

The first effectiveness study in the Netherlands of a multidisciplinary approach to child maltreatment, the Resolutions Approach.

Gepubliceerd: 16-10-2017 Laatste bijgewerkt: 18-08-2022

We investigate the effectiveness of a multidisciplinary treatment Resolutions Approach (RA) in families with alleged child abuse supplemented with the assessment form of Turnell (Turnell et al., 2009). We investigate the effects of RA on the primary...

Ethische beoordeling	Niet van toepassing
Status	Anders
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON26662

Bron

Nationaal Trial Register

Aandoening

Child abuse, neglect, maltreatment,

Ondersteuning

Primaire sponsor: University of Amsterdam, Department of Developmental Psychology

Arq Psychotrauma Expert Group

Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Primary outcome: Incidents of child abuse and domestic violence.

The quantitative measures will be assessed at five measurement points (T0 - T4): start of the baseline phase (T0), start of the treatment phase (T1), end of the treatment phase (T2), first follow-up meeting after three months (T3) and second follow-up meeting after six months (T4). Clinically relevant change in the client symptoms relative to the normgroup will be analysed using the outcomes on the extensive measurements and the reliable change index (RCI) (Jacobson & Truax, 1991). The RCI is a method to determine whether the symptom change within the participant is statistically reliable and represents a real improvement. This is the case if the RCI is greater than 1.96.

The child abuse and domestic violence will be measured through various informants, as there is often denial in parents. Children will complete the Dutch translation of the Childhood Trauma Questionnaire (CTQ). This is a self-report instrument to determine child abuse and neglect. The CTQ consists of 28 items, covering five types of maltreatment: emotional and physical neglect, emotional and physical abuse, as well as sexual abuse. Both children and parents fill in the Conflict Tactics Scale Parent-Child (CTS-PC) (Dutch translation), which is a self-report tool to measure the presence and degree of child abuse. It measures psychological and physical child abuse and neglect (Straus, 1998). The parents also complete the Revised Conflict Tactics Scale between partners (CTS2). This is a self-report questionnaire consisting of 78 items divided in five scales: psychological -, physical -, sexual violence and injuries due to a fight with the (ex-)partner.

Toelichting onderzoek

Achtergrond van het onderzoek

We investigate the effectiveness of the Resolutions Approach in 15 families with children aged 8-13 years, alleged of child maltreatment. We use the Single-Case Experimental Design (SCED) methodology. We investigate whether the Resolutions Approach is effective in preventing new incidents of child abuse, reducing parental stress and reducing children's internalising and externalising problems and strengthening the relationship between parents and children. Also, we look at the potentially active mechanism behind the Resolutions Approach. We investigate whether the breakthrough of secrecy within the family is related to the decline in the number of incidents of child abuse within the family. The results of this study will be disseminated and implemented through existing partnerships with different training centres, supervision of colleagues and (inter) national congresses and publications.

Doel van het onderzoek

We investigate the effectiveness of a multidisciplinary treatment Resolutions Approach (RA) in families with alleged child abuse supplemented with the assessment form of Turnell

(Turnell et al., 2009). We investigate the effects of RA on the primary and secondary outcome measures of new incidents of child maltreatment, child's emotional and behavioural problems (including posttraumatic stress symptoms), parental stress feelings, and the bond between the child and the parent(s). We make use of the Single Case Experimental Design (SCED) method and regular, personalised assessments related to family treatment goals. SCED is a valuable alternative for RCTs to test (novel) intervention effects in youth and families in which heterogeneity of the problems is rather a rule than an exception.

The secondary objective of this study is to explore potential mechanisms of change behind RA effects. Most families keep the maltreatment undisclosed because they are ashamed or anxious for out of home placement of their children. Theories (Turnell et al., 2010) and clinical practice suggest that breaking through the secrecy of child maltreatment and domestic violence, and increasing openness of communication (aims of RA) about maltreatment, often lead to fewer incidents of child maltreatment after RA.

Also, treatment integrity (adherence to RA treatment protocol) will be monitored.

Onderzoeksopzet

The quantitative measures will be assessed at five measurement points (T0 – T4): start of the baseline phase (T0), start of the treatment phase (T1), end of the treatment phase (T2), first follow-up meeting after three months (T3) and second follow-up meeting after six months (T4). Clinically relevant change in the client symptoms relative to the normgroup will be analysed using the outcomes on the extensive measurements and the reliable change index (RCI) (Jacobson & Truax, 1991). The RCI is a method to determine whether the symptom change within the participant is statistically reliable and represents a real improvement. This is the case if the RCI is greater than 1.96.

Onderzoeksproduct en/of interventie

The Resolutions Approach (Turnell, 2010)(RA) in families with alleged child abuse. In this study, the actual signals of child maltreatment are mapped using the assessment form of Turnell (Turnell et al., 2009), as is the case with the Signs of Safety method.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Participants are 15 families with children between 8 and 18 years old. Families meeting the following criteria can join this study:

- a) There are specific signs of child maltreatment seen by more than one informant. Informants can be people who have seen children and families. Informants may consist of people knowing child or family (members of the social network of the family, doctors, teachers, police and other professionals)
- b) (One of the) parents (partially) deny that they have maltreated their children.
- c) Parents are willing to participate in the intervention and research.
- d) Working towards safety within the family seems to be an achievable goal for all concerned. If the parents, the referrer, children over the age of twelve or the case manager finds this unsafe or impossible the cannot use the intervention.
- e) It is financially and physically possible for the family to travel to the institution.
- f) There is a safety family network of at least one person. If the parents do not want to involve certain people from the social network in the treatment, they can still participate. The involvement of an existing but absent network is one of the goals of the RA.
- g) The case manager can be present at the multidisciplinary meetings.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria are:

- Not Dutch speaking families.
- Parents who do not have a permanent residence.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Anders
(Verwachte) startdatum:	30-05-2017
Aantal proefpersonen:	15
Type:	Onbekend

Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

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	NL6583
NTR-old	NTR6757
Ander register	ZonMw; LAB Ethics Review Board, Faculty of Social and Behavioral Sciences : ZonMw 70-74100-98-002;

Resultaten