

ENTRY POINT

DOI: 10.1377/hlthaff.2020.00238

Treating Children, Coaching Their Parents

The Parent Connex program in Cincinnati, Ohio, integrates social services for families into pediatric care visits.

BY ROB LOTT

Sarah Johnson knows that parenting is rarely easy. But sometimes the challenges can pile up, one on top of another, until it becomes overwhelming. A mother of two young children living just northwest of Cincinnati, Ohio, Johnson started feeling swamped in the fall of 2018. That's when her daughter, Lily, was born premature at thirty weeks. Her son, Matthew, was three years old at the time. It was a lot to handle, and although the baby thrived when she came home from the neonatal intensive care unit, Johnson and her husband were exhausted.

Meanwhile, Matthew was struggling. His speech development seemed delayed; he was having trouble sleeping; and, Johnson says, he was showing a lot of "big emotions." Their pediatrician, Tirza Costello—part of a large practice within TriHealth, a nonprofit health system spanning the greater Cincinnati region—referred Johnson to a parenting specialist. It was a free service called Parent Connex, available to any patient in the practice and offered through a partnership with Beech Acres, a local parenting center and social services organization.

The first two times Costello made the referral, Johnson didn't pursue it. "I thought I could probably handle it on my own," she says. "So I said thanks, put the card away, didn't use it." Finally, the third time Costello suggested it, Johnson figured it couldn't hurt to reach out.

She was referred to Shawn Gilligan, a Beech Acres parenting specialist work-

ing out of the same TriHealth facility as her pediatrician.

In their initial meeting, Gilligan mostly just listened as Johnson told her story. Later, Gilligan—who had trained as a family therapist and previously worked at a child welfare agency in rural Indiana—gave Johnson a strengths assessment, a standardized questionnaire aimed at identifying her skill set. Then they worked together to develop a parenting plan built on those strengths. "Shawn started working with me on how to set up a routine that would work for Matthew, how to deal with transitions," Johnson says.

Johnson admits that at first, "my ultimate goal was to get more sleep.... It was more for myself than for him, but it turned into a very crucial step in getting [Matthew] the help he needed."

Not long after Matthew started going to preschool, at age three, he began acting out—biting other students and showing "territorial tendencies that seemed...much, much more aggressive than the norm," Johnson says. She suspected that Matthew's struggles were a sign of deeper developmental challenges. She and her husband worried that the school might be slow or unable to provide the additional support that Matthew needed. "The mismatch of his needs with what the teachers were providing was so big," she says. "I mean, everybody was just frustrated."

Eventually the school hinted that if his behavior continued, Matthew might have to leave. Again Johnson called on Gilligan, who offered guidance for navigating the sometimes tense and difficult

conversations with the school. More than anything else, this support made Johnson feel less alone—someone had her back. "It empowered her," Gilligan says, giving her the strength to push for what her family needed from the school.

The fact that Johnson had been working with an expert also sent a signal to the school. Otherwise, "they would have thought I was just a bad parent, [that] I need to improve my parenting skills," she says. "But...I was really able to go to them and say, 'Hey, I've done all this work with Beech Acres...this is not normal behavior. We need to start thinking about this as a neurodevelopmental thing.'"

"That gave me a lot of credibility that I would not have had otherwise," she says. The school eventually came around to Johnson's point of view and developed an individualized education program for Matthew, which ensured that he'd get the additional testing, therapy, and support he needed.

At the same time, Gilligan's support and the win with the school gave Johnson the confidence to go back to her doctor to see whether there was a role for the health care system in helping her son. The pediatrician trusted Johnson's "legwork"—in part because it had been guided by Gilligan—and provided both the referral and the extensive documentation necessary for Johnson to secure an appointment with a pediatric behavioral specialist at Cincinnati Children's Hospital.

Today Johnson is looking ahead with nervous anticipation to that appointment, scheduled for the spring of 2020. She is feeling hopeful, partly because she's already seen a real change in Matthew's behavior. Previously, she says, "I couldn't get him out of the car at the end of the school day.... He was so done, so frustrated. Now, he's a very happy kid, we don't have those biting behaviors anymore. And I really foresee him being ahead of the curve in getting his needs met, as compared to other children in his situation."

Parent Connex, the program that brought Johnson and Gilligan together, represents a relatively new experiment

in the integration of health and human services. At its core is the recognition that adverse childhood experiences can disrupt families, create toxic stress, and wreak havoc on a child's health—ultimately hindering their long-term well-being and socioeconomic status as an adult.^{1,2} The work of Parent Connex, and other programs like it, begins with an ambitious question: What if we invested not just in mitigating the affects of adverse childhood experiences but also in preventing them? Local stakeholders of Parent Connex hope the dividends from just such an investment will be significant. The research is in its early stages, but there have been promising signs.

At Beech Acres they're eager to keep the experiment going. "Let's create something," says Jim Mason, the president and CEO, "not just for the kids at the greatest risk, but for the whole system."

An Evolving Approach

In 1849 a devastating cholera epidemic swept through Cincinnati, killing more than four thousand residents and leaving hundreds of children orphaned. In response, the city's community of German immigrants—who had been particularly affected by the crisis—founded the German General Protestant Orphan Society and set about raising funds to build and operate a new orphanage. The first residents (at the time, the children were referred to as "in-mates") were admitted in the summer of 1851.³

For more than 125 years the orphanage provided "a safe, clean, and secure place for children to grow up who had been displaced by parental death, poverty, or other family disruptions," wrote Mason in the introduction to a photographic history of the organization.^{3(p7)} In the mid-twentieth century, after removing the word *German* from its name, the General Protestant Orphan Society bought a sixty-acre farm northeast of the city and built six cottages to house twelve to sixteen children each. The small structures still stand next to a dignified administration building and surround a gently sloping lawn. Old beech trees, for which the organization is now named, quietly sway over the property.

Mason explains that over time, as

cholera and other deadly infectious diseases faded, the orphanage's mission moved away from providing shelter and care to parentless children and toward rescuing "good kids from bad homes." This was a charitable pursuit that was common during much of the twentieth century among social service organizations across the United States. But it rarely addressed the complex generational traumas, emotional damage, and toxic stress hidden behind the walls of those supposedly bad homes.

In the 1980s Beech Acres began focusing on the root causes that were hurting so many of the children in its orbit. The organization closed down all of its residential services; turned the orphanage into offices and counseling facilities; and shifted its focus to foster care, intensive family services, child abuse prevention, mediation, and support for families going through divorce. It took on a managed care contract with Hamilton County to provide wraparound behavioral health services to hundreds of high-need pediatric patients.

Still, Mason and his colleagues at Beech Acres couldn't shake the feeling that even in caring for some of the neediest children, they were giving short shrift to the one thing that could have the most profound and determinative effect on a child's success: the quality of the parenting. Parenting makes all the difference, Mason says, "whether it's from a birth parent, foster parent, institution.... It's that buck-stop, dedicated adult relationship."

In the organization's most explicit attempt yet to differentiate itself from traditional child welfare agencies, it officially took on a new name in 2006: Beech Acres Parenting Center.

Focusing On Parents

By the early 2010s Jill Huynh, a licensed social worker and now vice president at Beech Acres, was overseeing all of the center's parenting programs. Despite Beech Acres' full embrace of its role as a parenting center, she felt as if they weren't reaching nearly as many families as they could. At the time, they had many small programs and legacy initiatives—court-ordered counseling for individuals or families, for example, and one-off family referrals from local teachers and doctors. It was "really good

work," Huynh says, but in the scheme of things, these smaller projects lacked "inertia or scale" and were "just kind of siloed, serving forty people here, a hundred people here, twenty people there."

Huynh started looking for ways to grow the organization's investment in parents directly. "One of my challenges," she says, "was trying to figure out how we go where parents are." She started talking to people she trusted. Among them was Jon Mumma, her own children's pediatrician, who practices not far from the Beech Acres campus in Anderson Township as part of the TriHealth network. Huynh had first met Mumma not long after the birth of her son, who is now nearly twenty years old.

When Huynh met up with Mumma and one of his physician colleagues, Lynn Croteau, in 2014, they (like countless other primary care physicians) had been doing their best to "cover all the bases" with their patients in the fifteen or twenty minutes allotted to a typical visit, then following up on nights and weekends when necessary. Still, both felt as if they just didn't have to time to help parents navigate some of the more thorny social challenges affecting their lives and their children's well-being, such as food insecurity, job loss, and substance use disorders—not to mention anxiety, attention deficit hyperactivity disorder (ADHD), and family disruption.

Often parents would raise these issues at the very end of the appointment. "You're walking out the door," Mumma says, "and the patient asks 'Oh by the way, my husband is spanking the kids, and I think it's wrong. What do you think?'"

In those moments, Mumma says, he would do everything he could to help, but he couldn't give the parent and child the full support that they needed. Maybe he'd refer them to traditional mental health services, but with skepticism that they'd be able to get a timely appointment or afford the bill. His only option at that time, he says, was to "do the best you can...fall further behind, get totally stressed out."

So during one of their chats, when Huynh wondered out loud if Mumma and his partners in the practice might like to have a Beech Acres counselor on-

site, she says that Mumma just about “did a backflip” at the prospect of being able to “walk people down the hallway and have them see someone.”

Coaching

The theoretical Beech Acres counselor described by Huynh turned out to be Huynh herself. After about four months of negotiation, TriHealth agreed in February 2015 to let Huynh work on site for two half-days a month in the facility where Mumma, Croteau, and their colleagues were seeing patients.

“I sat in an exam room, and in about three months I saw twenty-two parents,” Huynh says. Drawing on her decades of experience counseling often very troubled children and families, Huynh answered parent questions, assuaged concerns, helped set goals, made connections to social services, and mostly just listened. She describes this period as an informal experiment in on-site “parent coaching.”

The term *parent coaching* can encompass the work of navigating any number of parenting challenges, from simple stress and sleep issues to changes in family status such as divorce or the death of a loved one. It also includes grappling with everything from newborn feeding struggles to teenage social media use. It can mean helping develop a detailed care management plan in response to a child’s diagnosis of asthma, ADHD, or depression, for example. And perhaps most important, it can represent a first—and easy—step in connecting to other resources and specialists.

Despite the wide variety of challenges that each family faces, the common thread that runs through Beech Acres’ approach to parent coaching is a belief in “natural strength parenting.” This concept is articulated in the organization’s official vision of “a world where all children are nurtured to discover, cultivate and apply their natural gifts.”⁴

Beech Acres uses a simple, standardized assessment to identify parents’ and children’s strengths and talents—for example, leadership, creativity, or perseverance—as a foundation for growth. From there the focus shifts to developing tangible goals, such as potty training your toddler or helping your high schooler manage his recently diagnosed diabetes. Finally, they examine

In the 1980s Beech Acres began focusing on the root causes that were hurting so many of the children in its orbit.

how, exactly, one might take action, applying those unique strengths to achieve the specific goal.

At Beech Acres, all of this work is imbued with an intense optimism. There is a strong belief in the power of intention to help parents make positive choices in engaging with and responding to their children. This belief is articulated most enthusiastically and earnestly by Mason, who jokes that “we started talking about mindfulness before it became popular.”

Mason, whose own parents have both passed away, describes himself as his family’s “designated eulogist,” frequently tapped to speak at loved ones’ funerals. Without being too morbid about it, Mason says, he wants all parents to put their intentions in this context: “Why don’t I think about my eulogy now, when I still have a little kid? What’s the story, hopefully years from now, they’re going to tell about me? What do I want them to say about me?” In other words, Mason urges parents to “[get] clear about the values you want your kids to learn when they grow.”

Expansion

Huynh says she learned a lot in those first few months of testing her theory about on-site coaching down the hall from Mumma and his colleagues.

She learned that there’s not a lot of meeting space in most pediatric offices, for example, so she met with patients in whatever empty exam room was available. She also learned that “the medical assistants and nurses are really important,” Huynh says. “They have a lot of good information and they know families really, really well—sometimes better than the pediatrician.” As she explored what it would take to get a practice to embrace on-site parenting specialists, Huynh says, “I went in thinking pediatricians were my main customer.” But that changed: “Now, I will tell you the whole practice was the main customer.”

Around the same time that Huynh was posted to the TriHealth practice, she met with Robert Shapiro, a pediatrician, researcher, and director of the Mayerson Center for Safe and Healthy Children at Cincinnati Children’s Hospital Medical Center, with whom she had collaborated in the past. He was intrigued by Huynh’s experiment and suggested that they write a small grant application to the Kresge Foundation’s Moving Health Care Upstream project for support in implementing the model and evaluating its impact.

In June 2015 Kresge awarded the Mayerson Center a one-year grant, which included about \$15,000 to allow Beech Acres to place parenting specialists in two practices for four to eight hours a week. “So we charged ahead,” Huynh says, launching a screening process and parent coaching model in two practices.

The screening process relied on a straightforward parental questionnaire—known as the Safe Environment for Every Kid (SEEK) model—that aimed at identifying potential adverse childhood experiences and sources of toxic stress. Shapiro had helped other practices implement the SEEK tool in previous projects and research. Shapiro and Parent Connex have since modified the questionnaire to shift away from binary options on questions such as “Does anyone smoke at home?” Instead, they added a four-point Likert scale that allows respondents to choose from a graded spectrum of responses. Huynh and Shapiro believe that the modification has made it easier for parents to flag a concern in its early stages, before it becomes a full-blown problem. “We’ve made [the questions]...more approachable,” Shapiro says, “and less stigmatizing, I think.”

The screening questionnaire is one way to identify families in need of support. Another is to empower and encourage physicians to make referrals based on their direct interaction with patients.

In that first year, while the specialists were on site, Huynh says, they essentially had two jobs. First, of course, was to meet with parents who sought support, often immediately following their visit with a pediatrician. The second was to “build relationships with those pediatricians”—who, Huynh knew, had to be

comfortable referring patients to the specialist for the program to work.

The importance of that relationship also informs Huynh's hiring decisions when she brings on a new parenting specialist. There is no single credential she is looking for, although the current specialists all have advanced degrees in some field of human services, a foundational understanding of child development, and at least five years of experience working directly with children and families. "They understand family systems, family dynamics," Huynh says, "but they all also have a unique ability to engage parents and the proven track record in doing so." Above all, she says, "we really need these people to be viewed as having wisdom."

Evaluation

A year into the project, another opportunity arose—this one from bi3, a grant-making foundation affiliated with the TriHealth system. In June 2016 the foundation awarded a three-year, \$1.1 million grant to expand and grow Beech Acres' presence in additional TriHealth pediatric practices and to continue offering their services to all patients at no charge.

With that funding as a catalyst, Parent Connex grew its presence—reaching nine practices with four full-time parenting specialists by the end of 2019. It expects to add four more practices and another full-time specialist before the summer of 2020.

Over the past three years Shapiro and his colleague Emily Eismann, a senior program specialist at the Mayerson Center, have been leading efforts to evaluate the impact of the program. In their initial research, they tracked and compared family risk factors, resilience, and satisfaction before and after parents met with the specialist. They've also gathered feedback from surveys of the pediatricians and other practice staff members. The results, Eismann says, have been "overwhelmingly positive." Parents like the program, and staff members like being able to support families with this service.

Mumma has seen many of his colleagues embrace the program as soon as they witness what it can do. "You see a few families get some great help, and then you realize what it does for our schedule," he says. "Once that momen-

Many pediatricians might not be fully versed in the language of adversity and resilience that is cropping up more and more widely in the literature.

tum got going, then it really flew."

In early 2017 bi3 awarded another grant: an additional \$250,000 to support further research that looks at child health outcomes specifically. For this next phase of research, Shapiro and Eismann used a more complex—and, they hoped, more powerful—evaluative approach called a stepped wedge cluster randomized controlled trial. Unlike a traditional randomized controlled trial, which requires researchers to randomly assign study participants to a treatment group or a nontreatment control group, a stepped wedge cluster randomized trial allows every participant to receive the treatment, just not all at the same time. Instead, participants are introduced to the treatment in stages or steps. That difference in starting points creates the analytic space for researchers to discern associations between the treatment and the outcomes of interest.

Shapiro and Eismann's study contains two waves: a cluster of three practices that launched Parent Connex in January 2018 and a second cluster of three practices that launched it in January 2019. The research team is tracking whether there is any difference in emergency department visits, sick visits, well-child visits, immunizations, or referrals outside the practice between the two clusters, based on when they entered the program. These outcomes measures were chosen, in part, because they "have a cost tied to them," Eismann says.

By the end of 2019 all six practices in the study had been participating in Parent Connex for at least a year. Shapiro and Eismann are now collecting and analyzing their data in the hopes of having publishable results within a year.

Challenges

In June 2019, after a formal review by the Association of Maternal and Child

Health Programs, Parent Connex was awarded the designation of "Promising Practice."⁵ And according to Huynh, as of early 2020 the program's partnering clinicians have conducted more than nineteen thousand screenings and made more than three thousand referrals. More than two thousand parents have been served directly by one-on-one parent coaching. Yet despite Parent Connex's steady expansion, intuitive approach, and strong advocates, its journey has not been entirely obstacle free.

Chief among the obstacles it faced has been the question of securing the program's long-term financial sustainability. With more than a million dollars over three years to provide the service for free to all takers within the target practices, Parent Connex has been able to get its footing without having to worry much about financing. But the funder, bi3, cannot cover the bill indefinitely, and they've pushed Beech Acres to explore what it would take for the program to stand on its own. In response, Beech Acres is mapping out how they might develop a "braided funding mix," Huynh says, combining funding from numerous sources. This could include asking some parents to contribute a copayment or engaging with payers—public and private—to see if they might be willing to pay for the services, especially if the research shows evidence of improved health and cost savings.

Another challenge has been that the research on the link between childhood adversity and health is still relatively young. Even newer is the evidence on how to broadly apply that research in practical settings. Shapiro says that he has spent much of his career looking for "ways to incorporate the science of adversity, stress, and resilience into health care practice." At this point, "it's difficult to find approaches that incorporate this science into care," he says. "It's a space that really needs work." He'd like to see more rigorous trials of different approaches, in addition to his team's own study of Parent Connex.

That fact that this science is so new also means that many pediatricians might not be fully versed in the language of adversity and resilience that is cropping up more and more widely in the literature. Joseph Bailey, a pediatrician and medical director for the TriHealth

system's physician network, sees patients at the system's Western Ridge practice, where Shawn Gilligan—the Beech Acres parenting specialist—is based. Bailey considers himself a relative newcomer to the science of childhood adversity and health. In the past, he says, “we took care of toxic stress, but we didn't call it toxic stress; we called it bad luck, we called it hard times. We never learned about toxic stress in medical school.” So when pediatricians encountered these stressors in their patients' lives, many took them on as just another health challenge they needed to help their patients address. If it meant spending extra time on nights and week-

ends, then so be it.

“It's hard breaking those habits,” Bailey says, even if there is someone down the hall who can help take some of that problem-solving work off your plate. “The issue is teaching an old dog new tricks. I've been doing it for twenty-seven years. I get stuck in my ways.”

In time, though, Bailey has grown to appreciate this new approach. “I don't have to take care of this problem, I have Shawn who can do this just as well, maybe better,” he says. “And then I can go and see three more patients.”

In the past, Bailey says, “I thought our patients were getting really good care and I still think that they were.... But

they're getting better care now.”

This, he says, should be “where health care is going,” not just at TriHealth, but in pediatric and family medicine practices everywhere. “Just like it's expected that I can do a strep test in every office, just like it's expected that I should be able to take a blood pressure reading in every office[,]... ten years from now, I want there to be a Shawn in every office.” ■

Rob Lott (rlott@projecthope.org) is a deputy editor at *Health Affairs*, in Bethesda, Maryland. The author thanks Alex Soltany for his research assistance. At patients' request, names have been changed to protect their identity.

NOTES

- 1 Dube SR, Felitti VJ, Dong M, Giles WH, Anda RF. The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Prev Med*. 2003;37(3):268–77.
- 2 Prather AA. Stress is a key to understanding many social determinants of health. *Health Affairs* Blog [blog on the Internet] 2020 Feb 24 [cited 2020 Mar 3]. Available from: <https://www.healthaffairs.org/doi/10.1377/hblog20200220.839562/full/>
- 3 Hall C, Rezaian N. Cincinnati's General Protestant Orphan Home: Beech Acres Parenting Center (Images of America). Charleston (SC): Arcadia Publishing; 2011.
- 4 Beech Acres Parenting Center. Our mission and vision [Internet]. Cincinnati (OH): Beech Acres; c 2020 [cited 2020 Mar 3]. Available from: <https://beechacres.org/our-story/our-mission-vision/>
- 5 Association of Maternal and Child Health Programs. Parent coaching within a pediatric primary care practice [Internet]. Washington (DC): AMCHP; [cited 2020 Mar 3]. Available from: <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Parent%20Coaching%20within%20a%20Pediatric%20Primary%20Care%20Practice.pdf>