# Parent-child interaction in clinical subsamples.

A comparison in parent-child interaction between toddlers with a pervasive developmental disorder, regulation disorder or other psychiatric diagnosis.

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This study aims to study the following questions:1. Which differences in parent-child interaction can be identified between diagnostic groups of toddlers with clinical diagnoses?2. Which differences in parent-child interaction can be identified...

**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Developmental disorders NEC **Study type** Observational non invasive

# Summary

## ID

NL-OMON34184

## **Source**

**ToetsingOnline** 

## **Brief title**

Parent-child interaction in clinical subsamples of toddlers

## **Condition**

Developmental disorders NEC

## **Synonym**

among which Pervasive Developmental Disorder (Autism Spectrum Disorder) and Regulation Disorder (no other definition), Different developmental disorders

# Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Erasmus Universiteit Rotterdam

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

## Intervention

**Keyword:** parent-child interaction, pervasive developmental disorder, regulation disorder, toddler

# **Outcome measures**

## **Primary outcome**

- Parent-child interaction, coded with the Dyadic Parent-Child Interaction Coding System (DPICS-III; Eyberg, Nelson, Duke & Boggs, 2005)
- Parental self-efficacy, assessed with the Self-Efficacy for Parenting Tasks
  Index-Toddler Scale (SEPTI-TS; Coleman & Karraker, 2003) and the subscale
  Parental Competence of the Nijmeegse Ouderlijke Stress Index (NOSI; de Brock,
  Vermulst, Gerris & Abidin, 1992).
- Child temperament, assessed with the Early Child Behaviour Questionnaire (ECBL; Putman, Gartstein & Rothbart, 2006) for toddlers in the age of 12 to 36 months, and the Children\*s Behavior Questionnaire (CBQ; Rothbart, Ahadi, Hershey & Fisher, 2001), for toddlers above 36 months.

## **Secondary outcome**

- Biographical variables; child: date of birth, gender, number of siblings and their date of birth; parent: date of birth, education, occupation, marital status, (former) need for psychiatric/psychological help, (former) psychiatric/psychological treatment, living situation, (former) need for help

concerning parenting.

- Psychic complaints of parents, assessed with the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1994).
- Emotional and behavioral problems of the child, measured with the Child Behavior Checklist (CBCL/1\*-5, Achenbach & Rescorla, 2000). The questionnaire will be assessed in the clinical group as part of standard procedures during intake; scores will be derived from the medical files. In the control group the CBCL/1\*-5 will be assessed.

# **Study description**

# **Background summary**

Early parent-child interaction plays a crucial role in a child's development. Special interventions for parent and child have been developed to improve this interaction when problems occur. It is important to know which specific problems occur in different clinical subsamples of toddlers, in order to obtain more differentiation in interventions. Moreover, it is important to know which improvements in parent-child interaction can be achieved during intervention, which can be distinguished from naturally occurring changes in interaction during toddlerhood. Risk factors of parent and child for psychopathology in the child, e.g. \*parental self-efficacy\* and temperament of the child could possibly hamper this progress in parent-child interaction. However, little is known about how (changes in) risk factors of parent and child are related to changes in parent-child interaction during intervention.

# Study objective

This study aims to study the following questions:

- 1. Which differences in parent-child interaction can be identified between diagnostic groups of toddlers with clinical diagnoses?
- 2. Which differences in parent-child interaction can be identified between toddlers with clinical diagnoses and toddlers from the normal population?
- 3. Which changes in parent-child interaction can be achieved during intervention, which can be distinguished from naturally occurring changes in interaction during toddlerhood?
- 4. Can improvements in parent-child interaction during intervention be

predicted by \*parental self-efficacy\* and child temperament?

5. What is the relation between improvement in parent-child interaction during intervention and improvement of parental self-efficacy?

# Study design

The current study has an observational design, in which a clinical sample, derived from two institutions (parent-child dyads who participate to parent-child intervention programs) and a control group from the normal population, are assessed with questionnaires (concerning both child and parent) to be filled in by the parent and filming of parent-child interaction during a non-manipulated free play situation, on two times of measurement (with an interval of 6-7 weeks).

# Study burden and risks

The current proposal concerns a study into parent-child interaction during toddlerhood, and can therefore only be executed with toddlers and their parents. Parents will fill in questionnaires about themselves (psychic complaints, parental self-efficacy (self-perception of parenting skills)) and their child (temperament, emotional and behavioral problems). The child himself is only actively involved in the study during filming of parent-child interaction for a short amount of time (two times 15 minutes). This will be done in a non-manipulated free play situation, in which parents are requested to play with their child as usual. The total time investment for parents is estimated 1 hour 35 minutes, divided in two times of measurement with an interval of 6-7 weeks.

# **Contacts**

#### **Public**

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#### Scientific

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

# Age

Adults (18-64 years) Children (2-11 years) Elderly (65 years and older)

# Inclusion criteria

- age child 12-48 months For patiënts:
- Participation in parent-child intervention program for at least 8 weeks, with a minimal attendance of 6 weeks. This inclusion criterium is formulated for inclusion in the final study sample, but has no consequences for the patients' participation to the intervention program.

## **Exclusion criteria**

For control group:

- psychiatric problems or need for psychological help in parent or child

# Study design

# Design

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Basic science

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## Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 11-04-2012

Enrollment: 75

Type: Actual

# **Ethics review**

Approved WMO

Date: 06-07-2010

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

# **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 NL32084.078.10