

# Implementation and evaluation of the stepped care intervention "Raise your strengths" in primary care: a pretest-posttest pilot study

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The objective of the study is as follows: - The development of a protocol to provide the stepped care intervention "Raise your strengths" in primary care for patients with chronic somatic symptoms- To gain insight into the possible effects...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON46609

### Source

ToetsingOnline

### Brief title

The stepped care intervention "Raise your strengths"

### Condition

- Other condition

### Synonym

Chronic physical symptoms

### Health condition

iedereen die last heeft van chronische lichamelijke klachten

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Universiteit Twente

**Source(s) of monetary or material Support:** Agis Fonds

## Intervention

**Keyword:** Chronic somatic symptoms, Self-management, Strengths, Well-being

## Outcome measures

### Primary outcome

Self-management, which will be measured by the PAM-13;

### Secondary outcome

The secondary study parameters of this study is wellbeing: wellbeing (MHC-SF), positive and negative emotions (PANAS), vitality (Vita-16), general health experience (thermometer), symptoms of depression and anxiety (BSI).

There are also a number mediating variables: knowledge of strengths (SKS), use of strengths (SUS), the extent to which someone has achieved their goal (GAS), coping versatility (COFLEX) and the use of different goal strategies (TGP, FGA and Goal Adjustment Scale).

A number of socio-demographic variables will be asked as well, just as during the screening: gender, age, marital status, education, nationality and home and work situation. During the screening, some characteristics of the chronic physical complaints will be asked, such as: type of complaints, how long they have these complaints and in which extent they perceive these complaints as severe.

# Study description

## Background summary

According to the Volksverkenning 2014, approximately 5.3 million people have one or more chronic illness. It is estimated that the number of people with a chronic disease in 2030 will rise to 7 million. Having a chronic illness is related to both adverse social and personal consequences. The demand for care and thus the importance of self-management is increasing. However, existing self-management interventions focus primarily on medical management and hardly on role and emotional management. More attention should be paid to personal problems and personal resources of people with a chronic illness, because they influence the level of self-management. Due to the increasing demand for care in GP care, the shift from the 2nd to the first line and the recent development of the presence of practice assistants in the GP practice, GP care seems to be a designated setting to increase the self-management of people with a chronic illness. The stepped care approach "Raise your strengths" is in line with the needs of general practitioners and practitioners, because this approach has been developed in co-creation with them. The stepped care approach is based on the strengths approach. The strengths approach is a perspective where looking at problems is in balance with looking at strengths and the environment of a person. Due to the stepped care approach, customized care takes place. The strengths approach seems suitable for people with a chronic somatic symptoms because the use of strengths is a predictor for subjective well-being. A higher level of well-being is related to both mental and physical health and promotes both recovery and survival in people with a chronic disease. Emotional well-being predicts the long-term prognosis in people with a chronic disease. In addition, research has shown that the use of strengths is linked to health behavior such as: an active way of life, healthy eating and physical fitness. We expect that the stepped care approach "Raise your strengths" will increase self-management and wellbeing of patients with chronic somatic symptoms.

## Study objective

The objective of the study is as follows:

- The development of a protocol to provide the stepped care intervention "Raise your strengths" in primary care for patients with chronic somatic symptoms
- To gain insight into the possible effects of "Raise your strengths" on self-management and wellbeing.

## Study design

Pilot study with one group and a pre- and posttest.

## Intervention

The stepped care approach "Raise your strengths" includes three steps. The first step is to get acquainted with the approach during a meeting with the GP. The second step is the "Right on Strengths" intervention carried out by the mental health nurse. With the "Right on Strengths" intervention, the participant gets more insight into what his strengths are. The participant sets personal goals. In addition, the participant learns how he can use his strengths to achieve his goals or to deal with difficult situations. If it turns out that the participant is insufficiently capable of dealing flexibly with his goals, for example because they are threatened by the chronic disease, the third step takes place. The third step is the intervention "Right on Target" and is also carried out by the mental health nurse. With "Right on Target", the participant learns to apply different target strategies in a flexible way.

### **Study burden and risks**

There is no known or worthwhile mentioning burden and risk for the participant by participating in this study. The burden of the participant is high but it will be divided into 12 to 16 weeks and can be determined by the participants themselves to a large extent.

## **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

The participant is 18 years or older

The participant is mentally competent

The participant has chronic physical complaints (self-reported)

The participant is prepared to complete at least 6 lessons in a period of 3 months

The participant is able to read and write Dutch (read and write)

The participant gives permission for participation in the research (informed consent).

### Exclusion criteria

The participant has very high depressive or high anxiety symptoms as measured with the Brief Symptom Inventory: average score  $\geq 3.33$  on the depression scale or average score  $\geq 2.17$  on the anxiety scale (de Beurs & Zitman, 2006).

Has hallucinations (assessed by the POH GGZ).

Suicidal: patient says he wants to commit suicide and had concrete plans to do so (assessed by the POH GGZ).

Experiencing severe memory problems: a patient does not know enough about the previous session that the POH GGZ can build on this (assessed by the POH GGZ).

Experiencing severe concentration problems: the patient can not concentrate for 25 minutes on the conversation with the POH GGZ (assessed by the POH GGZ)

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	30-06-2018
Enrollment:	65
Type:	Actual

## Ethics review

Approved WMO	
Date:	28-06-2018
Application type:	First submission
Review commission:	METC Twente (Enschede)
Approved WMO	
Date:	13-03-2019
Application type:	Amendment
Review commission:	METC Twente (Enschede)

## 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: 27073  
Source: NTR  
Title:

### In other registers

Register	ID
CCMO	NL65198.044.18
OMON	NL-OMON27073