



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Date: November 2016

From: Society of Pediatric Psychology, American Psychological Association Division 54

To: Pediatrician Colleagues and Other Pediatric Medical Providers

Re: Summary of Research Findings Relevant to Pediatric Care

Following is a summary of published research findings in the Society of Pediatric Psychology peer reviewed journals. We believe this information may be helpful to your own practice, with citations provided for further information. Please contact me with feedback or questions. Sharon.Berry@ChildrensMN.org

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Lost in translation: Identifying behavioral health disparities in pediatric primary care.

Herbst, Rachel B., Margolis, Kate L., Millar, Amanda M., Talmi, Ayelet, & Muther, Emily F. (2016). Lost in translation: identifying behavioral health disparities in pediatric primary care. *Journal of Pediatric Psychology*, 41(4), 481–491

doi: 10.1093/jpepsy/jsv079; Advance Access Publication Date: 2 September 2015

Although care within a medical home increases parental satisfaction with health care services and improves health care utilization, significant racial/ethnic and language disparities persist in health care settings. Integrated, team-based approaches can decrease health disparities. In a study examining the medical records of 2,353 youth who received a behavioral health consultation in an underserved pediatric primary care clinic, findings reveal disparities among language groups (English, Spanish, and Other languages) in presenting concerns and referral to behavioral health services. These results underscore the pivotal role of universal screening in detecting postpartum depression, social-emotional difficulties, and psychosocial needs. Without universal screening, the needs of many families with limited English proficiency remain unmet and health disparities will persist. Additionally, medical and behavior health providers are encouraged to provide families with a culturally-informed rationale regarding the use of interpretation services, enhance their understanding of wellness models that promote families' strengths, and consider innovative approaches to health care deliver (e.g., group-based well child care).

Practice patterns and insomnia treatment outcomes from an evidence-based pediatric behavioral sleep medicine clinic.

Byars, Kelly, and Stacey Simon (2014). Practice patterns and insomnia treatment outcomes from an evidence-based pediatric behavioral sleep medicine clinic. *Clinical Practice in Pediatric Psychology* 2(3), 337-349. <http://psycnet.apa.org/journals/cpp/2/3/337.pdf>



Byars, Kelly C., et al. (2016). Validation of a brief insomnia severity measure in youth clinically referred for sleep evaluation. *Journal of Pediatric Psychology* (2016): jsw077.

<http://jpepsy.oxfordjournals.org/content/early/2016/09/30/jpepsy.jsw077.full.pdf+html>

Sleep disruption is common in children from infancy through adolescence and sleep deprivation has known medical and neurobehavioral consequences. Insomnia, which includes both sleep onset and sleep maintenance problems, is the most prevalent of all sleep disorders. There is strong support for the effectiveness of behavioral therapy for insomnia which primarily focuses on equipping parents to teach children to self soothe and sleep independently (i.e., extinction and its variants). There is accumulating evidence supporting cognitive behavioral therapy for insomnia that encompasses multi-component therapies that may include: (1) altering sleep habits (hygiene), (2) aligning physiological sleepiness and sleep-wake schedules, (3) establishing consistent bedtime routines, (4) relaxation training, (5) modifying negative sleep cognitions, and (6) changing sleep behaviors to improve transitions from wake to sleep and to promote sleep consolidation. Byars, et al., (2016) developed a brief insomnia measure that can be used in clinical settings to measure insomnia severity in pediatric patients and has promise as a treatment outcome. Overall findings from Byars and Simon (2014) demonstrate that brief evidence-based behavioral and cognitive behavioral insomnia therapy is effective in infants through adolescents (mean age 7.5+/- 4.8 years) and can be easily delivered in a clinical setting.

Feasibility and potential effectiveness of integrated services for children with ADHD in urban primary care practices.

Power, T. J., Mautone, J. A., Marshall, S. A., Jones, H. A., Cacia, J., Tresco, K. E., Cassano, M. C., Jawad, A. F., Guevara, J. P., & Blum, N. J. (2014). Feasibility and potential effectiveness of integrated services for children with ADHD in urban primary care practices. *Clinical Practice in Pediatric Psychology*, 2, 412-426. doi: 10.1037/cpp0000056

Attention-deficit/hyperactivity disorder (ADHD) is a highly prevalent neurodevelopmental disorder associated with significant impairments in academic, social, emotional, and behavioral functioning. Evidence-based treatments for ADHD include medication and behavior therapy, including parent training and classroom interventions. Access to behavior therapy for ADHD and coordination of care can be challenging in low-income, urban settings. Integrating behavioral and medical health services in the primary care setting has been shown to be a useful strategy to improve access and coordination of care. This article describes an intervention, known as Partnering to Achieve School Success (PASS), that is based in primary care practices and designed to address the unique needs of low-income, urban families, who often experience high levels of stress and may have difficulty becoming engaged in mental health services. PASS has four principal components: (1) engagement and motivation strategies to improve family involvement in intervention, (2) team-based care including the family, primary care provider, and mental health therapist, (3) trauma-informed care, and (4) behavioral interventions including parent training and teacher consultation. The investigators conducted a quasi-experimental study comparing families assigned to PASS ($n=33$) with those who received brief family education and support ($n=39$). The findings indicated that on average families attended 9 PASS sessions, similar to the amount of treatment provided in clinical settings. Preliminary findings



demonstrated that PASS is a promising approach to reducing barriers to care, improving parenting practices, and reducing child impairment. The results affirmed the feasibility of providing PASS in urban primary care practices, and highlighted the challenges of engaging families in treatment and linking primary care and school systems in urban settings. This article strongly suggests that primary care providers explore the feasibility of providing integrated behavioral health services in their practices for children with ADHD and other behavioral health concerns. It also highlights the importance of efforts to integrate services provided in primary care practices and schools.

Healthy Steps as a moderator: The impact of maternal trauma on child social-emotional development.

Briggs, Rahil D.; Silver, Ellen J.; Krug, Laura M.; Mason, Zachary S.; Schrag, Rebecca D. A.; Chinitz, Susan; Racine, Andrew D. (2014). *Clinical Practice in Pediatric Psychology*, 2(2), 166-175.

Early identification of children at risk for suboptimal social-emotional development is increasingly at the forefront of pediatric practice design. Based on substantial evidence from the research community, there is agreement that young children are particularly susceptible to the effects of toxic stress, which can have a substantial and damaging impact on the architecture of the developing brain. Protective caregiver relationships represent an important buffer against these effects, and, thus, they are a promising focus of both prevention and intervention efforts. At Healthy Steps at Montefiore, we used universal ACES screening of parents to identify infants at risk for poor social emotional development. Via integrated two-generation services, we showed an ability to intervene in that otherwise powerful intergenerational transmission of trauma and toxic stress. Infants born to mothers who experienced abuse and neglect in their own childhood, if they received Healthy Steps, were significantly more likely to demonstrate healthy social emotional development. The pediatric primary care office is the most optimal location for identifying children at risk, at the earliest possible time, and providing needed follow up.

Parenting stress among caregivers of children with chronic illness: A systematic review.

Cousino, M. K., & Hazen, R. A. (2013). *Journal of Pediatric Psychology*, 38(8), 809-828.

Recent meta-analysis of 13 studies and systematic review of 96 studies determined that parents of children with chronic illnesses, including asthma, cancer, diabetes, and others, reporter greater non-illness specific parenting stress than parents of healthy children. Greater responsibility for their child's medical management was associated with increased parenting stress, however, their child's illness duration and illness severity was not. Underscoring the value of assessing parenting stress during pediatric medical visits, parenting stress is associated with greater parent and child mental health problems, which may negatively impact health-related outcomes. Therefore, it is important that interventions targeting parenting stress be provided. This may include a referral for the family to mental health services for support, additional clinic-based education, and problem-solving with patient and family about daily medical management.



Comparison of a family-based group intervention for youths with obesity to a brief individual family intervention: A practical clinical trial of Positively Fit.

Steele, R. G., Aylward, B. S., Jensen, C. D., Cushing, C. C., Davis, A. M., & Bovaird, J. A. (2012). *Journal of Pediatric Psychology*, 37(1), 53-63. doi: [10.1093/jpepsy/JSR057](https://doi.org/10.1093/jpepsy/JSR057)

Pediatric obesity continues to represent a significant public health concern. According to the CDC, approximately one out of every 6 children in the US has a BMI in the “obese” range, which is associated with an increased risk of current and future health problems. We examined a clinic-based family intervention for pediatric obesity, *Positively Fit (PF)*. The treatment condition comprised 10 sessions, each of which included nutrition/physical activity education provided by a registered dietitian and behavior therapy provided by masters-level clinical psychology trainees. *Positively Fit* was compared to an education-only condition, which included three 60-minute sessions with a registered dietitian. Families in the education-only condition were also provided with a copy of *Trim Kids* (Sothorn et al., 2002). Participants in both conditions evidenced lower BMI at the one-year follow-up assessment; PF participants demonstrated a change of $-.19$ standardized BMI units and children in the education-only condition demonstrated a change of $-.12$ standardized BMI units; across both conditions, children (ages 7-12) evidenced more substantial decreases ($-.30$ zBMI units) in BMI than adolescents (13-17), who *increased* zBMI across both conditions over the year follow-up. At the one-year follow-up self-reported health-related quality of life increased in the *PF* condition more than in the education-only condition. Important clinical implications from this study include:

- Intensive behavioral/educational and education-only programs can help reduce BMI in children. *Primary care clinicians are encouraged to assess BMI and offer referrals to behavioral and/or nutritional specialists if services are not available in the primary care office.*
- In this study, school-aged children (7-12) responded more favorably to both behavioral/educational and education-only conditions than did adolescents (ages 13-17). *Consistent with AAP guidelines, primary care clinicians are encouraged to assess BMI annually and to provide targeted intervention/referrals for children as soon as elevated BMI is evident.*
- Health related quality of life can be expected to improve as a result of behavioral + education intervention for obesity. *Primary care clinicians are encouraged to assess health-related quality of life as a means of encouraging health behavior change.*