

**[4600.2] An RCT of the Video Interaction Project (VIP) and Building Blocks (BB): Primary Care Based Parenting Interventions**

Alan L. Mendelsohn, Harris S. Huberman, Samantha B. Berkule, Catherine S. Tamis-LeMonda, Emily K. Forrest, Brenda Woodford, Melissa Acevedo, Benard P.

Dreyer.. Pediatrics, NYU School of Medicine - Bellevue, NY, NY; Pediatrics, SUNY Downstate Medical Center, Brooklyn, NY; Applied Psychology, NYU Steinhardt, NY, NY.

**BACKGROUND:** Primary care pediatric parenting interventions are an innovative, low cost, public health strategy for prevention of developmental delay and promotion of school readiness in children at risk due to poverty. Because of the frequency and universality of well child visits prior to school entry, there is potential for population-level benefits.

**OBJECTIVE:** To determine whether pediatric primary care parenting interventions impact the cognitive home environment.

**DESIGN/METHODS:** Consecutive eligible dyads were enrolled in the postpartum unit of an urban public hospital serving at-risk families. Inclusion: language English/Spanish, no medical complications. Families randomized to 1 of 3 groups: 1) Video Interaction Project (VIP): relationship-based intervention with review of parent-child videotaped interaction and reinforcement of positive behaviors; 2) Building Blocks (BB): mailed age-specific parenting newsletters; 3) Control: routine care. Mothers interviewed at 6mo using StimQ-Infant to assess the cognitive home environment, including 4 subscales: Availability of Learning Materials (ALM –toys), READ (books/reading), Parental Involvement in Developmental Advance (PIDA –teaching), and Parental Verbal Responsivity (PVR - verbal interactions).

**RESULTS:** 252 dyads (85 VIP, 84 BB, 83 Control) assessed at mean(sd) 6.7(1.1) mos. Groups similar for maternal HS (41%), low SES (88%), immigrant (84%), Latina (90%), Spanish language (75%), married/partner (80%), firstborn (41%). Between group differences were found for total StimQ, ALM, PIDA, PVR (Table).

Assessment	VIP (n=85)	BB (n=84)	Control (n=83)	p (ANOVA)
StimQ total score	19.1 (6.7) <sup>a</sup>	17.6 (6.6)	16.4 (7.4) <sup>a</sup>	.04
ALM (toys)	2.7 (1.1) <sup>a</sup>	2.4 (1.1)	2.2 (1.3) <sup>a</sup>	.04
ALM (infant toys)	1.4 (.5) <sup>a</sup>	1.3 (.6) <sup>b</sup>	1.0 (.6) <sup>ab</sup>	.001
READ	7.9 (4.1)	7.8 (3.8)	7.2 (4.7)	.5
PIDA (teaching)	3.0 (1.5)	2.5 (1.6)	2.5 (1.5)	.04
PVR (verbal interactions)	5.5 (2.6) <sup>a</sup>	4.9 (2.4)	4.5 (2.3) <sup>a</sup>	.02

Values are mean(sd). Superscripts show groups different by Tukey HSD.

**CONCLUSIONS:** Pediatric primary care based parenting interventions had an impact on the cognitive home environment of low SES families beginning in infancy. Effects more prominent for VIP. Long-term follow up is planned to assess child development and school readiness outcomes. Research support: NICHD R01HD047740-03.

E-PAS2008:634600.2