Teaching Parenting Skills
One Resident at a Time

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The benefits of Parent Child Interaction Therapy (PCIT) are well documented in the literature. Treatment benefits of PCIT found to generalize to child’s behavior at school\(^1\). Treatment benefits found to generalize to non-target children in the home \(^2\). PCIT gains maintained up to 3-6 years post treatment \(^3,4\).
PCIT has been found to be effective with physically abusive parents:

- 110 physically abusive parents randomly assigned to PCIT, PCIT (enhanced) and standard community parenting group
- In a 2.5 year follow up the PCIT parents had a 19% re-report rate versus a 49% re-report rate for the community parenting group.
History (cont)

- Parental concerns regarding behavior:
  - Up to 50% of parents express concerns about their child’s behavior\(^6\)
  - Approximately 20% of school age children exhibit externalizing behavior problems; most common mental health problem among this age range\(^7\)

- Pediatricians identified by parents as a source for parenting advice\(^8\)
Pediatricians’ role

- Pediatrician has unique role
  - due to early and ongoing contact with children/caregivers able to identify families in need of effective parenting skills

- Pediatricians less likely to address behavior/discipline based on their:
  - perceived self-efficacy,
  - effectiveness of counseling
  - attitude about its importance
CARE workshop

- Child Adult Relationship Enhancement (CARE) workshop
  - Evidence informed 6 hour workshop
  - Teaches core PCIT principles
  - CARE workshop developed by Cincinnati Children’s Hospital Trauma Treatment Training Center for non-clinical adults
# PCIT and CARE Comparison

**PCIT**  |
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Child Directed Interaction (CDI)  |

<table>
<thead>
<tr>
<th>“DO” skills or PRIDE skills</th>
<th>“DO” skills or “P’s and Q’s”</th>
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</thead>
<tbody>
<tr>
<td>Praise (labeled)</td>
<td>Praise (labeled)</td>
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<tr>
<td>Reflect</td>
<td>Paraphrase (Reflect)</td>
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<tr>
<td>Imitate</td>
<td>Point Out (Describe)</td>
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<tr>
<td>Describe</td>
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<td>Enjoy</td>
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PCIT and CARE

PCIT

CDI
AVOID skills

Questions

Commands

Critical statements

Strategic Ignore

CARE

Part I
AVOID the 3”Q’s”

Questions

Quash the need to lead (commands)

Quit-negative talk, (avoid words such as quit, no, don’t, stop and not)

Strategic Ignore
PCIT and CARE

**PCIT**
*Parent Directed Interaction (PDI)*

**CARE**
*Part 2*

**Giving Good Commands**

**Giving Good Commands**

**Time Out sequence**

**Broken Record (activity to reinforce Giving Good Commands)**

*CARE workshop was modified (mCARE) to provide information regarding administering effective Time-Outs.*
Example of Time out teaching

- Keep the Time Out command simple and remain calm

- Time out should:
  - be located where the child can see you
  - see that you are not angry
  - see what they are missing

- When it is over, IT IS over, quiet hands, quiet feet and quiet mouth

- Remember the adult’s behavior is always center-stage

- For Time Out to work Time In has to be present!!!
Hypothesis

- Providing training for residents in the form of mCARE workshops will improve their attitudes, self-efficacy and self-reported clinical practice as well as their demonstrated skills with regard to use of effective adult-child interactions
Study Objectives

To determine the effect of participation in the mCARE workshop on the pediatric residents’:

- beliefs, self-efficacy, and reported clinical practice with regard to use of effective adult-child interactions
- ability to utilize effective adult-child interaction skills
Study Concept & Design

- Single-site study utilizing a pretest-treatment-posttest design with a single convenience sample
- Participants were 2\textsuperscript{nd} and 3\textsuperscript{rd} year pediatric residents
- Intervention: three 2-hour mCARE Workshops that took place over three months (September, October, and November of 2010).
Measurements

- Each participating pediatric resident completed a pre-survey, post-survey and 6 month follow-up survey.

- The residents also participated in a pre and post video assessment of their CARE skills with a 3-5 yr old child volunteer.
Survey Instrument

- Initial Pre-/Post-test Survey included 40 items with 5-point Likert scale (1=Strongly Agree to 5=Strongly Disagree)

- Pilot tested with a group of trainees similar to the target population
- Principle component analysis has confirmed the theoretical framework
- 6 items were dropped due to low/cross loadings
Final Survey Instrument

- 34 Items with 5-point Likert scale
  - 19 Items related to “Beliefs”
    - 6 factor structure
  - 8 items related to “Self-efficacy”
    - 3 factor structure
  - 7 items related to “Clinical Practice”
    - 3 factor structure
Sample Questions - Beliefs

F1. Beliefs about the interaction between positive parenting skills and child related factors -- 4 items

“A parent’s success in using positive parenting skills is independent of the child’s”

1. genetic make-up
2. temperament
3. cognitive level
4. personality

F2. Beliefs in sensitivity for pediatrician’s role addressing PCI -- 3 items

1. It is an invasion of privacy for a pediatrician to ask parents about discipline techniques they use with their children.
2. It is demeaning for a pediatrician to ask parents about discipline techniques they use with their children.
3. It is offensive for a pediatrician to ask parents about discipline techniques they use with their children.
Sample Questions

- **Self-efficacy**
  Factor 1. SE in Modeling behaviors -- 3 items
  “I feel comfortable modeling to a parent how to:”
  1. praise a child for good behaviors during a pediatric encounter
  2. give a child good command during a pediatric encounter
  3. ignore a child’s negative behavior during a pediatric encounter

- **Clinical Practice**
  Factor 2: Communicating with parents about observed problems with PCI -- 3 items
  “As a pediatrician, I have asked parents about difficulties with behavior management when I have seen a parent:”
  - respond to child misbehavior by yelling
  - respond to child misbehavior by using physical force
  - reward negative child behaviors (ex: Parent gives child candy when child has a temper-tantrum)
Assessment of Videotaped CARE Skills

- Two therapists independently coded each videotape using the Dyadic Parent-child Interaction Coding System (DPICS)\(^\text{11}\).
- Therapists were blinded to pre-/post-intervention status of the skills assessment.
- The reviewers assessed for the presence of residents performing the 3 “Do Skills” and the 3 “Avoid Skills.”
- The two reviewers discussed any discrepancies in their coding to come to a consensus.
Statistical Analysis

- Descriptive statistics were reported for overall effectiveness of the workshops – follow-up questions
- Independent Samples Mann-Whitney U Test was used to compare pre/post-test survey responses
- Paired samples T test was used to compare pre/post-test Videotaped PCIT Skills
Results

- Total of 39 pediatric residents (21 PGY2, 18 PGY3) were included for descriptive statistics regarding follow-up questions.

- Twenty-two residents were included as paired-samples for videotaped mCARE skills assessment.
Results

I have learned new approaches that I have not previously used…

84% I used my CARE skills Daily or Weekly
82% I feel comfortable implementing the CARE skills on my own
92% The elements of giving good commands can be useful to me as a Pediatrician
Results - Pre/Post-test Survey

Significant improvement in Beliefs

- It is a pediatrician’s role to discuss parent-child related issues:
  - discipline techniques with families,
  - that it is not an invasion of privacy, demeaning or offensive.
- Parent’s expectations of pediatricians to discuss parent-child related issues:
  - quality of the interaction,
  - discipline used in the home,
  - child’s behavior.
Results - Pre/Post-test Survey

Significant improvement in Self-efficacy

- Reported comfort level in modeling behaviors taught in the CARE Workshop
  - including praising children,
  - ignoring negative behaviors,
  - giving good commands to children.
- Residents’ ability to access resources to help parents who struggle with how to discipline their children
- Residents’ comfort level in discussing parent-child issues with parents
Results - Pre/Post-test Survey

- Significant improvement in self described clinical practice
- Residents’ modeling of parent-child interaction skills to parents including:
  - giving good commands,
  - positive praise,
  - ignoring negative behavior and
  - using TIME-OUT effectively
- Residents’ communication with parents about observed problems noted during the office visit.
Results – 6 month Follow-up

- Included only those items pertaining to self-efficacy and clinical practice,
- Results were similar to post-test
  - No statistically significant decay was noted in the results
## Results

Table 1: *Paired Samples t Test Results: Reviewers’ Consensus Scores for Overall “Do Skills” and” Avoid Skills” Demonstrated in Pre-test vs. Post-test Videotaped Performance*

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>T-test</th>
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<td>N</td>
<td>M</td>
<td>SD</td>
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<tr>
<td>Do Skills</td>
<td>22</td>
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<td>Avoid Skills</td>
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* Denotes a statistically significant difference at the 95% confidence interval.
## Results

Table 2: *Paired Samples t Test Results: Reviewers’ Consensus Scores for “Do Skills” Sub-categories Demonstrated in Pre-test vs. Post-test Videotaped Performance*

* Denotes a statistically significant difference at the 95% confidence interval.

<table>
<thead>
<tr>
<th>Do Skills</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>T-test</th>
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<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
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</table>
| Praise    | 22 | 0.45 | 0.96 | 22 | 3.41 | 2.50 | $t = 5.01$  
|           |    |      |     |    |      |     | $p = 0.000^*$  
| Paraphrase| 22 | 3.27 | 3.17 | 22 | 5.41 | 4.82 | $t = 2.33$  
|           |    |      |     |    |      |     | $p = 0.030^*$  
| Point out | 22 | 0.82 | 0.85 | 22 | 4.09 | 3.53 | $t = 4.29$  
|           |    |      |     |    |      |     | $p = 0.000^*$  

*  Denotes a statistically significant difference at the 95% confidence interval.
Table 3: *Paired Samples t Test Results: Reviewers’ Consensus Scores for “Avoid Skills” Sub-categories Demonstrated in Pre-test vs. Post-test Videotaped Performance*

<table>
<thead>
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<th>Avoid Skills</th>
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* Denotes a statistically significant difference at the 95% confidence interval.
Conclusion

- mCARE workshops seemed to be effective for improving pediatric residents' attitudes, self-efficacy and self-report clinical practice as well as their demonstrated skills with regard to use of effective adult-child interactions.
Limitations

- Group size was small
- Survey participants not identifiable
  - Impossible to match pre/post/6 month follow up responses by participant
  - Some completed the post survey did not complete the pre survey and not everyone completed the 6 month follow up
    - 36 completed pre survey
    - 39 completed post survey
    - 31 completed 6 month follow up
    - 22 completed pre/post video assessment
- Six month follow up is a short time span and may not be long enough to establish mCARE’s benefits over time
Future Considerations

- Adapt mCARE workshop for the advanced professional
  - Provide resident with skills to initiate discussions on parenting and describe importance of social/emotional bond on parent-child relationship

- Assess the mCARE skills of the practicing pediatrician with patients/families

- Potential to assess for child maltreatment reports with the mCARE trained pediatrician
References


References


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