

# Child-Adult Relationship Enhancement in Primary Care (PriCARE)

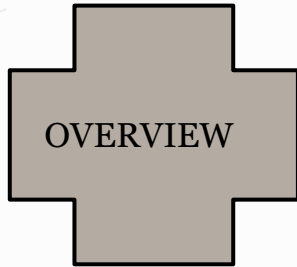
**By:** Laurielle Kelly Feuzeu Mekoue, SUMR'23

**Mentor:** Dr. Joanne Wood, MD, MSHP

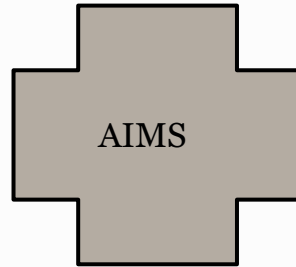


# OUTLINE

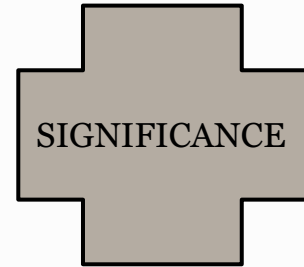
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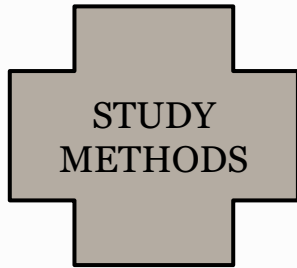
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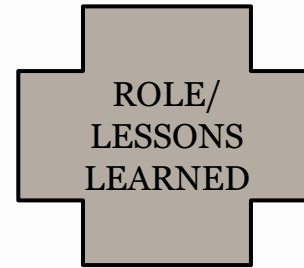
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# PriCARE/CARIÑO Program Overview

- 6 session, virtual group for parents living in Philly
  - Formally in person
  - Also recruit from UNC
- Child must be 2-6 years of age
- Intentions:
  - Teaches positive parenting skills
  - Positively impact children's behavior (whether they have misbehaviors/do not)
  - Decrease negative behaviors
  - Strengthen parent-child relationship through play
  - Provide tools to better communicate with child
  - Increase compliance
  - Stigma



# PriCARE Program Aims

- **Goals for children:**

- Reinforce children's positive behaviors
- strengthens the relationship between caregiver and child
- Less anxiety symptoms

- **Goals for parents:**

- more empathy
- Encourage child independence
- Lessen parental stress
- Reduce child maltreatment/less corporal punishment
- 



# Session Design

- **Session Setup:**
  - Small training groups, encouraging participation
  - Live feedback
  - Give tools you need to communicate with your kids that's more understandable and appropriate for their age
  - handouts

**Session 1**  
Connecting with  
child through play

**Session 2**  
Parenting Skills:  
3Ps and 3Qs

**Session 3**  
Managing  
parental stress

**Session 4**  
Strategic ignoring

**Session 5**  
Giving good  
commands

**Session 6**  
Behavior  
management  
skills

# Benefits of Play

- **3-5 minutes of child-led 1-on-1 play**
  - critical for children's development
  - Routine
  - Don't use as reward/punishment



## Language

- Learning words/concepts
- Rules of conversation

## Thinking

- Problem solving skills
- Planning ahead
- Developing new skills

## Physical Health

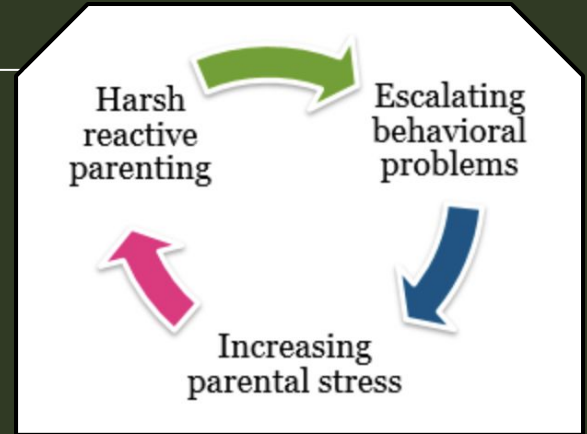
- Jumping
- Balancing
- Lifting
- running

## Social & Emotional

- Empathy
- Interacting
  - Sharing
  - Cooperating
  - Taking turns

# Significance

- **1 in 5** U.S. children meet diagnostic criteria for behavioral/emotional disorders
  - Delays academic, relationship, social, and emotional skills
  - Increased child maltreatment and parental stress
  - Key factor: parenting styles
    - Permissive, uninvolved, authoritarian, **authoritative**
- **Authoritative parenting**
  - Demanding, responsive
  - Reduces severity of misbehaviors
  - Decreases risk of mental health problems



## Permissive

- Child-driven
- Rarely gives or enforces rules
- Overindulges child to avoid conflict

## Authoritative

- Solves problems together with child
- Sets clear rules and expectations
- Open communication and natural consequences

## Neglectful

- Uninvolved or absent
- Provides little nurturance or guidance
- Indifferent to child's social-emotional and behavioral needs

## Authoritarian

- Parent-driven
- Sets strict rules and punishment
- One-way communication, with little consideration of child's social-emotional and behavioral needs

# PriCARE Study Aims

- **Primary objective:** evaluate the effectiveness of PriCARE/CARIÑO to reduce
  - (a) CPS investigations of suspected CM
  - (b) Child maltreatment risk.
- **Secondary objective:** measure the impact of PriCARE/CARIÑO on
  - (a) harsh parenting
  - (b) parenting stress
  - (c) child behavior problems
  - (d) the quality of the parent-child relationship.





# Study Methods Overview

- RCT
- 2000 current child dyads, will be randomized for treatment
- Multiple measures; collected at baseline and follow-up
  - Parenting skills
  - Child misbehaviors
  - Parenting stress
  - Child abuse potential
  - Video-taped interactions
    - DPICS
  - Measured at 2-time points
    - Randomized to control or intervention
      - Needed to determine effectiveness

2. Dawdles or lingers at mealtime (dawdle means wasting time)							
	Never 1	2	3	Sometimes 4	5	6	Always 7
How often does this occur with your child? <small>* must provide value</small>							
Is this a problem for you? <small>* must provide value</small>	Yes  No						reset
3. Has poor table manners (table manners mean age appropriate behavior during meal time)							
	Never 1	2	3	Sometimes 4	5	6	Always 7
How often does this occur with your child? <small>* must provide value</small>							
Is this a problem for you? <small>* must provide value</small>	Yes  No						reset
4. Refuses to eat food presented							
	Never 1	2	3	Sometimes 4	5	6	Always 7
How often does this occur with your child? <small>* must provide value</small>							
Is this a problem for you? <small>* must provide value</small>	Yes  No						reset

# Recruitment

- Referrals
- Social Media
- Clinic Presentations
- Flyers

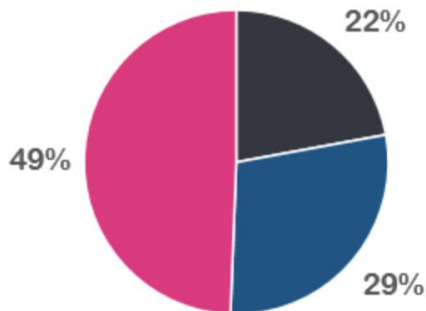
## INCLUSION / EXCLUSION CRITERIA

<u>Parent</u>	<u>Child</u>
<p><b><u>Inclusion Criteria</u></b></p> <ul style="list-style-type: none"> <li>• Parent of guardian of eligible child</li> <li>• Age 18 years or older</li> <li>• Has technology to join virtual PriCARE</li> <li>• Lives in same household as child at least 50% of time</li> </ul> <p><b><u>Exclusion Criteria</u></b></p> <ul style="list-style-type: none"> <li>• Non-English or Non-Spanish speaking</li> <li>• Prior PriCARE participant</li> <li>• Not available during time PriCARE is offered</li> </ul>	<p><b><u>Inclusion Criteria</u></b></p> <ul style="list-style-type: none"> <li>• Patient at participating CHOP primary care site</li> <li>• Age 2 to 6 years at enrollment</li> <li>• Can use 2 word phrases</li> <li>• Medicaid, CHIP or no insurance</li> <li>• Live in Philadelphia County</li> </ul> <p><b><u>Exclusion Criteria</u></b></p> <ul style="list-style-type: none"> <li>• Receiving individual mental health treatment</li> <li>• Diagnosis of autism, ADHD or ODD</li> <li>• Injurious behaviors</li> </ul>

Considering lowering age to 18 months

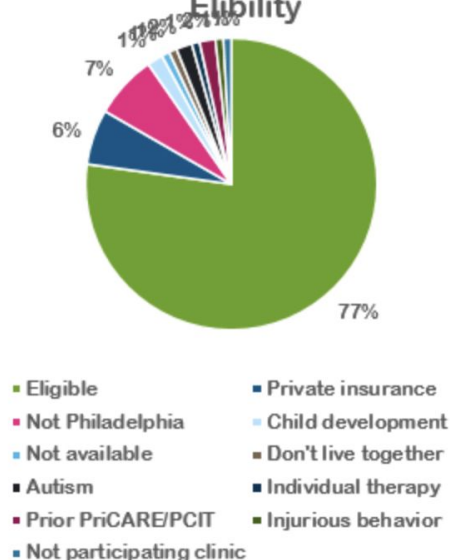
## RECRUITMENT PROGRESS

### Referral Outcomes



■ Unable to contact  
■ Not interested

### Eligibility



Of 246 referrals, half were able to be contacted and were interested.

# Enrollment

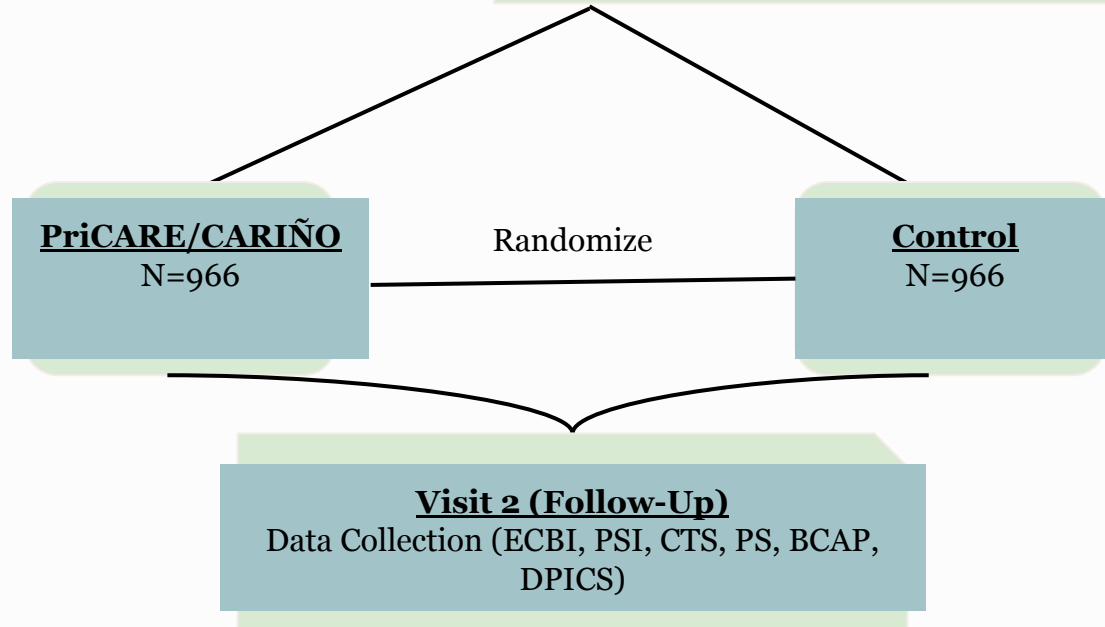
## Recruitment/Screening/Informed Consent

Pre-screen potential participants by inclusion and exclusion criteria; +/- informed consent



## Visit 1 (Informed Consent/Baseline)

Data Collection (Demographics, PHQ9, GAD7, ACE, ECBI, PSI, CTS, PS, BCAP, DPICS)



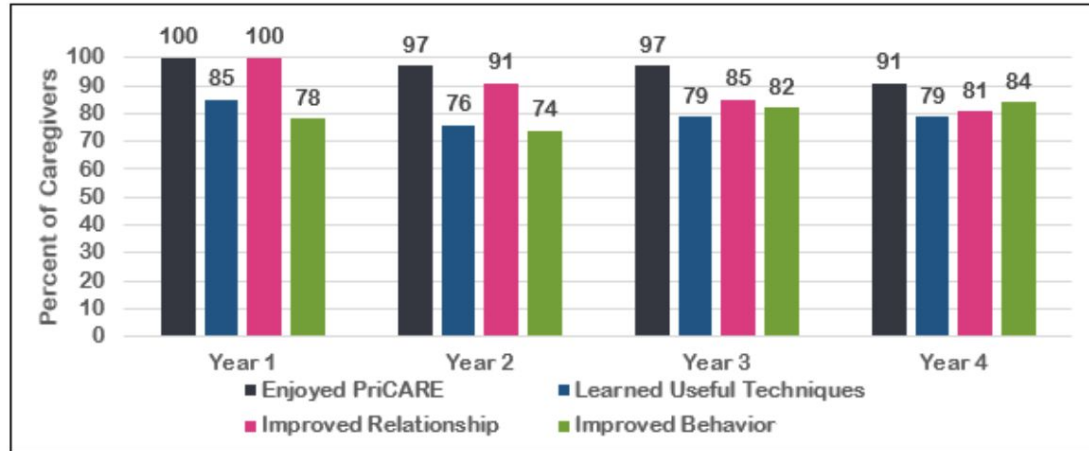
## Visit 2 (Follow-Up)

Data Collection (ECBI, PSI, CTS, PS, BCAP, DPICS)

# Findings/Outcomes

- Data is still in progress
- Results from prior RCTs
- Therapeutic attitudes
- Reduction in negative child behaviors, parental stress, positive parenting, CPS calls

## CAREGIVERS: THERAPEUTIC ATTITUDES



- **> 90% enjoyed PriCARE**
- **> 76% learned new discipline techniques.**
- **> 80% experienced improved relationship with child.**
- **> 74% of caregivers reported seeing behaviors improve in their children.**

# My Role

Recruiting/  
Scheduling

Assist with  
group  
sessions

Tech  
Support

Data  
Quality

Leading  
follow-up  
interviews

Manuscript  
Editing

# Lessons Learned/Next Steps

- REDCap/Excel literacy
- Case Reviews
- Communicating with Participants
- Time Management
- Research process
- Continue working on PriCARE



## Acknowledgements

- Dr. Joanne Wood
- Jenna Kiely
- Joanne Levy
- SUMR Cohort

Questions:

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Questions?





- Sources

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