

Quick Parenting Assessment (QPA) for Pediatrics

Developed at Vanderbilt University Medical Center



Content

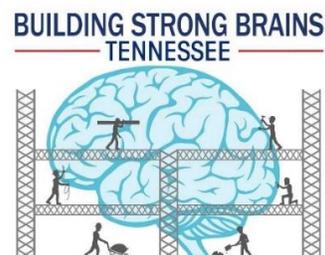
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Version date: September 22, 2020.

Website: <https://www.childrenshospitalvanderbilt.org/information/quick-parenting-assessment>

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Funding for this project was provided by the State of Tennessee Department of Children's Services: Building Strong Brains Tennessee Programs, Projects, and Activities.



Quick Parenting Assessment (QPA) Frequently Asked Questions

What is the QPA?

The QPA is a parent-support tool that integrates healthy discipline education into the pediatric primary care visit.

Why was the QPA developed?

The QPA is designed to improve children's socioemotional health and prevent disease. Exposure to unhealthy discipline is associated with many physical and mental health problems including child abuse, violence, depression, drug use, suicide attempts, heart disease, lung disease, and obesity. An important step to improve children's health is to support parents' use of healthy discipline strategies.

What does the QPA measure?

The QPA assesses for a child's recent exposure to five unhealthy discipline strategies that are associated with adverse outcomes (questions 2-6, 8-12): 1) overuse of punitive discipline, 2) speaking angrily/yelling, 3) threatening, 4) physical punishment, and 5) humiliating language. The QPA also assesses for two positive behaviors (questions 1 and 7): 1) redirecting and 2) spending more time with the child to explain expectations. When discussing results with parents, health care providers should always start the conversation with what parents are doing well (questions 1 and 7).

Who should be screened and when?

The QPA is designed for parents of young children, ages 1-10. Studies demonstrate that parents begin using unhealthy discipline early in a child's life. We recommend screening every couple of years, starting when children are young (e.g. ages 1, 3, 5, 7, and 9 years). In our clinic, the QPA is administered to parents at the 15 month, 30 month, 5 year, and 8 year well visit.

How does the QPA work?

Parents answer 12 "Yes/No" questions that assess how their child has been disciplined in the previous month. Seven questions ask about the discipline practices of the presenting parent. Five questions ask about the discipline practices of other caregivers; this special feature of the QPA informs health care providers about the discipline practices of caregivers who do not attend the clinic visit. During the well child visit, health care providers review the survey and respond with an appropriate level of intervention using an algorithm with suggested scripts, resources, and discharge instructions.

Does the QPA require a lot of time?

Compared to other parenting assessment tools, the QPA is a time-saver. In a survey of U.S. pediatricians, "lack of time" was the most frequently reported barrier to educating parents about healthy discipline strategies. The QPA takes about 1 minute to complete. We present one evidence-based method in which clinicians can respond to low QPA scores in seconds and elevated scores in 1-2 minutes (see Appendix).

Don't health care providers currently address discipline in primary care?

The American Academy of Pediatrics recommends that health care providers address discipline, but many parents report that they receive no information about parenting. Some health care providers do provide education about healthy discipline; however, it is unclear which parents need what level of intervention without a parenting assessment. The QPA helps provide more objectivity for the clinician to deliver the right level of parenting support.

QPA Frequently Asked Questions (continued)

Has the QPA been tested/validated?

Yes. The QPA has been tested with over 1000 families and has promising psychometric properties. Compared to children with low QPA scores, children with high QPA scores are more likely to have behavior problems and to have been referred for mental health services.

How do health providers avoid offending parents?

The QPA should be viewed as a parent-support tool. When responding to the QPA, health care providers must inject humility and the desire to support the family. Parenting is a sensitive issue and no parent wants to be judged. Parents may be using unhealthy discipline strategies, but they are not “bad” parents. Studies have found that parents want parenting advice from their pediatrician. Be sure to start your conversation with what the parent is doing well, building on their strengths. For example, you might say, “I see that you are using some of the best discipline strategies such as redirecting (question 1), spending more time with your child, and setting future expectations (question 7)”. Other phrases you might use to frame the QPA in a thoughtful way are: “No parent does it right 100% of the time”, “We want to support all parents”, “We want all parents to learn about healthy discipline strategies”.

Are parents reported for child abuse if they screen positive?

Absolutely not. The QPA may identify a child who is at increased risk of child abuse, but it does not diagnose child abuse. The questions in the QPA were carefully designed such that no response or set of responses would result in a report of child abuse. All parents use unhealthy discipline strategies from time to time. The QPA is not designed to identify “bad” parents or child abuse; rather, it is designed to be supportive and non-stigmatizing.

What about assessing exposure to other adverse childhood experiences?

Other childhood stressors include exposure to divorce, mental illness, incarceration, poverty, and bullying. The QPA is designed to be used alone or incorporated into the Pediatric ACEs Algorithm, a more comprehensive ACEs assessment tool that includes other childhood stressors and parents’ current and past stressors. The QPA was developed as a stand-alone tool because time constraints may prohibit health care providers from using more comprehensive ACEs assessment tools and to facilitate the completion of follow up QPAs.

Is there a cost to use the QPA?

The QPA may be used at no cost with attribution.

How can I access forms and learn more about the QPA and the Pediatric ACEs Algorithm?

- <https://www.childrenshospitalvanderbilt.org/information/quick-parenting-assessment>

I would like to training for myself and/or other clinicians in my office to use the QPA.

For inquiries, please email, Seth.Scholer@Vanderbilt.edu.

Quick Parenting Assessment (QPA)

Date: _____

Name of your child: _____ Age of your child: _____

What is your relationship with your child? Mother Father Grandparent Other

Parents use many options to discipline their children and no parent does it right 100% of the time. To support you and your child, please let us know what YOU and OTHER CAREGIVERS *do*, not what you *think* you should do.

In the past month, what have YOU done when your child needed to be disciplined?

1. You redirected your child toward a good behavior. For example, you said something like: "Don't bite people, use your teeth to eat food" or "Don't kick the dog, let's go kick a ball".	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. In general, more than once per day, you used time-out or took away privilege.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
3. In general, more than once per day, you spoke angrily or raised your voice.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
4. You told your child that he/she is going to be spanked, smacked, popped, or slapped.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
5. You gave your child a spanking, smack, pop, or slap.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
6. You told your child something like "You are a bad boy" or "You are a naughty girl".	<input type="radio"/> Yes	<input checked="" type="radio"/> No
7. You spent more time with your child to talk about or show them how to improve behavior.	<input checked="" type="radio"/> Yes	<input type="radio"/> No

In the past month, what have your child's OTHER CAREGIVERS done when your child needed to be disciplined? SKIP questions 8-12 if you are the only caregiver.

8. In general, more than once per day, they used time-out or took away privilege.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
9. In general, more than once per day, they spoke angrily or raised their voice.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
10. They told your child that they are going to be spanked, smacked, popped, or slapped.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
11. They gave your child a spanking, smack, pop, or slap.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
12. They told your child something like "You are a bad boy" or "You are a naughty girl".	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Your health care provider wants to support you.

13. I would like to discuss healthy ways to respond to my child's behavior.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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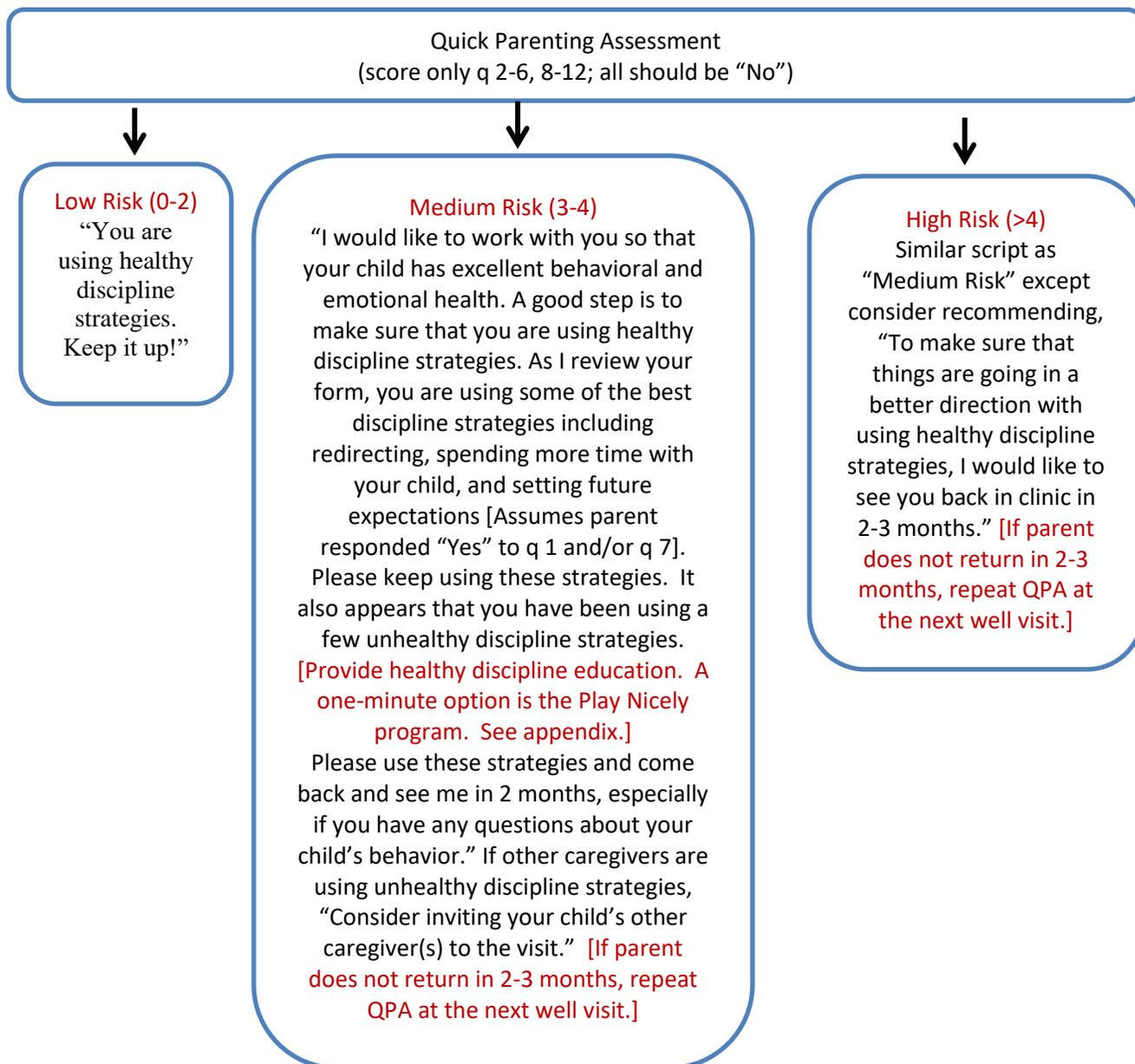
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QPA = 0
Low Risk

Quick Parenting Assessment (QPA) Algorithm for Health Care Providers

Scoring: Questions 2-6 and 8-12 should be “No”. Score 1 point for each at risk response. Questions 1 and 7, both positive parenting behaviors, can be reviewed but should not be scored. If a parent answers “No” to all questions, consider literacy issues and/or whether the survey was completed accurately. Question 13 gauges a parent’s interest in receiving education about discipline.

Script for health care provider: “I would like to take a minute or two to review the form you completed about discipline your child. I feel it is important for all parents to know about healthy discipline strategies, realizing that parenting is challenging, and no parent does it right 100% of the time.”



Quick Parenting Assessment (QPA) Discharge Instructions

Health care providers usually give written discharge instructions to patients. Below are examples of text that could be provided to parents as part of the QPA. At Vanderbilt University Medical Center, our electronic health record, EPIC, uses Smart Phrases in the After Visit Summary (AVS) Text [i.e. discharge instructions for parent]

.QPALOW:

Healthy Discipline: Our goal is for your child to have excellent emotional and behavioral health. A first step is for parents to use healthy discipline strategies. You are doing it! Keep it up!

Healthy discipline resources

www.playnicely.org
www.cdc.gov/parents
www.zerotothree.org

.QPAMEDIUM

Healthy Discipline: We want to support you to help your child have excellent emotional and behavioral health. A first step is for parents to use healthy discipline strategies. Your child will likely have better behavioral health if you and your child's other caregivers use the best discipline strategies to respond to behavior problems.

Although there is no one right way to respond to behavior problems, some discipline strategies work better than others. Try to avoid spanking, yelling, or threatening or saying "No" too much because these do not teach children what they are supposed to do, and these strategies can be unhealthy for your child. First, take the time to explain the rules, using good eye contact. Then, one of the best discipline strategies is to redirect a child toward a more positive behavior. For example, if your child hits another, redirect your child to go build blocks, throw a ball, or help you around the house. If your child kicks, have them go kick a soccer ball or run up and down the hall with their feet. Redirecting works great because you give your child attention, and at the same time, you teach them what they can do, not what they can't.

To learn about healthy ways to discipline, please view the Play Nicely multimedia program at home on your computer or smart phone (see www.playnicely.org). You can check out the Play Nicely Healthy Discipline Handbook from the Family Resource Center on the 2nd Floor of the Doctor's Office Tower. Show the program to everyone who takes care of your child. Your child will behave better if everyone is consistent with discipline. Please use the strategies in the program and come back to see me in 2 months, especially if you have any questions about healthy discipline options or your child's behavior.

Healthy discipline resources

www.playnicely.org
www.cdc.gov/parents
www.zerotothree.org

.QPAHIGH:

Healthy Discipline: We want to support you to help your child have excellent emotional and behavioral health. A first step is for parents to use healthy discipline strategies. Your child will likely have better behavioral health if you and your child's other caregivers use the best discipline strategies to respond to behavior problems.

Although there is no one right way to respond to behavior problems, some discipline strategies work better than others. Try to avoid spanking, yelling, or threatening or saying "No" too much because these do not teach children what they are supposed to do, and these strategies can be unhealthy for your child. First, take the time to explain the rules, using good eye contact. Then, one of the best discipline strategies is to redirect a child toward a more positive behavior. For example, if your child hits another, redirect your child to go build blocks, throw a ball, or help you around the house. If your child kicks, have them go kick a soccer ball or run up and down the hall with their feet. Redirecting works great because you give your child attention, and at the same time, you teach them what they can do, not what they can't.

To learn about lots of other healthy ways to discipline, please consider viewing the Play Nicely multimedia program at home on your computer or smart phone (see www.playnicely.org). You can check out the Play Nicely Healthy Discipline Handbook from the Family Resource Center on the 2nd Floor of the Doctor's Office Tower. Show the program to everyone who takes care of your child. Your child will behave better if everyone is consistent with discipline. Please use the strategies in the program and come back to see me in 2-3 months.

Healthy discipline resources

www.playnicely.org

www.cdc.gov/parents

www.zerotothree.org

If no improvement in your child's behavior, please consider a parenting class.
Community Parenting Classes in Middle Tennessee

Regional Intervention Program

For parents of children younger than 7, who want to build skills in how to handle challenging child behavior, the Regional Intervention Program is a twice weekly program (2 hours/session) over 6-9 months in Nashville:

<http://ripnetwork.org/>

<https://www.tn.gov/behavioral-health/mental-health-services/mental-health-services-for-children-and-youth/rip-regional-intervention-program.html>

Contact: Vicki Ervin, Program Coordinator (615) 963-1177 or vicki.ervin@tn.gov

Parenting Classes/Support Groups

1) Nurture the Next – No fee

- For parents with children under 12, who are having behavior problems. It is an 8-12 week evidence-based program focusing on fostering nurturing, protective adult behaviors and safe environments for children in order to promote healthy coping skills and resilience in children.

600 Hill Avenue, Suite 202, Nashville 37210
615-383-0994 or Parenting Help Line 1-800-CHILDREN
<https://www.nurturethenext.org/>

2) The Family Center – No Fee or sliding scale fee, depending on program

- For families looking to parent their children in a positive environment and break the cycle of trauma. They offer several evidence-based parenting programs, including one time seminars and classes at the agency and at home.

139 Thompson Lane, Nashville, TN 37211; 615-333-2644

Or 115 Heritage Park Drive, Murfreesboro, TN 37129; 615-890-4673 <http://familycentertn.org>

3) Miriam's Promise – No Fee

- For parents who are experiencing emotional difficulties or conflicts concerning their role as parents, including counseling. They also include pregnancy, parenting and adoption services.

1008 19th Ave S, Nashville, TN 37212; 615-292-3500

www.miriamspromise.org

4) Martha O'Bryan Center – Family Engagement Programs – No Fee

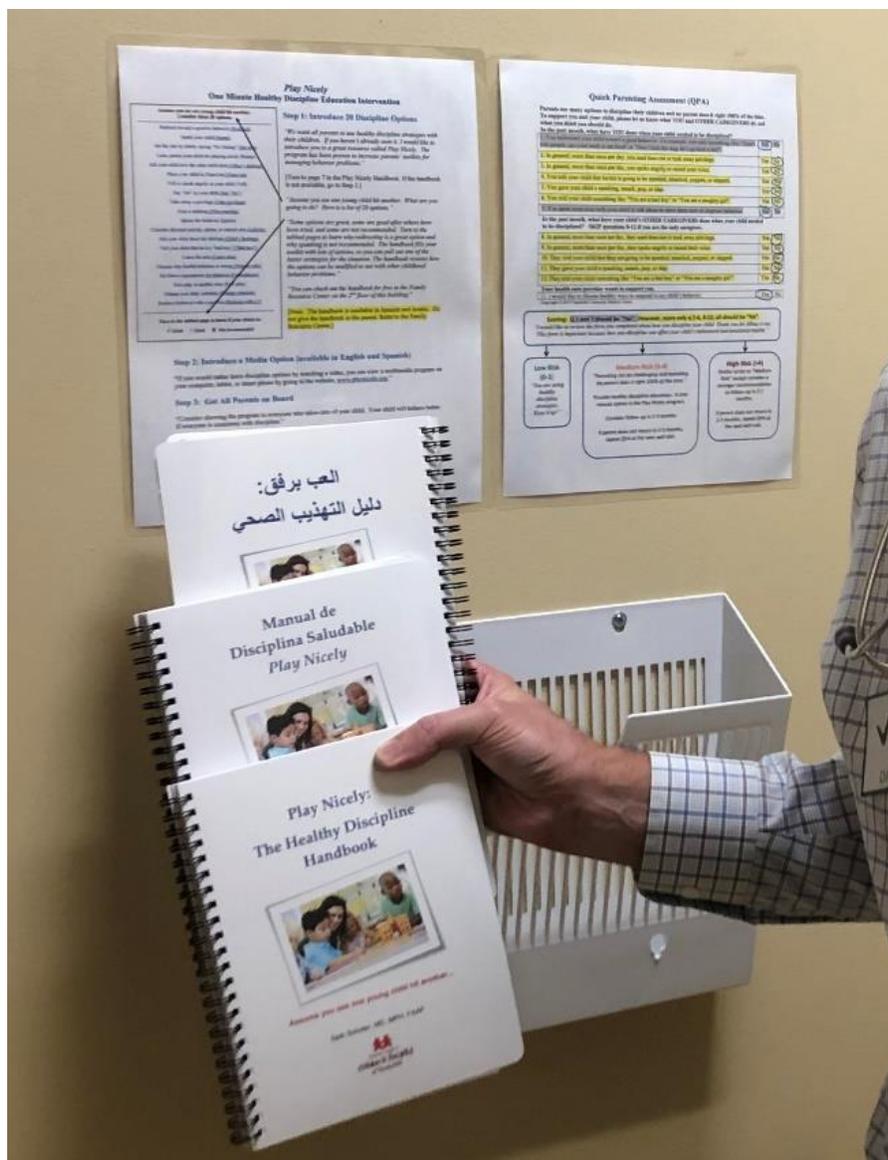
- For families of young children, Tied Together consists of 10 sessions of parent education which connects parents with resources and experts in the areas of brain development, nutrition, literacy, safety, health and immunizations, and loving guidance. (Ages 0-4)
- Play and Learn at Martha O'Bryan Center is a multi-generational program where parents and their children, ages 0 to 5, work on educational activities and share a meal.

711 S. 7th Street, Nashville 37206; 615- 254-1791

www.marthaobryan.org

Appendix

QPA Resource Station



QPA Resource Station: Clinicians need training to use the QPA and to respond to positive screens. A QPA Resource Station, created on a wall in clinic, can help with both. At Vanderbilt, parents can check out the Play Nicely handbook from the Family Resource Center. We have found it helpful to clinicians to have the following two pages laminated and placed above a bin containing the handbooks.

Quick Parenting Assessment (QPA)

Parents use many options to discipline their children and no parent does it right 100% of the time. To support you and your child, please let us know what YOU and OTHER CAREGIVERS *do*, not what you *think* you should do.

In the past month, what have YOU done when your child needed to be disciplined?

1. You redirected your child toward a good behavior. For example, you said something like: "Don't bite people, use your teeth to eat food" or "Don't kick the dog, let's go kick a ball".	Yes	No
2. In general, more than once per day, you used time-out or took away privilege.	Yes	No
3. In general, more than once per day, you spoke angrily or raised your voice.	Yes	No
4. You told your child that he/she is going to be spanked, smacked, popped, or slapped.	Yes	No
5. You gave your child a spanking, smack, pop, or slap.	Yes	No
6. You told your child something like "You are a bad boy" or "You are a naughty girl".	Yes	No
7. You spent more time with your child to talk about or show them how to improve behavior.	Yes	No

In the past month, what have your child's OTHER CAREGIVERS done when your child needed to be disciplined? SKIP questions 8-12 if you are the only caregiver.

8. In general, more than once per day, they used time-out or took away privilege.	Yes	No
9. In general, more than once per day, they spoke angrily or raised their voice.	Yes	No
10. They told your child that they are going to be spanked, smacked, popped, or slapped.	Yes	No
11. They gave your child a spanking, smack, pop, or slap.	Yes	No
12. They told your child something like "You are a bad boy" or "You are a naughty girl".	Yes	No

Your health care provider wants to support you.

13. I would like to discuss healthy ways to respond to my child's behavior.	Yes	No
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Scoring: Q 1 and 7 should be "Yes". However, score only q 2-6, 8-12; all should be "No".

"I would like to review the form you completed about how you discipline your child. Thank you for filling it out. This form is important because how you discipline can affect your child's behavioral and emotional health."



Low Risk (0-2)

"You are using healthy discipline strategies. Keep it up!"



Medium Risk (3-4)

"Parenting can be challenging and humbling. No parent does it right 100% of the time."

Provide healthy discipline education, first building on strengths (q 1 and 7). A one-minute option is the Play Nicely program.

Consider follow up in 2-3 months

If parent does not return in 2-3 months, repeat QPA at the next well visit.



High Risk (>4)

Similar script as "Medium Risk" except consider a stronger recommendation to follow-up in 2-3 months.

If parent does not return in 2-3 months, repeat QPA at the next well visit.

One Minute Healthy Discipline Education Intervention

Assume you see one young child hit another.
Consider these 20 options.

Redirect toward a positive behavior (Redirect)

Spank your child (Spank)

Set the rule by firmly saying “No Hitting” (Set rule)

Later, praise your child for playing nicely (Praise)

Ask your child how the other child feels (Other’s feelings)

Place your child in Time-Out (Time-out)

Yell or speak angrily at your child (Yell)

Say “No” to your child (Say “No”)

Take away a privilege (Take privilege)

Give a warning (Give warning)

Ignore the behavior (Ignore)

Consider physical activity, sports, or martial arts (Activity)

Ask your child about his feelings (Child’s feelings)

Tell your child that he is a “bad boy” (“Bad boy”)

Leave the area (Leave area)

Discuss why hurtful behavior is wrong (Discuss why)

Set future expectations for behavior (Expectations)

Role play at another time (Role play)

Change your daily schedule (Change schedule)

Redirect behavior with a question (Redirect with a ?)

Turn to the tabbed page to learn if your choice is:

✓ Great ✓ Good ✗ Not recommended

Step 1: Introduce 20 Discipline Options

“We want all parents to use healthy discipline strategies with their children. If you haven’t already seen it, I would like to introduce you to a great resource called Play Nicely. The program has been proven to increase parents’ toolkits for managing behavior problems.”

[Turn to page 7 in the Play Nicely Handbook. If the handbook is not available, go to Step 2.]

“Assume you see one young child hit another. What are you going to do? Here is a list of 20 options.”

“Some options are great, some are good after others have been tried, and some are not recommended. Turn to the tabbed pages to learn why redirecting is a great option and why spanking is not recommended. The handbook fills your toolkit with lots of options, so you can pull out one of the better strategies for the situation. The handbook reviews how the options can be modified to use with other childhood behavior problems.”

“You can check out the handbook...” [Note: if the handbook is not available to check out in your clinic, parents can purchase the handbook online or view the free multimedia program.]

Step 2: Introduce a Media Option (available in English and Spanish)

“If you would rather learn discipline options by watching a video, you can view a multimedia program on your computer, tablet, or smart phone by going to the website, www.playnicely.org.”

Step 3: Get All Parents on Board

“Consider showing the program to everyone who takes care of your child. Your child will behave better if everyone is consistent with discipline.”

Step 4: Follow up

“If you have any ongoing concerns about your child’s behavior or about how to discipline your child, please come back and see me in 2-3 months.”