

# Effectively intervening in traumatized parents and children after structural domestic violence: A multiple baseline analysis

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruiting
<b>Health condition type</b>	Other condition
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON56083

### Source

ToetsingOnline

### Brief title

Moving forward together: A multiple baseline analysis

### Condition

- Other condition

### Synonym

domestic violence / trauma

### Health condition

tekortkomingen in opvoedvaardigheden en traumaklachten bij ouders en kinderen

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Universiteit Leiden

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

## Intervention

**Keyword:** attachment, domestic violence, individualized treatment, trauma

## Outcome measures

### Primary outcome

Primary study outcomes are the change in disrupted parenting behavior, the change in sensitive parenting behavior, and the change in PTSD symptoms of parent and child.

### Secondary outcome

The secondary study outcomes are the behavioral and emotional problems and the quality of life of the child, and the satisfaction with the treatment trajectory for the parent and the therapist.

## Study description

### Background summary

While the adverse effects of domestic violence on victimized parents and children have been extensively documented, there is still little knowledge on effective intervention approaches for these families. Both parents and children are at risk to develop trauma-related psychopathology after domestic violence. In addition, victimized parents are likely to show disrupted parenting due to their own traumatization (resulting from domestic violence and often also from their own traumatic childhood). This increases the risk for developing a disturbed attachment relationship for the child. Treatment should thus focus at improvement on three levels (parenting behavior and post-traumatic stress (PTSD) symptoms of the parent and the child), and can consist of trauma therapy for parent and child and attachment-based therapy. Since the symptoms in

different families may exhibit in different ways, and can interact with each other in a different way, an individualized treatment trajectory that takes these interactions in account may be necessary to allow for maximum symptom reduction.

## **Study objective**

The goal of this study is to evaluate the effectiveness of an individualized treatment trajectory in which the order of trauma therapy for the parent, trauma therapy for the child and attachment-based therapy is tailored towards the complex needs of victimized parents and their young children after domestic violence. The treatment trajectory is based on a guidance document that supports therapists to determine the optimal order of interventions based on a standardized set of factors. The primary goals of this study are:

1. To examine how PTSD symptoms of parent and child and parental sensitive and disruptive parenting behavior develop and interact over time, while they follow the individualized treatment trajectory.
2. To test whether the start of the treatment trajectory (e.g. the phase in which parents can receive NIKA and EMDR therapy and their child can receive EMDR therapy) leads to a decrease in disruptive parenting behavior, an increase in sensitive parenting behavior, and a decrease in PTSD symptoms of the parent in comparison to the baseline phase.
3. To test whether the start of the treatment trajectory (e.g. the phase in which children can receive EMDR therapy and their parent can receive NIKA and EMDR therapy) leads to a decrease in PTSD symptoms and behavioral and emotional problems in comparison to the baseline phase.

## **Study design**

The hypotheses will be tested using a single case experimental design (SCED) study, with a non-concurrent, randomized multiple baseline design. Families who receive treatment after experiencing severe domestic violence will be randomly assigned to a baseline length of 3, 4, 5, 6, 7 or 8 weeks (phase 1), and randomization will occur for two sets of five participants. After the end of the baseline phase the dyad will follow the individualized treatment trajectory, that consists of different interventions (phase 2), including EMDR therapy for parent and child to reduce their PTSD symptoms and NIKA to reduce disrupted parenting behavior and increase sensitive parenting behavior. The dyads will participate in weekly appointments throughout the whole duration of the study (both baseline and treatment phase).

## **Intervention**

During the treatment phase, the dyad will follow a treatment trajectory that is based on a draft-guidance document, and consists of different interventions. This draft guidance document will guide the therapist in tailoring the

treatment trajectory towards the needs of the dyad. The treatment trajectories can include a combination of NIKA, EMDR therapy for the parent and EMDR therapy for the child. NIKA consists of 5 sessions during which parent and child are videotaped by a trained therapist. The therapist will provide personalized feedback to the mother, which is focused on reducing disrupted parenting behavior and increasing sensitive parenting behavior. EMDR is a brief trauma therapy (in this trial a maximum of six 90-min sessions) aimed at reducing the negative load of the memories of traumatic events. Both parent and child can receive this therapy. During the sessions, the subject is asked to bring the traumatic event to mind while the therapist provides a distracting task.

## **Study burden and risks**

The parent will be asked to fill out questionnaires, and the child will be asked a few questions. Additionally, the dyad is asked to participate in observational tasks that are not intrusive or dangerous. The researchers and therapists will make sure participants can ask questions and everything will be explained carefully. The weekly research appointments will take 20-25 minutes (except for the pre-test, 35 min. and post-test, 75 min.) and take place at the community shelter where the families are staying. The 5 NIKA sessions will take approximately 1 hour each in a time span of 5 weeks. The 6 EMDR sessions will take approximately 1.5 hour each in a time span of 6 weeks for the parents. For the children, the EMDR sessions will take 60 minutes each, also in a time span of 6 weeks. If the parents encounter difficult themes or feelings, they will be supported by the therapist or social worker if needed. Other studies that investigated similar interventions show no negative consequences of the intervention (Bernard et al., 2012; Moss et al., 2011; De Jongh et al., 2019). There is still a big gap in the current knowledge regarding effective treatment approaches for families with young children who are traumatized after domestic violence. The treatment approach that is examined in the current study targets problems on different levels, and is individualized toward the needs and challenges of a specific dyad. Since such an approach has not been studied earlier this study will give valuable insights in the effects of individualized treatment for these vulnerable families.

## **Contacts**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)  
Children (2-11 years)

### **Inclusion criteria**

- The non-offending parent and child are residing in a community shelter because of a combination of problems that includes severe domestic violence
- The child is aged between 3-6 years old (if there is more than 1 child in this age range in the family, the parent will be asked to report on the symptoms of both children, and the child with the most severe PTSD symptoms will participate)
- The parent experiences clinically important PTSD-symptoms, as defined by a PCL-score of  $\geq 31$

### **Exclusion criteria**

- Parents with extreme mental health problems (e.g., psychosis) that directly affect their ability to participate in an intervention and require immediate intervention for the parent
- The second parent (\*offending parent\*) of the child who resides in the community shelter does have custody over the child, but cannot know the specific location or the name of the organization where the victimized parent and child reside, due to safety risks for the dyad.

## Study design

### Design

**Study type:** Interventional

Masking: Single blinded (masking used)

Control: Uncontrolled

Primary purpose: Other

### Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 23-05-2024

Enrollment: 10

Type: Actual

## Ethics review

Approved WMO

Date: 19-12-2023

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 13-03-2024

Application type: Amendment

Review commission: METC Amsterdam UMC

Approved WMO

Date: 08-04-2024

Application type: Amendment

Review commission: METC Amsterdam UMC

## 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	NL84677.018.23