

Does paying attention to religious themes in psychotherapy influence treatment outcome?

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The main aim of the study is to investigate the influence of discussing religious issues during therapy on treatment outcome, both 6 months after start of treatment and 1,5 year after start of treatment. In addition, the study will take possible...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Personality disorders and disturbances in behaviour
Study type	Interventional

Summary

ID

NL-OMON41250

Source

ToetsingOnline

Brief title

Does paying attention to religion in therapy influence treatment outcome?

Condition

- Personality disorders and disturbances in behaviour

Synonym

mental disorders, psychological problems

Research involving

Human

Sponsors and support

Primary sponsor: Geen opdrachtgever, eigen initiatief.

Source(s) of monetary or material Support: voor als nog geen toezeggingen

Intervention

Keyword: personality, religion, therapy, treatment outcome

Outcome measures

Primary outcome

Change in psychological functioning among the two groups among the several groups.

Secondary outcome

Changes in variables, that could also mediate changes in wellbeing after psychotherapy : image of God, therapeutic alliance and cognitive schema*s.

Study description

Background summary

Cross-sectional studies show positive correlations between psychological wellbeing and religiosity. Most religious patients prefer to discuss religious topics during their therapy. However, whether addressing religious issues in a psychotherapy increases effectiveness of psychotherapy of religious patients is virtually unknown, as are potential moderating and mediating mechanisms.

Study objective

The main aim of the study is to investigate the influence of discussing religious issues during therapy on treatment outcome, both 6 months after start of treatment and 1,5 year after start of treatment. In addition, the study will take possible mediating variables into account, such as cognitive schema*s, image of God, and therapeutic alliance. Structural features of personality pathology will be investigated as a moderator variable.

Study design

This study is a longitudinal experimental study, aimed at testing a theoretical model (see appendix) of the association between the several variables. Four groups will be formed, and subjects will be assessed at three moments in time. Patients will be asked for their co-operation and will be asked the following question: It is possible that religious topics are being discussed during your

treatment. Would you like that to happen? Patients can choose between: (1) desirable and (2) not desirable. Subsequently, patients are ad random allocated to: a) talking about religious issues in therapy; or b) not discussing religious issues in therapy.

Patients in group a) discuss religious topics approximately 15 minutes per session. Therapists record per session the time spend on religion. Patients in group b) do not talk about religion.

At three times, all patients fill in questionnaires: (T0) before treatment; (T1) 6 months after start of treatment; and (T3) 1,5 year after start of treatment. (See for the questionnaires being used in the study the appendix.)

Intervention

Two interventions take place: 1) filling in the questionnaires at three moments in time; and 2) discussing religious issues during treatment yes or no.

Therapists receive a workbook describing different religious interventions that can be applied in therapy.

Study burden and risks

Filling in the questionnaires can make some patients emotionally upset.

Clinical experience however shows that these emotional reactions do not frequently occur or are of short duration.

Furthermore there is a risk of disappointment for patients depending on the group they are assigned to. One group is allowed/have to talk about religious topics and the other group is not allowed to speak about religion. Some patients will be allocated to the group *not talking about religion* although they desire discussing it. This may result in disappointment in the therapist and of being discontent with the therapy.

Some patients will be allocated to the group *talking about religion* although they do not want this. Subsequently, patients may feel not understood and irritated. They might get unsatisfied with the therapist and therapy.

Contacts

Public

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Scientific

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

Christian patients assigned to 1 to 12 months psychotherapy.

Exclusion criteria

Non-christian patients, floride psychosis, suicide crisis, mental retardation, insufficient of mastery of Dutch language.

Study design

Design

Study phase:	2
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 01-09-2010

Enrollment: 74

Type: Actual

Ethics review

Approved WMO

Date: 18-03-2009

Application type: First submission

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

Approved WMO

Date: 14-03-2012

Application type: Amendment

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

Approved WMO

Date: 29-09-2015

Application type: Amendment

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

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	NL19473.058.08