

Towards an intervention in foster care placement of children 0-4

The intervention aims to help children reduce stress and/or behavioral problems by helping foster care parents to become more sensitive.

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whether a short intervention can lead to a better quality in the relation between foster care parent and foster child.secondary questions:This better quality in the relation correlates to a reduction in at risk symptoms in the child.This better...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON31879

Source

ToetsingOnline

Brief title

foster parent/foster child intervention

Condition

- Other condition
- Family issues

Synonym

infant mental health, stresssymptoms in children

Health condition

infant mental health

Research involving

Human

Sponsors and support

Primary sponsor: riaggz over de ijssel

Source(s) of monetary or material Support: Ministerie van OC&W, subsidie aangevraagd bij Zonmw en stichting kinderpostzegels

Intervention

Keyword: cortisol, foster care 0-4, intervention, sensitivity

Outcome measures

Primary outcome

In all the children participating there will be measuring of cortisol in saliva, at the start and after half a year.

We'd like to prove that the intervention helps to reduce stress levels in the child, expressed by normalisation of the diurnal rhythm of cortisol.

It can also be expressed by less symptoms on cbcl and itsea

With EAS (emotional availability scales) we want to evaluate the quality of interaction between foster parent and foster child. For this purpose there will be made a videoobservation at the start and half a year later.

Foster care parents do rate a list with items concerning satisfaction and mastery at the start and after half a year. (Nosi)

Symptoms in the child will be measured with IBQ (children < 1 year) or ITSEA before the intervention and after half a year.

Primary outcome:

To prove that this intervention has a positive effect on the quality of interaction (relation) between foster parent and foster child.

Secondary outcome

The improvement of quality in relation helps to reduce emotional and behavioral problems in the child

The improvement of quality in relation helps to reduce levels of stress in the foster child, expressed by normalisation of diurnal rhythm in salivary cortisol.

The intervention helps to give the foster parents a better sense of mastery

Study description

Background summary

In the last ten years there has been a lot of research in foster care.

This research looked into the question of matching between foster care parent and foster child.

Also there has been research about the background and personality traits of the foster care parents and the quality of the support of foster care workers.

This kind of research was also done in the Netherlands, but overall it is not much.

There has been done research about characteristics of fosterchildren, but there has been little research in problematic behavior and what kind of problems these children have when they enter foster care.

Also there is little known how foster care parents handle these problems and how this affects their motivation.

There is little known about the severity of these kind of problems, how this affects the relation between foster parent and foster child and whether this

relation can influence the development .

In the Netherlands foster care parents get at the start a short introductory course about what foster care should be.

There is little to help foster care parents in a methodic way, and it isn't well researched.

But there are many potential problems.

The child that enters in foster care has experienced different kinds of stress.

There has been stress which led to the placement in foster care, there is stress to adjust to the new situation in foster care. The child is at risk.

Foster care parents have to react in a sensible and sensitive way to this stress induced situation and this is not always easy to do.

Research suggests that the risk of failure is a lot bigger when the child shows behavioral problems.

Study objective

whether a short intervention can lead to a better quality in the relation between foster care parent and foster child.

secondary questions:

This better quality in the relation correlates to a reduction in at risk symptoms in the child.

This better quality in the relation correlates to a normalisation in diurnal salivary cortisol

The intervention leads to a subjective feeling of competence in foster care parents

Study design

Pretest-posttest design with a control group and a non-equivalent group.

1: prevalence of relevant symptoms, measured with Ibq (infant behavior questionnaire) or itsea (infant toddler social and emotional assessment) in foster children 0-3

Also analysis of cortisol in saliva to determine interference in diurnal rhythm by (physical) stress

These findings define a group of children at risk.

2: The at risk children are randomised in a RCT (random controlled trial)

One arm of the RCT gets an intervention which targets the relation between foster parent and foster child.

The aim is to improve the sensitivity of the foster parent, the pedagogic ability, the other arm of the RCT gets care as usual.

At the start of the intervention and after half a year there will be a video

observation, which will be evaluated by means of the EAS (emotional availability scales, Z.Biringen).

3: After half a year we will again measure the relevant symptoms in the child, using CBQ and ITSEA and by measuring cortisol in saliva.

Intervention

The foster parent/foster child intervention is standardised in 6 methodological contacts.

The intervention targets certain topics like:

Security/insecurity

How to observe and how to react

Calming down and repair

Taking care

Support, also future help for the foster care parents

The intervention is a combination of psycho-education and video interaction observation with feedback in the next session.

The intervention is clear, evidence based and usable as an intervention to be used by a social worker.

The social worker gets education how to do this intervention, also there will be a 6 weeks supervision how to do it

Social workers are keeping a diary

The aim of the intervention is to improve the sensitivity of the foster care parents in order to improve the quality of the interaction between foster parent and foster child.

Study burden and risks

6 visits of one hour in 12 weeks max

In organised foster care in the Netherlands there is a great demand for this kind of intervention

Compared to other comparable interventions (circle of security, VIPP= video interaction positive parenting) it is a relative short term intervention

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Children (2-11 years)

Inclusion criteria

age 0-4
foster care with duration of half a year
informed consent foster parents, and biological parents

Exclusion criteria

genetic deficiency
congenital abnormality
foster care just for a few weeks
there is not informed consent

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Prevention

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-06-2009
Enrollment:	130
Type:	Actual

Ethics review

Approved WMO	
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

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

CCMO

ID

NL23620.091.08