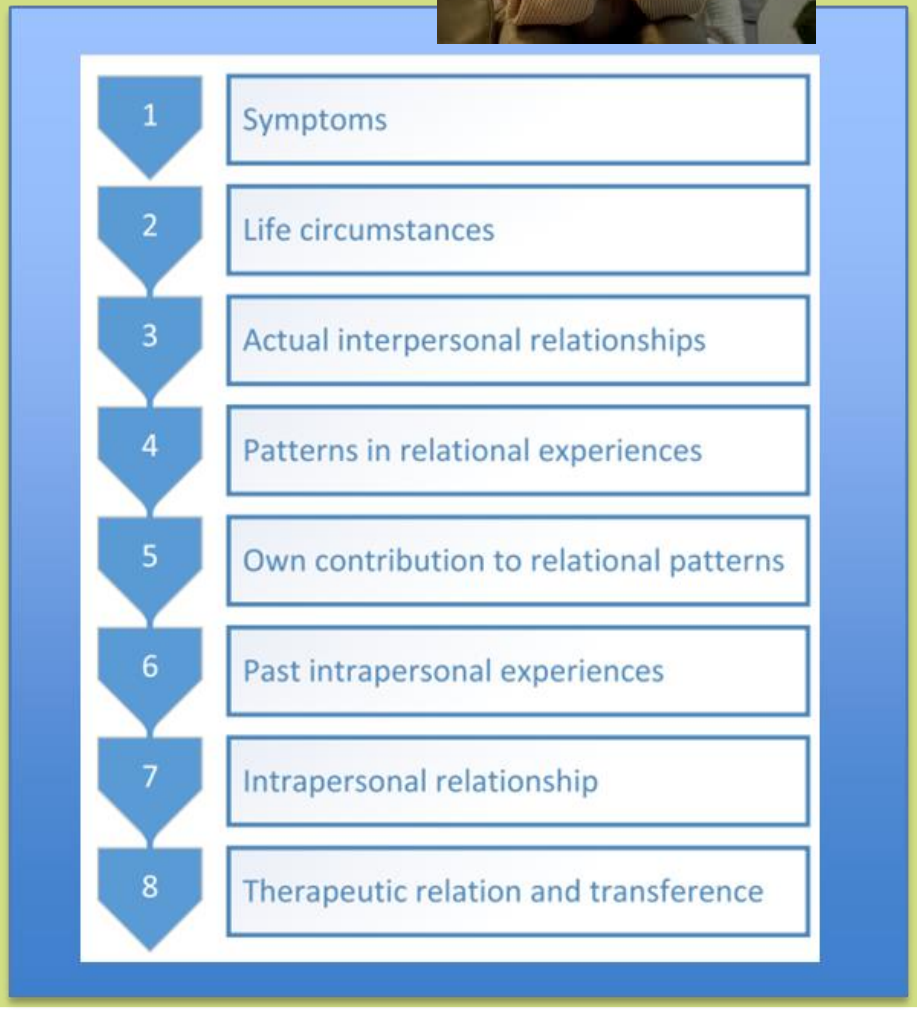
# Affect Fobie Therapie

- Exposure aan adaptieve gevoelens
- Conflictdriehoek



# Kortdurende psychodynamische steungevende psychotherapie

- Adequate psychodynamische steun
- Bespreekniveau



# Huidige status inclusie FORCE

G-FORCE:

- *n* = 279 (290)
- Verwachte afronding inclusie in Q1 2025

I-FORCE:

- *n* = 216 (264)
- Verwachte afronding inclusie in Q2 2025

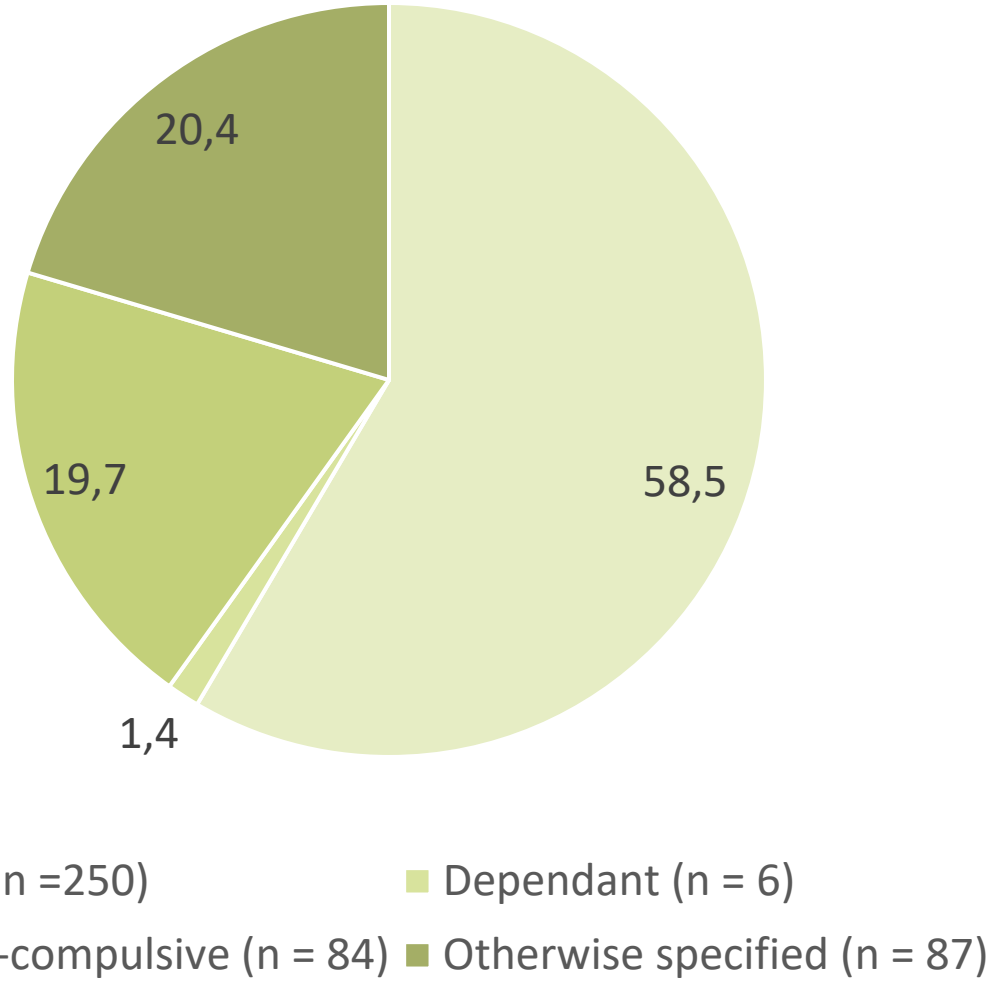
# Cluster C PHS en persoonlijkheidsfunctioneren

Exploratieve studie o.b.v. baseline data FORCE
Voorlopige resultaten

# Baseline data I-FORCE & G-FORCE (n = 427)

- Demografische kenmerken?
- Is er een verschil tussen cluster C PHS in persoonlijkheidsfunctioneren?
- Welk type trauma uit de kindertijd is het meest prevalent in cluster C en is er een verschil tussen de Cluster C PHS?

# Diagnostische categorieën Cluster C PHS (*n* = 427)



*NB Geen verschillen tussen de diagnostische categorieën*

# Demografische kenmerken (*n* = 427)

**Gender**

**Vrouw 69.1%**
Man 30.7%
Anders 0.2%

**Nationaliteit/ achtergrond**

**Nederlands 69.1%**
Anders 30.9%

**Burgerlijke staat**

**Ongehuwd/ Gescheiden 63.7%**
Gehuwd/ samenwonend 35.6%
Anders 0.7%

**Education**

Laag 15%
Secundair 7.7%
**Hoog 77.3%**

**Leeftijd**

**35.6** (*M*), 10.7(*SD*)

# Persoonlijkheidsfunctioneren in cluster C

- **Ernst van persoonlijkheidspathologie (IPO-83):** *M* = 151.12

  -> **Geen sign. verschillen tussen PHS**

- **Coping (OPV):** adaptieve versus maladaptieve coping
  **-> Andere gesp PHS > vermijdende en dwangmatige PHS op adaptieve coping ($p < 0.05$)**

- **Autisme trekken (AQ-10):** *M* = 3.49 (cut-off 6, Allison et al. 2012)
  **->Andere gespec PHS: sign. lager ($p < 0.05$)**

- **Schema modi (SMI):** adaptieve: *M* = 3,37 maladaptieve : *M* = 2.72
  **->Vermijdende PHS: sign. lager score op Adaptieve Modi**

# Maladaptieve schema modi (SMI-2) in cluster C

- **Kwetsbare kind, willoze inschikkelijke**: Vermijdende PHS > dwangmatige en andere gesp PHS
- **Onthechte beschermer**: Vermijdende PHS > andere gesp PHS

- **Veeleisende ouder, zelfverheerlijker, perfectionistische overcontroleerder**:
  Dwangmatige PHS > vermijdende en andere gesp PHS

# Trauma in de kindertijd (CTQ)

## Geen verschillen tussen cluster C PHS

| | None (%) | Mild (%) | Moderate (%) | Severe (%) |
|---|---|---|---|---|
| **Emotioneel misbruik:** | 38,4 | 29,0 | **13,7** | **18,9** |
| Fysiek misbruik: | 84,4 | 6,6 | 5,2 | 3,8 |
| Seksueel misbruik: | 76,4 | 9,0 | 7,1 | 7,5 |
| **Emotionele verwaarlozing:** | 16,0 | 35,1 | **21,0** | **27,8** |
| Fysieke verwaarlozing: | 53,8 | 25,0 | 13,4 | 7,8 |

# Conclusies baseline kenmerken

- Geen duidelijke verschillen tussen de cluster C PHS in ernst persoonlijkheidsfunctioneren
  - Andere gesp PHS mildere doelgroep?
- Matige tot ernstig trauma in kindertijd is hoog prevalent, vooral emotioneel tekort en emotioneel misbruik

# Behandel drop-out in FORCE

Voorlopige resultaten

# Behandel drop-out FORCE

**Drop-out percentage (% van afgeronde behandelingen):**

- I-FORCE: 12.3% (17/138)
- G-FORCE: 19.3% (31/161)

Totaal inclusies:

- I-FORCE: 214
- G-FORCE: 279

**In vergelijking met andere studies**:

- Swift et al. (2017): psychotherapie & farmacotherapie 20.9%
- Swift & Greenberg (2014): Andere PD 20.3%
- Gülüm (2018): ST 23.3%

# Drop-out per conditie

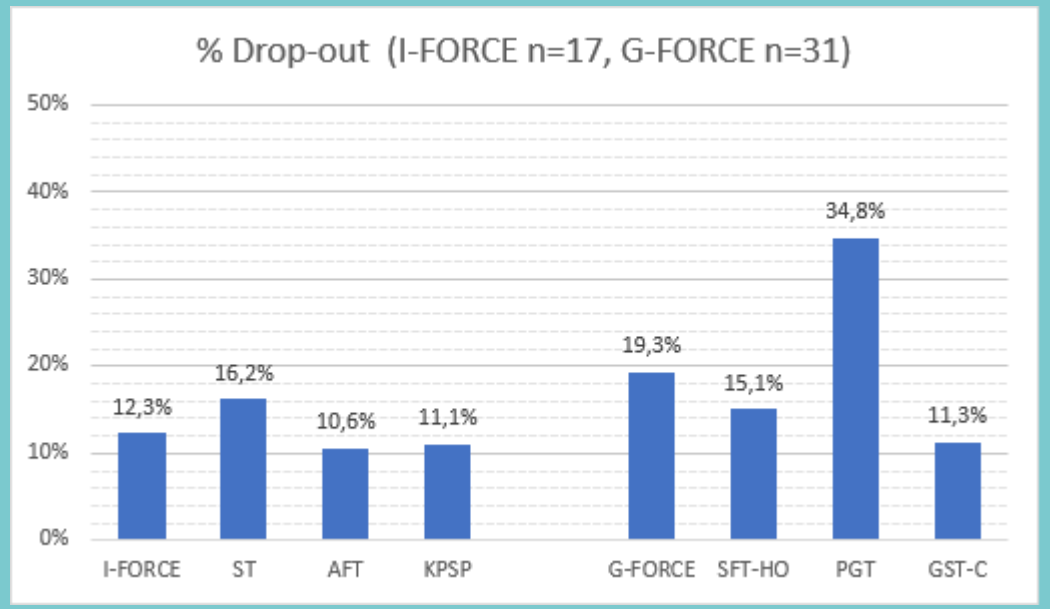
I-FORCE:

- Geen significant verschil in drop-out percentages

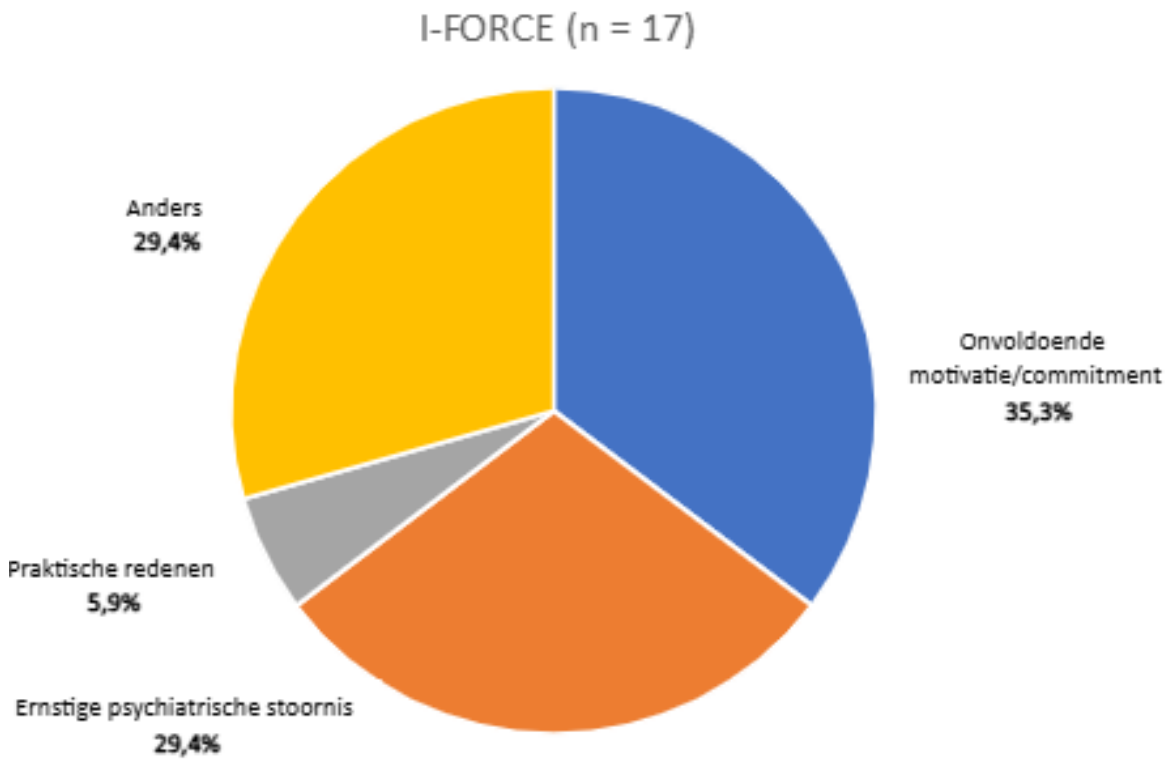
G-FORCE:

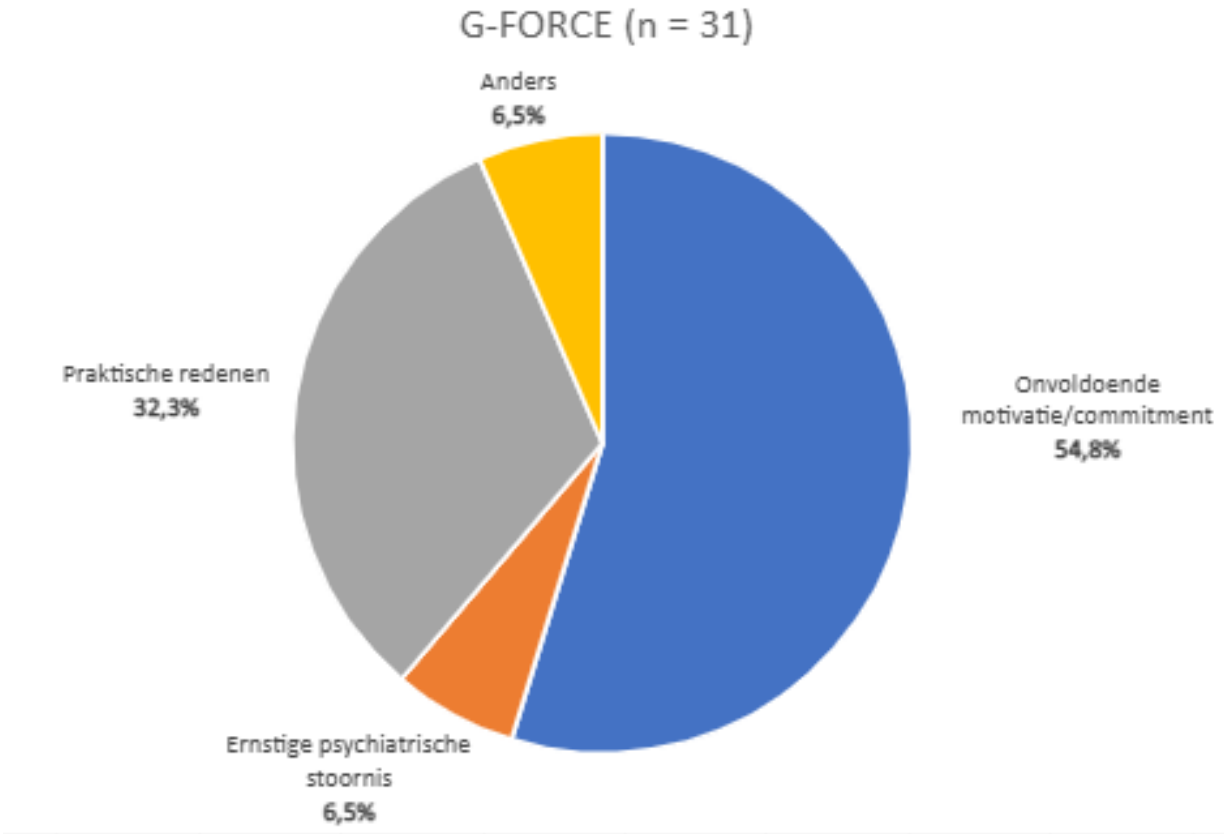
- Significant verschil in drop-out percentages
  - PGT hoger drop-out percentage vergeleken met SFT-HO and GST-C

  > NB: 5 patiënten drop-out in één groep



# Redenen voor drop-out



# Voorlopige samenvatting

- Drop-out percentage FORCE is vergelijkbaar met andere studies
- Top 2 redenen voor drop-out:
  - Onvoldoende motivatie/commitment (onvoldoende vertrouwen in methodologie / no show)
  - Andere hoofddiagnose

# Voorlopige conclusie

- Screening voor commitment voor de behandeling belangrijk om drop-out te voorkomen
- Drop-out bij groepstherapie kan gerelateerd zijn aan groepslidmaatschap

- Toekomst: analyse van voorspellende factoren voor behandel drop-out

# Met dank aan onze supervisors en het FORCE Research Team

Professor dr. Arnoud Arntz en dr. Rien Van

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# Vragen?

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