

“Too Many Therapies, Too Little Time”

The ten session “Raising Your Challenging Child” course is “problem centered”; that is, it is designed to help parents anticipate and manage specific problem situations. Let’s get through the day; here and now. The approach outlined below has an entirely different focus. This discussion is designed to help parents anticipate and manage their child’s longer term developmental needs.

This type of longer-term management is not easy because most children with developmental differences have complex needs. Expert recommendations can be numerous, varied and controversial. Parents have limited time, money and energy. How to choose? What works? What gets priority? How to get the most developmental bang for the therapeutic buck?

I call my approach: “Scan and Plan”.

- First, describe the child’s profile. (The Quick Scan)
- Second, list the “problems” that need to be solved. (The Problem Inventory and Teacher Questionnaire)
- Third, explain each problem in terms of the child’s profile. (Scan and Plan/ “Factors”) Sometimes, this requires professional consultation. For academics, your child may need standardized testing. For behavioral problems, your child may need a Functional Behavioral Assessment.
- Fourth, weigh the most significant sources of impairment. (Scan and Plan/ “current impact”)
- Fifth, let a management “plan” flow logically from identification of the greatest sources of impairment.
 - Document baseline/ outcome measures.
 - Select specific strategies based on research evidence or do a controlled trial. (Treatment trial form).
 - Monitor effectiveness of the intervention.
- Sixth, reassess “impact” across all problems; that is, “modifiability”. (Scan and Plan)

Choosing and trying specific strategies

Intervention strategies should be selected carefully and implemented on a trial basis. It is easier to draw conclusions about the effectiveness of specific strategies if trials are carefully controlled. The best trials are usually designed and performed in consultation with professionals. (See “Treatment Trial Form” below.)

1. **Choose a target:** Do not try to solve more than one problem at a time. Set priorities. What needs to change? What are your child’s greatest sources of impairment? What is it about your child’s profile that represents “the biggest deal?” What is his or her most important problem? After choosing a target, decide what to use as outcome measures. What can we monitor to know if a strategy is working? Write-in targets and outcome measures on the trial form.
2. **Choose a strategy:** Know your child and use common sense but be sure to consult experts and the best available scientific information. Good science depends upon controlled and reproducible experimentation. Avoid speculation, bias and fad. Objectively weigh relative risks and benefits. Write-in the chosen strategy on the trial form.
3. **Establish baseline measures for targets and possible side effects:** For specific strategies, we can usually anticipate possible benefits and risks. Other times, we must make educated guesses. In any case, we need to know where we started. On the trial form, record the date, then rate targets *and* possible side effects at baseline as follows: 0 for no problem, 1 for little problem, 2 for medium problem or 3 for big problem. (Note: Just because something is listed as a *possible* side effect does not mean that it was necessarily a 0 before the trial or that it might not get better during the trial.)
4. **Establish observation intervals:** How long will it take for this strategy to work? We need to be patient and give interventions a fair chance. On the other hand, we should not miss early signs of change, whether troubling or promising. Decide whether to reassess daily, bi-weekly, weekly or monthly? On the “Treatment Trial Form”, write-in observation dates and any strategy changes.
5. **Observe:** It is crucial to describe the child’s functioning in his or her everyday natural life. Furthermore, good science usually depends upon pooling the observations of more than one person, sometimes across different settings and tasks. To eliminate bias, it may be appropriate and feasible to deliberately “blind” some observers to the type of intervention. If able, the child should participate in the trial. Children should feel included in their own care. Their observations are valuable. Furthermore, participation in treatment trials promotes self-monitoring, self-regulation, and self-advocacy.
6. **Evaluate and reevaluate:** Compare baseline and treatment observations. Write-in any unanticipated effects, either positive or negative. Where do we seem to be heading with this strategy?
 - a. *Promising:* If numerical ratings of targets have come down and ratings of potential side effects have not gone up, then stay with it.
 - b. *Disappointing or even harmful:* If numerical ratings of targets have not gone down and ratings of possible side effects have gone up, then modify or stop.
 - c. *Inconclusive:* If ratings of targets and possible side effects remain unchanged, (essentially at baseline levels), then give more time, intensify, modify or abandon. Sometimes we deliberately try a strategy, stop it, try it and stop it. Other times, we compare one strategy against a modification or against a different strategy. These ABAB or ABCD design trials can clear up confusion about cause-effect connection, relative effectiveness or - for previously effective strategies - ongoing need (i.e. discontinuation trials).

TREATMENT TRIAL FORM:

Child's name: _____ Grade: _____ Year: _____

Person completing this form: _____

Relation to child: _____

When were your observations usually made? (Circle):

mornings/ afternoons/ evenings/ weekdays/ weekends

Dear Parents, Teachers, and Child:
 Thank you very much for your help. It is so important to conduct this trial in a careful and controlled fashion. Please complete the table below. **Observations will be recorded for the preceding: day/ week/ month (circle one).** If you were not able to make observations during that period, leave the column blank. Your comments in narrative form are also very helpful. On the back, please record the date and provide general impressions, including the following: Were there any problems with the treatment? Were there any benefits? Give details. Please call me if you have any questions or concerns. Thank you.

**During the observation period, how big were these problems?
 0=no problem, 1= little problem, 2=medium problem, 3=big problem**

STRATEGY	baseline														
for:															
Targets															
DATE															
Possible Side Effects															

WHAT NEEDS WORK?	WHO YA GONNA CALL?	WHAT THEY GONNA DO?
motor activity level impulsivity attention span	Child psychiatry Developmental Pediatrics General Pediatrics	medication
regularity initial reaction intensity reaction adaptability	Psychology, Social Work Behavior Analyst	CBT
hearing speech hearing noise taste smell vision light touch deep touch movement internal bodily sensations	Occupational Therapist Behaviorist	desensitization
mood stability usual mood	Child Psychiatrist Psychologist	medication CBT
social awareness self-awareness social skills	Psychologist Speech Language Therapist	individual/group therapy
fine motor writing mechanics	Occupational Therapist	
gross motor	Physical Therapist	
speech written expression understanding speech reading	Speech Language Therapist Tutor	
music	Music Teacher	
math	Tutor	
time awareness planning and organization	Language Therapist Organization Skills Coach/Tutor	

This list is very incomplete and simplistic. Many specialists have overlapping expertise.