Children's Hospital of Philadelphia PolicyLab

# Evaluation of Virtual Enhanced Child Adult Relationship Enhancement in Primary Care Intervention

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**Objective**: Because of COVID-19 pandemic social distancing requirements, the in-person Child Adult Relationship Enhancement in Primary Care (PriCARE) positive parenting intervention was adapted for virtual delivery. Objective was to evaluate the efficacy of the virtual PriCARE program to improve parenting capacity, decrease child behavioral problems, and decrease child maltreatment risk.

**Methods**: Caregivers of children 2 to 6 years old recruited from pediatric primary care were randomized to PriCARE (n = 92) or waitlist control (n = 90). Dysfunctional parenting, positive parenting skills, child behaviors, and child maltreatment risk were measured at baseline and 2 to 3 months after intervention using the Parenting Scale (PS), Dyadic Parent-Child Interaction Coding System (DPICS), Eyberg Child Behavior Inventory (ECBI), and Child Abuse Potential Inventory (CAPI). Kruskal-Wallis test compared median change scores from baseline to follow-up by treatment arm.

**Results**: Of 182 enrolled caregivers, 92% (168) were mothers and 67% (122) completed study measures at baseline and follow-up. The median decrease (improvement) in total PS score was greater in the PriCARE group compared with the control group (-0.3 [IQR 0.69] vs -0.1 [IQR 0.56], p = 0.028) as was the median decrease (improvement) in ECBI problem score (-3 [IQR 9] vs -1 [IQR 7], p = 0.045) and ECBI intensity score (-9 [IQR 21] vs 0 [IQR 25], p = 0.006). Improvements in 4 positive parenting skills measured by DPICS were greater in the PriCARE group compared with the control group (all p< 0.003). Median decrease in CAPI abuse score did not differ significantly by study arm ( p = 0.055).

**Conclusion**: The PriCARE virtual adaptation demonstrated promise in promoting positive parenting and decreasing child behavior problems.

## Journal:

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Authors: Kiely J, DePaul E, Rojas S, Cortes S, Schilling S, Dougherty S, Wood JN