Promoting Positive Parenting via Video-Feedback in Primary Care: A Preventative Approach for Buffering the Impact of Toxic Stress

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Objective
- This evaluation analyzes the effectiveness of a short-term video-feedback program located in a child's medical home for improving maternal and infant outcomes.

Background
- Chronic poverty exposes families to daily stressors that jeopardize responsive caregiving, with the potential to impede the child's emotional and physical development.
- Recent studies highlight that responsive, nurturing care can mitigate these negative effects.
- The use of video-feedback therapy for improving parent-child interactions has shown promise. However, many of these interventions are home-based, which may limit their reach.

Setting
- South Bronx Health Center/Center for Child Health and Resiliency (SBHC/CCHR), is a Federally Qualified Health Center serving a predominantly minority population in an urban community located in one of the poorest congressional districts in the country.

Sample
- English-speaking women aged ≥18 years and infants aged 0-36 months receiving primary care at the SBHC and/or CCHR were eligible to enroll in the program.
- Recruitment targeted dyads with the following risk factors: teen mother, positive PHQ-9 or GAD-7, failed ASQ:SE, high ACEs score.
- Eligible women and their babies were referred by their provider or recruited by program staff to participate in dyadic therapy.
- The sample included mother-infant dyads (N=33) who completed at least 6 sessions of the program since its launch in 2014.

Program Description
- A program adapted from the Video-feedback Intervention to Promote Positive Parenting (VIPP), an evidence-based parenting intervention.
- The program consists of 6 sessions (90 min each) that includes 10-15 minutes of video-taped dyadic free play interactions. Clinicians review the recording with the mother at the next session and provide strength-based feedback on specific themes related to increasing parental sensitivity and responsiveness.

Methods
- Paired t-tests were run to examine differences in pre and post program measures:
  - Maternal sensitivity was measured with four sub-scales of the Global Rating Scale:
    - Maternal responsiveness
    - Maternal depressive engagement
    - Infant attentiveness and communication
    - Quality of mother-infant interactions
  - Maternal depression was measured with the 9-item Patient Health Questionnaire (PHQ-9).
  - Maternal anxiety was measured with the 7-item Generalized Anxiety Disorder scale (GAD-7).

Results

Maternal Sensitivity (Global Rating Scale)

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Follow-up</th>
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<tbody>
<tr>
<td>17.9</td>
<td>16.1</td>
</tr>
<tr>
<td>14.5</td>
<td>15.1</td>
</tr>
<tr>
<td>8.8</td>
<td>10.1</td>
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</tbody>
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**P<.001; **P<.02. 1Depressive Scales are reverse coded.

Maternal Depression (PHQ-9)
- Total Sample: 25.8% had clinical depression (≥10) at baseline compared to 19.4% at follow-up, p=.32.
- Of those with clinical depression at baseline (n=8), PHQ-9 scores declined from 15.0 ± 3.6 to 10.5 ± 4.9, p=.01.

Maternal Anxiety (GAD-7)
- Total Sample: 25.8% had clinical anxiety (≥10) at baseline compared to 12.9% at follow-up, p=.046.
- Of those with clinical anxiety at baseline (n=8), GAD-7 scores declined from 14.6 ± 3.7 to 9.9 ± 5.1, p=.046.

Limitations
- Pre-post design with a small sample size and no comparison group.

Implications and Conclusions
- Results suggest that a short-term video-feedback program located in the medical home shows promise in improving parental responsiveness in parent-child interactions as well as decreasing maternal anxiety and depression.