Special Education Schools as settings for Families Change:
A collaboration between health, disability and education to improve outcomes for children with an intellectual disability.

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• 11 Government Education Schools across New South Wales, Australia.
BACKGROUND
Intellectual Disability

- IQ <= 70 and deficits in adaptive behaviour
- Learning disability in UK
- Intellectual or cognitive disability in USA
- Others?
- Approx 1-3% of population
- 2009 CHW conducted research into the mental health needs of children and adolescents with an intellectual disability in special education schools in NSW.
- High prevalence rates of mental problems and disorders (40% compared to 14% in general student popn).
- There were very few (> 5) evidence based mental health prevention/promotion programs available for this popn.
- Very few programs being implemented in schools.
GSSTP Pilot

- Approx 5 published studies on Group Stepping Stones Triple P (GSSTP)
- None in school environment
- Mini pilot in 3 schools.
School Environment

- Schools are considered as community centres.
- School is a novel, non-stigmatising setting which could have a significant impact on clinical outcome for the families involved.
- Competing with a crowded curriculum
OBJECTIVES
Aims

• To add to the evidence base of mental health prevention programs available for students with an intellectual disability.
• Inaugural delivery of GSSTP in a school environment, as opposed to clinical setting.
• Encourage co-facilitation between disability agency and schools.
Hypothesis

• Implementation of GSSTP in schools will:
  – improve the behaviour of children at home and school
  – Have a positive impact on mental health, behaviour management skills and confidence of parents.
METHOD
Design

- Experiential design, time series with pre/post testing by parents (treatment participants) and class teachers (independent informants).
- No control group (unfortunately).
- Our sample was not randomised, an opportunity sample.
Participants

- Parents or caregivers of a child attending a special education school that caters for intellectual disability.
- Recruitment of parents through school
- 89 participants recruited from 11 schools.
Procedure

• Step 1: Expressions of interest from schools
• Step 2: Nomination of facilitator by school
  – Either School Counsellor, Class Teacher or Executive Member
• Step 3: Training and Accreditation of facilitators
  – 10 special schools that cater for ID + 1 support class school
• Step 4: Recruitment of Participants
Procedure

- **Step 5: Matching of interagency facilitators**
  - School staff & Behaviour Specialists from state disability agency

- **Step 6: Implementation of Group Stepping Stones**
  - Triple P

- **Step 7: Pilot Evaluation**
Staff to Support Implementation

- Mentor
- Research Lead
- Clinical Research Psychologist
- Logistical Coordinator
- Support Staff
Resources

- School staff time and commitment
- Disability funds
- Health leadership/coordination
Intervention

- Group Stepping Stones Triple P - Positive Parenting Program®, the adaption for parents of children and adolescents who have a disability.
- Run in the group format within the school (except one school who only recruited one family).
- Co-facilitated in ten schools by school staff and local disability staff member.
- All schools started the intervention in the same school term
- We supported the principals, school facilitator and disability sector facilitator with regular phone calls, emails and three group video conferences.
- We had clinical psychologists available should any facilitator feel the need to seek support about any issues that were raised in the groups.
- Extra staff provided to the school for the initial assessment if requested.
## Overview of Sessions

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<td>• Planning Ahead</td>
<td>• Telephone: Implementing Parenting Routines&lt;br&gt;• Assessment feedback</td>
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Measures

1. Family background- **Family Background Questionnaire*** (Adapted from Zubrick *et al*, 1995).
4. Parenting confidence- **Parenting Tasks Checklist*** (Sanders and Woolley, 2005).
6. Parental Adjustment- **Depression, Anxiety and Stress Scale*** (Lovibond and Lovibond, 1995)
RESULTS
Demographics of the Children (complete data set)

Children

- 42 Male & 14 female = 56
- 37 ASD
- 22 ID
- 11 Other Neurological Syndrome
- 11 Other physical disability
- 40 had received services from NGO’s
Results

Developmental Behaviour Checklist - Parent

- Disruptive/Antisocial: 18% decrease*
- Self Absorbed: 6% decrease
- Communication Disturbance: 1% decrease
- Anxiety: 10% decrease
- Social Relating: 11% decrease
- Total: 10% decrease*

*=<.05  **=<0.01 (significance levels)
Results

Developmental Behaviour Checklist - Teacher

- Disruptive/Antisocial: 29% decrease**
- Self Absorbed: 26% decrease**
- Communication Disturbance: 16% decrease*
- Anxiety: 24% decrease**
- Social Relating: 32% decrease**
- Total: 25% decrease**

*=<.05  **=<0.01 (significance levels)
Results

Parenting Scale

- Laxness: 19% decrease**
- Overactivity: 18% decrease**
- Verbosity: 22% decrease**
- Total 19% decrease**

*=<.05  **=<0.01 (significance levels)
Results

Parenting Tasks Checklist

Highly Significant improvements in parents' behavioural efficacy

- 11% increase in confidence between settings**
- 19% increase in confidence related to general behaviour management**

*=<.05  **=<0.01 (significance levels)
Results

Depression Anxiety Stress Scales DASS

• 56% reduction in depressive symptoms**
• 52% reduction in anxiety**
• 43% reduction in parental stress**

*=<.05  **=<0.01 (significance levels)
"We learnt a lot of things from this Stepping Stones Triple P program to apply to our child and to improve his attitude. So thank you very much."

"Triple P Program was very satisfying for me I learnt a lot from it and I would do the program again if I was asked. P.S. The book is very helpful. Thank you".
CONCLUSIONS
Conclusions

• School-based delivery of the GSSTP parenting program is an effective early intervention for children with an intellectual disability.
• Parent stress, anxiety levels decreased and confidence in parenting increased.
• Changes in parenting at home appeared to have an affect on reduced behaviour problems in the classroom.
• Collaboration across government agencies to deliver better mental health outcomes for children and their parents/carers.
• Additional byproducts of the groups included increased parent peer support and improved parent/school relations.
• First study using an independent behavioural observer (teacher).
Future Directions

- Focus on ASD in 2013
- Almost 45 schools interested
- 20 schools selected to attend training
www.schoollink.chw.edu.au
Newsletter

• Quarterly Newsletter. Contributions and any suggestions for content are most welcome to:

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