

18 months (one-year follow-up). Primary outcome measure was psychological distress, as measured with the 53-item Brief Symptom Inventory (BSI-53). Secondary outcome measures were mental well-being, assessed with the Warwick-Edinburgh Mental Well-being Scale, and personality functioning assessed with the Severity Indices of Personality Problems – Short Form (SIPP-SF). Intention to treat analyses using linear mixed models were applied to compare GST+PMT with UC.

Results: Group schema therapy significantly outperformed usual care with a medium effect-size of 0.4 post-treatment, which faded out to a small effect-size of 0.2 at the end of follow-up on the primary outcome parameter. Interestingly, the lower effect-size during follow-up could be explained by a slower treatment response in the usual care condition as post-treatment results of schema therapy were fully maintained during follow-up. Similar results were found with respect to improvement of mental well-being and improvement of personality functioning, although effect-sizes of the latter were a little bit smaller. Age, sex, level of education, and/or cognitive functioning had no impact of these outcomes.

Conclusion: Schema therapy enriched with psychomotor therapy is more effective for the treatment of personality disorder in later life than usual care (which often consists of drug treatment combined with supportive nurse-led care and/or individual psychotherapy).

EMDR in older adults with PTSD and comorbid personality disorders

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Objectives: Approximately one third of older adults (≥ 60 years) with a posttraumatic stress disorder (PTSD) also suffer from a comorbid personality disorder. Emerging evidence shows that in Eye Movement Desensitization and Reprocessing (EMDR) therapy can be beneficial for personality disorders. Since personality disorders are associated with several adverse events, the present study aims to investigate whether EMDR in older adults with PTSD will improve personality functioning.

Methods: A multi-center feasibility study was conducted with 24 older PTSD-patients (60-83 years). PTSD was assessed with the Clinician-Administered PTSD Scale-5 (CAPS-5). All participants received weekly 1-hour sessions of EMDR therapy for PTSD up to a maximum of 9 months. The primary outcome was change in personality dysfunction, assessed by Severity Indices of Personality Problems–Short Form (SIPP-SF) at baseline and end of treatment. Secondary outcome was pre-post difference in the presence of (any) personality disorder according to DSM-IV criteria as measured with the

Structured Clinical Interview for DSM-IV Axis-II PDs (SCID-II). All analyses were adjusted for PTSD severity, therapy duration, and other treatment (co-interventions) which was kept constant.

Results: A linear mixed model approach showed an increase in SIPP-SF scores from pre- to posttreatment, a significant influence of pre-post CAPS-5 for the total sample ($F(1,37.5)=6.95$), $p=.012$) and a marginal significant effect of other treatment ($F(1,21.9)=4.04$), $p=.057$). No significant main effects of time, therapy duration (3, 6, or 9 months), CAPS-5 by time was found (all $p>.05$).

Conclusions: EMDR treatment resulted in improved personality functioning. Other treatment next to EMDR had a negative impact on the increased of personality functioning.

Systems Training for Emotional Predictability and Problem Solving for older adults with borderline personality disorder symptoms

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Objective: Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a 20-week group treatment program for patients with borderline personality disorders (BPD). STEPPS is an evidence-based treatment to reduce BPD symptoms. However, the mean age of patients studied thus far is 33 years. Studies evaluating STEPPS in older adults are lacking. Aim of this study was to investigate the feasibility of STEPPS in older adults with BPD symptoms.

Method: A naturalistic, pre- vs post-treatment pilot study design. Twenty-four patients (mean age 64 years) completed the Dutch version of the STEPPS program. Primary outcome was BPD symptoms and secondary outcome was psychological distress and maladaptive personality functioning.

Preliminary results of the ongoing study: The STEPPS pilot in older adults demonstrated a significant decrease in BPD symptoms (Cohen's $d = 1.6$), improved self-control of emotions and impulses ($r = 0.58$), and improved identity integration (Cohen's $d = 0.5$). No significant differences were found for psychological distress.

Conclusion: STEPPS is feasible for older adults with BPD symptoms. The treatment program led to a decreased in BPD symptoms and improvement of emotion regulation skills in older adults.

Future perspectives: To further improve the feasibility of STEPPS in older adults a Delphi study was performed with seven experts in the field. The results of this Delphi study will additionally be discussed in this presentation. Most important recommendations were the addition of age-specific topics to the STEPPS program, e.g., changing social roles, life review, and/or physical limitations.