

Effectiveness of Stay Cool Kids (Alles Kidzzz): An indicated preventive intervention for externalizing problem behavior in school age children.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20239

Source

NTR

Health condition

Externalizing behavior (externaliserend gedrag)
School-based intervention (interventie op school)

Sponsors and support

Primary sponsor: Utrecht University, Faculty of Social Sciences

Source(s) of monetary or material Support: ZonMw

Intervention

Outcome measures

Primary outcome

Children's measures were collected in their school settings and were administered to children by trained research assistants. Parents and teachers received questionnaires in meetings at school or by mail:

1. Reactive and Proactive Aggression: Teacher Rating of Aggression (TRA; Dodge & Coie, 1987; Dutch version; Hendrickx, Crombez, Roeyers, & Orobio de Castro, 2003). Parents and children reported about child's reactive and proactive aggression as well, with adapted parent and child versions of the TRA;
2. Externalizing behavior: As a screening measure the Externalizing subscale of the Teacher Report Form (age 6-18, Achenbach, 2001; Verhulst, van der Ende, & Koot, 1997) was used;
3. Prosocial Behavior: Parents were asked to report about the prosocial behavior of the child with the Matson Evaluation of Social Skills for parents (MESSY, Bell-Dolan & Alan, 1998). The MESSY for Youngsters (Hulstijn, et al. 2006; Matson, Rotatori, & Helsel, 1983) was used to measure prosocial behavior reported by the child.

Secondary outcome

1. Social Cognitions: Four hypothetical stories were presented to children (Social Information Processing test, De Castro et al., 2005). The stories all concerned being hindered by a peer whose intentions are ambiguous. Immediately after hearing a story the child was asked to indicate why the peer in the story might have acted the way he or she did (intent attribution) and what the child would do when the events in the vignette would actually happen to them (response generation). Next, a possible behavioral response to the problem was presented to measure Approval of Aggression. Children similarly had to indicate on a 10-point scale to what extent they would enact a presented aggressive response themselves;
2. Self Perception: To assess self perception, children were asked to fill in the subscale 'Behavior attitude' of the Dutch version of the Self Perceived Competence Scale for Children (Harter, 1982; Veerman, Straathof, Treffers, van den Bergh, & ten Brink, 1997).

Study description

Background summary

Externalizing problem behavior in school-aged children has an estimated frequency of 2 to 16%. Stable externalizing behavior places these children at risk for future difficulties and diagnosable psychopathology. Therefore, preventive interventions designed to alter the developmental trajectory towards more serious behavior problems should occur before transition from elementary to higher school, since this is a developmental risk point. The aim of this trial is to test the effectiveness of the individual school-based preventive social cognitive training 'Stay Cool Kids (Alles Kidzzz)', to reduce externalizing behavior problems and to enhance cognitive behavioral skills. The sample consists of 48 schools, with 264 fourth-grade children displaying externalizing behavior (TRF T-score > 60), randomly assigned to the intervention or no-intervention control condition. Moderators and mediators of the intervention will be examined.

Study objective

N/A

Study design

1. Pretest;
2. Post test;
3. Half year follow-up;
4. One year follow-up.

Intervention

Stay Cool Kids:

1. Individual, tailor-made intervention;
2. School-based;
3. Social-cognitive basis;
4. Targeted.

The Stay Cool Kids training is a social cognitive intervention that focuses on reciprocal relations between cognitions, emotions, and behavior of the child. The training is designed to reduce aggressive behavior in highly aggressive children at elementary schools. The long term goal is to prevent the development of disruptive behavior disorders. Trainers worked individually, in 8 weekly sessions of 45 minutes, with the target child. Children were seen during the school day from January until March. The trainer met with parents and teachers before the start of the training, during a mid term evaluation, and at the end of the training.

The training consisted of 2 phases. In the first phase, trainers investigated child's specific needs and competences. The first session starts with a general introduction, which is the same for all children. Next, trainers were able to choose two from six exercises, which were best suited for the individual child, for the second and third session. After the third session, an individual analysis of child's competences was made and discussed with parents and teachers during a midterm evaluation, resulting in an individual intervention plan. For the intervention plan trainers chose five from nine program components, which were most appropriate for the individual child's needs, as described in the trainer manual. Before phase 2 (session 4 -8) started, a contract between the trainer and child was signed, in which the training program is described. Exercises focused on 1) self-perception (less negative, realistic

self-perception), 2) social cognitions (attribution of benign intent in ambiguous situations, accurate representation of other children emotions), 3) anger management (emotion-regulations strategies, e.g., 'stop-think-act'), and 4) aggressive behavior (generation of less aggressive responses to social provocations). Parents and teachers receive information after each training session about what is done during the training. Also, they are asked to practice together with the child its newly learned skills.

The children in the control condition did not receive any intervention or received care as usual (e.g., remedial teaching, universal remediation programs) within their school.

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Eligibility criteria

Inclusion criteria

1. Children in 4th-grade (elementary school), 9-11 years old, with elevated levels of externalizing behavior;
2. (Sub)clinical level of externalizing behavior, indicated by teachers (Teacher Report Form T-score > 60).

Exclusion criteria

1. Autism Spectrum Disorder;
2. If children already receive treatment for their externalizing behavior problems.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	18-12-2007
Enrollment:	264
Type:	Actual

Ethics review

Positive opinion	
Date:	17-02-2011
Application type:	First submission

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

NTR-new NL2641

NTR-old NTR2769

Other ZonMw / METC University Utrecht : 80-82445-98-010 / 19535.041.08;

ISRCTN ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

1. Stoltz, S. (2012). Stay Cool Kids?! Effectiveness, Moderation and Mediation of a Preventive Intervention for Externalizing Behavior. Enschede: Ipskamp Drukkers.

2. Stoltz, S., Londen, M., van, Deković, M., Castro, B.O., de, & Prinzie, P. (2012). Effectiveness of individually delivered indicated school-based interventions on externalizing behavior. International Journal of Behavioral Development, 36, 381-388. doi:10.1177/0165025412450525.

3. Stoltz, S., Londen, M., van, Deković, M., Castro, B.O., de, Prinzie, P. (2012). What works for whom, how and under what circumstances? Testing moderated mediation of intervention effects on externalizing behavior in children. Social Development.

4. Stoltz, S., Londen, M., van, Deković, M., Castro, B.O., de, Prinzie, P., & Lochman, J.E. (2012). Simultaneously testing parenting and social cognitions in children at-risk for aggressive behavior problems. Journal of Child and Family Studies. doi:10.1007/s10826-012-9651-8.

5. Stoltz, S., Londen, M., van, Deković, M., Castro, B.O., de, Prinzie, P., & Lochman, J.E. (2012). Effectiveness of an individual school-based intervention for children with aggressive behavior: a randomized controlled trial. Behavioural and Cognitive Psychotherapy. doi:10.1017/S1352465812000525.

6. Stoltz, S., Prinzie, P., Haan, A.D., de, Londen, M., van, Castro, B.O., de, & Deković, M. (2012). Child personality as moderator of outcome in a school-based intervention for preventing externalising behaviour. European Journal of Personality. doi:10.1002/per.1892.

6. Stoltz, S., Londen, M. van, Deković, M., Orobio de Castro, B., & Prinzie (in press). Alles Kidzzz: RCT naar een preventieve geïndiceerde individuele interventie voor agressie op de basisschool. Kind & Adolescent.

7. Stoltz, S. (2012). Bieden RCT's voldoende antwoord op de vragen ' werkt het, voor wie en

op welke manier' ? Orthopedagogiek: Onderzoek en Praktijk, 50, 288-290.

8. Stoltz, S., Londen, M. van, Deković, M., Prinzie, P., & Orobio de Castro, B. (2012). Effectiviteitsonderzoek naar Preventieve Interventies voor Externaliserend probleemgedrag op Basisscholen: Wat Werkt, voor Wie, Waarom en Hoe, Wanneer en Waar? Orthopedagogiek: Onderzoek en Praktijk, 50, 576-577.

9. Stoltz, S., & Londen, M., van (2012). Alles Kidzzz: Een individuele interventie op de basisschool voor leerlingen met gedragsproblemen. In: F. Goossens, M. Van der Meulen, & M. Vermande (Eds.), Pesten Op School.