

The effectiveness of the self-help parenting program (with and without telephone support): a randomized controlled trial.

Gepubliceerd: 02-12-2019 Laatste bijgewerkt: 18-08-2022

1. The self-help parenting program is expected to decrease hyperactive, impulsive and disruptive behavior of the child and to increase parenting skills. 2. The self-help parenting program is expected to be more effective when parents receive...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON26832

Bron

Nationaal Trial Register

Verkorte titel

Aan de Slag met Druk en Opstandig Gedrag

Aandoening

ADHD, ODD, behavioral problems, disruptive behavior

Ondersteuning

Primaire sponsor: Vrije Universiteit Amsterdam

Overige ondersteuning: ZonMw, Stichting Kinderpostzegels

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

- Daily problem behavior, assessed by daily assessments of fourteen problem behaviors, which are targeted by the parenting program. These behaviors are based on the List of Target Behavior (LTB; zie (Van Den Hoofdakker et al., 2007)). At all measurement points, during four consecutive school days parents will be asked (during short phone calls by a research assistant) if the target behaviors had been present in the past 24 hours and, if yes, to provide severity ratings of these behaviors on a 5-point Likert scale.
- Disruptive behavior of the child, assessed with the Dutch version of the Eyberg Child and Behavior Inventory (ECBI; (Eyberg & Pincus, 1999)), filled out by parents.

Toelichting onderzoek

Achtergrond van het onderzoek

Hyperactive and/or disruptive behavior is very common among (young) children, with or without a formal diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD) (Gezondheidsraad, 2014). Several interventions are available for parents to cope with these behavior problems (e.g. NJI, 2018), but access to this interventions is limited, mainly due to long waiting list and motivational problems following the intensive nature of these interventions (Koerting et al., 2013). Low-threshold interventions are needed, to prevent escalation of mild and moderate forms of behavior problems. Mediation therapy, i.e. interventions which aim to improve children's behavior problems by training parents, is the most effective non pharmacological treatment for parent reported adhd symptoms and behavior problems. A recent meta-analysis showed that mediation therapy offered as a self-help intervention (with or without minimal professional support), can be equally effective as a therapist led intervention (Tarver et al., 2014), which provides possibilities for low-threshold care.

The Vrije Universiteit Amsterdam developed a self-help parenting program for children showing hyperactive, impulsive and/or disruptive behavior, based on formerly developed effective parenting programs, e.g. Behavioral Parent Training Groningen (BPTG; (Van Den Hoofdakker et al., 2007)) and Wackelpeter & Trotzkopf (Döpfner, Schürmann, & Lehmkuhl, 2011). Previous studies of self-help interventions differed in the degree of professional support during the program (Tarver et al., 2014). Telephonic support, for example, seems to slightly boost intervention effects (Markie-Dadds & Sanders, 2006), but complicates treatment implementation. Comparing the self-help program with and without (minimal) support can provide insight into optimal implementation of the program in clinical practice.

The present study 1) investigates the effectiveness of the self-help parenting program, 2) compares the effectiveness of the program with and without biweekly protocolled support, and 3) investigates potential moderators of effectiveness (child factors and parent factors).

Doel van het onderzoek

1. The self-help parenting program is expected to decrease hyperactive, impulsive and disruptive behavior of the child and to increase parenting skills.
2. The self-help parenting program is expected to be more effective when parents receive biweekly telephonic support, than without this support.
3. Exploratory the following moderators are investigated: Parents' current stress level, expectancy of and motivation for the program, ADHD symptoms, coping style, personality characteristics and demographic characteristics, child's emotion regulation and sensitivity to reward and punishments (measured by parent questionnaires) and child's sensitivity to punishment and reward, emotion recognition skills, cognitive functioning, resting heart rate and cortisol level are investigated as potential moderators of treatment effect.

Onderzoeksopzet

- Pre intervention (week 0): primary outcomes, secondary outcomes, moderators
- Mid intervention (week 8): primary outcomes
- Post intervention (week 16) primary outcomes, secondary outcomes, consumption of care and evaluation of the program.
- Follow-up (week 29): primary outcomes and consumption of care
- During intervention (week 3,6,9,12,15): motivation and treatment fidelity

Onderzoeksproduct en/of interventie

The intervention concerns a 15-week self-help program for parents of children (aged 4 to 12) who show hyperactive, impulsive and/or disruptive behavior at home. It consist of a manual and an online program, and does not (necessarily) require professional guidance. The program consist of eleven modules, which teaches parents techniques that are used in evidence-based parent training, e.g. complimenting their child, providing structure, ignoring unwanted behavior, reinforcing desirable behavior and applying mild punishment. Parents start each module by reading a chapter in the manual, after which the material is applied through exercises in the online program. Afterwards, parents can apply the learned techniques at home. The online program is adaptive, e.g., it targets personalized problem behavior of a child, which is determined by parents at the start of the program (and can be adjusted throughout the program).

One group of parents will complete the program without any professional support. Another group of parents will receive biweekly protocolled telephonic support. A third group will get the program after a waiting period of 15 weeks.

Contactpersonen

Publiek

Vrije Universiteit Amsterdam
Suzanne de Jong

0205988531

Wetenschappelijk

Vrije Universiteit Amsterdam
Suzanne de Jong

0205988531

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Child is aged between 4 to 12
2. Child shows hyperactive, impulsive and/or disruptive behavior at home (with or without a diagnosis of Attention Deficit Hyperactivity Disorder or Oppositional Defiant Disorder), confirmed by a clinical score (> 80 th percentile) on the externalizing scale of the Strengths and Difficulties Questionnaire rated by parents (Van Widenfelt, Goedhart, Treffers, & Goodman, 2003), and a xx score on the Diagnostic Interview Schedule for Children IV as assessed by parents, (Disc_IV;Shaffer, Fisher, Lucas, Hilsenroth, & Segal, 2004.)
3. Parents indicate that they are in need of guidance to cope with hyperactive and/or disruptive behavior of their child.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Parent(s) is/are taking part in a parent training during six months before start of the intervention period.
2. Parents are taking part in another parent training/in parent counselling/ in child counselling that also involves parents, directed at hyperactive or disruptive behavior of the child at home, during the intervention period.
3. Child uses medication for ADHD which is not yet optimized in dose at the start of treatment (indicated by a dose change in the last two months).
4. More than two weeks of holiday away from home are planned during the intervention period.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	06-01-2019
Aantal proefpersonen:	102
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Ja

Ethische beoordeling

Positief advies	
Datum:	02-12-2019
Soort:	Eerste indiening

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	NL8200
Ander register	METC VUmc : 2018.421

Resultaten