Psychological treatment of personality disorders (PDs) in older adults: adapting protocols and clinical staging

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. Furthermore we will address the clinical research gap on treatment options and prognosis, by examining the added value of a clinical staging model for PDs in older adults. A clinical staging model distinguishes stages that reflect a specific level in the disease progression according to either their risk profile or phenotypical expression (Hutsebaut, Videler, Verheul & Van Alphen, 2019.).


Note: This project may be co-supervised by Prof. Dr. S.P.J. (Bas) van Alphen (VUB, Tilburg University & ‘Mondriaan’, Clinical Center of Excellence for Personality Disorders in Older Adults)

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Psychopathy is a personality construct consisting of interpersonal, affective and behavioral features. Psychopathic traits are dimensional in nature and are present in both criminal and non-criminal populations (Hare & Neumann, 2008). Despite the large bulk of psychopathy research, there are almost no studies tackling the age-neutrality of psychopathy assessment instruments across the life-span. In 1994 Harpur and Hare studied the assessment of psychopathy as a function of age. They concluded that affective-interpersonal traits were more stable across the life-span, whereas traits and behaviors associated with an unstable, unsocialized lifestyle, or social deviance declined with age. A more recent study of Vachon et al. (2013) indicates that personality-trait information predicts the rate of decline for psychopathy over the life span. Although these studies suggest age-related differences in the expression of traits associated with psychopathy, no study has yet focused on the psychometrics of psychopathy measures among older people (Holzer & Vaughn, 2018).

An age-neutral measurement system is one of the basic conditions for an accurate personality assessment across the lifespan, both longitudinally and cross-sectionally. Often questionnaires measuring personality and personality pathology of criteria for personality disorders have been developed in younger to mid-adult populations, and are consequently not attuned to an older life context. For example based on item response theory analyses in a large, cross-sectional study of 37.000 participants, Balsis and colleagues (2007) concluded that 29% of the DSM-IV Axis II criteria lack face validity in older age groups, hence possibly leading to over- or underdiagnosis of personality pathology in old age populations. Unfortunately, the presentation of later life was not explicitly considered in the construction of psychopathy measures. Therefore studies on the age-neutrality of psychopathy instruments, giving special attention to older age, and to differential prevalence rate of deviant personality traits across the life span are sorely needed.