Disruptive Behavior Disorders in Early Childhood: Prevention and Early Intervention in Community Settings

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“Come sit on the porch”
Disruptive Behavior Disorders in Early Childhood

• Behaviors include aggression, rule-breaking, defiance, cruelty

• “Early starters” are at high risk of a continuing developmental pathway of antisocial behaviors

• More than 20% of U.S. children have behavior problems more severe than what is expected at their age
May 17, 2013

“These disorders are an important public health issue in the United States because of their prevalence, early onset, and impact on the child, family, and community, with an estimated total annual cost of $247 billion. A total of 13%–20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994–2011 has shown the prevalence of these conditions to be increasing.”
Consequences
The Good News: Behavioral Parent Training (BPT)
The Bad News

Of those with significant behavior problems.....

Fewer than 20% access needed services

And for kids younger than school-age, those percentages are even worse.

More than 80% fall through the cracks...
Preventive Intervention

- Incorporates IDENTIFICATION and INTERVENTION within a public health perspective with 4 goals:
  1. Increase **reach**
  2. Provide a **small but effective** dose to a **large number**
  3. Target the **at-risk** population
  4. Start **early** (e.g., before kids reach school-age)
Challenges in Real World Settings

• What setting is best?
• Who can deliver the intervention?
• How can it be paid for?
• Is it sustainable?
Challenges in Real World Settings

Medically Under-served Areas in Kentucky
- Medically Under-served Kentucky County
- Partially Medically Under-served Kentucky County
- Community where a Nurse Practitioner is the only Primary Care Provider
- County where a Nurse Practitioner is the only Primary Care Provider

70% of Appalachian Kentucky counties designated by HRSA as mental health professional shortage areas
The Question:

How can we get evidence-based preventive interventions for disruptive behavior disorders to parents & children in rural central Appalachia?
CCTS-Funded Pilot Study

**Preventing conduct disorder: Valuing parent and provider perspectives in Appalachia**

- Limited mental health services + cultural considerations hinder the usual delivery model for behavioral parent training (BPT) in Appalachia
  - Stigma
  - Primacy of kinship networks
  - Strong self-reliance

- There is virtually no research on Appalachian communities’ preferences and perspectives on BPT content and delivery
CCTS-Funded Pilot Study

UK & CERH Study Team:

• Tina Studts
• Fran Feltner
• Nancy Schoenberg
• Carl Leukefeld
• Beth Bowling
• Wayne Noble
CCTS-Funded Pilot Study

Study Aims:

1. Form partnerships with community stakeholders
2. Assess Appalachian parents’ preferences and perspectives
3. Assess child service providers’ preferences and perspectives
CCTS-Funded Pilot Study

What we did:

• Established a **Community Advisory Board** in Perry County, including about 15 regularly attending members

• Interviewed 14 parents and conducted 3 focus groups with 13 child service providers
  – Early childhood educators
  – Health care professionals
  – Mental health providers
The Perry County Early Childhood Community Advisory Board

Airport Gardens Baptist Church, Appalachian Regional Health, First Steps, HANDS, Hazard Community & Technical College, Hazard Perry County Community Ministries, Head Start, Kentucky Homeplace, Kentucky River Community Care, New Beginnings, North Fork Valley Community Health Center, Save the Children/Perry County Schools, UK College of Social Work
CCTS-Funded Pilot Study

What we found:

- CAB guidance
  - Agreement that preschool age is key
  - Interest across providers/organizations, but no consensus yet where program would be “housed”
  - “No wrong door”
  - Importance of parent empowerment
  - Building on existing programs and resources
  - Importance of sustainability
  - Most challenging issue = engaging parents
What we found:

- Parent and provider feedback
  - Lack of awareness of parenting resources in the community
  - Strong interest in having such programming available
  - High degree of need identified by child services providers in all three sectors
  - Concerns about effects of drug use and addiction on families and children
  - Suggestions for reducing barriers and providing incentives for participation
R34 Application

- Submitted in June 2014 to the National Institutes of Health/National Institute of Mental Health

- **Title:** Systematically Adapted Delivery of the Family Check-Up in Underserved Communities

- **Purpose:** To adapt the delivery model for the Family Check-Up, a brief BPT previously shown to be effective in reducing behavior problems and preventing negative outcomes when delivered by trained mental health professionals in clinic and community settings.
R34 Application

Study Team:

• Perry County Early Childhood CAB (10 letters of support!)
• Tina Studts
• Fran Feltner
• Nancy Schoenberg
• Angie Carman
• Julie Jacobs
• Wayne Noble
• Lynett Renner (CVHDHD)
• Mace Baker (Kentucky Homeplace)
R34 Application

- Reviewed by NIH in October 2014
- Perry County Early Childhood CAB met to help formulate responses to reviewer critiques

Next Steps

- Thank you for your letters of support!
- Thank you for your feedback and ideas in our CAB meetings.
- Grant application will be reviewed on October 2 and results will be sent later that month.
- In the meantime...
  -- More parent interviews (referrals still needed)
  -- Focus groups (hopefully with many of you!)

FUNDED in March 2015!
Systematically Adapted Delivery of the Family Check-Up

**Aim 1:** Assess Appalachian parents’ and community stakeholders’ preferences and perspectives regarding 2 key components of the delivery of BPT interventions

- Key informant interviews with parents (N = 20)
- Key informant interviews with community stakeholders (N = 15)
Who?

Who?

Where?

Where?

How?

How?
Systematically Adapted Delivery of the Family Check-Up

Aim 2: **Incorporate** parents’ and community stakeholders’ feedback into the development of a standardized training and delivery protocol for community health workers already employed in local health departments to deliver the Family Check-Up.

With our Community Advisory Board...

- Review qualitative results from Aim 1
- Determine modality and location
- Review drafts of the training and delivery protocol until acceptable
Aim 3: Conduct a pilot test of the adapted delivery model for the Family Check-Up in 4 Appalachian communities.

- 1 community health worker per county (4 total)
- Each delivers Family Check-Up to 5 at-risk families (20 total)
Systematically Adapted Delivery of the Family Check-Up

(1) Feasibility – Can we do it?
Systematically Adapted Delivery of the Family Check-Up

(1) Feasibility – Can we do it?

(2) Acceptability – Do they like it?
Systematically Adapted Delivery of the Family Check-Up

(1) Feasibility – Can we do it?

(2) Acceptability – Do they like it?

(3) Costs – Can we afford it?
Systematically Adapted Delivery of the Family Check-Up

• If successful, this study will lead to an R01 application to test the implementation of the Family Check-Up across a large number of “underserved” rural counties, answering questions including:

  – How to best train, supervise, and support community health workers?

  – How to promote implementation of the Family Check-Up in local health departments?

  – Do we see the same positive results in families and children as are reported in less “real world” settings?
• The next phase of our work begins in May 2015, supported by the National Institute of Mental Health, National Institutes of Health, through grant number 1R34MH10661-01.

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