**Symposium Title**: Interventions to support caregivers and teachers of children with an intellectual or developmental disability.

**Chair**: Chair Jan Blacher[[1]](#footnote-1)

**Discussant**: Christine Moody[[2]](#footnote-2)

**Overview**: Caregivers (parents or carers) and teachers of children with intellectual and/or developmental disabilities (IDD) experience higher levels of negative psychological well-being (stress, distress, anxiety, etc) and lower levels of positive mental well-being. As part of the environment within which the child grows, they are also instrumental in the well-being and positive outcomes achieved by children with IDD. For example, there is evidence that relationship quality and psychological well-being in parents or teachers of children with IDD are important factors determining the child’s mental health. This symposium will describe three intervention approaches designed to support mental well-being and positive relationships between caregivers/teachers and children with an IDD.

**Paper 1 of 4**

**Paper Title**: A feasibility randomised controlled trial of remotely-delivered Video Interaction Guidance (VIG) for parents of children with intellectual disability referred to specialist mental health services

**Authors**: Vaso Totsika [[3]](#footnote-3), Angela Hassiotis 3 , Eilis Kennedy [[4]](#footnote-4), Michael Absoud [[5]](#footnote-5), Rachel McNamara [[6]](#footnote-6), Elizabeth Randell 6, Manuel Gomes 3, Sophie Levitt [[7]](#footnote-7), Gemma Grant [[8]](#footnote-8), Angela Casbard 6, Charmaine Kohn 4, Zhixing Yang 3, Lauren Turner 3, Vanessa Cieplinska 3, Juliana Gomes de la Silva 3, Kian Fortes 3

**Introduction**: Children with an intellectual disability are 3-4 times more likely to present with behaviours that challenge and mental health problems than typically developing children. Parenting and the quality of parent-child relationships are risk factors for these families. The COVID-19 pandemic further exacerbated difficulties, leading to an increase in child mental health problems and behaviours that challenge, a deterioration in parental mental health, and further strain on family relationships. Remote family interventions could be an effective solution for both families and specialist mental health services. Video Interaction Guidance (VIG) has shown promise for improving child mental health. However, it is unclear whether it is widely acceptable to families and feasible to implement across specialist child mental health services. A randomised controlled trial aimed to evaluate the feasibility of delivering VIG remotely to parents of children with intellectual disability who have been referred to specialist mental health services in England.

**Method**: Participants were recruited from five National Health Service specialist mental health services in England. Participants were parents of a 6-12 year-old child with an intellectual disability who had been referred for support in relation to behaviours that challenge or suspected mental health problems. Participants were randomised on a 1:1 basis into the intervention group (VIG plus Treatment as Usual) or the Treatment as Usual (TAU) group. The primary feasibility outcomes were recruitment rate, study retention at 6 months follow-up, and completion rate of VIG cycles. Secondary outcomes related to the completeness of outcome measures, the acceptability of VIG, the feasibility of remote implementation and evaluation, and a preliminary assessment of service use and costs. Data were collected through interviews and/or questionnaires at baseline, 3- and 6-month follow-up.

**Results**: Four hundred and three parents were provided with information about the study and of the 107 expressing an intertest, 49 consented to the study, of whom 44 were screened and 40 were deemed eligible for participation. Estimation of recruitment rate was based on the first 97 cases expressing an interest and being eligible for the study and was 36%. Of the 40 participants with baseline data 30 provided data at 3- and 6m follow up. Qualitative interviews conducted with 10 parents (both arms) and 8 staff indicated high acceptability of VIG, with very few opportunity costs identified. Parents experienced very few barriers when accessing remotely-delivered VIG while both parents and staff identified several facilitators associated with remote delivery. On average parents preferred remote delivery, while staff preferred hybrid delivery. The remaining feasibility outcomes are currently analysed.

**Discussion**: The study is the first randomised evaluation of VIG in intellectual disability. Clinical staff and parents expressed strong support for VIG and for remote delivery. Remote delivery has the potential to facilitate quicker access to mental health services. When presenting the full set of primary and secondary outcomes from the study, we will discuss these in relation to pre-defined traffic light criteria for determining the feasibility of proceeding with a definitive trial of VIG. An advisory group of 10 parent carers has been working alongside the research team to co-produce the trial design, analysis and interpretation.

**References** Trial Registration Number: ISRCTN13171328

**Paper 2 of 4**

**Title**: ACT for caregivers of individuals with Neurodevelopmental Disorders: A focus on a diverse ethno-racial sample

**Authors**: Alaa Ibrahim 9, Jonathan Weiss9, Kenneth Fung 10, Yona Lunsky 10, Louisa L. Y. Man 10, Kendra Thomson 10,11, Nicole Bobbette 10,12, Melanie Penner 13, & Johanna Lake 10

**Introduction**: Intervention researchthat focuses on individuals with neurodevelopmental disorders (NDD) often underrepresentssocioeconomically,ethnically, and/or linguistically diverse families (Mire et al., 2023; Papoudi et al., 2021). It is important to examine the efficacy of research findings among diverse families in order to provide equitable access and services that best fit their needs. This study examined the outcomes of a diverse ethno-racial subsample of participants of group-based, Acceptance and Commitment Training (ACT) co-facilitated by trained clinician and peer caregiver.

**Method**: 48 family caregivers from diverse ethno-racial communities (84% ciswomen; *M* = 44.5 years, *SD* = 9.8 years) participated in a 5 or 6 session, group-based virtual ACT training for families of individuals with NDDs (Fung et al., 2021). 31% of caregivers were East/Southeast Asian, 22% were South Asian, 14% were Black, 10% were Latino, 8% were indigenous, 6% were Middle Eastern, and 9% indicated another racial and ethnocultural background (i.e., mixed race). The workshops were delivered across 4 Canadian provinces between 2022 and 2024. At pre- and post-intervention, caregivers completed the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995), the Short Warwick-Edinburgh Mental Well-being Scale (SWEMBS; Stewart-Brown, 2009), the Self-Compassion Scale (SCS-SF; Neff, 2003), and the Multi-System Model of Resilience Inventory (MSMR-I 27; Liu, Reed, & Girard, 2017).

**Results**: Paired sample *t*-tests indicated improvement in psychological distress, mental well-being, self-compassion, and resilience at post-intervention compared to pre-intervention, *t*(40) = 2.33, *p* = .03; *t*(33) = -2.14, *p* = .04; *t*(40) = -2.41, *p* =.02; *t*(39)= -4.02, *p* <.001; respectively. Using change scores, Pearson correlations demonstrated that improvements in caregivers’ resilience and self-compassion were both significantly associated with improvements in caregivers’ psychological distress (*r*(40) = -.40, *p* =.02; *r*(41) =-.41, *p* = .008) and mental well-being (*r*(34) = .42, *p* = .01; *r*(34) = .35, *p* =.04), respectively. Similarly, improvements in caregivers’ self-compassion and resilience were also significantly correlated with each other (*r*(40) = .50, *p* = .003).

**Discussion:** This study highlights the benefits of virtual ACT for caregivers in a subsample who identify as ethnically diverse and care for an individual with an NDD. Benefits included improvements in caregivers’ resilience, self-compassion, mental health and well-being. Future studies can investigate the role specific ACT processes (i.e., psychological flexibility, cognitive fusion, values) might play in the observed improvements, and whether culturally adapted group might confer additional benefits.

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**Paper 3 of 4**

**Paper Title**: Intervention to Enhance Student-Teacher Relationships: Positive collateral effects on teachers and caregivers

**Authors**: Jan Blacher1, Oscar Hughes2, Fernanda Castellon1, Narmene Hamsho3, & Abbey Eisenhower2

**Introduction**: *Smooth Sailing* is a relationship-focused, neurodiversity-affirming, professional development (PD) program for general education teachers in kindergarten through 2nd grade. The program targets improved student-teacher relationships (STRs) as its primary focus, while increasing teachers’ autism knowledge and enhancing partnerships with parents. Here, we report primary findings from: a) the pilot RCT on teacher-student relationship development; b) teacher reflections on their own learning; ac) parent perspectives on their school involvement and relationship with teachers.

**Method**: Participants in a pilot RCT were 32 general education teachers (kindergarten - 2nd grade) and their autistic students and caregivers. An additional sample of 21 teachers and caregivers were enrolled in another round of the RCT. Student-teacher relationships will be reported as means from subscales of the Student-Teacher Relationship Scale (Pianta); parent-teacher relationship quality (PTRQS; Andoni et al., 2022) will be reported from teachers and parents.

While Smooth Sailing is delivered virtually, there are two in-vivo activities. One is Time2Connect (T2C) -- short sessions (3-10 min), one-on-one interactions with a focal autistic student during the school day. T2C incorporates evidence-based strategies to promote positive student-teacher relationships and is child-led, non-directive, and communicates teacher enthusiasm about the students’ interests. The sample of 21 teachers answered open-ended questions about how their student responded to T2C and what they learned about the student. Initial thematic analysis of their open-ended responses will also be presented. The other strategy is Teacher-As-Interviewer (TAI), a 30-45 minute interview with the student’s caregiver(s) to strengthen caregiver-teacher collaboration. Teachers utilize active listening strategies, including validation and reflection, while learning more about the child and caregiver that will help build their student-teacher and caregiver-teacher relationships.

**Results**: Intent-to-treat analyses show that the Smooth Sailing program had medium-to-large effects on teacher-reported student-teacher closeness (Cohen’s *d*=.60), conflict (-.51) and overall STR quality (.79). Effects on teacher-reported (PTR) quality were delayed, with gains increasing by follow-up (*d*s=.56, .78). The program showed excellent acceptability (e.g., 100% would recommend the program to colleagues) and implementation fidelity (e.g., teachers completed 7.9/8 modules; 96-100% conducted T2Cs and TAIs). The program’s virtual format, including virtual coaching, was well-received.

All teachers implemented T2C sessions (mean: 9.45, range: 1-50), at an average of 3 sessions per week (range: 1-10). All teachers reported fully or partially using the learned strategies (following the child’s lead, descriptive commenting, and shared enthusiasm) and 97-100% of teachers reported fully or partially avoiding directives, academic instruction, and asking questions. 76% of teachers reported avoiding questions to be a challenging T2C strategy to implement.

Across the six main TAI strategies, active listening was the strategy teachers were most likely to endorse having implemented well (20 teachers), followed by validation (15 teachers). In terms of the self-rated overall quality of implementation of TAI strategies, teachers rated themselves at a mean of 8.1 on a 10-pt. scale (SD=1.3, range: 5-10).

Analyses on the efficacy and feasibility of the additional 21 teachers are underway.

**Discussion**: Results from our pilot RCT suggest that *Smooth Sailing*, a virtually-delivered program, can assist general education teachers develop meaningful connections with families and build relationships with autistic students. The in-class conduct of T2C sessions represent a promising approach for K-2 general education teachers to get to know their autistic students, recognize their students' interests and strengths, and to ultimately reduce conflict and promote closeness between autistic students and their teachers. Discussion will focus on the program’s social validity.

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