

# The effectiveness of blended Forensic Ambulant Systemic Treatment (FASTb): A randomized controlled trial comparing blended and regular FAST

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The main goal of the current study is to investigate whether FASTb is equally effective as FASTr.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Personality disorders and disturbances in behaviour
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON51458

### Source

ToetsingOnline

### Brief title

The effectiveness of FAST blended

### Condition

- Personality disorders and disturbances in behaviour

### Synonym

Antisocial behavior disorder, behavior disorder

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universiteit Utrecht

**Source(s) of monetary or material Support:** ZonMw

## Intervention

**Keyword:** Antisocial juveniles, Blended care, Effectiveness, Forensic Ambulant Systemic Therapy (FAST)

## Outcome measures

### Primary outcome

Primary outcomes are aggression, delinquency, out of home placement, and recidivism (risk).

### Secondary outcome

Secondary outcomes are internalizing problems of the youth, substance use, contact of the youth with deviant peers, and client formulated goals.

## Study description

### Background summary

Antisocial behavior and conduct disorders during adolescence can have long-lasting effects for juveniles in terms of persistent antisocial behavior, delinquency and substance abuse during adulthood, and can severely diminish quality of life, given comorbidity often present. Moreover, juvenile antisocial behavior leads to high societal costs, in terms of the costs of damage caused by the behavior and increased societal unsafety. Even though there are several interventions targeting antisocial behavior and conduct disorders in youth, these interventions are relatively expensive and limited in their ability to be tailored to the individual clients needs. Therefore, Forensic Ambulant System Therapy (FAST) was developed. Within FAST, the intensity, content and duration of the intervention can be adjusted to individual needs of the juvenile and his/her system. FAST is evaluated as effective based on first indications by the Dutch Youth Institute Committee for Judicial Interventions and Youth Interventions. Next to regular FAST (FASTr), a blended version was developed (FASTb), in which clients receive the intervention partially online by using, for example, eHealth and videocalls.

### Study objective

The main goal of the current study is to investigate whether FASTb is equally

effective as FASTr.

## **Study design**

Participating families are randomly assigned to FASTb or FASTr. During the study, participants (youth and caregiver(s)) will fill in monthly questionnaires (5-10 minutes). The amount of monthly questionnaires will depend on the duration of the intervention. Further, participants will fill in three more elaborate questionnaires (30-60 minutes): prior to intervention (pre-test), immediately after intervention (post-test), and 6 months after intervention (6 months follow-up). The therapist will fill in a questionnaire (5-10 minutes) two times (at pre-test and post-test). Additionally, participants (juveniles, caregivers, and therapists), fill in questionnaire that are part of the standard FAST procedure. These will be analyzed for the study using file analysis, and therefore do not pose extra burden for the participants. Further, two years after interventions (2-year follow-up), official recidivism data will be collected through judicial records. This data collection does not pose any burden to participating families and therapists.

## **Intervention**

Both groups will receive Forensic Ambulant System Therapy (FAST), but in a different form. The goal of FAST is to reduce antisocial and delinquent behavior of youth and prevent out of home placement.

One group will receive FAST in the regular, face-to-face form (FASTr). The other group will receive FAST in the blended (FASTb) form. The content of both interventions correspond, only the way the intervention is offered differs.

## **Study burden and risks**

In our opinion, the risks accompanying participation can be viewed as negligible. The burden of participation consists of filling out questionnaires. Receiving the intervention is independent from participation; clients will receive FAST regardless of whether they participate in the study.

## **Contacts**

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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)

### **Inclusion criteria**

Every juvenile and caregiver who meets the FAST inclusion criteria is considered for the study. FAST therapists determine whether clients meet the inclusion criteria during the standard FAST intake procedure. The inclusion criteria are:

1. Juvenile has an estimated IQ-score of 80 or higher and/or sufficient adaptive skills to benefit from the intervention. The estimated IQ-score is measured using the Screener voor intelligentie en licht verstandelijke beperking (SCIL; Kaal et al., 2015). The score on the SCIL determines whether an IQ-test and/or a measurement of adaptive skills using the ADAPT (Jonker & Nijman, 2021) is necessary;
2. Juvenile is aged 12-21 years old at intervention start;
3. Juvenile exhibits externalizing behavior that results in problems in at least two areas of life (family, school, leisure time), determined by referrer information and/or intake;
4. Juvenile has a medium to high recidivism risk, measured by the Risicotaxatie-instrument voor de Ambulante Forensische GGZ Jeugd (RAF GGZ Jeugd; Van Horn et al., 2013) and/or the Landelijk Instrumentarium Jeugdstrafrechtken (LIJ; Ministerie van Veiligheid en Justitie, 2012);
5. Presence of juvenile-caregiver relationship problems, as measured by the RAF GGZ Jeugd;
6. Juvenile has a diagnosis of a DSM-5 behavioral disorder, which is determined

using case file analysis or a new diagnostic process;

7. Caregiver(s) and juvenile cannot be motivated to follow treatment at the outpatient clinic;

8. Juvenile and caregiver(s) have sufficient Dutch language skills, as estimated by the FAST therapist team;

9. Treatment can be offered in either a voluntary or mandatory framework;

10. Juvenile resides with their caregiver(s) or is expected to return to residing with caregiver(s) within the first two months of intervention.

## Exclusion criteria

1. Clients meet the FAST exclusion criteria, which are:

a. Juvenile exhibits severe psychiatric symptoms requiring admission;

b. Problem behavior of the juvenile is caused by primary substance abuse problems;

c. Caregiver(s) refuse structurally to participate in treatment

d. The safety of the therapist or family members cannot be guaranteed sufficiently;

2. Clients do not have an electronic device or suitable internet connection to receive blended care;

3. Clients have insufficient digital literacy to receive blended care;

4. Families need a translator to receive the intervention.

## Study design

### Design

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

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	25-11-2022

Enrollment:	200
Type:	Actual

## Ethics review

Approved WMO	
Date:	17-10-2022
Application type:	First submission
Review commission:	METC NedMec

## 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	NL81698.041.22