

Intensive home visiting program for multiproblem families: Effectiveness, mediators and moderators of effects

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON36847

Source

ToetsingOnline

Brief title

Effectiveness of IPT

Condition

- Other condition

Synonym

behavioral problems, parenting problems

Health condition

probleemgedrag van ouders en/of kinderen

Research involving

Human

Sponsors and support

Primary sponsor: Zorgonderzoek Nederland (ZON)

Source(s) of monetary or material Support: Zon-MW programma effectieve jeugdzorg

Intervention

Keyword: effectiveness, multiproblem families, treatment

Outcome measures

Primary outcome

Information will be obtained by using multiple sources of information (parents, therapist, teacher, and child, if older than 9 years) and multiple methods (questionnaires, interviews and observations).

All of the instruments are well-established, have been used often both in the USA and in the Netherlands and have excellent psychometric properties.

Primary outcomes:

1. parental behavior:

- Parental Dimensions Inventory (Thomas and Power, 1987) : responsiveness, support and consistency;

- harsh discipline (Fulginy & Eccles, 1993)

- psychological control (Steinberg et al. 1992 and Barber, 1996)

- behavioral control (Barber, 1996) and

- in only 30 families: observations with revealed differences task (parent-child discussion: rating scales of the above mentioned dimensions of child rearing)

2. quality of the parent-child relation

- Conflictscale (Dekovic, 1999)

- acceptance scale of Parental Stress Index (PSI) (Abidin, 1983)

- attachment to the child (PSI- Abidin, 1983)
- attachment to the parents (Inventory of Parent Attachment)
- Communication with parents (Olweeson, 1990).

Secondary outcome

Secondary outcomes:

1. problem behavior of the child (CBCL-parent, YSR-child if at least 9 years old, TRF-teacher),
2. academic competence of the child (teacher report of school attendance, GPA),
3. social competence of the child (CBSK reported by parent and child).

To answer the second research question (mediation):

parental beliefs (Effects on development- Dekovic 1996) and parental confidence (PSI-competencescale (Abidin-1983).

To answer the third research question (moderation):

characteristics of the participants (demographics, initial level of problems, parental psychopathology (ASR-Achenbach), and characteristics of the treatment (location, number of completed sessions, Quality of the therapist- education and experience, satisfaction with the treatment, treatment adherence.

Study description

Background summary

Many of the treatments available for multiproblem families have never been properly evaluated in the Netherlands, and thus non-evaluated treatments continue to dominate the field. This fact has been repeatedly emphasized as an important obstacle in development and refinement of evidence-based

interventions in Dutch Youth Care. The present study focuses on Intensieve Pedagogische Thuishulp (IPT), an intensive home-based treatment for families with school age children, who experience multiple problems. Recently, IPT has been implemented in Bureau Youth Care Flevoland. The IPT can be labeled as promising because it incorporates several characteristics that have been shown to increase the effectiveness: it is multi-faceted, intensive, strength-based treatment and the services are delivered to families in their own homes. Indeed, recent meta-analysis of home visiting programs in the USA showed that parents received benefit from home visits in terms of their parenting attitudes and behavior and children in families who were enrolled in home visiting programs fared better than did control group children. It must be pointed out, however, that there are many differences between the USA and The Netherlands in organization of mental health services, availability of different treatments, type of clients etc., so the question remains whether these positive results will be obtained here. Although there has been some evaluation of similar interventions in The Netherlands, the poor quality of most studies' designs does not allow reliable and valid conclusions about effectiveness of these interventions.

Study objective

The current project aims first to examine whether IPT produces outcomes that are superior to the comprehensive treatments already available ('care as usual'). Primary outcomes include parenting behavior and the quality of the parent-child relationship. Secondary outcomes include child problem behavior, social and academic competence.

A large body of treatment-effectiveness studies has focused solely on pragmatic goals (i.e. whether the treatment is effective), devoting little attention to how and for whom interventions yield beneficial outcomes. The present study aims to go beyond the simple effectiveness question. Second aim therefore is to examine the processes through which the IPT works by testing the hypothesized mediators of beneficial treatment. These treatment mediators are suggested by theoretical models that provide a conceptual basis of IPT. For parenting (primary) outcomes mediators include changes in parental beliefs and an increase in parental confidence, whereas for the child (secondary) outcomes, mediators are improvements in parenting behavior and the parent-child relations.

Third aim is to determine circumstances in which IPT yield beneficial outcomes by examining possible treatment moderators: characteristics of participants and characteristics of treatment.

Study design

Randomized clinical trial will be conducted, including pretest-posttest control group design, randomized assignment to conditions (IPT vs. control group - care as usual, CAU) and a long term follow up. Each treatment condition (IPT and CAU)

will include 144 multiproblem families. Pretest assessment (T1) will take place immediately prior to the beginning of treatment, posttest assessment (T2) will take place immediately after treatment (on average 12 months), and follow up (T3) will be conducted 6 months after the end of treatment. The identical assessment battery will be administered to both groups at T1, T2, and T3. The assessment will include multi methods (interviews, questionnaire, observation) and multi sources of information (parent, child, therapist, observer, teacher). In addition, to examine the processes of change (see Aims 2) a two-monthly assessment will take place in IPT group only. Through telephone interviews information will be obtained from participants and from the therapists on several central concepts of this study.

Intervention

Families are random assigned to treatments already available: care as usual of Intensive home visiting.

Study burden and risks

Families, teachers and therapists mainly fill in questionnaires at the start and the end of treatment and at follow-up. These questionnaires are already frequently used in research and in clinical practice. The burden of giving information is limited. The only risk is that filling in questionnaires about parenting and the child will lead to additional requests for assistance. This risk is small. Since families receive treatment we expect minimal adverse effects. Benefit of the study is being able to select and offer evidence-based effective treatments.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Children (2-11 years)

Elderly (65 years and older)

Inclusion criteria

The inclusion criteria are: (1) child age between 4 and 18 years, (2) multiple problems in the family (based on diagnostic information from clinicians), (3) parents (or care givers) are sufficiently motivated to start treatment.

Exclusion criteria

referral to other organisations than the four participating organisations

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Health services research

Recruitment

NL
Recruitment status: Recruitment stopped
Start date (anticipated): 01-12-2006
Enrollment: 144
Type: Actual

Ethics review

Approved WMO
Date: 11-07-2006
Application type: First submission
Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO
Date: 29-11-2007
Application type: Amendment
Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO
Date: 26-10-2009
Application type: Amendment
Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO
Date: 01-02-2011
Application type: Amendment
Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

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	NL11061.041.06