Effect of Routine Process Monitoring using the ORS / SRS scales on the outcome of treatment by a Rapid Response Team in MHC.

Published: 09-12-2010
Last updated: 15-05-2024

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Psychiatric disorders NEC
Study type	Interventional

Summary

ID

NL-OMON34468

Source
ToetsingOnline

Brief title
RPM by RRT in MHC

Condition

- Psychiatric disorders NEC

Synonym
psychological problems / DSM-IV disorders

Research involving
Human

Sponsors and support

Primary sponsor: Dimence (Deventer)

Source(s) of monetary or material Support: Dimence

Intervention

Keyword: CDOI, RPM

Outcome measures

Primary outcome

Primary research question

Is there a significant difference in treatment outcome if the RPM method is

added to 5 supportive treatment sessions from a social psychiatric nurse?

Secondary outcome

Secondary research question

Is there a significant difference in overall functioning for patients who get 5

supportive treatment sessions from a social psychiatric nurse in comparison

with patients on the waiting list?

Study description

Background summary

ROZENZWEIG
In 1936 Rozenzweig wrote an article called "Some implicit common factors in diverse methods of psychotherapy". The article was republished in 2002. He made a comparison of therapies based on a general theory. He reached the following conclusions:
- All treatments are about equally effective
- A successful therapy is not equal to a successful theory
- Psychological problems are so complex that all theories contain only one aspect of the truth.
- A theory to be relevant enough / relevant enough to an aspect of overall treat psychological problems. If that aspect is changing, change it all.
He came here to his famous Dodo verdict: "All must have prizes". By this he meant that the various therapeutic forms about all equally effective.

Rozenzweig came to the following ingredients for an effective treatment
1. A therapist with an effective personality
2. A match between client and therapist
3. A systematic ideology relevant enough for the psychological problem of the client.

The original article was published in 1936. Nowadays it is clear that in any form of therapy, both universal and specific factors play factors. .

LAMBERT
That various factors play a role in the effectiveness of a treatment is nowadays beyond discussion. Asay and Lambert were among the first to distinguish the different factors and their percentages. They made the so called "Lambert Pie":
• 40% client factors
• therapeutic relationship 30%
• 15% hope
• 15% technology

Lambert (2007) et al also found that the effectiveness and efficiency of the therapy could be enhanced when therapists got systematic feedback. Amongst others Wampold and Norcross did further research into this and nowadays there is most consensus about the vision of Norcross.

Norcross
In 'Psychotherapy Relationships That Work: Therapist contribution and responsiveness to patients' published in 2002 Norcross came to the following distribution:
• unexplained 45%
• customer factors, 25%
• therapeutic relationship 10%
• technique 8%
• therapist factors 7%
• interaction of various factors 5%

The beauty of the model of Norcross is that it also takes into account the interaction of the various factors.

Miller
Duncan, Miller and Sparks investigated, on the basis of the findings of Lambert, how feedback could be given with as little effort as possible. They came to several studies and publications and summarized it all together in the book The Heroic Client (revised in 2004).
Lambert concluded that feedback to therapists benefits the efficiency and effectiveness of the therapy. Lambert askes his clients to fill in the Outcome Questionnaire-45 (OQ-45) after each session. This questionnaire measures symptoms (especially depression and anxiety), relational functioning and work.

Duncan and Miller developed a short scale that correlates strongly with the OQ-45, the Outcome Rating Scale (ORS).
In addition, they developed the Session Rating Scale (SRS). In this scale clients are asked about the quality of the therapeutic relationship. They are asked whether the right issue was discussed, and whether this issue was discussed in the right way. They are also asked what they found of the whole of the session in general.
They developed a method they called Client Directed Outcome Informed (CDOI). At the beginning of each therapeutic session, the client fills in the Outcome Rating Scale Contact (ORS), and at the end of each session the Session Rating Scale (SRS). The ORS and SRS each consist of only four items in visual analog scale. American research has shown that feedback through the ORS and SRS invreases the effectiveness and efficiency of therapy (Miller et al, 2003, Duncan et al, 2004).

Hafkenscheid
The SRS and ORS were translated by Anton Hafkenscheid into Dutch (Hafkenscheid 2008).
Hafkenscheid wrote in 2008 in the journal Client-Centered Psychotherapy an article about Routine Monitoring Process, a systematic method for each session effectiveness to optimize treatment. Miller et al use the term CDOI, client directed outcome informed, Hafkenscheid uses this term Routine Process Monitoring (RPM).
Hafkenscheid compared different feedback methods in his article (CORE-OM, OQ-45, SESSION EVALUATION Questionaire and the SRS / ORS). It is concluded that the SRS / ORS best use for this RPM.

Rapid Response Team
Offering supportive treatment to bridge the waiting time is to my knowledge not much studied scientifically. Greenfeld (2002) indicates that a delay on therapy could lead to an increased appeal to health care, higher costs and longer duration of treatment. There is much scientific evidence for the effectiveness of a rapid response team within the somatic care. Providing quick treatment seems also to be examined more in child and adolescent psychiatry (Jones et al (2000)) than in adult care.

Study objective

1. Currently, there are a wide variety of therapeutic techniques for specific patients and certain psychological problems. The guidelines on mental health care focus only on the specific therapy factors. In addition to these specific therapy factors also exist universal or non-specific therapy factors. These factors are a good match between therapist and patient, a good therapeutic relationship and hope and expectation of improving both the therapist and the patient

Both universal and specific factors influence the effectiveness of treatment. Routine Process Monitoring as appointed by Hafkenscheid (2008) is a systematic method in which feedback is given to the clinician on both the progress of the client and the quality of treatment. This would optimize the effectiveness.

2. Nowadays mental health care often has waiting lists most often for psychological and psychotherapeutic treatments. When the waiting time is longer than 4 weeks it might help to offer those patients some supportive treatment. They will get 5 supportive treatment sessions offered by a Social Psychiatric Nurse (SPV) in order to bridge the waiting time.

The primary research question of this study is whether the effectiveness of the supportive treatment can be increased by the use of RPM
Secondary research question is to what extent the offering of 5 supportive treatment sessions generally improves the wellbeing of a patient.
The study will take place at Dimence, location Steenwijk, Adult Division. These are secondary care.

3. Goal
Knowledge:
-Increase knowledge of Routine Process Monitoring as appointed by Hafkenscheid (2008) on whether or not systematic feedback to supportive treatment leads to increased effectiveness of therapy.
-Increase knowledge to what extent the offering of 5 supportive treatment sessions generally improves the functioning of a patient

Utilization:
Patients, health insurers and mental health institutions benefit by optimizing the effectiveness of mental health care. Patients could benefit by customizing their treatment. Health insurers benefit as a high efficiency level leads to increased cost. Metal health institutions benefit by optimizing their treatment.

Study design

All patients who are in treatment by Dimence Steenwijk Section adults fill in the Outcome questionnaire (OQ-45) before intake.
After the intake, patients are discussed in the team and those with an indication for psychological or psychotherapeutic treatment are put on a waiting list. Those patients who must wait for 4 weeks ore more before psychological or psychotherapeutic treatment can start, will be asked whether they wish to participate in the study.

Within the study, all patients on a waiting list for a psychology or psychotherapy are at random divided into three groups:
1. A waiting list group
2. A waiting list group where each individual patient gets 5 supportive

treatment sessions from a social psychiatric nurse
3. A waiting list group where each individual patient gets 5 supportive treatment sessions from a social psychiatric nurse and is asked for feedback by the routine process monitoring method.

After about six weeks anyone who will participate in the study will again be asked to fill in the OQ-45.

Intervention

All patients who are in treatment by Dimence Steenwijk Section adults fill in the Outcome questionnaire (OQ-45) before intake.
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Study burden and risks

The extra burden on all three groups is the single additional completion of the OQ-45. Completing this takes about 10 minutes. The huge risk is considered not present.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

Ambulatory clients with indication for psychological or psychotherapeutic treatment in which the waiting time is greater than 4 weeks before treatment can start

Exclusion criteria

Clients with no indication for psychological or psychotherapeutic treatment. Clients with indication for psychological or psychotherapeutic treatment that can tolerate no delay.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial

Masking: Open (masking not used)

Primary purpose: Treatment

Recruitment

NL
Recruitment status: Recruiting

Start date (anticipated): 17-03-2011

Enrollment: 120

Type: Actual

Medical products/devices used

Registration: No

Ethics review

Approved WMO
Date: 09-12-2010

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

ID: 19950
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
CCMO	NL32944.097.10

Register	ID
OMON	NL-OMON19950