Working alliance and symptom reduction in E-health and face-to-face treatment of youth with mooddisorders.

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Is there a difference in how youth experience the working alliance between the group treated with blended E-health and the group treated as usual (all face-to-face sessions)?Does the reduction of symptoms correlate with how patient experience the...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Mood disorders and disturbances NEC
Study type	Observational non invasive

Summary

ID

NL-OMON42669

Source
ToetsingOnline

Brief title
Working alliance in E-health and face-to-face treatment.

Condition

- Mood disorders and disturbances NEC

Synonym
depression, sadness

Research involving
Human

Sponsors and support

Primary sponsor: Parnassia Bavo Groep (Den Haag)
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: E-health, Mooddisorders, Working Alliance, Youth

Outcome measures

Primary outcome

symptoms of a mooddisorder

working alliance

Secondary outcome

sexe

Study description

Background summary

Lucertis developed a combined E-health and face-to-face treatment module for youth between 13-20 with mood disorders. E-health is coming up and more and more important in youth treatment. There is not a lot of scientific support, although there are some studies that show E-health treatment can be effective for affective disorders.
There is a lot of evidence for the importance of a good working alliance and the positive influence on treatmenteffect. The question is if it is possible to get a working alliance in Ehealth as strong as in the face-to-face treatment. This has not been studied for the group of depressed youth.

We expect that in the blended treatment the working alliance will be less strong than in face-to-face treatment. We also expect that the stronger the working alliance, the bigger the reduction of symptoms will be.

Study objective

Is there a difference in how youth experience the working alliance between the group treated with blended E-health and the group treated as usual (all face-to-face sessions)?

Does the reduction of symptoms correlate with how patient experience the working alliance in both the blended E-health group and the care-as-usual

group?

Study design

Experimenal design with randomisation of patients in two treatment conditions (blended E-health and care-as-usual).
In the first sessions patients fill in a questionnaire about mooddisorder symptoms. In de fourth sessions they fill in a questionnaire about working alliance. In de 10th session they fill in questionnaires about mooddisorder symptoms and working alliance.
We compare within and between the groups.

Study burden and risks

The burden for patients is low because they only have to fill in some short questionnaires.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Patients from Lucertis with a mooddisorder
age between 13 and 20 years

Exclusion criteria

-acute suicidality
-comorbid psychotic disorder
-comorbid ASD
-IQ below 85
-comborbid substance addiction disorder
- not able to speak en read Dutch
- no availaible computer with access to the internet

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	10-06-2016
Enrollment:	60

Type:	Actual

Ethics review

Approved WMO Date:	08-06-2016
Application type:	First submission
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	NL55907.058.15