



USC University of
Southern California

RANDOMIZED CONTROLLED TRIAL OF VIRTUAL IY PROGRAMS FOR FILIPINO PARENTS

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WE HAVE NO FINANCIAL RELATIONSHIPS OR POTENTIAL CONFLICTS OF INTEREST TO DISCLOSE.

Written informed consent was obtained from primary caregivers using protocols approved by the Children's Hospital Los Angeles Institutional Review Board.

The trial's identifier is NCT04031170
(www.clinicaltrials.gov)

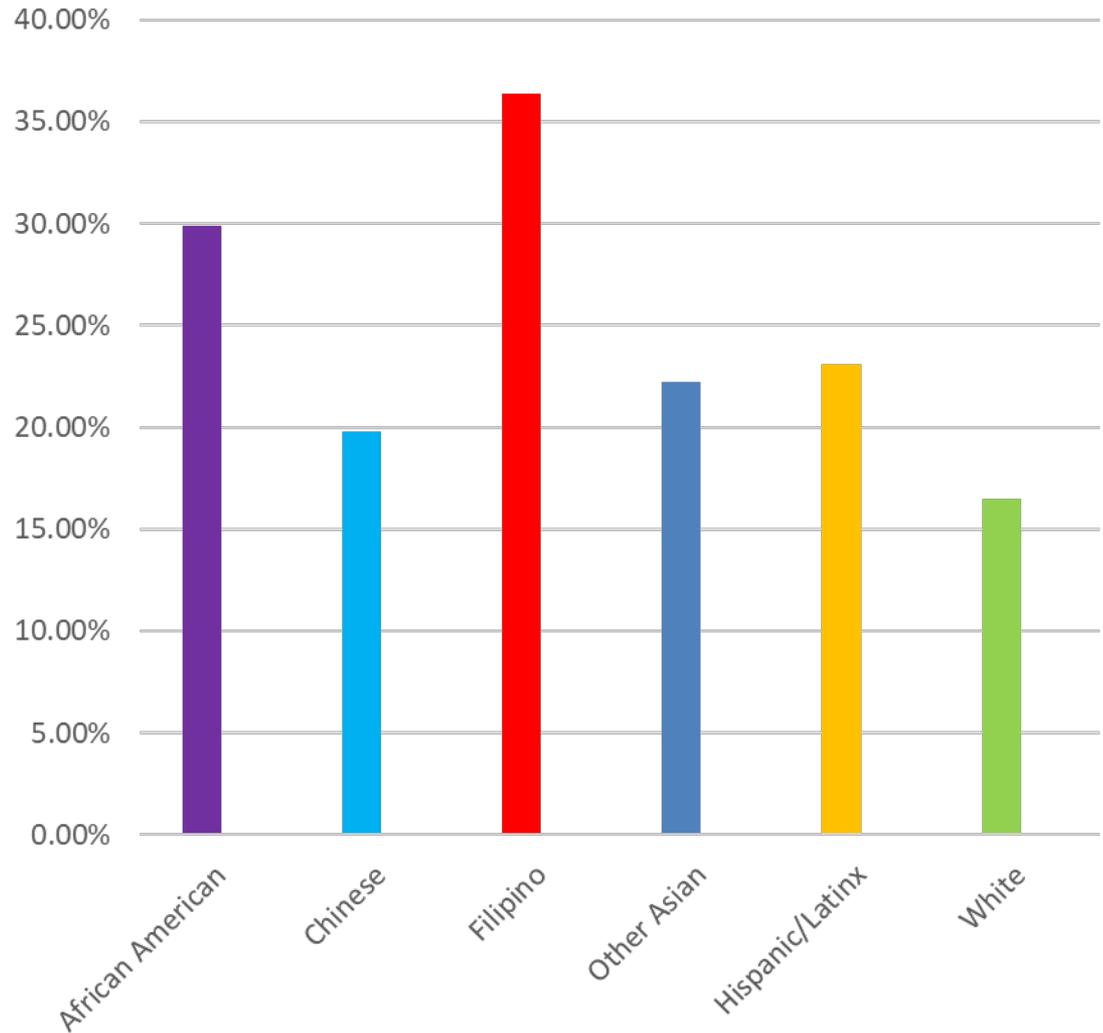
Objectives

- 1 Significant behavioral health problems among Filipino youth.
- 2 Discuss cultural adaptations to the virtual delivery of a hybrid version of the Incredible Years® School Age and Advance Programs.
- 3 Method used to determine effect sizes for larger trial.
- 4 Highlight the promising results of our trial that demonstrated a reduction in internalizing symptoms.

Suicidal Ideas and Behavior

More than
1 in 3 Filipino
middle
schoolers
seriously
considered
suicide

By Ethnicity – Ever Seriously Considered Suicide



Filipino Youth Health Disparities

Symptoms

Greater anxiety & depression compared to Caucasian youth

Higher rates of depression, anxiety and substance abuse compared to other Asian subgroups

Highest rates of cigarette and alcohol use among Asian subgroups

Mental Health Service Utilization

Low rates of utilization of mental health care and preventive care

Low engagement in parenting interventions

Study Goals

1. Assess feasibility of using an online version of Incredible Years[®] with implications for increasing access to mental health services.
2. Estimate effect sizes for a fully powered trial.
3. Explore the effects of IY parent training on internalizing symptoms of anxiety & depression.

Author Reflection on *Kapwa* by Jed David

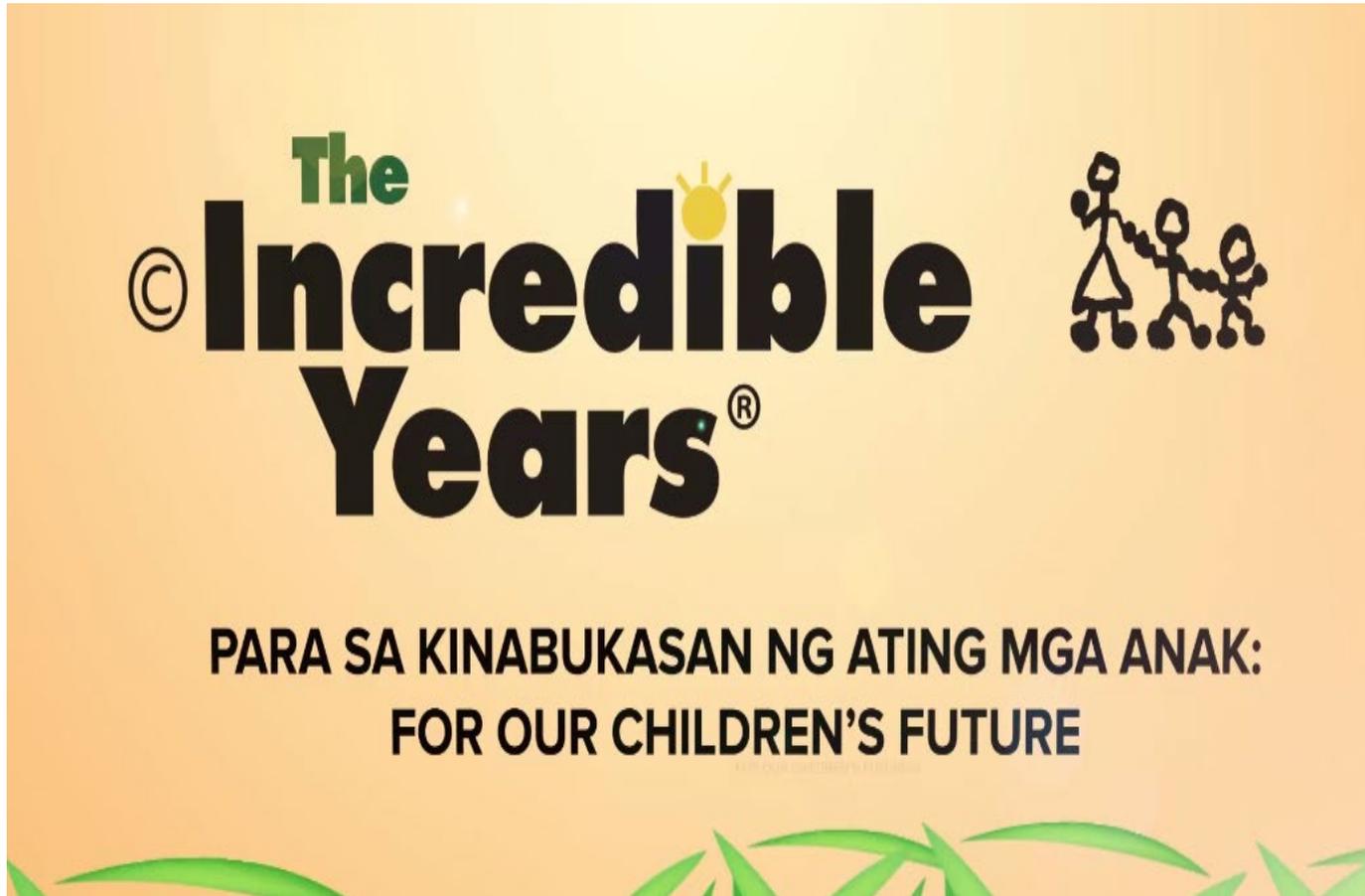
“I think that participants knowing that the team was actively working together, and no one was a passive participant, speaks to the investment team members had to the work and the people, and that it was meaningful for us, just as much as it was meaningful to the community. I always speak of this duality in the focus groups because their voices, are also my voice, and vice versa. In essence, that is *kapwa*. I see myself in them, and they see them in me. I felt personally at times proud, at times heartbroken, but definitely hopeful during the groups.”

Dimensions for Cultural Adaptation of Psychosocial Interventions

- **Language** – At least one Filipino/Tagalog- speaking parent group leader linked the parenting concepts and culture of the participants.
- **Persons** - Match providers & recipients
- **Metaphor** – Filipino sayings
- **Content** - Group leaders shared own experience growing up in a Filipino family to stimulate discussion of topics initially perceived as culturally incongruent

Dimensions for Cultural Adaptation of Psychosocial Interventions

- **Concepts** - A group leader would share a saying in Tagalog that illustrated the principle being discussed
- **Goals** - Self-identified. Decreased stigma related to access of parent training or mental health services.
- **Methods** - Used a culturally tailored video to recruit Filipino participants. Study informed by community-based participatory research (CBPR).
- **Context** - Used online platform. Filipino cultural value of *Kapwa*, shared identity.



Culturally Tailored Engagement Video Available at

Filipino Family Health Initiative: <https://filipinofamilyhealth.com/>

Design - Randomized controlled trial

Intervention - First 6 sessions of IY School Age Parent Program (play, coaching, praise, rewards, rules and routines) and 6 sessions of the IY Advance Program (effective communication with adults and children) for a total of 12 sessions.

Wait List Control Group - Received *Bright Futures* parenting literature from the American Academy of Pediatrics.

Sample ($n = 49$) analyzed was part of an ongoing larger study that used a randomized controlled design with 180 parents of Filipino children ages 8-12.

- 82% of the sample was female.
- Parents born in the Philippines comprised 59% of the sample.
- Nearly all the children identified in the study (96%) were born in the United States.

Measures	Constructs
Parenting Stress Index	Parental stress
Parenting Practices Interview	Child-rearing practices
Child Behavior Checklist	Behavior & emotional problems
Screen for Child Anxiety Related Disorder (SCARED)	Parent & child reported anxiety
Child Depression Inventory 2	Parent & child reported depression

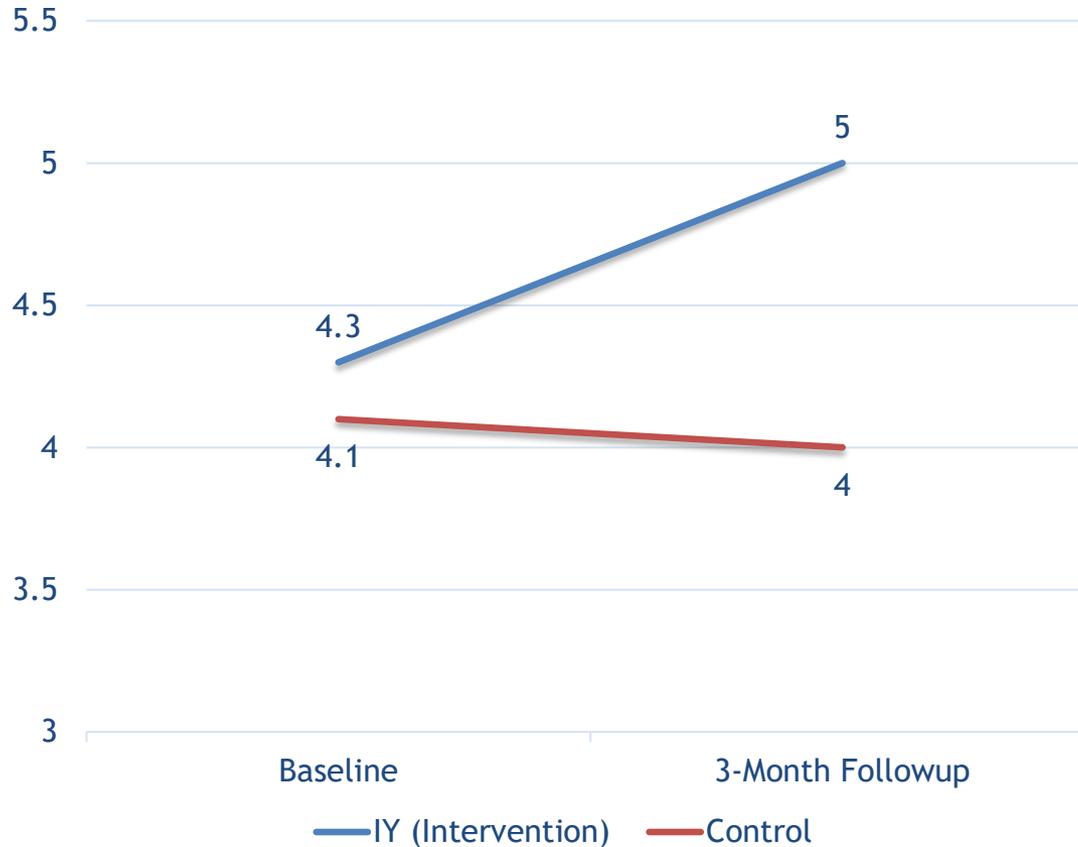
Assessments were administered to both groups at baseline and 3 months ($n = 39$).

Statistical Analysis

- Three-month change from baseline in each trial outcome was calculated.
- Statistical evaluations of 3-month change within each intervention group used a one-sample t-test.
- Between-group comparisons on 3-month change used a general linear model, adjusting for the baseline value of the outcome measure.
- For each outcome, a Cohen's *d* effect size was computed as the baseline-adjusted group difference in mean change, divided by a pooled SD of 3-month change.
- All statistical testing used a 2-sided p-value of 0.05.

PPI - Praise and Incentives

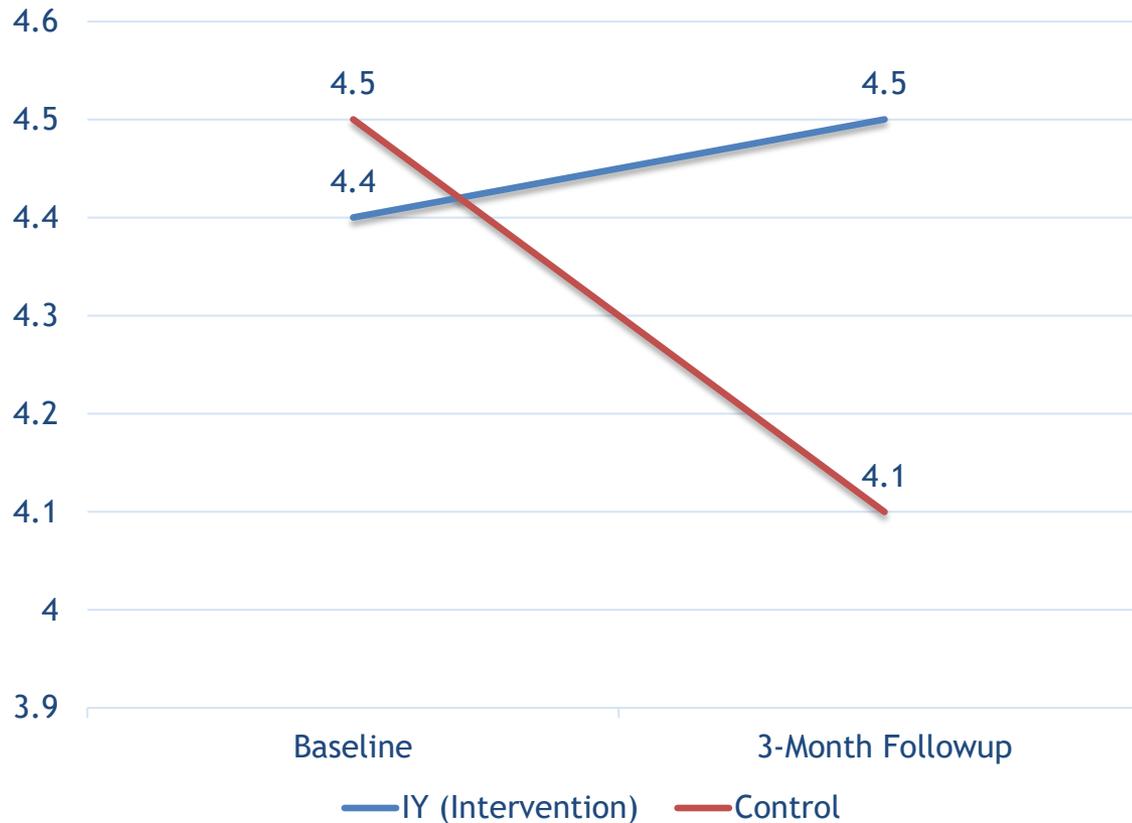
PPI - Praise and Incentives*



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 1.06

PPI - Clear Expectations

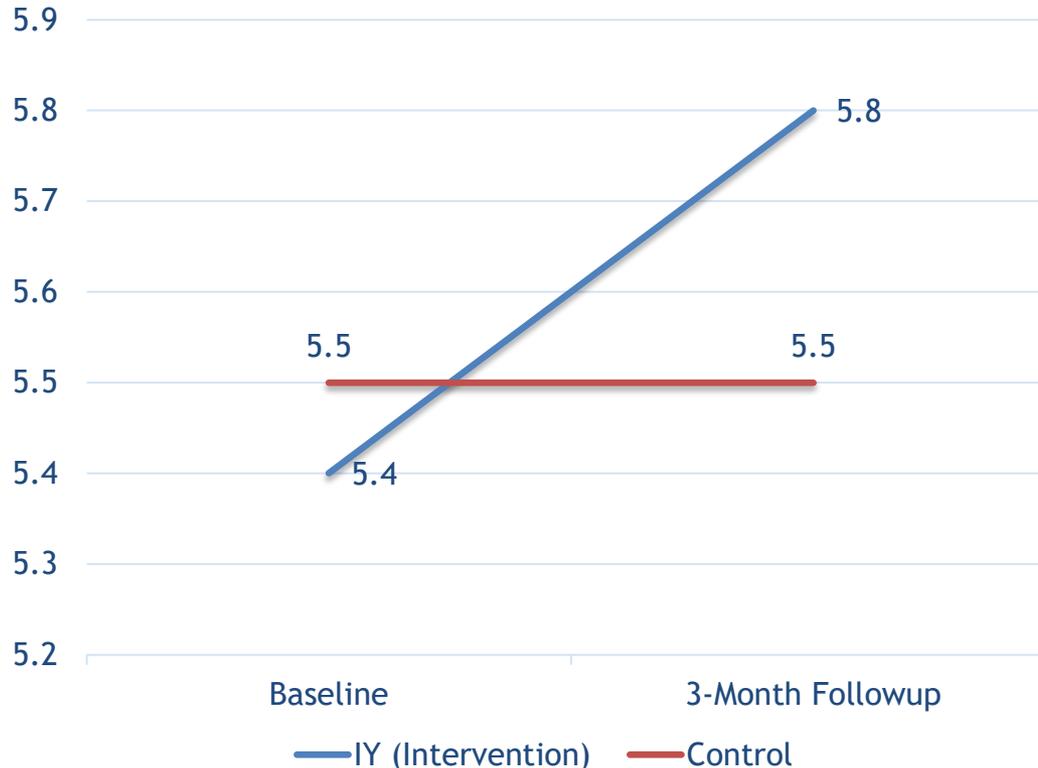
PPI - Clear Expectations*



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.65

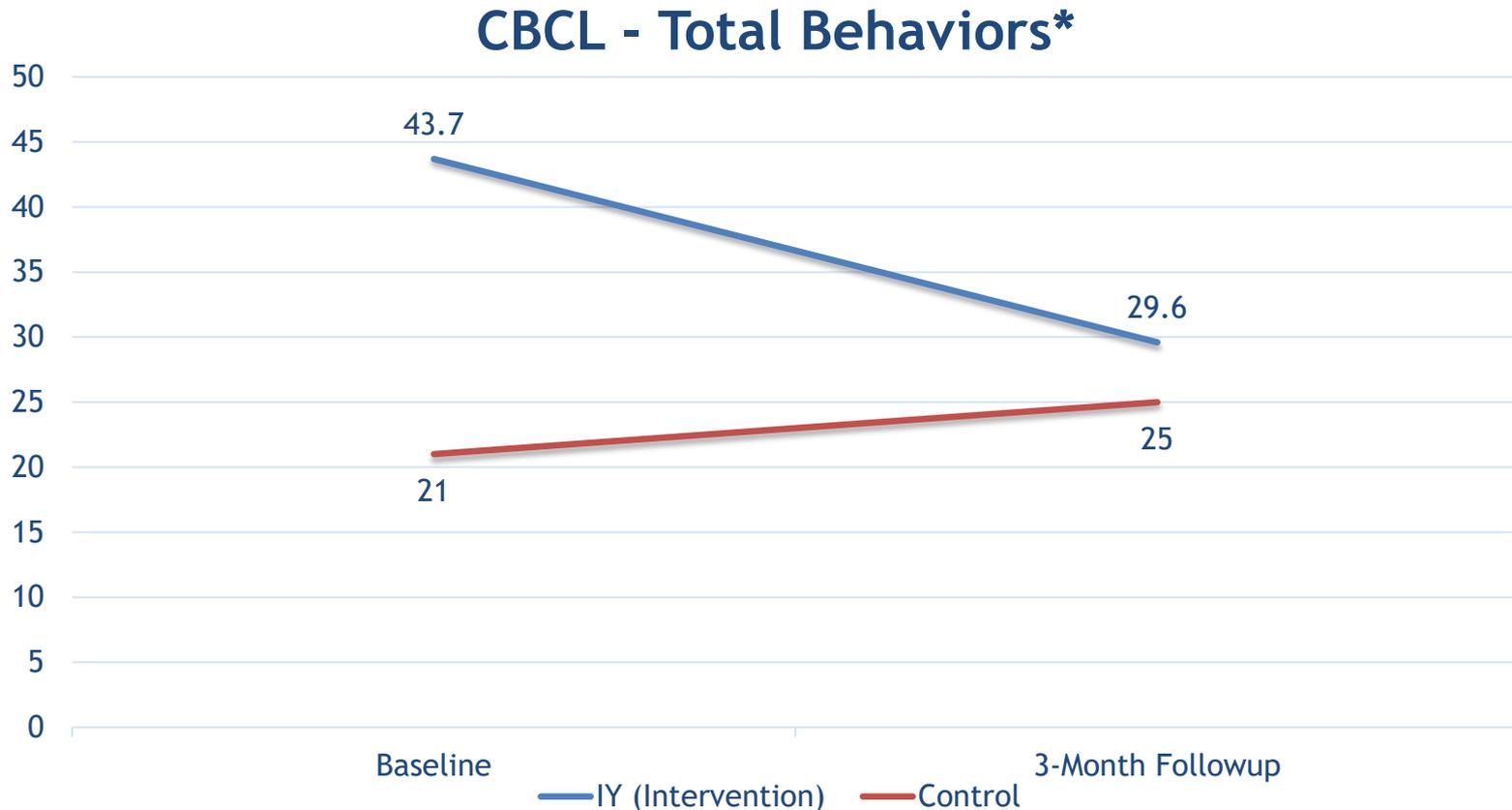
PPI - Positive Verbal Discipline

PPI - Positive Verbal Discipline*



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.82

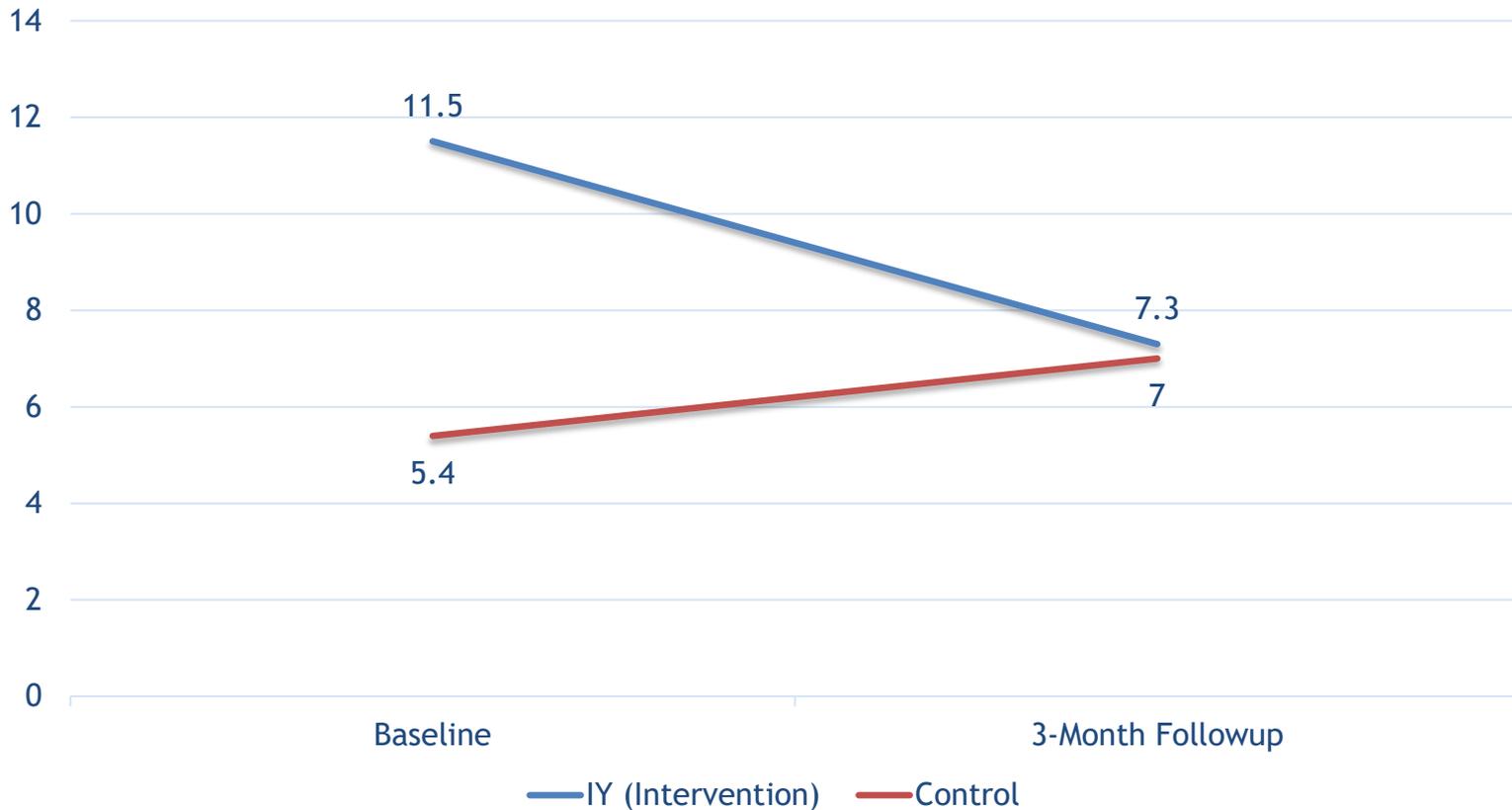
CBCL - Total Behaviors



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.78

CBCL - Internalizing Behaviors

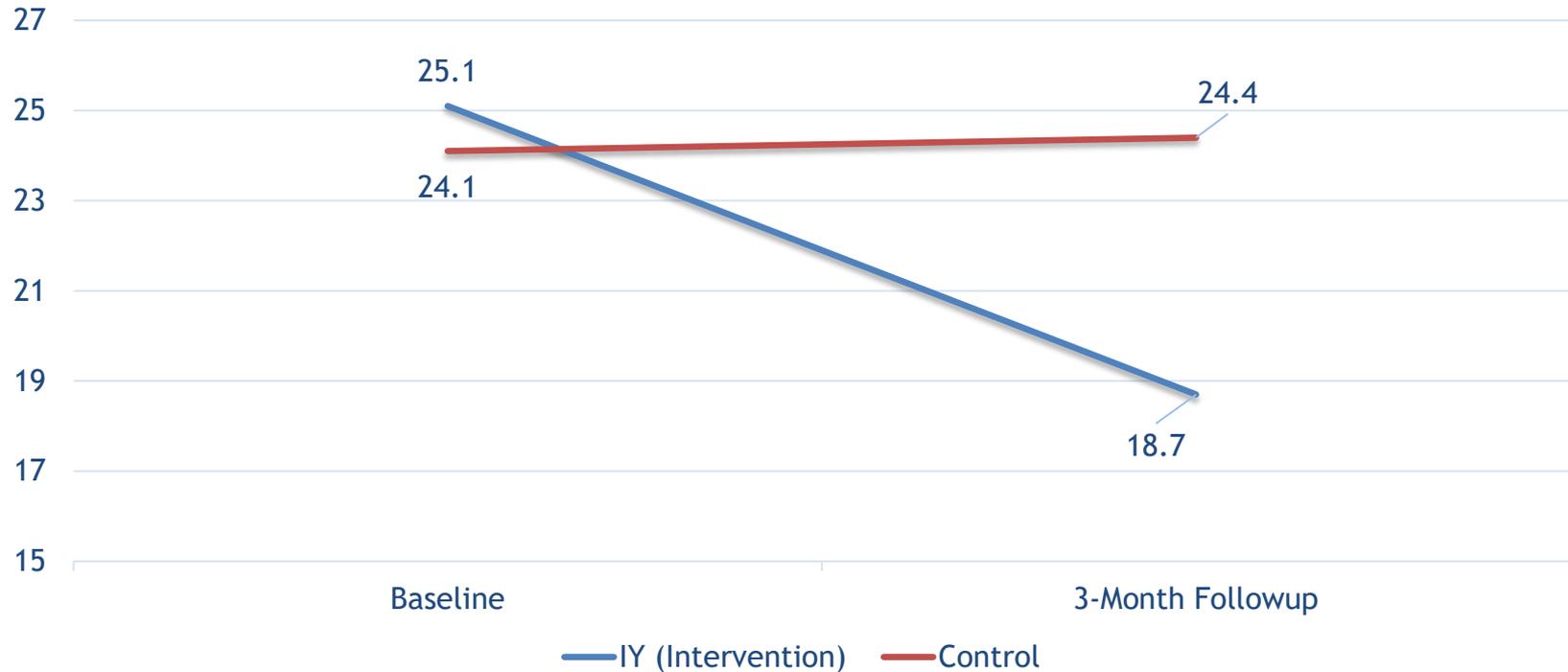
CBCL - Internalizing Behaviors*



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d Effect Size = 0.92.

SCARED (Child) - Total Anxiety

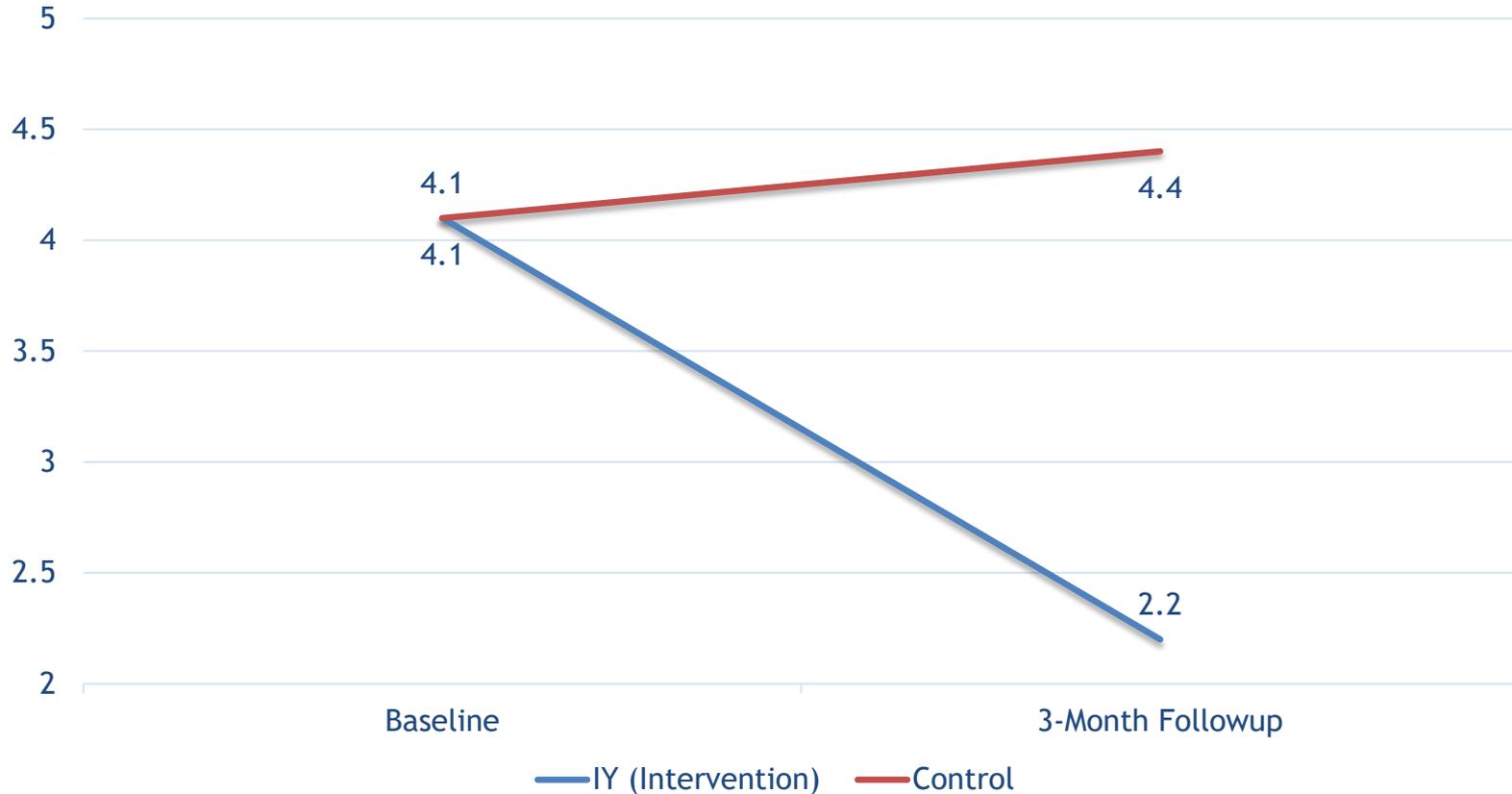
SCARED (Child) - Total Anxiety*



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.57

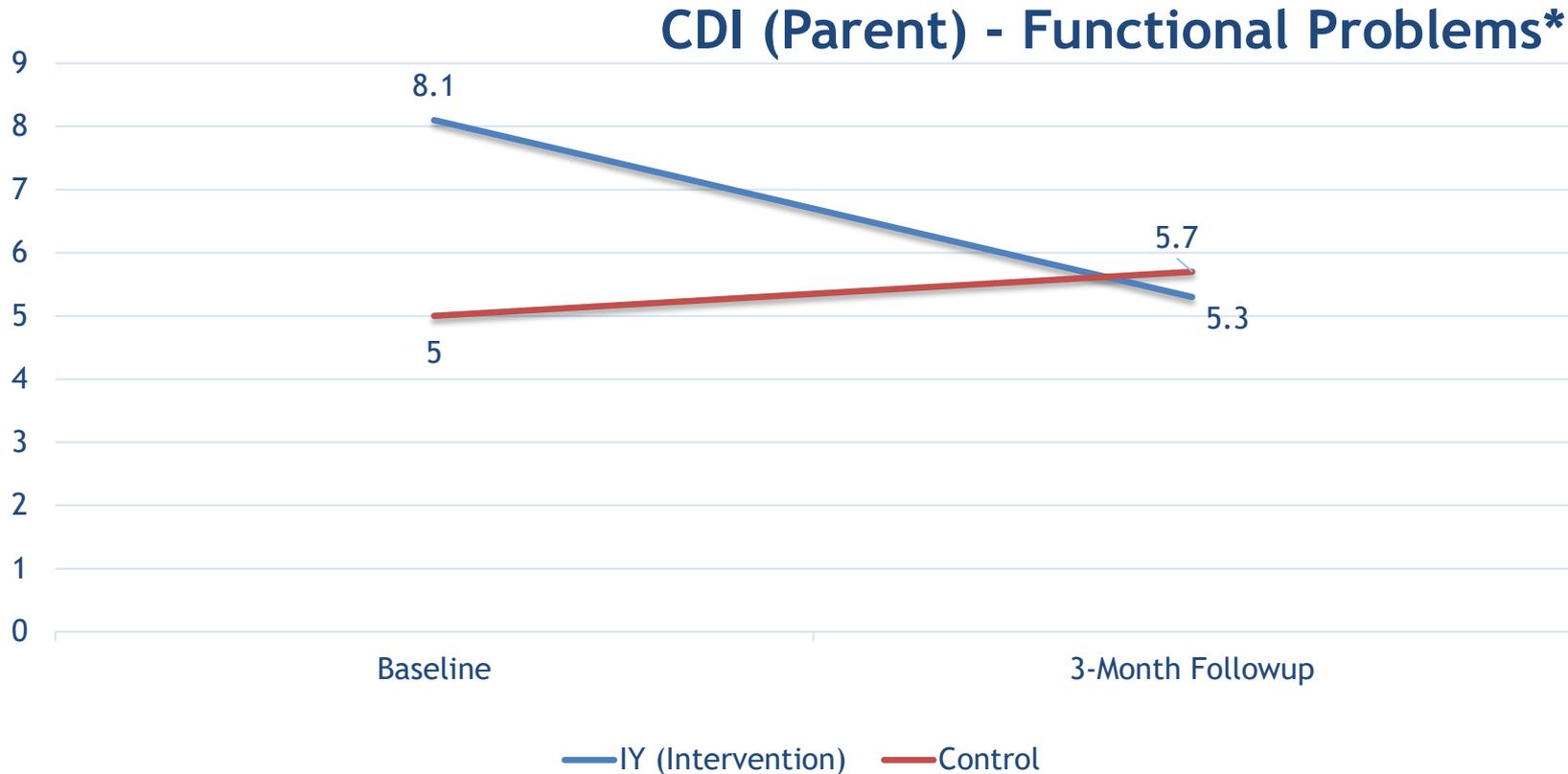
SCARED (Child) Panic/Somatic Symptoms

SCARED (Child) - Panic/Somatic Symptoms*



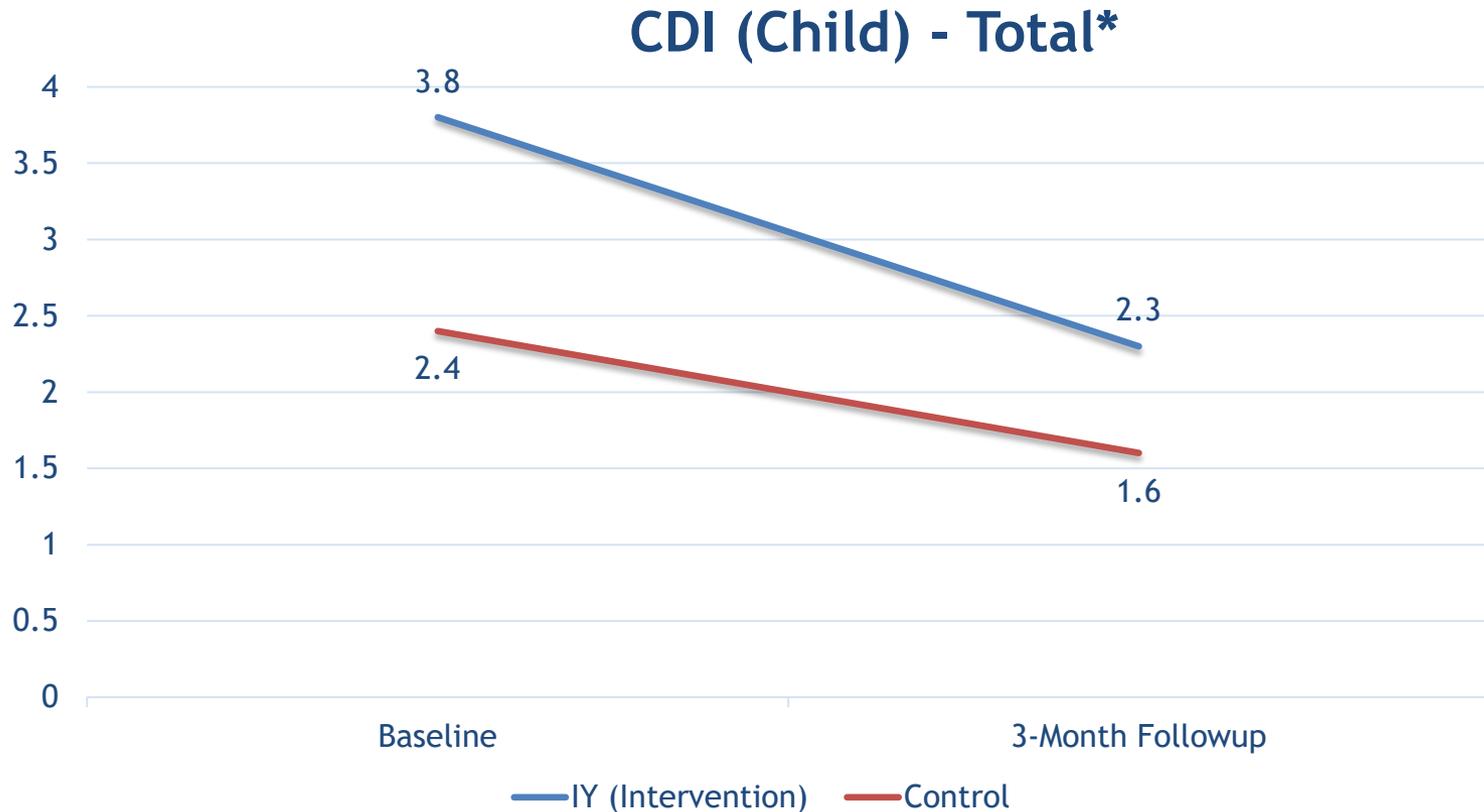
*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.66

CDI-2 (Parent) Functional Problems



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.58

CDI-2 (Child) Total



*Denotes $p < 0.05$ for group comparisons on mean 3-month change, with adjustment for baseline value. Cohen's d effect size = 0.65

Conclusions

This study provides preliminary evidence of the efficacy and acceptability of an online parenting intervention among Filipino parents recruited from real-world settings.

This is particularly critical given the growing mental health crisis and increased suicidal behavior affecting all youth currently in the United States and the need to focus on multi-generational prevention efforts to prevent adolescent behavioral health problems for this often described “invisible minority.”

Given the associations with improved parenting practices and youth behavioral symptoms, evidence-based parenting interventions are important to consider as a preventive and therapeutic intervention to promote Filipino youth well-being.

Next Steps

Javier, JR, Aguilung W*, Cunanan P*, Sepulveda A, Coffey DM, Castro J*, Palinkas L, Kipke MD, Mack WJ. Short-term outcomes from a pilot randomized controlled trial evaluating a virtual culturally adapted parenting intervention among Filipino parents of school-age children. *Cultural Diversity and Ethnic Minority Psychology*. In press.

Dr. Javier was recently awarded a 5-year R01 grant entitled, “Virtual Positive Parenting Intervention to Promote Filipino Family Wellness: A Randomized Controlled Trial” to study the implementation of the Incredible Years® online.

Acknowledgements

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CREATING A CULTURE OF MENTAL HEALTH

We are preventing behavioral health disparities in an immigrant community through community partnerships.

PROJECT FOCUS:

- Behavioral Health
- Child Health
- Immigrant Health
- Mental Health



Los Angeles



[From Left to Right]

JED DAVID, MS, OT

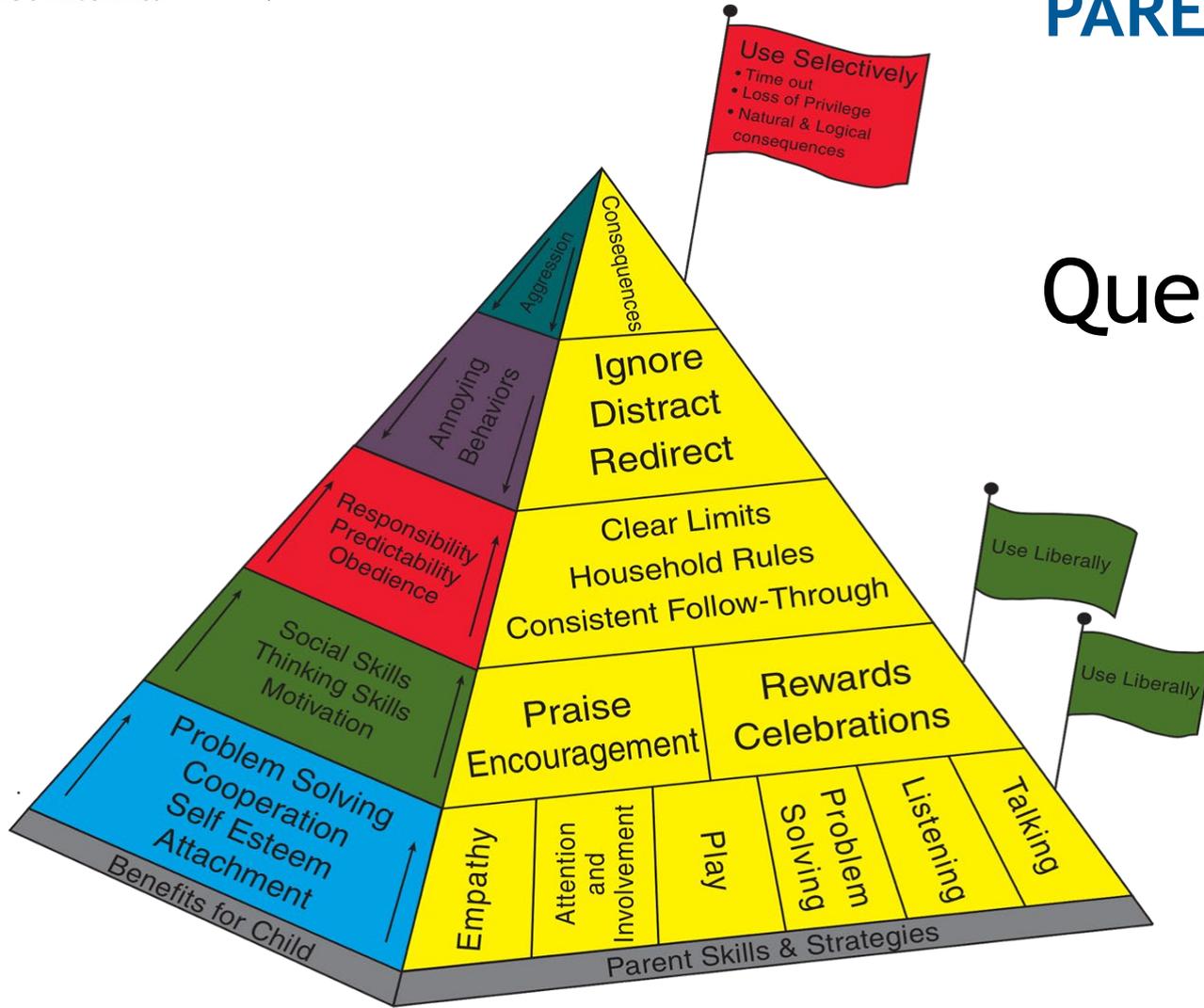
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Questions?

Parenting Pyramid