# Collaborative Care for patients with severe personality disorderss.

Gepubliceerd: 25-02-2011 Laatst bijgewerkt: 18-08-2022

The hypothesis is that a Collaborative Care Program for patients with severe personality disorders improves quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder in...

**Ethische beoordeling** Positief advies **Status** Werving gestopt

Type aandoening

**Onderzoekstype** Interventie onderzoek

# Samenvatting

#### ID

NL-OMON25247

#### **Bron**

Nationaal Trial Register

#### **Aandoening**

personality disorders, destructive behaviours, suicidal behaviour, self management In Dutch: persoonlijkheidsstoornissen, destructief gedrag, suïcidaal gedrag, zelfmanagement

# **Ondersteuning**

**Primaire sponsor:** GGZ inGeest, Amsterdam

VU University, Amsterdam VU Medical Centre, Amsterdam Inholland University, Amsterdam

Overige ondersteuning: no external funding

Project is financed by GGZ inGeest, VU University, VU Medical Centre and Inholland University.

# Onderzoeksproduct en/of interventie

#### **Uitkomstmaten**

#### Primaire uitkomstmaten

1 - Collaborative Care for patients with severe personality disorderss. 1-06-2025

- 1. Quality of life: Manchester Short Appraisal (MANSA); <br
- 2. Borderline Personality Disorder Severity Index (BPDSI).

# **Toelichting onderzoek**

#### Achtergrond van het onderzoek

#### Background:

Structured psychotherapy is recommended as the preferred treatment of personality disorders. A substantial group of patients, however, has no access to these therapies or does not benefit. For those patients who have no (longer) access to psychotherapy a Collaborative Care Program (CCP) is developed. Collaborative Care originated in somatic health care to increase shared decision making and to enhance self management skills of chronic patients. Nurses have a prominent position in CCP's as they are responsible for optimal continuity and coordination of care. The aim of the CCP is to improve quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder.

#### Methods/design:

Quantitative and qualitative data are combined in a comparative multiple case study. This makes it possible to test the feasibility of the CCP, and also provides insight into the preliminary outcomes of CCP. Two treatment conditions will be compared, one in which the CCP is provided, the other in which Care as Usual is offered. In both conditions 16 patients will be included. The perspectives of patients, their informal carers and nurses are integrated in this study. Data (questionnaires, documents, and interviews) will be collected among these three groups of participants. The process of treatment and care within both research conditions is described with qualitative research methods. Additional quantitative data provide insight in the preliminary results of the CCP compared to CAU. With a stepped analysis plan the 'black box' of the application of the program will be revealed in order to understand which characteristics and influencing factors are indicative for positive or negative outcomes.

#### Discussion:

The present study is, as to the best of our knowledge, the first to examine Collaborative Care for patients with severe personality disorders receiving outpatient mental health care. With the chosen design we want to examine how and which elements of the CC Program could contribute to a better quality of life for the patients.

#### Doel van het onderzoek

The hypothesis is that a Collaborative Care Program for patients with severe personality disorders improves quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder in comparison with Care as Usual.

#### Onderzoeksopzet

- 1. Baseline measure:
- 2. 5 months (T1);
- 3. 9 months (T2).

#### Onderzoeksproduct en/of interventie

A Collaborative Care Program consisting of several interventions, including:

- 1. Organization of care and contracting;
- 2. Forming of a Collaborative Care team;
- 3. Problem Solving Treatment;
- 4. Early Warning and early intervention;
- 5. Life Orientation;
- 6. Psycho-education.

The collaborative Care is executed by a collaborative care manager (nurse) who has the central control function in maintaining the coordination and continuity of care. The design is elaborated in a workbook for the patient and his nurse, which states the various interventions. The following interventions are executed by the nurse:

- 1. Working with a method of early detection and early intervention for destructive behaviour and drafting an alert plan;
- 2. Problem solving intervention in six session, given by the nurse;
- 3. Life orientation in which elements of the Solution Focused Treatment are used to discover and expand positive experiences and powers to get a more positively oriented life orientation;
- 4. Psycho-education, issued in the workbook and taken care of by the nurse.
  - 3 Collaborative Care for patients with severe personality disorderss. 1-06-2025

An evaluation will be held every three months by the Collaborative Care team.

# Contactpersonen

#### **Publiek**

Research Department A.J. Ernststraat 1187 B. Stringer Amsterdam 1081 HL The Netherlands +31 (0)20 7884578

#### Wetenschappelijk

Research Department A.J. Ernststraat 1187 B. Stringer Amsterdam 1081 HL The Netherlands +31 (0)20 7884578

### **Deelname** eisen

# Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- 1. Patients with a DSM-IV diagnosis for Borderline Personality Disorder or Personality Disorder Not Otherwise Specified;
- 2. Patients with a score > 15 on the Borderline Personality Disorder Severity Index;
- 3. Patients received care/treatment for more than 2 years;
- 4. Patients aged between 18-65.

# Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 1. Patients who participate in a structured psychotherapeutic program at the moment of the study;
- 2. Patients with insufficient command of the Dutch language for completing questionnaires;
- 3. Patients without informed consent statement.

# **Onderzoeksopzet**

#### **Opzet**

Type: Interventie onderzoek

Onderzoeksmodel: Parallel

Toewijzing: Niet-gerandomiseerd

Blindering: Open / niet geblindeerd

Controle: Actieve controle groep

#### **Deelname**

Nederland

Status: Werving gestopt

(Verwachte) startdatum: 01-12-2010

Aantal proefpersonen: 32

Type: Werkelijke startdatum

# **Ethische beoordeling**

Positief advies

Datum: 25-02-2011

Soort: Eerste indiening

# **Registraties**

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

# Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

#### In overige registers

Register ID

NTR-new NL2635 NTR-old NTR2763

Ander register METC VU University, Amsterdam: 2009/359

ISRCTN wordt niet meer aangevraagd.

# Resultaten

#### Samenvatting resultaten

N/A