# The therapeutic relationship with multiproblem families and the influence of therapists' attachment representations

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Within a clinical population of multi-problem families a study will be conducted to the quality of the therapeutic relationship, the perception of the family on this relationship and the role of attachment representations of therapists and treatment...

Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typePsychiatric disorders NECStudy typeObservational non invasive

## **Summary**

#### ID

NL-OMON42029

#### Source

**ToetsingOnline** 

#### **Brief title**

Therapeutic relationship with multi-problem families

#### **Condition**

Psychiatric disorders NEC

#### **Synonym**

multi-problem families

#### Research involving

Human

### **Sponsors and support**

**Primary sponsor:** Yulius

Source(s) of monetary or material Support: ZonMW

#### Intervention

Keyword: attachment, Family psychiatry, psychopathology, therapeutic relationship

#### **Outcome measures**

#### **Primary outcome**

The primary outcome variable is therapeutic relationship, the observed relationship consisting of 4 aspects, namely emotional connectedness, safety, shared goals and therapeutic involvement (4 subscales of the SOFTA observations). Additionally, the therapeutic relationship as experienced by the families is also measured. The second primary parameter is attachment, which is conceptualized by the attachment representations of the therapist and attachment styles.

#### **Secondary outcome**

Secondary study paramaters are the treatment outcomes: increased feelings of influence, decrease of psychopathology, decrease of parenting stress, improvement in family functioning, decrease of attachment related fears in parents, and the degree of goal realisation.

## **Study description**

#### **Background summary**

Working with multi-problemfamilies with complex psychiatric problems asks a different attitude from therapists. According to Ghesquiere (1993), the interaction between the family and the therapist is the core problem in working with multi-problem families. Especially with such families is it of the utmost importance to build a strong therapeutic relationship (Zoon Berg-Le Clercq, 2013). Research to the therapeutic relationship with multi-problem families has been sparse, as has research to reciprocity in this relationship (Guzder e.a.,

#### Study objective

Within a clinical population of multi-problem families a study will be conducted to the quality of the therapeutic relationship, the perception of the family on this relationship and the role of attachment representations of therapists and treatment outcomes. The study population, multi-problem families, is a very specific group of people with psychiatric problems who are stuck in their family functioning. The present study will investigate the role of attachment representations of the therapists and will investigate the developmental course of the therapeutic relationship.

#### Study design

The family psychiatric departments of Yulius (Barendrecht) en GGZ Drenthe (Beilen) conduct this research together. On 4 measurement occasions (T0-T3) a number of different family factors will be measured by means of questionnaires, namely: parenting stress, parental psychopathology, general family functioning, child psychopathology, attachment styles and influence of parents. Between T0 (intake) and T1 (advice) there is a standard treatment aimed on proces diagnostics. A therapeutic relationship is formed between intake and advice with a systemic therapist. This relationship will be monitored during the first contact after intake by video and a questionnaire. Between T1 and T2 a specific intensive treatment takes place for 6-16 weeks. This is treatment as usual. In this phase, 3 therapeutic interventions are offered within the institutions: policlinical treatment, family day treatment and clinical intake. Which treatment program the family will follow is not influenced by the current study, but this is dependent on family characteristics and the expert opinion of the therapist. The expected treatment outcomes are: greater feelings of influence, decrease of psychopathology, decrease of family stress, improvement of family functioning and goal realisation. Within two years we aim to include about 80 families in the study.

#### Study burden and risks

Parents:  $4 \times 40$  minutes (T0-T3) and 5 minutes per time for monitoring the working relationship (SRS).

Children: monitoring the working relationship (SRS), 5 minutes per time. Adolescents:  $4 \times 10$  minutes (T0-T3) and 5 minutes per time for monitoring the working relationship (SRS).

Therapist: 20 minutes for attachment interview, 5 minutes for general questionnaire and 5 minutes for attachment questionnaire (RSQ).

There are no risks.

### **Contacts**

#### **Public**

Yulius

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#### **Scientific**

Yulius

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## **Trial sites**

### **Listed location countries**

**Netherlands** 

## **Eligibility criteria**

#### Age

Adolescents (12-15 years) Adolescents (16-17 years) Adults (18-64 years) Children (2-11 years) Elderly (65 years and older)

#### **Inclusion criteria**

- All families that apply for family psychiatric treatment within the participating institutions will be recruited for participation
- All therapists that build a working relationship with these families will be included in this study. Therapists are at least HBO-educated.

#### **Exclusion criteria**

Participants that meet the following criteria will not be included in the study:

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- Not speaking Dutch
- Not having a definite place to stay of live Besides, there are several contraindications for treatment and therfore for this study. These are:
- psychosis
- invalidating substance abuse
- families in need of crisis intervention

## Study design

### **Design**

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 13-04-2015

Enrollment: 273

Type: Actual

## **Ethics review**

Approved WMO

Date: 09-03-2015

Application type: First submission

Review commission: TWOR: Toetsingscommissie Wetenschappelijk Onderzoek

Rotterdam e.o. (Rotterdam)

Approved WMO

Date: 01-04-2015
Application type: Amendment

Review commission: TWOR: Toetsingscommissie Wetenschappelijk Onderzoek

Rotterdam e.o. (Rotterdam)

## **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 NL51686.101.14

## **Study results**

Date completed: 09-05-2017

Actual enrolment: 119