

Parenting program versus telephone support for Mexican parents of children with acquired brain injury: A blind randomized controlled trial



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ABSTRACT

Introduction: Acquired brain injury (ABI) during childhood typically causes behavior problems in the child and high levels of stress in the family. The aims of this study are: (1) to investigate the effectiveness and feasibility of a parenting intervention in improving behavior and self-regulation in Mexican children with ABI compared to telephone support; (2) to investigate the effectiveness and feasibility of a parenting intervention in improving parenting skills, parent self-efficacy and decreasing parental stress in parents of children with ABI compared to telephone support. Our secondary aims are (1) to explore the impact that parent characteristics have on the intervention outcomes; (2) to investigate if changes are maintained 3 months after the intervention.

Methods: The research design is a blind randomized controlled trial (RCT). Eligible participants include children with a diagnosis of ABI, between 6 and 12 years of age, and their parents. Sixty-six children and their parents will be randomly allocated to either a parenting program group or telephone support group. The parenting program involves six face-to-face weekly group sessions of 2.5 h each. Participants in the control group receive an information sheet with behavioral strategies, and six weekly phone calls, in which strategies to improve academic skills are provided. Children and their parents are evaluated by blind assessors before the intervention, immediately after the intervention and 3-months post-intervention.

Discussion: This study will be the first to evaluate the efficacy and feasibility of a parenting program for Mexican parents of children with ABI.

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1. Introduction

Brain damage in early stages of life results in deficits in executive functions (EFs) [2]. EFs are a group of cognitive skills required for purposeful goal directed activity [3]. EFs are largely mediated by the prefrontal cortex [4]. The maturation of the prefrontal cortex networks

underlies the development of EFs, which can be disrupted by the onset of an acquired brain injury (ABI) during childhood or adolescence [5,6]. Impairments in executive functions are often the core deficit in children with difficult behaviour problems [7].

Behaviour problems are associated with deficits in self-regulation [1,8]. Children require SR to follow rules, develop social competence,

Abbreviations: AARP, Abbreviated Acceptability Rating Profile-Parenting; ABI, Acquired brain injury; BRI, Behavior Regulation Index; BRIEF-A, The Behavior Rating Inventory of Executive Function Adult Self-report; BRIEF, The Behavior Rating Inventory of Executive Function parent form; CBCL, Child Behavior Checklist; CT, Computed Tomography; CG, Control group; DGT, Delayed gratification task; EC, Emotional control; ECBI, Eyberg Child Behavior Inventory; EFs, Executive functions; ERCL, Emotion Regulation Checklist; FBII, Family Burden Injury Interview; GCS, Glasgow Coma Scale; GEC, Global Executive Composite; IDB, Beck's Depression Inventory; IAST, Inventory Anxiety State Trait; Iskalti, Iskalti Centre of Psychological and Educational Support; MFFT, Matching Familiar Figure Test; MI, Metacognition Index; MRI, Magnetic resonance imaging; PS, Parenting scale; PSI, Parent stress index; PSOC, Parent sense of competence; RCT, Randomised controlled trial; SD, standard deviation; SESBI, Sutter-Eyberg Behavior Inventory; Signposts, Signposts for building better behaviour; SR, Self-Regulation; TEA-Ch 2, Test of Everyday Attention for Children Second Edition; TRF, Teacher report form

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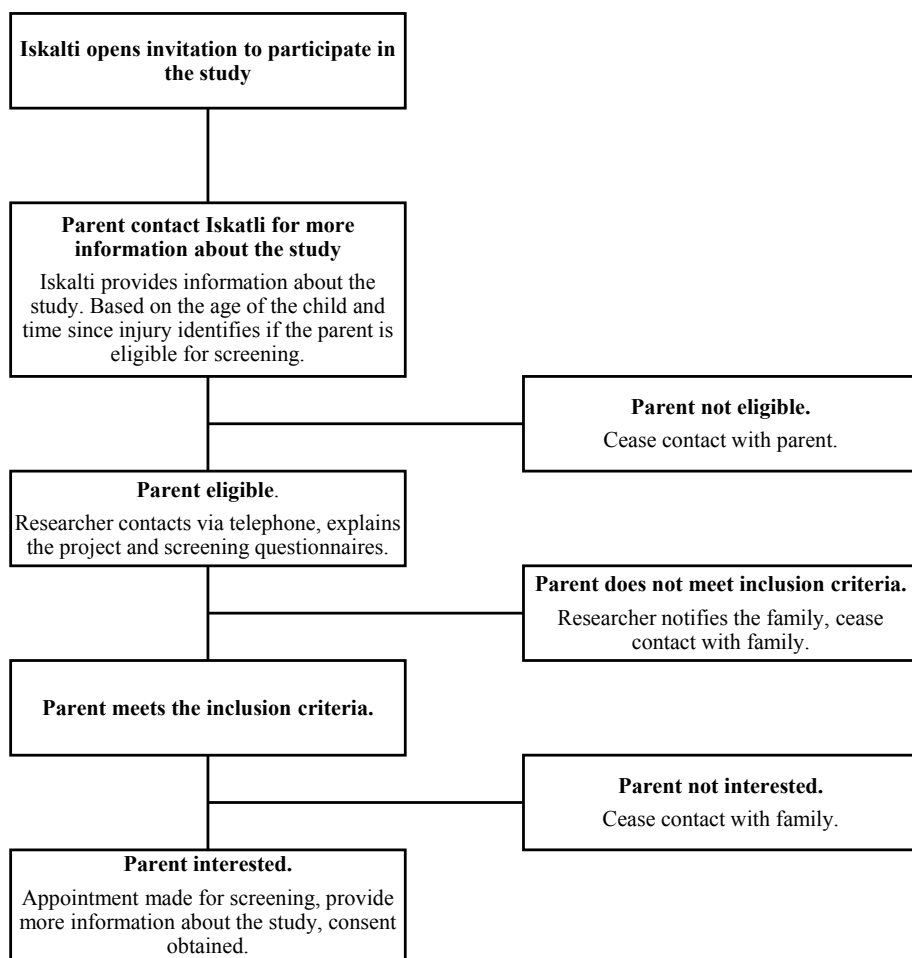


Fig. 1. Recruitment process.

academic skills and adaptive behaviour [9–11]. Children with poor SR are at risk of having attention difficulties, impulsivity, academic difficulties, behaviour problems and poor social skills [12–15]. SR is composed of 3 dimensions: emotional SR, cognitive SR and behavioural SR [8]. Children with a good acquisition of emotional SR are able to recognize emotions within themselves and in others and express emotions depending on the context [16,17]. Cognitive SR includes stopping an initial automatic response, interrupting an ongoing response when it is ineffective and protecting self-directed responses from distraction [13]. Behavior SR is composed of the integration of emotion SR and cognitive SR [18].

Parents can model, and therefore promote SR, in their children [19]. In child rehabilitation the participation of parents is fundamental for effective results. The parenting programme “Signposts for building better behaviour” (Signposts) teaches parents general skills to help them manage their child’s behaviour [20]. Signposts has demonstrated efficacy in preventing and reducing challenging behaviour in Australian children with ABI and improving parental well-being [21]. There is no information about the feasibility and efficacy of parenting programs which aim to reduce behaviour difficulties in Hispanic families with a child with ABI. Mexican parents of children with ABI could benefit from an evidence-based prevention program that helps them to develop parenting skills to manage the difficult behaviour of their child.

2. Objectives and hypothesis

Our primary aims are: (1) to investigate the effectiveness and feasibility of Signposts in improving behavior in Mexican children with ABI compared to telephone support; (2) to investigate the effectiveness and feasibility of Signposts in improving parenting skills, parent self-

efficacy and decreasing parental stress in parents of children with ABI compared to telephone support. Our secondary aims are: (1) to investigate the effectiveness of Signposts in improving SR in Mexican children with ABI compared to telephone support group (2) to explore the impact that parent characteristics have on intervention outcomes and (3) to investigate if parenting and child-behavior changes are maintained 3 months after the intervention. We hypothesize that on completion of the Signposts intervention, and at 3-months post-intervention: (i) parents of children with ABI will report improved child behavior and SR compared to those in the telephone support group; (ii) parents of children with ABI will report reduced stress, improved parenting skill and parent self-efficacy compared to the telephone support group; (iii) parenting and child-behavior changes will be improved, with these changes showing maintenance.

3. Methods

Research question: Is Signposts feasible and effective in improving the behavior of Mexican children with ABI, improving parenting practices and in decreasing parental stress in their parents?

3.1. Trial design

The research design is a blind randomized controlled trial (RCT) with allocation to one of two treatment arms: (1) Signposts program or (2) Psychoeducation sheet regarding behavior management and weekly calls for improving academic skills (CG). Participants allocated to both groups receive the corresponding intervention during the same time span. Once participants complete the follow-up assessment the parents assign to the CG will have the opportunity to receive the Signposts

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