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A study testing whether the 'Beat the Kick' programme helps adults with mild intellectual disabilities who have problems with alcohol or drugs to feel more motivated and take steps toward change

Submission date
11/06/2025

Recruitment status
Recruiting

Registration date
11/06/2025

Overall study status
Ongoing

Last Edited
21/10/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
Many adults with mild intellectual disabilities or borderline intellectual functioning experience problems with alcohol or drug use. Even when their substance use causes serious difficulties in their lives such as health issues, conflicts in relationships, trouble at work, or unstable housing they often don’t feel ready or motivated to start treatment. This can make it hard to take the first step toward getting the help they need.

Who can participate?
All participants already receive care from a disability support organisation. People can take part if they are 18 or older, have mild intellectual disabilities or borderline intellectual functioning, and have used alcohol or drugs in a problematic way for at least one year. They must not be currently in addiction treatment elsewhere and must be able to communicate in Dutch, with or without support. Participants who are pregnant, homeless, severely confused, or already in treatment are not eligible.

What does the study involve?
This study will test whether a new support programme called Beat the Kick can help people in this situation. The programme is specially designed for individuals who are not yet motivated to enter formal addiction treatment. Its goal is to help them reflect on their substance use, understand what is important in their lives, and build motivation to make small, meaningful changes. In ten one-on-one sessions with a trained professional, participants use simple language, visual tools, and practical exercises to explore their behaviour, values, goals, and options for the future.

Half of the participants will be randomly selected to follow the Beat the Kick programme in addition to their usual care. The other half will continue with their usual care only. Participants

will be asked to complete questionnaires before and after the programme, and again one and six months later. These questionnaires measure motivation, substance use, and general well-being. The researchers will then compare the two groups to see if the programme makes a difference.

What are the possible benefits and risks of participating?
Taking part in Beat the Kick may help participants feel more motivated, better understood, and more in control of their choices. Even those in the usual care group may benefit from being part of the study and reflecting on their situation. There are no major risks. Some sessions might bring up emotional topics, but participants are always supported by trained professionals and can stop the programme at any time. All personal information will be treated with care and confidentiality.

Where is the study run from?
The study is coordinated by Tranzo, Tilburg University, and takes place in six Dutch care organisations that are part of the Academic Collaborative Center Living with an Intellectual Disability (AWVB).

When is the study starting and how long is it expected to run for?
The study will begin in February 2025 and is expected to run until July 2028, including follow-up.

Who is funding the study?
The research is funded by ZonMw, the Dutch organisation for health research and care innovation.

Who is the main contact?
Rosemarie Gideonse, at r.gideonse@tilburguniversity.edu.

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

ZonMw project number

08450412310007

Study information

Scientific Title
A randomized controlled trial to evaluate the effectiveness of the Beat the Kick intervention compared to care as usual in enhancing autonomous motivation and reducing substance use in adults with mild intellectual disabilities

Acronym
BTK-RCT

Study objectives
Primary hypothesis:
Participants receiving the Beat the Kick intervention will show greater improvement in autonomous motivation for substance use treatment compared to participants receiving care as usual.

Secondary hypothesis:
Participants in the intervention group will show a greater reduction in substance use from pre-treatment to follow-up compared to those in the care-as-usual group.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 09/04/2025, Tilburg University School of Social and Behavioral Sciences Ethics Review Board (Warandelaan 2, Tilburg, 5000 LE, Netherlands; +31 013 466 8427; erb@tilburguniversity.edu), ref: TSB_RP1983

Primary study design
Interventional

Study design
Multicentre two-arm parallel-group interventional randomized controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Problematic substance use in adults with mild intellectual disabilities

Interventions
This study is a multicentre, two-arm, parallel-group, interventional randomised controlled trial (RCT), designed to evaluate the effectiveness of Beat the Kick, a structured motivational enhancement intervention, in increasing treatment motivation and reducing substance use among adults with mild intellectual disabilities (MID) or borderline intellectual functioning (BIF). Participants will be recruited from six Dutch healthcare organisations that provide care to people with intellectual disabilities and are all affiliated with the Academic Collaborative Center Living with an Intellectual Disability (AWVB).

The study is designed to assess between-group differences over time in motivation for treatment, substance use patterns, and broader psychosocial functioning. The trial will follow CONSORT and SPIRIT guidelines and has been approved by a certified ethics committee.

Participants will be individually randomised in a 1:1 ratio to either the intervention condition (Beat the Kick + care as usual) or the control condition (care as usual only), using computer-generated permuted blocks, stratified by site. The intervention group receives 10 individual weekly sessions delivered by trained care professionals, focusing on understanding substance use, triggers, psychological needs, and building support for change. In contrast, the control group continues to receive care as usual (CAU) from their intellectual disability services, including general psychosocial support and monitoring, without the structured Beat the Kick content.

The study uses single-blind outcome assessment, meaning that the research assistants conducting follow-up measurements are blinded to group allocation. Primary and secondary outcome measures will be collected through standardised questionnaires at four time points: baseline (T0), post-intervention (T1), 1-month follow-up (T2), and 6-month follow-up (T3).

Intervention Type
Behavioural

Primary outcome(s)
Autonomous motivation for substance use treatment measured using the Treatment Self-Regulation Questionnaire (TSRQ) at pre-treatment, post-treatment, and at 1- and 6-month follow-up

Key secondary outcome(s)
1. Substance use levels measured using the Substance Use and Misuse in Intellectual Disability Questionnaire (SumID-Q) at pre-treatment, post-treatment, and at 1- and 6-month follow-up
2. Basic psychological need satisfaction measured using the Basic Psychological Need Satisfaction and Frustration Scale – Intellectual Disabilities (BPNSFS-ID) at pre-treatment, post-treatment, and at 1- and 6-month follow-up
3. Treatment engagement (defined as entering formal addiction treatment) measured via self-report and care records at 1- and 6-month follow-up
4. Participant satisfaction with the intervention measured using a structured feedback questionnaire at post-treatment

Completion date
01/07/2028

Eligibility

Key inclusion criteria
Participants are eligible if they meet the following criteria:
1. Mild intellectual disabilities (MID) or borderline intellectual functioning (BIF): Defined by an IQ of 50–70 (MID) or 70–85 (BIF) combined with severe adaptive functioning limitations (defined by significant impairments in at least two of the following domains: conceptual, social, and practical skills, as outlined in the DSM-5). Both groups are collectively referred to as ‘individuals with MID’, reflecting their shared characteristics and support needs. In the Netherlands, these groups qualify for specialized mental health care and are often grouped in research, practice, and policy contexts.

2. Substance abuse: Hazardous alcohol or drug use that negatively impacts physical, psychological, interpersonal, or social well-being for a duration of at least 12 months. To focus the intervention on individuals with problematic use rather than severe substance use disorders, participants with indications of high-intensity or clinically complex use patterns will be excluded. This will be assessed using the Substance Use and Misuse in Intellectual Disability Questionnaire, which includes the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Use Disorders Identification Test (DUDIT) to screen for substance use severity. Participants who exceed the established clinical thresholds for high-risk use (AUDIT > 19 or DUDIT > 24) will not be eligible to participate, as their level of use suggests the need for more intensive, specialized addiction care.
3. Lack of autonomous motivation: Participants must exhibit low autonomous motivation to change their substance use, as this is the primary target of the intervention. Autonomous motivation will be measured using the Treatment Self-Regulation Questionnaire (TSRQ), which assesses the extent to which individuals engage in change based on personal value, interest, or internal goals. This criterion ensures that the intervention is tested in individuals who are not yet ready or internally motivated to change, in line with the study's aims.
4. Age: Participants must be 18 years or older to ensure legal competence for informed consent and appropriateness of intervention content.
5. Language proficiency: Participants must have sufficient Dutch language proficiency (minimum B1 level) to understand the intervention content, complete study measures, and engage in therapeutic conversations. This ensures the validity of assessments and meaningful participation.

Added 23/01/2026:
6. Participants must not have received protocolled substance use treatment within the previous 18 months. For the purpose of this criterion, protocolled substance use treatment is defined as participation in a structured, manualised, or programme-based intervention with a clear treatment trajectory, including (but not limited to):
1. Motivational Interviewing (MI)–based programmes
2. Cognitive Behavioural Therapy (CBT) for substance use
3. Community Reinforcement Approach (CRA)
Brief or incomplete treatment exposure (e.g. a single intake or orientation session without subsequent treatment sessions) is not considered sufficient to constitute protocolled treatment for the purpose of exclusion.
Participants who received protocolled substance use treatment more than 18 months prior to baseline remain eligible. Prior treatment exposure will be systematically recorded and included as a potential moderator variable in the dataset.
This criterion applies equally to participants in both the intervention and care-as-usual (CAU) conditions.

Participant type(s)
Carer, Health professional, Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit

65 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Participants will be excluded if any of the following apply:
1. Medication-related substance use: Individuals whose substance use is exclusively related to prescribed medications with potential for misuse (e.g., opioids, benzodiazepines, or ADHD medications like methylphenidate) will be excluded. This distinction is made in order to focus the intervention on non-medical substance misuse and to avoid medical confounds.
2. Lack of response or confusion: Individuals who are unable to provide meaningful verbal or non-verbal responses or who display significant confusion will be excluded. This ensures participants can engage with intervention content and assessments in a reliable and ethical manner.
3. Concurrent or planned substance use treatment: Individuals currently receiving, or planning to begin, other substance use interventions during the study period will be excluded to prevent treatment contamination and ensure internal validity of outcomes.
4. Unstable living situation: Homelessness or unstable housing will be grounds for exclusion due to the increased risk of dropout, relapse, and inability to guarantee follow-up. Stable living conditions are a known prerequisite for effective outpatient interventions.
5. Pregnancy: Pregnant individuals will be excluded due to ethical concerns and potential medical complications related to withdrawal, stress, and fetal risk.
6. Inability to give informed consent: Individuals who are legally restricted from consenting or who demonstrate cognitive impairments beyond the MID/BIF range will be excluded. However, when applicable, legal representatives may provide consent on their behalf in accordance with ethical guidelines, allowing participation when appropriate. This ensures ethical standards are upheld while maximizing inclusion.

Date of first enrolment
22/01/2026

Date of final enrolment
30/09/2027

Locations

Countries of recruitment
Netherlands

Study participating centre
Tranzo, Tilburg School of Social and Behavioral Sciences
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Sponsor information

Organisation
Tilburg University

ROR
https://ror.org/04b8v1s79

Funder(s)

Funder type
Research organisation

Funder Name
ZonMw

Alternative Name(s)
Netherlands Organisation for Health Research and Development

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
Netherlands

Results and Publications

Individual participant data (IPD) sharing plan
Individual participant data (IPD) will be pseudonymised and stored in a secure, non-public institutional repository at Tilburg University. Due to the nature of the study population and the level of sensitivity of the data, the dataset will not be made publicly available. However, access to pseudonymised data may be granted on reasonable academic request, subject to approval by the principal investigator and the university's data protection officer, and in compliance with GDPR and relevant ethical regulations.

IPD sharing plan summary
Available on request, Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		27/11/2025	28/11/2025	Yes	No