

An intervention- based diagnostic instrument to assess parenting potential in child protection cases: improving the quality of decision making.

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The proposed study will test whether the intervention-based parenting assessment of the parents* capacity to improve (VIPP-APP; Video-Feedback intervention to promote Positive Parenting for the Assessment of Parenting Potential) contributes to...

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

Summary

ID

NL-OMON44403

Source

ToetsingOnline

Brief title

Improving the quality of decision making

Condition

- Other condition

Synonym

child abuse and neglect

Health condition

tekortkomingen in opvoedingscapaciteiten

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit Leiden

Source(s) of monetary or material Support: Ministerie van OC&W, Jan Brouwer Fonds

Intervention

Keyword: out-of-home placement, parenting potential

Outcome measures

Primary outcome

The main parameters of this study are the change in behaviour problems of the children, the change in the advice about the necessity of out-of-home placement that the professionals make based on the regular care or VIPP-APP, and the change in the certainty of the advice.

Secondary outcome

The secondary outcome measures are the neurobiological parameters of stress regulation of mother and child, the change in the quality of the attachment relationship between the child and the mother and the change in parenting skills of the mother. Again, we will test whether there are differences on these parameters between the VIPP-APP and control group.

Table 1 in the research protocol (page 23) provides an overview of all the measurements.

Study description

Background summary

Decisions about families.

Decisions about out- of- home placement of the child, custody, or termination of parental rights have enormous consequences for both parents and children. These decisions are often based on clinical evaluations of parenting capacities. It is crucial for both the child and the parents that a careful evaluation of the parents* capacities to take care of the children is performed. Unfortunately, most assessments of parenting capacities are not evidence-based. This is also true for the Netherlands. In addition, substantial limitations of diagnostic evaluations in child abuse cases have been reported, such as using only a single session, no home visit, little use of behavioral observations, and no description of the parent*s caregiving qualities or the child*s relationship with the parent. In addition, it has been shown that professionals can be reluctant to revise their initial judgments despite evidence against these judgments.

To be able to empirically test the effectiveness of parenting capacity assessments in order to have evidence-based methods for diagnosis, a framework for conceptualizing parenting capacity assessments is needed. Budd (2001; 2004) lists three core characteristics of these assessments: focus on parenting and the parent-child relationship, functional competence (emphasizing behaviors and skills in everyday performance), and a minimal, or good-enough, parenting standard. Additionally, the American Psychological Association has developed guidelines for psychologists conducting evaluations in child protection cases. One of the recommendations listed in these APA Guidelines for Evaluations in Child Protection Cases is: *In evaluating parental capacity to care for a particular child or assessing the child-parent interaction, psychologists make efforts to observe the child together with the parent in natural settings as well as structured settings.* It is also recommended that *the current and potential functional abilities of the parent(s) to meet the needs of the child* should be assessed. Taken together, it is proposed that parenting capacity assessments should include observations of the parent-child relationship in everyday situations in order to assess whether a minimal parenting standard is met and whether the parent has the potential to meet this minimal parenting standard.

Harnett (2007) has proposed a procedure to assess these potential functional abilities. He lists four steps in the assessment of the parents* capacity to change: 1) carrying out a cross-sectional assessment of the parents* current functioning, 2) specifying operationally defined targets for change, 3) implementing an intervention with proven efficacy for the client group with a focus on achieving identified targets for change, and 4) the objective measurement of progress over time including evaluation of the parents* willingness to engage and cooperate with the intervention and the extent to which targets were achieved.

Good-enough parenting.

Another important question is what constitutes good-enough parenting. In

addition to physical safety, research has shown that one of the most important core components of parenting is the ability to provide emotional safety or security. Based on attachment theory, one of the most influential theories in the area of child development, a competent parent is able to respond to the child's emotional and physical needs and adapt to the child's developing capacities in a changing environment (Ainsworth et al., 1974) also defined as a sensitive parent. Parental sensitivity to the child's emotional and physical needs fosters the development of a secure relationship between the child and the parent, which is predictive of a large number of positive developmental outcomes (Sroufe et al., 2005). In line with this, Juffer argues that the quality of the parent-child relationship and the parent's capability of responding sensitively to the child should be an essential factor in child protection decisions.

Evidence-based interventions

To be able to assess improvement in the parent's capacity to provide security for the child, evidence-based interventions are needed. Unfortunately, the number of evidence-based parenting interventions in the Netherlands is alarmingly low. The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) is one of the few evidence-based interventions in the Netherlands. This program aims at improving the parents' sensitivity and sensitive discipline in order for the parent to be able to provide emotional security for the child. VIPP-SD consists of six home visits during which the parent and the child are being video- taped. Research has shown that this intervention has positive effects on parenting and on reducing child problem behaviors, in particular in families with marital problems and high levels of daily friction.

A Canadian research group has recently tested the effectiveness of an intervention based on and similar to VIPP-SD. They included families with substantiated child maltreatment. These families, with 1-5-year-old children, were randomly assigned to the intervention and a care-as-usual condition. They found the intervention to be effective in improving parenting skills and the quality of the parent-child relationship even in maltreating families.

VIPP-SD as a tool for assessing the parents' capacity to improve.

VIPP-SD would be a good candidate to also function as a diagnostic instrument for assessing parental capacity to improve (see also Lindauer et al., 2010 ; Van IJzendoorn & Bakermans-Kranenburg, 2010). It is currently the only parenting intervention in the Netherlands that would be suitable for use as a diagnostic tool. It offers the opportunity to assess current functioning and parental behavior that needs to be targeted and to improve these targeted behaviors in a relatively short period of time. With the addition of objective measures of progress over time, it meets Harnett's (2007) four steps in the assessment of the parents' capacity to change (see above).

Indeed, the Canadian research group has explored ways to use the intervention

as a diagnostic instrument. At the Clinic for the assessment and intervention of young children and their families at the Child Protection Services of Montreal-University Institute (CPS-UI) they developed a protocol for assessing the parenting capacity of parents of young children who have been reported for child maltreatment. They integrated the short-term parenting intervention into their protocol to assess parenting capacity and are currently investigating the effectiveness of this protocol. They asked the evaluators from this and a standard protocol about the improvements observed in the parent-child relationship and the usefulness of the protocol for assessing parenting capacity. The researchers found that evaluators of the intervention based assessment protocol observed significantly more positive changes in the family as compared to the evaluators of the standard assessment protocol. A logical and necessary next step in this line of research would be to evaluate whether decisions based on an intervention based protocol are more reliable and actually lead to better outcomes for both the children and parents.

Stressregulation and parenting.

Parents in child protection cases can be challenged with different problems and stressors, for instance financial problems, psychopathology of the parent, the experience of stressful life events and/or problems in the parent- child relationship. The way parents regulate their stress is an important factor in insensitive parenting. It is argued that parents who use harsh discipline might lack the skills that are necessary for sensitive parenting (Milner, 1993; 2003), which could be linked to physiological differences between sensitive and insensitive parents (Joosen et al., 2012). Several studies have shown that abusive parents have difficulties regulating the stress they experience in reaction to child signals (McCanne & Hagstrom, 1996). For example, Out et al. showed that stress hyperreactivity to infant cry sounds was associated with intended harsh caregiving responses (Out, Bakermans-Kranenburg, Van Pelt, & Van IJzendoorn, 2012). In addition, Joosen et al. reported that stress hyperreactivity to infant cry sounds predicted harsh discipline during mother-child interactions nine months later (Joosen, Mesman, Bakermans-Kranenburg, & Van IJzendoorn, 2013).

Study objective

The proposed study will test whether the intervention-based parenting assessment of the parents* capacity to improve (VIPP-APP; Video-Feedback intervention to promote Positive Parenting for the Assessment of Parenting Potential) contributes to improved decision making in a child protection context. The aims of the study are as follows:

1. To test whether children with an advice about out-of-home placement based on VIPP-APP will show fewer emotional and behavioral problems in comparison to children with an advice based on regular assessments.
2. To test whether the advice about the necessity of out-of-home placement based on initial assessments are more often modified by professionals after VIPP-APP.

3. To test whether professionals feel more certain about their advice following VIPP-APP as compared to regular assessments.

Study design

This study is based on a RCT with an experimental and control group. Families who are referred to one of the four family psychiatric facilities in the Netherlands for an evaluation of their parenting capacities in the context of an out-of-home placement decision with a child between the age of 0-6 years old will be recruited. If the parents give informed consent to participate in the study, they will be included and randomly placed in one of the two treatment groups. In week 1 mother and child will be asked to participate in a pre-test, to assess different parent and child factors. The family therapist will be asked to formulate a preliminary advice about the placement decision for the child. The treatment, either the treatment with VIPP-APP or the care as usual, will start after the pre-test and will take place from week 2-7. In week 8 a post-test will take place to measure the same aspects of the mother and child as in the pre-test. The family worker who works with the family will be asked to formulate a final advice about the placement of the child. After six and twelve months, two follow-up assessments will take place, either through home visits or phone calls, depending on the parents' preference. During these assessments an interview is conducted and questionnaires are filled out by the parents, and, in case the child is living in a foster family, by the foster parents.

A flow chart of the study design is provided on page 16 of the research protocol.

Intervention

The intervention method used in this study is called the Video- feedback Intervention to promote Positive Parenting for the Assessment of Parenting Potential (VIPP-APP). The VIPP-APP is based on the VIPP-SD (Video- feedback Intervention to promote Positive Parenting and Sensitive Discipline), a preventive intervention aimed at parental sensitivity and sensitive discipline, which in turn will improve the parent- child relationship and interaction and will prevent or decrease behavioural problems in young children. The VIPP-APP is an adapted version of the VIPP-SD for families in a child protection context.

The themes of the VIPP-SD are:

Themes based on parental sensitivity:

1. Exploration versus attachment behavior: teaching parents the difference between the exploratory play of the child and contact seeking of the child, with an explanation of the different reactions the parents can provide.
2. *Speaking for the child*: to make the parent aware of the subtle signals of

their young child.

3. Sensitivity chain: showing the importance of prompt and adequate responses of the parent to the signals of the child in a chain of sensitivity: the child's signal, the parents sensitive response and the child's positive reaction to the sensitive response of the parent.

4. Sharing emotions: stressing the importance of sharing positive and negative emotions between parent and child.

Themes based on sensitive discipline:

1. Inductive discipline and distraction: showing that induction (explaining why something is not allowed) and distraction can be used as noncoercive responses to difficult behavior of the child.

2. Positive reinforcement by rewarding positive behavior of the child and ignoring the negative attention seeking of the child.

3. The use of a sensitive time-out to deescalate the child's temper tantrums.

4. Focusing on empathy for the child from the parent and clear limit setting for the child.

The last two sessions (session 5 and 6) will be used to integrate all the previous themes and advice.

A more detailed overview of the VIPP- APP is provided in the research protocol on page 20-22.

Study burden and risks

The families will be asked to fill out questionnaires, participate in observational tasks and physiological measures that are not intrusive or dangerous. The researchers and family workers in the facility will make sure participants can ask questions and everything will be explained carefully. The pre- and post-test will take 1 hr for the child and 1.5 hr for the mother and will take place in the facility where the families are staying. The two follow-ups will take half an hour each. The 6 VIPP- APP sessions will take 1.5 hr each in a time span of 6 weeks. If the mothers encounter difficult themes or feelings, they will be supported by the family workers and psychiatrist if needed. The video-taping might be confronting for some mothers, but this method is also used in the therapy settings for the control group. Family workers that encounter difficulties are able to share these issues in meetings that will be held frequently with the researchers and other family workers.

Other studies that investigated the VIPP, or similar interventions, in samples of abusive mothers show no negative consequences of the intervention (Moss et al., 2011; Bernard et al., 2012). Furthermore, Cyr and colleagues (2012) investigated the VIPP as a diagnostic instrument to assess parenting capacities in child protection cases and report no negative consequences. This is also the case for a former study in one of the family psychiatric facilities (Yulius), that also used possibly confronting questionnaires, an attachment measure and saliva collection (e.g., Reijman et al., 2014).

The goal of the study is to test whether the intervention based parenting assessment of the parents* capacity to improve (VIPP-APP; Video-Feedback intervention to promote Positive Parenting for the Assessment of Parenting Potential) contributes to improved decision making in a child protection context. If the VIPP-APP appears to be effective in assessing parenting potential, this instrument could improve the way decisions about out-of-home placement are made which may lead to better outcomes for children. This would be a very valuable finding.

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

- Families that are referred to one of the four family psychiatric facilities for an evaluation of

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parenting capacities in the context of an out-of-home placement decision.

- With a child between the age of 0-6 years old.
- Sufficient understanding of the Dutch language.

Exclusion criteria

- Families that are only referred to one of the four family psychiatric facilities to receive treatment not within an out-of-home placement context.
- Children older than 6 years old.
- Mothers with severe mental health problems
- Mothers with an IQ below 70
- Families who speak hardly or no Dutch

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)

Primary purpose: Diagnostic

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	20-05-2015
Enrollment:	60
Type:	Actual

Ethics review

Approved WMO	
Date:	13-01-2015
Application type:	First submission
Review commission:	CCMO: Centrale Commissie Mensgebonden Onderzoek (Den

Haag)

Approved WMO

Date: 06-10-2016

Application type: Amendment

Review commission: CCMO: Centrale Commissie Mensgebonden Onderzoek (Den Haag)

Approved WMO

Date: 09-01-2017

Application type: Amendment

Review commission: CCMO: Centrale Commissie Mensgebonden Onderzoek (Den Haag)

Approved WMO

Date: 07-02-2018

Application type: Amendment

Review commission: CCMO: Centrale Commissie Mensgebonden Onderzoek (Den Haag)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 27230

Source: Nationaal Trial Register

Title:

In other registers

Register	ID
CCMO	NL49876.000.14
OMON	NL-OMON27230