

# Forensic Network Coaching: improving social networks among a forensic psychiatric outpatient population

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON25630

### Source

Nationaal Trial Register

### Brief title

FNC

### Health condition

-Social network, social support, randomized controlled trial, psychiatric treatment, criminal recidivism, loneliness

## Sponsors and support

**Primary sponsor:** Arkin, Inforsa Forensic Outpatient Care

**Source(s) of monetary or material Support:** Stichting tot Steun VCVGZ

## Intervention

## Outcome measures

### Primary outcome

-Mental well-being

## **Secondary outcome**

- Psychiatric problems
- Criminal recidivism
- Addiction
- Quality of life
- Social network
- Loneliness
- Social support

## **Study description**

### **Background summary**

Background: Forensic psychiatric patients often suffer from a multitude of severe psychiatric and social problems. Meanwhile multimodal evidence-based interventions are scarce and treatment effectiveness is in need of improvement. The main goal of forensic psychiatric treatment is to address psychiatric and social factors and thereby mitigate criminal behaviour. Notably, a supportive social network is an important protective factor for criminal behaviour. As such, improving a poor social network may decrease the risk of criminal recidivism. This study aims to examine the effectiveness of the addition of an informal social network intervention (FNC) to treatment as usual (TAU) among forensic psychiatric outpatients.

Methods: In a mono-center randomized controlled clinical trial with two parallel groups, forensic psychiatric outpatients with social network-related problems (N = 105) will be allocated to either TAU + FNC or TAU alone. The informal social network intervention consists of a 12-month coaching intervention, performed by the forensic network coach (a volunteer trained by an informal care institute). Assessments will be conducted at baseline and 3 months, 6 months, 9 months, 12 months, and 18 months after baseline. The primary outcome variable is mental wellbeing. Psychiatric functioning, criminal recidivism, substance abuse, quality of life, social network, social support, loneliness and self-sufficiency are included as secondary outcomes. A variety of potential mediators and moderators of effectiveness will be explored. Additionally, a qualitative evaluation of effectiveness will be performed.

Discussion: This study will contribute to the existing literature of forensic treatment effectiveness as it is the first RCT examining the effectiveness of adding a social network

intervention in a forensic outpatient population. If effectiveness is shown, forensic mental health care could be optimized by collaborating with informal care or community initiatives aimed at improving a positive social network. In addition, results will provide insight regarding mediators and moderators of treatment effectiveness.

### **Study objective**

-We expect patients in the TAU+ condition to report higher mental well-being rates as compared to patients in de TAU-condition after 12 and 18 months.

-We expect a decrease of psychiatric problems, criminal recidivism, addiction and loneliness in the TAU+ condition as compared to patients in de TAU condition.

-We expect patients in the TAU+ condition to report higher levels of quality of life, quality of the social network and social support.

### **Study design**

Baseline and 3 months, 6 months, 9 months, 12 months, and 18 months after baseline. Number of crime occurrences and recidivism rates, will be determined at 12 months and 36 months after baseline assessment

### **Intervention**

TAU consists of a variety of treatments and interventions in forensic outpatient mental health care such as forensic flexible assertive community treatment (forensic FACT), CBT-interventions or pharmacotherapy. In the TAU+ condition a so called forensic network coach will be added to treatment as usual during a period of at least three to maximum twelve months. The coach will be conducting an intervention called: 'Of course, a network coach!'. The purpose of the intervention is to increase social self-sufficiency in 10 steps.

## **Contacts**

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## Eligibility criteria

### Inclusion criteria

1. Subject is at least three months in treatment at Inforsa and committed to treatment or capable of accomplishing appointments according to his or her clinician.
2. Subject is diagnosed with addiction, psychiatric or personality disorder according to DSM-IV-TR criteria.
3. Subject is aged 16 years or older.
4. Subject is indicated as limited self-sufficient at participating in society and organizing social support; a score of 3 or lower on items concerning the social network and participation in society as measured with the Self-Sufficiency Matrix (ZRM).
5. Subject is not completely satisfied with their social relations and the support in their network; a score of 5 or lower on the items concerning social relations as measured with the Manchester Short Assessment of Quality of Life (MANSA).

### Exclusion criteria

1. Acute psychotic symptoms according to the clinician and/or DSM-IV-TR criteria as measured with the Mini International Neuropsychiatric Interview (MINI).
2. Current high risk for suicide requiring immediate intervention according to the clinician and/or DSM-IV-TR criteria as measured with the Mini International Neuropsychiatric Interview (MINI).
3. Severe addiction problems indicated by a score of 4 on the Health of the Nations Outcome Scales (HoNOS) or severe conditions requiring immediate intervention or hospitalisation.
4. Current high risk for severe aggression towards clinicians or others indicated by a score of 3 or higher on the Health of the Nations Outcome Scales (HoNOS).

5. Potential subject is included in project 'Biofeedback in treatment of aggression'.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	23-04-2018
Enrollment:	105
Type:	Actual

### IPD sharing statement

**Plan to share IPD:** Undecided

## Ethics review

Positive opinion	
Date:	16-04-2018
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 35026  
Bron: ToetsingOnline

Titel:

## Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

<b>Register</b>	<b>ID</b>
NTR-new	NL6975
NTR-old	NTR7163
CCMO	NL30308.075.10
OMON	NL-OMON35026

## Study results