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Associations between parenting and preschool disruptive behavior across racial/ethnic and poverty groups

Gillian Sternheim¹, Adriana M Perez¹, Iseli G Hernandez¹, Shivani Desai², Margaret Briggs-Gowan³, Lauren S Wakschlag¹ and Amelie Petitclerc¹ ¹Northwestern University, USA ²Illinois Institute of Technology, USA

³University of Connecticut, USA

Developmentally-sensitive identification of disruptive behavior has been linked to clinical impairment in early childhood and beyond. Disruptive behavior also predicts negative life outcomes and later psychopathology such as poor school performance, criminal offending and substance abuse. This demonstrates the importance of identifying factors that may contribute to disruptive behavior. Extensive research shows a relationship between harsh parenting practices and disruptive behavior. However, some research in older youth suggests that these links differ across different racial/ethnic groups or socio-economic status. In the present study, we take advantage of the large and diverse MAPS sample to investigate how specific facets of parenting behavior are associated with preschool disruptive behavior across families with different racial/ethnic or socio-economic backgrounds.

gillian.sternheim@northwestern.edu

Video conferencing in the provision of a pediatric psychology service: A pilot study to investigate the views and experiences of children and families with cystic fibrosis

E Vines¹, H Conniff² and J Young¹ ¹University of East Anglia, UK ²Norfolk and Norwich University Hospital, UK

This planned study aims to explore the views and experiences of children with a diagnosis of cystic fibrosis and their parents L on the use of internet based video conferencing technology (VCT) to deliver clinical psychology sessions. Children with cystic fibrosis are routinely required to attend hospital outpatient appointments for assessment, monitoring, treatment and annual review. This can involve regular visits to the local cystic fibrosis clinic or travel to a specialist regional centre. The demands that families experience when caring for a child with a long-term condition are well documented. Families of children with cystic fibrosis face the additional challenge of needing to minimize infection transmission when attending hospital, in line with Cystic Fibrosis Foundation Infection Control Guidelines. Videoconferencing technology (VCT) offers the potential to reduce the burden of cost and travel time to appointments and minimize risks of infection transmission in a hospital setting. For clinical psychology services, VCT also offers an innovative way to demonstrate adaptability within the current evolving climate of economic and organizational change in the NHS. VCT poses potential for services to offer flexible, accessible and cost efficient appointments in line with NHS objectives to widen access to psychological therapies and offer choice. The provision of psychological services via the internet raises a number of professional practice issues in delivering mediated psychological services. Protocols for the use of VCT that addresses potential areas of concern for families and trusts such as issues of confidentiality and managing technological difficulties need to be established. Emerging international literature on the use of telemedicine in pediatric psychology suggests that patients have been satisfied with the service provided, although there is a paucity of research into the views and experiences of children and parents in UK pediatric services. A trainee clinical psychologist will be carrying out a service evaluation of the use of this technology. A family friendly information sheet explaining that children and parents will have the option to have a psychology appointment through the computer, instead of in clinic will be given to families. The study will aim to explore the satisfaction, acceptance and feasibility of clinical psychology sessions delivered via VCT to children aged 17 and under with a diagnosis of cystic fibrosis. The service evaluation plans to explore both child and parent perspectives during a 3-month pilot of VCT. It is anticipated that the study could further inform future contemporary provisions of pediatric and wider psychological services.

E.Vines@uea.ac.uk