

BRIEF INTERVENTION PROGRAM FOR FAMILIES OF
DEVELOPMENTALLY DELAYED CHILDREN

ABSTRACT

There is growing scientific evidence that the presence of a developmentally delayed child contributes significant stress to the family system; and conversely, that the family environment has a significant impact on optimal child development and psychological adjustment. Most early intervention programs, while acknowledging the importance of family factors, have neither time nor money resources to develop programming in this area.

The overall goal of this proposal is to devise a family-focused treatment approach which could be demonstrated to modify in a positive direction the family's specific responses to and interactions with their developmentally delayed child, with other family members, and with the medical and educational communities. The proposal addresses these questions: 1) Can parents and siblings be trained/counseled to improve their repertoire and utilization of adaptive coping skills, and to anticipate and deal with environmental stressors? 2) Can it be demonstrated that family-oriented intervention has a positive impact on individual functioning, marital relationship, sibling adjustment, and target child development?

The proposal outlines a pilot project focusing on 40 families associated with the Irvine Children's Educational Center, who have developmentally delayed children ranging in age from 0-3 years.

The proposed intervention consists of two components: 1) Parent support group. This will consist of a weekly 1-1/2 hour parent discussion session. It will include mini-lectures (e.g., bonding and attachment, siblings, management of child behavior problems), as well as provide supportive group counseling in a non-directive setting. The support group will use specially-prepared audiovisual materials, as well as a written workbook. The emphasis of these groups will not be exclusively informational, but will focus on sharing of feelings, formulation of action, and development of a parent network. All mothers will participate in this program. 2) In addition, funding is being sought for piloting a family intervention program. During the initial (2 months) part of the funding phase, a model for family intervention would be developed, drawing on concepts from structural family therapy, brief family therapy, and disease-specific concepts of developmental delay related to family function. In the final 10 months of the funding period, this intervention would be applied to approximately half of the 40 families, on a "needs" basis, as defined by criteria developed by center staff.

The intervention component would focus on the development of specific coping skills, e.g.: 1) open expression of feelings and improved communication skills, 2) development and activation of social support systems, both within and outside of the family, 3) assessment of personal meaning derived from their experience with their handicapped child, 4) identification of community resources: e.g., problem-solving in terms of medical treatment, educational goals, etc., 5) development of positive cognitions about their situation, and 6) behavioral skill training.

All family members (including mother, father, siblings, and target child) will be assessed using appropriate outcome measures at regular points during the year:

- 1) Baseline - entry into the program.
- 2) Six months after start-up.
- 3) Immediately prior to intervention.
- 4) Two weeks after completion of family intervention.
- 5) At end of year.

Measures will include assessment of individual and family psychological functioning; illness incidence survey; behavioral and self-esteem measures for siblings (as appropriate); Michigan Developmental (target child), placement on graduation.

Data analysis will address three major areas: 1) What demographic, psychological, and family function variables distinguish those families which develop crises from those which do not? 2) What is the relationship between family dysfunction and target child development? 3) Can improvement in family function be demonstrated to be associated with: a) participation in a parent support group, b) participation in a family intervention program. One of the most interesting features of this design is that we will have the opportunity to study families in which mothers are receiving some treatment but in which fathers are not, versus families in which both parents are exposed to intervention.