

The effectiveness of multisystemic therapy for adolescents with severe behavioural problems from families with intellectual disabilities: A mixed-method study

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The aim of this study is to investigate the effectiveness of MST-ID for adolescents with severe behavioural problems from families with an intellectual disability (ID), compared to standard MST. It is hypothesised that MST-ID (n = 150 families) is...

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

Summary

ID

NL-OMON53225

Source

ToetsingOnline

Brief title

E-MST-ID

Condition

- Personality disorders and disturbances in behaviour

Synonym

severe behavioural problems

Research involving

Human

Sponsors and support

Primary sponsor: Psychotherapeutisch Centrum De Viersprong (Halsteren)

Source(s) of monetary or material Support: Stichting tot Steun VCVGZ, de Viersprong

Intervention

Keyword: adolescent behavioural problems, family functioning, intellectual disability, multisystemic therapy

Outcome measures

Primary outcome

The primary parameter is rule-breaking behaviour of adolescents. This parameter is primarily considered from the parental perspective, using the Child Behavior Check List (CBCL; Achenbach & Rescorla, 2001) as answered by parents, and additionally from the adolescent perspective, using the Youth Self Report (YSR; Achenbach & Rescorla, 2001) as answered by adolescents.

Secondary outcome

The secondary parameters are: 1. Externalising and internalising behavioural problems of adolescents; 2. Parenting stress; 3. Out-of-home placement; 4. Delinquency; 5. Schoolgoing or employment; 6. Addictions; 7. Social network; 8. Instrumental outcomes. For the parameter 'Externalising and internalising behavioural problems of adolescents', the CBCL (6-17; Achenbach & Rescorla, 2001) as answered by parents and the YSR (Achenbach & Rescorla, 2001) as answered by adolescents are used. For the parameter 'Parenting stress', the Parenting Stress Questionnaire (OBVL; Vermulst et al., 2012) is used as completed by parents. For the parameters 'Out-of-home placement', 'Delinquency', 'Schoolgoing or employment', 'Addictions', 'Social network', and 'Instrumental outcomes' which all concern the adolescent and/or parents, the

Social Demographic Information (SDI 3.0; Praktikon/MST-Netherlands/Belgium, 2022) is used as completed by the therapist (sometimes in cooperation with parents). Finally, the parameter 'Experiences of families receiving MST-ID' will be assessed in the qualitative part of the study.

Study description

Background summary

Over the years, a large body of research has shown that adolescents with intellectual disability are 3-4 times more likely to develop severe behaviour problems than adolescents without intellectual disability. Families in which adolescents and/or one or both parent(s) have an intellectual disability (from now on, families with ID) often deal with complex problems, putting the adolescent at an increased risk of out-of-home placement. Multisystemic therapy (MST) is an intensive home-based treatment, effective in reducing severe behaviour problems and preventing the out-of-home placement of adolescents. A specialisation of MST has been developed for families with ID: MST-ID. In MST-ID, among other alterations, simplified language and visual support is used, sessions are more structured and more time is scheduled for practicing exercises, and extra attention is paid to the generalisation of what has been learned in the sessions (with the aim of attaining long-term outcomes). Pilot studies show that when compared to standard MST, MST-ID shows similar or better treatment outcomes in families with adolescents with ID. Meanwhile, MST-ID has been disseminated more widely and the target population extended by including families in which only the parent(s) have an ID.

Study objective

The aim of this study is to investigate the effectiveness of MST-ID for adolescents with severe behavioural problems from families with an intellectual disability (ID), compared to standard MST. It is hypothesised that MST-ID (n = 150 families) is more effective - in terms of fewer behavioural problems, more adolescents living at home, being in school/work, no new police contacts, less parenting stress - than regular MST (n = 150 families). Treatment outcomes are considered both quantitatively and qualitatively.

Study design

For the quantitative part, the Propensity Score (PS) method is used to balance treatment groups. This is combined with Multilevel Modelling (MLM) to estimate

treatment effect over time. For the qualitative part, the experiences of approximately 10 adolescents and/or parents are centralised. The qualitative research methods will be decided upon in a participatory manner with respondents. Examples of potential research methods are interviews, focus group discussions, or photo elicitation.

Intervention

Following standard referral procedures, families were either referred to standard MST or MST-ID treatment (i.e., non-randomly). Both standard MST and MST-ID are intensive, home-based treatments with 3-5 home visits per week, targeting the severe behavioural problems of adolescents across multiple life domains. MST-ID is tailored to the needs and skill deficits of adolescents and/or parents with ID. Concretely, more attention is paid to how therapists create engagement, implement interventions, and realise support from informal supports, in a tailored, developmentally appropriate, and simplified manner (meaning in a more structured way and using accessible language, among others), when compared to standard MST.

Study burden and risks

No specific risks are associated with this study. MST(-ID) treatments have been implemented in the Netherlands over ten years ago, showing medium to large effect sizes in various studies. Therefore, both treatments can be expected to be effective. Most questionnaires that are used in this study are part of routine outcome monitoring procedures. For the purpose of this study's aims, two questionnaires were added to the baseline measurement (with a maximum duration of 30 minutes).

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)

Children (2-11 years)

Elderly (65 years and older)

Inclusion criteria

1. Adolescent must be 10 to 19 years old at the start of treatment;
2. Adolescent presents with severe behavioural problems in at least two life areas;
3. Adolescent lives with a family or there is a family the adolescent can live with, in which parent(s) have parental custody for a longer period of time;
4. Parent(s) consent(s) and is/are willing to engage in treatment to prevent an out-of-home placement of the adolescent;
5. A known or suspected intellectual disability (operationalised as an intelligence quotient [IQ] score of between 50-85 and additional deficits in adaptive functioning) in the adolescent and/or parent(s);
6. Have sufficient knowledge of the Dutch language (as assessed by a clinician and/or researcher) in order to understand and answer the various (self-report) questionnaires. This pertains to adolescents as well as parent(s).

Exclusion criteria

1. Adolescent lives independently;
2. Adolescent presents with severe problematic sexual behaviours, without presenting with other severe behavioural problems;
3. Adolescent presents suicidal, psychotic, or homicidal requiring specialised treatment (such as a crisis placement in a residential facility);
4. Adolescent has a severe Autism Spectrum Disorder (level 2-3 according to the DSM-V criteria) or a severe ID (IQ score lower than 50);
5. Adolescent has internalising psychiatric problems which are the primary reason for referral, or has serious psychiatric problems (similar to #3 as well as for example

eating disorder; Henggeler et al., 2009).

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	04-09-2023
Enrollment:	470
Type:	Actual

Ethics review

Approved WMO	
Date:	06-07-2023
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)
Approved WMO	
Date:	16-12-2024
Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (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	NL84030.078.23