

INTERVENTION AFTER AGE 3: MAKING A DIFFERENCE

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UCLA  CART
CENTER FOR AUTISM RESEARCH AND TREATMENT

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

Assesments (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)