



**Proposed Intervention:
The Incredible Years Parent Training Program
for Children with a Developmental Delay (IYPT-DD)**

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Specific Problem & Target Population:

Parents who care for a child with an Intellectual/Developmental Disability (I/DD) often experience material insecurity due to an array of factors such as extra medical expenses, home modifications, various therapies, or loss of income related to a caregiver providing support for a child with a disability; and it is estimated that 15 percent of children in the United States have a disability (Parish, 2013).

According to The Arc (2000), an estimated 4.6 million people living in the United States have an intellectual or developmental disability. More recently, a collaborative study between the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) documented the trends in the prevalence of developmental disabilities in American children aged 3-17 years from 1997-2008. The study found that 1 in 6 children had a developmental disability in 2006-2008, and that this prevalence rate increased by 17.1% - meaning another 1.8 million children were diagnosed – over the duration of the 12-year study (“Developmental disabilities increasing in US,” 2011).

The CDC/HRSA study indicated that Autism prevalence increased 289.5% from 1997-2008, which corroborates with more recent studies (“Developmental disabilities increasing in US,” 2011). A 2014 CDC report found a striking increase in the prevalence among people with Autism: 1 in 68 children in the United States are diagnosed with Autism, a 30% increase from 2012 (“CDC estimates 1 in 68 children,” 2014). Increases in Autism diagnoses in particular may be a direct result of increased societal acceptance, parental recognition due to Autism awareness campaigns, and the American Academy of Pediatrics recommended Autism screenings for children (Boyle et al., 2011).

The cycle of poverty among families caring for a child with I/DD is further complicated by the “bidirectional” relationship of disability and poverty – living in poverty increases the risks of having a child with I/DD due to environmental factors and lack of access to health care; just as having a child with I/DD increases the risk of poverty due to increases in financial expenses to provide care (Parish, 2014).

The population of Orange County, North Carolina is 133,801 (US Census Bureau, 2010), of which 16.4% of residents live in poverty (Mitchell, 2014). The Center for Disease Control (2011) notes that children whose families are living below the federal poverty level are disproportionately affected, as their developmental disability rates are higher. Nearly 18% of children under the age of 18 live with families who received Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits. Of the 18.4% of families with children living below the poverty level, 49% live in a female-headed household where no second parent is present.

While Orange County is below the state poverty rate of 18%, the “richest 5% of the county’s households had an average income that was 46 times greater than that of the poorest fifth of households” (Mitchell, 2014). Poverty exists in Orange County in the midst of great wealth.

Looking at the broader Triangle area of North Carolina, which consists of Orange County, Wake County, and Durham County, poverty among families living in Wake County is 11.6% and 19.3% in Durham County, respectively. Durham County consists of 60,656 children of which 4.0% have a disability. In Durham County, 25.1% of children live below poverty level; 43.6% of them live in a female-headed household. Wake County consists of 234,257 children of which 3.1% have a disability. In Wake County, 14.2% of children live below poverty level; 35.6% of them live in a female-headed household (U.S. Census Bureau, 2008-2012 American Community Survey, 2012).

Gottlieb (1997, p. 5) states, “It is well documented that single mothers frequently suffer from poverty, role strain, social isolation, and social stigma, which in turn, can negatively impact their children’s social and academic adjustment.” These persistent issues must be addressed to increase parent support for single mothers raising a child with a disability.

This community intervention will target single mothers who parent a child with a disability, aged birth to 10 years of age, and live in Orange County, NC, at 200% of the Federal poverty level. This poverty measure was chosen because “data indicate that 47 percent of children with disabilities live in families with income below twice the federal poverty level, markedly higher than the 37 percent rate for nondisabled children” (Parish, 2013, p. 195).

Contributing factors and consequences of the problem:

- **Living in poverty increases the risk of having a child with I/DD**
According to a 2014 study about the financial well being of US parents caring for children and adults with developmental disabilities, “living in poverty increases the likelihood that a family will have a child with developmental disabilities, due to increased exposure to environmental toxins and reduced health care costs” (Parish, 2014, p. 241).
- **Having a child with an I/DD increases the risk of poverty**
Parents who care for their adult children with I/DD are aging and may not have a financial buffer in the event of a crisis; the “rates of asset poverty are high across the life span for parents of children and adult children with developmental disabilities” (Parish, 2014, p. 241). In addition, the ability to recover from poverty is decreased due to financial constraints, increased divorce rates, and low employment rates among mothers of children with I/DD (Emerson, 2004).
- **Fragmented services**
A child with a disability often has many medical appointments with an array of doctors that require time and coordination on the part of the caregiver. Families must navigate multiple systems to access care from, “early-intervention or special-education services; specialized medical care treatments; social services and public assistance programs that helped provide necessities for the child and family (e.g., SSI, TANF, food stamps, Medicaid, transportation, specialized equipment); and other family supports (counseling, parent education, and advocacy and legal efforts)” (Skinner, 2005, p. 228).

- **Negative impacts on health**

Healthy quality of life for a family has many determinants, and living in poverty places greater risk on the health of a family. Poverty impacts health by increasing hunger due to poor diet; a lack of nutrition during pregnancy contributes to low birth weight and in turn health risks for a child; and limited access to health care results in lack of doctor visits and large fees when doctor's visits are necessary (Park, 2002). A parent's mental state can also have negative impacts on a child. Single mothers may not have social support, experience isolation, and be at risk for depression (Gottlieb, 1997).

Intervention Description:

According to the program's website (2013), The Incredible Years (IY) Program, is an evidenced-based practiced used in over 20 countries; it was developed in 1984 by Carolyn Webster-Stratton, a "licensed clinical psychologist and nurse practitioner," and consists of a "series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence." I propose that the modified Incredible Years Parent Training Program for developmental delay (IYPT-DD) be utilized to intervene in the midst of stress and role strain for single mothers of children with a disability.

Incredible Years (IY) program fact sheet (2010) states that the Parent Training Program targets specific groups:

"The BASIC parent series has three versions: baby/toddler (1 month to 2 years), preschool (3-5 years) and school age (6-12 years). The BASIC is "core" and a necessary component of the prevention program delivery. The other parent training components and the teacher and child components are strongly recommended with particular high risk populations . . . The BASIC series emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, social, emotional, academic and persistence skills coaching, effective praise and use of incentives, establishing predictable routines and rules and promoting responsibility, effective limit-setting, strategies to manage misbehavior and teaching children to problem solve. The ADVANCE parent series emphasizes parent interpersonal skills such as: effective communication skills, anger and depression management, problem-solving between adults, ways to give and get support and family meetings."

While the BASIC and ADVANCE programs may likely be relevant to parents of children with disabilities, parenting a child with a disability is complex, and adding in the layer of poverty further complicates the task. Emerson, Shahtahmasebi, Lancaster, & Berridge (2010, p. 224), noted that "the association between poverty and child disability is of particular concern as it indicates that children with disability are significantly more likely to live under conditions that have been shown to impede development, educational attainment and adjustment, and increase the risk of poor health, additional impairment, and social exclusion."

Therefore, the intervention among parents of a child with a disability must be tailored to meet the complex needs of both parent and child. McIntyre (2008, p. 1183) notes that "a slightly modified Incredible years Parent training for children with developmental delays (IYPT-DD) was

developed. Webster-Stratton’s main content areas of play, praise, rewards, limit setting and handling challenging behaviors were retained; however, the toddler program modifications were followed because of the chronological and developmental age of the children.”

The IYPT-DD pilot program focused on parents of children aged 2-5 years and included modifications such as building in an advocacy piece to address working with professionals in the disability field as well as supplying information on support groups for parents; discussing “blessings and challenges to raising a child with a delay;” goal-setting; and removing the information about time-outs due to differences of developmental stages (McIntyre, 2008, p. 1183). Furthermore, McIntyre (2008) noted that because mothers of children with disabilities have higher levels of stress and depression, and the IYPT-DD pilot program did not reduce them, that parents would need more intervention strategies to reduce stress and depression.

I propose to continue the IYPT-DD Intervention for single mothers of children aged 2-5 years and to also add a second program for single mothers of children aged 6-10 years. Professionals, such as counselors or therapists, who are certified to teach the program, will provide the IYPT-DD program. Such professionals become certified after receiving training from the IY program. Two certified professionals will lead a parent group that meets for 2-3 hours over the duration of 12 weeks; the training will utilize group role plays, discussion, homework, and videos among a group of 10-14 parents (IY Fact Sheet, 2010).

It is important to note barriers that may limit parents from attending such a program. Holding the training in the evening at an accessible location; providing childcare; addressing transportation issues; and providing incentives such as food or a small stipend for parents who attend a majority of sessions may increase participation (“Incredible Years,” 2014).

In an effort to keep true to the program curriculum and maintain effectiveness, Webster-Stratton (2004, p. 2) notes “five key elements to effective program implementation:

- (1) standardized treatment delivery (using comprehensive clinician manuals, well articulated protocols, videotapes and materials for parents and children);
- (2) standardized quality training for group leaders delivering the intervention;
- (3) effective supervision of group leaders;
- (4) on-going fidelity monitoring and certification; and
- (5) agency or administrative support.”

One important feature of the IY Programs is the “collaborative approach” among leaders and participants. This approach “is more likely to increase self-efficacy and engagement in the intervention. Collaboration also increases cultural sensitivity and developmental appropriateness because participants can apply the program’s principles to their own experiences” (Webster-Stratton, 2004, p. 6).

SMART Outcomes:

The following short-term outcomes, as realized within 1-3 years of program completion, are identified by the Incredible Years Parent Program Logic Model (2013), and apply towards the modified Incredible Years Parent Training for Developmental Delays (IYPT-DD) curriculum:

- Increased parent positive interactions with child (e.g. nurturing, praise, coaching, and attachment)
- Increased effective parental limit-setting, replace spanking and harsh discipline with non-violent, proactive discipline
- Increased monitoring of children, predictable routines & safety proofing households
- Reductions in parental depression and anger
- Increased parent support systems
- Increased positive family communication and problem solving
- Reduced behavior problems in child interactions with parents
- Increases in child's emotional regulation, social competence, problem solving, and compliance with parents

Theory of Change:

Ultimately, the IY Parenting Program theory of change posits that increased parenting skills lead to positive relationships between parent and child; enhanced communication skills; a decrease in anger and depression among parents; and less behavioral problems from the child (IY Logic Model).

A 1998 study found that “children in low-income families are more likely to suffer from chronic illnesses and disabilities and have as much as a 40 percent higher risk of being disabled” (Meyers, Lukemeyer, & Smeeding, 1998). “In addition, poor children with disabilities and their mothers are particularly vulnerable because these families have significantly fewer resources and choices for adequately meeting their children’s impairment-related needs – needs that far exceed the resources required of typically developing children” (Parish, Rose, & Andrews, 2010). The IY Parenting Program will target families who are at 200% of poverty level in order to begin to reduce this disparity.

According to McIntyre (2008, p. 1177), “the home environment serves as the primary context for children’s development of adaptive (as well as maladaptive) strategies.” This assumes that the child’s parent is essential in influencing such developmental strategies. The IY Parenting Program has been proven to successfully intervene in negative child-parent interactions to increase positive relationships, thus leading to healthier lives for both parent and child.

It is not surprising that there is a marked relationship between parental stress and children with developmental disabilities exhibiting behavioral issues (McIntyre, 2008). However, a 2003 study of the IY Parent Program showed that “although mothers with mental health risk factors (i.e., depression, anger, history of abuse as a child, substance abuse) exhibited poorer parenting at baseline than mothers without these risk factors, they were engaged in and benefited from the parenting training program at comparable levels” (Reid & Webster-Stratton, n.d., p. 207).