

Elements of care that matter

A qualitative study on the perspectives of adolescents and parents



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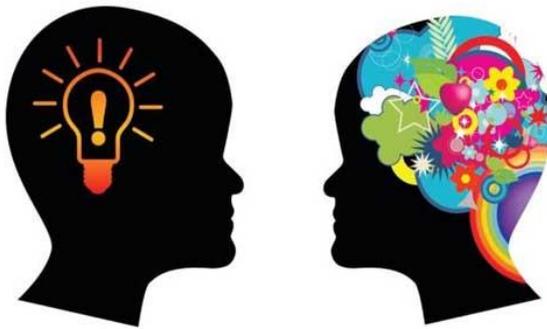


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Introduction

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- Families with severe parenting problems and multiple problems (FMP) have **severe and persistent** problems
- Better understanding of **how interventions can improve outcomes** is needed
- **Perspectives of FMP** of crucial elements of care may support this
 - Provides cues on how to realize change
- We therefore aimed to explore perspectives of adolescents and caregivers on helpful and unhelpful elements of various interventions for FMP



Sample

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- Selection of **interventions** with at least a moderate effect size of 0.5
 - ▣ IFT, PMTO, MST, MDFT, FC, FF, 10 for the future, Triple P 4-5
 - ▣ Systemic and ambulant interventions
- Participants that participated in the **quasi-experimental study**
 - ▣ Stratified sample of participants in which the intervention was successful and less successful based on percentage of goals reached
 - ▣ **24 caregivers** and 4 adolescents



4
1



1
1



3



6
1



1



'10' voor TOEKOMST



9
1

Development of the interview guide

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- Developed an interview guide during a **focus group** with adolescents and caregivers
 - ▣ Which topics should be addressed if we want to know what constitutes good care?
 - ▣ Topics: expectations of interventions, relationship between client and practitioner, having influence on care received, content of care and results of care
 - ▣ Also in interview guide: personal situation of family, situation before care received and expectations of their future
- **Topic cards** that guided participants to the content of care received
 - ▣ Based on the Taxonomy of Interventions for FMP (TIFMP)



Results: relationship with the practitioner

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□ A non-judgmental approach

- Share story *“without being judged”*
- *“She didn’t come for a verdict”*

□ Being taken seriously

- *“I like to see and notice expertise. I don't need to see a diploma but I do need to somehow notice that they can bring me something”*
- *“There was always consultation and nothing was forced. So it always came from ourselves. And they were guiding that, that also gives you a little bit of control again”*

□ A positive approach

- *“Not with such a blaming finger like you really didn't do that well. But: We're going to see what we can change”*

Results: content of interventions (1)

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- **Focus on underlying cause of behaviour**
 - *“We did systemic therapy without understanding the origin of the behavior”*

- **Involving the child**
 - *“You have to understand that people where it would normally go normal. That there is also something going on with that child and that you have to look there”*
 - *“We had to do it together, but to burden the child even more with therapy was not really an option”*

- **Provision of flexible, structured and practical methods**
 - *“What works for one, might work for the other in a different way”*
 - *“It did help me that I could practice with her a number of times before I applied it at home. That I become familiar with it”*



Results: content of interventions (2)

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□ Activating social network

- *“Also the family members didn't know exactly how much help we actually needed. That it wasn't just a matter of babysitting, but that it was just a listening ear, just giving one child some extra attention. If my partner is far too tired or if I am far too tired, I dare to ask them now”*

□ Activating professional network

- *“She always was in contact with other professionals. And how it went and if follow up care was needed. Well, I liked that very much. Because at a certain point there is so much going on and so many different people involved in your family”*



Results: structure of interventions

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□ Care provided in home environment

- Easier to organize, more at ease at home and practitioner could experience what is was really like in the home environment
- *“There comes a moment, when someone keeps coming, that the child becomes a bit his own. Then she also knows: oh, wait a minute, what does the mother do? How does the child react? How does she handle it? How can I support her?”*

□ Declining intensity of care

- Urges to apply skills themselves.
- Important to clearly communicate about this declining number of visits and the end date so that families are not surprised
- *“Can I do all that on my own?”*

□ Support after care has ended

- *“If it had only been someone who says, now we know this. And now we're going to see what kind of solution is the best. That would have been nice. It's a bit like: okay, you've got your diagnosis, bye. I'm really sorry about that. Because in itself, I think it's been a pretty good trajectory”*

Conclusion

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- Helpful elements regarding **relationship with practitioner** confirms previous findings
 - ▣ Non-judgmental approach still important

- Helpful elements regarding **content of care** are not always part of this care
 - ▣ Focus on parents and less on activation social and professional network
 - ▣ Focus on reducing problem behaviour, less on underlying cause

- Helpful elements regarding **structure of interventions** not all align with current practice
 - ▣ Interventions provided in a limited time frame

- **Mismatch of needs of FMP and care received** might be a barrier to achieve sustainable change!
 - ▣ More flexible interventions and more opportunities for families to participate in decision regarding care needed

Recommendations to strengthen interventions

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- Pay attention to a **non-judgmental and positive approach** of practitioners
 - Train practitioners, structurally reflecting on the approach

- Pay more direct attention to **children** in interventions
 - Introduction of a dual care worker

- Focus on the **underlying cause** of behavior
 - Thorough analyses of factors that underlie or sustain behavior

- Activate the **social network** around families
 - Train practitioners in how they can activate the social network

Recommendations to strengthen interventions

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- Find a balance between **prescribed content** of interventions and **tailoring interventions** to the needs of FMP
 - Structurally ask for perspectives of the family on content of care, use of more flexible interventions
- Create possibilities for FMP to receive **long-term care** in a more **flexible** way
 - Fluent transition to other forms of support



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Read more?

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- Evenboer et al., (2018). Improving care for multiproblem families: Context-specific effectiveness of interventions? *Children and Youth Services Review*, 88, 274-285. <https://doi.org/10.1016/j.childyouth.2018.03.024>
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