SCHOOL-BASED TARGETED PREVENTION FOR CHILDREN WITH MILD INTELLECTUAL DISABILITIES AND BEHAVIOR PROBLEMS: A PILOT IMPLEMENTATION STUDY

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INTRODUCTION

CHILDREN WITH MILD INTELLECTUAL DISABILITIES/ BORDERLINE INTELLECTUAL FUNCTIONING (MID-BIF)

- Generally show more **externalizing behavior problems**[1]
- Have more **persistent** behavior problems[2]
- Are more often **excluded** from (research into) interventions[3]

INTERVENTION

KEEPING CONTROL OF ANGER

is a **school-based targeted prevention program** addressing behavior problems that was specifically adapted for children with MID-BIF[4]. We investigated the intervention as part of **routine care**

AIMS

1. **EVALUATION OF THE IMPLEMENTATION PROCESS.**
2. **PRELIMINARILY TESTING THE INTERVENTION'S POTENTIAL EFFECTIVENESS FOR REDUCING BEHAVIOR PROBLEMS.**

METHOD

PARTICIPANTS

- 13 children
  9-14 years (M = 12.1, SD = 1.6)
  IQ 66-85 (M = 75.5, SD = 6.4)
- 10 intervention trainers

PRE- AND POST MEASURES

- SDQ - Conduct scale
  Child and **teacher** report
  Transformed into **reliable change indices**[5]
- Implementation questionnaire
  4-point scale (M score displayed as 4 stars in the results section)

RESULTS

IMPLEMENTATION

Reach

Of the children slected by professionals,

58%

(14 out of 21) belonged to the target population

Dosage

Children on average took part in

85%

of the sessions (8.5 out of 10)

Child-reported responsiveness
★★★★ M = 3.6, SD = 0.9

Child-reported satisfaction
★★★★ M = 3.5, SD = 0.5

Child-reported comprehension
★★★★ M = 3.7, SD = 0.8

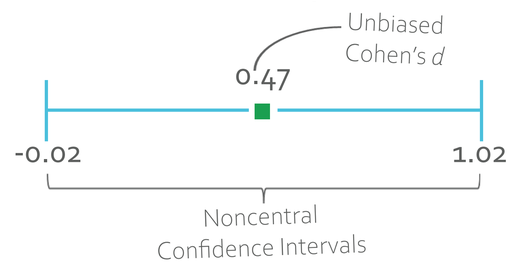
Trainer-reported responsiveness
★★★★ M = 3.6, SD = 0.5

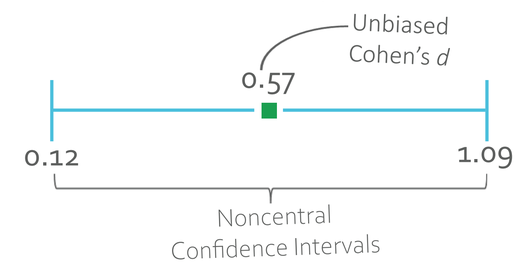
Trainer-reported satisfaction
★★★★ M = 3.8, SD = 0.6

Trainer-reported comprehension
★★★★ M = 3.9, SD = 0.4

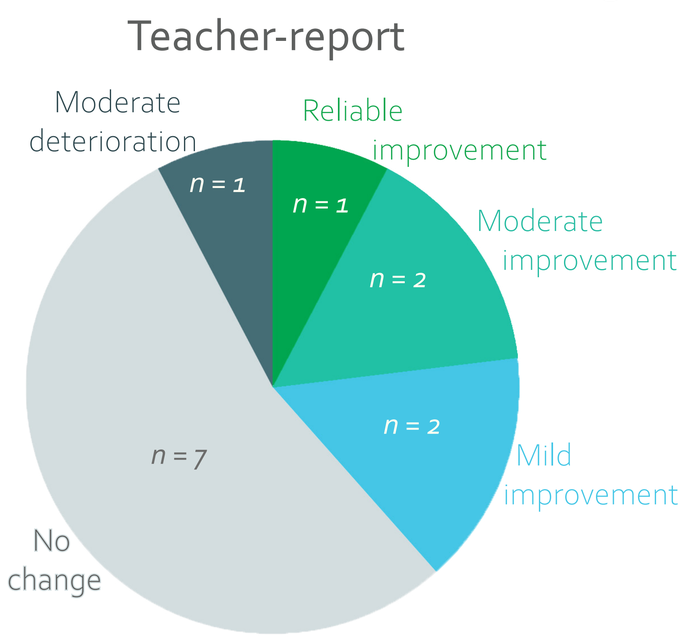
BEHAVIOR PROBLEMS

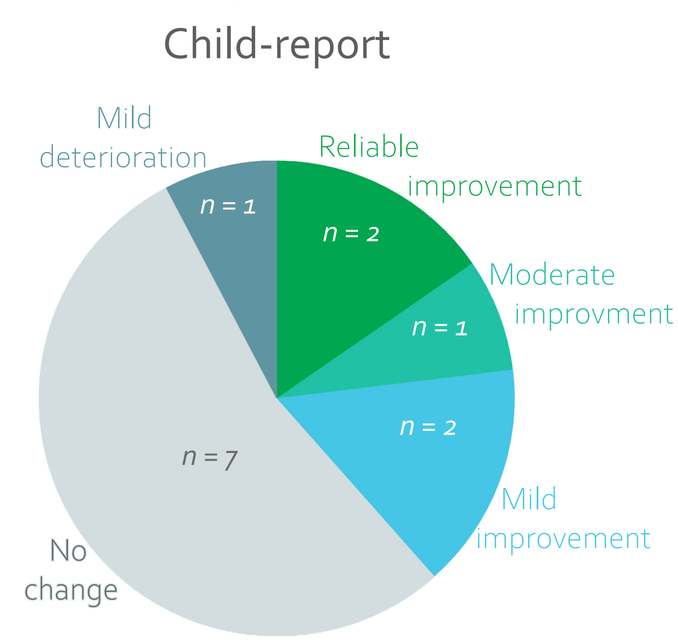
Group level change (Cohen's d)





Individual level change (reliable change indices)





DISCUSSION

The intervention **can be succesfully implemented** in a school routine care setting, but adequate screening is needed to improve intervention reach.

Results provide the cautious suggestion that **some children with MID-BIF may benefit** from the intervention. Rigorous follow-up reasearch (e.g., an RCT) is needed to in order to draw stronger conclusions.

References: [1] (Dekker et al, 2007); [2] (Emerson et al., 2011); [3] (Kok et al., 2016); [4] (Liber & de Boo, 2018); [5] (Jacobson & Truax, 1991; Wise, 2004)

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