Interdisciplinary learning from youth psychosocial care trajectories

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By evaluating care trajectories of children, adolescents and their families who receive specialized and very intensive forms of psychosocial care, we aim to improve future care. The research should lead to a) knowledge about points for improvement,...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON48127

Source
ToetsingOnline

Brief title
Interdisciplinary learning in youth psychosocial care

Condition

- Other condition

Synonym
nvt, zie toelichting onder J. Aanvullende opmerkingen

Health condition

Zie toelichting onder J. Aanvullende opmerkingen

Research involving
Human

Sponsors and support

Primary sponsor: Accare
Source(s) of monetary or material Support: Ministerie van OC&W,Accare kinder- en jeugdpsychiatrie,Curium-LUMC academisch centrum voor kinder- en jeugdpsychiatrie,De Bascule academisch centrum voor kinder- en jeugdpsychiatrie|Spirit Jeugdhulp,Horizon jeugdzorg en onderwijs,Karakter kinder- en jeugdpsychiatrie

Intervention

Keyword: Case reviews, Child/adolescent psychosocial care, Interdisciplinary, Quality improvement

Outcome measures

Primary outcome

Life course characteristics of child/adolescent:

• Negative youth experiences of child/adolescent, measured with the Dutch

version of the Adverse Childhood Experiences (ACE) scores (11 items)

• Negative childhood experiences of parent(s), measured with the Dutch version

of the Adverse Childhood Experiences (ACE) scores (11 items)

• Psychological problems/functioning child/adolescent, measured with the Dutch

version of Strengths and Difficulties Questionnaire (SDQ) (25 items)

• Psychological problems/ functioning parent(s), measured with the Dutch

version of the Outcome Questionnaire (OQ-45, 45 items)

• Educational career youthful

• Educational career parent(s)

• Living situation and living situation history of child/adolescent

Psychosocial care for child/adolescent:

• Report of clear request for help in record

- Report of determination of nature/severity of problems in record
- Report of explanatory hypotheses in record
- Report of risk assessment in record
- Report of protective factors in record
- Existence of clear treatment goals
- Previously used psychosocial care (reason, focus, type of help and result)
- Focus of current treatment (child/adolescent, parent(s) or family)
- Current use of evidence based treatment

Future prospects child/adolescent:

- Existence of future prospects for living
- Presence of future prospects for daytime activities (including education)

Coordination and cooperation:

- Degree of coordination and cooperation between child/adolescent and professionals
- Degree of coordination and cooperation between parent(s)/caregiver (s) and professionals
- Degree of coordination and cooperation between care providers
- Degree of coordination and cooperation between psychosocial care providers and education professionals

Contributing factors in psychosocial care trajectory:

- According to child/adolescent

- According to parent(s)/caregiver(s)
- According to psychosocial care providers
- According to other stakeholders

Barriers in psychosocial care trajectory:

- According to child/adolescent
- According to parent(s)/caregiver(s)
- According to psychosocial care providers
- According to other stakeholders

Points of improvement from previous psychosocial care trajectory:

- According to child/adolescent
- According to parent(s)/caregiver(s)
- According to psychosocial care providers
- According to other stakeholders

Points of improvement for current psychosocial care:

- According to child/adolescent
- According to parent(s)/caregiver(s)
- According to psychosocial care providers
- According to other stakeholders

Secondary outcome

Nvt

Study description

Background summary

Several small-scale, exploratory studies have been performed on the trajectories of children and adolescents in psychosocial care, who use specialized and very intensive forms of care. These studies show that care for these children and adolescents is not optimal. Their problems are not always analyzed with sufficient expertise, available effective interventions are (partly because of this) not always used on time, or there seems to be no clear hypothesis or perspective for placement. The researchers also noted the discontinuity of care in this population.

Study objective

By evaluating care trajectories of children, adolescents and their families who receive specialized and very intensive forms of psychosocial care, we aim to improve future care. The research should lead to a) knowledge about points for improvement, barriers and facilitating factors for good care, b) practical recommendations for improving care and c) activating a 'learning movement' to start the improvement of child and adolescent psychosocial care . The ultimate goal is to ensure that young people receive the most appropriate and most effective help earlier, with as few interruptions as possible. This should lead to a less frequent need of specialized and very intensive forms of care less often necessary.

Study design

In this study, we utilize case reviews to systematically analyze the psychosocial care trajectories of 75 children/adolescents from the intended population and their families. The cases will be divided equally between different types of institutions. Subjects will be recruited in five different regions in the Netherlands by five research partners. Local 'process supervisors' inform and recruit children/adolescents and their parent(s)/caretaker(s) using Informed Consent, and perform case reviews.
We use a mixed methods study design, with the following components per case review:
1. Interview with child/adolescent;
2. Questionnaire for child/adolescent;
3. Interview with parent(s)/caretaker(s);
4. Questionnaire for parent(s)/caretaker(s);
5. File research;
6. Group meeting of child/adolescent, parent (s)/caregiver(s) and professionals involved (learning session);
7. Group meeting of professionals involved (reflection session).

During these components, we collect a set of predetermined, quantitative data and we also systematically collect qualitative data. The different consecutive components enable the results from one component to support the process in a subsequent component (action-supportive research). In addition, we use the data for a systematic analysis of the psychosocial care trajectories. This way we collect data that leads to points for improvement, barriers and facilitating factors for good psychosocial care for children and adolescents. Based on the research findings reports, we organize regional meetings to support the implementation of these findings.

Study burden and risks

Participation in the case review requires a time investment of approximately 4-5 hours for children/adolescents and parent(s)/caretaker(s). The time investment for both consists of:
o Attending an information meeting about the research, individual and face to face (30 minutes);
o Filling in a questionnaire (30 minutes);
o Participating in an interview, individual and face to face (60-90 minutes);
o Participating in a learning session (120 minutes);
o Participating in regional learning meeting. Children/adolescents and parent(s)/caretaker(s) will be invited, but participation is optional and not part of the data collection.

Hence, we make a great appeal to the time, dedication and motivation of children/adolescents and their parent(s)/caregiver(s). They will receive explanations about the aim of the study during the information meeting. Its aim explicitly is to improve the psychosocial care for children and adolescents based on (among other things) their experiences, not to improve individual care.

Yet, looking back at them can evoke feelings of anger, grief or frustration, because it concerns families with often a long-term care history. This could interfere with the current treatment. We realize that there are risks for participants to participate. We think that the risks of this research are minimal by taking the following precautions:
o We will discuss opportunities and risks of participation prior to the study with the intended participants (including professionals);
o We will not include families who are in a crisis situation;
o We will inform, with consent of the people concerned, the confidential counsellor of the institution where the child/adolescent resides. The child/adolescent and/or parents can contact the counsellor if situations arise that can not be handled properly by the practitioners involved.

Occasionally calamities occur in this population. In case of calamities with children/adolescents or parent(s)/caretaker(s) during the study (such as suicides or crises of a different nature), participation in the study can of course be suspended or stopped.

We think that participating in a case review is very similar to the usual treatment evaluations in psychosocial care of children/adolescents. The difference is that a case review follows a much more systematic method than a usual treatment evaluation and therefore requires more time. Also, the case review is led by an independent process supervisor. Someone outside the institution and someone who looks at the case from a different perspective. As a result, it is possible that participation in the case review, by new insights from clients and/or practitioners, benefits individual care.

Contacts

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Accare

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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

For the reviews, cases will be selected from children and adolescents who at the time of inclusion:
o Stay in the institution;
o have been placed 4-6 months prior to the start of the case review;
o receive specialized and very intensive forms of psychosocial care;
o are between 8 and 18 years of age.

Exclusion criteria

Children/adolescents and their families will not be able to participate in the study if they:
o The child/adolescent wants to participate in the study, but does not want their parent(s)/caregiver(s) to participate;
o they are in a crisis situation at the time of inclusion.

Study design

Design

Study type: Observational non invasive
Masking: Open (masking not used)
Control: Uncontrolled
Primary purpose: Health services research

Recruitment

NL
Recruitment status: Recruitment stopped
Start date (anticipated): 17-05-2019
Enrollment: 75
Type: Actual

Ethics review

Approved WMO
Date: 16-05-2019

Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	20-02-2020
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	11-06-2021
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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	NL69303.042.19