

Ameliorating positive parenting skills: the added value of Virtual Reality to Parent-Child Interaction Therapy (PCITVR)

No registrations found.

| | |
|------------------------------|------------------|
| Ethical review | Positive opinion |
| Status | Recruiting |
| Health condition type | - |
| Study type | Interventional |

Summary

ID

NL-OMON25929

Source

Nationaal Trial Register

Brief title

N/A

Health condition

disruptive behavior, antisocial behavior, emotional problems, parent-child interaction problems, family problems

Sponsors and support

Primary sponsor: Ministerie van VWS to Child and Adolescent Psychiatry Department of the Amsterdam UMC

Source(s) of monetary or material Support: Ministerie van VWS

Intervention

Outcome measures

Primary outcome

1. The added value of virtual reality to PCIT
2. Improving positive parenting skills
3. Decreasing level of disruptive behaviour and parental stress

Secondary outcome

1. Improving parent-child relationship
2. Faster treatment completion rate

Study description

Background summary

Disruptive behaviour is one of the most common reasons that young children are referred to child and adolescent mental health care services worldwide. Untreated disruptive behaviour can have long-term negative effects that carry on into adolescence and adulthood. Addressing problem behaviour at a young age diminishes the risk of the problems getting worse and interfering with social and emotional development. Additionally, parents are still the factor with the most influence in a young child's life. Research indicates that treatments for child disruptive behaviour where parents are the primary agents of change have the most substantive evidence. There are currently a few parent management training (PMT) programs that are being implemented within the Netherlands; one of which is Parent-Child Interaction Therapy (PCIT). PCIT has been well researched pan culturally. To date, although effective, parents seem to have difficulty grasping the positive parenting skills being taught throughout PCIT. Therefore, the current study aims to focus on the gains that can still be achieved by letting more families benefit from PCIT by increasing the effect sizes, the accessibility, and the impact of the treatment by focusing on strengthening positive parenting skills. This opportunity is created through the implementation of Virtual Reality. PCIT is an intervention for children between the ages of 2-7 years old with disruptive behaviour and their parents. It was designed in the USA and has been implemented in the Netherlands since 2007. Adding VR to this intervention aims to enhance it by focusing on increasing positive parenting skills, leading to faster skill mastery.

Study objective

The primary goal of this research project is to evaluate the implementation of VR to PCIT. We expect to find that PCIT-VR will ameliorate positive parenting skills, leading to faster skill mastery. We believe that if the positive parenting skills are trained by implementing the VR-element, additional effects will also take place, such as achieving CDI-skill mastery sooner than when not using VR and increasing treatment completion rate. We expect that by implementing a VR-element, it will innovatively magnify the scope of families who can benefit from PCIT. In addition, parental stress, child disruptive behaviour and analytics of VR will be secondarily measured.

Study design

Three main measurement points:

1. Before treatment
2. Directly after treatment
3. Six months after treatment

In addition, this study uses a non-concurrent multiple baseline single-case experimental design, which means that there are weekly measurements with the ECBI, OBVL-K and DPICS

Intervention

Parent-Child Interaction Therapy:

PCIT focuses on changing dysfunctional parent-child interactions in two phases, and teaches authoritative parenting, which implies firm control, warmth to the parent-child relationship and a balance between discipline and stimulating independence. In the first phase of PCIT, which is the Child-Directed Interaction (CDI) phase, emphasis is put on building up the quality of the parent-child relationship and increasing positive parenting skills. Additionally, in this phase, children begin to build the ability to regulate their behaviour. This first phase lays a foundation for effective behaviour change. In the CDI-phase, parents follow their child's lead in play and are coached on using positive parenting skills, specifically, praise, reflective statements, behavioural descriptions, imitation and enthusiasm. The second phase of PCIT, is the Parent-Directed Interaction (PDI). The goal of the PDI-phase is to further enhance parents positive skills in order to set consistent, predictable, and age-appropriate boundaries for their children. Once parents demonstrate mastery of both CDI- and PDI-skills the treatment is completed, as standard protocol dictates.

VR-addition:

In the standard protocol of PCIT, parents are required to practice the skills taught throughout the sessions in 'special time' at home with their children. This means that the families participating in PCIT have homework to do at home, to improve weekly. This study suggests for parents to also practice the skills they are taught in the sessions at home in the virtual environment that will be created for them. As such, the implementation of VR is an additional element to the standard protocol of PCIT as described above. The various VR-scenarios depict the positive parenting skills that are taught in the CDI phase.

Contacts

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Scientific

Eligibility criteria

Inclusion criteria

1. The child's age is between 2 and 7 years;
2. The child displays disruptive behavior;
3. Dutch or English speaking parents.

Exclusion criteria

- The child has a severe physical impairment, such as deafness
- The child has a mental disability (IQ < 60)
- An unsafe home situation, where home displacement is indicated
- Problems with the child or parent that require personal health care, such as suicidality, problems with aggression regulation or an addiction
- Known to have problems with motion sickness

Study design

Design

| | |
|---------------------|-------------------------------|
| Study type: | Interventional |
| Intervention model: | Other |
| Allocation: | Non controlled trial |
| Masking: | Single blinded (masking used) |
| Control: | N/A , unknown |

Recruitment

| | |
|---------------------|------------|
| NL | |
| Recruitment status: | Recruiting |

Start date (anticipated): 01-02-2021
Enrollment: 15
Type: Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Plan description

N/A

Ethics review

Positive opinion
Date: 30-06-2021
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 | NL9580 |
| Other | METC AMC : METC 2020_143 / NL74210.018.20 |

Study results

Summary results

N/A