Developmental-Behavioral Interventions in Primary Care Settings

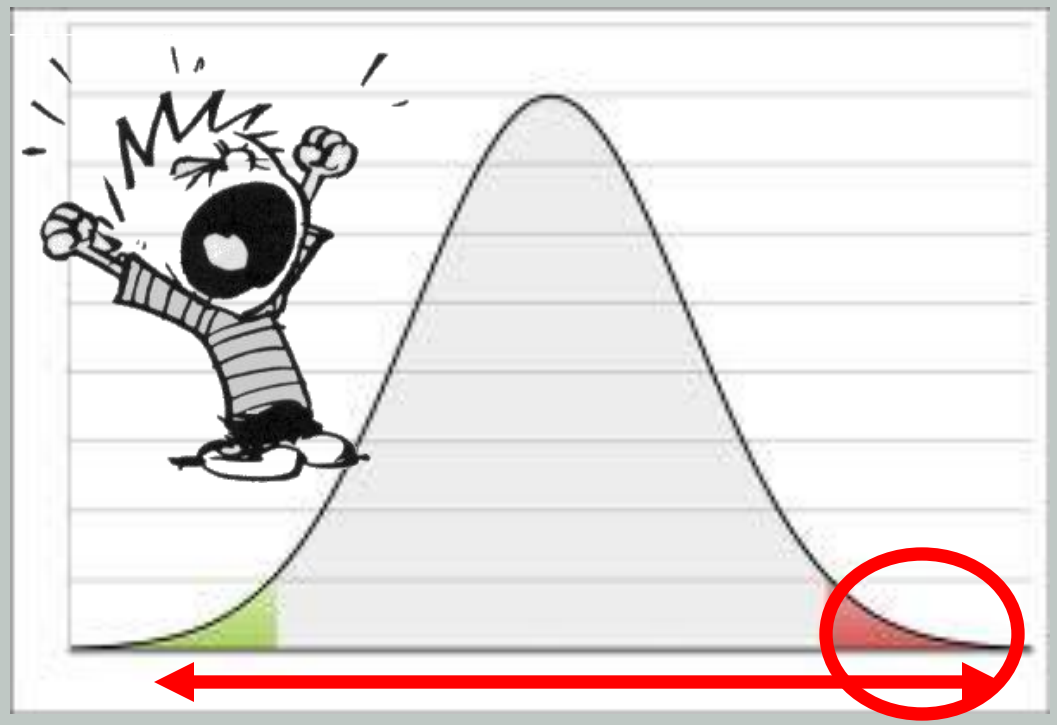
Parent Training Groups

Pediatric Primary care activities

- Support and reassurance
- Screening
- Prevention
- Anticipatory guidance
- Referral

- Pediatric primary care offices do very little intervention in any sphere

Disruptive Behaviors in Toddlers



- **Common**
- **Wide range**
- **Those with high levels at risk for:**
  - **ADHD, ODD**
  - **Academic & social consequences**
- **Can be identified early**
- **Responsive to changes in parenting**

“Advanced Parenting Education in Pediatrics”

APEP

An Intervention for Toddlers at risk for ODD or ADHD

Parenting groups

- Strong Evidence:
  - Children age 5 to 10 with disruptive behavior disorders
  - Prevention of child abuse

- Unknown feasibility, effectiveness:
  - Parents of toddlers
  - Pediatric setting

Why Pediatrics?

- Primary professional contact for toddlers
- Frequent and regular contacts
- Familiar and trusted context
- Preventive focus
- Non-pathologizing
- Easy access to care

APEP: Clinical Protocol

- 4 FQHC, 7 suburban practices
  - All > 6 pediatricians
- Brief screener for disruptive behavior at 2- and 3-year well child visit
- If elevated symptoms, eligible for participation
- 10 week parent education group
- All group meetings in pediatric practice

Parenting Groups

- Used abbreviated "*Incredible Years*" curriculum: www.incredibleyears.com
  - Documented fidelity
- Ten 2-hour weekly sessions
- Both parents encouraged to attend
- Light dinner and refreshments served

Eye towards sustainability

- Trained 2 staff members in each office
  - Nurse
  - Nurse practitioner
  - Social worker
  - Pediatrician
  - Administrative staff
- No child care
- No transportation

APEP: Research Design

- Randomized controlled trial
  - "Immediate" parent training group OR
  - One year wait list
- Enrollment slower than expected in several practices
  - All participants assigned to PTG
- Logistical demands resulted in intervention group larger than control group

APEP: Sample

- Of parents who acknowledged disruptive behaviors, 41.6% enrolled (n=273)
  - 26% Hispanic or minority race
  - 34% high school or less
  - 26% family income < $20,000
- Children:
  - 2nd to 4th birthday
  - 63% male
- Three groups:
  - Immediate PTG: 89
  - Delayed (waiting list) PTG: 61
  - Non-randomized PTG: 123

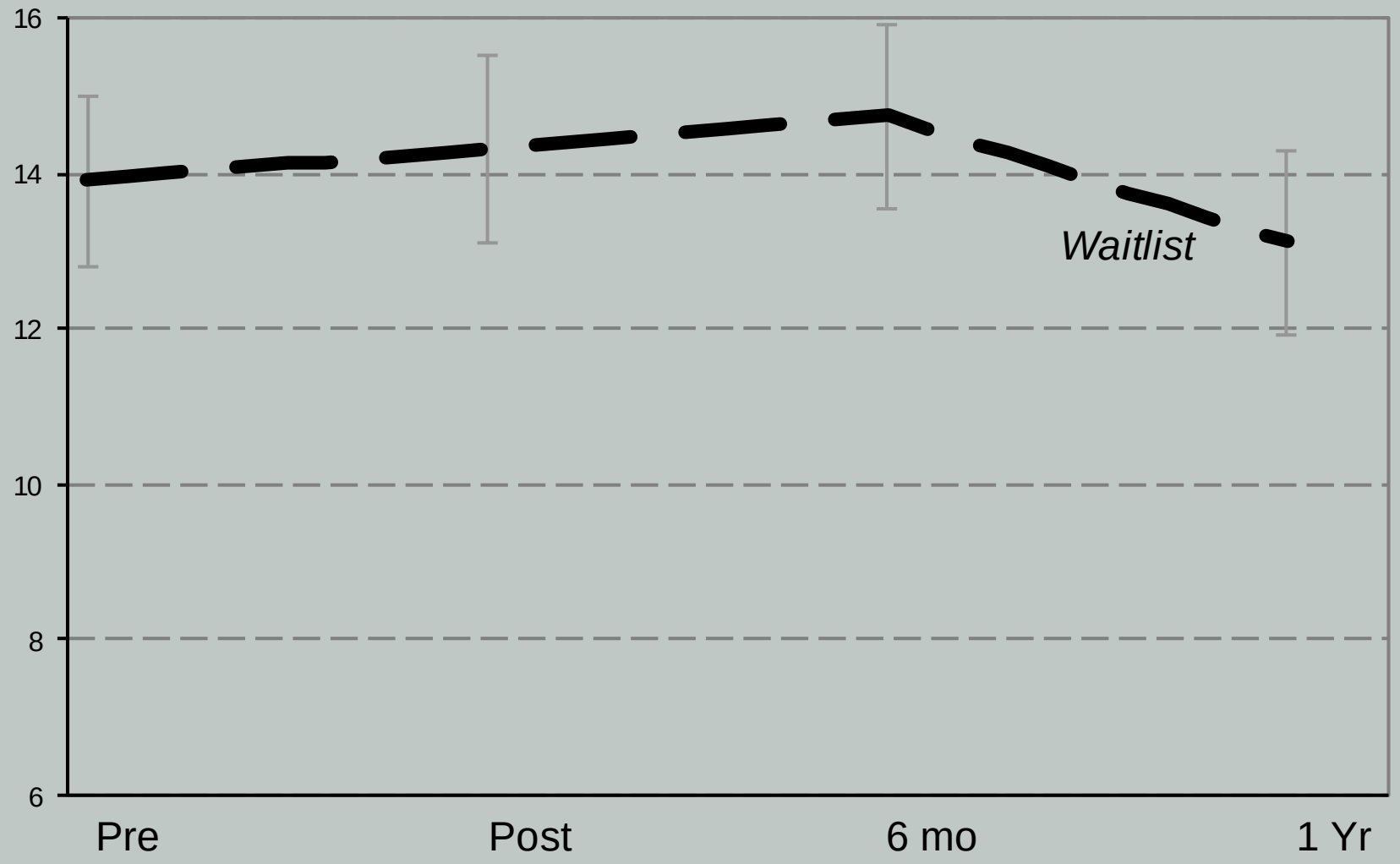
APEP: Assessment Procedure

- Primary outcome measures
  - Early Childhood Behavior Inventory (Eyberg 1999)
  - Parenting Scale (Arnold et al. 1993)
  - Objective observations:
    - Structured tasks; 20 minutes
    - Videotaped parent-child interaction
    - Validated coding system (DPICS; Gross et al. 2003)
- Assessment schedule
  - Before the intervention
  - After the intervention
  - 6 months later
  - 12 months later
  - Coders unaware of group or assessment schedule

APEP: Analyses

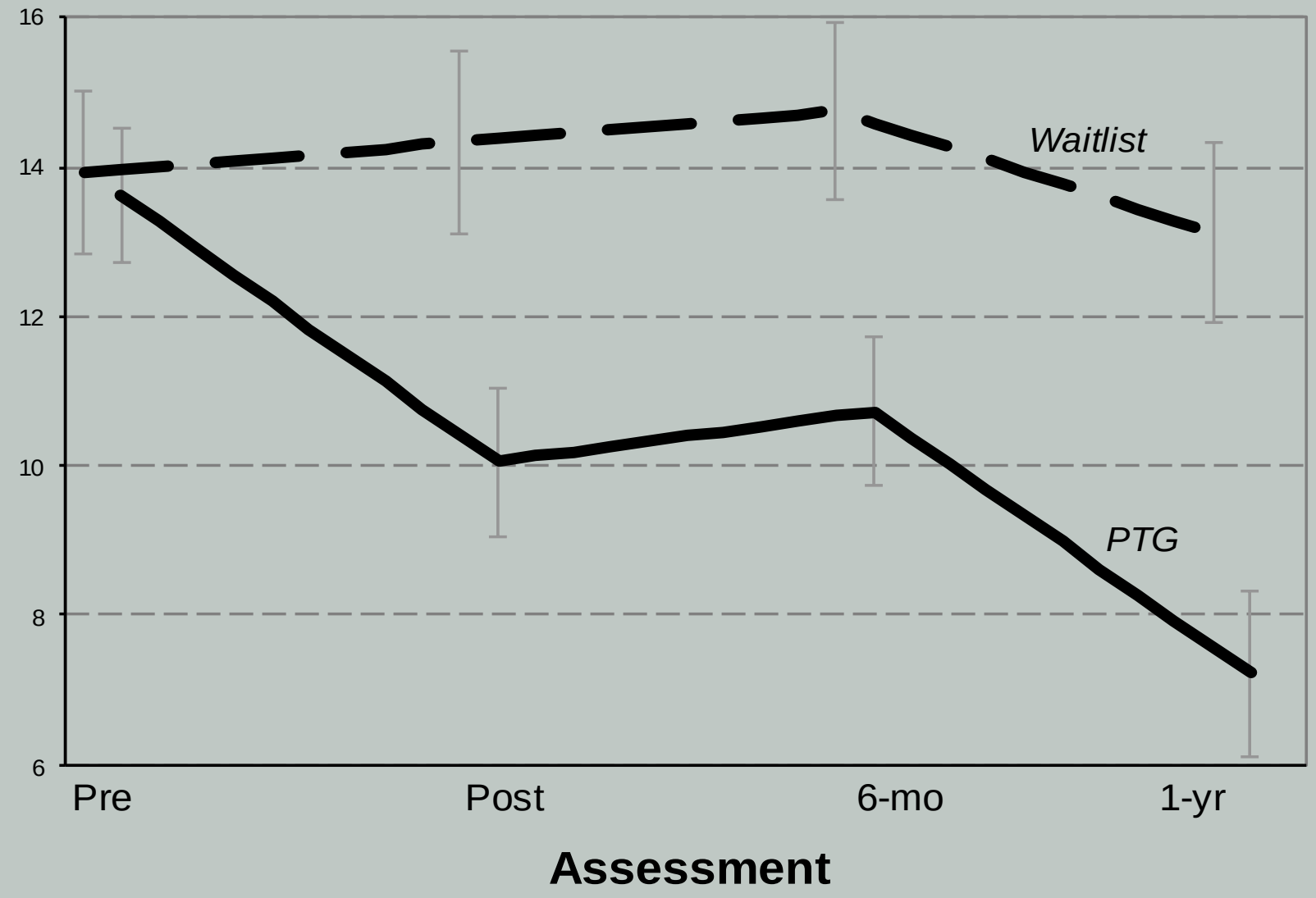
- Intent-to-treat
  - 80% assigned to PTG participated in at least 3 sessions
  - 73% participated in 7 sessions or more
  - 90% provided follow-up data

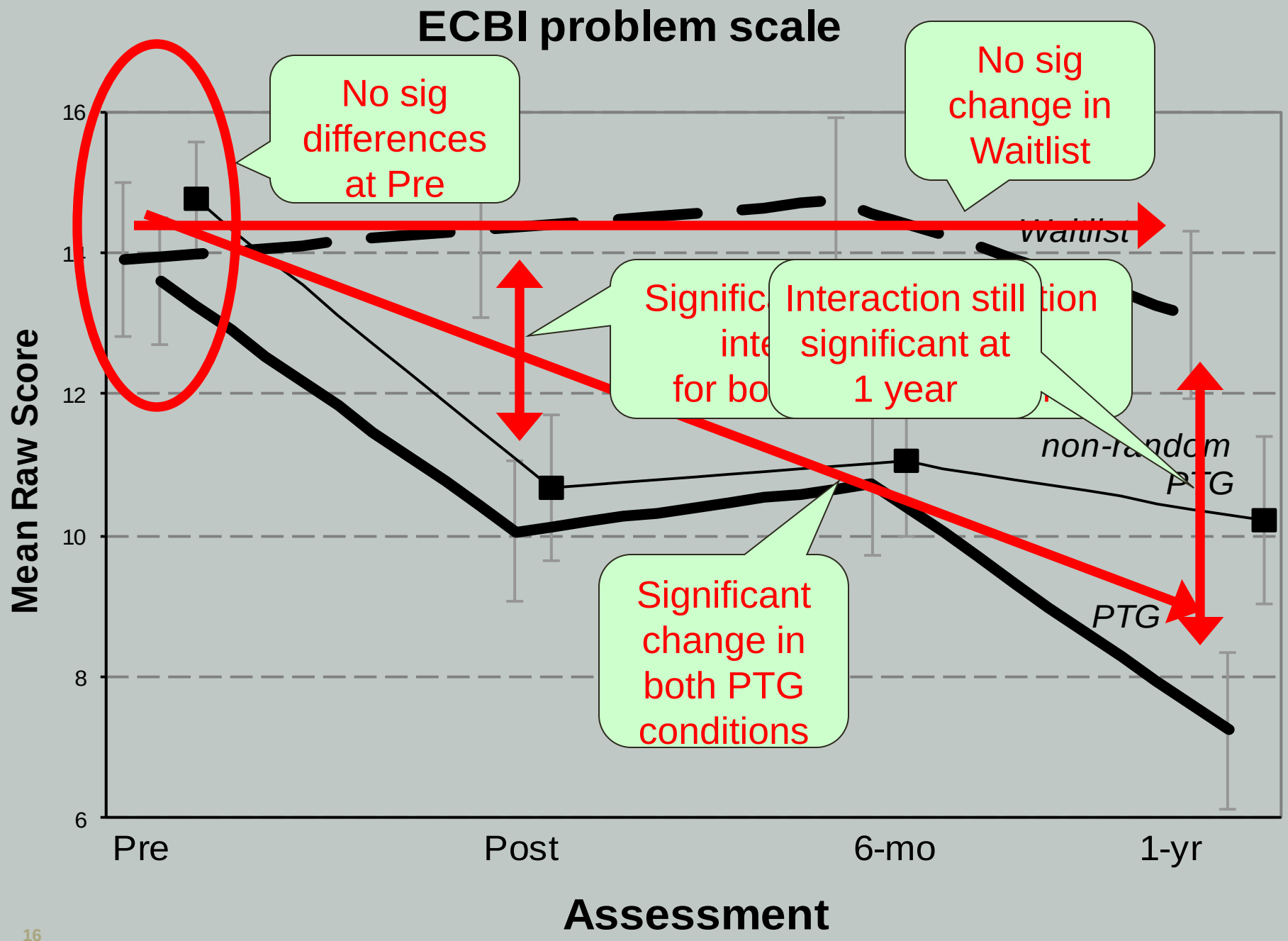
ECBI problem scale



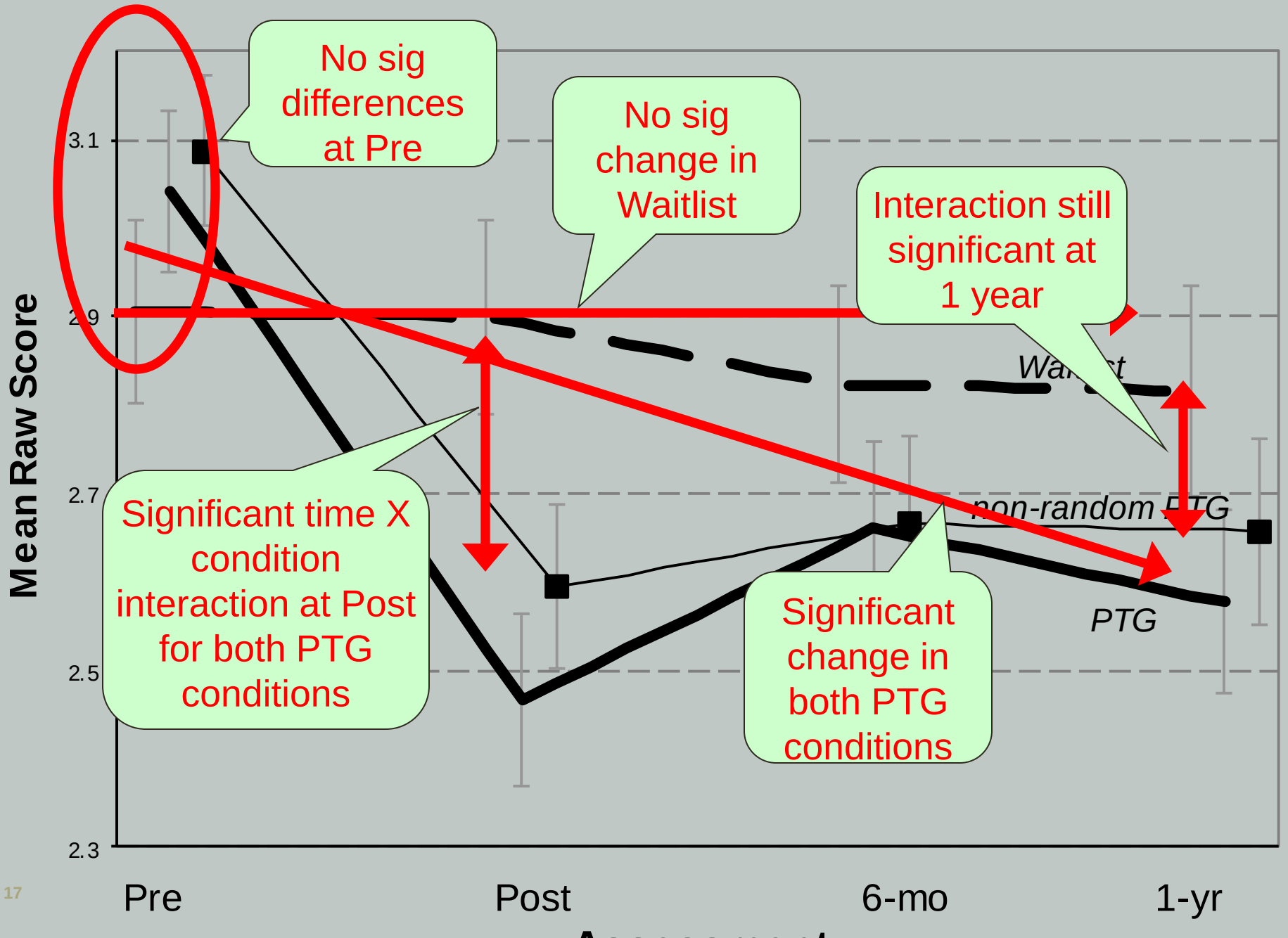
Assessment

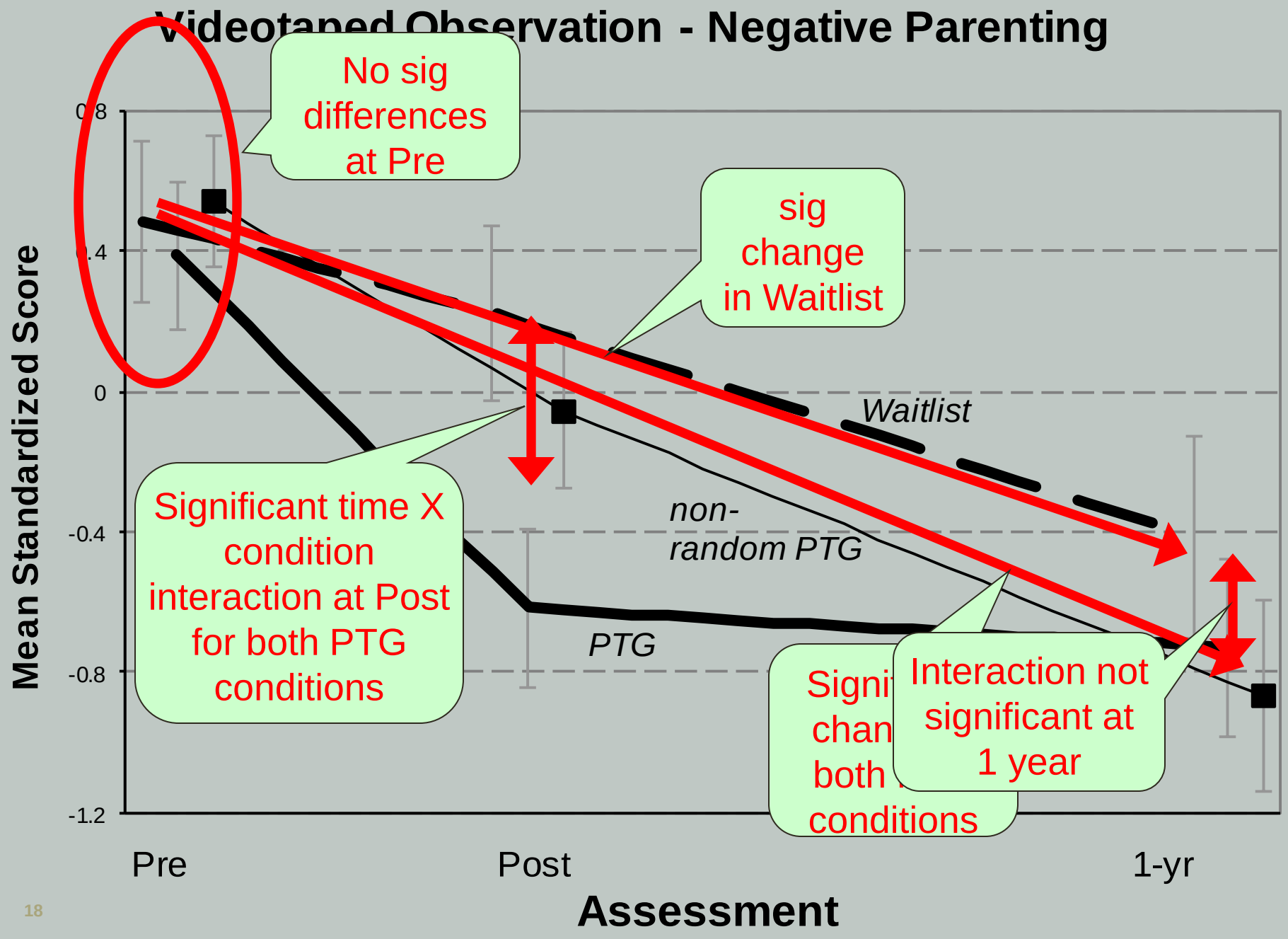
ECBI problem scale




ECBI problem scale
No sig differences at Pre
No sig change in Waitlist
Waitlist
Significant interaction
for both
Interaction still significant at 1 year
non-random PTG
PTG
Significant change in both PTG conditions
Mean Raw Score
16
12
10
8
6
Pre
Post
6-mo
1-yr
Assessment

Parenting Scale - Total Score




Videotaped Observation - Negative Parenting
No sig differences at Pre
sig change in Waitlist
Waitlist
non-random PTG
PTG
Significant time X condition interaction at Post for both PTG conditions
Interaction not significant at 1 year
Mean Standardized Score
0.8
0.4
0
-0.4
-0.8
-1.2
Pre
Post
1-yr
Assessment

Feedback…

From parents:

- "This group has been like the 'manual' everyone talks about not getting…I wish it didn't end."
- "This group has changed my life. I deal with my children in a totally different way."

From pediatricians:

- "The parenting program has been such a help to parents, and therefore to me."
- "I would love to have these groups be a regular part of what we offer at the health center."

Summary

- Eleven urban and suburban practices
- Large and diverse sample
- Inclusion based on screening tests
  - Thus, ‘secondary’ or ‘indicated’ prevention
- Practice staff trained to co-lead groups
- Implemented PTGs in pediatric practice
  - evidence-based protocol
  - with fidelity
- Follow-up one year after intervention
  - Documented improvements in child and parent behavior

Summary of Costs

- Start-up (training, materials):
  - One leader: $6210
  - Two leaders: $9430
- 10 sessions, 10 parents, no frills
  - One leader: $265
  - Two leaders: $505
- 10 sessions, including food, child care, book
  - One leader: $722
  - Two leaders: $962

Implications

- It is feasible to run parenting groups in pediatric offices
  - Parents pleased
  - Pediatricians pleased
  - Space usually available
  - Pediatric staff with some mental health training can run PTGs
- Requires large practice and/or wide age range
- Results replicate findings with older children and from mental health settings
- Modest cost after start-up
- Billing constraints → limited sustainability

Related needs for adoption in pediatrics

Successful parenting groups require infrastructure, e.g.

- Identification of need (screening)
- On-site clinical resources (co-located MH clinician)
- Payment system (?ACA)

Survey of Wellbeing of Young Children

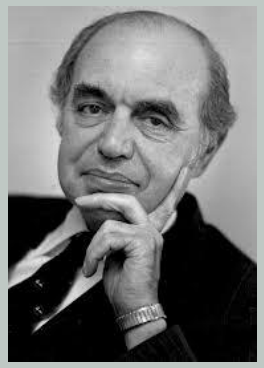
- Short parent-report checklist
- Tagged to pediatric visit schedule
- Easy to administer and to score
- Freely accessible
- Integrated
  - Social/emotional/behavior
  - Cognitive/language/motor development
  - Autism
  - Parental depression and other family risks
- Amenable to electronic format
- www.TheSWYC.org

Co-located mental health care

- Evidence base for adults; emerging in pediatrics
- Documented benefits for patients
  - Access; reduced stigma
  - Integrated medical/mental health care
- Documented benefits for pediatricians
  - Responsibility for screening and follow-up
  - Ongoing communication
  - Facilitated referrals
  - Joint encounters
  - Knowledge of community resources
- Opportunity for numerous preventive interventions
- Payment streams uncertain

Julius Richmond taught that for effective social change we need

- Knowledge base
- Social strategy
- Political will



Costs of Intervention

I. Start-up costs:

- Leader training: $400.- pp
  - Flight to Seattle: $300 pp
  - Hotel & meals X 3 d: $600.- pp
- Wages (3 days @ $80/hr): $1920- pp
- Materials
  - Baby and Toddler Program: $1395.-
  - Preschool Program: $1595.-

- **TOTAL: $6210.- (one leader)**
  - **$9430 for 2 leaders**

Costs of Intervention

II. Ongoing Costs

- Leader(s): 3+ hours/week @ $80/hr = $240/week
  - Face-to-face 2 hrs
  - Preparation, homework 1 hr
- Administrative tasks: 1 hr/wk @ $25/hr = $25/wk
  - Generate list of interested parents
  - Remind parents of meetings
  - Photocopying/email
  - Arrange for appropriate space
  - Arrange food

- **TOTAL: $265/wk (1 leader) or $505/wk (2 leaders)**

Costs of Intervention

III. Additional costs (per participant)

- Books for parents @ $19.95
  - Or Audio CD @ $40
- Food @ $5/week pp
- Photocopying handouts @ $.50/week pp
- Child Care @ $40/week pp
- Transportation (??)

- Pediatrician's time: negligible
- Office staff time: negligible

Costs of Intervention: Summary

- Assume 10 parents, 10 sessions, 1 leader:
  - $722 per session
  - $265 w/o book, child care, food
- Assume 10 parents, 10 sessions, 2 leaders:
  - $962 per session
  - $505 w/o book, child care, food