

# Positive parenting in foster care.

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<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON23942

### Bron

NTR

### Verkorte titel

VIPP-FC

### Aandoening

Attachment problems and externalizing and internalizing problems children. Stress regulation foster parents and children.

## Ondersteuning

**Primaire sponsor:** Universiteit Leiden

Centrum voor Gezinstudies

Wassenaarseweg 52

2333 AK Leiden

Yulius Academie

Mathenesserlaan 202

3014 HH Rotterdam

**Overige ondersteuning:** Yulius Academie en de NWO Meerwaarde subsidie.

## Onderzoeksproduct en/of interventie

# Uitkomstmaten

## Primaire uitkomstmaten

Primary study parameters in this study regard the quality of the attachment relationship between foster parent and their foster child, the sensitivity of the parents and their sensitive disciplining towards the child, the attitude of foster parents towards parenting, behavioral- and emotional problems of the foster child, neurobiological parameters of stress regulation (cortisol (saliva and hair), oxytocin measures and alpha amylase measures), growth parameters (length, weight and head circumference) and ear temperature measurements.

Primary study parameters in this study, the sensitivity of the foster parents, their sensitive disciplining towards the child, and the attitude of foster parents towards parenting.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Children placed in foster homes have often had a rough start of their lives while being taken care of by their biological parents. Foster children are significantly more insecure- or disorganized attached than children raised by their biological parents. The insecure- and especially disorganized attachment forms a risk for the later development of psychopathology within these foster children.

Scientific research shows that children with an insecure or disorganized attachment relationship can still form a secure attachment relationship with their foster parents if they have positive attachment experiences in new family situations. Foster parents are, more than often, confronted with foster child behaviors that denote an insecure and disorganized attachment past of that child. It is thus most important that the foster parents develop skills that give way to cope and deal with the individual problems of their foster child(-ren).

The intervention VIPP-SD (Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline; Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2008) is an intervention designed to support parents in coping with disrupted and troublesome behavior of their children. This method enhances the sensitivity of the parents and their sensitive disciplining towards the child. VIPP-SD is approved and proven to be effective by the 'Nederlands Jeugdinstituut'. VIPP-SD has been extended with two components in order to be applied within foster care. The following components are added:

1. Foster parents will be trained in recognizing and adequately responding to the signals that are distinctive for foster children with attachment difficulties.

2. Activities will be implemented that are explicitly designed to promote positive physical contact between the parents and their foster child.

The extended version of the VIPP-SD, designed to address foster care, is named VIPP-FC (Video-feedback Intervention to promote Positive Parenting – Foster Care).

The aim of the present study is to test the effectiveness of VIPP-FC. If this intervention will be effective in enhancing the sensitivity of the parents and their sensitive disciplining towards the child, it can be implemented widely in foster care. The VIPP-FC intervention could thereby improve the mental wellbeing of the parents and their foster child.

The study design will be a RCT with an experimental- and a control condition. Families with a foster child (from age 1 to 6 years) will be recruited. Only after receiving fully signed informed consent from the parents and/or legal guardian will the families be included into the study. No later than one month after inclusion, a baseline assessment will be conducted in which the quality of the foster parent – child interaction will be assessed, a mapping of the characteristics of child and parent and physiological measurements in the form of saliva swabs and the collection of a lock of hair. After the baseline assessment, families will be randomly assigned to either the control or intervention condition. In the control condition, families will receive care as usual and a dummy-intervention consisting of six phone calls during which the development of the child will be discussed with foster parents. The VIPP-FC condition will receive the intervention that will last for approximately 3-4 months. After the intervention, or after 3-4 months “care as usual”, an effect measure will take place. Three to four months after the post-study assessment there will be a follow-up measurement.

## **Doel van het onderzoek**

The goal of this study is to test the effects of the VIPP-FC within a Randomized Controlled Trial (RCT). The expectations of this study will be fourfold:

1. Sensitivity of the foster parents and their sensitive disciplining towards the foster child will improve in the experimental condition;
2. The first expectation can be partly explained by improved stress regulation of the foster parent;
3. The quality of the attachment relationship between foster parent and child will improve and the child will be better able to regulate its behavior;
4. The preceding expectation could be explained by an improved stress regulation of the foster parent and child.

The primary goal of this study is to test the following hypotheses:

1. VIPP-FC has a stronger positive effect on sensitivity of the parents, their sensitive disciplining towards the child, and their attitudes about parenting than “care as usual”;

Additionally, this study aims to test the following secondary hypotheses:

1. Oxytocin production in foster parents and their foster child in the experimental group will show stronger increases when interacting with other in comparison to oxytocin production of foster parents and children in the “care as usual condition”;
2. A stronger decrease in physiological stress regulation (cortisol and alpha-amylase production) shall be observed for foster parents and children in the experimental group compared to foster parents and children in the “care as usual condition”.
3. The increase in sensitivity/sensitive disciplining will be mediated by an increase in oxytocin production and decrease in physiological stress regulation (cortisol and alpha-amylase production);
4. VIPP-FC has a more pronounced effect on the reduction of behavioral and emotional problems in foster children “care as usual”;
5. VIPP-FC has a stronger effect on the decline of attachment problems in foster children than “care as usual”

## **Onderzoeksopzet**

1. Baseline measure;
2. Effect measure;
3. Follow-up measurement.

## **Onderzoeksproduct en/of interventie**

VIPP-FC is aimed at foster care and foster families. The intervention will be implemented by trained staff (foster employees, employees and research assistants of Leiden University) of the participating institutions. The intervention will take place in the home of the foster family. The intervention will be primarily directed at foster mothers. The father of the family will be invited for the last part of the intervention. Daily routines and interactions of mother and child will be recorded on video. The recordings will last between approximately 10 and 30 minutes each. The intervenor will give feedback on the interaction between mother and child, on the basis of the video footage. Feedback will concern positive interactions and sensitive

disciplining primarily. During the intervention sessions, information will be given to the mother about the general development of young children and sensitive disciplining. Each family in the intervention condition will receive six home visits. The first four home visits will be two weeks apart from one another, between session four-five and five-six, a four week pause will be maintained. The overall duration of the intervention will be 3-4 months.

The VIPP-FC protocol states per session the construction, themes and assignments for the mother and child. In this manner all sessions are standardized, and equal for all families. Although the sessions are equal for all participants, feedback on the basis of the video recordings as well as the practical implementation of the intervention will be tailored to the specific mother-child pairs. Next to the general verbal information on the upbringing and development of children, each session will contain specific information on the themes sensitivity and disciplining. Tips are given each session to the mothers, these tips are expected to be executed and practiced with for the following session. In the last two sessions, all the themes will be repeated.

VIPP-SD themes:

Sensitivity themes:

1. Exploration versus attachment behavior: showing the difference between a child's play and a child looking for contact, including comments on the various reactions parents should be able to give, and knowing when to give a particular reaction;
2. Speaking for the child: improving accurate perception of (subtle-)signals of the child by verbalizing the facial expressions and non-verbal expressions of the child;
3. Sensitivity chain: explaining the importance of adequate responses to signals of the child (chain: signal from child – parent's response – child's reaction);
4. Sharing emotions: showing and encouraging the affective responses from parents to positive and negative emotions of the child.

Boundaries and disciplining themes:

1. Inductive discipline and distraction. Induction (e.g., indicating why something is forbidden or desired) and distraction are recommended tools as reaction on provoking situations or difficult behavior. Using induction will promote empathy in the child;
2. Positive reinforcement by praising the child for desirable behavior, and ignoring negative attention seeking;

3. Using a sensitive time-out to avoid escalation of tantrums and keeping the situation under control in a sensitive way;
4. Empathy towards the child, combined with consistent discipline and clear cut boundaries.

Foster care themes:

1. Responding to missing or minimum signals from foster children in a sensitive way;
2. The importance of physical contact on stress regulation.

The control group will receive care as usual and a dummy-intervention (6 telephone calls).

## Contactpersonen

### Publiek

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### Wetenschappelijk

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## Deelname eisen

## **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

1. Children aged 1-6 placed in foster care and their foster families;
2. Duration of the placement of the child in the foster family should be at least six months.

## **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. A crisis placement that lasts less than six months;
2. Receiving other interventions during the VIPP-FC intervention, (for instance, Video Interaction Guidance);
3. Foster families with twins, a foster child with a severe mental or physical disability, or a foster child with autism;
4. Foster families where one or both foster parents are employed by a foster care organization.

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

### **Deelname**

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-08-2013
Aantal proefpersonen:	70

Type: Verwachte startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nog niet bepaald

## Ethische beoordeling

Positief advies

Datum: 13-03-2013

Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 41432

Bron: ToetsingOnline

Titel:

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
NTR-new	NL3736
NTR-old	NTR3899
CCMO	NL39376.101.13
ISRCTN	ISRCTN wordt niet meer aangevraagd.
OMON	NL-OMON41432

## Resultaten

### Samenvatting resultaten

N/A