Forensic Network Coaching: a randomised controlled trial investigating the effectiveness of a network coach in improving mental well-being and decreasing psychiatric problems and criminal recidivism.

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In this study we will examine the effectiveness and time course of the addition of a forensic network coach to treatment as usual in improving mental well-being among a forensic psychiatric outpatient population. Patients will be randomly allocated...

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

Summary

ID

NL-OMON50530

Source
ToetsingOnline

Brief title
Forensic Network Coaching

Condition

- Psychiatric disorders NEC
- Lifestyle issues

Synonym
Psychiatric symptoms

Research involving
Human

Sponsors and support

Primary sponsor: Arkin (Amsterdam)
Source(s) of monetary or material Support: Stichting tot Steun VCVGZ

Intervention

Keyword: - criminal recidivism, - psychiatric treatment, - randomized controlled trial, - social support

Outcome measures

Primary outcome

-Mental well-being: The Mental Health Continuum - Short Form (MHC-SF; Lamers, Westerhof & Bohlmeijer, 2010) will be administered to measure psychological, emotional and social well-being. The total of the psychological, emotional and social well-being scale, also know as the positive mental well-being score, will be the primary outcome variable of this study.

Secondary outcome

-Psychiatric problems: the Health of the Nations Outcome Scales (HoNOS; Wing et al., 1998) will be administered to measure the general and psychiatric functioning. Besides, psychiatric diagnoses will be measured with the Mini International Neuropsychiatric Interview (MINI; Sheehan et al., 1998). At last, we will write down the number of renewed incorporations in mental health care institutions.

-Criminal recidivism: self-reported criminal recidivism will be measured with the Self-Reported Delinquency scale (SRD; Elliott, Ageton & Huizinga, 1985). We will ask the International Police Information Service (IPOL) for information

about arrests and the Departement of Justice for information from the Justice Documentation System (JDS). We will analyse the number of committed crimes as well as the severity of those crimes.

-Addiction (Meten van Addicties voor Triage en Evaluatie, MATE 2.1; Schippers, Broekman, & Buchholz, 2011).

-Quality of life (Manchester Short Assessment of Quality of Life, MANSA; Priebe, Huxley, Knight & Evans, 1999).

-Social network: the number of positive and negative members in the social network members will be measured as well as the quality of the relationships between those members. To measure the previous the Name Generator/Interpreter method (NGI; Burt et al., 1984) will be used. The NGI-method is an often used method in research investigating the social network (Marin & Hampton, 2007) and was recently used in a (doctorate) study investigating the changes in prisoners* social networks (De Cuyper, 2015).

-Social support: the Social Support List * Interactions (SSL-I; Van Sonderen, 2012) will be administered to measure both positive and negative interactions of social support.

-Loneliness: the Loneliness Scale (De Jong Gierveld & Kamphuis, 1989).

Study description

Background summary

The group of forensic psychiatric outpatients in the Netherlands is growing due to the current trend preferring ambulant treatment over clinical interventions (GGZ Nederland, 2014). Ambulant forensic treatment is often complex and challenging because of problems on multiple areas of life such as psychiatric

problems, criminal behaviour, debts, housing problems and addiction. However, evidence about the effectiveness of forensic outpatient treatments and working mechanisms is scarce. Therefore more research investigating the effectiveness of ambulant treatments is important.
Having a healthy social network, or a network of people supporting a person, is known as one of the important protective factors in decreasing the risk of delinquent behaviour (Lodewijks, de Ruiter & Doreleijers, 2010). A supportive social network is known to be of importance for the reintegration of delinquents in society; for example in finding jobs and the prevention of recidivism (Berg & Heubner, 2011). On the other hand a criminal social network can increase the chances of future criminal behavior (Haynie, 2001, 2002). The fact that a major part of forensic outpatients are confronted with poor social support is therefore concerning (Neijmeijer, Rijkaart & Kroon, 2012; Neijmeijer, Place, Rijkaart & Kroon, 2012). A descriptive population research report of Inforsa forensic mental health care, shows that more than 50% of the patients have a poor social network (intern document Inforsa, 2014). Besides, a lot of patients are isolated from society, not participating in jobs or other meaningful day activities (Neijmeijer et al., 2012). Because of the limited participation and support in their social network, psychiatric treatment of this complex group of outpatients becomes even more challenging.
Self-sufficiency of patients to increase participation in society and social support is known to be low (Neijmeijer, Rijkaart & Kroon, 2012; Neijmeijer et al., 2012; Place, Vugt, Kroon & Neijmeijer, 2011). In current times where health care budgets are shrinking and a rising political tendency encourages citizen to rely on care from their own network, mental health institutions should work together with institutions in the community such as informal health care, to increase social support and optimize mental health treatments.
Inforsa, forensic psychiatric care, is a department of the mental health care institution Arkin located in Amsterdam, the Netherlands. At Inforsa, patients with complex addiction, psychiatric and/or personality disorders in combination with delinquent behaviour are treated in order to reduce the risk of criminal recidivism. The type of crimes committed by patients are diverse; most common offences are violence or theft. Most of the patients, namely 87%, are obliged by a judge to participate in treatment. In other words, treatment is a condition during their probation. The majority of the patients (69%) suffer from a so called double diagnosis: psychiatric or personality disorders in combination with addiction (e.g. alcohol, drugs or gambling). Besides, at least 11% of the patients also suffer from intellectual disabilities, a so called triple diagnosis. Most patients have social problems such as housing, work and financial problems.
The concept of Forensic Network Coaching is established within a collaboration between Inforsa, professional or formal mental health care, and De Regenboog Groep (DRG), a informal health care foundation. The purpose of Forensic Network Coaching is to improve patients* social network by adding a network coach (a trained volunteer) to treatment as usual in a forensic psychiatric population. Coaches use the methodology *Of course, a network coach!* (Mezzo, 2015; Van de Lustgraaf, 2009). Results of a Dutch qualitive

study show that subjects were more confident, energetic and had improved social skills after coaching (Goede & Kwekkeboom, 2013). Emperical evidence about the effectiveness of the methodology *Of course, a network coach!* is limited. However, the methodology is based on the TO GROW (Goal Reality Options Will) coachingsmodel (Whitmore, 1992) and Solution Focused (Brief) Therapy (SFT) (de Shazer et al., 2007; Jong & Berg, 2015). SFT is a proven method in decreasing psychiatric problems (Gingerich, Kim & McDonald, 2012; Kim, 2008; Kim, Smock, Trepper, McCollum & Franklin, 2010, Trepper & Franklin, 2012). Additionally, Solution Focused coaching methodologies seem to be effective in increasing well-being, social skills and coping skills and in decreasing psychiatric complaints (Biggam & Power, 2002; Franklin, Trepper, Gingerich & McCollum, 2012; Fraser, Richman, Galinsky, & Day, 2009; Grant, 2003; Green, Oades & Grant, 2006; Gingerich & Peterson, 2013).

Empirical evidence about the effectiveness of coaching projects with volunteers is limited. Most of the previous research on this area has been carried out in the United States of America with only a few studies using an experimental design. A meta-analysis indicates positive effects on the quality of life and small positive effects on psychological well-being, personal development and social-communicative skills (Van der Tier & Potting, 2015). Further research is required to investigate the effectiveness of such an approach in improving social networks of a forensic psychiatric population.

As pointed out before, a supportive and healthy social network is known to be one of the important protective factors in decreasing the risk of delinquent behaviour (Lodewijks, de Ruiter & Doreleijers, 2010). In forensic mental health care several effective interventions are available to increase coping behavior and to decrease psychiatric problems and criminal recidivism. For example forensic flexible assertive community treatment (forensic FACT), cognitive behavioral therapy (CBT) and farmacotherapy are often used (for more information, see p.17). Eventhough these interventions are effective, they are not designed to address the beforementioned social network problems. Therefore the question is if forensic treament outcomes can be further improved by adding informal health care interventions such as a Forensic Network Coaching. The current study will be conducted to test the effectiveness of this add-on coaching intervention.

Within the project Forensic Network Coaching a randomised controlled trial (RCT) design is used to investigate the effectiveness and time course of a network coach in improving treatment outcome by looking at mental well-being, psychiatric problems, criminal recidivism, addiction, quality of life, social network, social support and loneliness among a forensic outpatient population. Eligible patients will be randomly allocated to either one of the following conditions: treatment as usual (TAU; N=75) or treatment as usual with a forensic network coach (TAU+; N=75).

The current study contributes to the existing literature and research in the following ways: the primary objective is to increase knowledge about the effectiveness of forensic outpatient treatment, specifically by investigating the impact and time course of the addition of a Forensic Network Coaching intervention on treatment outcome. Secondly, results of this study can be used

to improve standard forensic outpatient treatments. The current study will lead to specific recommendations for innovative and acknowledged interventions for a forensic population. Thirdly, it describes the opportunities and challenges in the collaboration between formal and informal health care.

Study objective

In this study we will examine the effectiveness and time course of the addition of a forensic network coach to treatment as usual in improving mental well-being among a forensic psychiatric outpatient population. Patients will be randomly allocated to treatment as usual (TAU) or treatment as usual with a forensic network coach (TAU+).

Study design

A two-armed open-label, parallel group randomized controlled trial is conducted, examining the effectiveness of a forensic network coach added to treatment as usual, as compared to treatment as usual alone in a forensic outpatient group. Patients in both the control (TAU) and experimental condition (TAU+) receive treatment as usual, which is a frequently used and highly approved intensive treatment for a complex forensic psychiatric population. Patients in the experimental condition also receive coaching by a forensic network coach every other week. Assessments will take place before randomisation at baseline (T0) and every 3 months after T0 (T1, T2, T3) until the final assessment after one year of treatment and coaching (Te). The follow-up assessment (Tf) will be conducted 6 months after Te. Number of crime occurences and recidivism rates, wil be determined at Te and two years after Te.

Intervention

Treatment as usual (TAU) consists of a variety of treatments and interventions in forensic outpatient mental health care. The majority of patients receive forensic flexible assertive community treatment (FACT; for more information see the description of Trimbos-institute; Place et al., 2011). In short, forensic FACT is a widely used treatment model developed for a large group of forensic outpatients with (severe) psychiatric disorders. A FACT teams are multidisciplinary teams, involving a range of health professionals such as a psychiatrists, nurses (specialized in psychiatric problems), psychologists and social workers. Care is delivered with and within the community of the patients. Team members work together to deliver care but also have their own caseload. If necessary, for example when a crisis occurs, more team members can be involved or the intensity of treatment can be increased. Besides, the remaining group of patients only receive outpatient treatment such as CBT-interventions or pharmacotherapy.

In the experimental condition (TAU+) a forensic network coach will be added to treatment as usual during a period of at least three to a maximum of twelve months. The forensic network coach is a carefully selected and trained volunteer who can be both a rolemodel and support for the patient. The relationship between the coach and patient is called informal, which means that the coach is not a mental health professional and not paid for the help he or she provides. The social network coach will be conducting the intervention called: *Of course, a network coach!* (Mezzo, 2015; Van de Lustgraaf, 2009). This intervention consists of a structured plan involving ten modules or steps in which the coach and patient will work together focusing on improving the social network. The orientation phase (step 1 to 3) focuses on exploring patients* wishes regarding the social network and setting goals. Subsequently, in the thinking phase (step 4 and 5) both the coach and patient will explore the possible ways to improve or rebuild the social network. The last phase is about acting (step 7 to 10). Formulated plans will be executed. Every plan involves three components: (1) explanation for the coach, (2) worksheet for the patient, (3) a practical and theoretical form for the coach. The ten steps don*t have to be carried out in a strict order. More important is that the intervention is adjusted to the needs, pace and possibilities of the patient. The ten steps can be used as a tool while working on the improvement of the social network.

Study burden and risks

Does not apply

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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

In order to be eligible to participate in this study, a subject must meet all of the following criteria:
1. Subject is at least three months in treatment at Inforsa and committed to treatment or capable of accomplishing appointments according to his or her clinician.
2. Subject is diagnosed with addiction, psychiatric or personality disorder according to DSM-IV-TR criteria.
3. Subject is aged 16 years or older.
4. Subject is indicated as limited self-sufficient at participating in society and organizing social support; a score of 3 or lower on items concerning the social network and participation in society as measured with the Self-Sufficiency Matrix (ZRM).
5. Subject is not completely satisfied with their social relations and the support in their network; a score of 5 or lower on the items concerning social relations as measured with the Manchester Short Assessment of Quality of Life (MANSA).

Exclusion criteria

A potential subject who meets any of the following criteria will be excluded from participation in this study:
1. Acute psychotic symptoms according to the clinician and/or DSM-IV-TR criteria as measured with the Mini International Neuropsychiatric Interview (MINI).
2. Current high risk for suicide requiring immediate intervention according to

the clinician and/or the DSM-IV-TR as measured with the Mini International Neuropsychiatric Interview (MINI).
3. Severe addiction problems indicated by a score of 3 or higher on the Health of the Nations Outcome Scales (HoNOS) or severe conditions requiring immediate intervention or hospitalisation.
4. Current high risk for severe aggression towards clinicians or others indicated by a score of 3 or higher on the Health of the Nations Outcome Scales (HoNOS).
5. Potential subject is included in project *Biofeedback in treatment of aggression*.

Study design

Design

Study type:	Interventional
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):	23-04-2018
Enrollment:	105
Type:	Actual

Ethics review

Approved WMO

Date:	05-04-2018
Application type:	First submission
Review commission:	METC Amsterdam UMC

Approved WMO

Date:	21-08-2020
Application type:	Amendment
Review commission:	METC Amsterdam UMC

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	NL60308.029.17