

Does paying attention to religious themes in therapy influence treatment outcomes?

Submission date 08/02/2024	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 27/02/2024	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 26/02/2024	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Cross-sectional studies show positive correlations between psychological wellbeing and religiosity. Most religious patients prefer to discuss religious topics during their therapy. However, it is virtually unknown whether addressing religious issues in psychotherapy increases the effectiveness of psychotherapy of religious patients, as are potential moderating and mediating mechanisms. The main aim of the study is to investigate the influence of discussing religious issues during therapy on treatment outcome, both 6 months after the start of treatment and 1.5 years after the start of treatment. In addition, the study will take possible mediating variables into account, such as cognitive schemas, image of God, and therapeutic alliance. Structural features of personality pathology will be investigated as moderator variables.

Who can participate?

Patients aged from 18 to 65 years who apply for psychotherapy at a mental health institute that is involved in this study and who have been assigned to psychotherapy of 1 to 12 months duration with about 5 to 40 sessions

What does the study involve?

Patients are randomly allocated to:

1. Regular therapy including approximately 15 minutes of talking about religious or spiritual themes each session
2. Regular therapy without talking about religious or spiritual subjects

All patients fill in questionnaires before treatment, 6 months after the start of treatment, and at follow-up 1.5 years after the start of treatment.

What are the possible benefits and risks of participating?

Participants will contribute to expanding and deepening scientific knowledge about the effectiveness of psychological treatments for religious patients. 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.

Where is the study run from?
Vrije Universiteit Amsterdam (Netherlands)

When is the study starting and how long is it expected to run for?
January 2008 to July 2024

Who is funding the study?
Eleos (Netherlands)

Who is the main contact?
Annette Bouwhuis, annettebouwhuis@hotmail.com

Contact information

Type(s)

Public, Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

NL19473.058.08

Study information

Scientific Title

The influence of attention to religion in psychological therapy in the short- and long-term on the change in psychological functioning, and the contribution of the possible mediating variables: cognitive schemes, the image of God, and therapeutic alliance and the possible moderating variable: structural personality traits

Acronym

R/S therapy

Study objectives

The main aim of the study is to investigate the influence of discussing religious issues during therapy on treatment outcomes, both 0.5 and 1.5 years after starting treatment.

In addition, the study will take possible mediating variables into account, such as cognitive schemas, image of God, and therapeutic alliance. Structural features of personality pathology will be investigated as a moderator variable.

Hypothesis: Treatment where religion/spirituality is part of the therapy is slightly more effective than treatment as usual, especially for depressed patients.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 18/03/2009, Leiden University Medical Center, METC (Albinusdreef 2, Leiden, 2333 ZA, Netherlands; +31 (0)71 - 5265106; metc-ldd@lumc.nl), ref: P08.107/DT/ib

Study design

Multicentred longitudinal two-arm interventional randomized controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Mental disorders

Interventions

The method of randomisation was per participating institution by order of enrollment. The first subject was assigned to the 'yes group' and the second to the 'no group', and so on.

Patients are randomized into:

1. R/S based therapy. An R/S-based therapy is a regular therapy including approximately 15

minutes of talking about religious or spiritual themes each session.

2. Non-R/S based therapy. A non-R/S-based therapy is a regular therapy without talking about religious or spiritual subjects.

After each session, the therapist records the number of minutes spent on R/S subjects and the type of intervention. (http://geloofintherapie.nl/index.php?option=com_bfsurvey_basictrial&view=onepage&catid=1&Itemid=5)

To measure the influence of desirability, before the start of treatment each patient is asked the question: 'It is possible that religious themes are discussed in your treatment. How desirable do you think that is on a scale of 1 (absolutely not) - 8 (absolutely yes).'

At three times, all patients fill in questionnaires: (T0) before treatment; (T1) 6 months after the start of treatment; and (T3) at follow-up 1.5 years after the start of treatment.

Patients complete the following questionnaires:

1. Brief Symptom Inventory
2. Rand-36
3. Spiritual Well-Being Scale
4. Dutch Abbreviated MMPI (NVM)
5. Young Schema Questionnaire (YSQ)
6. God Image Questionnaire (VGB)
7. Working Alliance Inventory (WAI)

The total duration of interventions depends on the overall duration of treatment. It is tailored to the individual patient and can vary. In the intervention group, the 'intervention' (talking about religion/spirituality) is applied for between 10 and 15 minutes per session and this time is recorded by the psychologist.

Intervention Type

Behavioural

Primary outcome(s)

Change in psychological functioning:

1. Self-reported clinical relevant psychological symptoms measured using the Brief Symptom Inventory
2. Overall well-being self-reported using Rand-36
3. Spiritual well-being self-reported using the Spiritual Well-Being Scale

All measured at T0 before treatment; T1 6 months after the start of treatment; and T2 at follow-up 1.5 years after the start of treatment

Key secondary outcome(s)

Changes in variables that could mediate or moderate changes in psychological functioning after psychotherapy:

1. Personality traits measured using the self-report Dutch Abbreviated MMPI (NVM) at T0 only
2. Self-reported maladaptive schemas that lead to unhealthy life patterns assessed using the Young Schema Questionnaire (YSQ) at T0, T1 and T2
3. Feelings experienced in relation to God and how a person perceives God's actions, self-reported using Dutch VGB (God Image Questionnaire) at T0, T1 and T2
4. Evaluation of the collaborative relationship between the patient and therapist measured by the Working Alliance Inventory (WAI) and completed by both the patient and therapist at T1 only

Completion date

01/07/2024

Eligibility

Key inclusion criteria

1. Males and females ranging in age from 18 to 75 years
2. Apply for psychotherapy at the mental health institute that is involved in this study
3. Have been assigned to psychotherapy of 1 month to 12 months duration with approximately 5 to 40 sessions

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

75 years

Sex

All

Total final enrolment

95

Key exclusion criteria

Patients who consider themselves as non-religious, and patients with (a history of) psychosis

Date of first enrolment

01/09/2010

Date of final enrolment

31/12/2022

Locations

Countries of recruitment

Netherlands

Study participating centre

Eleos

Zuiderinslag 4C
Hoevelaken
Netherlands
3871 MR

Study participating centre**Eliagg**

Antony Moddermanstraat 188
Amsterdam
Netherlands
1063 LW

Study participating centre**GGZ In de Bres**

Zonedauw 5
Drachten
Netherlands
9202 PE

Sponsor information

Organisation

Vrije Universiteit Amsterdam

ROR

<https://ror.org/008xxew50>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Eleos

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date