

# A parenting course to reduce behavioural difficulties and improve the quality of life for families of those diagnosed with fetal alcohol spectrum disorders

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<b>Registration date</b> 27/09/2022	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 19/02/2025	<b>Condition category</b> Mental and Behavioural Disorders	<input checked="" type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Fetal alcohol spectrum disorder (FASD) is caused by drinking alcohol during pregnancy. Children with FASD have damage to the brain for the rest of their life. It makes it difficult to communicate, keep friendships, and stay calm and still, among other difficulties. They are more likely to be excluded from school. As grownups, they might suffer from mental ill-health, or get in trouble with the law. New research shows FASD is very common, affecting 2- 4% of children. This makes it more common than autism, but it is underdiagnosed. When a child gets diagnosed with FASD, the parents need help. A parenting course might help, but there is no course specifically for FASD. This makes it difficult for doctors to know what to recommend. Recently, the Department of Health and Social Care said we need “innovative approaches” to support those with FASD. The new National Institute for Health and Clinical Excellence (NICE) Quality Standard on FASD says each child should have a plan that “signposts to resources and services”. Our project fills these needs.

This research aims to test a new parenting course, called SPECIFIC. Experts including parents of people with FASD, charities and clinicians and academics helped us to develop SPECIFIC. We also trained nine families using SPECIFIC. These families helped us to make it better. Families will continue to be involved by helping us to run the project and analyse the data. The hope is that eventually the NHS and charities will be able to deliver the course to thousands of families. Firstly, a smaller test study needs to run called a feasibility test. This will tell us whether it is worth doing a bigger test, called a randomised control trial. This small-scale test will show whether it is easy to get parents to join and complete the programme and if it appears to improve the lives of families.

### Who can participate?

Parents of children with FASD

### What does the study involve?

SPECIFIC is a seven-week course where families meet online each week. There are two facilitators, one is a trainer and the other is an FASD-experienced parent. We will test SPECIFIC on ten groups of six families and compare findings with families that have not had the course. The families that have not had the course are called a 'control group'. After the course, we will measure the parents' stress levels and their parenting confidence. As soon as we have done the comparison, the control group will also get the training course.

### What are the possible benefits and risks of participating?

There are possible benefits to participating because the programme is designed to improve the lives of children with FASD and their families, both in the short and long term. It is possible that by taking part in the programme a parent can learn more about the most effective ways to care for children with FASD. The possible risks relate to the fact that some of the issues discussed are potentially upsetting; however, the programme is designed to have a positive focus.

### Where is the study run from?

University of Salford (United Kingdom)

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

July 2021 to October 2024

### Who is funding the study?

1. National Institute for Health and Care Research Research for Patient Benefit (NIHR RfPB) programme (United Kingdom)
2. The Oglesby Charitable Trust (United Kingdom)

### Who is the main contact?

1. Prof Penny Cook (Co-principal investigator) (United Kingdom)  
p.a.cook@salford.ac.uk
2. Prof Raja Mukherjee (Co-principal investigator) (United Kingdom)

## Contact information

### Type(s)

Principal investigator

### Contact name

Prof Penny Cook

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**Type(s)**

Principal investigator

**Contact name**

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Surrey and Borders Partnership NHS Foundation Trust  
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**Additional identifiers****Clinical Trials Information System (CTIS)**

Nil known

**Integrated Research Application System (IRAS)**

319297

**Protocol serial number**

NIHR203536, IRAS 319297, CPMS 53960

**Study information****Scientific Title**

Parenting course for parents of children with fetal alcohol spectrum disorders (FASD) versus waitlist: a randomised controlled feasibility study of the SPECIFiC (Salford Parents and carers' Education Course for Improvements in Fasd outcomes In Children) Programme

**Acronym**

SPECIFiC

**Study objectives**

Parenting interventions reduce behavioural difficulties and improve the quality of life for families of those diagnosed with FASD

**Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

1. Approved 14/07/2022, University of Salford School of Health and Society Ethical Approval Panel (Salford Crescent, Salford, M5 4WT, United Kingdom; +44(0)161 295 4109; ethics@salford.ac.uk), ref: 6895
2. Approved 07/11/2022, North West – Greater Manchester (GM) East, (Research Ethics Committee, 3rd Floor, Barlow House, 4 Minshull Street, Manchester, M1 3DZ, United Kingdom; +44 (0)2071048009, +44 (0)2071048206, +44 (0)2071048199; gmeast.rec@hra.nhs.uk), ref: 22 /NW/0287

## **Study design**

Multicentre interventional double-blind randomized controlled feasibility study

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Stress reduction in families diagnosed with fetal alcohol spectrum disorder

## **Interventions**

Families will be randomised 1:1 into the intervention or control arm. The intervention arm is SPECIFIC, a seven-week course where families meet online each week for 2.5 hours per week. Families will be trained in groups of 6 families. There are two facilitators, one is a trainer and the other is an FASD-experienced parent. All materials and information in the intervention are contained in a manual. The primary outcome measure for efficacy (Parenting Stress Index, PSI) will be used to compare the SPECIFIC arm against treatment as usual at 16 weeks, after which the control arm will receive the intervention.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Primary outcomes for this feasibility study:

1. Percentage of eligible parents invited who agree to participate measured using Clinic Registers at -4 and 0 weeks
2. Percentage of those participating who complete the study measured using intervention register at 0, 8 and 16 weeks

Primary efficacy outcome (proof-of-concept):

1. Parent stress measured using the Parenting Stress Index 4th edition Short Form (PSI-4-SF) at 0, 8 and 16 weeks

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

1. Children's behavioural difficulties measured using SDQ Strengths and Difficulties Questionnaire at 0, 8 and 16 weeks
2. Children's behavioural difficulties measured using ECBI Eyberg Child Behaviour Inventor at 0, 8 and 16 weeks
3. Parents' psychological wellbeing measured using CORE-OM The Clinical Outcomes in Routine

Evaluation–Outcome Measure at 0, 8 and 16 weeks

4. Parenting self-efficacy measured using TOPSE Tool to measure Parenting Self-Efficacy at 0, 8 and 16 weeks
5. Parent's health-related quality of life measured using EQ-5D-5L Tool at 0, 8 and 16 weeks
6. Parent and Child health and social care service use measured using CSRI Client Service Receipt Inventory at 0, 8 and 16 weeks
7. Parent satisfaction ratings measured using the Session Evaluation Form at each session, i.e. at 1, 2, 3, 4, 5, 6 and 7 weeks
8. Parent knowledge measured using FASD Knowledge Questionnaire at 0, 8 and 16 weeks
8. Acceptability (qualitative) measured using qualitative interviews at 16 weeks (subsample)

### **Completion date**

01/10/2024

## **Eligibility**

### **Key inclusion criteria**

For the index child:

1. Aged 5 to 12 years old (school years 1 to 7)
2. Diagnosis in line with internationally agreed criteria for FASD
3. Diagnosed within the previous 3 years

For parents:

1. Able to commit to the whole seven sessions
2. Willing to wait for intervention if required

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

Patient, Carer

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

5 years

### **Upper age limit**

12 years

### **Sex**

All

### **Total final enrolment**

129

### **Key exclusion criteria**

For parents:

1. Ever previously undergone specialist parenting training for FASD
2. Presence of acute safeguarding issues or concerns

**Date of first enrolment**

01/10/2022

**Date of final enrolment**

29/02/2024

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**FASD National Clinic**

Gatton Place  
St Matthews Road  
Redhill  
United Kingdom  
RH1 1TA

**Study participating centre**

**University of Salford Frederick Road Campus**

University of Salford  
Allerton Building  
Frederick Road Campus  
Salford  
United Kingdom  
M6 6PU

**Study participating centre**

**FASD Hub Scotland**

Adoption UK  
Units 11 and 12  
Vantage Business Park  
Bloxham Road  
Banbury  
Banbury  
United Kingdom  
OX16 9UX

# Sponsor information

## Organisation

Surrey and Borders Partnership NHS Foundation Trust

## ROR

<https://ror.org/00f83h470>

# Funder(s)

## Funder type

Government

## Funder Name

The Oglesby Charitable Trust

## Funder Name

Research for Patient Benefit Programme

## Alternative Name(s)

NIHR Research for Patient Benefit Programme, Research for Patient Benefit (RfPB), The NIHR Research for Patient Benefit (RfPB), RfPB

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon reasonable request from the Chief Investigator Professor Penny A. Cook (p.a.cook@salford.ac.uk). Data will be quantitative (demographic and outcome variables, process measures) and qualitative (transcripts from interviews). Data will become available one year after the trial end

date. Consent from participants was obtained using the statement "I understand that my anonymised data will be kept indefinitely and archived at the University of Salford in order to make them available to other researchers".

## IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Protocol file</a>	version 4	01/04/2024	14/08/2024	No	No
<a href="#">Statistical Analysis Plan</a>	version 2.0	20/11/2024	19/02/2025	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes