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Does attachment change during Group Schema Therapy? Exploring attachment transformation during Time-Limited Schema-Focused Group Therapy with patients with personality disorder

Submission date
29/10/2024

Recruitment status
No longer recruiting

Registration date
11/11/2024

Overall study status
Completed

Last Edited
06/02/2026

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] 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 time-limited 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 Time-Limited 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 February 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

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

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 Time-Limited 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).

Primary study design
Observational

Study design
Observational longitudinal study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Treatment of patients with personality disorder

Interventions

Current interventions as of 15/09/2025:
Participants were patients attending G-kracht with a referral from their general practitioner. Patients were referred to either a cognitive or experiential time-limited schema group therapy based on the experiences and opinions of several experienced clinicians. Time-Limited 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.

Previous 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(s)
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 predict a is measured by SQ-48 and WHO-5 at T0, T1, T2

Key secondary outcome(s)
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

Completion date
28/02/2026

Eligibility

Key inclusion criteria
Current inclusion criteria as of 15/09/2025:
Participants were patients attending G-kracht with a referral from their general practitioner. Patients were referred to either a cognitive or experiential time-limited schema group therapy based on the experiences and opinions of several experienced clinicians.

Previous 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

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
65 Years

Sex
All

Total final enrolment
0

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
28/02/2026

Locations

Countries of recruitment
Netherlands

Study participating centre
G-Kracht
Noordeinde 27A
Delft
Netherlands
2611 KG

Sponsor information

Organisation
G-kracht

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Splinter

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed durin 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

Available on request, Stored in non-publicly available repository