

Randomized Controlled Trial (RCT) of Parent Management Training Oregon Model (PMTO) for children with externalizing behavior problems in The Netherlands.

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1. PMTO, compared to CAU, will result in statistically significant benefits in terms of: a. parenting skills; b. parenting stress; c. child behavior problems (externalizing and internalizing); d. child prosocial behavior; 2. Benefits of PMTO...

Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aanpak	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON25094

Bron

NTR

Verkorte titel

N/A

Aandoening

External behavior problems.

Ondersteuning

Primaire sponsor: Maastricht University

Overige ondersteuning: Fonds RVVZ

Stichting Kindepstzegels Nederland

VSB Fonds

ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Child externalizing behaviour problems.

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale:

As longitudinal research has demonstrated a high degree of stability and aggravation of conduct problems in childhood into criminal and violent behavior in adulthood, early interventions can result in great benefit. There is currently a high need for effective treatment programs for children 4-10 years with antisocial conduct problems in The Netherlands. The Ministry of Health decided in 2005 to fund the implementation of Parent Management Training Oregon model (PMTO), a theory-driven, evidence-based intervention for parents of children with externalizing behavior problems.

Objective:

The proposed RCT has as its goal to test the effectiveness of PMTO against Care As Usual (CAU).

Study design:

The study will be conducted as Randomized Controlled Trial (RCT) with assessments at regular intervals, i.e. baseline (pretreatment), 6, 12 and 18 months. Four youth (mental health) care institutions in The Netherlands are committed to participate in the current project, and have guaranteed sufficient patient supply.

Study population: Parents with children in the age range of 4-10 years old with externalizing behaviour problems who are referred to the four participating youth care institutions by different sources, such as family physicians, paediatricians and Bureaus Jeugdzorg.

Intervention:

One group receives PMTO once a week, the other group receives CAU.

Main study parameters/endpoints:

The main study parameter is the change of behaviour problems of the children from baseline to endpoint.

Nature and extent of the burden and risks associated with participation, benefit and group relatedness:

Parents and children will participate in assessments at fixed time intervals. This will require some time and effort on their part. There are no risks involved; possible benefits are: increased parenting competence, decrease in child behaviour problems, overall stress reduction within the family.

Doel van het onderzoek

1. PMTO, compared to CAU, will result in statistically significant benefits in terms of:
 - a. parenting skills;
 - b. parenting stress;
 - c. child behavior problems (externalizing and internalizing);
 - d. child prosocial behavior;
2. Benefits of PMTO will be observed at 6 months post baseline, and maintained in the ensuing follow-ups at 12 and 18 months;
3. PMTO program integrity, as measured by means of the FIMP rating system, will have a significant positive correlation with PMTO effectiveness;
4. PMTO, compared to CAU, will have higher treatment compliance and fewer dropouts.

Onderzoeksopzet

There are four assessment points: at intake (baseline, T0), at 6 months (T1), at 12 months (T2), and at 18 months (T3).

Onderzoeksproduct en/of interventie

1. PMTO (weekly sessions with a mean number of sessions of 25);
2. Care As Usual (dependent on the institution).

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Child Behavior Check List (CBCL) parent ratings of aggression, externalizing behavior and/or delinquency equal to or greater than 1.0 SD above the Dutch norm for the reference group;
2. Child lives with at least one biological/adoptive parent.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Parents with severe mental retardation/psychopathology (including substance abuse

disorders);

2. Sexual abuse in the family;

3. Children with mental retardation (IQ < 70).

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-06-2008
Aantal proefpersonen:	228
Type:	Verwachte startdatum

Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL1140
NTR-old	NTR1182
Ander register	: 80-82405-98-02001
ISRCTN	ISRCTN wordt niet meer aangevraagd

Resultaten

Samenvatting resultaten

N/A