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

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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

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