Individuele *vs*. groeps *vs*. gecombineerde individuele-groeps ST voor persoonlijkheidsstoornissen: een update

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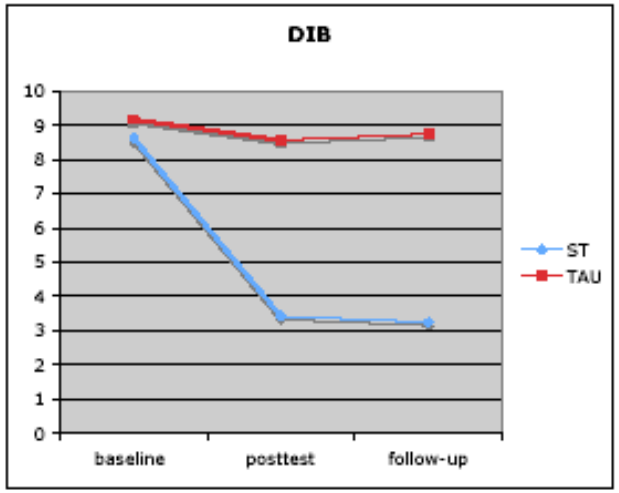
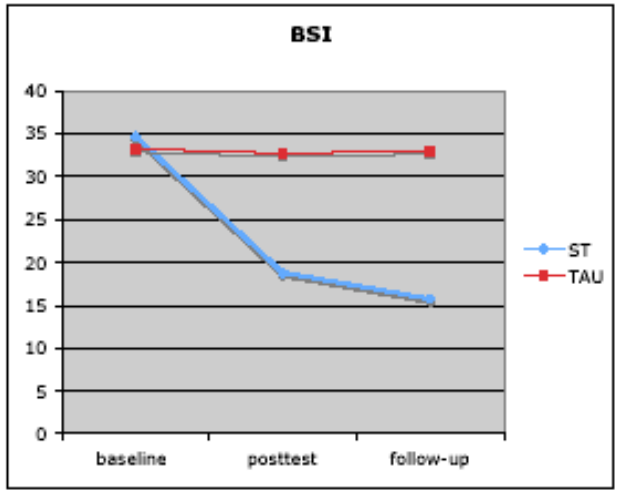
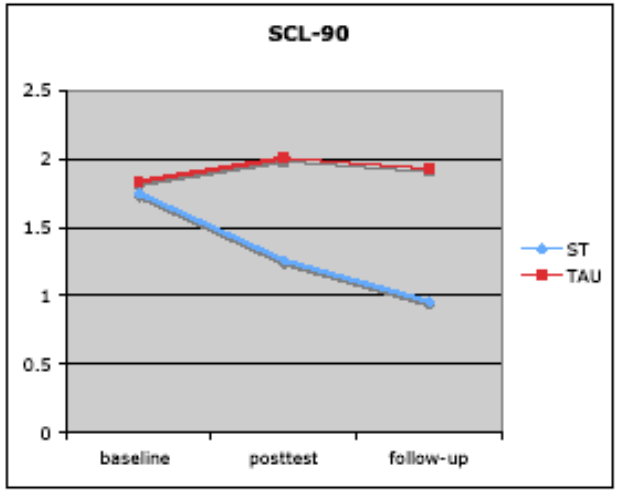
Individueel of groep?

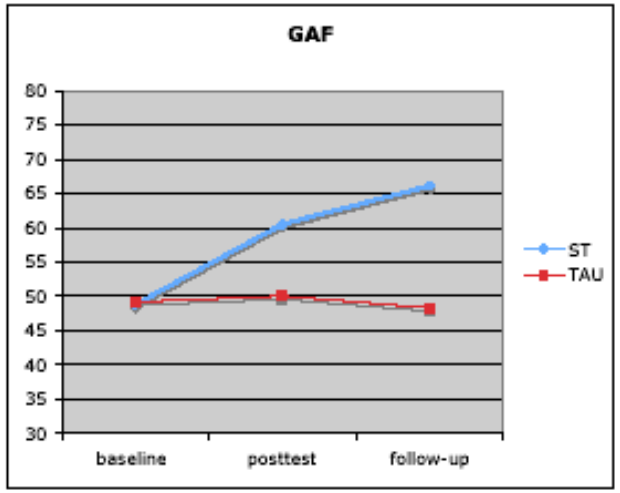
- (Ideologische) voorstanders van groep
  - Leden van de groep zijn “echt” (i.t.t. therapeuten)
  - Dus steun en confrontaties door mede-leden hebben meer effect
  - Voorziet in behoefte aan acceptatie door een groep
- (Financiële/efficiency) voorstanders van groep
  - Meer clienten per therapeut
  - Wachtlijsten
- Voorstanders van individueel
  - Diepere persoonlijke aandacht
  - Traumaverwerking
  - Behoefte aan individuele hechting en aandacht
  - Groepsdynamiek uitdaging met ernstige PS

Group ST vs. TAU for BPD
Main Outcome Measures (Farrell et al., 2009)









Mean ES
Cohen's d
ST = 2.62
TAU = 0.04

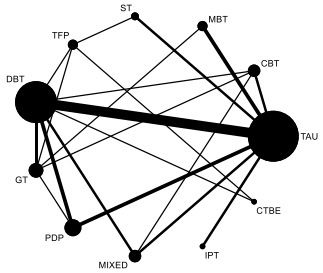
Recovery
ST 94%
TAU 25%

Drop-Out
ST 0 %
TAU 25%

Farrell et al. (2009), *J. Beh. Ther. & Exp. Psychiatry.*

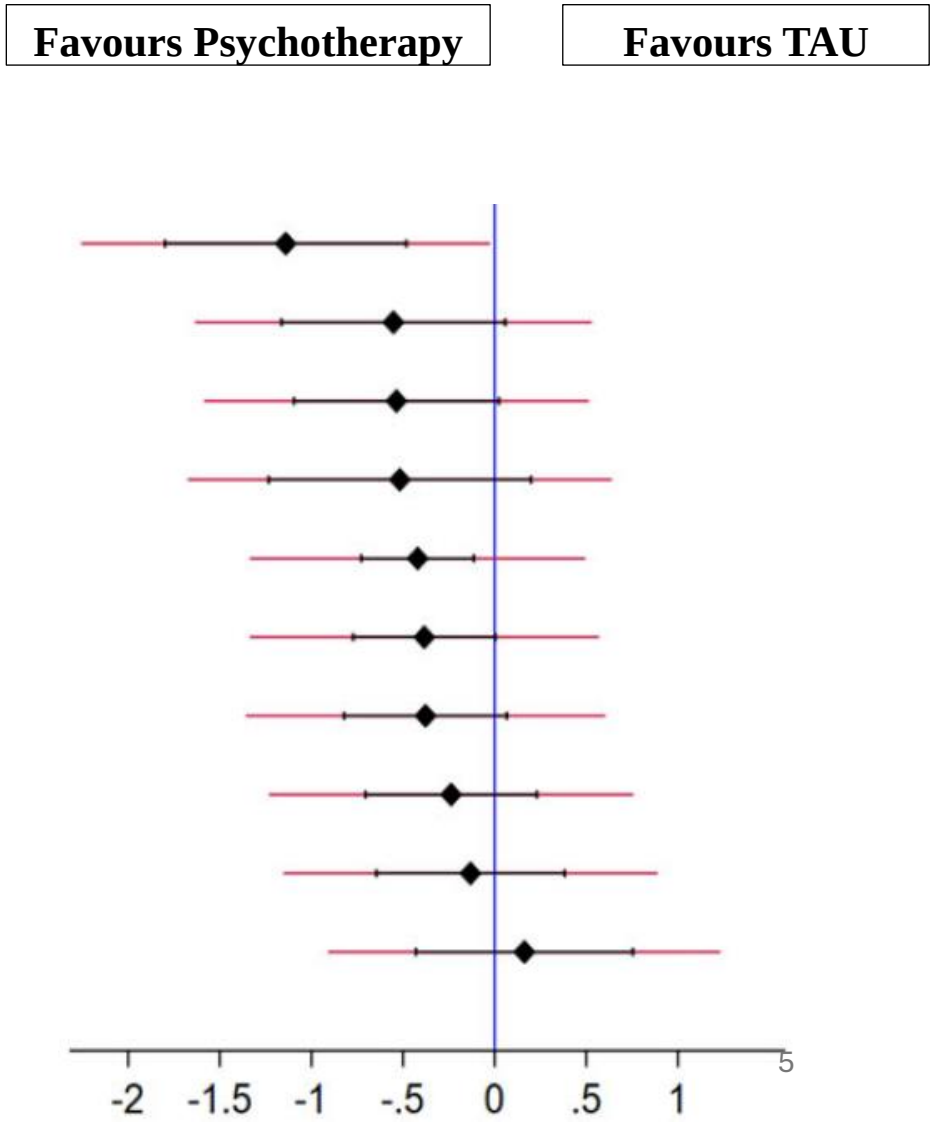
Borderline PS

Network meta-analyses treatments for BPD



Setkowski et al. (2023). *Psychological Medicine,* 1–20. *https://doi.org/10.1017/S0033291723000685*

Specialized psychotherapies (reference = TAU)	**Standardized Mean Differences (SMD; 95%-CI)**
Schema Therapy (ST)	-1.14 (-1.80, -0.48)
Transference-focused Therapy (TFP)	-0.55 (-1.16, 0.06)
Mentalization-based Therapy (MBT)	-0.54 (-1.10, 0.02)
Interpersonal Therapy (IPT)	-0.52 (-1.23, 0.20)
Dialectical Behavior Therapy (DBT)	-0.42 (-0.73, -0.11)
Psychodynamic Psychotherapy (PDP)	-0.38 (-0.77, 0.00)
Mixed therapeutic techniques (mixed)	-0.38 (-0.82, 0.07)
Cognitive Behavior Therapy (CBT)	-0.24 (-0.70, 0.23)
Community Treatment by Experts (CTBE)	-0.13 (-0.65, 0.38)
Generic Treatments (GT)	0.16 (-0.43, 0.75)



JAMA Psychiatry | Original Investigation

Effectiveness of Predominantly Group Schema Therapy and Combined Individual and Group Schema Therapy for Borderline Personality Disorder
A Randomized Clinical Trial

Arnoud Arntz, PhD; Gitta A. Jacob, PhD; Christopher W. Lee, PhD; Odette Manon Brand-de Wilde, PhD; Eva Fassbinder, MD; R. Patrick Harper, MSc; Anna Lavender, DClinPsy; George Lockwood, PhD; Ioannis A. Malogiannis, DrMed; Florian A. Ruths, DrMed; Ulrich Schweiger, DrMed; Ida A. Shaw, MA; Gerhard Zarbock, PhD; Joan M. Farrell, PhD

IMPORTANCE Schema therapy (ST), delivered either in an individual or group format, has been compared with other active treatments for borderline personality disorder (BPD). To our knowledge, the 2 formats have not been compared with treatment as usual (TAU) or with each other. Such comparisons help determine best treatment practices.

OBJECTIVE To evaluate whether ST is more effectively delivered in a predominantly group or combined individual and group format and whether ST is more effective than optimal TAU for BPD.

DESIGN, SETTING, AND PARTICIPANTS In this multicenter, 3-arm randomized clinical trial conducted at 15 sites in 5 countries (Australia, Germany, Greece, the Netherlands, and the UK), outpatients aged 18 to 65 years who had BPD were recruited between June 29, 2010, and May 18, 2016, to receive either predominantly group ST (PGST), combined individual and group ST (IGST), or optimal TAU. Data were analyzed from June 4, 2019, to December 29, 2021.

INTERVENTIONS At each site, cohorts of 16 to 18 participants were randomized 1:1 to PGST vs TAU or IGST vs TAU. Both ST formats were delivered over 2 years, with 2 sessions per week in year 1 and the frequency gradually decreasing during year 2. Assessments were collected by blinded assessors.

Visual Abstract

Supplemental content

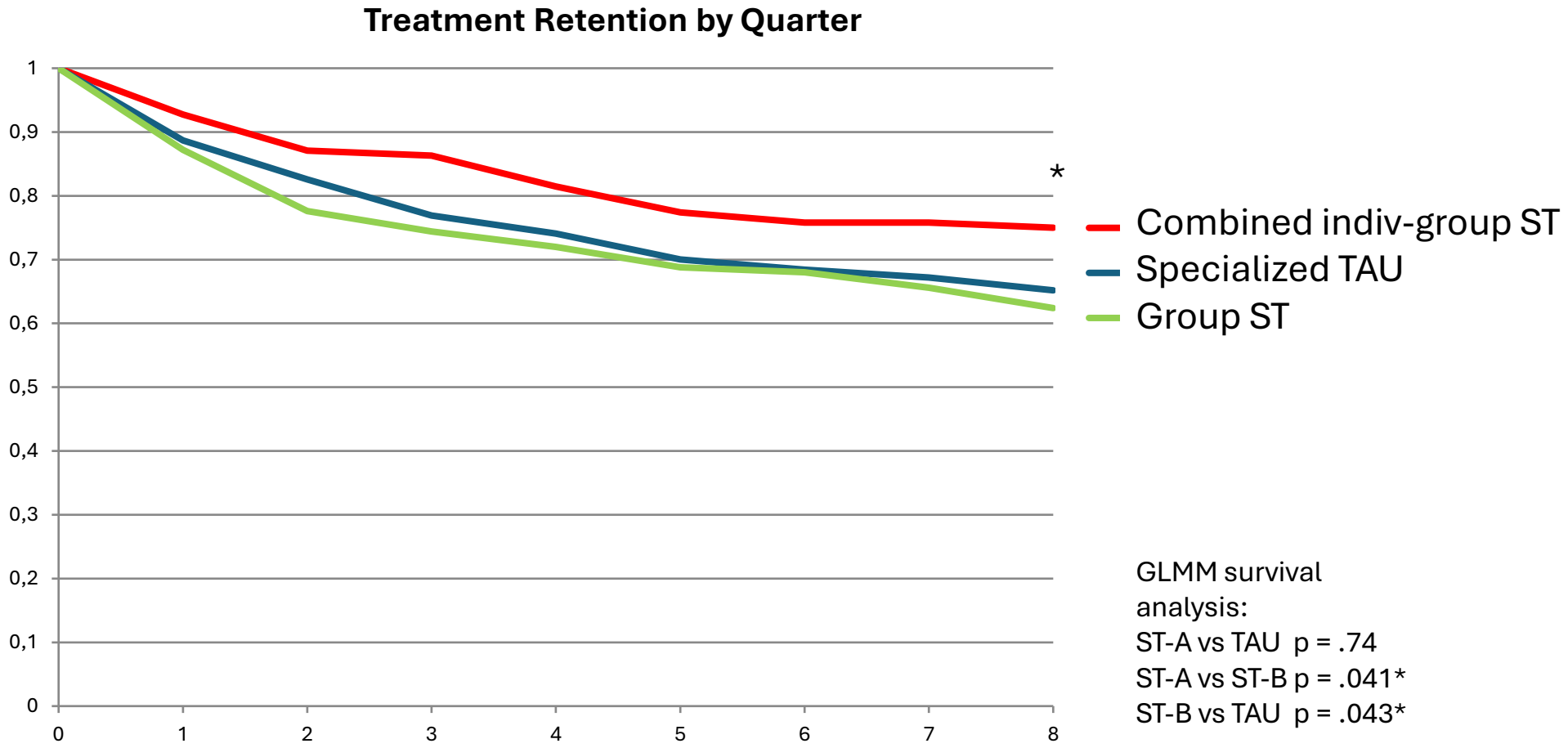
N=495
5 countries
15 sites

JAMA Psychiatry
2022

doi: 10.1001/
jamapsychiatry.
2022.0010

Treatment Retention:
Combined individual-group ST superior to Group-ST and Specialized-TAU

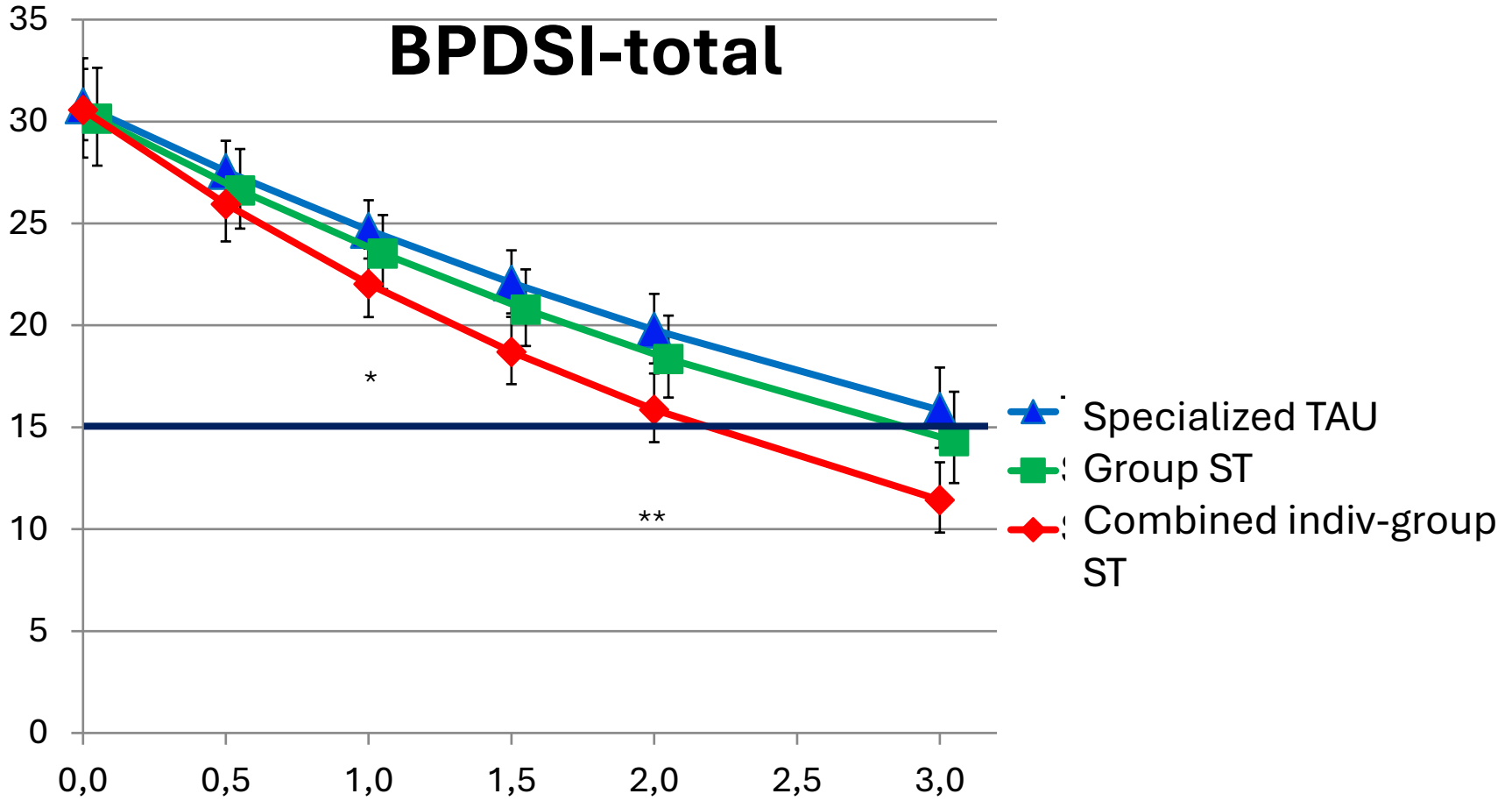
Arntz et al. (2022). *JAMA Psychiatry*



GLMM survival analysis:
ST-A vs TAU p = .74
ST-A vs ST-B p = .041*
ST-B vs TAU p = .043*

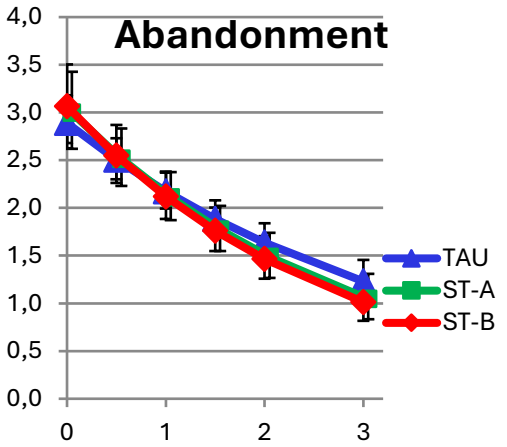
Primary Outcome BPD-severity over 3 years

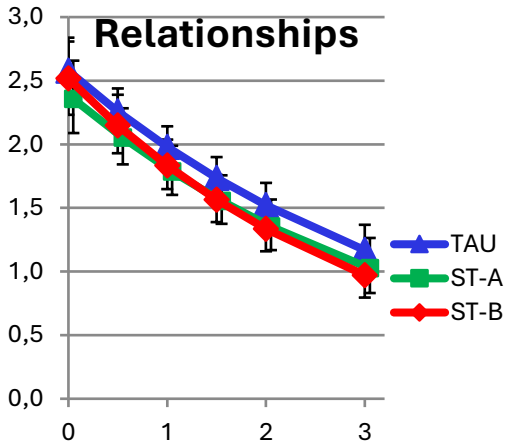
independent blinded raters (estimated means (95% CIs))
Arntz et al. (2022). *JAMA Psychiatry*

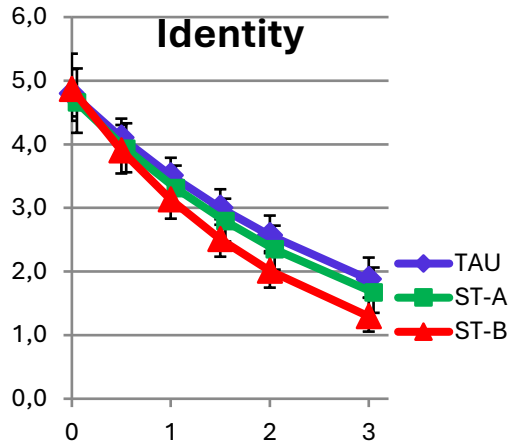


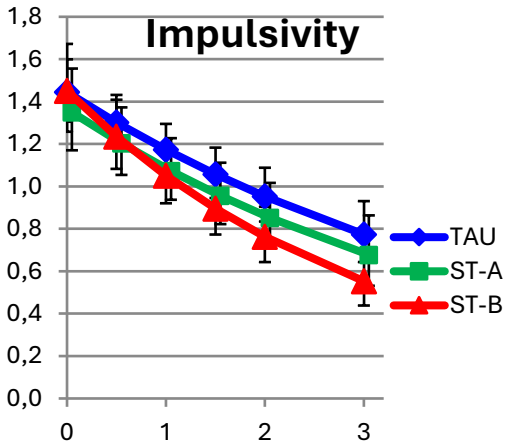
3 yrs Cohen's d
2.17
2.42
3.21

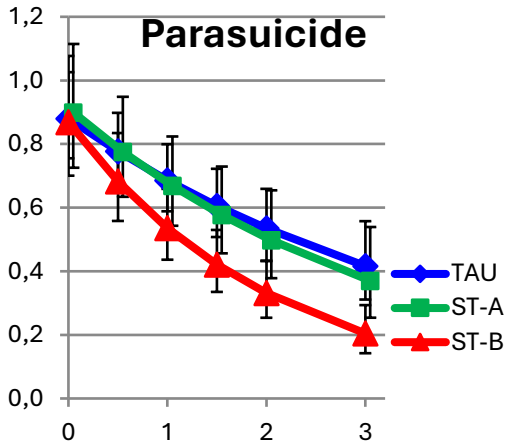
*At 1 year ST-B became significantly superior to TAU, **at 2 years significantly superior to ST-A. ST-A did not differ significantly from TAU.

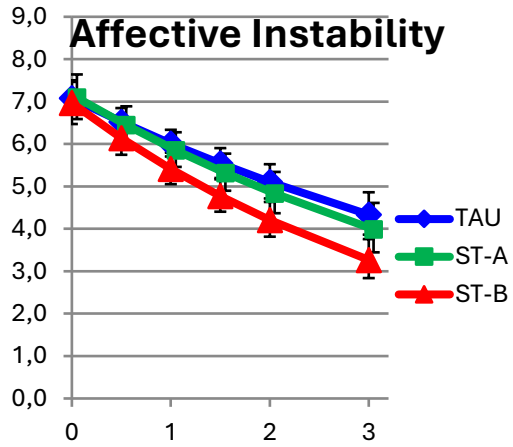

Abandonment
4,0
3,5
3,0
2,5
2,0
1,5
1,0
0,5
0,0
0
1
2
3
TAU
ST-A
ST-B

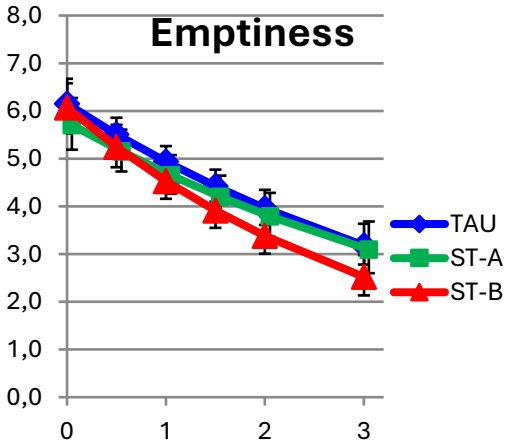

Relationships
3,0
2,5
2,0
1,5
1,0
0,5
0,0
0
1
2
3
TAU
ST-A
ST-B

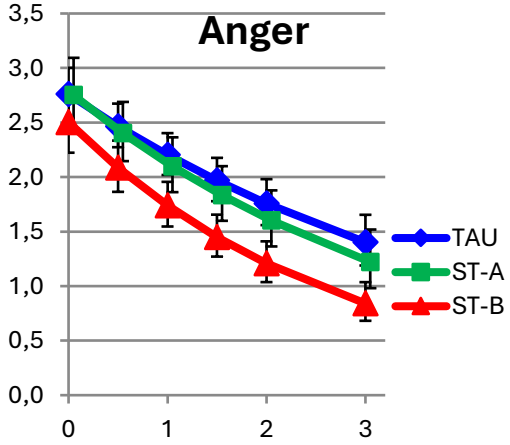

Identity
6,0
5,0
4,0
3,0
2,0
1,0
0,0
0
1
2
3
TAU
ST-A
ST-B

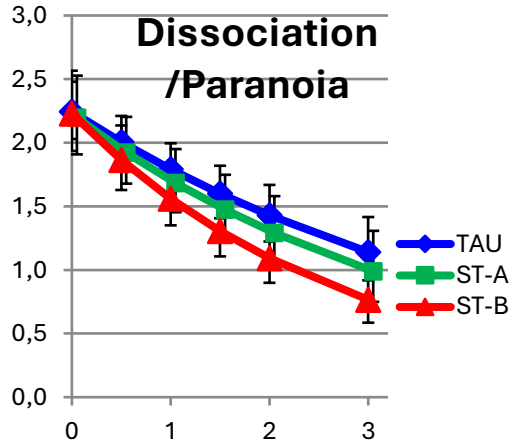

Impulsivity
1,8
1,6
1,4
1,2
1,0
0,8
0,6
0,4
0,2
0,0
0
1
2
3
TAU
ST-A
ST-B


Parasuicide
1,2
1,0
0,8
0,6
0,4
0,2
0,0
0
1
2
3
TAU
ST-A
ST-B

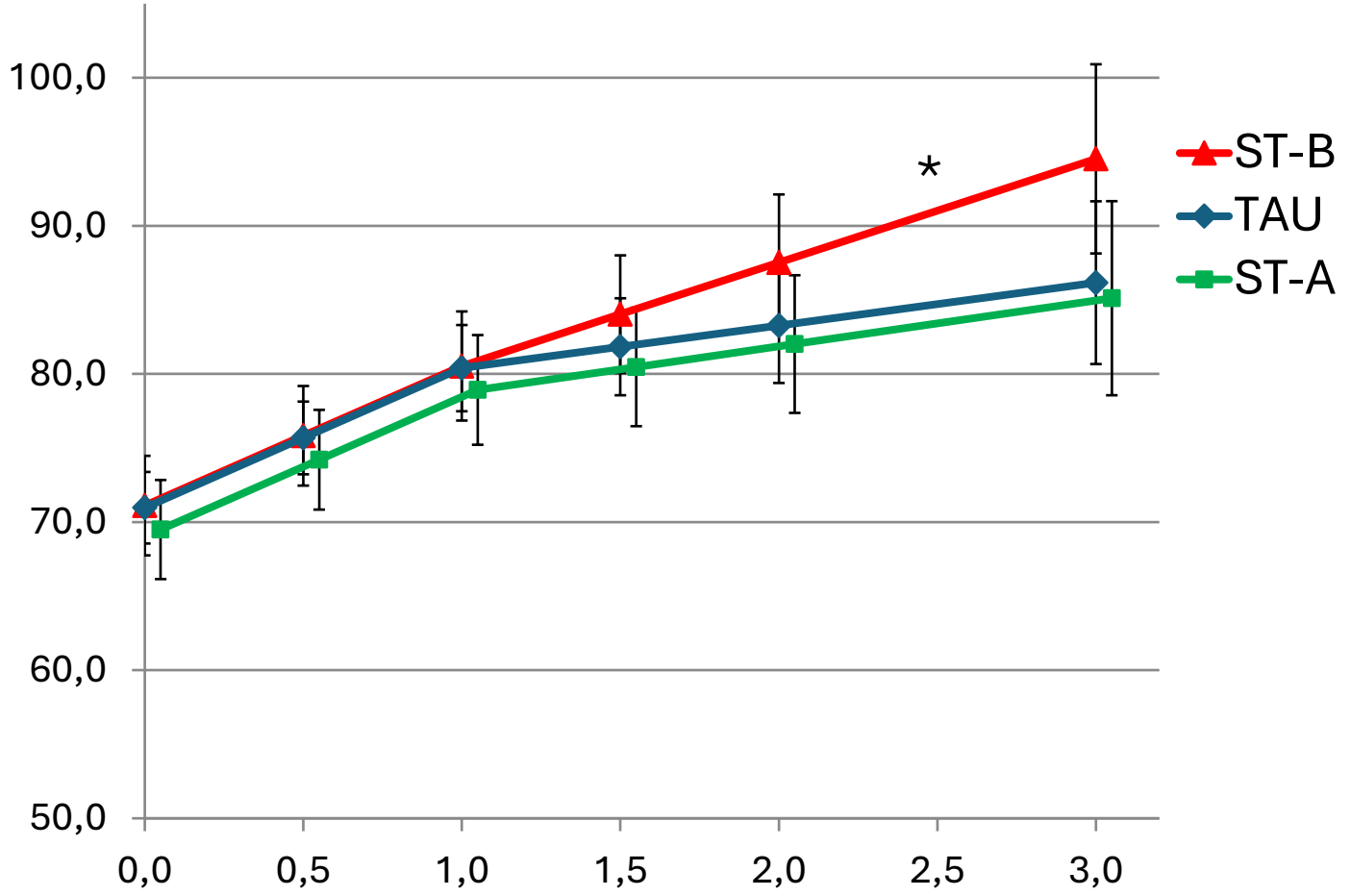

Affective Instability
9,0
8,0
7,0
6,0
5,0
4,0
3,0
2,0
1,0
0,0
0
1
2
3
TAU
ST-A
ST-B


Emptiness
8,0
7,0
6,0
5,0
4,0
3,0
2,0
1,0
0,0
0
1
2
3
TAU
ST-A
ST-B


Anger
3,5
3,0
2,5
2,0
1,5
1,0
0,5
0,0
0
1
2
3
TAU
ST-A
ST-B

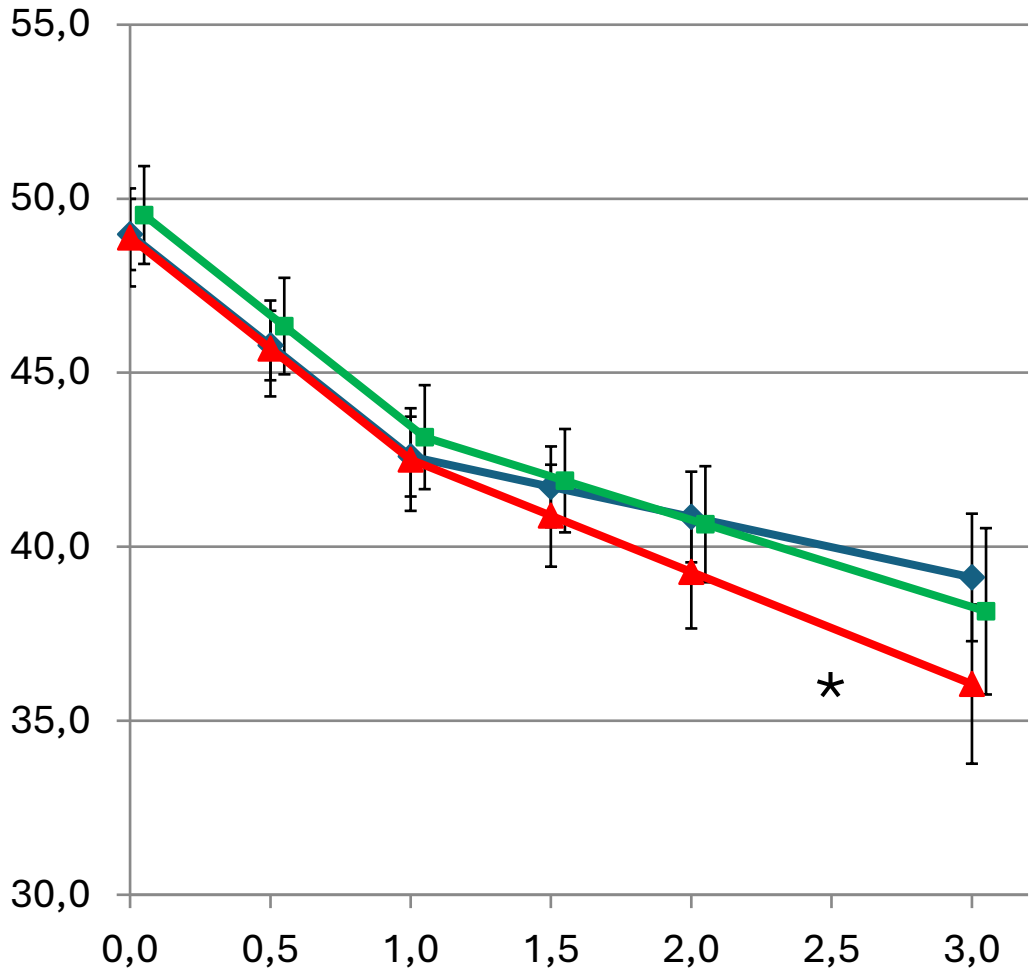

Dissociation
/Paranoia
3,0
2,5
2,0
1,5
1,0
0,5
0,0
0
1
2
3
TAU
ST-A
ST-B

WHOQOL
Quality of Life



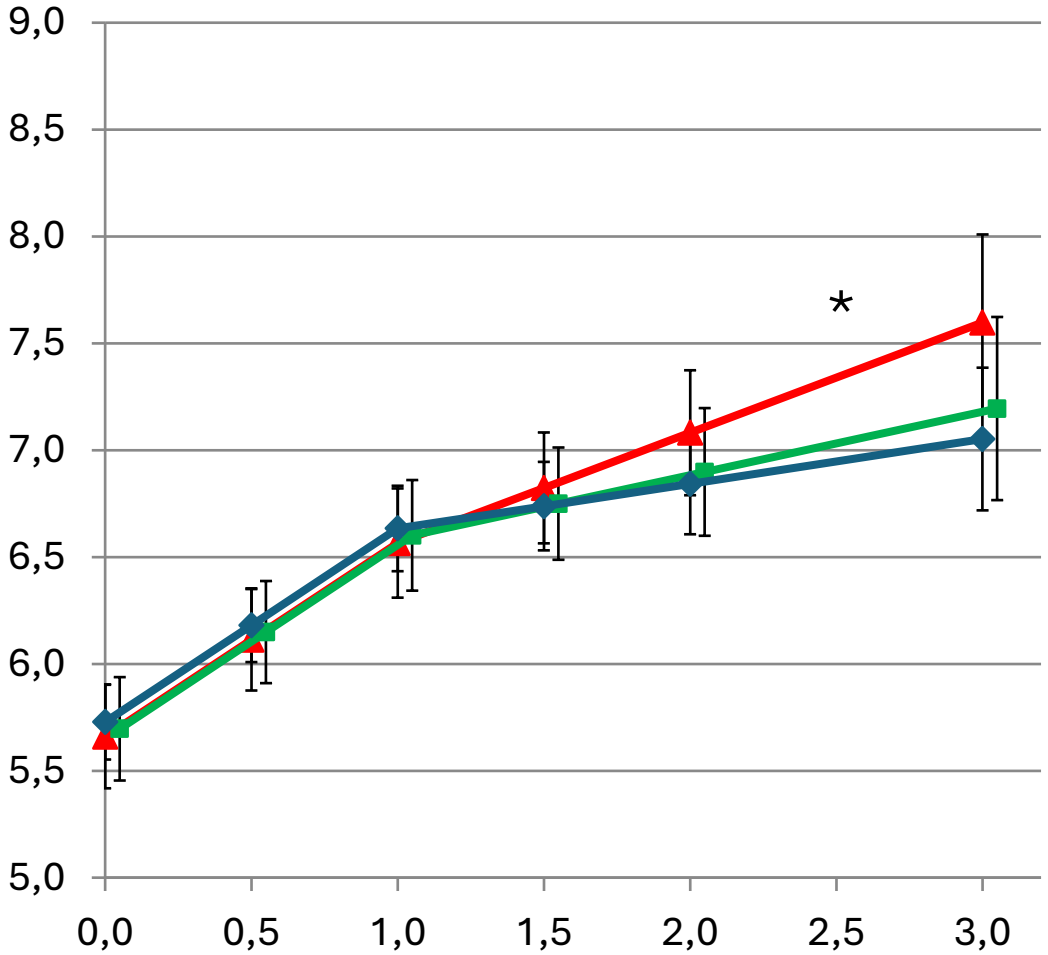
d
1.29
0.84
0.86

SMI-Dysfunctional



d
1.35
1.56
1.76

SMI-Functional



ST-B
ST-A
TAU

	d
ST-B	1.52
ST-A	1.17
TAU	1.04

Kosten-effectiviteit

- Voorlopige NL resultaten:
  - Combinatie individueel-groep ST is superieur

Kwalitatieve substudie

Martius et al., in prep.

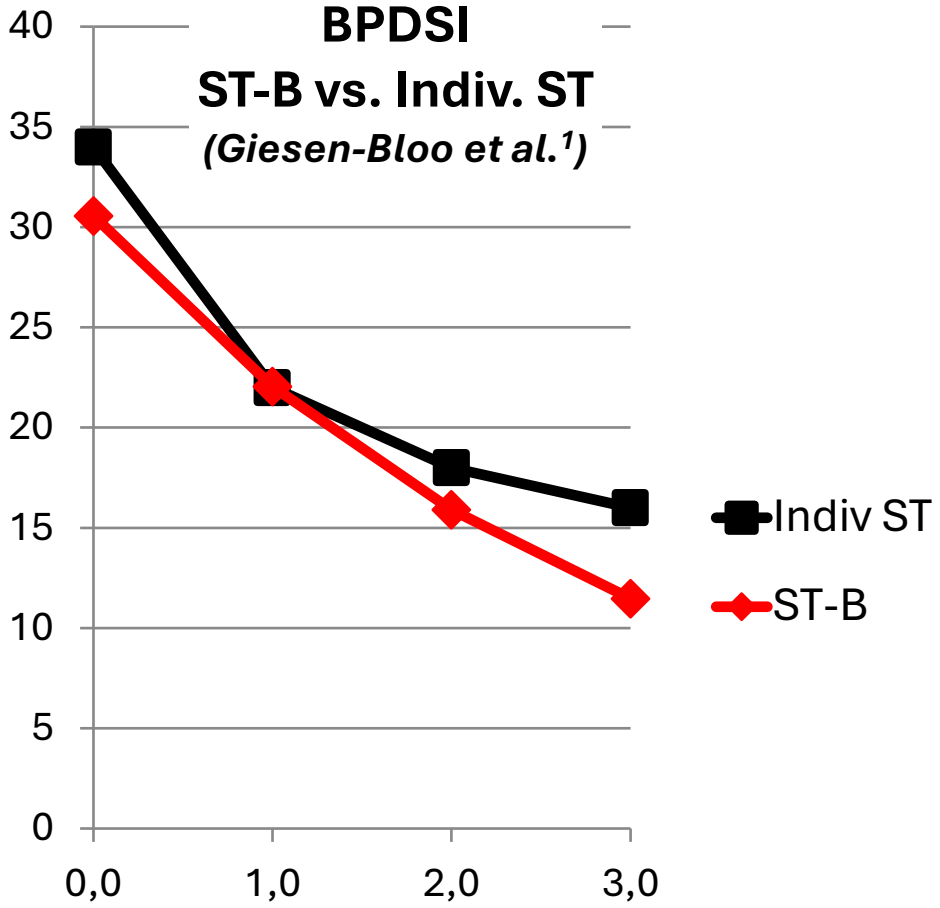
Meeste cliënten èn therapeuten voorkeur voor combinatie individueel-groep

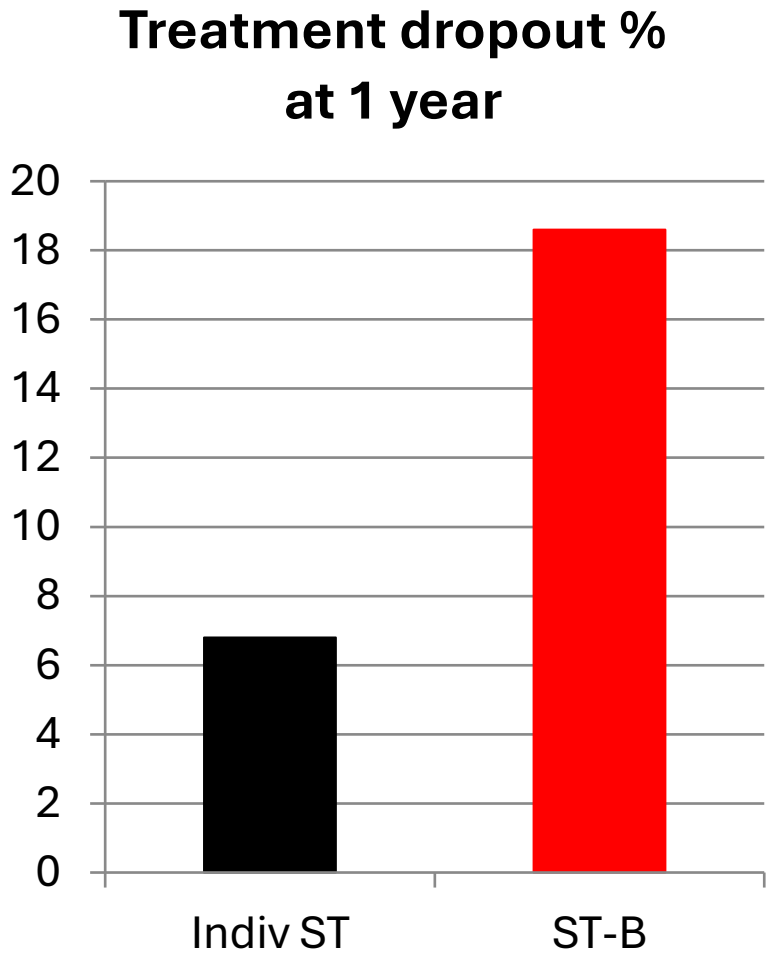
Therapeuten: crisis hanteren gaat beter; incidenten in groep beter te bespreken / limiteren

Cliënten: meer individuele aandacht

ST-B vs Individual ST: historical comparison[1)]

similar effect with 50% less sessions but more dropout



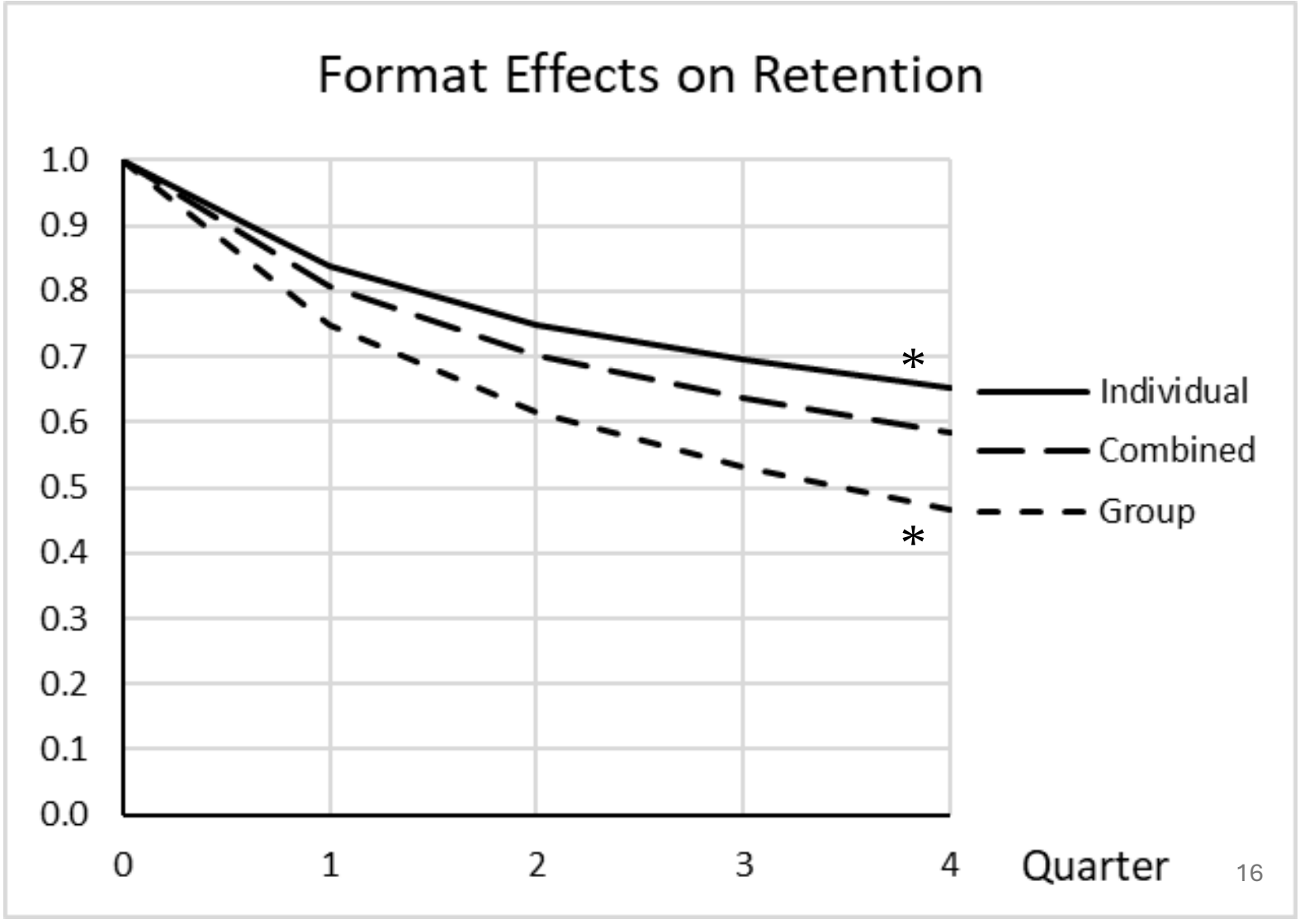


[1)] Giesen-Bloo et al. (2006). *Archives of General Psychiatry.*

Dropout from psychological treatment for BPD: effect of format

Arntz et al. (2023) *Psychological Medicine, 53,* 668–686.

111 studies
159 treatment arms
N=9100



Cluster-C

Received: 2 July 2022 | Revised: 9 August 2023 | Accepted: 14 August 2023

DOI: 10.1002/cpp.2903

RESEARCH ARTICLE

WILEY

Group schema therapy for cluster-C personality disorders: A multicentre open pilot study

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Funding information
This study did not receive funding.

Abstract

Background: Group schema therapy (GST) is increasingly popular as a treatment for personality disorders (PDs), including Cluster-C PDs. Individual ST has proven to be effective for Cluster-C PD patients, while the evidence for GST is limited. This study aimed to investigate the effectiveness of GST for Cluster-C PD. Moreover, differences between the specific Cluster-C PDs (avoidant PD, dependent PD and obsessive-compulsive PD) were explored.

Methods: A multicentre open trial was conducted, including 137 patients with a Cluster-C PD (avoidant PD: $n = 107$, dependent PD: $n = 11$ and obsessive-compulsive PD: $n = 19$). Patients received 30 weekly GST sessions with a maximum of 180 min of individual ST and five optional monthly booster sessions. Outcome measures including Cluster-C PD severity, general psychopathological symptoms, quality of life, functional impairment, happiness, PD-related beliefs, self-esteem, self-ideal discrepancy, schemas and schema modes were assessed at baseline until 2-year follow-up with semi-structured interviews and self-report measures. Change over time and differences between the specific Cluster-C PDs were analysed with mixed regression analyses.

Results: The outcome measures showed significant improvements for all Cluster-C PDs, with medium to large effect sizes after 2 years. A treatment dropout rate of 11.7% was found. There were some indications for differences between the Cluster-C PDs in severity at baseline, change trajectories and effectiveness of GST.

Conclusions: This study demonstrated that GST is a promising treatment for Cluster-C PDs. The following step is a randomized controlled trial to further document the (cost-)effectiveness of GST.

Behandelprotocol

- Tjoa & Muste protocol (Farrell & Shaw model)

- 2 voorbereidingssessies
- 30 groeps ST (90min., 7-9 deelnemers, 2 T)
- 180 min. individuele tijd
- 5 optionele boostersessies (kleine groep)

- Elke 10 sessies: 2-3 in/uitstroom

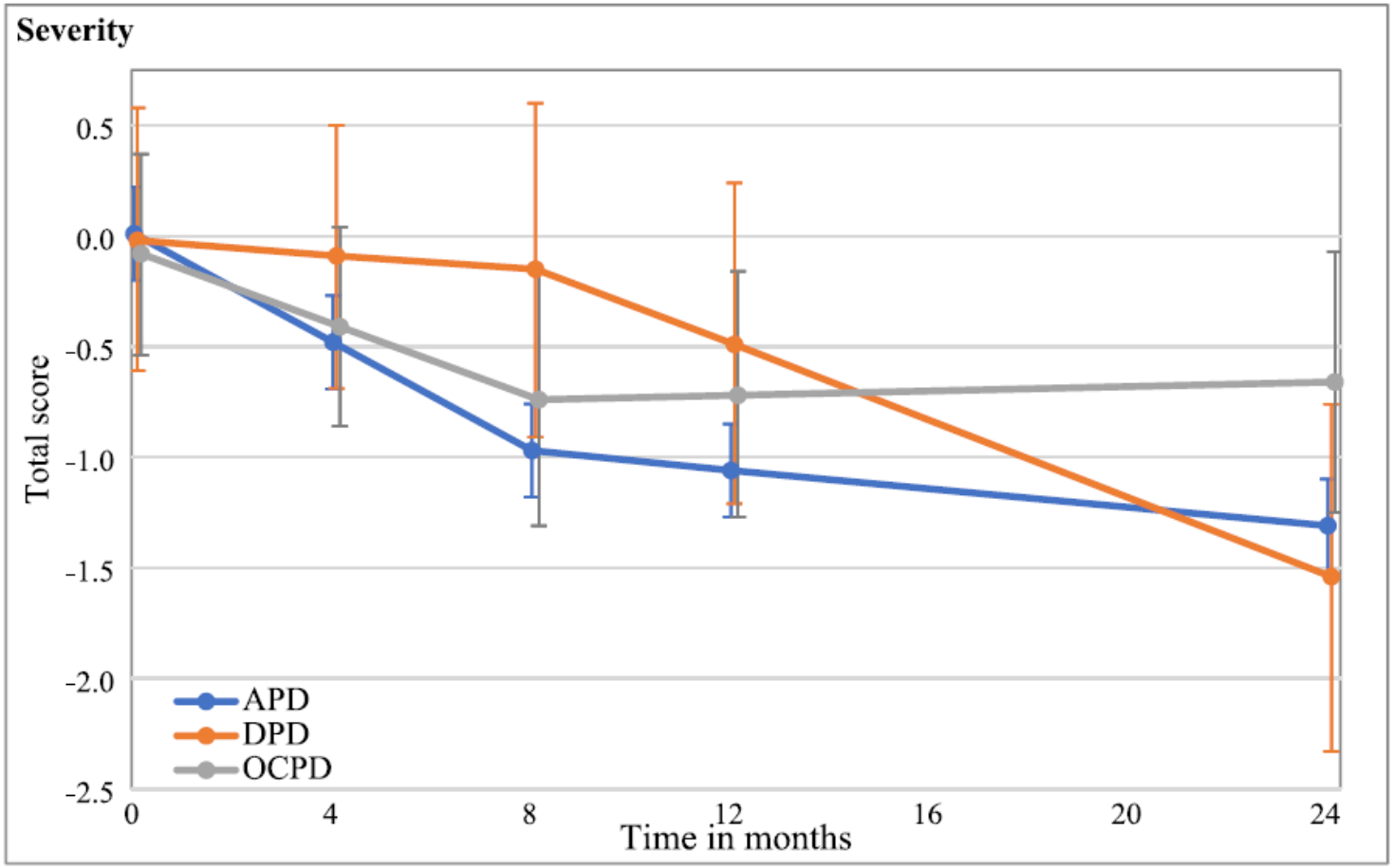
Design & Dropout

- Multicenter Trial
- N=137 (107 Vermijdende PS)

- Behandel-dropout:
- 11.7% (vgl. 11.0% IST, Bamelis et al. 2014)

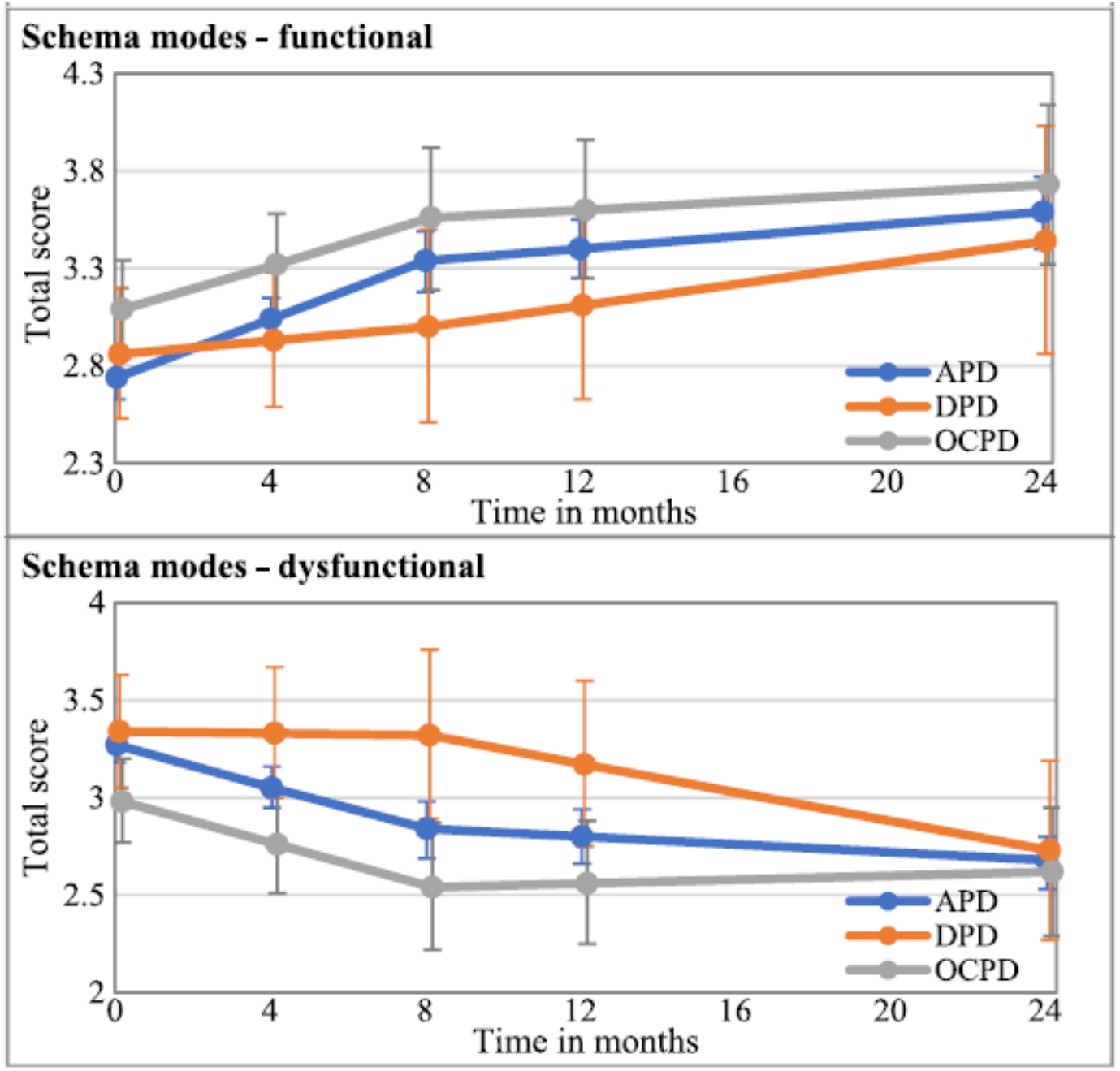
Wibbelink et al. (2023) *Clinical Psychology & Psychotherapy, 30,* 1279–1302.

Primaire uitkomst: PD-severity

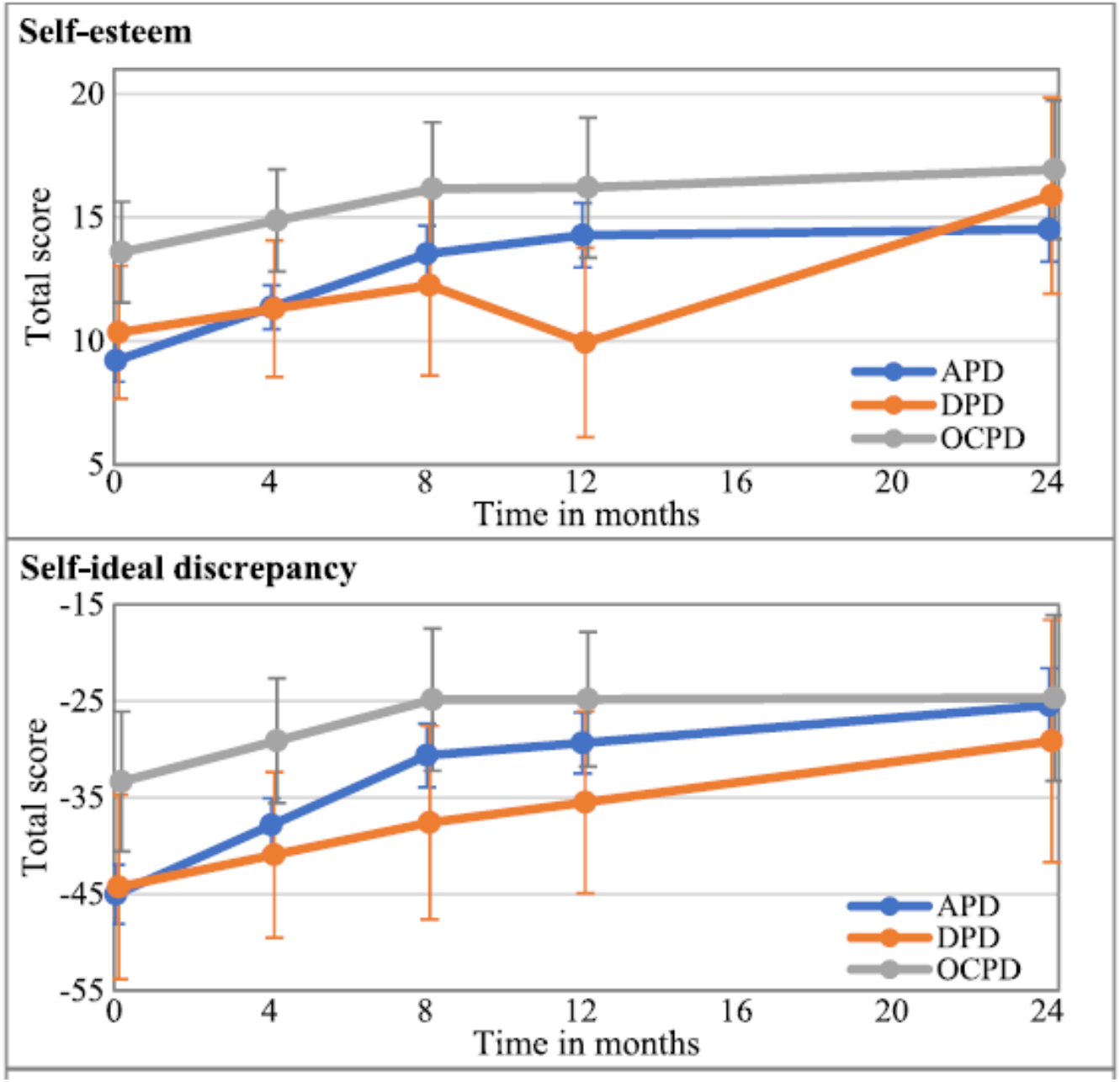


	Cohen's d
Vermijdend	1.33
Afhankelijk	1.53
Dwangmatig	0.59

Schema Mode Inventory



Self-esteem / self-ideal discrepancy




Handleiding
groeps-
schematherapie
voor cluster C-
persoonlijkheids-
stoornissen
Edith E.M.L. Tjoa
Eelco H. Muste
> mijn.boi.nl
boh
staftou
van leghum

Protocolveranderingen

- Van 180 naar 300 minuten individuele ST (!)
- Van 5 naar 4 booster-sessies
- Meer aandacht voor modi bij afhankelijke en dwangmatige PS

(Cost-)effectiveness study Group-ST vs Individual ST vs TAU for Cl-C PDs (ZonMW grant)

Predictors for treatment allocation
e.g. preference,
introversion,
autistic features,
severe trauma

Aim: app to help treatment indication

Groot *et al. BMC Psychiatry* (2022) 22:637
https://doi.org/10.1186/s12888-022-04248-9

BMC Psychiatry

STUDY PROTOCOL Open Access

Design of an RCT on cost-effectiveness of group schema therapy versus individual schema therapy for patients with Cluster-C personality disorder: the QUEST-CLC study protocol

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Abstract

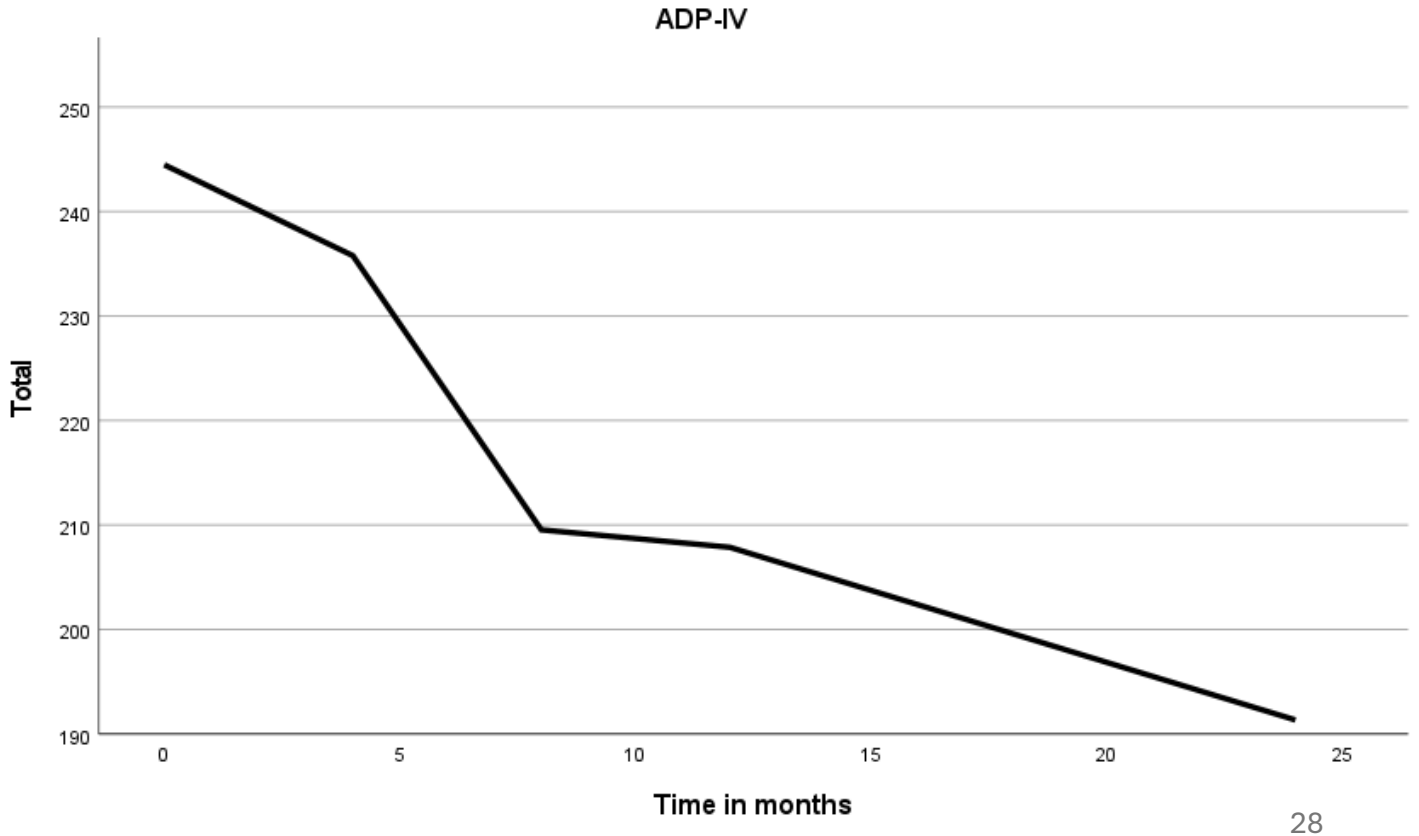
Background: Given the high prevalence of Cluster-C Personality Disorders (PDs) in clinical populations, disease burden, high societal costs and poor prognosis of comorbid disorders, a major gain in health care can be achieved if Cluster-C PDs are adequately treated. The only controlled cost-effectiveness study published so far found Individual

Andere Gespecificeerde PD

Andere gespecificeerde PS

Nikkels & Noordegraaf, in prep.

- Aangepast Cl-C GST protocol
  - Meer modi, meer externaliserende pathologie
  - Uitdagend: “verborgen” borderline, narcisme
- Pilot (open trial)
  - N=53
  - 3 behandel-dropouts (5.7%)
  - Groot effect d=.98



Máár

- Halverwege de trial: individuele minuten van 180 naar 300
- Geen effect te detecteren op uitkomsten
  - Echter: niet gerandomiseerd…

Conclusies

- Borderline:
  - Combinatie individueel-groep duidelijk beter en veiliger
  - Voornamelijk groep niet economisch superieur (!)
  - Bezwaar van suboptimaal gebruik van groep niet overtuigend
  - Vergelijking met individuele ST nodig (trial loopt)
- Cluster-C:
  - Groep met beperkt individuele contacten is effectief en veilig
  - Vergelijking met individuele ST: binnenkort resultaten!
- Andere gespecificeerde PS
  - Groep op basis van Cl-C model is mogelijk maar uitdaging
  - Van 180 naar 300 minuten individuele ST: geen merkbare effecten

Conclusies - 2

- Steeds nodig:
  - Verbeteren van indicatiestelling op basis van empirische bevindingen
- Uitdaging:
  - Grote N nodig in RCTs
  - Geen subsidies voor noodzakelijke replicatie

Dank voor uw aandacht!