Effectiviteit van de 'Houd me Vast' relatieverbeteringscursus voor ouders met jonge kinderen

No registrations found.

Ethical review	Not applicable
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON26933

Source
Nationaal Trial Register

Brief title
HmT-PYC

Health condition

Relationship problems

Sponsors and support

Primary sponsor: None
Source(s) of monetary or material Support: None

Intervention

Outcome measures

Primary outcome

- Satisfaction subscale of the Dyadic Adjustment Scale (DAS-SAT; Spanier, 1976).

Secondary outcome

- Relationship Dynamics Scale (RDS; Stanley & Markman, 1997) measures escalation, invalidation, negative interpretation and withdrawal between partners with 4-item.
- Accessibility, Responsiveness, Emotional Engagement questionnaire (ARE; Johnson, 2008) assesses the attachment bond with the partner.
- Forgiveness is measured by the 4-item scale Forgiveness Scale (FG; Brown, 2003).
- Self-Efficacy for Parenting Tasks Index Toddler Scale (SEPTI-TS; Coleman & Karraker, 2003), two subscales: i.e. Emotional Availability and Discipline Limit.
- The Experiences in Close Relationships questionnaire (ECR: Conradi et al., 2006) measures adult attachment in romantic relationships is not an outcome measure, but will be only administered at baseline in order to be able to describe the sample more precisely in terms of attachment.

Study description

Background summary

Rationale and objective:
Young children draw heavily upon the couples' resources in terms of time and energy that may put the couples' relationship under stress. It is well known that relationship satisfaction shows a significant and marked decline after the birth of the first child (Doss, Rhoades, Stanley, & Markman, 2009). For the well-being of parents and their children, therefore, it is important to help young parents to strengthen their relationship. This study is designed to assess effectiveness of the Hold me Tight program for Parents with Young Children (HmT-PYC).

Design:
The research design applied will be a within-subjects clinical trial consisting of three waves: (1) a waiting period of approximately one month prior to HmT-PYC program; (2) the HmT-PYC program which will be delivered in one weekend; (3) a booster session approximately 4 weeks later; and (4) a follow-up assessment two months after the booster session. Each couple functions as its own control during the waiting period prior to the HmT-PYC program.

Study population:
Couples with young children will be screened for eligibility over the phone. Experienced psychotherapists check exclusion criteria, i.e. DSM axis I and II diagnoses, and whether partners already receive individual or couple therapy. Couples will be informed about the research project and asked to sign the informed consent. We aim at 50 couples at least.

Intervention:
The protocol-driven intervention is an adapted version (Van der Ende & Pereira, 2019) of the official, ICEEFT approved, Dutch translation of the HmT program (Eekhoudt, Aarnoudse, & Van Nuland, 2010). HmT-PYC will be delivered to groups of 4 to 10 couples by two or three trainers or psychotherapists during one weekend followed by a booster session 3 to 4 weeks later. The following topics are covered: (1) psycho-education about attachment; (2)

recognition of dysfunctional interaction patterns; (3) recognition of attachment fears and attachment needs; (4) reliving a conflict while de-escalating; (5) disclosure of attachment fears and attachment needs while the partner is accessible and responsive; (6) forgiving and trust; (7) touch and sexuality; and (8) relapse prevention. HmT-PYC differs from the regular HmT program since it pays attention to two inter-related aspects of upbringing: (a) importance of a secure attachment bond between parents and children, and (b) reconciling attachment security with the parental task of disciplining children.

Study objective

Parents participating in the HmT-PYC course will show improvement on outcome measures post-treatment and at follow-up compared with the pre-treatment waiting period.

Study design

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Partners will be asked to complete the questionnaires on their own in silence without consulting their partner. Repeated measures at 5 time points are needed to follow the process of change and to optimize statistical power. The 5 assessment points and the measures administered per time point (for descriptions see above under 'primary and secondary outcomes') are:
(1) pre-waiting period assessment (approximately 3 weeks prior to pre-treatment), administered: ECR; DAS-SAT; ARE, RDS, FG, SEPTI-TS.
(2) pre-treatment assessment (start of the treatment weekend); administered: DAS-SAT; ARE, RDS, FG, SEPTI-TS.
(3) post-treatment assessment (end of the treatment weekend); administered: DAS-SAT; ARE, RDS, FG.
(4) pre-booster session assessment (approximately 1 month after the treatment weekend); administered: DAS-SAT; ARE, RDS, FG, SEPTI-TS.
(5) follow-up assessment (2 months after the booster session), administered: DAS-SAT; ARE, RDS, FG, SEPTI-TS.

Intervention

HmT-PYC.

Contacts

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Eligibility criteria

Inclusion criteria

Parents with young children.

Exclusion criteria

DSM axis I and II diagnoses in need of individual psychotherapy, and couples of which partner(s) already receive individual or couple therapy.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-01-2020
Enrollment:	50
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Plan description
N/A

Ethics review

Not applicable
Application type: Not applicable

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
NTR-new	NL9539
Other	Ethics Review Board, Psychology, University of Amsterdam : 2019-CP-10064

Study results

Summary results
N/A