Early intervention in children at high risk of disruptive behavior disorders: Efficacy of the Incredible Years Parents Basic Programme.

This study is supported by the *Fundação para a Ciência l·yŘ Tecnologia* (Grant:SFRH/BD/40339/2007 and Grant:SFRH/BD/43562/2008).

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Project:

Research indicates that disruptive behavior among children is escalating and occurring among younger and younger children. Parenting training, aimed at promoting pro-social skills and reducing negative and aggressive behavior in children, seems to be very effective in reducing both the core symptoms of Disruptive Behavior Disorder (DBD) and associated disorders.

In the current project we will focus on the training (Incredible Years Basic Programme) of parents of preschool age children, considering research evidence highlighting the need to start intervention as soon as possible.

A multidimensional approach will be used, in which type of child disorder (AD/HD, ODD or both) and family factors (programme focused on mother or father or couple) will be simultaneously studied. By doing so we will be able to understand:

1) What is the impact of involving both parents in the intervention or just one of them? Is the impact on child behavior different when just one or both parents are involved? Does the parental intervention impact differently in the conjugality when just one or when both parents are involved? How does the quality of conjugality impact the intervention effects on child-parent interaction?

2) What is the mediational role of variables such as mother and/or father AD/HD, mother and/or father depression or psychiatric illness, stress or single parenthood? Do they interact differently with the intervention effects?

3) How does the type and severity of the child disorder impact on the efficacy of the intervention? Is there more resistance to change in AD/HD children compared to ODD, or in children with co-morbid disorders compared with those with single disorders?

To answer these questions, a variety of assessment tools (structured interviews; questionnaires; direct observation) and the Incredible Years Parents' Programme (IYP) will be used and implemented through a longitudinal study design.

In the initial stage of this project – screening stage - our goal is to identify children who have symptoms of DBD. Screening will take place in preschools and also in health centers and pediatric hospitals.

Those children rated by parents and/or teachers above the previously defined cut-off point on the screening measure (SDQ), and whose parents agree to participate in the various stages of the project, will then be submitted to a more complete assessment process (pre-intervention), in order to identify those who are at high risk of DBD. The pre-intervention assessment includes both adult and children's measures, meant to evaluate: the child's DBD symptoms and co-morbidities; the child's functioning in behavioral, cognitive, socio-emotional and developmental domains; parental well being regarding parenthood and conjugality; parental AD/HD and depressive symptoms; parent-child interactions.

Children identified in the pre-intervention assessment as being at high risk for DBD (n=80) and their parents will be randomly assigned to an experimental condition (n=50) or to a control group – waiting list (n=30). All the parents in the experimental group will participate in the IYP, delivered through 14 weekly sessions. For ethical reasons the IYP will be delivered to parents of the control group after post-intervention assessment, so that they won't be kept longer in the waiting list.

A post-intervention assessment will be conducted 6 months after the pre-intervention assessment. Follow-up will take place at the 12^{th} and at the 18^{th} month. The measures used in the various assessment stages will address the following outcomes: 1. Primary outcomes: DBD symptoms; 2. Secondary outcomes: parental well-being; parenting skills; parent-child interactions; conjugality.

Data collected will be analyzed at different levels. Expected results are that:

1) intervention will be more effective than non-intervention in primary and secondary outcome measures; and that these results will be maintained at 12 and 18 months follow-up;

2) interventions where both parents are involved will be more effective compared to interventions where just one of the parents is involved;

3) the impact of the interventions will be mediated by the severity of the symptoms and the existence of co-morbidities;

4) interventions will be less effective in the presence of risk factors such as: marital discord; AD/HD in one or both parents; depression in one or both parents.

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