THE PROFILAX®-MODELL

– a preventive occupational therapy treatment programme with a holistic approach –

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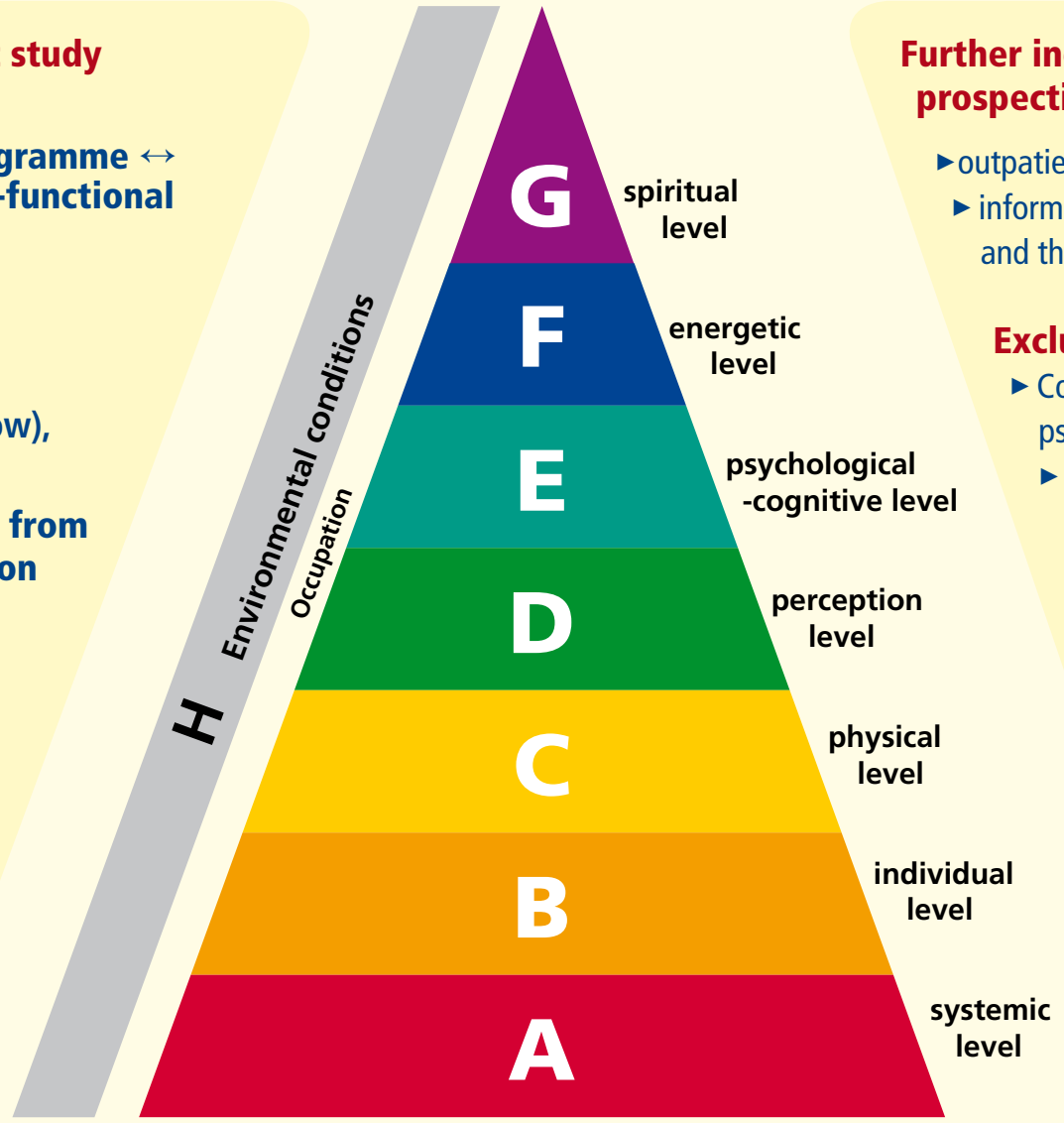
INTRODUCTION:

The profilax® model has been developed empirically by the first author to provide a basis for occupational therapy treatment programmes with a holistic approach. It interlinks elements from the system theory (Watzlawik et al.), the humanistic psychology (Rogers), the behavioural therapy (Ellis), the family therapy (Satir), the social-cognitive theory (Bandura), the 'Gestalt' therapy (Perls) and methods and models from the Far East (Kawa model). It is furthermore influenced by the ICF (WHO 2002). The treatment model helps on a preventive or therapeutic basis, for instance if patients suffer from psychiatric and psychosomatic disorders. An the basis of the results from anempirical collection of data over the last 10 years the programme was applied and further developed. From the basic science point of view profilax® counts among the conceptual models that form part of occupational therapy programmes, such as the CMOP (Canadian Model of Occupational Performance) and the MOHO (Model of Human Occupation). A prospective pilot study will be performed to further evaluate the importance of the model in the occupational therapy treatment of psy-chiatric and psychosomatic disorders.

Prospective evaluative pilot study (matched-pair design)

- **Profilax® treatment programme ↔ conventional psychiatric-functional occupational therapy treatment methods**
- **Matching criteria:**
  Age, sex,
  diagnosis groups (see below),
  duration of the illness
- **Diagnosis and treatment from the following classification categories:**
  - Depressive disorders
    (ICD 10: F 32 bis F 34)
  - Anxiety disorders,
    social phobias
    (ICD 10: F 40 bis F 41)
  - Obsessive-compulsive disorders
    (ICD 10: F 42)
  - Somatoform disorders
    (ICD 10: F 45)



Further inclusion criteria of the prospective evaluative pilot study

- outpatient treatment
- informed consent by the patient and the referring physician

Exclusion criteria

- Co-morbidity with other psychiatric disorders
- In-hospital treatment necessary
- Organically caused brain damage
- Co-morbidity with severe physical diseases

Targeted sample size:

- 2x 40 patients;
- if possible, taken in equal numbers from the different diagnosis groups

STUDY DESIGN

Data collection:

Prior to the start of the treatment, after every 6 treatment sessions, always at the end of the treatment, 3 months after the treatment ended

Tools deployed:

Zerssen scale of health and well-being, self-evaluating questionnaire on the overall well-being;

In addition:
Diagnoses and bio-psycho-social data

Start of the study:

January 2008

First intermediate results expected:
Spring 2009

The results will be published in the relevant scientific journals at the European and international level; publications in German are also planned

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