

# Multisite randomized controlled trial of parenting groups for child antisocial behavior and literacy: the SPOKES project

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<b>Registration date</b> 08/05/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 05/08/2014	<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

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

N/A

## Study information

## **Scientific Title**

### **Acronym**

SPOKES

### **Study objectives**

Families allocated to the intervention will show improvements in:

1. Parenting style
2. Child antisocial behaviour, including the rate of oppositional-defiant disorder
3. Child attention-deficit/hyperactivity disorder (ADHD) symptoms
4. Child reading ability

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Institute of Psychiatry Ethics 30/96

### **Study design**

Randomised controlled trial (RCT) of eligible cases, with the individual child being the unit of random allocation, stratified by school, and year.

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Childhood antisocial behaviour/oppositional defiant disorder

### **Interventions**

Intervention arm:

Overall Package. This comprised a 12 week behaviour course in the fall term, a 10 week literacy course in the spring term, and a 6 week course with both elements in the summer term.

Term one: Personal Development Program. This was the 'Incredible Years' (IY) school age videotape parenting program which addresses child behaviour and the parent-child relationship and has a strong evidence base (Webster-Stratton and Hammond 1997). The program is based on social learning principles i.e. that antisocial behaviour is promoted through lack of encouragement of good behaviour, and unwitting rewards for bad behaviour (Patterson 1997). Videotapes are shown to parents of 6-8 children, scenes depict parents sometimes behaving in a way that leads to the child being calm and obedient, and at other times in a way that leads the child misbehave and have tantrums. The first six weeks of the program concentrate on how to promote desirable child behaviour and constructive activity through play, praise and rewards. The second six weeks focus on handling misbehavior, including ignoring minor misbehaviour, applying consequences, and using time out. Through detailed group discussion, the parental behaviour that led to better child behaviour was drawn out. Then parents practised the new

techniques in role plays of their own situation. They were instructed to practise the new skills at home, and were telephoned by the group leader mid-week to check progress and solve difficulties.

**Term two: Child literacy program.** This was a new program devised by the authors, with a manual (Sylva and Crook 2002). It combined the Pause Prompt Praise (PPP; McNaughton, Glynn & Robinson 1987) approach to reading with a whole language approach which focused on discussion of the book and also on language play with sounds and letters. In the PPP parents are trained to provide one-to-one tuition to school-age children (Merrett 1998), and its effectiveness has been replicated in many countries (Wheldall & Glynn 1989). The emphasis of the reading program was to give parents a range of techniques with which to encourage their children to use an active problem-solving approach to reading. This was congruent with the methods they had recently been taught in the behavioral management program, and helped the parents continue to build a positive relationship with their child by widening it to the domain of schoolwork.

**Term three: Combined child behaviour and literacy program.** Four sessions were offered on how to encourage children to solve disputes themselves (Incredible Years advanced program), and two sessions on further literacy development, culminating in an ending celebration.

**Control arm:**

Participants allocated to the control group were offered a telephone Access Helpline. If they had concerns, parents were told they would get a response within 24 hours to advise how they could get access to regular services. Information on how to manage the child's difficulties was not offered. Whilst allocation to the parenting program meant giving a substantial fixed time commitment each week, the advantage of the helpline was that no such demands were made: it was available if the parent wanted it. Furthermore it was pointed out that regular services could be quite good if one knew how best to access them.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome(s)**

Parent Account of Child Symptoms (PACS: Taylor et al 1986, 1991); this was the primary outcome of the trial. This is an investigator-based interview similar in format and scoring to the Child and Adolescent Psychiatric Assessment (Angold et al 2001). It is shorter and covers 8 oppositional symptoms/antisocial behaviours scored 0-3 for severity and frequency. It has been used in surveys of over 10,000 children (Taylor et al 1991).

## **Key secondary outcome(s)**

Parenting:

1. Interview. This was a modified form of the semi-structured interview devised by Quinton et al (1988). It covered three parenting practices taught in the intervention known to be associated with prosocial child behaviour (time spent playing with the child, use of praise, strategic use of rewards); two disciplinary practices shown to diminish antisocial behaviour (the giving of logical consequences, time out); and inappropriate discipline associated with more antisocial behaviour (spanking and exclusion for over ten minutes).

2. Expressed emotion (EE). This is a measure of parental warmth and criticism expressed towards the child during the whole interview, and was rated globally on a 5 point scale using Camberwell Family Interview criteria (Vaughn and Leff 1986).

3. Direct observation. This is the gold standard in the sense that it is what actually happens, rather than an account. The procedure of the Conduct Problems Research Group (1999) was used, with videotaping of parent-child interaction across three tasks:

- i. Child directed play, in which the child is allowed to play with any of several toys provided (five minutes)
  - ii. Parent directed task, in which the child is told by parent to copy a complex Lego toy brick construction (five minutes)
  - iii. Clean-up segment in which the child is instructed to tidy away the toys (three minutes)
- Scoring was frequency counts by three raters blind to intervention allocated; coders used a slightly modified version of the CPRG scheme (PBCS, Aspland and Gardner 2003).

Child:

1. ADHD symptoms. PACS interview. Intraclass correlation was 0.81 (CI 0.71-0.91).

2. Child reading ability. British Ability Scale Word Reading (BAS II: Elliot, Smith and McCullough 1996). This is an individually administered standardized test of the child's ability to read single words.

**Completion date**

31/03/2002

## Eligibility

### Key inclusion criteria

First, children had to score above the cutoff on the screening questionnaire, set at one standard deviation above the population mean on conduct symptoms summing parent and teacher ratings (thus putting them at high risk of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [DSM IV] oppositional defiant disorder).

Second, their parents were then contacted to assess further eligibility criteria:

1. Ability to understand English
2. Ability to attend at group times
3. Interest in attending
4. Acceptance of RCT study
5. Index child free of clinically apparent generalized developmental delay (mental retardation)

### Participant type(s)

Patient

### Healthy volunteers allowed

No

### Age group

Child

### Sex

All

## **Key exclusion criteria**

Opposite of inclusion criteria above, hence children below the cutoff on the screening questionnaire, set at one standard deviation above the population mean on conduct symptoms summing parent and teacher ratings (thus putting them at low risk of DSM IV oppositional defiant disorder).

Second, their parents were then contacted to assess further eligibility criteria, and were excluded for:

1. Inability to understand English
2. Inability to attend at group times
3. No interest in attending
4. Did not accept RCT study
5. Index child has clinically apparent generalized developmental delay (mental retardation)

## **Date of first enrolment**

01/02/1999

## **Date of final enrolment**

31/03/2002

## **Locations**

### **Countries of recruitment**

United Kingdom

England

### **Study participating centre**

**Child and Adolescent Psychiatry**

London

United Kingdom

SE5 8AF

## **Sponsor information**

### **Organisation**

King's College London (UK)

### **ROR**

<https://ror.org/0220mzb33>

## **Funder(s)**

**Funder type**

Government

## Funder Name

Department of Health (UK)

# Results and Publications

## 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	01/01/2010		Yes	No
<a href="#">Results article</a>	further results	01/11/2012		Yes	No
<a href="#">Other publications</a>	follow-up	01/06/2014		Yes	No