Inaugural Message

We are pleased to welcome you to this inaugural issue of Dialogue CRDH, our Centre’s new e-bulletin. The purpose of Dialogue is to keep you apprised in a quick and direct way of exciting new findings emerging from our Centre. As you will see in this issue, we have an enormous potential for exchanging innovative ideas with researchers and community partners. To tap into this wealth of ideas and perspectives, we urge you to use Dialogue CRDH to, well, start a dialogue!

The volunteer staff of Dialogue (Holly Recchia, Alexa Martin-Storey, Christopher Steele, Greg Gilmore, Donna Craven, Serge Wright) has worked very hard to produce our first issue. Very special thanks go to Dorothea Bye, our 2007 CRDH Knowledge Transfer Scholarship recipient, for spearheading the project and sharing with us her enthusiasm for knowledge dissemination.

We hope you find Dialogue to be a good way to keep in touch with the Centre for Research in Human Development, and we anticipate a vibrant, on-going exchange with you.

Lisa Serbin
Director, CRDH

Danielle Julien
Associate Director, CRDH

Karen Li
Associate Director, CRDH

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Crédits de la Réalisation

Watch for Volume 1, Issue 2 in Spring 2008, which will feature:

• Dr. Giovani Burgos describing the mental health challenges facing minority youth.

• Dr. Danielle Julien on community-driven research and keeping up with social change.

... and more from our community partners.

If you have interest in a topic related to any aspect of development across the lifespan, please submit your comments and ideas to the editorial team at dialogue@crdh.concordia.ca

Come to the CRDH Seminars and meet researchers and trainees: check http://crdh.concordia.ca for an updated list of featured speakers, times, and location.

We are especially interested in hearing from those working within the community.
Knowledge Transfer is Not Enough: Intervention Research in Bangladesh

INTRODUCTION

Dr. Frances Aboud’s enthusiasm when discussing her research is contagious. She has good reason for this enthusiasm. Recently, she has been working on a number of international health research projects in Bangladesh. For instance, she has recently been involved in evaluating and designing interventions for parents in Bangladesh to promote responsive feeding and caregiving. She has also evaluated the quality of local preschool programs and subsequently designed an intervention to improve upon areas of weakness. In this sense, her work epitomizes strategies for using solid empirical research to make a tangible difference in people’s lives.

ESTABLISHING PARTNERSHIPS IN BANGLADESH

Her work began in Bangladesh when she approached various Non-Governmental Organizations (NGOs) regarding how she could help to improve their programs. Plan International (formerly known in Canada as Foster Parents’ Plan) “had the guts” to ask her to evaluate their programs in an effort to improve on their existing interventions. Following these initial evaluations, Dr. Aboud and her research colleagues have worked in collaboration with Plan, the Bangladesh Rural Advancement Committee (BRAC), and a network of local community partners to build on existing programs. She points out that these community partners are “essential in helping to identify ways to make the health/behavioural messages fit into the villagers’ lives”.

Hasan testing a young girl on WPPSI block design.
INTERVENTION CHALLENGES

Dr. Aboud and her collaborators have faced the challenge of translating knowledge acquisition into concrete behavioral outcomes. That is, “simply transferring knowledge is not sufficient”. An initial descriptive study suggested that children’s nutritional deficiencies were associated with the nature of their feeding interactions with caregivers. As such, an intervention was designed to promote more responsive feeding (i.e., providing a sensitive and structured feeding environment). The intervention addressed various features of these feeding interactions, such as hygiene, nutrition, encouragement techniques, and how to deal with refusals. After the initial 2006 intervention, children indeed gained weight and were allowed to engage in more self-feeding. However, though mothers recalled messages from NGOs (e.g., handwashing, what to feed), their responsiveness during feeding interactions did not change. Thus, in a new study, the researchers are now looking for ways to place greater emphasis on more specific behavioral training strategies to promote responsiveness.

RESEARCH CONTRIBUTIONS

These ongoing projects have the potential to make a significant contribution far beyond the borders of Bangladesh. For instance, Dr. Aboud and her team are helping UNICEF to create manuals to address international child development health concerns. Further, different groups are designing responsive feeding interventions in countries facing similar problems (e.g., Vietnam, South Africa, Peru). The World Health Organization has asked these teams to design questions pertaining to children’s feeding that will be used on international demographics and health surveys. These surveys will enable future researchers to obtain comparable data on feeding interactions in different countries around the world.

- Holly Recchia
It takes a lot of patience to embark on the kind of longitudinal research begun by Dr. Alex Schwartzman and his colleague Dr. Jane Ledingham in 1976. Thirty years and many collaborators later, this project continues to follow the original families. In setting out to examine the adult mental health outcomes associated with childhood social withdrawal and aggression, Dr. Schwartzman and others began gathering information which has resulted in data on many other and different long-term outcomes as well.

LONGITUDINAL QUESTIONS

Longitudinal questions regarding the intergenerational outcomes of child behaviour patterns, particularly as they relate to mental health. Recent funding from the Canadian Institute of Health Research and cooperation with the Régie de l’assurance maladie du Québec has allowed for researchers to examine the relation between early behaviour patterns and intergenerational patterns of health care usage in the context of this study. Information about these kinds of outcomes is of particular interest to the families of individuals suffering from mental illnesses such as schizophrenia.

Following the patterns of aggression and social withdrawal over the years within this sample has led to a consistent pattern of findings. Children who had high early levels of aggression, or aggression and withdrawal were at greatest risk for negative outcomes, while social withdrawal generally only predicted negative outcomes when in combination with other variables. Additionally, work with other CRDH researchers including Drs. Dale Stack and Lisa Serbin has shown the consequences of these early behaviour patterns on parenting and various child outcomes.

COMMUNITY PARTNERSHIP

CRDH’s long time partnership with Action on Mental Illness (AMI)-Québec dates back to the early collaboration between Dr. Schwartzman’s project and this organization. The project was initially designed to examine childhood behavioural correlates associated with the development of schizophrenia, factors of particular interest for families. Presentations were made to AMI-Québec at the inception of this longitudinal project, and Dr. Schwartzman plans to provide this community partner with a comprehensive summary of findings at the project’s end.

A Snowball Study

Internationally, very few studies have been organized which allow researchers to answer complex longitudional questions regarding the intergenerational outcomes of child behaviour patterns, particularly as they relate to mental health. Recent funding from the Canadian Institute of Health Research and cooperation with the Régie de l’assurance maladie du Québec has allowed for researchers to examine the relation between early behaviour patterns and intergenerational patterns of health care usage in the context of this study. Information about these kinds of outcomes is of particular interest to the families of individuals suffering from mental illnesses such as schizophrenia.

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- Alexa Martin-Storey
What’s Up, Post-Doc?

Erwin Neumark is completing his doctorate in clinical psychology at Concordia University. Previously a successful businessperson, he is now a licensed psychologist under the Ordre des psychologues du Quebec (OPQ), and lives with his wife and four children in Montreal. Erwin first met his mentor, Dr. Philip R. Zelazo (McGill), while volunteering at the Montreal Children’s Hospital, and is now in training as a post doc at the Montreal Autism Centre under Dr. Zelazo’s supervision.

THE IMPORTANCE OF POST-DOCTORAL WORK

A clinical post-doc is typically a training position which follows shortly after completion of a PhD and residency or internship. The post-doctoral fellow has the status and responsibility of a professional while continuing to benefit from supervised research and clinical work. According to Erwin, “There is no learning replacement for being a professional in the field, and this is especially true when working with autistic infants and young children, given their unique complexity and implications for later development.” The transfer of the “relevant clinical” art is time consuming and labour intensive, requiring about two years.

THE CHALLENGE

Collaboration with community partners and other care providers is essential. “Bringing all of the players together in an appropriate way is one of the hardest things we do. The co-ordination of families, schools, and health professionals is part of our job.” Sharing the challenge are such organizations as Autisme et Troubles Envahissant du Développement (ATEDM) which has worked with the Montreal Autism Centre and Ecole primaire Marc-Laflamme to integrate former behaviourally dysfunctional autistic children into the school system. The Zelazo Method includes both a home component involving parents, and a school component involving educators, and has transformed several 9 to 11 year olds into measurably successful school children. “The method works, even with older kids, when we find community partners that share our vision.”

Erwin Neumark and Dr. Zelazo have also recently completed a pilot project applying their clinical skills to non-verbal autistic teenagers. Simultaneously they have been educating and training members of Service de Réadaptation L’Intégrale, the ATEDM, and the CEM-TGC-DI-TED in follow-up protocol. Outcomes of such coordinated efforts can include real and lasting behavioural change and a vast improvement in the lives of the families involved. On-going training and support of such groups is essential to the sustained success of clinical efforts.

“Also, organizations like the Centre for Research in Human Development (CRDH), which brings together research, clinical, public, and community interests, are absolutely critical to the creation of awareness and spread of knowledge about development at all levels, and its clinical applications” suggests Erwin.
What’s Unique About the Zelazo Method?

To date, the only empirically validated and effective treatment for autism has been Applied Behavioural Analysis (ABA). Unfortunately, practitioners are all too often given brief and inadequate training in applying the method, then left to their own devices, so that while some improvement can be shown in mild cases, it doesn’t work well over time with moderate or severe cases. By contrast, training for Zelazo’s Intensive Early Developmental Behavioural Intervention requires two to three years of supervised hands-on practice before the professional is truly ready to deal with autism in different age groups on different emotional, cognitive and behavioural levels. The practitioner of the method must learn how to tease apart and address the varying components of both typical and atypical development which are intertwined in complex ways in children with autism and which change as the children grow. To do this well requires practice over time with individuals of different ages. Adding to the challenge, at every stage along the way parents, teachers, and medical professionals need to work collaboratively under the same conceptual umbrella as the therapist. Early intervention is critical to the dramatic improvements which can happen with this method.

NEW DIRECTIONS

“Our goal is to disseminate the theoretical and clinical aspects of the Zelazo Method, to train a future generation of interventionists, therapists, parents, educators, medical people and everybody who comes in contact with autism.” Dr. Zelazo and Erwin have worked with the government of Newfoundland and Labrador in developing a parent-implemented program which uses video-conferencing to provide parent training. Parents are taught to provide therapy to their own child as a complement to their regular parenting in the natural setting. First weekly, and then bi-weekly, sessions are used to train parents in specific intervention skills. Then, via a computer with a camera and appropriate software set up in the home, Erwin and colleagues can link up at the appointed follow-up times to watch parents doing a given therapy session and provide immediate guidance, coaching, and goal-setting. Parents need sustained help on many levels, including respite and financial assistance, over the long term.

though it’s a lot of work on their part, it has ultimately made their lives much easier because their child has become more compliant. The program sets up a structure which allows safe breathing room, and the resulting improvement in the child increases quality of life for the whole family.”

Erwin is featured on Aide en Ligne, a web portal through which people can access psychologists of any modality. Links such as this provide outreach, and allows professional networking, training, workshop development, and web seminars, as well as making therapy and support accessible to families who live in remote locations. Other public forums such as those offered by AMI-Québec, this new Dialogue publication, and the CRDH Annual Conference help to create a much-needed awareness of the practical, medical, and psychological challenges faced by families caring for children with autism.

Send any questions for Erwin to dialogue@crdh.concordia.ca

- Dorothea Bye