# Video-feedback Intervention to promote Positive Parenting for Autism

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The effectiveness of Video feedback Intervention to promote Positive Parenting for Autism (VIPP-AUTI) will be investigated on the sensitivity for autism spectrum disorders (ASD) in parents of a child recently diagnosed with ASD, based on the the...

Ethical review Approved WMO

**Status** Recruitment stopped

**Health condition type** Developmental disorders NEC

**Study type** Interventional

# **Summary**

## ID

NL-OMON31176

#### Source

**ToetsingOnline** 

**Brief title** 

VIPP-AUTI

#### **Condition**

Developmental disorders NEC

## **Synonym**

Autism, Autism Spectrum Disorders

## Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Universitair Medisch Centrum Utrecht

Source(s) of monetary or material Support: Ministerie van OC&W

#### Intervention

**Keyword:** Autism Spectrum Disorders, Parenting, Video intervention

## **Outcome measures**

## **Primary outcome**

The primary outcomes are changes of the child-attachment figure relationship and improvement of the parent-child interaction, according to a higher level of parental sensitivity for autism.

## **Secondary outcome**

Additionally the developmental skills of the child with ASD will be assesed and the burden of parenting.

# **Study description**

#### **Background summary**

Children with autism have a higher risk to develop insecure-disorganized attachment relationships, and disorganized attachments lead to less optimal developmental outcomes (Naber et al, 2007). The attachment security of children with autism is about one-half of a standard deviation lower than comparisons without autism (Rutgers et al., 2004). One of the most frequently documented determinants of attachment is parental sensitivity. Parental sensitivity may, however, be affected by the impaired communicative abilities of the child with autism.

Video feedback intervention to promote positive parenting (VIPP) has been proven to be effective in families with typically developing children as well as in clinical groups (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2007). However, this low cost, short term, attachment-based intervention has not yet been evaluated in families with preschoolers with autism. The VIPP-AUTI is developed to improve parental sensitivity in case of autism, by decreasing the risk for disorganized attachments. In addition better social skills of the child, and less burden for the family is expected.

## Study objective

The effectiveness of Video feedback Intervention to promote Positive Parenting

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for Autism (VIPP-AUTI) will be investigated on the sensitivity for autism spectrum disorders (ASD) in parents of a child recently diagnosed with ASD, based on the the attachment relationship of the child and the parent-child interaction.

Additionally the effectiveness of the VIPP-AUTI will be studied on developmental skills of the child with ASD and parental efficacy, burden and stress.

## Study design

In a non-invasive, therapeutic intervention study the effectiveness of the VIPP-AUTI will be assessed, in parents - and their child with ASD - versus care as usual.

#### Intervention

Beside the usual psychiatric care the experimental group will receive structured nursing care, according to the VIPP-AUTI, at five home visits during three months.

The control group will receive also the psychiatric care, as usual combined with unstructured nursing care. The usual nursing care comprises an average of five home visits (at least three and at most seven home visits), over a period of maximally six months, depending of the preference of the parents.

# Study burden and risks

The study is non-invasive, without any risks for the participants. The burden comprises two visits to the hospital to test the child psychiatric and psychological and to interview the primary caregiver(s). In addition the primary caregiver(s) will be asked to filling in questionnaires at home (about four hours totally). Three home visits by the investigator will take place to videotape assessments (1.5 hour a visit). The therapy (parental guidance by a nurse) is provided in an average of five home visits of two hours each.

# **Contacts**

#### **Public**

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#### Scientific

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

## Age

Children (2-11 years)

## Inclusion criteria

Primary caregiver(s), commonly parents, who have a child with an autism spectrum disorder (ASD), according to the DSM-IV-R, diagnosed at the UMC Utrecht;

Children diagnosed with ASD, under the age of 5 years;

A permanent home or address;

Primairy caregiver(s) and child are living at the same address;

Written informed consent from the primary caregiver(s).

## **Exclusion criteria**

Participants who live outside the catchment area of the UMC Utrecht (40 km);

Parents who do not speak or understand the Dutch language.

Parents who are not able to care for their child;

Children with interfering, comorbide medical problems

# Study design

# **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Double blinded (masking used)

Control: Active

Primary purpose: Treatment

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 20-05-2008

Enrollment: 100

Type: Actual

# **Ethics review**

Approved WMO

Date: 06-11-2007

Application type: First submission

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

Approved WMO

Date: 20-10-2010
Application type: Amendment

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

# **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

CCMO NL18501.041.07