INTERVENTION AFTER AGE 3:
MAKING A DIFFERENCE

Tanya Paparella, Ph.D.
Associate Clinical Professor, Child Psychiatry
Early Childhood Partial Hospitalization Program (ECPHP)
UCLA
When a Child Turns 3

School District: Academic

- Parents request IEP through school district
- Classroom/school placement
- Speech and language
- Occupational therapy
- Adaptive physical education
- Recreational therapy

Regional Center: Supportive

- Caseworker changes
- Child is reassessed for continuing eligibility
- Maladaptive behavior in home and community – direct and/or parent training
- Social skills: indiv/group
- Respite

http://www.dds.ca.gov/RC/ProgramSvcs.cfm
A Continuum of Services Ages 3-5

- Private preschool
  - with or without in class support
  - with or without supplemental support
- School district
  - typical preschool - with or without support
  - special education
- Combination
- Non-public school
- In-home treatment
- Home/Hospital
What is best for one child may not be best for another child or family

- Where intervention is delivered
- Program philosophy/approach
- Degree/intensity of services
- Type of services
- Parent participation, education and support
- Individualized
Resources

Office of Clients Rights Advocacy (OCRA)
http://www.disabilityrightsca.org/about/OCRA.htm

Statewide office run by Disability Rights California through DDS

OCRA employs a clients rights advocate at each RC
Content of Intervention

- Skillbuilding across all areas of development
- Areas of core difficulty
  - social communication
  - social skills
  - imitation
  - play
- Behavior
- Adaptive Skills
Elements of Intervention

- Is the treatment developmentally appropriate?

- Ongoing objective evaluation

- Cohesion and integration
  - treatment within areas of training and expertise

- Staff are well trained and specialized
Other Considerations

- Pay attention to comorbidity
  - Attention
  - Anxiety
  - Dyspraxia → “ideation”
THE EARLY CHILDHOOD PARTIAL HOSPITALIZATION PROGRAM (ECPHP)

A SHORT-TERM COMPREHENSIVE TREATMENT PROGRAM FOR CHILDREN WITH AUTISM
Goals of ECPHP

- To evaluate and treat children in a structured individualized program
- To develop individual educational, behavioral, and social intervention plans for each child
- To provide family intervention to assist parents
- To communicate with community resources
Program Population

- Children on the autism spectrum
- Children who present with developmental disabilities or other severe behavior problems requiring intensive treatment
- Toddlers, preschool, and early elementary aged children from 2 - 6
Program Structure

- 5 days a week
- 8 a.m. to 2 p.m.
- Low student to teacher ratio 1:1 or 1:2/3
- Interdisciplinary programming
The Integrated Program

- Comprehensive Assessments & Programs
- Individual Comprehensive Education Plans
- Behavioral Plans
- Cognitive Developmental Goals
- Speech & Language Therapy
- Occupational Therapy
- Recreational Therapy
- Self-Help Skills
- Social Skills
- Parent involvement – integrated home goals
- Medication
Assessments

- Diagnosis (multi-methods)
- Cognitive (Mullen, Weschler scales)
- Achievement (PEP-R, WJ, Curriculum Based)
- Specialized (Speech, OT, RT)
- Parent Needs and Family Functioning
- Parent Report of Behaviors/Child Functioning
Assessemnts (cont.)

- Functional Behavior Assessments
- Joint Attention
- Play (individual symbolic, social)
- Attention
- Imitation
- Empathy, Social Problem Solving
- Executive Functioning
- Perspective Taking
Structure & Daily Treatment

Integrated Approach

- Specialists conduct assessments
- Team puts appropriate programs in place
- Therapists in “classrooms” implement programs using informed eclectic approaches
- Therapists generalize programs
- Specialists monitor and update
- Goals and approach reviewed weekly by team
- Families meet, observe, learn, practice, report
- Outside resources consulted and discharge planning coordinated
Treatment Philosophy

- Treatment approaches: A historical perspective

- Informed eclectic model
  - Adult-directed vs child directed
  - Varied specific techniques
  - Direct intervention in areas of core deficits

- Adaptive intervention approach
Informed Eclectic

Use of validated treatment techniques across:

developmental domains

and

children
Treatment:
Adult Directed Instruction

Applied Behavior Analysis
- Preschool Readiness/Cognitive
  - Toddlers
  - Functional Curriculum
  - Pre-Academic Skills
- Maladaptive Behavior
- Self-Help Skills
- Social Skills
  - Social interaction
  - Social problem solving
  - Emotion recognition and empathy
  - Perspective taking
Treatment: Structured Child Directed

Social Communication
- Requesting, Joint Attention, Social Interaction

Shared Affect

Play
- Functional and Symbolic
- With Peers

Peer Awareness
- Social and Recreational Groups
- Peer Interaction

Social Skills
- Social Problem Solving, Emotion Recognition, Empathy
Comprehensive Clinical Treatment

- **SKILL INSTRUCTION:** ABA, PRT, RDI, Verbal Behavior, Milieu Based Instruction, Direct Instruction, Early Start Denver Model, TEACCH, JASPER, Naturalistic Developmental Behavioral Interventions (NDBI)

- **COMORBIDITY:** Different theoretical approaches (pharmacological, cognitive behavioral, behavioral, social, systematic desensitization, dyspraxia)

- **TECHNOLOGY:** video modeling, iPad, speech generating devices

- **Multidisciplinary** (Speech, OT, Psychiatry, Neurology, Genetics, social development)

- **Parent Education** (behavioral education, research education, content education, parent mediated, sibling mediated)