

# Does attachment change during Group Schema Therapy? Exploring attachment transformation during Short Term Schema-Focused Group Therapy with patients with personality disorder

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 11/11/2024	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 08/11/2024	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

This scientific article aims to shed light on the question of whether attachment can undergo transformation within patients with personality disorder, during Schema Focused Group Therapy. Despite the evidence supporting the efficacy of schema-focused therapy and the fact that schema-focused therapy is partly based on the attachment theory, its impact on attachment remains an underexplored subject, especially within group therapy. Our understanding of attachment within diverse relationships with significant individuals and the impact of schema-focused group therapy on therapy outcome and quality of life, remains also limited. It is therefore important to investigate the relation between attachment and schema-focused group therapy outcome. Understanding how attachment can change during schema-focused group therapy has significant implications for clinical practice and offers a new dimension to our comprehension of therapeutic processes. By investigating this unexplored terrain, we aim to enhance the effectiveness of therapeutic interventions and we contribute to a more efficient therapy.

This pilot-study aims to explore the relationship between interpersonal attachment across different significant others and therapy outcome and quality of life, among adults with personality disorders, during a short term schema-focused group therapy (ST-SFGT).

We predict that attachment anxiety and attachment avoidance will change in a positive matter during ST-SFGT.

We also predict that:

- Higher scores on attachment anxiety measured by ECR-DS predict a lower effective therapy outcome, measured by SQ-48 and WHO-5.
- The higher patients score on attachment anxiety and attachment avoidance measured by ECR-DS, the lower patients will evaluate their quality of life.
- Attachment to significant others change over time, after therapy and that there will be significant differences between the significant others. This hypothesis is based on the

experiences and opinions of several experienced clinicians.

- The higher patients score on attachment anxiety and attachment avoidance to their therapist, the lower the treatment outcome will be, measured by WHO-5 and SQ48.

**Who can participate?**

All participants are patients within G-kracht and they won't need to do any more than follow their regular treatment. They will be asked at the beginning of their treatment whether the ROM – data can anonymously be used for scientific research. No extra measurements or stimuli will be added to their treatment as usual. Participants were excluded on the basis of: (1) diagnosis of Mental Retardation or a Pervasive Developmental Disorder; (2) acute risk of suicide; and too little empathic ability to participate in group therapy. Information about the study was provided in the first session and consenting patients were recruited. Non-consenting patients attended the group therapy but their questionnaires were excluded for the study.

**What does the study involve?**

All participants received Short Term Schema Focused Group Therapy consisted of minimum 18 and maximum 20 sessions with 8 to 10 patients. The programme followed an established treatment manual provided by senior therapists and is treatment as usual.

Participants completed the following questionnaires: WHO-5, ECR-DS, sQ48 before start of the therapy, during therapy and at the end of therapy. These questionnaires were part of the routine outcome measurement.

**What are possible benefits and risks of participating?**

Participants weren't asked to do any more than follow the treatment as usual and fill in the regular questionnaires. There are no side effects.

**Where is the study run from?**

G-kracht (Netherlands)

**When is the study starting and how long is it expected to run for?**

January 2024 to January 2026

**Who is funding the study?**

The study is part of an educational study of clinical psychology. The researcher is following an educational programme to become a clinical psychologist (KP-opleiding) and this study is subsidized by the government (Netherlands).

**Who is the main contact?**

Nina Roosen, [nina@splinter.care](mailto:nina@splinter.care)

## Contact information

**Type(s)**

Public, Scientific, Principal Investigator

**Contact name**

Mrs Nina Roosen

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## **Additional identifiers**

### **EudraCT/CTIS number**

Nil known

### **IRAS number**

### **ClinicalTrials.gov number**

Nil known

### **Secondary identifying numbers**

Nil known

## **Study information**

### **Scientific Title**

This study aims to explore the relationship between interpersonal attachment across different significant others, therapy outcome and quality of life, among adults with personality disorders, during a Short Term Schema Focused Group Therapy

### **Study objectives**

We predict that attachment anxiety and attachment avoidance will change in a positive matter during ST-SFGT.

We also predict that:

1. Higher scores on attachment anxiety measured by ECR-DS predict a lower effective therapy outcome, measured by SQ-48 and WHO-5.
2. The higher patients score on attachment anxiety and attachment avoidance measured by ECR-DS, the lower patients will evaluate their quality of life.
3. Attachment to significant others change over time, after therapy and that there will be significant differences between the significant others. This hypothesis is based on the experiences and opinions of several experienced clinicians.
4. The higher patients score on attachment anxiety and attachment avoidance to their therapist, the lower the treatment outcome will be, measured by WHO-5 and SQ48.

### **Ethics approval required**

Ethics approval not required

### **Ethics approval(s)**

Due to the fact that participants weren't asked to do any more than follow the treatment as usual and fill in the regular questionnaires, this research is not subject to Medical Research Involving Human Subjects Act (WMO).

### **Study design**

Observational longitudinal study

**Primary study design**

Observational

**Secondary study design**

Longitudinal study

**Study setting(s)**

Other therapist office

**Study type(s)**

Treatment

**Participant information sheet**

Not applicable (retrospective study)

**Health condition(s) or problem(s) studied**

Treatment of patients with personality disorder

**Interventions**

Participants were patients attending G-kracht with a referral from their general practitioner. Patients were referred to either a cognitive or experiential short-term schema group therapy based on the experiences and opinions of several experienced clinicians. Short Term Schema Focused Group Therapy consisted of minimum 18 and maximum 20 sessions with 8 to 10 patients. The programme followed an established treatment manual (see Vreeswijk en Broersen, 2019 for details). A total of X senior therapists (X female, X male) provided the therapy.

There will be three measurement points:

T0 (pre-treatment, 1 week before the start of the treatment);

T1 (mid-treatment, after 10 weeks of weekly sessions);

T2 (post-treatment, at the last session, of 20 weeks of treatment)

The assessments are done by the participating group therapists who are not blind.

Participants will be adult outpatients who undergo ST-SFGT for personality disorders. To participate in this kind of therapy, participants need to receive a primary diagnosis of a personality disorder (according to the Diagnostic and Statistical Manual of Mental Disorders 5th ed.; American Psychiatric Association, 2013) based on a clinical interview with their treating psychologist.

**Intervention Type**

Behavioural

**Primary outcome measure**

Participants completed questionnaires at Time 1 (T0; before start), Time 2 (T1; 8 weeks later following completion of day 8) and Time 3 (T2; at the end of therapy). These questionnaires were part of the routine outcome measurement and results were discussed with the patients as part of their treatment. All assessments were administered by computer.

1. Attachment is measured by ECR-DS at T0, T1 and T2

2. The effect of therapy is predicted and is measured by SQ-48 and WHO-5 at T0, T1, T2

**Secondary outcome measures**

1. In order to explore if attachment differs between significant others, we will use the ECR-DS measured across three points (T0, T1, T2)
2. In order to explore the relationship between attachment anxiety and attachment avoidance to the therapist, we will use the ECR-DS at T1 and T2 and the treatment outcome measured at T2 in comparison with T0, with the SQ-48 questionnaire

**Overall study start date**

01/01/2024

**Completion date**

01/01/2026

## Eligibility

**Key inclusion criteria**

Participants were patients attending G-kracht with a referral from their general practitioner. Patients were referred to either a cognitive or experiential short-term schema group therapy based on the experiences and opinions of several experienced clinicians.

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Upper age limit**

65 Years

**Sex**

Both

**Target number of participants**

55

**Key exclusion criteria**

1. Diagnosis of Mental Retardation or a Pervasive Developmental Disorder
2. Acute risk of suicide
3. Too little empathic ability to participate in group therapy

**Date of first enrolment**

01/01/2024

**Date of final enrolment**

01/01/2026

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre****G-Kracht**

Noordeinde 27A

Delft

Netherlands

2611 KG

## **Sponsor information**

**Organisation**

G-kracht

**Sponsor details**

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**Sponsor type**

Hospital/treatment centre

**Website**

<https://g-kracht.com/>

## **Funder(s)**

**Funder type**

Hospital/treatment centre

**Funder Name**

Splinter

## **Results and Publications**

Publication and dissemination plan

Planned publication in a peer-reviewed journal.

**Intention to publish date**

01/01/2027

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study will be stored in a non-publicly available repository (under the name of Onderzoek Nina). All data will be stored anonymized and encrypted on a separate secure drive within G-kracht. The coding file (the file that links the patient numbers to research participant numbers) is stored separately and securely in another folder (so in a different location than the data).

The datasets generated during and/or analysed during the current study are/will be available upon request from Aglaia Zedlitz ( a.zedlitz@g-kracht.com ). All the raw data can be shared, for the time that is needed. Analyses will be done with SPSS and the analyses will be shared. Consent from participants is obtained. If my plans change I will update this data-sharing statement at a later date.

**IPD sharing plan summary**

Stored in non-publicly available repository, Available on request