

Policy Options for Improving Children’s Wellbeing by Promoting Evidence-Based Parenting Interventions in Primary Care Settings

Children and adolescents are shaped by early experiences – healthy development matters

Children develop in an environment of relationships that begins with their family, and their early experiences affect brain development.ⁱ A child’s brain undergoes an amazing period of development from birth to age three, producing more than a million neural connections each second.ⁱⁱ In the early years, children’s brains are creating neural connections to use for their lifetime. They are building attachment and self-regulation skills, which provide scaffolding for future experiences and growth.ⁱⁱⁱ This creates a unique opportunity to promote healthy development and relationships as early in life as possible to produce better outcomes and decrease costs to individuals and society.^{iv,v} Early adolescence is another period of rapid brain development, during which youth are learning to regulate emotions, exercise greater executive functioning and experience greater autonomy.

We now know the part of the brain that governs decision making, abstract thinking, and problem solving is not fully developed until around age 26. During this period the brain is more wired for risk taking which can lead to an array of unhealthy behaviors and choices. Developmental science makes clear that adolescence is a period of life when young people can easily pivot from a positive to a negative trajectory, and back again. It shows also that relationships with family and caring adults are protective against various health risks and behaviors across all racial, ethnic and gender groups. Adverse childhood experiences can have negative effects on their health and well-being into adulthood. Such experiences include exposure to parental mood disorder, abuse or neglect, and family conflict and disruption.^{vi,vii} The impacts of adverse childhood experiences can be substantially buffered for children and adolescents by a stable and supportive relationship with a parent or caregiver.^{viii}

Promoting Healthy Development through Parenting Interventions in Primary Care

- Primary care providers, by virtue of their frequent contact with families, are well positioned to provide healthy developmental and behavioral recommendations to all children, adolescents, and their families through supportive parenting programs. They also identify healthy development risks in children and provide access to resources to strengthen parents’ capacity to nurture their children when needed.^{ix}
- Parenting programs provide families with tools to promote healthy child development and strengthen parent-child relationships to position all children and adolescents for greater success in life and positive health outcomes, with key effects of parenting programs persisting well into adulthood.
- Research has shown that evidence-based parenting programs for all families can prevent and reduce children’s behavioral health problems (often emerging early in life). Such programs offer consistent benefits for child physical and behavioral health through adolescence and into adulthood.^{x,xi,xii,xiii,xiv}
- Cost-benefit analyses of data from the Washington State Institute for Public Policy identified 15 family-focused prevention programs that produced economic benefits above and beyond the program costs.^{xv,xvi}

Policy Opportunities for Expanding Family-Focused Prevention Programs in Primary Care

- Allow payment for family-focused prevention programs in primary care through private insurance, Medicaid and the Children’s Health Insurance Program in order to promote greater adoption of these family focused programs.
- Increase insurance coverage for these programs, in order to broaden their reach by allowing payment for:
 - Services delivered by trained and certified allied professionals such as psychologists, nurses, social workers, marriage and family therapists, behavioral health workers, mental health workers, community health workers, and parenting educators.
 - Services without the requirement of a child disorder diagnosis.
 - Services delivered to parents without the child/patient present, and as part of group settings.
- The flexibility described above would increase participation in family-focused prevention programs by helping to reduce the stigma associated with these critical services.^{vii}
- These policy and practice initiatives can serve to make parenting education available, accessible, affordable and attractive to all parents and caregivers, and to substantially increase children’s wellbeing in all segments of society.

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