Treatment Outcome in an Adolescent Day Treatment Center

Eleos Deeltijd Behandeling

Thesis

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Abstract

This paper reviews the effectiveness of a day treatment center, Eleos Deeltijd Behandeling in the Netherlands. Participants (n=43) were diagnosed with severe emotional, behavioural, or developmental disorders and were aged between 13 and 18 years. Participants received either interpersonal therapy or behavioural therapy. It is proposed that the interaction between the applied technique and the safe therapeutic milieu will result in positive change in psychological and general wellbeing. Assessment tools included the Youth Self Report, Child Behaviour Checklist, Global Assessment of Functioning scores and a general wellbeing questionnaire. The instruments were administered at admission, discharge and within five years thereafter. The research findings support that the Eleos Deeltijd Behandeling is successful in treating adolescents. Participants of both therapeutic methods reported improved personal wellbeing and the therapists reported an advancements in general functioning at discharge and maintained even five years later.

Introduction

The focus of this study is to evaluate the effectiveness two therapeutic methods used at a particular day treatment center in Dordrecht, the Netherlands. The day treatment center, Eleos Deeltijd Behandeling (DTB), provides treatment for adolescents with a clinical diagnosis. The adolescents received group and individual therapy in one of two forms, either interpersonal therapy or behaviour therapy. A follow-up study has been conducted to evaluate and compare the effect of two different therapeutic interventions. Because day treatment centers are a new and fairly untested therapeutic design, this article will firstly discuss the concept and the theory supporting day treatment centers. Secondly, the current literature concerning effectiveness of day treatment centers will be presented. Finally, the current research questions and research design will be proposed.

Concept and Theory

Recently day treatment centers have been gaining more recognition as an efficient therapeutic option for adolescents with a severe psychological disorder (Granello et al., 2000; Pazaratz, 2001; Silvan et al., 1999). Day treatment centers provide academic and psychological care for adolescents that are no longer able to function in a normal classroom setting due to a clinical diagnosis. These youth have difficulties receiving the necessary help in a normal school setting. The main goal of day treatment center is to create a safe, structured, and supportive milieu (Granello et al., 2000; Milin et al., 2000; Silvan et al., 1999) that fosters academic and psychological development and hence encourages competence in life skills and subsequent transfer to daily life (Kiser et al., 1996; Pazaratz, 2001; Reisch et al., 2001; Silvan et al., 1999). The main supporting philosophies are to create a safe and structured learning environment, offer lessons tailored to the adolescent abilities, provide training in fundamental social and communication skills, and offer group and individual therapy (Pazaratz, 2001). Therapeutic interventions have a multi-faceted approach and focus on improving family functioning, encouraging psychological growth (Srebnik, 1999), improving global functioning (Milin et al., 2000), and reducing negative symptoms (Bennett, et al., 2001; Kiser et al., 1996). There are several notable benefits to treating youth in a day treatment centers. Whereas previously youth were treated in a residential setting, which is not only a severe change for the adolescent but also a very costly option (Grizenko, 1997; Reisch et al., 2001; Yperen & Veerman, 2008), a day treatment program is a less disruptive therapeutic option is for both child and family due to of the continuation of school and normal living circumstances. Due to the fact that there is no total dependence on therapeutic services, it easier for adolescent to generalize and transfer their newly-learned skills to normal daily life (Granello et al., 2000; Milin et al., 2000; Silvan et al., 1999).

The intervention methods and techniques used in day treatment centers vary widely. Theory suggests using an eclectic therapeutic approach. These methods include group sessions, individual therapy, creative therapy, sport therapy (Grizenko, 1997), psycho-education (Goldstein et al., 2010), medication, (Fraizer et al., 2010) and family therapy (Silvan et al., 1999). The active techniques used

in therapy sessions can vary in form, including: (interpersonal) psychotherapy (Krawitz et al., 1997; Mufson & Sills, 2006; Young et al., 2006), cognitive behaviour therapy (McCart et al., 2006), social learning (Bartels, 2009; Grizenko, 1997; Pazaratz, 2001), and behaviour therapy (Bartels, 2009; Fraizer et al., 2010; Silvan et al., 1999). Drinkwater and Stewart (2002) suggest that the most important element is that the therapeutic intervention is adapted to the individual's developmental phase. In summary, it is theorized that the interaction between the safe therapeutic milieu and individualized empirically-supported treatment methods is the key to an effective and successful day treatment program (Miller in Pazaratz, 1997).

Effectiveness

Both academics and clinicians acknowledge that the supporting theory for a day treatment programs is important, however both parties are keenly interested in proving the usefulness of the therapeutic design, namely is the day treatment design an effective option for adolescents? Recently there has been more attention, and thus more money, for treatments that have been proven to be empirically effective (Granello et al., 2000; Yperen & Veerman, 2008). An ideal academic research situation includes a random-controlled trial, a control group, as well as pre-test, post-test, and follow-up design, multiple informants (Brookman-Frazee, et al., 2006; Green et al., 2001; Yperen & Veerman, 2008), and uses standardized tools (Granello et al., 2000). Such rigorous field-based outcome study designs are expensive, time consuming, and not practical for the clinical setting (Granello et al., 2000; Yperen & Veerman, 2008). This search for balance between theory and practical aspects makes field-based outcome research increasingly difficult and leads to research designs with methodological limitations (Grizenko, 1997; Kiser et al., 1996; Yperen & Veerman, 2008). Currently, there are no available random controlled studies that have proven the therapeutic effectiveness of a day treatment center. Several authors have attempted to evaluate the effectiveness of a particular day treatment program, however, due to methodological challenges and limitations these results are not generalizable to the larger population (Brookman-Frazee, et al., 2006; Granello et al., 2000). The goal for effectiveness studies such as these, has been to provide complementary information and meaningful implications that can lead to therapeutic improvements and enhancements in program management (Granello et al., 2000; Kiser et al., 1996; Milin et al., 2000). These studies have achieved this goal and have shown how participants fare under the practiced treatment.

Previous Research on Day Treatment Centers

Several authors have made noteworthy advancements in day treatment effectiveness research studies on adolescents. Five studies in particular include a follow-up research design and show positive therapeutic results. Kiser et al. (1996) provides evidence for an effective outcome in partial hospitalization program for adolescents. The increase in general functioning was proven to be held up to one year later. Reisch, Thommen, Tschacher, and Hirsbrunner (2001) proved the effectiveness of a

cognitive behaviour therapy in a day treatment center for depressed individuals. The results showed improvement at discharge and stayed stable even 6 months later. Furthermore, Green et al. (2001) measured the effect of a day treatment center for youth using a tripartite-model: clinical, family, and social milieu measurements. The results proved significant gains on most measures and were sustained up until 6 months later. Milin, Coupland, Walker, and Fischer-Bloom (2000) have also researched the effectiveness of a day treatment program for adolescents. The results showed improved behaviour and better global functioning at discharge. Behavioural, emotional, and academic improvements were sustained up until approximately one year later. Van Bokhoven, Matthys, Goozen, and Engeland (2006) researched the effect of a day treatment on adolescents with disruptive behaviour disorders. At the follow-up measurement, thirty-eight percent from the teenagers still showed a positive outcome. Of course, numerous other studies have proven positive changes at discharge. Granello, Granello, and Lee (2000) evaluated the effect of a partial treatment program for adolescents. The results indicated that there was a decrease in general symptoms and a relatively large effect size at discharge. Other current research on day treatment centers has indicated that adolescents following these programs show improvement in social skills, self-esteem, increase in non-verbal IQ scores (Silvan et al., 1999), increase in attention (Bennett, et al., 2001), and decrease in school truancy (Matzner et al., 1998).

Current Research Design

The present research study evaluates the effectiveness of the Eleos DTB (DeelTijd Behandeling), specifically at the Eleos Deeltijd Behandeling (Dutch for day treatment or partial treatment) in Dordrecht, the Netherlands. Two different therapeutic methods are utilized, the first is interpersonal therapy and the second is behaviour therapy. The different techniques are applied to two different groups which are split according to clinical diagnosis. It is proposed that the interaction between the applied technique and the safe therapeutic milieu will result in positive change in psychological and general wellbeing. The effectiveness of the two therapeutic techniques will be evaluated and compared by measuring symptom reduction, personal wellbeing, and general wellbeing according to the adolescents, the parents, and the therapists. The goal of the study is not to generalize the results to a larger population, rather to be able to make an accurate assessment of the effect of the current operation of the Eleos DTB. On the grounds of the research results, the Eleos DTB workers will be able to make appropriate adjustments to the current therapeutic interventions in order to increase the overall effectiveness. It is hypothesized that the participants in the Eleos DTB will show reduced symptoms and an increase in general and personal wellbeing due to the received day treatment. The symptoms and wellbeing will be measured at admission to therapy, therapy discharge and at follow-up within a five years.

Method

Eleos Deeltijd Behandeling

Eleos is an organization that provides psychological care to children, adolescents, and adults. The organization has several locations spread throughout the Netherlands including residential, partial residential, day treatment, and therapeutic treatment centers. Eleos is a Christian organization which provides psychological care using Biblical principles.

The Eleos Deeltijd Behandeling (DTB) is a day treatment center for adolescents from ages 13 to 17. The DTB branch in Dordrecht was set up ten years ago and currently runs under the coordination of a therapy coordinator, psychiatrist, several specialized psychologists, two family therapists and several group workers. The adolescents participate five days a week in an integrated school and therapy program. The mornings are spent on individual schoolwork and the afternoons are spent in group or individualized therapy. The average length of treatment is between the 9 and 12 months. There are two groups (A and B), divided according to clinical diagnosis, consisting of maximum 8 adolescents per group. Group A consists of adolescents with internalizing problems, including: anxiety problems, depression, developing personality disorders, and identity problems. Group B consists of adolescents with externalizing problems, including: ADHD, autism, behaviour problems, or psychotic problems. The goal of the Eleos DTB are to help decrease clinical symptoms, stimulate the generalization of learned (social) skills to daily life, and to increase personal and global functioning. The adolescents participating in group B have an additional goal, that is to learn to accept personal their limitations Consult Appendix 1 for a Dutch version of the Eleos DTB policy document for group A and group B.

Interventions

All the participants in the Eleos DTB receive group therapy and, when necessary, extra individual therapy. Both groups A and B receive group sessions, family therapy, creative therapy, drama therapy, and medication (as required). The participants in group A receive interpersonal psychotherapy, whereas the participants in group B receive behaviour therapy focused on increasing personal competence and also using aspects of the social learning theory (Bartels, 2001). These techniques are common techniques used in adolescent therapy and have been proven through many rigorous research studies to be effective for the given age and diagnosis (Fraizer et al., 2010; Grinzenko,1997; Hall, 2009; Mufson & Sills, 2006; Mufson, 2010; Young et al., 2006). It is also theorized that the safe, open and therapeutic milieu is an active ingredient in the process of positive personal change (Granello et al., 2000; Milin et al., 2000; Silvan et al., 1999).

Subjects

Schimmelman, Schulte-Markwort, and Richter (2001) suggests that day treatment can be effective for a wide variety of clinical disorders. The Eleos DTB is designed for adolescents, both boys

and girls, with clinical disorders aged between 13 and 17. In order to participate in the Eleos DTB, the adolescents must first have experienced stagnation in development at either school, home, or/and in their friendships. All participants are placed in either group A or group B according to their diagnosis and psychological needs. The adolescents participating in the current study have attended the Eleos DTB during the past 6 years, and amounts to a total of 99 adolescents. Of these, 43 of the adolescents have agreed to participate in the current research study: 16 males and 27 females. The mean age was 14.91 (SD = 1.02 years) and the average total IQ was 101.29 (SD = 13.89). The average length of stay varied between one and eighteen months (M = 8.53, SD = 4.31) Further demographic information regarding the total population and the current study sample can be found in Table 1.

Table 1

Demographics of the Participants (n=43) versus the Eleos DTB Population (n=99)

	Participants n	Population n		Participants n	Population n
Gender:			Diagnosis:		
Males	16	41	Anxiety/Depression	23	44
Females	27	58	Psychosis	1	4
Level in School:			Behaviour Problems	0	3
VMBO	21	49	ADHD	4	9
HAVO	11	24	Autism	13	31
VWO	8	13	Personality disorder	2	8
Gymnasium	1	2	Therapy Group:		
Anders	2	4	Interpersonal therapy (A)	22	42
			Behaviour therapy (B)	18	43

Procedure

The current study is an exploratory field-based follow-up research design. There has been no data collection or research done at the Eleos DTB prior to the current study. All Eleos DTB participants from past 6 years were asked to participate in a follow-up research study. The research design consisted of three specific measurements: at admittance to Eleos DTB, at discharge from Eleos DTB, and at a minimum of one year later. The research was conducted over a period of 15 months, from January 2010 to March 2011. The adolescents which have exited the Eleos DTB more than one year prior to the study were asked to participate in only the follow-up measurement. Due to time factors, the follow-up measurement fell somewhere between one and four years after discharge from the Eleos DTB. First, all participants received a letter in the mail; or a visit from the researcher at the Eleos DTB; including information about the research project, permission slip, and the questionnaires. All participants were asked to fill in the permission slip and questionnaires and send it back via the mail to the researcher. If the adolescents and their parents did not respond within two weeks they received a reminder phone call from the researcher. Two weeks later the parents and the adolescents received a second reminder phone call. If the information was still thereafter not received, then

adolescent was removed from the list of research participants (see Appendix 2). Once the adolescent and their parents gave permission to participate in the research project, the researcher conducted dossier analysis (List 1) and contacted the adolescent to collect the subjective data (List 2). The procedure used for the selection of participants and the small population number does not allow for a random sample in this research study. However, the sample size is nevertheless large enough to deduct an answer for the proposed research questions.

Measurements

The present study used two standardized general screening questionnaires, the Dutch version of the Youth Self Report (YSR) and the Child Behaviour Checklist (CBCL) (Verhulst & Ende, 2001). plus two general Eleos questionnaires, (List 1 and List 2). The YSR is a standardized screening questionnaire for youth aged 11-18, and the CBCL is a standardized general screening questionnaire for the parents or caregiver of the adolescent in question. Both the CBCL and the YSR scores are divided into several scales including total problems, total internalizing problems, and total externalizing problems. The Dutch version of the YSR and CBCL is translated from the English version of Achenbach's YSR and CBCL (Verhulst & Ende, 2001). The Dutch psychological test committee, COTAN, has assessed the questionnaires. The review states that the validity is good and questionnaires' reliability is sound. The YSR and the CBCL are a well-known screenings questionnaires in the Netherlands (Kievit et al., 2010). List 1 consists of demographic questions; and List 2 is completed by the adolescent and consists of subjective questions regarding the adolescents' general wellbeing. List 1 and 2 are designed by the researcher and the Eleos DTB psychiatrist, thus there is no further statistical available information concerning the reliability and the validity. For more specific information regarding the questionnaires and the questions included, consult the Dutch copies that are included in Appendix 3 and 4.

Results

Data were collected during a period of 15 months, from January 1, 2010 up until April 1, 2011. Preliminary analysis was first completed as a control check of the data. The results indicated that the data was not normally distributed, however due to the small sample size, the researcher has chosen not to make any statistical changes to the data in order to create a well balanced normal distribution.

The research results are limited due several factors: the number of participants and gaps in the data. There are holes in the data due to various practical reasons that were unavoidable, such as refusal and time factors. The result is that some of the adolescents only participated in two of the three of the measurements, either the pre-test, the post-test or the follow-up. This leads to a considerable amount of inconsequent data. The total number of research participants is 43 adolescents. Of the 43 adolescents, the variable with the most participants included 41 (95.3%) adolescents that participated

in the pre-test; 33 (76.7%) adolescents that participated in the post-test; and 21 (48.8%) adolescents that participated in the follow-up. Many other variables that were collected had significantly lower percentages of participating adolescents. As a result, the statistical analysis options were minimal due to the large amount of inconsequent data. Furthermore, due to the small sample size, several other statistical analysis options were unsuitable for usage.

To assess wellbeing and symptom reduction from admission to discharge, discharge to follow-up, and admission to follow-up paired t-tests were conducted in SPSS. Statistical analysis was first conducted for wellbeing, as reported by the adolescent and by the therapist (GAF-scores). The results show a statistical significant change in personal and general wellbeing for both types of therapy. On average the adolescents receiving interpersonal therapy, group A, reported a significant change in their personal wellbeing between both the pre-test (M = 3.18, SE = .29) and the post-test (M = 6.65, SE = .43, $t(16) = -7.14$, $p = .00$); and the pre-test (M = 3.00, SE = .19) and the follow-up measurements (M = 7.18, SE = .44, $t(10) = -11.88$, $p = .00$). There was no significant change found for wellbeing between the post-test and the follow-up test. According to their therapist, the adolescents showed significant increase in their general functioning between the admission (M = 52.19, SE =1.01) and the discharge (M = 57.88, SE = 1.52, $t(15) = -3.93$, $p = .00$) (Table 2).

Table 2
Paired t-test for Interpersonal Therapy Group

	Pair analyzed	*n*	Mean	sd	T	df	Sig. (two-tailed)
Wellbeing	Pre-test &	17	3.18	1.19	-7.14	16	.00
	Post-test	17	6.65	1.77			
	Pre-test &	11	3.00	.63	-11.88	10	.00
	Follow-up	11	7.18	1.47			
GAF-score	Pre-test &	16	52.19	4.07	-3.93	15	.00
	Post-test	16	57.88	6.08			

The adolescents receiving behaviour therapy, group B, reported a significant change in personal wellbeing between both the pre-test (M = 3.83, SE = .58) and the post-test measurement (M = 7.50, SE = .36, $t(11) = -6.30$, $p = .00$) and the pre-test (M = 3.38, SE = .50) and the follow-up measurements (M = 6.50, SE = .66, $t(7) = -5.12$, $p = .00$). There was no significant change found for wellbeing between the post-test and the follow-up measurement. The therapists ratings showed a significant increase between the admission (M = 47.69, SE = 2.01) and the discharge (M = 53.31, SE = 1.97, $t(12) = -2.81$, $p = .02$) in the adolescents general functioning (Table 3).

Table 3

Paired t-test for Behaviour Therapy Group

	Pair analyzed	*n*	Mean	sd	t	df	Sig. (two-tailed)
Wellbeing	Pre-test &	12	3.83	1.59	-6.30	11	.00
	Post-test	12	7.50	1.24			
	Pre-test &	8	3.38	1.41	-5.12	7	.00
	Follow-up	8	6.50	1.85			
GAF-score	Pre-test &	13	47.69	7.25	-2.81	12	.02
	Post-test	13	53.31	7.10			

Furthermore, paired t-tests were also conducted to test for a reduction in symptoms. However, a small percentage of adolescents fulfilled the requirements for the t-test regarding symptom change (YSR and CBCL). No significant results were found using a paired t-test for symptom change due to inconsequent data. However, in spite of this, the change in score on the YSR en CBCL between the pre-test and follow-up measurements are noteworthy. The average adolescent in group A, interpersonal therapy, reported scores on the YSR at the pre-test in the borderline range (n = 12, M = 60.08, SD = 7.65), and at the follow-up measurement in the normal range (n = 9, M = 52.78, SD = 9.32) (see table 4 for the CBCL and YSR score ranges). Parents (CBCL) of the adolescents in group A reported an average score during the pre-test in the clinical range (n = 13, M = 66.31, SD = 5.36), and average scores at the follow-up measurement also fell in the normal range (n = 8, M = 58.00, SD = 10.92). Group B, behaviour therapy, scores were less distinct. The adolescents reported average scores on the YSR during the pre-test in the normal range (N = 10, M = 58.70, SD = 8.68), but the follow-up measurement the adolescents reported higher scores, the average score fell in the borderline range (N = 8, M = 60.63, SD = 8.23). On the contrary, parents recorded an average score at pre-est in the clinical range (N = 10, M = 67.60, SD = 5.87), and the follow-up test scores fell in the normal range (N = 7, M = 55.86, SD = 11.45). It must be noted that these scores are based on a very small sample size and must be interpreted with the utmost caution.

Table 4

CBCL and YSR range for total internalizing,
Total externalizing, and total problems scales

	CBCL	YSR
Normal range	≥ 50 - 59	≥ 50 - 59
Borderline range	60 - 63	60 - 63
Clinical range	64 - 100	64 - 100

Verhulst & Ende, 2001

Discussion

Mental health therapists and program administrators are being increasingly called upon to prove the effectiveness of the given treatment. Within the adolescent day treatment component of the mental health industry, there have been few effectiveness studies published. As previously stated, the studies that have been conducted are mostly field-based, small-scale and have methodological limitations (Brookman-Frazee et al., 2006; Granello et al., 2000). Nevertheless, Kiser et al. (1996) states that the clinical usage of an effectiveness study is more important than a perfect design. The current study is a similar small-scale naturalistic efficacy study. The results from this study add to the body of research supporting the Eleos Deeltijd Behandeling Center (DTB) in Dordrecht. The results will be used to confirm the work that is being done at the Eleos DTB and will lead to future changes made in the administration of the therapy program.

The analysis of the data using a paired sample t-test reveals positive results: both the therapists and adolescents report a significant increase in the adolescent's general and personal wellbeing. There is a significant change in general and personal wellbeing between admission and discharge and admission and follow-up. There is no significant change between discharge and the follow-up measurement, which leads to the conclusion that psychological deterioration after discharge is minimal. These results indicate that the psychological change in personal wellbeing is sustained up until at least five years later. However, due to the relatively small sample size and missing variables caution is required when interpreting the outcome.

The results indicate that both types of therapy, interpersonal therapy and behaviour therapy, are effective for the given sample. There is no difference between the results of the two groups. This is in accordance with the current literature supporting the effectiveness of both interpersonal therapy and behaviour therapy (Fraizer et al., 2010; Grinzenko,1997; Hall, 2009; Mufson & Sills, 2006; Mufson, 2010; Young et al., 2006). It is possible that the working ingredient is not the applied therapeutic method, rather the therapeutic climate combined with an effective intervention. This means that the safe, structured, and supportive milieu fosters academic and psychological development and hence encourages personal competence and positive wellbeing. The milieu in combination with a proven effective therapy method leads to a lasting positive change in personal and general wellbeing (Granello et al., 2000; Milin et al., 2000; Silvan et al., 1999).

There are several similar studies published which also indicate comparable results. These studies are also small-scale studies conducted to prove the efficacy of a specific day treatment center for adolescents. Kiser et al. (1996), Granello et al. (2000), and Milin et al. (2000) conducted similar studies wherein a specific day treatment therapy center was researched and proven effective. The results are consistent in that significant improvements in personal wellbeing and general functioning at discharge and follow-up were noted by both adolescents and in some cases also by the clinicians. Furthermore, Bennett, Marci, Creed, and Isom (2001) and Matzner et al. (1998) both used the same GAF measurement at admission and discharge as the current study to prove an increase in general

functioning. On the contrary, the results from the current study differs from two other studies. Firstly, Grizenko (1997) conducted a five-year follow-up study with pre-adolescents with severe behavioural problems, wherein a deterioration in self-esteem, behaviour and levels of depression was found between the discharge and the follow-up measurement. Secondly, the results of this study vary with the results from Bennett et al. (2001). Bennett and colleges found no change in children's measurements of externalizing problems following therapy in a day treatment center.

Symptom Reduction

It should be noted that the original research design was set up the measure variable 'symptom reduction' by using the problem scales from the YSR and the CBCL questionnaires. Nevertheless, the symptom reduction paired t-test analysis revealed no significant results. Mostly likely is this due to the small sample size and inconsistent data. Previous research supports this hypothesis in that symptom reduction is a proven measurement variable that reveals significant results supporting the effectiveness of a day treatment center. The research from van Bokhoven et al. (2006), Kiser et al. (1996), Green et al. (2001), Granello et al. (2000), and Reisch et al. (2001) have found significant reductions in symptoms due to therapy given in a day treatment center. Furthermore, the calculated averages show a decrease between admission and follow-up in YSR and CBCL total problem scores. With the exception of the YSR scores for behaviour therapy (group B), both parents and adolescents reported average follow-up scores in the normal range. A possible explanation for the increase in the group B's YSR scores may be due to the type of diagnosis placed in group B. This group consists mainly out of adolescents with an structural and externalizing psychological problems. The therapy focuses on accepting limitations and learning to function with a lasting structural diagnosis in the current society. It is possible that the adolescents, due to the received therapy, have become increasingly capable to reflect in a realistic way about themselves, which in turn leads to an increase in the YSR scores.

Predictive Values

The present study also hoped to answer the question: Which factors have a predictive value, positive of negative, on the treatment outcome? However the statistical analysis using intelligence, length of intervention, gender, type of intervention, age, levels of behaviour problems, and problems at admission according to parents and the adolescent revealed no significant predictive factors. On the contrary, previous research has shown that several factors that are positively correlated with a favourable treatment outcome include parental cooperation (Bennett et al., 2001; Green et al., 2001; Grizenko, 1997; Milin et al., 2000; Schimmelman et al., 2001, Srebnik, 1999), higher intelligence scores (Bennett, et al., 2001; Green et al., 2001; Grizenko, 1997; Milin et al., 2000), a higher frequency of family stressors, a higher global functioning, a higher social economic status, better verbal skills, a lower frequency of behavioural problems (Milin et al., 2000), a better therapeutic alliance, good aftercare, and positive family functioning (Green et al., 2001). Bennett et al. (2001)

mentions that chronological age predicated a positive effect regarding externalizing behaviours. Furthermore, several authors have proven a various predictive factors that are negatively correlated with the treatment outcome. These factors include problems during pregnancy, strong biological factors (Grizenko, 1997), higher levels of behavioural and emotional disturbance, previous mental health (Milin et al., 2000; Kiser et al., 1996, Green et al., 2001), greater parental psychopathology, high levels of family disruption (Milin et al., 2000), prior out of home placement, prior residential treatment (Kiser et al., 1996), aggressive and hostile disorders, and antisocial symptoms (Green et al., 2001). Lastly, Srebnik (1999) has identified a number of influential program factors. These factors include the level of team quality, a low staff-client ratio, the level of comprehensive planning, the amount of linkage with other services, a safe and accepting program, and an individual developmental approach to interventions.

There are several hypothetical reasons why the statistical analysis results indicated no significant correlations between predictive factors and treatment outcome. The strongest reason for the lack of significant results is the small sample size and inconsistent data. It is also probable that at the Eleos DTB there are no clear risk factors for poorer treatment prognosis. Moreover, it is plausible that if there were a larger sample size, the statistical analysis would then prove that there are clearly variable that have a predictive value. More research is required in order to disclose the meaning behind the difference in these results.

Limitations

The results of the study can be used to demonstrate the broad effect of the treatment at the Eleos DTB. However there are a several limitations to this study that must also be noted. The main limitation of the present study has already been clearly stated: the small sample size and inconsistent data. The researcher collected a large amount of data regarding different aspects of the adolescent's current and previous wellbeing. Due to the inconsequentiality of the data, it was challenging to conduct a fair statistical analysis. Another limitation of the current study is the limited number of variables. Many other previously conducted studies focussed on specific aspects of positive change in the adolescents between admission, discharge, and follow-up in a day treatment center. For example, Granello et al. (2000) found significant change in the attention problem levels, anxiety levels, measurement of conduct disorder, and levels of socialized aggression between admission and discharge. Grizenko (1997) also measured, in addition to general global functioning, the levels of behaviour, self perception, peer relations, and academic performance. These additional variables help to create a better impression as to which areas of the general functioning reveal the most improvement.

An additional notable limitation is that there has been large differences in the time between admission and discharge, the length of stay varied between one month and eighteen months. Furthermore, the period of time between discharge and follow-up varied between one and five years. This difference is time may also have an effect on the treatment outcome and effectiveness. Therefore,

the internal validity is to be questioned. It has been proven by Lambert that the passage of time might also have an effect on the treatment outcome (Granello et al., 2000). Due to the lack of control of the internal validity it is possible that external factors; such as resiliency, natural recovery processes, maturation, and other processes; are also influential on the treatment outcome and the reduction of symptoms. In addition, due to ethical reasons there was no control group available. This makes it difficult to ascribe the improvement in general and personal functioning solely to the day treatment program. This obstacle can be avoided in future studies if there is a waitlist condition for the Eleos DTB. The waitlist group could then be used as a control group which would increase the internal validity of the research design.

Future Research

Day treatment centers are therapeutic design which promises to exhibit lasting therapeutic benefit for adolescents. Research done in individual day treatment centers have complementary external marketing and internal benefits. The research provide practitioners with clinically useful information that can have implications for the given treatment (Granello et al., 2000). Continued research at the Eleos DTB in Dordrecht would lead to a larger sample size in the future. This would result in the reduction of the current statistical limitations. Additionally, it is possible that symptom reduction and predictive values would be able to be measured, analyzed, and integrated into future research. It is recommended that a control group comparison be used, which would increase the internal validity and reduce the chance that positive psychological change is due to external processes. Future research should take the variables symptom reduction, behaviour problems, school attendance, and parental cooperation into account while conducting research. It is vital that the follow-up measurements are conducted exactly 1 year following discharge. Also, long-term follow-up into adulthood would provide useful information. Lastly, it is recommended that the research be imbedded into the standard admission and discharge procedures. This is more cost effective and ensures that data is collected in a systematic way.

Summary

In summary, this research has evaluated the effectiveness of the Eleos Deeltijd Behandeling in Dordrecht, the Netherlands. The adolescents that participate in the Eleos Deeltijd Behandeling have severe psychological problems that seem to persist of long periods of time. The current research findings support that the day treatment program is successful in treating adolescents with severe emotional, behavioural, and developmental disorders, withstanding limitations. The interaction between the applied technique, interpersonal therapy or behaviour therapy, and the safe therapeutic milieu results in positive psychological change. The research indicates that the participants reported improved personal wellbeing and the therapists reported advancements in general functioning at

discharge. According to the adolescents positive personal change was maintained up until five years later.

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Appendix 1

Eleos DTB protocol Group A

Doel	- Stimuleren van de eigen ontwikkeling, leidend tot beter persoonlijk en relationeel functioneren - Klachtenreductie
Doelgroep	- Jongeren van 14 tot en met 17 jaar die zijn vastgelopen op twee of drie van de milieus: thuis, school en vrienden. Doorgaans schiet ambulante zorg tekort. - Problematiek is overwegend niet structureel van aard. Er bestaat de mogelijkheid en wens om te veranderen. - Jongeren en ouders willen/kunnen zich verbinden met de behandeling en zijn bereid tot verandering. *Voorbeelden*: angst- en stemmingsstoornissen, bedreigde persoonlijkheidsontwikkeling, identiteitsproblematiek. *Contra-indicaties*: sterk externaliserende problematiek, (hoge) kans op psychotische decompensatie, ernstige eetproblematiek, ernstige automutilatie, IQ<80.
Methode	- Een inzichtgevende groepsbehandeling met veel steunende en cognitief gedragstherapeutische elementen. Verder: systeemtherapie, creatieve therapie, dramatherapie en eventueel medicatie. Er is aandacht voor innerlijke conflicten. - Bij uitzondering daarnaast een individueel traject. - Uigebreide diagnostiek: psychiatrisch onderzoek, observatie en (op indicatie) psychologisch onderzoek.
Werkzame bestanddelen	- Emotioneel correctieve ervaringen - Positieve veranderingen in het systeem - Erkenning, bevestiging, veiligheid, steun en structuur - Een gezamenlijk gedragen probleemdefinitie door de jongere, ouders en het behandelteam. - Medicatie
Behandelperspectief	- Behandelduur van 9-12 maanden met als resultaat dat jongeren (weer) met minder intensieve behandeling in de maatschappij kunnen functioneren: enerzijds door verbetering in (inter)persoonlijk functioneren, anderzijds door het vinden van een passende plek in de maatschappij. - De deeltijd is een tussenstation. - Soms blijkt juist intensievere (klinische) behandeling nodig.
Behandelrisico's	- Teleurstelling door te hoge verwachtingen van een jongere, de ouders en/of het behandelteam. - Onvoldoende continuïteit tussen deeltijdbehandeling en vervolgtraject. - Overnemen van ongewenst gedrag van groepsgenoten. - Onvoldoende aansluiting bij de groep (te onveilig of juist te weinig uitdaging).
Setting	De behandeling vindt plaats in nauwe samenwerking en op dezelfde locatie als het RMPI-onderwijs (cluster-IV).
Identiteit	De gereformeerde identiteit van Eleos krijgt in verschillende onderdelen van de deeltijdbehandeling vorm. Dagelijks wordt een dagopening en –sluiting gehouden. Ook in de verschillende therapieonderdelen komt het geloof ter sprake. De jongeren zitten in een leeftijdsfase waarin vragen over God, geloof en kerk een belangrijke rol kunnen spelen. Eleos heeft een veelkleurige doelgroep als het gaat om (kerkelijke) achtergronden: binnen de groepen zijn verschillende meningen en kerkgenootschappen vertegenwoordigd. In de behandeling stimuleren we de jongeren om deze verschillen in openheid en met respect voor elkaar te bespreken. Op die manier kunnen zij leren hun eigen mening verder te ontwikkelen en te verwoorden.

Eleos DTB protocol Group B

Doel	- Zicht krijgen op de eigen mogelijkheden en beperkingen. Leren de mogelijkheden optimaal te benutten en de beperkingen te hanteren. Anders gezegd: ontwikkelen van een eigen "gebruiksaanwijzing". - Klachtenreductie
Doelgroep	- Jongeren van 14 tot en met 17 jaar die zijn vastgelopen op twee of drie van de milieus: thuis, school en vrienden. Doorgaans schiet ambulante zorg tekort. - Problematiek is overwegend structureel van aard. Er bestaat de mogelijkheid en wens om te leren. - Jongeren en ouders willen/kunnen zich verbinden met de behandeling en zijn bereid tot verandering. *Voorbeelden*: autisme spectrum stoornissen, ADHD, psychotische stoornissen. *Contra-indicaties*: sterk externaliserende problematiek, actuele ernstige psychotische problematiek, ernstige eetproblematiek, ernstige automutilatie, IQ<80.
Methode	- Een steunende, gestructureerde groepsbehandeling met het competentiemodel als uitgangspunt. Verder: systeemtherapie, creatieve therapie, dramatherapie en eventueel medicatie. Het concrete probleemgedrag is vertrekpunt voor de behandeling - Doorgaans daarnaast een individueel traject (psychoeducatie, CGT). - Uitgebreide diagnostiek: psychiatrisch onderzoek, observatie en (op indicatie) psychologisch onderzoek.
Werkzame bestanddelen	- Uitleg en feedback - Positieve veranderingen in het systeem - Erkenning, bevestiging, veiligheid, steun en structuur - Een gezamenlijk gedragen probleemdefinitie door de jongere, ouders en het behandelteam. - Medicatie
Behandelperspectief	- Behandelduur van 9-12 maanden met als resultaat dat jongeren (weer) met minder intensieve behandeling in de maatschappij kunnen functioneren: enerzijds door verbetering in (inter)persoonlijk functioneren, anderzijds door het vinden van een passende plek in de maatschappij. - De deeltijd is een tussenstation. - Soms blijkt juist intensievere (klinische) behandeling nodig.
Behandelrisico's	- Onvoldoende continuïteit tussen deeltijdbehandeling en vervolgtraject. - Teleurstelling door te hoge verwachtingen van een jongere, de ouders en/of het behandelteam. 1. Overnemen van ongewenst gedrag van groepsgenoten. 2. Onvoldoende aansluiting bij de groep (te onveilig of juist te weinig uitdaging).
Setting	De behandeling vindt plaats in nauwe samenwerking en op dezelfde locatie als het RMPI-onderwijs (cluster-IV).
Identiteit	De gereformeerde identiteit van Eleos krijgt in verschillende onderdelen van de deeltijdbehandeling vorm. Dagelijks wordt een dagopening en –sluiting gehouden. Ook in de verschillende therapieonderdelen komt het geloof ter sprake. De jongeren zitten in een leeftijdsfase waarin vragen over God, geloof en kerk een belangrijke rol kunnen spelen. Eleos heeft een veelkleurige doelgroep als het gaat om (kerkelijke) achtergronden: binnen de groepen zijn verschillende meningen en kerkgenootschappen vertegenwoordigd. In de behandeling stimuleren we de jongeren om deze verschillen in openheid en met respect voor elkaar te bespreken. Op die manier kunnen zij leren hun eigen mening verder te ontwikkelen en te verwoorden.

Appendix 2:

Reasons against participating in research (n=99)

	n	percentage
Full participation	40	40.1%
Partial participation (only dossier research)	4	4.0%
Participation is not desired	33	33.3%
Unable to contact youth	4	4.0%
Too short in therapy (stopped w/in 2 weeks)	3	3.0%
No reaction after second telephone contact	11	11.1%
Currently still receiving therapy	4	4.0%

Appendix 3

Questionnaire List 1

Lijst 1: Patiënt- en behandelkenmerken – eenmalig af te nemen

Patiëntnummer: _____

Onderzoeksnummer: _____

CBCL aanwezig? Ja Nee Datum: _____

YSR aanwezig? Ja Nee Datum: _____

Onderzoeker: _____

1. Datum afname _____
2. Geboortedatum _____
3. Start behandeling Deeltijd _____
4. Eind behandeling Deeltijd _____
5. Geslacht
   1. ___ man
   2. ___ vrouw
6. IQ
   ___ Totaal –IQ
   ___ onbekend
7. IQ
   ___ Verbaal-IQ
   ___ onbekend
8. IQ
   ____Performaal-IQ
   ___ onbekend
9. Systeemgegevens
   999. ____ onbekend
   1. ___ Thuiswonend, eenoudergezin
   2. ___ Thuiswonend, meeroudergezin
   3. ___ Uitwonend
10. Indien thuiswonend, aantal thuiswonende brussen:
    0. Geen
    1.
    2.
    3.
    4. anders: _____
    999. _____onbekend
11. Opleidingsniveau bij start behandeling:
    1. ___ VMBO- kader
    2. ___ VMBO- GT
    3. ___ VMBO-TL
    4. ___ HAVO
    5. ___ VWO
    6. ___ Gymnasium

7. ___ Anders, nl: _____
999. ___ onbekend

12. In welke categorie valt de hoofddiagnose?
1. ___ Angst / depressie
2. ___ Psychose
3. ___ Gedragsproblemen
4. ___ ADHD
5. ___ Autisme
6. ___ Bedreigde persoonlijkheidsontwikkeling
999. ____ onbekend

13. Wat is de ernst van de problematiek bij intake?
0 1 2 3 4 5 6 7 8 9 10
Zeer ernstig Niet ernstig
999. ____ onbekend
Beschrijving:

14. Wat is de DSM-IV-classificatie?
As I:
As II:
As III:
As IV:
As V:
999. ____ onbekend

15. GAF score bij start van de behandeling: _____
999. ____ onbekend

16. GAF score bij eind van de behandeling: _____
999. ____ onbekend

17. Medicatie bij start behandeling:
1. ___ ja, nl.:
_____
_____
2. ___ nee
999. ____ onbekend

18. Medicatie bij einde behandeling:
1. ___ ja, nl.:
_____
_____
2. ___ nee
999. ____ onbekend

19. Middelengebruik binnen 6 maand voor behandeling:
1. ___ ja
2. ___ nee
999. ____ onbekend

20. Middelengebruik tijdens behandeling:
1. ___ ja
2. ___ nee
999. ___ onbekend

21. Contact met politie/justitie voor of tijdens de behandeling:
1. ___ ja
2. ___ nee
999. ___ onbekend

22. Eerdere hulpverlening (ggz, algemeen maatschappelijk werk of particuliere psycholoog/orthopedagoog, pschychiater) / aantal jaren:
    0 1 2 3 4 5 6 7 8 9 10 _____
    999. ____ onbekend

23. Thuisgezeten van school in periode voorafgaand aan start behandeling / aantal maanden:
    0 1 2 3 4 5 6 7 8 9 10 11
    Anders: _____
    999. ____ onbekend

24. Ooit gepest:
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

25. Duur behandeling / aantal maanden:
    1 2 3 4 5 6 7 8 9 10 11 12
    13 14 ____

26. Groep
    1. ___ A
    2. ___ B
    3. ___ eerst A, later B
    4. ___ eerst B, later A
    999. ____ onbekend

27. Beëindiging behandeling
    1. ___ In overeenstemming
    2. ___ Initiatief ouders/jongere
    3. ___ Initiatief behandelteam
    999. ____ onbekend

28. Mate van verbinding jongere met ouders:
    999: onbekend 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed
    Beschrijving:

29. Mate van verbinding jongere met behandeling:
    999: onbekend 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed
    Beschrijving:

30. Mate van verbinding jongere met groepsgenoten:
    999: onbekend 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed
    Beschrijving:

31. Geschatte tevredenheid over behandeling door jongere:
    999: onbekend 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed
    Beschrijving:

32. Geschatte tevredenheid over behandeling door ouders:
    999: onbekend 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed

33. Tevredenheid over behandeling door behandelteam:

999: onbekend	1	2	3	4	5	6	7	8	9	10
	Zeer slecht									Zeer goed

Beschrijving:

34. Bereidheid tot verandering bij jongere:

999: onbekend	1	2	3	4	5	6	7	8	9	10
	Zeer slecht									Zeer goed

Beschrijving:

35. Bereidheid tot verandering bij ouders:

999: onbekend	1	2	3	4	5	6	7	8	9	10
	Zeer slecht									Zeer goed

Beschrijving:

36. Reflectief vermogen van jongere:

999: onbekend	1	2	3	4	5	6	7	8	9	10
	Zeer slecht									Zeer goed

Beschrijving:

37. Reflectief vermogen van ouders:

999: onbekend	1	2	3	4	5	6	7	8	9	10
	Zeer slecht									Zeer goed

Beschrijving:

38. Hoe heeft geloofsbeleving een rol gespeeld, in samenhang met problematiek? (herindicatie vraag 4)
Beschrijving:

Questionnaire List 2

Lijst 2: Tijdstip B, C en D

Patiëntnummer: _____

Onderzoeksnummer: _____

Onderzoeker: _____

Tijdstip: O pre-test O post-test O follow-up

1. Datum afname: _____

2. Hoe gaat het met de jongere, volgens hem-/haarzelf?
   0 1 2 3 4 5 6 7 8 9 10
   Zeer slecht Zeer goed
   999. ____onbekend

3. Hoe vinden jou ouders dat ik met je gaat?
   0 1 2 3 4 5 6 7 8 9 10
   Zeer slecht Zeer goed
   999. ____onbekend

4. Wordt de jongere op dit moment gepest?
   1. ___ja
   2. ___ nee
   999. ___ onbekend

5. Volgt de jongere op dit moment onderwijs?
   1. ___ja, volledig
   2. ____ja, deels
   3. ___ nee
   999. ____onbekend

6. Werkt de jongere toe naar een diploma?
   1. ___ja
   2. ___ nee
   3. ___ niet meer leerplichtig
   999. ____ onbekend

7. Heeft de jongere een (bij)baan?
   1. ___ja
   2. ___ nee
   999. ___ onbekend

8. Hoeveel vrienden ziet de jongere minimaal één keer per week?
   0 1 2 3 4 5 6 7 8 9 10 ____
   999. ____ onbekend

9. Hoeveel vrienden ziet de jongere minder dan één keer per week?
   0 1 2 3 4 5 6 7 8 9 10 ____
   999. ____ onbekend

10. Heeft de jongere een relatie?
    1. ___ja
    2. ___ nee
    999. ___ onbekend

11. Is de jongere thuiswonend?
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

12. Zo nee, hoe vaak (per twee weken) heeft de jongere contact met ouder(s)
    0 1 2 3 4 5 6 7 8 9 10 ___
    999. Onbekend/ niet van toepassing

13. Kwaliteit van relatie met ouders/ mate verbinding met ouders.
    0 1 2 3 4 5 6 7 8 9 10
    Zeer slecht Zeer goed
    999. ___ onbekend

14. Hoe tevreden is de jongeren over zijn woonsituatie?
    0 1 2 3 4 5 6 7 8 9 10
    Zeer ontevreden Zeer tevreden
    999. ___onbekend

15. Heeft de jongeren sinds vorige meetmoment politiecontact gehad?
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

16. Heeft de jongeren sinds vorige meetmoment middelengebruikt?
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

17. Zoja op antwoord 15, met welke regelmaat?
    0. ___ niet van toepassing
    1. ___ dagelijks
    2. ___ wekelijks
    3. ___ maandelijks
    4. ___ eenmalig
    999. ___ onbekend

18. Heeft de jongere meer dan 500 euro schuld?
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

19. Gaat de jongeren met regelmaat naar de kerk? Of kerkgerelateerde activiteiten
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

20. Ben jij veranderd van kerkgenootschap sinds begin van behandeling?
    1. ___ ja
    2. ___ nee
    999. ___ onbekend

21. Kerkgenootschap:
    1. ___ PKN (Gereformeerde Bond)
    2. ___ PKN (niet Gereformeerde Bond)
    3. ___ Christelijk gereformeerd
    4. ___ Gereformeerde gemeenten
    5. ___ Oud Gereformeerde gemeenten
    6. ___ Gereformeerde Gemeenten in Nederland
    7. ___ Hersteld Hervormd

8. ___ Gereformeerd vrijgemaakt
9. ___ Gereformeerd synodaal
10. ___ Evangelische – of pinkstergemeente
11. ___ Anders, nl: _____
12. ___ Geen
999. ___ Onbekend

22. Heb je na je behandeling bij de deeltijd een vervolg behandeling/hulpverlenig traject gevolgd?
0. ____ niet van toepassing (meetmoment B)
1. ___ja
2. ___ nee
999. ___ onbekend

23. Zoja, welke vorm:
0. ____ niet van toepassing
1. ____ ambulant hulpverlening
2. ____ gesprekken met psychiater
3. ____ gesprekken met psycholoog
4. ____ opname in instelling
5. ____ Meerdere soorten, namelijk:
_____
_____
999. ____onbekend

24. Hoe tevreden is de jongere over zijn behandeling bij Eleos (Deeltijd)?
0 1 2 3 4 5 6 7 8 9 10
Zeer ontevreden Zeer tevreden
999. ____ onbekend

25. Hoe tevreden zijn ouders over zijn behandeling bij Eleos (Deeltijd)?
0 1 2 3 4 5 6 7 8 9 10
Zeer ontevreden Zeer tevreden
999. ____ onbekend

26. Vindt de jongere dat hij geholpen is/vooruit is gegaan door de deeltijd behandeling?
1. ___ja
2. ___ nee
999. ___ onbekend

27. Welke cijfer zou je aan de kwaliteit van de hulpverlening geven?
0 1 2 3 4 5 6 7 8 9 10
Zeer slecht Zeer Goed
999.____ onbekend

28. Wil de jongere nog iets kwijt over zijn behandeling of periode na behandeling bij Eleos?
_____
_____
_____
_____
_____
999. ____ Niet van toepassing

29. Heeft de jongere advies voor verandering bij de deeltijd in de toekomst?
_____
_____
_____
_____
_____
999. ____ Niet van toepassing

Informatie over je scriptie

Gelieve dit formulier op te slaan, te wijzigen en samen met de digitale eindversie van je scriptie naar je begeleider te mailen. Voor vragen kijk op: http://studion.fss.uu.nl/helpdesk/student/scrol

Scripties FSW Online

Studentnummer: *	3321371
Initialen & voorvoegsels: *	E.B.
Achternaam: *	Heersink-Esselink
Opleiding: *	Orthopedagogiek

Eventuele tweede student

Studentnummer:	
Initialen & voorvoegsels:	
Achternaam:	
Opleiding:	

Begeleider

Naam begeleider: *	Bill Hale
Naam evt. 2e begeleider:	

Scriptie

Titel Scriptie: *	Treatment Outcome in an Adolescent Day Treatment Center Eleos Deeltijd Behandeling
Taal Scriptie: *	Engels met appendix in Nederlands
Samenvatting:	This paper reviews the effectiveness of a day treatment center, Eleos Deeltijd Behandeling in the Netherlands. Participants (n=43) were diagnosed with severe emotional, behavioural, or developmental disorders and were aged between 13 and 18 years. Participants received either interpersonal therapy or behavioural therapy. It is proposed that the interaction between the applied technique and the safe therapeutic milieu will result in positive change in psychological and general wellbeing. Assessment tools included the Youth Self Report, Child Behaviour Checklist, Global Assessment of Functioning scores and a general wellbeing questionnaire. The instruments were administered at admission, discharge and within five years thereafter. The research findings support that the Eleos Deeltijd Behandeling is successful in treating adolescents. Participants of both therapeutic methods reported improved personal wellbeing and the therapists reported an advancements in general functioning at discharge and maintained even five years later.
Trefwoorden:	
Openbaar tonen: *	Ja
Of pas tonen na datum:	(dd-mm-jjjj)

Ingevuld op: * 07-07-2011
Door: * E. Brittney Esselink

* = Verplicht in te vullen velden