

VIPP-School: Video-feedback intervention to promote a positive teacher-child relationship with young school-aged children

Submission date 14/06/2022	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 17/08/2022	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/11/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

During busy school days, teachers sometimes find it challenging to deal with children with disruptive behavior. The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) is proven to be effective in enhancing sensitive caregiving in different types of families and daycare settings. Given the effectiveness of VIPP-SD, we aim to test its potential for supporting teachers in the interaction with children with externalising behaviour (VIPP-School).

This study examines whether participation in the VIPP-School intervention improves the sensitivity and sensitive discipline of teachers in kindergarten to grade 2 in primary (special) education.

Who can participate?

Teachers of kindergarten, first and second grade with a child with behavioural problems living in the Netherlands.

What does the study involve?

The study involves three measurement moments. Once before the intervention, once after the intervention and once three months later. During those measurements, the teacher-child dyad are filmed during two interaction tasks. In addition, the teacher and child fill out some questionnaires and the emotional climate in the classroom is observed.

In the study, teacher-child dyads are randomly allocated to the intervention group or the control group. Teacher-child dyads in the intervention group receive VIPP-School, a video-feedback intervention which includes six biweekly sessions during which the intervener films about 15 minutes of teacher-child interactions and provides the teacher with feedback on the child's or teacher's behavior of the previous session based on the theme of the session. Teachers in the control group receive six online calls about the general development of the child parallel to the intervention sessions to assure that they had the same number of contacts.

What are the possible benefits and risks of participating?

No risks are anticipated. We are in the early stages of this research and therefore we cannot say

with certainty that taking part will be of benefit, although this is hypothesized. However, VIPP-SD has been studied previously and parents and daycare professionals have found the intervention helpful. Other benefits for the participants are that they receive reimbursements for each measurement moment.

Where is the study run from?

Vrije Universiteit Amsterdam (Netherlands)

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

May 2019 to July 2023

Who is funding the study?

The study is funded by Nationaal Regieorgaan Onderwijsonderzoek (NRO project number: 40.5.19630.025), Additional funding was provided by Vrije Universiteit Amsterdam (VU)

Who is the main contact?

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
Funder NRO: 40.5.19630.025, VCWE-2020-167-R1

Study information

Scientific Title

The effect of VIPP-School on elementary school teachers' sensitivity and sensitive discipline and child behavioral problems: a randomized controlled trial

Acronym

VIPP-School

Study objectives

Primary hypothesis

1. Sensitivity and sensitive limit-setting of teachers in the intervention condition will increase significantly more from pre- to post-intervention, compared to sensitivity and sensitive limit-setting of teachers in the control condition

Secondary hypotheses

1. Quality of the teacher-child relationship in the intervention condition will increase significantly more from pre- to post-intervention compared to quality of the teacher-child relationship in the control condition

2. Child Behaviour problems in the intervention condition will decrease significantly more post-intervention, compared to behavioural problems of children in the control condition

3. Feelings of self-efficacy of teachers in the intervention condition will increase significantly more post-intervention, compared to feelings of self-efficacy of teachers in the control condition

4. Observed positive classroom climate in the intervention condition will increase significantly more post-intervention, compared to observed positive classroom climate in the control condition

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 13/11/2020, The Scientific and Ethical Reviewboard (VCWE) of the Faculty of Behavior & Movement Sciences, VU University Amsterdam (Van der Boechorststraat 7, 1081 HV Amsterdam, The Netherlands, +31 (0)2059 88786; vcwe.fgb@vu.nl), ref: VCWE-2020-167R1

Study design

Longitudinal interventional single-blinded randomized controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Teacher sensitivity and sensitive discipline

Interventions

Method of randomization

The researchers randomized the study sample at the school level in a ratio of 1:1 using a random numbers generator to assign the teacher-child dyads to either condition. If only one teacher-child dyad participated in a school, they were randomized with another single dyad for an equal

distribution over conditions. Pairs were made based on when consent was obtained. For objective randomization all randomization sessions were video-taped and archived for monitoring reasons. 50% of the teacher-child dyads are allocated to the intervention group and 50% of the teacher-child dyads are allocated to the control group.

Methodology

The VIPP-School, based on VIPP-SD (Juffer, Bakermans-Kranenburg & Van IJzendoorn, 2008) consists of six sessions. During each session (except the last) the intervener films approximately 15 minutes of standardized teacher-child interactions. After that the intervener provides feedback to the teacher on the child's and teacher's behavior based on the tape of the previous session, focusing on the theme of the session and using a script prepared before the session. Each visit lasts approximately 1,5 hours. The first four sessions are filmed outside of the classroom so the teacher can practice with newly acquired behavior, the fifth session is filmed in the classroom so the teacher can also practice with the transfer of their skills to the final setting

Teachers in the control condition receive six online video calls parallel to the intervention sessions to assure that they have the same number of contacts. Trained university students ask teachers about general themes in the development and functioning of the child, using a semi-structured interview. Themes that are discussed are for instance the child's mood, contact with peers, language development, motor skills and learning progress. In these sessions no attention is paid to the quality of the teacher-child relationship or sensitivity.

Total duration

The total duration of the intervention period is approximately 10 weeks, whereas the time from the first assessment until the third assessment (including the intervention) is approximately 6 months (T1: pretest, T2: posttest, T3: follow-up, with the intervention taking place shortly after T1 and after completion quickly followed up within a month by T2. There is a three-month period between T2 and T3).

Intervention Type

Behavioural

Primary outcome(s)

1. Teacher sensitivity is measured using observation of the computerized version of the Etch-A-Sketch task and coded using the revised Erickson 7-point rating scale at baseline (T1), 12 weeks later (T2) and 6 months later (T3)
2. Teacher sensitive discipline is measured using observation of the adapted version of the Do-Don't task and coded using the revised Erickson 7-point rating scale at baseline (T1), 12 weeks later (T2) and 6 months later (T3)

Key secondary outcome(s)

1. Quality of the teacher-child relationship is measured from the teacher perspective with the Student-Teacher Relationship Scale (Dutch translation: Leerkracht Leerling Relatie Vragenlijst; Koomen, Verschueren & Pianta, 2007), and from the child's perspective with the Young Children's Appraisals of Teacher Support (Mantzicopoulos & Neuharth-Pritchett, 2003) at baseline (T1), 12 weeks later (T2) and 6 months later (T3).
2. Child behaviour problems are measured using a teacher-report questionnaire (Teacher Report Form; Achenbach & Edelbrock, 2001) at baseline (T1), 12 weeks later (T2) and 6 months later (T3)
3. Teacher self-efficacy is measured using a teacher self-report questionnaire (Ohio State Teacher Efficacy Scale (OSTES); Tschannen-Moran & Woolfolk, 2001) at baseline (T1), 12 weeks later (T2) and 6 months later (T3)

4. Classroom climate is measured using real-time observation of a morning in the classroom and coded using the adapted version of the Child-Caregiver Interaction Scale (Carl, Overbeek & Starreveld, 2020) at baseline (T1), 12 weeks later (T2) and 6 months later (T3)

Completion date

21/07/2023

Eligibility

Key inclusion criteria

1. Teachers teaching in kindergarten, grade 1 or 2 (or 3, provided the cognitive functions of the child are at grade 2 level) in primary education, special primary education or special education cluster 4 in the Netherlands
2. Teacher and child speak Dutch
3. Teacher works with the child for at least two days a week
4. Teacher experiences some difficulties in the teacher-child interaction or struggles with the child's behaviour problems

Participant type(s)

Mixed

Healthy volunteers allowed

No

Age group

Mixed

Sex

All

Total final enrolment

58

Key exclusion criteria

1. Teachers from the same class (they can participate in succession with a different child)
2. Teachers and children from special education cluster 1, 2 or 3 (hearing/language impaired, visually impaired or learning and/or physical disability).
3. Children diagnosed with autism

Date of first enrolment

07/10/2019

Date of final enrolment

31/05/2023

Locations

Countries of recruitment

Netherlands

Study participating centre
Vrije Universiteit Amsterdam
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Sponsor information

Organisation
VU Amsterdam

ROR
<https://ror.org/008xxew50>

Funder(s)

Funder type
Government

Funder Name
Nationaal Regieorgaan Onderwijsonderzoek

Alternative Name(s)
Netherlands Initiative for Educational Research, NRO

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Netherlands

Funder Name
Vrije Universiteit Amsterdam

Alternative Name(s)
VU University Amsterdam, VU University, VU

Funding Body Type

Private sector organisation

Funding Body Subtype

Universities (academic only)

Location

Netherlands

Results and Publications

Individual participant data (IPD) sharing plan

The pseudonymized datasets with scores of the participants generated during the current study will be stored in a publicly available repository where other researchers can make use of the data upon request (only for participants who consented for their data to be stored in this database). Video-data (observations between teacher and child) of the participants who consented to data sharing will be stored in an offline archive for sensitive data. Other researcher can make use of the data upon request. Data sharing is expected to start at the end of 2024 and be stored without an end date. Data will be shared with researchers interested in collaborating and using the data for research purposes, in line with the current research topic and according to FAIR principles. A Data Sharing Agreement (DSA), specifying the aim and type of data sharing, will be signed by both parties. This ensures a legal basis for data sharing and prevents overlap of research projects.

IPD sharing plan summary

Stored in publicly available repository, Stored in non-publicly available repository, Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		29/10/2024	14/11/2024	Yes	No
Participant information sheet	For students version 1.6	31/08/2021	29/06/2022	No	Yes
Participant information sheet	For teachers version 1.6	31/08/2021	29/06/2022	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes