



Pediatric residents' parenting guidance after exposure to Incredible Years

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ABSTRACT

Background: The Incredible Years® (IY) is an evidence-based group parenting program that provides parenting guidance to parents of children with disruptive behavior. Pediatric residents are expected to provide parenting guidance to families, but often express discomfort with doing so. Little is known whether exposure to the IY curriculum may impact pediatric resident parenting guidance.

Methods: A pilot study was developed to determine whether pediatric residents exposed to the IY Program demonstrate better knowledge of positive parenting practices, higher comfort levels with providing parenting guidance and increased confidence in demonstrating parenting skills. Residents were exposed to an on-going IY Preschool Parenting Program during their Developmental-Behavioral Pediatrics rotation in 2017 - 2018. They completed pre and post surveys with questions about demographics, resident knowledge, comfort, and confidence with parenting guidance, as well as satisfaction with the program.

Results: Eleven interns participated in the intervention, and 8 completed post-intervention surveys (64% response). All residents reported higher comfort in discussing parenting strategies with families ($W = 0, p < .05$) and providing referrals for mental health services ($W = 0, p < .05$). Residents reported more confidence with demonstrating specific parenting skills in the office ($W = 0, p < .05$). All interns reported that exposure to IY was "useful" or "somewhat useful" to their training, and all recommended that others be exposed to the program.

Conclusions: Results support the value of exposure to IY for pediatric residents. Exposure to IY may be an effective way to educate residents about parenting guidance.

ARTICLE HISTORY

Received November 25, 2020

Accepted September 29, 2021

Published October 06, 2021

KEYWORDS

Parenting, Pediatric residents, Parent training, Medical education.

Introduction

The trajectory of a child's life can be influenced by the type of parenting he or she receives. Effective parenting can help to protect against the influence of adverse childhood experiences and stressors in a child's life [1]. As part of their primary care training, pediatric residents as well as family practice residents are expected to learn to provide anticipatory guidance regarding appropriate positive parenting. The Bright Futures program details such expectations for pediatricians [2]. However, pediatric residents often rely on their own experiences of being parented and also experience some apprehension at providing parenting advice [3].

Exposing pediatric residents to parent training programs provides the opportunity to not only educate residents on the available treatments for child behavioral problems, but also on provision of parenting guidance that may enhance their own practice. Pediatric residents who were exposed to the Primary Care Positive Parenting Program (Triple P) training program demonstrated significantly greater self-assessed confidence and skills in giving parenting advice [4]. Parents who were cared for by intervention-trained residents reported better disciplinary practices compared to parents visiting control residents.

Another formalized, evidence-based parenting program is the Incredible Years® (IY). IY provides parenting guidance to parents of children with disruptive behaviors. Multiple studies have confirmed the impact of the Incredible Years® (IY) program on reducing disruptive behaviors [5]. It has a well-defined research base, including multiple randomized controlled trials by the program developer, Dr. Carolyn Webster-Stratton and independent replications around the world [6]. These studies consistently show increases in positive parenting and decreases in harsh discipline. Studies of the long-term effects of IY interventions show reductions in conduct problems and normalization of behaviors in children at 5 to 12 year follow up time points [7,8]. The program is developmentally-based and emphasizes a collaborative process amongst group participants. Groups view video vignettes and utilize group discussion and role modeling to emphasize program principles [9]. This program has also been effectively used in the pediatric primary care setting to improve parenting practices and child disruptive behaviors [10].

A novel application of the IY program was adapted for direct teaching with residents. Evaluation of this curricular approach resulted in an increase in overall residents' comfort with handling common mental health issues in practice [5]. To our

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knowledge, no prior studies have evaluated the impact of active observation of an ongoing parent IY program.

Our objective was to determine whether pediatric residents exposed to the IY program would endorse higher general knowledge of parenting strategies, higher comfort levels with providing parenting guidance and more confidence in demonstrating parenting skills.

Methods

Participants

First-year pediatric and medicine-pediatric residents at UH Rainbow Babies and Children’s Hospital rotating through their month-long Developmental-Behavioral Pediatrics (DBP) rotation between September 2017 and April 2018 were recruited to participate in a research evaluation of their exposure to IY.

Intervention

During the DBP rotation, residents observed weekly sessions of an ongoing IY Parent Basic Preschool group. The observations spanned two distinct IY parent groups, which each met weekly for 12 weeks. Each group was facilitated by one clinical psychologist and one pediatrician with training in DBP.

Recruitment/Consent

The investigators sent an email to residents one week before their rotation, inviting them to participate in the research evaluation. Residents consented to participate in the research evaluation after reviewing the study information sheet by choosing to move forward with completion of the survey. Follow up surveys were sent on the last day of the rotation. Survey responses were collected anonymously in REDcap.

Survey tool

The pre-test survey collected demographic information and assessed resident knowledge about parenting practices, comfort with providing parenting advice and making referrals, and confidence with demonstrating parenting skills. The post-test survey included identical questions regarding knowledge, comfort, and confidence, and also included satisfaction questions about the IY observation experience. Resident comfort and behavior questions were based on the Parent Consultation Skills Checklist developed for evaluation of provider self-efficacy after training with a similar parenting program [11]. Other questions were created de-novo by the study investigators.

Human subjects protection

This study was approved by the University Hospitals Institutional Review Board.

Data Analysis

Wilcoxin signed rank test was used to compare changes in responses or changes in the frequencies of responses before and after IY exposure.

Results

Participants

Of the 11 participants, 9 completed pre-intervention surveys and 8 completed post-intervention surveys. (Response rate

= 64%) Residents reported observing between 1–4 weekly 2-hour sessions of IY during their rotation (mean = 2.57). The cohort was 78% female, and 89% had no prior experience with group parenting intervention.

Knowledge

Chi-square analyses examining knowledge of descriptive commenting were not statistically significant (Chi-square– 1.33, $p \geq .05$). In addition, there were no changes in the knowledge of the value of play and rewarding positive behaviors, with all participants providing correct response to these questions before and after the intervention.

Comfort and confidence

Following exposure to the IY program, residents reported more comfort with discussing parenting strategies ($W = 0$, $p < .05$; Figure 1) and managing childhood behavioral problems in the primary care setting ($W = 0$, $P < .05$; Figure 2). Residents reported more comfort with providing referrals for mental health services ($W = 0$, $p < .05$) and confidence in demonstrating parenting skills in the office ($W = 0$, $p < .05$).

Qualitative comments

More residents reported they would provide guidance about managing child behavior when parents bring up concerns during well child visits (50% pre v. 88% post). All post-survey respondents used IY concepts to describe parenting strategies they will recommend (e.g. “positive reinforcement”, “child-directed play”, “descriptive feedback”).

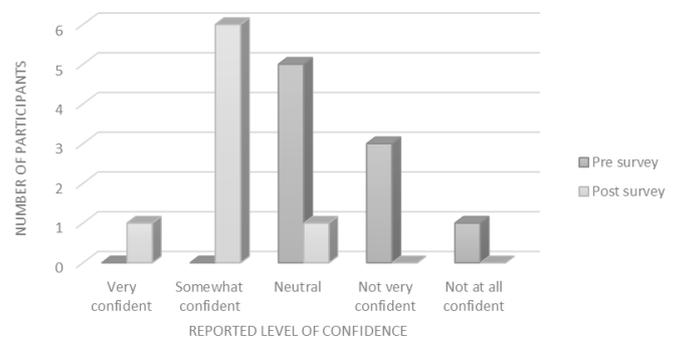


Figure 1. Comparison of pre and post survey responses to the question "How comfortable do you feel discussing parenting strategies with families?"

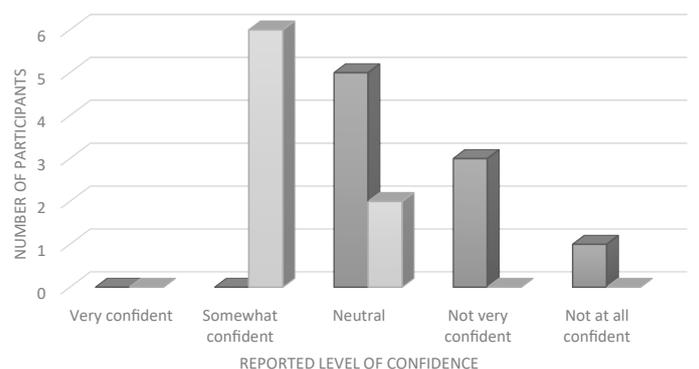


Figure 2. Comparison of pre and post survey responses to the question "How confident are you in your ability to manage childhood behavioral problems in the primary care setting?"

Satisfaction

All residents reported that exposure to IY was "very useful" or "somewhat useful" to their training, and all recommended others be exposed to the program.

Discussion

Overall, residents reported more comfort in discussing parenting strategies and confidence in discussing parenting strategies. They also were more likely to report that they would provide child behavior guidance to parents during well visits. Response to knowledge questions were not significantly different, as residents answered questions correctly before and after the intervention.

Although pre-survey answers to open-ended questions indicated that residents knew general concepts of positive parenting, post-survey open-ended questions indicated knowledge of more specific positive parenting strategies. This suggests that the increase in comfort might be related to learning more specific positive parenting strategies.

These findings support those of McCormick et al. with the Triple P program and Bauer et al. with the resident adaptation of IY. In all studies, resident comfort with managing child behavior problems increased following exposure to these evidence-based parenting programs.

While this approach appears enhance residents' comfort with parenting skills, we acknowledge that not all programs will have access to on-going IY programs at their institution. There is the possibility of partnering with community mental health agencies, who may also be running IY programs.

Limitations of our study include the small sample size, limited number of sessions that residents attended, and observation of different session content. In addition, we did not directly observe residents' behaviors related to provision of parenting advice during primary care visits.

Conclusion

Training with observation of IY may be an effective way to educate residents about parenting guidance. Additional work is needed with larger populations of residents to determine if effects seen in this small sample translate to a larger group.

Acknowledgements

The authors would like to acknowledge:

1. The Cleveland Foundation for funding to conduct Incredible Years® (IY) programs
2. Drs. Carolyn Webster-Stratton and Jamila Reid of IY.

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