

Education programs could increase parent-child interactions in at-risk families

January 3 2011

Parent education programs delivered through pediatric primary care offices appeared to increase parent-child interactions during infancy in at-risk families, according to a report in the January issue of *Archives of Pediatrics & Adolescent Medicine*. A second report in the same issue finds one of the programs also appeared to be associated with reduced exposure to TV and other media in infants.

"Children growing up in poverty fall behind their middle-class peers in development from the time they say their first words, usually shortly after their first birthday," the authors write as background information in one of the articles. "Verbal interactions between parents and children in the context of play and shared reading are critical for school readiness but less frequent in families with low socioeconomic status."

Pediatric primary care may offer a prime opportunity to deliver interventions to promote these interactions, the authors note. "Reasons include the frequency and near universality of visits, the close relationship between parents and health care professionals, the ability to use existing health care infrastructure, and the lack of need for additional travel," write Alan L. Mendelsohn, M.D., of New York University School of Medicine and Bellevue Hospital Center, New York. Dr. Mendelsohn and colleagues conducted a randomized controlled trial of two primary care interventions in at-risk families. A total of 675 mother-infant pairs who intended to seek primary pediatric care at one institution after the baby was born were enrolled between Nov. 1, 2005, and Oct. 31, 2008.

Of the participating pairs, 225 were randomly assigned to participate in the Video Interaction Project (VIP) program. From birth to age 3 years, these mothers and infants had 15 30- to 45-minute sessions with a child development specialist, usually occurring on the same days as primary care appointments. The curriculum focused on supporting verbal interactions through play, shared reading and daily routines, and interactions between mothers and children are videotaped for later review and sharing.

Another 225 pairs were randomly assigned to participate in the Building Blocks (BB) intervention, in which similar topics were covered through written pamphlets and learning materials mailed to the family's home on a monthly basis. The final 225 were assigned to a control group, which received standard pediatric care, including routine developmental surveillance and guidance.

Four hundred ten of the mother-infant pairs were assessed after six months using a structured interview with the child's caregiver and a 24-hour diary of reading activities. Families participating in the Video Interaction Project had improved interactions and more reading activities compared to the control group, and the Building Blocks group also showed an increase in parent-child interactions.

"These interventions began early in [infancy](#) and used innovative strategies to support enhanced interactions, including videotaping with self-reflection in Video Interaction Project and parent recording of written observations and plans for both interventions," the authors conclude. "Refinement and dissemination of pediatric primary care interventions can play an important role in addressing the public health issue of school readiness and educational achievement in at-risk families."

In a second article, Dr. Mendelsohn and colleagues assessed electronic

media exposure in the same families by using a 24-hour recall diary. The average exposure to television and similar forms of media was 146.5 minutes per day.

Participation in the Video Interaction Project was associated with a reduction in this amount, with an average of 131.6 minutes per day, compared with 151.2 among those in the Building Blocks group and 155.4 among those in the control group. Infants in the Video Interaction Project group were also more likely to have very low exposure to media, defined as 30 minutes per day or less (20.6 percent met this criteria, compared with 10.9 percent in the Building Blocks group and 11.2 percent in the control group).

"Pediatric primary care may represent an important venue for addressing the public health problem of media exposure in young children at a population level," the authors write. "Additional research is needed to determine whether integration of more specific strategies to reduce media exposure in primary care parenting interventions results in greater effect."

More information: Arch Pediatr Adolesc Med. 2011;165[1]:33-41, 42-48.

Provided by JAMA and Archives Journals

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