

OPINION

Effectiveness of injury prevention counseling

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The current issue of *Injury Prevention* contains three articles that provide an international perspective on the attitudes of nurses and physicians concerning their role in childhood injury prevention. In each article, it is clear that providers of pediatric care feel positively about the idea of delivering injury prevention counseling in primary care settings. The articles also show that although the majority of providers do currently provide some injury prevention counseling, there is a general feeling of uncertainty concerning the efficacy of these efforts.

In my experience it is common in both academic circles and published reviews on this subject to be skeptical of the value of injury prevention counseling. On the other hand, both the US Preventive Service Task Force and the Canadian Task Force on the Periodic Health Examination, have found enough support in the published literature to recommend injury counseling for protection of young children. These discrepancies in viewpoints stem from differing ways of conceptualizing the injury prevention challenge.

If one assumes that childhood injuries are generally similar events for which similar solutions are appropriate, there will be an inevitable tendency to generalize from experiences both positive and negative. Since passive interventions which require no parental effort are often quite effective (for example, airbags) while educational efforts in some circumstances may be quite ineffective (for example, mandatory driver education for teens), it may seem logical to conclude that any education effort directed to injury prevention is not useful and that all our preventive efforts should be directed elsewhere. It is, however, more appropriate to think about childhood injuries as heterogeneous events with host specific, environmental specific, and family specific aspects that will require differing preventive approaches to match the circumstances of the injury.

It has long been the feeling of many pediatricians that a unique niche exists for primary care based counseling of parents of young children to prevent injuries. This stems from the fact that there are some issues that require educating the parent to provide a safer environment for the child (for example, fall prevention), and there are other areas where effective technologies need to be reinforced by parental education (for example, changing batteries in smoke detectors, proper installation and utilization of car seats).

A recently conducted literature review on this topic has provided considerable support

for this premise.¹ Under the auspices of the American Academy of Pediatrics (AAP), a comprehensive review of published injury prevention counseling studies taking place in primary care settings, demonstrated that 18 of 20 reports showed positive results. This included gains in knowledge, objectively observed improvement in preventive behaviors, and in some cases actual decreases in childhood injuries. Five of the positive studies were randomized controlled interventions that included such outcomes as safer home environments, decreased hot water temperature at the tap, and increased use of car seats. The common thread of all these positive studies was the fact that they were directed toward parents of young children, and that the counseling took place in primary care setting and was delivered by primary care providers.

In addition to the studies of actual counseling interventions, the AAP review also cited other supporting published reports which demonstrated the following:

- (1) Parents worry about their children being injured.
- (2) Parents have significant educational needs regarding injury prevention.
- (3) Parents view the health care site and their primary care physicians as an appropriate place to learn about injury prevention.
- (4) Parents learn information better from their own primary care physician.

These reports provide an additional framework which further strengthens the conclusions that can be drawn from the counseling efficacy studies. They also allow the construction of a single conceptual model which ties together the literature on this subject: namely, parents of young children are motivated by anxiety and educational needs to process information about injury prevention and to implement injury prevention efforts especially when delivered by trusted health care providers.

Although passive technological and regulatory methods should always be pursued whenever possible, we should not fail to take advantage of the unique contribution that can be made by primary care providers in this effort. Working in conjunction with other public health programs, we can provide effective reinforcement of injury prevention strategies and can expect to see continuing advancement in the prevention of injuries to young children.

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¹ Bass JL, Christoffel KK, Widome M, *et al.* Childhood injury prevention counseling in primary care settings. A critical review of the literature. *Pediatrics* 1993; **92**: 544-50.