Parenting Practices in Primary Care: A Structured Review

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Overview

- The purpose of this structured/systematic review is to assess the state of the evidence for moving parenting practices into a primary care context for delivery, thus mapping out a research and service agenda
- *Opportunities to Promote Children's Behavioral Health: Healthcare Reform and Beyond*
  - involvement of parents is critical for children's health, possibly even more so for behavioral health
  - why primary care?
- Rationale for using a structured review and methods used
- Preliminary/illustrative findings
- Implications for a research and services agenda and advancing evidence-based parenting programs in primary care settings

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Why parenting practices in primary care settings?
A Good Bet: Parenting Can Be Changed

- The elements of "what it takes" for effective parenting have been well researched over the past 35 years
- Parenting skills have been measured AND CHANGED in multiple studies
- Although elements differ across contexts (child developmental level, poverty, settings, demands of specific stressful situations)
- There are common features that get outcomes and can be taught:
  - Nurturance and reinforcement
  - Emotion regulation
  - Supervision, control, discipline
  - Supporting behaviors that promote effective adaptation to developmentally relevant demands (academic, social)
  - Discouraging behaviors that hinder positive adaptation (aggression, self-harm, deviant peers, drug use)

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Improvement in Parenting Effects on Child Well Being

- Child sustained attention, improved executive function, and regular sleep
- Increased language, higher vocabulary
- Social skills & school readiness
- Less externalizing behavior
- Safer home environments
- Less abuse and neglect
- Less involvement in juvenile justice
- Less incarceration/hospitalization
- Higher GPA, better math and reading achievement
- Reduced peer aggression, and association with delinquent peers
- Fewer mental health symptoms
- Less drug and alcohol use
- Less risky sexual behavior and STIs
- Fewer pregnancies
- Less psychoticism

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What are the known parenting change targets that have produced ++ outcomes?

- Increase in positive/sensitive parenting
  - Rates of reinforcement
  - Responsiveness to child's cues and needs
  - Catch them being good: 5/1 ratio
- Decrease harsh parenting
  - Setting clear limits and rules
  - Follow through with correction
- Decrease parenting stress
  - Recognize emotions
  - Emotional regulation
- Increases in parent/child attachment
  - Reframe role; teacher, mentor
  - Developmentally appropriate expectations

Why a Structured Review Approach?

- Has been proposed as a method for assisting the translational process - moving from discovery and testing to dissemination and implementation.
- "…the translation cycle is guided by ongoing and updated knowledge synthesis, with structured reviews of the status of science to guide implementation and large-scale dissemination research."

Glasgow, Vinson, Chambers, Khoury, Kaplan, & Hunter (2012). National Institutes of Health Approaches to Dissemination and Implementation Science: Current and Future Directions. AJPH, 102(7) 1274-1281

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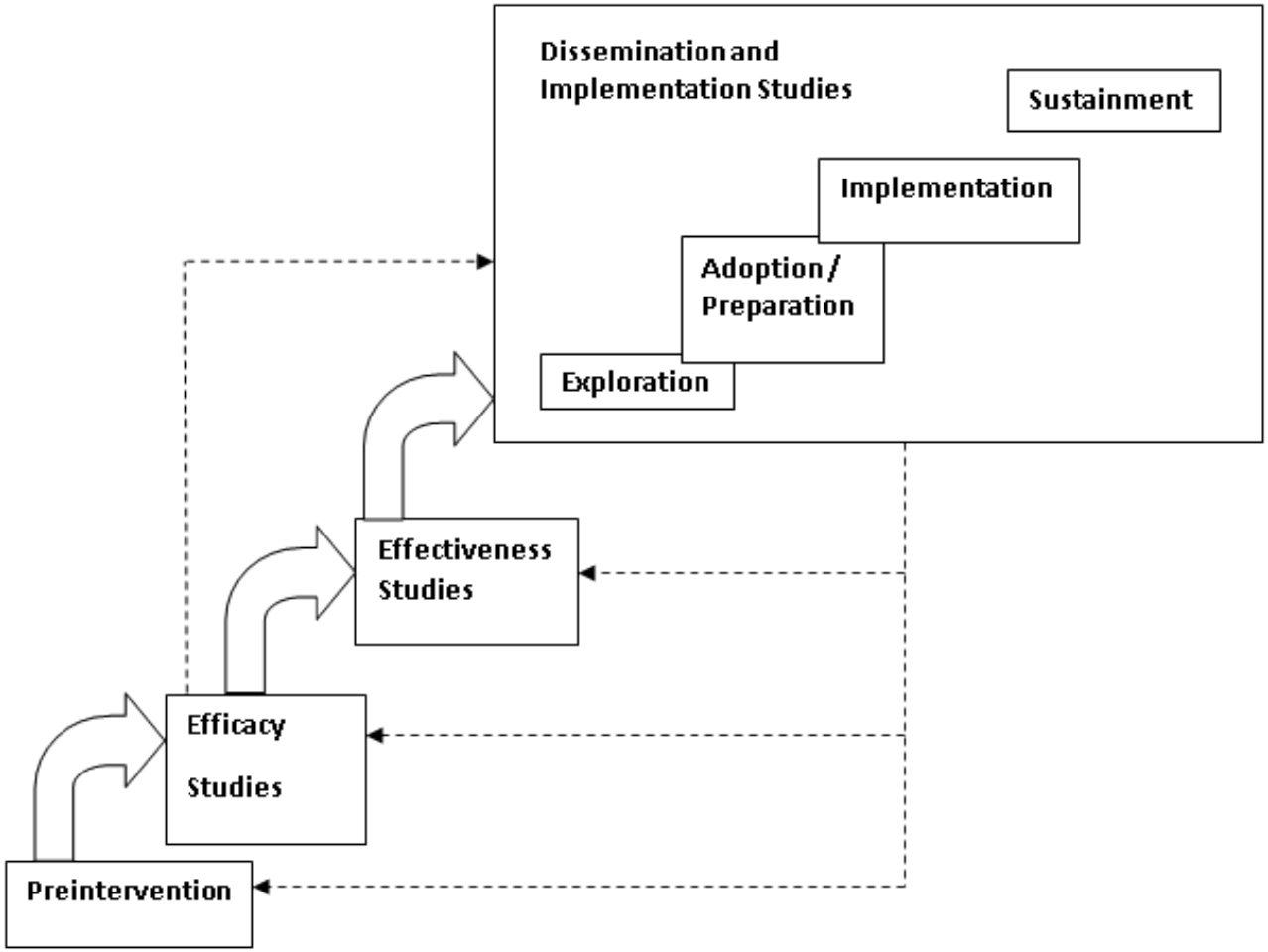
Stages of Research and Phases of Dissemination and Implementation



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Adapted from "**Figure 11-1** Stages of research in prevention research cycle" in Chapter 11: Implementation and Dissemination of Prevention Programs (2009) in National Research Council and Institute of Medicine. Preventing Mental, Emotional, and Behavioral Disorders among Young People. Washington DC: The National Academies Press, p. 326.

Questions for Structured Review of Parenting Practices in Primary Care

- What studies met the criteria for inclusion and exclusion and what were their salient characteristics? (age of child, intervention targets, study designs…)
- How were the studies carried out? (design included either execution within primary care service settings or outside such settings with subjects referred from the primary care settings)
- What challenges were encountered in the studies?
- Was technology used in the intervention and/or evaluation?

Methods

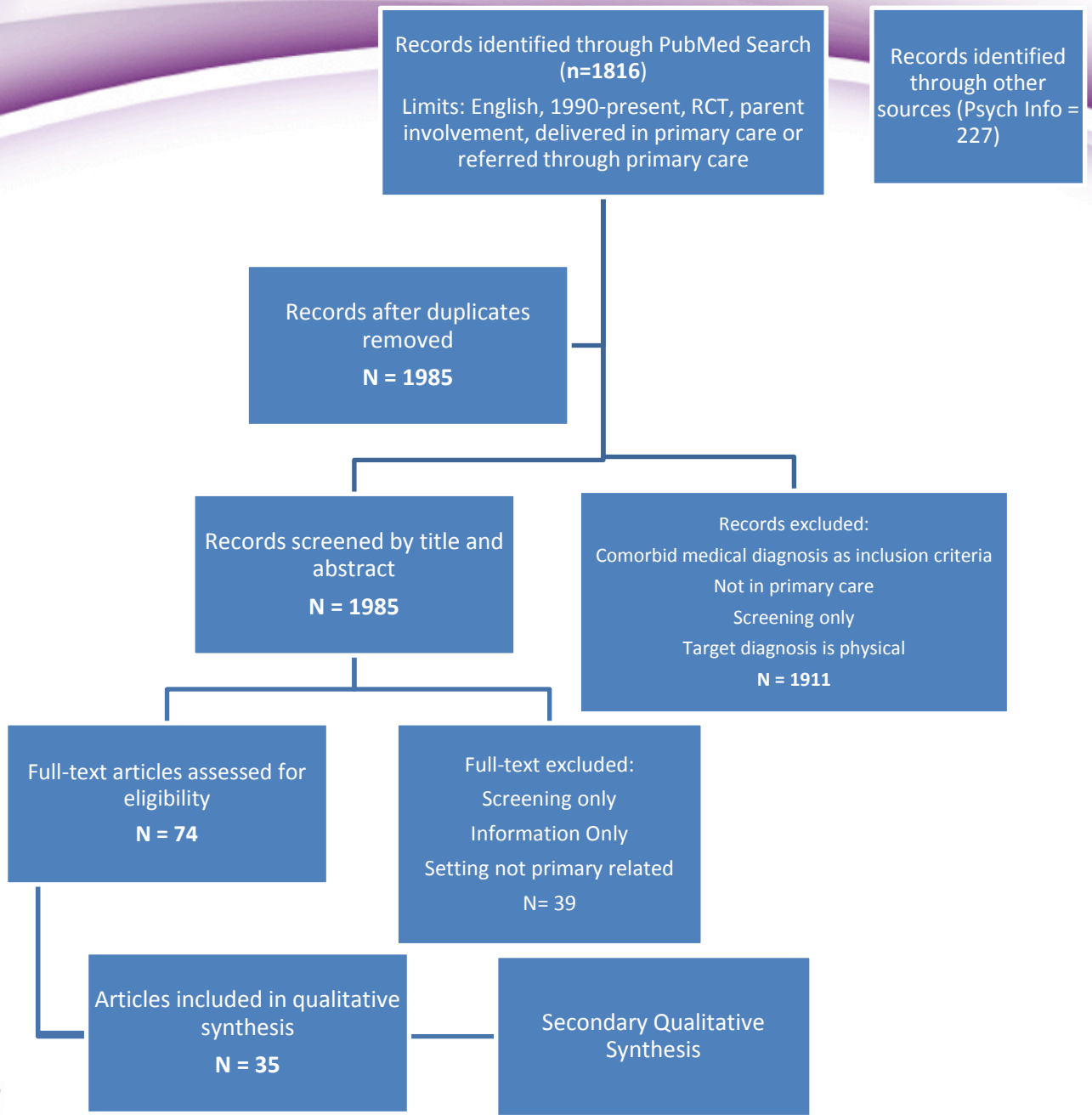
- Pub Med/Psychinfo Search, sorted by reviewer 1 as Full/Text Review, Maybe, or Exclude (*note: search does not include full text initially)*
- Inclusion (exclusion): computer based with highly specific syntax
  - individual, family, or site-level randomization
  - individual outcomes for children and adolescents up to 17 years of age
  - must intervene with parents directly (with or without child/adolescent)
  - be published literature such as peer-reviewed journals or book
  - must target either a mental health diagnosis such as depression, anxiety, or sub-threshold depression or anxiety, or behavioral disorders such as ADHD or anti-social behaviors
  - delivered in OR referred directly through primary care, pediatrics, family medicine, or adolescent medicine
  - 1990- present

PRISMA

1816 articles identified

74 Full text review

35 Articles currently included in qualitative synthesis



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Overview of Included Trials

- **Year of Publication**: 1995- 2014
- **Country of study**: USA, Australia, UK, Norway, Netherlands, Japan
- **Parent focus**: Parenting practices, parent anticipatory guidance, parent and relationship issues, delivery of CBT for child, parent education, parent ability to manage child behavior,
- **Child and family outcome targets**: Behavior problems, depression, ADHD, anxiety, mental health promotion, child development, parent stress, family functioning, couple functioning, effective parenting

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Preliminary Findings

- **Small evidence base involving PC settings** (N=18)
- **Two classes of studies**: 1) full mounting behavioral health screening and services on PC settings, 2) referral for behavioral health from PC settings
- **Classification challenges** include community maternal and child workers as PC/Not PC and lack of and/or ambiguous details about PC settings in published work
- **Clinic as a problematic search term** since it often refers to specialty care such as NICU, mental health, and other services in hospital settings
- **Primary care in title** is most often related to a positive classification as PC related and full text relevant for review

Classes, Sub-Classes & Illustrations (1)

Screening & BH on PC Settings

- Berkovits et al. (2010). Early identification and intervention for behavior problems in primary care: A comparison of two abbreviated versions of Parent-Child Interaction Therapy

  age 3-6, 3 PC clinics, randomization at individual level, TX in PC settings, Tx by non-PC personnel, no differences observed between the two versions but both showed decreases from pre-tx

Screening at PC Settings & BH on Community Settings

- Kjobli, Ogden (2012). A randomized effectiveness trial of brief parent training in primary care settings.
- age 3-12, randomization at individual level, tx provided outside PC settings?, Norway, significant intervention effects

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Classes, Sub-Classes & Illustrations (2)

Screening & BH on PC Settings

- Perrin et al. (2013). Improving parenting skills for families of young children in pediatric settings.

  age 2-4, 6 private practice and 1 FQHC in Boston, randomization at individual level with wait list controls, abbreviated 10 Incredible Years parent train group TX generally in PC settings, group co-led by research clinician and PC staff member, significant intervention effects

Screening at PC Settings & BH on PC Settings, with PC Providers

- Wissow et al. (2008). Improving child and parent mental health in primary care: A cluster-randomized trial of communication skills training.
- age 5-16, randomization at individual level within 13 sites in NY, MD, DC - cluster?, tx provided by PC providers, effects for minority but not white children, effects for parents

Classes, Sub-Classes & Illustrations (3)

Screening at PC Settings & BH on PC Settings, with PC Providers

- Kolko, et al. (2014). Collaborative care outcomes for pediatric behavior health problems: A cluster randomized design.
- age 5-12, cluster randomization with 7 community pediatric and 1 academic pediatric practice in Pittsburgh, screens and tx provided by hired social workers, outcomes suggest this model is “feasible and broadly effective”

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Findings and Implications

- Major EBTs are being tested in PC settings but in abbreviated form (adaptation to setting)– with some promising results.
- Few examples of full PC setting models with both screens and BH tx and use of PC personnel.
- No evidence of cost measurement in the RCTs and little focus on implementation other than feasibility (not measured)
- Some use of multi-site studies and cluster-randomized designs that could be better used for greater implementation research done on top of effectiveness trials – some focus on variation at the site level
- Potential benefit with consideration of hybrid designs (effectiveness and implementation aims) and anticipatory implementation measurement in efficacy/effectiveness designs

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What's in the pipeline?
Clinical trials.gov review

- "parent" and "primary care" = 144 studies
- "parent" and "family medicine" = 27 studies
- 32= Include
- 16= Maybe
- No results available yet
- Web-based and "technology enhanced" trials

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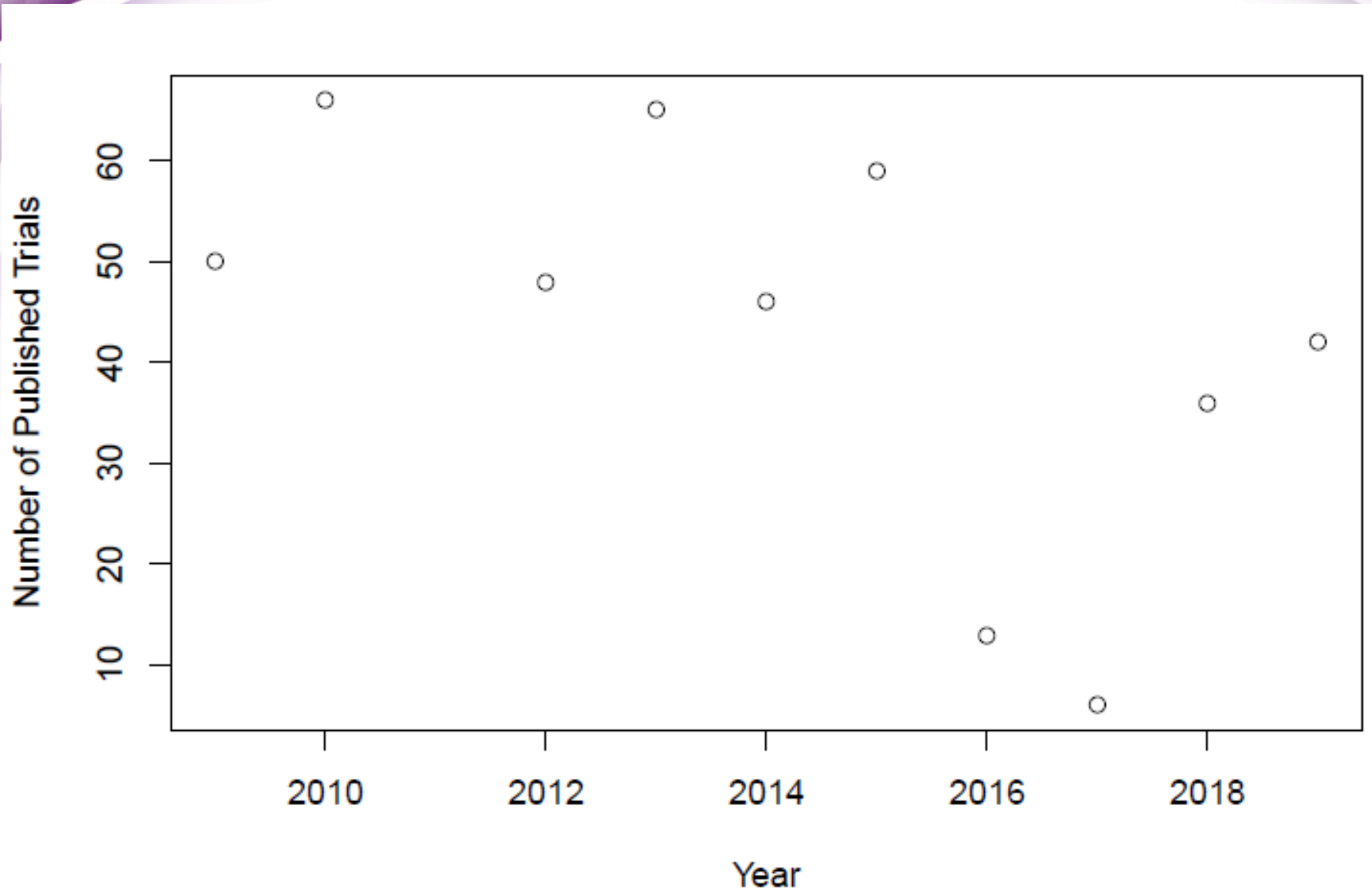
Projected New Publications from Ongoing or Recently Completed Trials



Discussion

- Next steps of review: include “implementation” and “dissemination” search terms
- Parent as well as child outcomes?
- Cost measurement and considerations for both pre and implementation studies - What about payors?
- What type of implementation studies seem feasible?
- What partnerships are needed?

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