Clinical Trial Protocol
Iranian Registry of Clinical Trials

05 Jul 2026

The Effectiveness of Emotional Schema Therapy on Emotion - Cognitive Regulation, Relationship Beliefs, Body Self - Relation, Partner- Related Obsessive-Compulsive Symptoms, Ambivalence in students

Protocol summary

Study aim

Determining the effectiveness of Emotional Schema Therapy on Emotional Cognitive Regulation, Communication Beliefs, Body Image, Severity of Obsessive-Compulsive Symptoms, Ambivalence of patients with Obsessive-Compulsive Disorder

Design

A controlled, single-blinded, randomized clinical trial on 15 patients. Excel software rand function was used for randomization.

Settings and conduct

Students 18 to 35 years old Sampling and sampling method: During the call, individuals volunteered and according to the research criteria, individuals will be randomly divided into two groups of treatment and control. Location: University Psychological Clinic

Participants/Inclusion and exclusion criteria

Inclusion criteria: Between 18 to 35 years of age A relationship obsessive-compulsive disorder score of higher than one standard deviation of the modified relationship obsessive-compulsive inventory scale Having an emotional schema for participating Signing a written consent form; Exclusion criteria: History of treatment or hospitalization in the last 6 months A treatment-limiting physical illness History of substance abuse Mental disorders other than obsessive-compulsive disorder according to structured clinical interview based on Diagnostic and Statistical Manual of Mental Disorders5 (DSM-5) Research Version (SCID-5-RV)

Intervention groups

Study individuals will be allocated to two groups; 15 to control and 15 to experiment group. Experiment group, will receive 12 sessions of psychological therapy to determine the effectiveness of emotional schema therapy on people with obsessive-compulsive disorder. Control group will receive no interventions and will be evaluated by pre- and post-intervention questionnaires.

Main outcome variables

Emotion-cognitive Regulation؛Rlationship beliefs؛Body Self Image؛Partner-Related Obsessive-Compulsive Symptoms؛Ambivalence

General information

Reason for update

Acronym

IRCT registration information

IRCT registration number: **IRCT20220502054723N1**
Registration date: **2022-07-11, 1401/04/20**
Registration timing: **registered_while_recruiting**

Last update: **2022-07-11, 1401/04/20**
Update count: **0**

Registration date

2022-07-11, 1401/04/20

Registrant information

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Name of organization / entity

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Recruitment status

Recruitment complete

Funding source

Expected recruitment start date

2022-07-09, 1401/04/18

Expected recruitment end date

2022-08-22, 1401/05/31

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

The Effectiveness of Emotional Schema Therapy on Emotion - Cognitive Regulation, Relationship Beliefs, Body Self - Relation, Partner- Related Obsessive-Compulsive Symptoms, Ambivalence in students

Public title

Effectiveness of Emotional Schema Therapy (EST) protocol in Relationship Obsessive-Compulsive Disorder(ROCD)

Purpose

Treatment

Inclusion/Exclusion criteria

Inclusion criteria:

Age of 18 to 35 years Relationship Obsessive Compulsive Disorder (ROCD) detection A score higher than a standard deviation of the modified Relationship Obsessive Compulsive Inventory (ROCI) scales Having an Emotional Schema Agree to participate in the research and sign a written consent

Exclusion criteria:

Have been treated or hospitalized for the past 6 months Having a limiting physical illness during treatment History of substance abuse (due to interference with the course of treatment sessions) Having other mental disorders other than obsessive-compulsive disorder based on Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) Research Version (SCID-5-RV)

Age

From **18 years** old to **35 years** old

Gender

Both

Phase

N/A

Groups that have been masked

- Participant
- Data analyser

Sample size

Target sample size: **80**

Randomization (investigator's opinion)

Randomized

Randomization description

For analyze the research data from descriptive statistics methods such as frequency, mean and standard deviation, as well as Shapiro-Wilk test to check the normality of the data and at the level of inferential statistics while observing the assumptions, at the total score level of the questionnaires from ANCOVA analysis of covariance (and at the level of Their components will use repeated measures multivariate analysis of covariance (COVAMAN) using SPSS 24 statistical software.

Blinding (investigator's opinion)

Single blinded

Blinding description

After the sampling call and entry actions of all participants, 30 people (15 people in the treatment group, 15 people in the control group) are randomly selected by computer and then all the people invited to the interview and the procedure are explained but it is not clear. Which 15 people will be treated.

Placebo

Not used

Assignment

Parallel

Other design features

Secondary Ids

empty

Ethics committees

1

Ethics committee

Name of ethics committee

Ethics Committee of Islamic Azad University Lahijan Branch

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Third Resalat Alley, Resalat Street, Gil Square

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Approval date

2022-05-02, 1401/02/12

Ethics committee reference number

IR.IAU.LIAU.REC.1401.005

Health conditions studied

1

Description of health condition studied

Relationship Obsessive Compulsive Disorder (ROCD)

ICD-10 code

F42

ICD-10 code description

Obsessive-compulsive disorder

Primary outcomes

1

Description

Relationship Obsessive Compulsive Disorder

Timepoint

Before and after the implementation of the treatment protocol

Method of measurement

questionnaire

Secondary outcomes

1

Description
Emotion Cognitive Regulation
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Cognitive Emotion Regulation (Garnefski) Questionnaire

2

Description
Relationship Belief
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Relationship Belief Inventory (RBI) Eidelson and Epstein

3

Description
Ambivalence
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Self-Ambivalence Measure

4

Description
Body Image
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Multidimensional Body- Self Relations Questionnaire

5

Description
Emotional Schema
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Emotional Schema Maladaptive Leahy Inventory

6

Description
Partner-Related Obsessive-Compulsive Symptom
Timepoint
Before and after the implementation of the treatment protocol
Method of measurement
Partner Related Obsessive-Compulsive Symptom Inventory

Intervention groups

1

Description
Intervention group: Session 1: Assessment (significant information about distressing emotions; patient's beliefs about these emotions; history of how emotions are managed in the paternal family; how the patient acts emotionally in his or her current relationships with other people; In addition to this information, the therapist should pay attention to how emotionally charged topics are discussed; what the verbal tone of this emotional expression is; The irrelevant issue changes: does the patient wear the properties of the properties as soon as they are activated, suppress them, or vice versa (and if so?) The first session of the emotional therapy schema begins with self-report questionnaires. The appointment is emailed to the patient so that the helicopter can access a wide range of information on psychiatric disorders, including personality disorders, symptom severity, relationship satisfaction, emotion regulation strategies, and metacognitive factors involved. Expensive access issues related to attachment, socialization experience, psychological flexibility, and more.Session 2: Explain about the treatment and identification of emotional beliefs (Ballinger, after the initial assessment and interview, can work with the patient to conceptualize the problem from the perspective of emotional therapy schema, although Ballinger acknowledges the importance of standard diagnostic testing. Evaluate the problem-solving strategies of emotion regulation in these standard diagnostic categories as well.To conceptualize the patient's problem, we use the following: 1. From the patient's point of view, what emotions are problematic? Anger, anxiety, loneliness, sadness.ʏ. Dominant emotional schemas. Emotions are undeniable, they last for an indefinite period of time, they are different from the emotions of others, they must be immediately suppressed or eliminated, they are a sign of weakness, they are shameful, and they cannot be considered valid.3. Socialization of emotion. Early and current history of parental disapproval; Experience humiliation and disregard for feelings of sadness and loneliness; Feelings of ingratitude towards the family for being "too busy" with their emotions; "managing" emotions by parents who were considered role models through substance and alcohol abuse; Emphasis on showing a desirable image of oneself instead of being original; Paying attention to physical appearance instead of personality and character. 4. Problem-solving strategies of emotion regulation. avoid; Striving to look vibrant; Meet the needs of others; Cannabis, alcohol and cocaine abuse; Sexual extrovert behavior; Self-harm; Ruminating, worrying and ignoring the need to seek help from others. 5. Adaptive strategies for emotion regulation. Ability to use problem-solving methods and communicate with mental health workers; Follow up on psychotherapy and medication.6. Beliefs about the emotions of others. Idealizing the abilities of others (patients are "all-knowing" human beings who do not need help from

others and are satisfied with their lives); The belief that he should calm down and calm his parents' emotions; And the belief that he has to keep people satisfied so that they feel good to avoid rejection. 7. Relationships between emotional schemas, emotion regulation, depression, anxiety and anger. Because the patient believes that his excitement will continue for an indefinite period of time and will flare up, he will use irrational tactics to get rid of unpleasant feelings and thoughts. 8. Interpersonal consequences of emotion schemas and emotion regulation. Because the patient believes that he or she is fundamentally disabled and vulnerable, he or she does not share his or her feelings with others.Session 3: Normalizing Emotion and Its Nature They engage in experiential avoidance, which is more related to the negative evaluation of emotion, such as the belief that emotions and indefinite duration will continue, are unique, uncontrollable, and irrational. It is at this stage that the patient learns how the process of understanding, lettering, distinguishing, evaluating, and applying emotions is constructively or painfully involved in the problems for which he or she is seeking treatment. And the patient explores early memories of emotional socialization that relate careless or disturbed parenting styles to specific beliefs about emotion.Session 4: Increasing awareness of emotion complexity (recognizing and recognizing how emotional schemas are learned helps the patient to distance himself or herself from them can lead to the extent that his or her beliefs about emotion are largely due to problematic parenting style. Examine any emotions in the patient's family that were not accepted. The treatment is not to engage in the process of blaming parents for having emotional problems in adulthood, but to help the patient understand that his or her beliefs about emotion can depend on the environment in whichLearning takes place in a different way. In addition, recognizing the socialization experience of emotion helps the patient to understand his or her emotions and to feel less guilty for not learning more consistent beliefs and strategies for emotion regulation.Session 5: Developing Emotion Tolerance (To motivate change, the therapist can now use some information about the patient's beliefs about emotions and maladaptive coping strategies to show that modifying beliefs can be helpful in addressing the patient's initial concerns. Patients who have so far relied on passivity, avoidance, substance abuse, rumination, overeating, and other futile coping strategies can gradually see how making changes to emotion beliefs can be made unnecessary in these strategies. It is possible to engage in action without motivation (many illnesses believe that they must be "prepared" or motivated to change).Session 6: Categorizing Emotion and Linking Emotion to Higher Values (The goal of an emotional therapy scheme is not to make the patient happy or relieve sadness or anxiety. Part of experiencing a full life is evaluating them irrationally, avoiding emotional catastrophe, recognizing the temporality of emotions, and using them as a guide to pursuing the value of work and phenomena that are important to the individual. It does not know how to achieve a "good feeling", but helps the patient to develop the capacity to feel everything in himself. The emotional schema model emphasizes the following seven themes:1. Painful and unpleasant emotions are common. ۲. These emotions evolved to alert us to danger and to inform us of our needs. 3. Underlying beliefs and strategies (and plans) for emotions determine the effect of an emotion and the intensification or persistence of oneself or other emotions. 4. Problematic include: catastrophizing an emotion; Believing that emotions are not logical; And that a lasting, uncontrollable emotion is shameful and unique and should not be revealed to anyone. 5. Schematic control strategies such as trying to suppress, ignore, neutralize, or eliminate emotions through substance abuse and overeating lead to the negative belief that emotions are unbearable experiences. 6. Expressing and validating emotion insofar as it normalizes and comprehends emotions, improves our perception of emotion, distinguishes between different emotions, reduces feelings of guilt and shame, and increases belief in the tolerance of emotional experience. It is useful. 7. Learning the image of painful emotions and cultivating tolerance for failure in the emotional therapy schema can be considered part of a model of personal empowerment - in other words, increasing self-efficacy and fuller meaning in life.)Session 7: Accepting Emotion and Creating Emotion (Based on the Emotional Schema Model, a person's beliefs about continuity, controllability, tolerance, complexity, comprehensibility, and the normality of other dimensions of emotions will determine whether a person will excuse having a particular emotion. To the extent that he will tolerate it and experience it as a temporary internal phenomenon.In addition, personal empowerment is the goal of the emotional schema therapy.The empowerment approach involves shaping effective behaviors and self-efficacy. Includes the following aspects: Futurism; Problematicism; Personal Responsibility; Personal Responsibility; Investing in Dissatisfaction; Kamerva Research; Endurance; From these aspects it is stated: is Futurism: Doing work for future rewards. Purposefulness: Setting clear goals and staying focused on them. Problem solving: Considering failure as an opportunity to solve a problem. Personal responsibility: Having standards of action (in other words, criteria for what is good or moral) for oneself, and holding oneself accountable for one's actions. Personal Accountable: Assessing oneself based on these criteria, and holding oneself accountable for the consequences where appropriate. Investing in discomfort: Considering discomfort as an essential investment for personal development. Delay in camouflage: Delaying camouflage in order to achieve the next rewards, in other words, the tendency to "save" for the future.)Session 8: Emotion Accreditation (accreditation is the realization that although suffering itself is hard enough, suffering alone is far worse. Accreditation is the means by which the therapist helps the patient to feel emotionally secure. In other words, the patient believes that "my vulnerability is safe here. I can trust this person with my feelings. This person wants to know me, take care of me, and even protect me." Inherent in any kind of attachment, those who are vulnerable want their problems solved, but also

seek a sense of security and percentage.In the emotional schema model, accreditation requires unconditional positive attention, but goes beyond it: Attention means anti-credibility for the individual , The criteria he considers for accreditation, and the consequences of anti-accreditation.)Sessions 9 and 10: Examining the Origins of Negative BeliefsRoots in the eraHas a child? (During treatment - Ballinger should assess how the patient responds to his or her emotions from childhood onwards, as well as the strategies used to regulate emotion. What emotions were difficult for him or her to cope with? The patient during childhood and adolescence, including avoiding situations that evoke emotions, sexual outbursts, inciting intense grief, screaming, barking, substance use, restricting food, overeating, or reassurance.)Eleventh and twelfth sessions present a new model and specific instructions for reductionRecurrence (therapists can focus on the importance of emotion in our process while also working on method and change. The following are helpful approaches and solutions to work for emotions in therapy. These approaches remind both patients and therapists that the reason for referral Treating patients with difficulty coping with emotions:• The key role of emotions in treatment• Pointing out the great importance of respecting patients' feelings• Explore as many different emotions as possibleAssociating painful emotions with higher values• Emphasis on the universality of emotions• Saying that sometimes life "shows its face"Achieving this recognition may seem like an excitement "will last forever," but it will actually go away over time.Acknowledging that humans may have seemingly conflicting emotions, and that there is "capacity" for countless emotions.• Saying that other emotions can have acceptable goals.Acknowledging that such comments may not be helpful at this time)

Category
Treatment - Other

2

Description
Control group: No intervention was made

Category
N/A

Recruitment centers

1

Recruitment center

Name of recruitment center
Islamic Azad University of Lahijan

Full name of responsible person
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Sponsors / Funding sources

1

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Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?
Yes

Title of funding source
Islamic Azad University

Proportion provided by this source
100

Public or private sector
Private

Domestic or foreign origin
Domestic

Category of foreign source of funding
empty

Country of origin

Type of organization providing the funding
Persons

Person responsible for general inquiries

Contact

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Full name of responsible person
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Latest degree
Master

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Psychology

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Sharing plan

Deidentified Individual Participant Data Set (IPD)
Yes - There is a plan to make this available

Study Protocol
Yes - There is a plan to make this available

Statistical Analysis Plan
Undecided - It is not yet known if there will be a plan to make this available

Informed Consent Form
Yes - There is a plan to make this available

Clinical Study Report
Yes - There is a plan to make this available

Analytic Code
Undecided - It is not yet known if there will be a plan to make this available

Data Dictionary
Not applicable

Title and more details about the data/document
After obtaining the final results, the data will be published in a valid journal

When the data will become available and for how long
Start of access period from 2024 Access period starts 6 months after the results are published

To whom data/document is available
Research data will be available only to researchers working and graduating from academic and scientific institutions

Under which criteria data/document could be used
No special conditions are considered

From where data/document is obtainable
Hamed Mollaeipour hamedmollaeipour@gmail.com

What processes are involved for a request to access data/document
Will be answered via email

Comments