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Discipline: Personality and Psychopathology

Title: Psychological treatment of personality disorders (PDs) in older adults

Abstract: On one hand research demonstrated PDs benefit from treatment and that different psychotherapy approaches have comparable effectiveness (Kramer, 2018) on the other hand age groups addressed in these studies were largely limited to patients up to forty years old (Videler, 2016). Some authors even advocated that changing maladaptive personality aspects is not feasible in older age (Segal et al., 2006). Slowly the field is moving beyond this therapeutic nihilism. Recently, two studies (Lynch et al., 2016; Videler et al., 2014) also demonstrated that a cognitive behavioral approach holds promise in the treatment of PDs and comorbid mood disorders in older adults and one study (Videler et al., 2018) showed that schema therapy is effective in older adults with cluster C PDs applying a multiple baseline design in 8 patients. Feasible and effective treatments for PDs in older adults now need to be further developed. A first step is adapting treatment protocols for older adults by integrating age-specific process factors for enhancing the outcome of psychotherapy for PDs in later life. Possible enhancing process factors have been suggested, like integration of wisdom enhancement, positive schemas and negative attitudes to aging (Videler et al., 2017), but there is a need for empirical research. Clinical trials for adapted treatment protocols need to be set up at different treatment levels to assess their feasibility and efficacy. Treatment levels were identified as relevant for PDs in later life by experts for selecting adequate treatment goals: personality-changing treatment, adaptation enhancing treatment, and supportive structuring treatment (Videler et al., 2017, 2018). Personality-changing treatment focuses on changing pathological aspects of personality. Adaptation enhancing treatment aims at helping the motivated patient, yet limited in his ability to change (by for example poor introspection), to adapt to a changing environment and age-specific problems. A supportive structuring treatment is aimed at stabilizing the patient’s current mental and social situation, and can also include psycho-education of the of care providers and context of care.

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