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Counselling parents in Youth Mental Health Care: A design for structured communication of diagnosis and treatment options

Submission date
03/03/2011

Recruitment status
No longer recruiting

Registration date
11/05/2011

Overall study status
Completed

Last Edited
08/05/2013

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
NL 21931.096.07 (CCMO the Netherlands)

Study information

Scientific Title

Structured Shared Decision Making in Youth Mental Health Care to lower decisional conflict of parents and to promote acceptance of recommended treatment for their child compared with counselling as usual

Acronym
SSDM-YMHC

Study objectives
The use of a structured counselling procedure lowers decisional conflict and promotes acceptance of recommended treatment compared with counselling as usual

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved by the accredited Medical Research Ethics Committee Atrium-Orbis-Zuyd, Heerlen, The Netherlands on March 12 2008 (ref: METC nr: 08-T-18 CCMO nr: NL 21931.096.08)

Primary study design
Interventional

Study design
Interventional multicentre randomised single-blind controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Counselling parents on child psychiatric disorders

Interventions
Counselling in dialogue (CD): a systematic counselling procedure using dialogue as communication style and visualisation as communication and information processing aid.

Parents of 78 children (up to12 years) were randomised into an intervention group (n = 43) receiving CD and a control group (n = 35) receiving CU. In a before-and-after design decisional conflict was measured using the Decisional Conflict Scale (DCS) for parents and the Provider Decision Process Assessment Instrument for therapists (PDPAI).
In the period May 2008-August 2009 all parents of children (up to 12 years) referred to two centres for general youth mental health care in the south of the Netherlands were asked to participate in the study. The parents of 131 children were assessed for eligibility. the parents of 110 children could be included. Parents of 94 children (85%) were randomised and the data of 81 cases (45 CD and 36 CU) could be analysed. Therapists (N = 20) were matched in pairs of two with regard to the following characteristics: the centre they work, their specialism, age, gender, country of birth, years of experience with counselling and therapy, and coping style with regard to decisional conflict. Subsequently they were randomised to be trained and to use CD or to proceed in their usually way of counselling (CU). Parents were randomly allocated to the therapists.

Randomisation for baseline assessment and demographic characteristics of the parents, and clinical features of the children was performed. Therapists were trained child and adolescent psychiatrists, psychologists, educationists, or mental health workers.

Parents and clinicians filled out questionnaires before the counseling, immediately after counselling, and one week after counseling. One month after all counseling sessions CD therapists filled out an evaluation questionnaire to rate their experiences with CD. If both parents attended counselling, both were asked to each fill out the questionnaires.

Joint/secondary sponsor details: St. Child and adolescent psychiatry in perspective
(St. Kinder- en jeugdpsychiatrie in Perspectief)
email: I.Demmendaal@erasmusmc.nl

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
1. Decisional conflict in parents using the decisional conflict scale
2. Decisional conflict in therapists using the provider decision process assessment instrument

Measured before the counselling, immediately after counselling, and one week after counselling.

Key secondary outcome(s)
1. Qualitative aspects, judged by all participants
2. The possibilities to apply and implement counselling in dialogue

Completion date
31/07/2009

Eligibility

Key inclusion criteria
All parents (men and women) of children (age < 12 year) referred to the participating therapists of two youth mental health care centres who received counselling from May 2008 till August 2009

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Emergency references and parents of children, aged 12 year or older

Date of first enrolment
01/05/2008

Date of final enrolment
31/07/2009

Locations

Countries of recruitment
Netherlands

Study participating centre
Dr. H. van der Hoffplein 1
Sittard-Geleen
Netherlands
6162 BG

Sponsor information

Organisation
RIGG Hills and the Meuse (RIGG Heuvelland & Maasvallei) (Netherlands)

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
RIGG Hills and the Meuse (RIGG Heuvelland & Maasvallei) (Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2013		Yes	No