Family-Focused Interventions for Children with Developmental Disabilities

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Autism Interest Group: Autism Lecture Series
Supporting At-Risk Young Children & Families

- Parent Training, Education, & Support
  - Group Interventions
  - Individual Video Feedback
- Kindergarten Transition
  - Predictors of Success & Family Involvement
- Child Risk & Family Well-Being
  - Cognitive, Social, & Behavioral

• Implementing Evidence-Based Practices with Integrity • Practices Guided by Ecological Systems & Behavioral Theories • Group & Single Case Methodology
Overview Talk

- Family-based interventions
  - Oregon Parent Project
  - Family Check-Up

- Next Steps
Risk of Dual Developmental & Behavioral Problems

- Heightened Risk for Dual Diagnosis
  - Deficits in communication, self-regulation, social skills, coping skills
  - Associated medical, physical, or sensory impairments
- Impact on individuals, families, schools, health care system, & community at-large (e.g., Borthwick-Duffy & Eyman, 1990)
Young Children are At-Risk

- Young children with developmental delays are experiencing problems at an early age (Baker et al. 2002, 2003; Guralnick, 2006; McIntyre et al., 2006)

- Left untreated, children are at risk for developing a severe behavior disorder or mental illness (Borthwick-Duffy & Eyman, 1990; Emerson, 2003; McIntyre et al., 2002)
Impact on Families

- Behavior problems place significant burden on caregivers (Bromley & Blacher, 1991; McIntyre et al., 2002)

- Behavior problems, more so than cognitive problems, contribute to parental stress (Baker et al., 2003; Eisenhower et al., 2005; Lecavalier et al., 2006)

- Need for early systematic, preventive and early intervention efforts
FAMILY-BASED SUPPORT FOR CAREGIVERS WITH YOUNG CHILDREN WITH DD

Oregon Parent Project

Examining the efficacy, generalization, & maintenance effects of intervention

PI, McIntyre
R01 HD059838
Carolyn Webster-Stratton’s Incredible Years Parent Series

- Consistent with developmental psychopathology model (e.g., Sameroff & Fiese, 2000)
- Influenced by social learning and behavioral theories
- Teaches parents strategies to increase positive parent-child interactions
- Utilizes 12-week group format
  - 2 ½ hour sessions (community-based)
  - Discussion
  - Videotape vignettes
  - Role-play & modeling
  - Didactics

We held sessions in the evening (5:30-8pm) with free dinner & childcare
Carolyn Webster-Stratton’s Incredible Years Parent Training (IYPT-DD *)

- Play
  - Importance, follow child’s lead, increasing language through play
- Praise & Rewards
  - Use of appropriate reinforcement strategies
- Effective Limit Setting
  - Utilizing effective instruction sequences, distraction, re-direction
- Handling Misbehavior & Problem Solving

*Adaptations made (McIntyre, 2008a) - JIDR
Large RCT – Project Overview

- RCT design – 200 families with preschoolers with DD
- Test the efficacy of IYPT-DD in comparison with treatment as usual in terms of changing:
  - Child behavior (reducing maladaptive behavior, increasing adaptive behavior, and increasing school adjustment)
  - Parent behavior (reducing negative parent–child interactions, increasing parenting competence and self-efficacy)
  - Adaptation to kindergarten (social skills, classroom behavior, academics, student-teacher relationships)
- Post-treatment, 6mo, 12mo, 18mo, & K-trans follow-up
- Mechanisms of change & cost-effectiveness analyses
Study Model of Relationships Among Child, Family, and Contextual Variables

- **Child Developmental Delay**
- **Parenting**
- **Problem Behavior Home & School**
- **Adaptive Behavior Home & School**
- **Contextual Influences**
  - Negative Interactions
  - Positive Interactions
  - Self-Efficacy
- **Treatment Group**
  - Stress
  - Depression
  - Partner Support
Recruit participants (N = 235)

Screen & Consent for Randomization (N = 200*)

Pre-Assessment

Treatment as Usual Group (N = 100)

Post-Assessment

6-Month Follow-Up

12-Mo Follow-Up

18-Mo Follow Up

K-Transition Assessment

Pre-Assessment

IYPT-DD + Usual Care Group (N=100)

Post-Assessment

6-Month Follow-Up

12-Mo Follow-Up

18-Mo Follow-Up

K-Transition Assessment

Booster Session (IVF)

*Estimated 15% attrition
Observed Parent-Child Interactions

McIntyre (2008b) AJMR
R03HD047711 (McIntyre, PI)

Group X Time $F(2,42) = 19.52; p < .001$
Child Behavior Problems

McIntyre (2008b) AJMR

Group X Time F(2,42) = 5.28; p<.05
ENHANCEMENT OF GROUP PARENT TRAINING PROGRAM
Individualized Video Feedback Sessions

- Parent watches video of herself and child interacting
- During video:
  - If **appropriate** behavior → then parent is praised
  - If **inappropriate** behavior → error correction (Adapted from Himle, Miltenberger, Flessner et al., 2004).
    - 1) video stopped
    - 2) Identify and correct error
    - 3) Trainer models the appropriate behavior
    - 4) Parent practices correct response
    - 5) Procedure is repeated until parent correctly performs the target response 3 consecutive times
Multiple Baseline Design Across Three Mother-Child Dyads:

1. Baseline

2. Group Treatment (Parent Training)

3. Group Treatment + Individualized Video Feedback

Phaneuf & McIntyre (2007) JABA
In Summary

- Heightened risk for developing behavior problems
- Parent Training and family support may help decrease negative parent-child interactions and behavior problems
- Not everyone may need individualized, intensive intervention
- More research is needed to address long-term outcomes and variables associated with “responders” and “non-responders”
  - Child, family, & environmental predictors
Using the FCU to Address Child & Family Well-being

The Family Check-Up

Initial Intake Interview  ➔  Ecological Assessment  ➔  Feedback & Motivation

- Brief Intervention
- Monthly Follow-Up
- Family Management Training
- Child Intervention
- School/Daycare Consultation
- Ecological Management (e.g., community referrals)

Figure 5. FCU intervention services.
Effects of FCU on Children with and without Delays

Figure 3. Treatment effects of the Family Check-Up on child externalizing behavior by delay status.
In conclusion…

- We need interventions that are potent, cost-effective, family-friendly and rigorously tested.
- We need more preventive efforts.
- We need to combine multi-systems of care
  - Early intervention / community supports
  - Education
  - Health care – biopsychosocial approaches
- We need interventions that are flexible and meet changing needs of children and families over time.
- We have just begun...we are at the tip of the iceberg.
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