

Assessing Parenting Behaviors to Improve Child Outcomes

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Parenting is increasingly recognized as an upstream, near-universal determinant of social, economic, and health outcomes. Pediatricians know that effective parenting can buffer many adverse childhood events, thereby decreasing toxic stress and improving health. Unlike many other determinants of health, parenting behaviors are modifiable.¹ The upstream and modifiable nature of parenting combine to make it an effective, although underused, lever of pediatric outcomes.²

Increasing interest in supporting effective parenting behaviors as a means to improve pediatric health is being reflected in a growing array of professional and policy initiatives. Professionals in nursing, psychology, education, and social work have developed multiple interventions aimed at improving parenting behaviors and affecting child outcomes.³ Not to be outdone, physicians have worked to develop clinically relevant interventions, adapting other models and creating novel approaches.^{4,5} On the policy front, there is advocacy at the highest levels. For example, the Affordable Care Act of 2010, Section 2951, calls for and funds a home-visiting program, modeled after the Nurse-Family Partnership⁶; one of the metrics of success for this program is "improved parenting skills."

Supporting positive and effective parenting behaviors is vital, but there is one key caveat; the recommending, planning, and funding of parenting behavior interventions must occur with the guidance of assessment. Parenting behaviors are not currently assessed on either an individual or a population level, making it difficult to direct intervention. Although supporting positive and effective parenting behaviors should be a high priority for individual pediatricians, professional societies, and federal policymakers, instituting broad-based interventions without proper assessment is bad policy.

WHAT IS EFFECTIVE PARENTING?

Pediatricians are already invested in parenting behaviors. In the primary care setting, pediatricians are expected to provide extensive anticipatory guidance and problem-based counseling, much of which addresses the behaviors of parents. Yet pediatricians rarely assess parenting behaviors directly. Instead, in current practice, pediatricians frequently assess the effectiveness of a parent's skills and strategies in one of two ways:

(1) a “gestalt” approach: “oh, she’s such a good mom!” based on impressions and, often, a values-based judgment, or (2) conclusions based on the child’s behaviors (ie, if a child has behavior problems, the parent must need help).

Such indirect approaches would not be acceptable with other determinants of health. For example, pediatricians know that excess BMI increases a child’s risk of many poor health outcomes. When considering a child’s weight, pediatricians do not say “Oh, this child looks chubby” (a gestalt approach known to be rife with error). Nor do pediatricians wait until a child develops diabetes to weigh the child. Instead, pediatricians use weight-length ratio and BMI: tools for weight assessment, with standards and cutoffs that, although imperfect, allow for risk prediction and appropriate intervention.

Parenting behaviors affect pediatric outcomes and deserve to be assessed directly and systematically. Unfortunately, there are currently cultural and practical barriers to assessment. First, there is discomfort around discussing parenting behaviors. This discomfort may be attributable to a failure of language, as the word “parenting” is used interchangeably to describe two concepts: (1) the values a parent holds and what a parent wants to accomplish as a caregiver, and (2) the discrete skills and strategies parents use (whether intentionally or not) to reach their goals. These two constructs exist simultaneously but can be measured separately.

Few people want to be told what to value, and it would be generally inappropriate for pediatricians to judge parents’ values. However, many parents would like support around skills and strategies, especially when it comes to handling common child behavior issues. Therefore, a first crucial step is for pediatricians to be conscious and clear in both spoken and written communication. The

behaviors of parenting, independent of values, are the target for pediatricians’ assessment and support.

PRACTICAL STEPS TOWARD PARENTING BEHAVIOR ASSESSMENT

Pediatricians, clinics, and organizations can take action within the arenas of medical education and practice improvement to make parenting behavior assessment the standard of care. Individual pediatricians can familiarize themselves with effective parenting behaviors, while advocating that directors of pediatric residency programs implement curricula regarding evidence-based parenting. Excellent sources for these approaches include the parenting behavior literature and the expertise of pediatric behavioral psychologists and specialists trained in the delivery of parenting skills programs.

In the office, the most effective approach to engaging parents about their behaviors is to ask parents directly (eg, how they communicate with their children or handle negative child behaviors). The goal is to be proactive, rather than waiting for the parent to bring up issues, because parents may be reluctant to raise parenting concerns or be unaware that parenting behaviors are malleable. Recognizing time constraints in well-child visits, the assessment of parenting behaviors is best implemented and integrated into practice at the clinic and system levels. For example, assessment and promotion of parenting behaviors would fit well within a strong medical home model, as support staff and case managers could be involved in assessment, connecting families with resources, and tracking response to intervention, thereby decreasing burden on individual physicians and improving support for parents and children.

Practitioners will be able to intervene regarding parenting behaviors if

they are aware of parenting resources that exist in the local community. Resources may range from parenting support groups to manualized skills programs.³ Knowing where to refer families will help pediatricians be more comfortable assessing these behaviors, as they will know what to do with a “positive result.”

AN AGENDA FOR RESEARCH ACTION REGARDING PARENTING ASSESSMENT

This need for assessment results to be meaningful and actionable highlights another substantive barrier to parenting behavior assessment; clinically useful assessment instruments do not yet exist. Current parenting assessment tools (1) assess psychosocial factors but not behaviors, (2) are too long for regular clinical use, (3) require observation and coding of parent tasks,⁷ or (4) condense the results into a generic, global score that does not prompt clear action.⁸ Pediatricians need assessment tools that

1. take into account the age, development, and temperament of the child being parented,
2. recognize social and environmental contexts, such as violence and poverty, that can affect parenting behaviors,
3. provide actionable results across multiple domains of parenting behaviors (ie, quality time, differential attention, monitoring, communication), and
4. are simple and brief in administration and interpretation.

The development of such instruments to directly assess parenting behaviors must be a priority of the pediatric community. First, it is necessary to more carefully describe the current landscape of parenting assessment. What are the current beliefs and practices of pediatricians regarding parenting behaviors? Do specialists who deal more often with behavior concerns incorporate the assessment

of parenting behaviors into their practice in different ways? Next, work needs to be done to ensure that parenting behavior assessments are meaningful to parents themselves. How can pediatricians position these assessments so that parents and physicians are working together and parents feel supported, rather than judged? One way may be to assess parenting behaviors early and often to normalize the experience and enable primary prevention. Subsequently, an instrument should be developed that meets provider and parent needs that can be used quickly to influence decisions in clinical encounters, and can be used to gather data on a population level to inform policy and intervention development. Parenting behaviors matter. Their impact on pediatric outcomes is increasingly appreciated, which has led to the development and implementation of multiple parenting interventions. However, systematic and direct assessment of parenting behaviors does not currently occur in the pediatric clinical setting. Such

assessment would allow for more targeted and effective intervention, as well as more robust evaluation of the impact of initiatives. The pediatric community should take the lead in developing tools for the assessment of parenting behaviors that are clinically relevant and meaningful to parents and practitioners.

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