Effect-study of participating in the Photo-instrument into self-experiences of patients recovering from a psychiatric crisis

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The study aims at finding answers for the following questions:-What changes develop in the perception of patients concerning their daily functioning (inclusing the impact of mental disorders) and how are these changes related to the photo-story they…

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Psychiatric and behavioural symptoms NEC
Study type	Interventional

Summary

ID

NL-OMON32116

Source
ToetsingOnline

Brief title
Photo-instrument

Condition

- Psychiatric and behavioural symptoms NEC

Synonym
no specific disorder

Research involving
Human

Sponsors and support

Primary sponsor: GGNet (Warnsveld)

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: empowerment, narrative, photo-elicitation, recovery

Outcome measures

Primary outcome

Patient's perception of the impact of sikness on his daily functioning. This is measured with the 'Sickness Impact Profile'-questionnaire (de Bruin AF, Diederiks JP, de Witte LP, Stevens FC, Philipsen H).

Reference:

Bruin de AF, Diederiks JP, Witte de LP, Stevens FC, Philipsen H, 1997, Assessing the responsiveness of a functional status measure: the Sickness Impact Profile versus the SIP68, J Clin Epidemiol. May;50(5):529-40

Secondary outcome

n.v.t.

Study description

Background summary

One important findng from the pilot study was that being able to show what is important to you and talk about it precedes acceptation and goalfinding. The future wish that patients are asked to imagine and portray reflects a 'valued life'. Goal finding may be too far-fetched for many patients. For them it may be more important to realize that they have values in life that still hold true. In the pilot study we could determine what the structure, the purpose and the function was of the stories that patients told when interpreting their photographs. Sometimes this seemed to be a facade behind suffering was concealed to protect what they saw as important in their lives. In the recovery movement one departures from 'being stuck' in suffering. Being stuck can be

overcome in the course of the recovery process. First prelimenary conclusions from the pilot point at another direction than acceptation of suffering. What seems to matter most is finding a way of realting to suffering that leaves room for a 'valued life' or in any case a 'normal' functioning. This puts so-called facades in another light.

Study objective

The study aims at finding answers for the following questions:
-What changes develop in the perception of patients concerning their daily functioning (inclusing the impact of mental disorders) and how are these changes related to the photo-story they have presented in the photo group?
-How look nurses upon these outcomes and perceptions of patients ?
-How relate the answers to these questions to our understanding of empowerment and recovery?

Study design

The design is a mixed one of quantitative and qualitative research. Using the Sickness Impact Profile (SIP)-questionnaire data are aggregated that are used as a basis for narrative explorative interviews with patients. In-depth interviews are held with a limited number of patients and their caregivers to contextualize and describe the patients 'perception in coherent cases.

Intervention

The intervention is the photo-instrument, a structured group intervention that enables participants to recount and share their subjective experiences associated with photographs they made themselves. There is a process of selectng and prioritizing of photos and adjoining texts for a presntation at a photo exhibition. There are two rounds of 8 sessions. Both rounds result in an exhibition.

Study burden and risks

The SIP is filled out by respondents on three moments in time: before, after and 6 months after the intervention. Filling out the SIP takes 20 minutes and can't be considered emotionally taxing. With a limited number (5) of patients we'll have an in-depth interview that will last approximately one hour. This may be emotionally taxing, although the focus will be on 'normal' functioning and how respondente interpret this in the contact of their lives.

Contacts

Public
GGNet (Warnsveld)

Vordenseweg 12
7230 GC Warnsveld
Nederland
Scientific
GGNet (Warnsveld)

Vordenseweg 12
7230 GC Warnsveld
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

-patients who are no longer in an acute phase following crisis
--able and willing to communicate subject experiences and share these with other members of the photo-group';For selection purposes of patients for the interview the criteria that will be applied will be the following:
-the patient has a certain SIP-profile (related to a categorisation of the scores of all participants)
-thereotical sampling: for testing theoretical assumptions respondents will be selected who may confirm or contest these assumptions (for the latter we 'll use so-called 'extreme'and 'negative' cases)

Exclusion criteria

-florid psychosis
-severe depression

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-05-2008
Enrollment:	42
Type:	Anticipated

Ethics review

Approved WMO

Date:	29-09-2008
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

No registrations found.

In other registers

Register	ID
CCMO	NL22282.097.08