Implementing Family-Centered, Strengths-Based Interventions: Lessons Learned from Adapting the Parent-Child Care Model for Families with High Caregiver Chronic Disease Burden

Samantha Zimmer, MS, BS; Helen Setaghiyan, BA; Shamieh Banihani, BA, Nathan Nguyen; Justin Myint; Ruthie Shenoy; William Do; Daniel Novak, Ph.D.; Adwoa Osei, MD FAAP (UC Riverside School of Medicine)

The impact of a caregiver's chronic illness burden on childhood psychosocial dysfunction (CPD) is not well understood. Data obtained by our research team using validated questionnaires found strong associations between high caregiver chronic illness burden, high perceived stress levels, and CPD. This study enrolls families we identified with high caregiver disease burden and signs of CPD into an intervention focused on providing a family-centered, strengths-based parenting program adapted from the Parent-Child Care (PC-Care) model. This work in progress shares lessons learned from implementing this intervention.

Caregivers of children aged 6-12 years who scored highly on the WHO Disability Assessment Schedule 2.0, Perceived Stress Scale-4, and Pediatric Symptom Checklist 17 were invited to participate in our intervention to aid caregivers in navigating psychosocial challenges in their children. The intervention consists of weekly meetings across 4 weeks and monthly check-ins for up to 6 months. Sessions consist of a standardized check-in with caregivers' parenting and coping strategies, completing a Weekly Assessment of Child Behavior-Positive (WACB-P) to monitor their child's behavioral changes, and discussing a new parenting skill from the PC-Care Curriculum (Figure 1). Sessions are recorded for thematic analysis. Out of 33 respondents, 15 participants were eligible, and 7 are currently enrolled in the intervention.

Preliminary qualitative data analysis highlighted three significant lessons learned. First, our intervention was tailored for accessibility by conducting phone sessions based on caregivers' availability, resulting in a 100% participant retention rate. Second, caregivers exhibited growing interest and engagement by actively sharing parenting tools with their partners, saving printed handouts, and taking detailed notes in sessions. Third, caregivers gained more than just parenting skills from our intervention. Participant feedback revealed an increased sense of accomplishment, improved caregiver confidence, and a newfound sense of routine and resiliency for their family. Moreover, a paired-sample t-test of pilot participants' first and last WACB-P scores indicated a statistically significant decline in the presence of problematic, externalizing behaviors ($n=5$, $p<.05$).

This project demonstrates strong parental investment and interest in our intervention adopted from the PC-Care model. We hope to understand better the intervention's impact on mitigating CPD and its utility in the clinical setting.

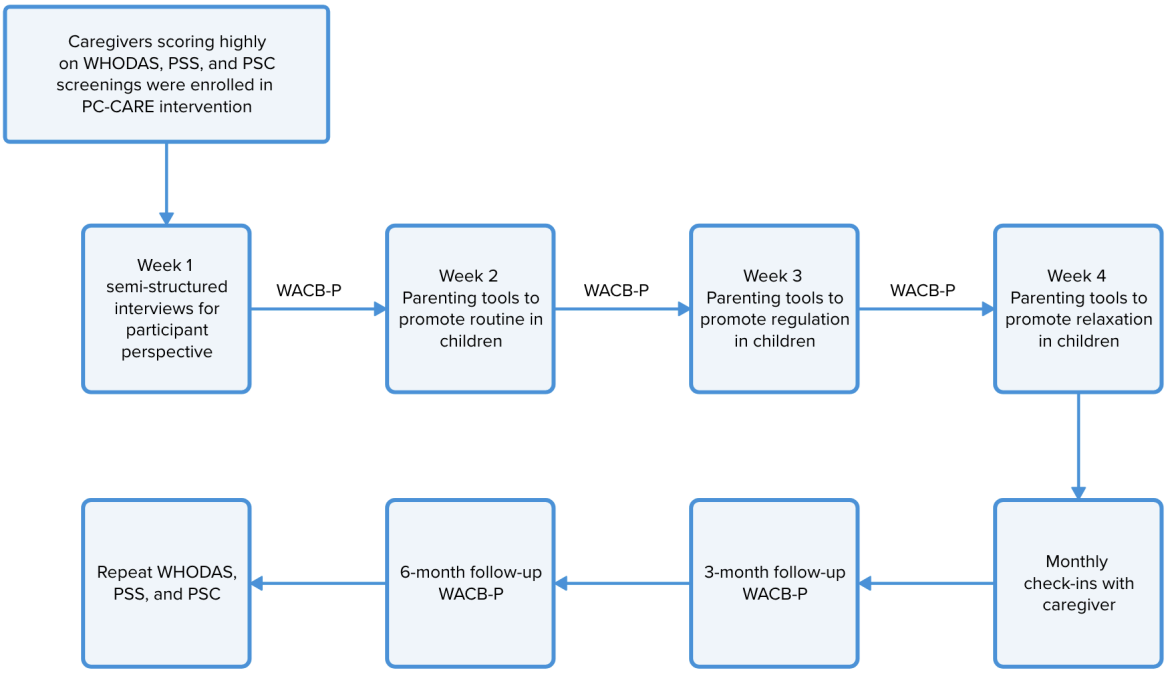

Figure 1: Six-month PC-Care Adapted Intervention. (WHODAS = WHO Disability Assessment Schedule 2.0, PSS = Perceived Stress Scale-4, PSC = Pediatric Symptom Checklist-17, WACB-P = Weekly Assessment of Child Behavior-Positive).

Samantha Zimmer is a second-year medical student at UC Riverside School of Medicine. She graduated from UCLA with a Bachelor of Science and a Master of Science before attending medical school. Her interests include community-based research, Disability advocacy, and improving medical education. She plans to pursue a career in Pediatrics. Email: szimm009@medsch.ucr.edu