

# Evaluation of a primary care based parent training programme: a randomised controlled trial of effectiveness in reducing children's behaviour problems

<b>Submission date</b> 23/01/2004	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 23/01/2004	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 02/12/2013	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Childhood behaviour problems are an important public health issue because of their prevalence, stability over time, poor prognosis in terms of future physical and mental health problems, crime, drug and alcohol misuse, and cost to society. A child's behaviour is associated with the parenting they receive. Parents differ in how they raise their children and what style of parenting they pursue. There are many influences on parenting styles, including culture, parental mental health, education and a wealth of literature on child-rearing. Some parenting styles appear to be more helpful for the child's development, others less so. The best child outcomes appear to be related to parenting characterised by warmth, affection, caring, clear communication, consistent discipline, having confidence in parenting and not over-controlling the child. Only about a third of parents have adopted the most helpful parenting styles.

One method of developing more helpful parenting practices is through the use of group-based parenting programmes. These may be based on a number of different theoretical principles, and several different types of parenting programme are currently available. The Webster-Stratton Parents and Children Series parenting programme was found to develop skills most closely matching those identified as key for best parenting. This programme aims to reduce child behaviour problems, strengthen the relationship between parents and their children, reduce over-controlling parental behaviours, and develop authoritative parenting skills such as the use of clear commands, setting limits and providing consistent discipline. The methods include handouts, discussion of video clips, small group discussions, role-play, home practice of parenting skills each week, self-management and cognitive self-control.

This study aims to answer the following questions:

1. Does the Webster-Stratton parenting programme, delivered by health visitors in primary care, meet its aim to improve child behaviour problems (effectiveness) and other objectives (to be easy, useful and appropriate)?
2. What are the effects of the programme on the parents in terms of mental health,

relationships with their child, parenting competence and confidence, and level of support for their parenting (impact)?

3. Is the benefit from the parenting programme confined to families with children already in the clinical range for behaviour problems, or do other families also benefit (the case for targeted or population interventions)?

Who can participate?

Parents registered at Bury-Knowle GP surgery, with children aged between 2 and 8 years and scoring at or above the median on the Eyberg Child Behaviour Inventory questionnaire.

What does the study involve?

Participants were randomly allocated to one of two groups. One group received the Webster-Stratton parenting intervention, a 10-week parent-training programme (one 2-hour session per week) run by a trained health visitor. The other group did not receive the intervention, only the usual health visitor advice available through the GP practice.

What are the possible benefits and risks of participating?

Possible benefits include improvements in the childrens behaviour and improvements in maternal anxiety, depression and self-esteem. No risks were identified

Where is the study run from?

Health Services Research Unit, Oxford University (UK).

When is the study starting and how long is it expected to run for?

The study ran from July 1999 to 2000.

Who is funding the study?

NHS Executive South East (UK).

Who is the main contact?

Jacoby Patterson

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## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

SEO013

## Study information

Scientific Title

### Study objectives

To investigate the effectiveness of a parent training programme delivered by health visitors in primary care; to quantify levels of behaviour problems among children aged 2-8 yrs in a community sample; quantify changes in behaviour over 12 months; assess the impact of the programme on the mothers' self-esteem, anxiety, depression & perceived stress of parenting

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Added 02/12/2013: Applied and Qualitative Research Ethics Committee (formerly NAPREC), 1999

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

GP practice

### Study type(s)

Treatment

### Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

### Health condition(s) or problem(s) studied

Mental and behavioural disorders: Behavioural disorders

## **Interventions**

10 week parent-training programme (1 x 2 hr session/week) run by trained health visitor against control group receiving only usual health visitor advice available through GP practice

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome measure**

Children -Eyberg Child Behaviour Inventory, Goodman Strengths & Difficulties Questionnaire;  
Mothers -Abidin Parenting Stress Index, GHQ, Rosenberg Self-Esteem Scale

## **Secondary outcome measures**

Not provided at time of registration

## **Overall study start date**

01/06/1999

## **Completion date**

28/02/2002

## **Eligibility**

### **Key inclusion criteria**

60 parents registered at Bury-Knowle GP surgery, with children aged between 2 and 8 years and scoring more than 1 standard deviation away from population normal on Eyberg Child Behaviour Inventory

### **Participant type(s)**

Patient

### **Age group**

Child

### **Lower age limit**

2 Years

### **Upper age limit**

8 Years

### **Sex**

Both

### **Target number of participants**

60

### **Key exclusion criteria**

Children already receiving treatment for behaviour problems, with severe learning difficulties or autism. Parents with learning difficulties

**Date of first enrolment**

01/06/1999

**Date of final enrolment**

28/02/2002

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Health Services Research Unit**

Oxford

United Kingdom

OX3 7LF

## **Sponsor information**

**Organisation**

NHS R&D Regional Programme Register - Department of Health (UK)

**Sponsor details**

The Department of Health

Richmond House

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**Sponsor type**

Government

**Website**

<http://www.doh.gov.uk>

# Funder(s)

## Funder type

Government

## Funder Name

NHS Executive South East (UK)

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/06/2004		Yes	No