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Support for inter-parental conflict

Submission date	Recruitment status	[X] Prospectively registered
15/03/2023	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
20/03/2023	Completed	[_] Results
Last Edited	**Condition category**	[_] Individual participant data
13/04/2026	Mental and Behavioural Disorders	[X] Record updated in last year

Plain English summary of protocol
Background and study aims
MBT-PP is an intervention for reducing inter-parental conflict. A feasibility study has suggested that MBT-PP shows promise. The current trial aims to establish whether MBT-PP works better at helping parents to reduce their conflict than TAU delivered by local authority staff, and, crucially, whether child outcomes improve as a result of reducing the conflict. The trial also aims to establish the mechanisms by which any positive effects on child outcomes occur.

Who can participate?
Parents of children aged 8-14 years, with have high levels of inter-parental conflict, can be referred to the study by local authority staff in the three participating areas: Bristol, Dorset, and Bournemouth, Christchurch & Poole (BCP).

What does the study involve?
Consenting families will be asked to complete questionnaires prior to being randomly allocated to receive either MBT-PP or TAU. After 16 weeks, during which time, parents will receive their allocated intervention, parents and children will be asked to complete these questionnaires again. After a further 3 months, parents and children will be asked to complete the questionnaires a final time.

What are the possible benefits and risks of participating?
The benefits of participating in this study are that families will receive support for their inter-parental conflict. Although this trial is designed to evaluate MBT-PP, we also expect families to find TAU helpful.
A further benefit is that for every questionnaire completed, the person completing it will receive a voucher to the value of £10, with an additional voucher of the same value at the end of the study (to the value of £40 in total), if they complete all 3 questionnaires.

Possible risks: Completing the outcome measures could raise participants' awareness of any pre-existing distress relating to inter-parental conflict or wellbeing problems. This may cause some temporary distress. Participants will be made aware that they have the right to withdraw from the research and that they do not have to a particular question if they do not want to.
Participants will be given signposting information in the participant information sheets for both parents and children in case they feel that they need further help with their mental health or wellbeing at any point.

Families randomised to TAU may be disappointed at not having the opportunity to have MBT-PP. Participants will be made aware of this possibility in the information sheets.

Parents randomised to MBT-PP may experience some distress during the course of therapy, as this is likely to involve addressing distressing issues (conflict with one's co-parent). However, it is expected that MBT-PP will ultimately be beneficial for parents (and children, although they are not directly involved in the therapy) and reduce distress in the long-term. To ensure the best experience for MBT-PP clients, MBT-PP is delivered by MBT-PP practitioners, all of whom are qualified therapists, counsellors, family therapists, or child and adult psychotherapists, accredited and registered with their relevant professional bodies (BACP, UKCP, AFT etc.) and compliant with the requirements of these professional bodies, including ethical standards and professional supervision. Treatment fidelity is supported through fortnightly group supervision, offered by MBT-PP Supervisors who have received additional training. Supervisors attempt to ensure adherence to, and prevent departure from the manualised intervention. This allows Tavistock Relationships to maintain fidelity, clinical oversight, manage risk and develop practitioners' skills further. Supervisors' work, in turn, is overseen by monthly supervision of supervisors, delivered by the most experienced MBT-PP leaders.

Where is the study run from?
Sheffield Hallam University (UK)

When is the study starting and how long is it expected to run for?
June 2022 to December 2025

Who is funding the study?
Youth Endowment Fund (UK)

Who is the main contact?
Dr Abigail Millings, a.millings@shu.ac.uk

Contact information

Type(s)
Principal investigator

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Additional identifiers

Protocol serial number
GR2-EVAL-112204

Study information

Scientific Title
Evaluation of Tavistock Relationships MBT-PP to improve child outcomes by reducing inter-parental conflict: a pragmatic efficacy randomised controlled trial with internal pilot

Acronym
SIPCo

Study objectives
Compared to Treatment As Usual (TAU), Mentalising-Based-Therapy for Parents under Pressure (MBT-PP) delivered to parents experiencing high levels of interparental conflict will lead to lower externalising and internalising behaviours in children and young people aged 8-14 at post-intervention.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 10/02/2023, Sheffield Hallam University Research Ethics Committee (Sheffield Hallam University, Howard Street, Sheffield, S1 1WB, UK; +44 (0)114 225 5555; ethicssupport@shu.ac.uk), ref: ER50582599

Primary study design
Interventional

Study design
Multi-centre pragmatic interventional randomised controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Children's internalising (emotional symptoms and peer problems) and externalising (conduct problems and hyperactivity/inattention) behaviours.

Interventions
The intervention of interest in this trial is Mentalising-Based Therapy for Parents under Pressure (MBT-PP). MBT-PP is a 10-session psychotherapeutic intervention for parents with a high level of inter-parental conflict. MBT-PP is suitable for separated parents or intact couples. The 10 sessions are delivered across 16 weeks and include 2 assessment sessions. The other 8 sessions begin by introducing the skills and behaviours necessary for mentalizing: the capacity to hold others in mind when emotionally aroused and to avoid a swift eruption of conflict. The subsequent sessions build on this ability to think about parents’ own feelings and beliefs, those of their partner, and the needs of their children, ending with a focus on how to maintain the

achievements made. MBT-PP is delivered by therapists employed and trained by Tavistock Relationships.

In this trial, MBT-PP will be compared against Treatment As Usual (TAU). TAU comprises support provided by Local Authority staff, using digital resources developed by OnePlusOne, in a guided self-help capacity. That is, local authority staff will provide participants with access to the materials, and support in how to use them, and regular 'check-ins'. Because both separated and intact couples will be recruited to this trial, two sets of digital resources will be used: Argue Better (AB), which is targeted at couples experiencing conflict, and Getting It Right for Children (GIRFC), which is targeted at separating/separated parents experiencing conflict. Allocation will be commence within each site using an online random number generator, after which, the minimisation program already described will be used.

While it is likely that TAU will also involve other interventions as appropriate (for example a family needing housing advice will receive housing advice), the use of the OPO digital resources in TAU ought to minimise the variation of LA staff practice as it relates to IPC specifically. Training will be provided to attempt to standardise the use and delivery of TAU, but it is noted that this trial is pragmatic in nature, and hence a degree of variation in TAU is anticipated. LA staff will not be asked to withhold any specific forms of support from those allocated to the TAU arm of the trial.
Eligible families will be randomised to receive either MBT-PP or TAU. Because recruitment will be rolling, a minimisation protocol will be implemented within each recruitment site, to ensure balance on the following characteristics: parental relationship status (separated, intact); parent ethnicity (one or both parents of ethnic minority, no parents of ethnic minority); child age group (s) (child[ren] aged 8-11, child[ren] aged 12-14, child[ren] aged both 8-11 & 12-14). Minimisation will be implemented using the MinimPy program.

Parents and children will complete baseline questionnaires before randomisation, at post-intervention, and at follow-up 3 months later.

Intervention Type
Behavioural

Primary outcome(s)
Children's internalising and externalising behaviours, measured using the Strengths and Difficulties Questionnaire (Goodman, 1997) 'total difficulties' sub-scale, at post-intervention.

Key secondary outcome(s)
1. Children's internalising and externalising behaviours, measured using the Strengths and Difficulties Questionnaire (Goodman, 1997) 'total difficulties' sub-scale, at follow-up.
2. Children's psychological well-being, measured using the Stirling Children's Well-being Scale (Liddle & Carter, 2015) at post-intervention and follow up.
3. Parent reports of conflict, measured using an adapted version of the O'Leary-Porter Scale (Porter & O'Leary, 1980), at post-intervention and follow up.
4. Child perception of inter-parental conflict, measured using the Perceptions of Interparental Conflict-Intensity/Frequency Scale (PIC-I/F) (Kline, Wood & Moore, 2003), at post-intervention and follow up.
5. Parent anger, measured using the Dimensions of Anger Reactions- Revised (DAR-R; (Nederlof, Hovens, Muris & Novaco, 2009), at post-intervention and follow up.
6. Parent mentalising capacity, measured using the Parental Reflective Function Questionnaire (Luyten et al., 2009), at post-intervention and follow up.

7. Parenting style, measured using the Parenting Scale Short Form (PS-8) (Kliem et al., 2019), a short form of the Parenting Scale (Arnold et al., 1993,) at post-intervention and follow up.
8. For separated parents only, emotional adaptation to the separation, measured using the Emotional Adaptation to Relationship Dissolution Assessment (Millings et al., 2020), at post-intervention and follow up.

Completion date
12/12/2025

Eligibility

Key inclusion criteria
1. Parent of child(ren) aged 8-14 years
2. High level of conflict with child(ren)'s other parent
3. Both parents willing to try a supportive intervention to reduce the conflict.
4. One or both parents must score <13 on the DAS-4
5. Referred by local authority staff in one of the 3 participating local authorities (Bristol, Dorset, and Bournemouth, Christchurch & Poole (BCP)).

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Child

Lower age limit
8 Years

Upper age limit
14 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Current issues with substance or alcohol misuse in either parent.
2. Significant mental health diagnosis which is not currently well-managed.
3. Current domestic abuse or violence.
4. Current engagement in care proceedings or private family law proceedings.

Date of first enrolment
20/03/2023

Date of final enrolment

31/03/2025

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Bristol City Council
City Hall
College Green
Bristol
England
BS1 5TR

Study participating centre
Dorset Council
County Hall
Colliton Park
Dorchester
England
DT1 1XJ

Study participating centre
Bcp Council
Town Hall
Bourne Avenue
Bournemouth
England
BH2 6DY

Sponsor information

Organisation
Sheffield Hallam University

ROR
https://ror.org/019wt1929

Funder(s)

Funder type
Charity

Funder Name
Youth Endowment Fund

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study will be stored in a non-publicly available repository: the Youth Endowment Fund Archive.

After the end of the study, information about the children of people who have taken part in the study will be shared with the Department for Education (DfE). These data include demographic information (e.g., sex, ethnicity) and Strengths and Difficulties Questionnaire scores. The DfE will replace all identifying information about these children (their name, date of birth, home address) with the children's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible to identify any individual child from the study data. This process is called pseudonymisation.

The DfE will transfer the pseudonymised information to the YEF archive, which is stored in the Office for National Statistics' Secure Research Service. Information in the YEF archive can only be used by approved researchers. Using the unique Pupil Matching Reference numbers added to the data by the Department for Education, it will be possible to link the records held in the YEF archive to other public datasets such as education and criminal justice datasets.

The YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by approved researchers in secure settings and there are strict restrictions about how the information can be used. Data may be used for analyses to explore whether MBT-PP had an impact over a longer period of time for example, whether being part of a project reduces a child's likelihood of being excluded from school or becoming involved in criminal activity. Data will be kept in the YEF archive indefinitely, with a review occurring every five years to ascertain whether there is continued value in storing the data. Further information about the YEF archive and the Five Safes is available on the YEF's website: https://youthendowmentfund.org.uk/wp-content/uploads/2021/07/YEF-Data-Guidance-Participants.pdf.

Information on data archiving as described above will be provided to participants via the Participant Information Sheet, and participants will provide consent to participate in the trial on the basis of this understanding.

IPD sharing plan summary
Stored in non-publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 3.1	16/05/2024	24/05/2024	No	No