INPLASY

Emotional Schema Therapy for Adults Diagnosed with Mental Health Problems: A Systematic Review

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - The author assures that no conflict of interest.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 03 April 2024 and was last updated on 03 May 2024.

INTRODUCTION

*R*eview question / Objective This review will aim to examine the evidence base for emotional schema therapy (EST) in treating adults diagnosed with mental health problems using randomized controlled trials (RCTs) or controlled trials (CTs) and then assess the quality of the evidence.

1. Which mental health problems does emotional schema therapy (EST) target the most?
2. Using randomized controlled trials (RCTs) or controlled trials (CTs), does emotional schema therapy (EST) help with psychological symptoms in people diagnosed with mental health problems?
3. What quality were the trials that employed emotional schema therapy (EST) for people diagnosed with mental health problems?

Rationale Emotional Schema Therapy (EST), developed by Leahy (2002), is based on a social-cognitive model that aims to assist individuals with mental health issues. This model strongly emphasizes people's perception, evaluation, and responses to their emotions, making their understanding of their feelings crucial. According to Leahy (2019), some individuals develop psychological theories or ideas about emotions, and these theories can lead to psychological problems.

Emotional schema therapy (EST) includes specific methods and emotion management strategies to recognize and treat insufficient emotional schemas. It is a group-based therapy; however, it can also be used individually and consists of ten sessions in which participants learn various emotional regulation strategies. These include recognizing emotional schema, labeling and differentiating other possible emotions, normalizing emotions, viewing emotions as temporal, increasing acceptance of emotions, tolerating mixed emotions, exploring emotions as goals,

taking emotional space, and focusing on emotions (Leahy, 2011, 2019).

Research in the field of mental health has used emotional schema therapy (EST) for those suffering from a variety of mental health problems. For example, Morvaridi et al. (2018) found that EST positively impacted reappraisal and anxiety. Rezaeifard et al. (2022) indicated that the EST improved anxiety sensitivity and anxiety intensity in fifty females with GAD compared to the control group. Also. a three-arm study (Kalantarian et al., 2023) comparing emotional schema therapy (EST) and dialectical behavior therapy (DBT) against a control group found that both EST and DBT improved emotional regulation in individuals with bipolar II disorder.

The importance of the Review:

Although emotional schema therapy (EST) was developed in early 2002 and used for various mental health problems, no review has been conducted on the evidence of this intervention so far.

Condition being studied Emotional Schema therapy with people diagnosed with mental health problems

METHODS

Search strategy In April 2024, an electronic search of databases (PsycINFO, Medline (Ovid), EMBASE, EBSCO, AMED, clinicaltrials.gov) will be conducted. The list of references for the included potential studies will also be checked manually.

Search Terms: The search terms used will be as follows: emotional schema therapy, EST, emotional schema therapy and clinical trial, emotional schema therapy and controlled trial, emotional schema therapy and randomi*ed controlled trial, emotional schema therapy and randomi*ed, emotional schema therapy and randomi*ed efficacy trial, emotional schema therapy and randomi*ed effectiveness trial, emotional schema therapy and efficacy trial, emotional schema therapy and effectiveness trial.

Participant or population Adults diagnosed with mental health problems.

Intervention Emotional Schema Therapy (EST).

Comparator None.

Study designs to be included Randomized controlled trials (RCTs) or controlled trials (CTs).

Eligibility criteria The controlled trials will be excluded from the review.

Information sources PsycINFO, Medline (Ovid), EMBASE, EBSCO, AMED, clinicaltrials.gov.

Main outcome(s) Any Mental Health Problems with any psychological symptoms

Additional outcome(s) an electronic search of databases (PsycINFO, Medline (Ovid), EMBASE, EBSCO, AMED, clinicaltrials.gov) will be conducted.

Data management
Inclusion and exclusion criteria
The general principles published by the Centre for Reviews and Dissemination (CRD, 2009) will be followed to conduct this review, and the results will be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines of the PRISMA (Moher et al., 2009). This review will include English-published articles in peer-reviewed journals that used randomized controlled trials (RCTs) or controlled trials (CTs) of emotional schema therapy for adults diagnosed with mental health problems in clinical settings. No date restrictions were applied for this review. The review will exclude studies that used non-randomized or non-controlled trials and targeted children or adolescents. Also, studies conducted in languages other than English will be excluded.
Identification of studies
Search strategy. In April 2024, an electronic search of databases (PsycINFO, Medline (Ovid), EMBASE, EBSCO, AMED, clinicaltrials.gov) will be conducted. The list of references for the included potential studies will also be checked manually.
Search Terms: The search terms used will be as follows: emotional schema therapy, EST, emotional schema therapy and clinical trial, emotional schema therapy and controlled trial, emotional schema therapy and randomi*ed controlled trial, emotional schema therapy and randomi*ed, emotional schema therapy and randomi*ed efficacy trial, emotional schema therapy and randomi*ed effectiveness trial, emotional schema therapy and efficacy trial, emotional schema therapy and effectiveness trial.
Study selection. Two phases will be involved in the selection of studies. The first one will include removing duplicates, and the titles and abstracts will be screened by applying inclusion and exclusion criteria independently by the review's author and an independent reviewer (assistant professor of clinical psychology). The second phase will include obtaining and examining the full texts of the promising studies for eligibility by the review's author. This phase will examine the full-text reference lists as well. Any disagreement in the first screening phase will be resolved through

discussion with another independent reviewer (assistant professor of clinical psychology with expertise in conducting SRs).

Data extraction. To extract data, the PICOS framework (Population, Intervention, Comparator, Outcomes, and Study Design) will be used to present the characteristics of the included studies. Some basic information will be gathered, such as the author's names of the included studies, where the trial was conducted, the journal that published the study, and the publication date. Population will include age, gender, and size of the sample. The intervention will include information on whether it is manualized, how many sessions it takes, how long they last, whether group or individual therapy is used, how big the group is, whether or not the intervention was modified to the population, the training the therapist received, and the location of the trial. The comparator will include the control group type, the group size, and whether participants in the control group were on psychiatric medication. Outcomes will contain all types of mental health problems. The study design will include whether it was an RCT or CT, a time-point assessment, and the measures used. Also, all the information related to the risk bias assessment will be extracted. The review author will conduct data extraction.

Quality assessment / Risk of bias analysis The Cochrane revised tool for assessing the risk of bias in randomized trials (RoB 2; Higgins et al., 2023) will be used to assess the methodological quality of each included study. This tool contains certain domains, such as bias arising from the randomization process, deviation from intended interventions, and missing outcome data. The review's author will conduct the risk of bias evaluation in the RCTs, which will be reviewed by an independent reviewer (assistant professor of clinical psychology with expertise in conducting SRs).

Strategy of data synthesis As this review is thought to be the first around the EST with people diagnosed with mental health problems, a narrative synthesis will be involved; however, a meta-analysis will be used if enough data is found. The studies will be saved to Rayyan software to help with duplicates and screens in the two phases. The titles and abstracts will be screened by applying inclusion and exclusion criteria independently by the review's author and an independent reviewer (assistant professor of clinical psychology). Any disagreement in the first screening phase will be resolved through discussion with another independent reviewer (assistant professor of clinical psychology with expertise in conducting

SRs). The second phase will include obtaining and examining the full texts of the promising studies for eligibility by the review's author.

Subgroup analysis No specific subgroup analysis will be conducted.

Sensitivity analysis No meta-analysis will be done.

Language restriction English language only

Country(ies) involved Saudi Arabia (Assistant Professor of Clinical Psychology, Psychology Department, King Saud University).

Keywords Emotional Schema Therapy, Adults, Mental Health Problems, Randomized Controlled Trials, Controlled Trials, Clinical Settings, Systematic Review.

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