

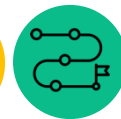
# Promoting Mental Health Outcomes In Early Childhood through Positive Parenting: I-InTERACT-North

*Growing Strong Minds Conference, 14 November 2024*

Dr. Tricia Williams, C.Psych, ABPP

Clinical Neuropsychologist, Associate Scientist

GH-CBMH Brain Health Innovator



**SickKids**



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"I (we)  
would like to begin  
by acknowledging the land  
on which SickKids operates. For  
thousands of years it has been the traditional  
land of the Huron-Wendat and Petun First Nations, the  
Seneca and most recently, the Mississaugas of the  
Credit River. Today, Toronto is home to Indigenous peoples  
from across Turtle Island. SickKids is committed  
to working towards new relationships that include  
First Nations, Inuit, and Métis peoples, and  
is grateful for the opportunity to  
share this land in caring  
for children and  
their  
families."

A woman with long dark hair is looking at a young boy in a red polo shirt. They are outdoors, and the scene is overlaid with a semi-transparent teal filter. The woman is on the left, and the boy is on the right, looking towards her.

# **I-InTERACT-North**

A virtual therapy program empowering parents  
to promote resilience

# The I-InTERACT-North Story in Citations

- Goodman, C. V., Green, R., Taylor, M. M., Wade, S. L., & Williams, T. S. (2024). One-year follow-up of a transdiagnostic telepsychology parenting program for children at neurological risk: Who benefits the most? *Translational Issues in Psychological Science, 10*(2), 135-149. <https://doi.org/10.1037/tps0000412>
- Green, R., Linga-Easwaran, J., Goodman, C., Taylor, M., Fabiano, G. F., Miller, S. P., & Williams, T. S. (2024). Positive parenting practices support children at neurological risk during COVID-19: A call for accessible parenting interventions. *Frontiers in Psychology, 15*, Article 1328476. <https://doi.org/10.3389/fpsyg.2024.1328476>
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- Ford, M.K., Roberts, S.D., Andrade, B.F., Desrocher, M., Wade, S.L., Ahola Kohut, S., & Williams, T.S. (2022). Building I-InTERACT-North: Participatory action research design of an online transdiagnostic parent-child interaction therapy program to optimize congenital and neurodevelopmental risk. *Journal of Clinical Psychology in Medical Settings. <https://link.springer.com/article/10.1007/s10880-022-09875-8>*
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- Williams, T.S., Deotto, A., Roberts, S.D., Ford, M. Desire, N., & Cunningham, S. (2021). COVID-19 mental health impact among children with congenital and neonatal brain injury/conditions. *Child Neuropsychology. ePRINT, 1-22*; <https://doi.org/10.1080/09297049.2021.1998407>.
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- Williams, T. S., McDonald, K. P., Roberts, S. D., Dlamini, N., deVeber, G., & Westmacott, R. (2017). Prevalence and predictors of learning and psychological diagnoses following pediatric arterial ischemic stroke. *Developmental Neuropsychology, 42*(5), 309-322. <https://doi.org/10.1080/87565641.2017.1353093>





**WARNING**  
Always use the correct harnessing technique for your child's weight and height. Do not use the harness if the child is under 2 years old, under 22 lbs (10 kg), or under 36 inches (91 cm) tall. Do not use the harness if the child is wearing a hat, hood, or any other item that could interfere with the harness. Do not use the harness if the child is wearing shoes with hard soles or high heels. Do not use the harness if the child is wearing a backpack or any other heavy bag. Do not use the harness if the child is wearing a car seat or any other restraint device. Do not use the harness if the child is wearing a hat, hood, or any other item that could interfere with the harness. Do not use the harness if the child is wearing shoes with hard soles or high heels. Do not use the harness if the child is wearing a backpack or any other heavy bag. Do not use the harness if the child is wearing a car seat or any other restraint device.



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*Access to evidence-based mental health services is essential to **improving outcomes for children and youth**. I-InTERACT-North is designed to help narrow an important gap in our health-care system by bringing clinicians and families together sooner to identify and respond to child mental health needs.*

*-Dr. Ronald Cohn  
President & CEO of SickKids*



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**I am a...(select all that apply)**

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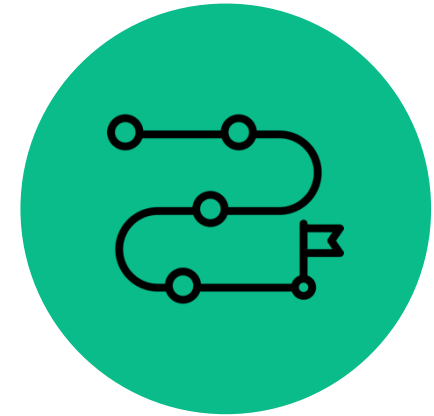
# Objectives



WHY



WHAT



HOW

# Disclosures

- **Garry Hurvitz-Centre for Brain and Mental Health** and **Edwin S.H. Leong Centre for Healthy Children**
- **Canadian Institutes of Health Research (CIHR) Operating Grant**





# The Why



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## What are the benefits of early mental health interventions?

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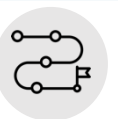
*"It's more than a medical condition"*





1 in 2

SickKids patients are at risk of developing **mental health and neurodevelopmental disorders** following **early brain injury** and associated medical conditions



# Mental Health & Behavioural Challenges Among Common Childhood Neurological Populations



## PRETERM BIRTH

**2-4X higher risk** of ADHD, ASD, anxiety diagnoses\*<sup>1</sup>

*\*compared to full-term peers*



## PEDIATRIC STROKE

**59%** of patients experienced **psychiatric disorder**<sup>2</sup>

**54%** of patients received diagnosis following assessment (LD, ADHD, ID most common)<sup>3</sup>



## EPILEPSY

**35-50%** of patients will develop a **behavioral or mental health problem**

Common diagnoses include **ADHD, anxiety, depression, aggression, & autism**<sup>4, 5, 6, 7</sup>



## HYPOXIC ISCHEMIC ENCEPHALOPATHY

**Increased risk of mood disturbances**<sup>8</sup>

**Attention problems, executive dysfunction, peer difficulties**<sup>9</sup>

Common diagnoses include **anxiety, depression & ADHD**<sup>8</sup>



## GENETIC CONDITIONS (I.E., NF1, TSC)

1/3-1/4 of patients with **NFI with ADHD or ASD**<sup>10</sup>, higher rates than siblings<sup>11</sup>

40% of patients with **TSC with behavioural challenges** (including **ADHD**) and 20-60% with **ASD**<sup>12,13</sup>





**<10%** of  
children receive  
mental health care

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**What barriers do families face when accessing early mental health interventions?**

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**What barriers do families face when accessing early mental health interventions?**

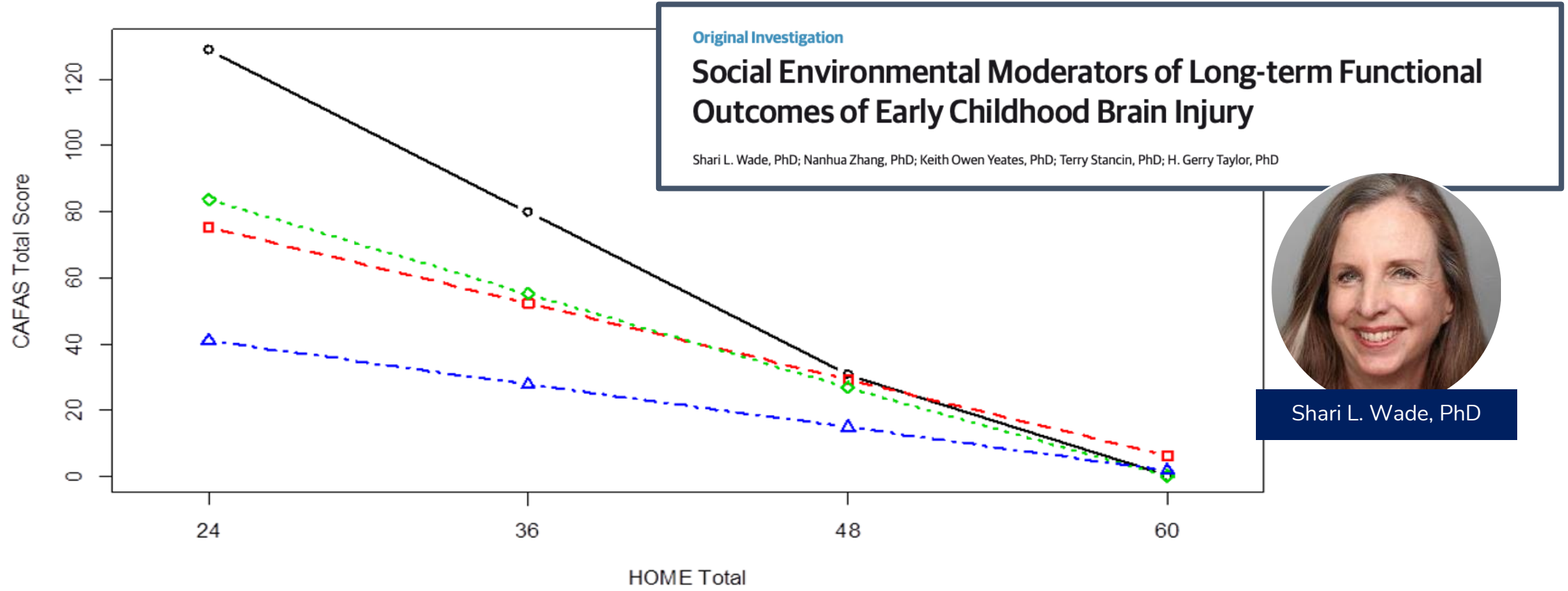
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# Cost Benefits Of Early Mental Health Interventions

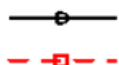
Reducing early behaviour problems in children using positive parenting programs has been estimated to **save Canadian taxpayers up to \$10.2 million** in mental health, social services, justice, and education costs.



# Family Functioning Moderates Brain Injury Outcomes



Shari L. Wade, PhD



Severe TBI



Moderate TBI



Complicated Mild TBI



Orthopedic Injury

# Family Functioning Moderates Brain Injury Outcomes

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PEDIATRIC RESEARCH  
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Vol. 67, No. 3, 2010  
*Printed in U.S.A.*

## **Early Sensitivity Training for Parents of Preterm Infants: Impact on the Developing Brain**

JEANNETTE MILGROM, CAROL NEWNHAM, PETER J. ANDERSON, LEX W. DOYLE, ALAN W. GEMMILL, KATHERINE LEE, ROD W. HUNT, MERILYN BEAR, AND TERRIE IINDER



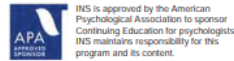
Jeannette Milgrom, PhD



# Family Functioning Moderates Brain Injury Outcomes

Journal of the International Neuropsychological Society (2019), 25, 390–402.  
 Copyright © INS. Published by Cambridge University Press, 2019.  
 doi:10.1017/S1355617719000079

## Understanding Early Childhood Resilience Following Neonatal Brain Injury From Parents' Perspectives Using a Mixed-Method Design



Tricia S. Williams,<sup>1,2,3</sup> Kyla P. McDonald,<sup>2,4</sup> Samantha D. Roberts,<sup>2,4</sup> Robyn Westmacott,<sup>1,2,3</sup> Nomazulu Dlamini,<sup>1,3</sup> AND Emily W.Y. Tam<sup>1,3</sup>

<sup>1</sup>The Hospital for Sick Children, Division of Neurology, Department of Pediatrics, Toronto Ontario, Canada

<sup>2</sup>The Hospital for Sick Children, Department of Psychology, Toronto, Ontario, Canada

<sup>3</sup>The University of Toronto, Department of Pediatrics, Toronto, Ontario, Canada

<sup>4</sup>York University, Toronto, Ontario, Canada

(RECEIVED August 16, 2018; FINAL REVISION December 10, 2018; ACCEPTED December 13, 2018)

Table 5. Factors associated with score-based estimates of resilience

	'Resilient' (n = 37)		'At-risk' (n = 11)		<i>p</i>	Effect Size ( <i>d/V</i> )
Severity of Injury						
Low (%)	24	(64%)	5	(45%)	.30	.17
High (%)	13	(35%)	6	(54%)		
Total Risk Score						
Low (%)	29	(78%)	9	(82%)	.81	.04
High (%)	8	(22%)	2	(18%)		
Age at Consent <i>M (SD)</i>	3.53	(1.65)	4.01	(1.95)	.42	.27
DASS-Depression <i>M (SD)</i>	.06	(.09)	.25	(.26)	<.001*	.98
DASS-Anxiety <i>M (SD)</i>	.06	(.08)	.14	(.17)	.03	.60
Primary Coping <i>M (SD)</i>	.19	(.04)	.18	(.04)	.36	.25
Secondary Coping <i>M (SD)</i>	.29	(.06)	.25	(.06)	.052	.67
Participation in Early Intervention (%)					.42	.18
Yes	27	(72%)	10	(90%)		
No	10	(27%)	1	(10%)		
Parents' impression of outcome					.17	.27
Did Better	23	(62%)	8	(73%)		
Same	12	(33%)	1	(9%)		
Did Worse	2	(5%)	2	(18%)		

Note. \* reflects significant values after controlling for multiple comparisons using the false discovery rate (FDR) criteria. Effect sizes for severity of injury and participation in early intervention used Cramer's V while the other effect sizes are noted by Cohen's D; independent T-Tests were conducted for continuous variables and Fisher's Exact Test for categorical variables. For analyses, total social risk score was categorized as low (<2) or high (2+) as noted in the text.



## Understanding Early Childhood Resilience Following Neonatal Brain Injury From Parents' Perspectives Using a Mixed-Method Design



INS is approved by the American Psychological Association to sponsor Continuing Education for psychologists. INS maintains responsibility for this program and its content.

Tricia S. Williams,<sup>1,2,3</sup> Kyla P. McDonald,<sup>2,4</sup> Samantha D. Roberts,<sup>2,4</sup> Robyn Westmacott,<sup>1,2,3</sup> Nomazulu Dlamini,<sup>1,3</sup> AND Emily W.Y. Tam<sup>1,3</sup>

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(RECEIVED August 16, 2018; FINAL REVISION December 10, 2018; ACCEPTED December 13, 2018)

**Child's resilient personality**

***"He is and always has been filled with so much determination with each milestone he has ever reached"***

**Strength, support and effort**

***"— the work we did together at home as play has made the world of difference for [my child]"***

**Early services matter**

***"— they have given me the confidence to continue to push [my child] with things he is doing"***

**Connection to medical team**

***"His frequent follow up with our regional neonatal developmental program and with SickKids neonatal follow up has really helped us"***

**Positivity and optimism**

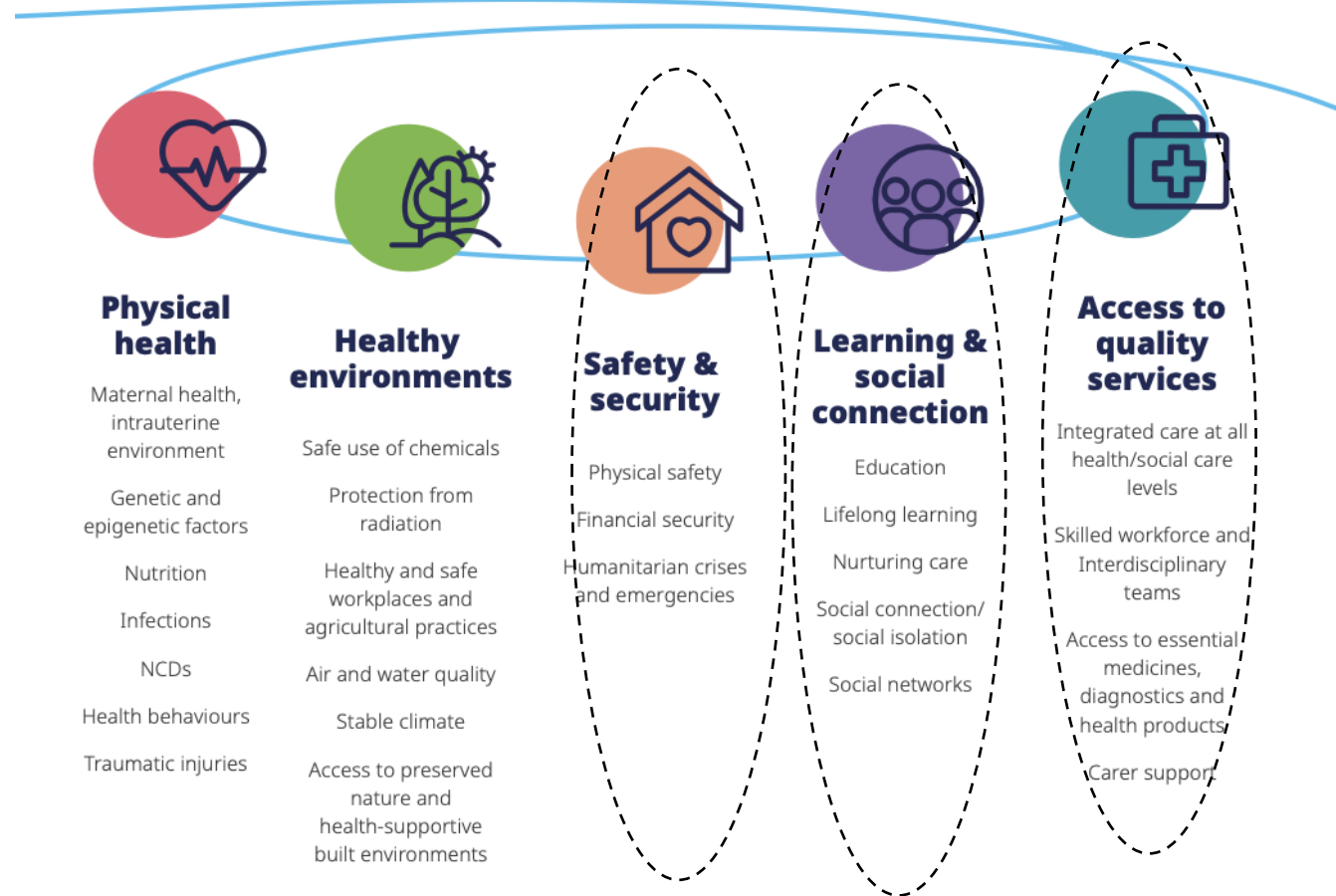
***"Embrace the diagnosis but understand that it does not define the prognosis or the abilities of your child"***





# Parenting as a Modifiable Social Determinant of Health

**Figure 7.**  
**Determinants of brain health across the life course**



Optimizing brain health across the life course: WHO position paper. Geneva: World Health Organization; 2022. <https://www.who.int/publications/i/item/9789240054561>



# Extending neuropsychological care precision



- Common early behavioural outcomes among at-risk populations
- Unique expertise in brain-behaviour relationships
- Increasing professional accountability
- Increasing precision and range of service



# A top priority for our research & clinical care

## What parents want?

Improved parent skill/confidence

Help with child's social-emotional functioning

Understanding impact of child's brain injury

Family problem solving/Parent stress

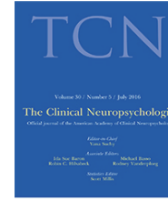
## What gets in the way?

\$\$/Lack of child care

Transportation/parking

Time off work/Daytime sessions

Lack of fit / Waitlists



The Clinical Neuropsychologist

Routledge  
Taylor & Francis Group

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ntcn20>

**Intervention experiences among children with congenital and neonatal conditions impacting brain development: patterns of service utilization, barriers and future directions**

Shruti S. Vyas , Meghan K. Ford , Emily W. Y. Tam , Robyn Westmacott , Renee Sananes , Ranit Beck & Tricia S. Williams



Shruti Vyas, MA



# The What



# Parenting Skills Interventions

**Table 1 | Relevant World Health Organization guidelines and resources**

Age range	Guideline
Antenatal	Recommendations on antenatal care for a positive pregnancy experience <sup>49</sup>
Postnatal period	Recommendations on maternal and newborn care for a positive postnatal experience <sup>52</sup>
Children aged 0–3 years	Improving early childhood development <sup>50</sup>
Children aged 0–17 years	WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships <sup>53</sup>
Adolescents aged 10–19 years	Guidelines on mental health promotive and preventive interventions for adolescents <sup>51</sup>



# Parenting Skills Interventions

Existing parenting interventions to promote responsive parenting and reduce behavior problems include:

- The Incredible Years
- Parent Child Interaction Therapy
- Triple P

Similarities between these programs:

- Emphasis on warm responsive parenting
- Rewards/positive reinforcement
- Nonpunitive/no yelling
- Consistent follow through



# I-InTERACT Express

(Internet-Based Interacting Together Everyday: Recovering After Childhood Traumatic Brain Injury)

## NEW RESEARCH

### Randomized Clinical Trial of Online Parent Training for Behavior Problems After Early Brain Injury



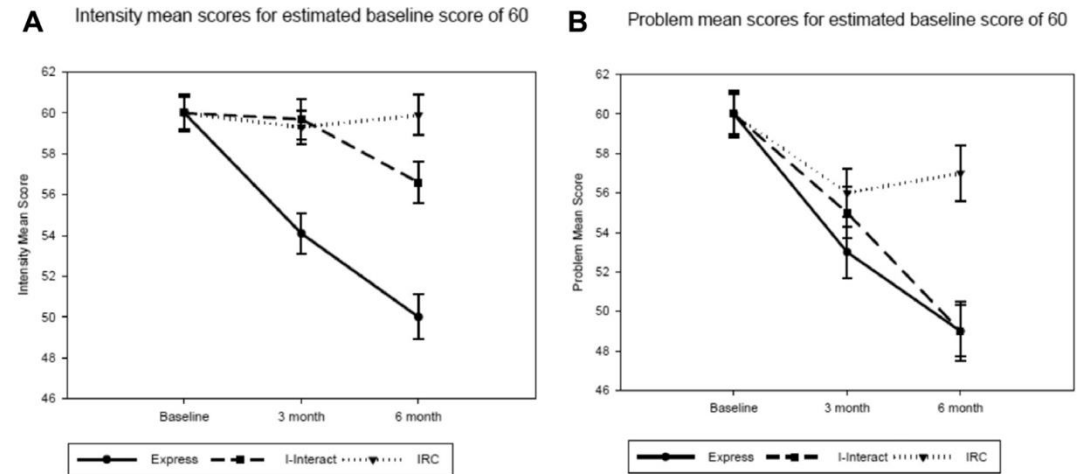
Shari L. Wade, PhD, Amy E. Cassedy, PhD, Emily L. Shultz, BS, Huaiyu Zang, BS, Nanhua Zhang, PhD, Michael W. Kirkwood, PhD, Terry Stancin, PhD, Keith O. Yeates, PhD, H. Gerry Taylor, PhD



Dr. Shari Wade

**Outcomes:**  
 Parent responsivity, parent-child warmth, increased strategies to manage difficulty behaviours, improved child behaviours

**FIGURE 2** Eyberg Child Behavior Inventory intensity and problem scores for those with higher (A and B) and lower (C and D) scores at baseline. Note: I-InTERACT = Interacting Together Everyday: Recovery After Childhood Traumatic Brain Injury; IRC = internet resource comparison group.



# Development of I-InTERACT-North

## Preliminary Work

### Feasibility on original I-InTERACT-TBI website

*(Burek et al., 2020)*

High acceptance, participant recommended website changes

### Preliminary adaptation of I-InTERACT- North Canadian site

Journal of Clinical Psychology in Medical Settings  
<https://doi.org/10.1007/s10880-022-09875-8>

### Building I-INTERACT-North: Participatory Action Research Design of an Online Transdiagnostic Parent–Child Interaction Therapy Program to Optimize Congenital and Neurodevelopmental Risk

Meghan K. Ford<sup>1,2</sup>  · Samantha D. Roberts<sup>1,3</sup> · Brendan F. Andrade<sup>4,5</sup> · Mary Desrocher<sup>3</sup> · Shari L. Wade<sup>6,7</sup> · Sara Ahola Kohut<sup>1,5</sup> · Tricia S. Williams<sup>1,5</sup>

### Co-Design with Family and Clinical Partners:

#### - Content adaptation

- TBI to transdiagnostic terminology
- Specificity for neurological & neurodevelopmental populations (i.e., ASD, ADHD, ID)

#### - Context adaptation

- Reflect diversity of Canadian population





---

## Adapting Parenting Support following Brain Injury

---

- Children with brain injury may have difficulty from learning consequences
- Challenging behaviour may stem from neurocognitive vulnerabilities/medications
- Structuring the environment and setting the child up for success may be as important as consistent consequences
- Parents may experience guilt and depression due to the injury

# Components of I-InTERACT-North:

## 7 Learning Modules

<https://i-interact.aboutkidshealth.ca/>

Session 1: Introduction

Session 2: Special play time

Session 3: Lead your child

Session 4: Behaviour Management

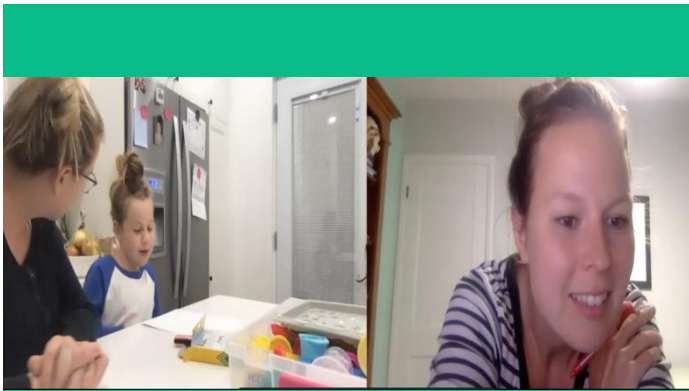
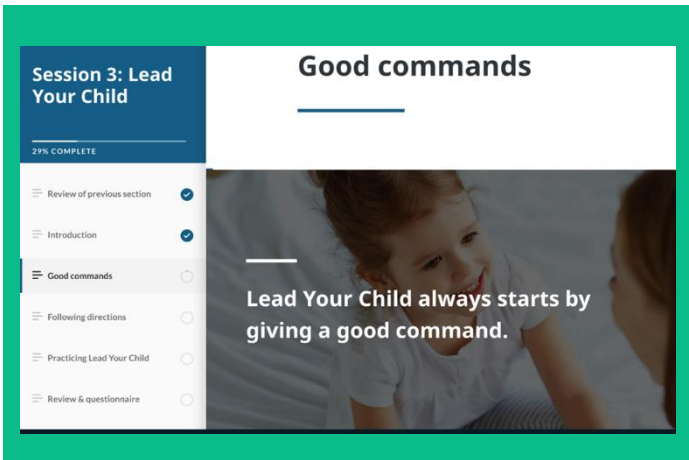
Session 5: Time Out

Session 6: House Rules

Session 7: Closing thoughts

## 7 Therapy Sessions

With live coaching during Special Play Time



## Follow Your Child

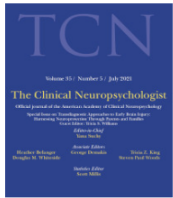
- Positive Home Reset
- Parent-Child Time Together



## Lead Your Child

- Instructions to build security and safety
- Clear, consistent limits
- Consequences





The Clinical Neuropsychologist



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ntcn20>

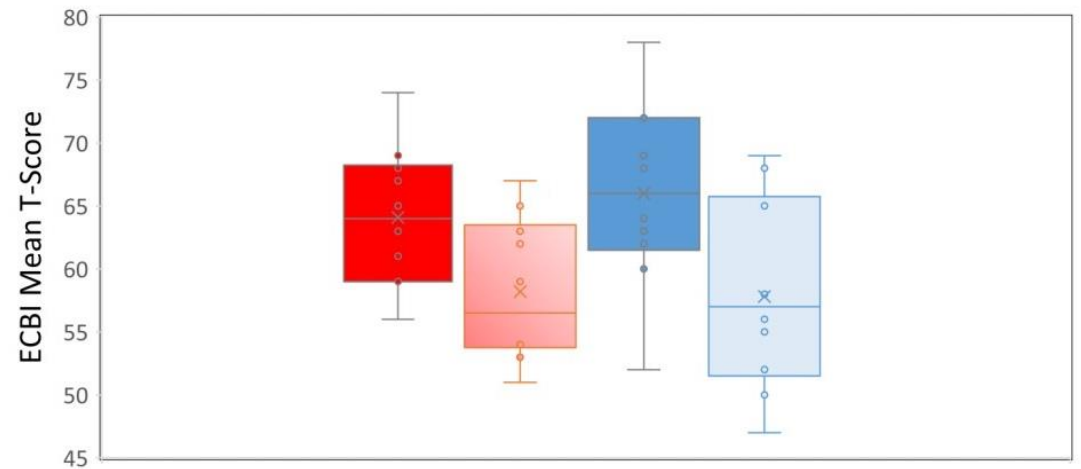
## Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk: introducing I-InTERACT-North

Brittany Burek, Meghan K. Ford, Marie Hooper, Rivka Green, Sara Ahola Kohut, Brendan F. Andrade, Monidipa Ravi, Renee Sananes, Mary Desrocher, Steven P. Miller, Shari L. Wade & Tricia S. Williams



Brittany Burek, PhD

Figure 1. Child Behaviour Problems Pre-Post I-InTERACT-North (Phase 1 COVID-19 response)



- Intensity of problems (pre)
- Intensity of problems (post)
- Total problems (pre)
- Total problems (post)



# Development of I-InTERACT North:

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*(Burek et al., 2020)*

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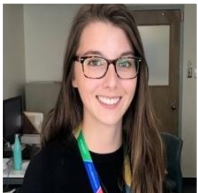
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#### Content adaptation

- TBI to transdiagnostic terminology
- Specificity for neurological & neurodevelopmental populations (i.e., ASD, ADHD, ID)

#### Context adaptation

- Reflect diversity of Canadian population



Meghan Ford, MA





POND NETWORK

Province of Ontario Neurodevelopmental Disorders

If elevated behaviour concerns

## Step 1: Introductory Session

Introductory Session: 40-60-minute meeting with a therapist to discuss goals and concerns

If ongoing needs or preference

## Step 2: Abbreviated Program



Session 1: Introduction to I-InTERACT-North



Session 2: Positive Parenting Skills and Special Play Time

## Step 3: Full Program



Session 3: Lead your Child



Session 4: Behaviour Management



Session 5: Limit Setting and Consequences



Session 6: Positive Parenting Skills in Real Life & House Rules



Session 7: Closing Thoughts

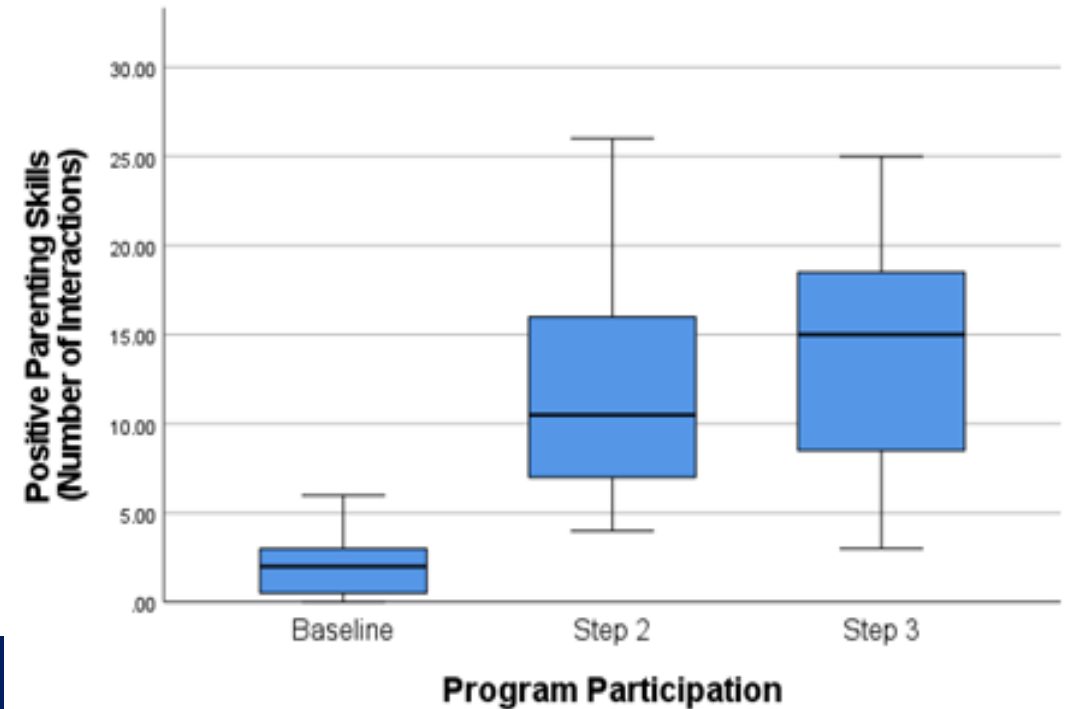


## Stepping up to COVID-19: A Clinical Trial of a Telepsychology Positive Parenting Program Targeting Behavior Problems in Children With Neurological Risk

Angela Deotto,<sup>1,2</sup> PhD, Giulia F. Fabiano,<sup>1</sup> BSc, Beryl Y.T. Chung,<sup>1,3</sup> PhD, Shari L. Wade,<sup>4,5</sup> PhD, Evdokia Anagnostou,<sup>6,7</sup> MD, Jennifer Crosbie,<sup>8,9</sup> PhD, Elizabeth Kelley,<sup>10</sup> PhD, Rob Nicolson,<sup>11,12</sup> MD, Brendan F. Andrade,<sup>9,13</sup> PhD, Steven P. Miller,<sup>14,15</sup> MDCM, and Tricia S. Williams,<sup>1,2,9</sup> PhD



Angela Deotto, PhD

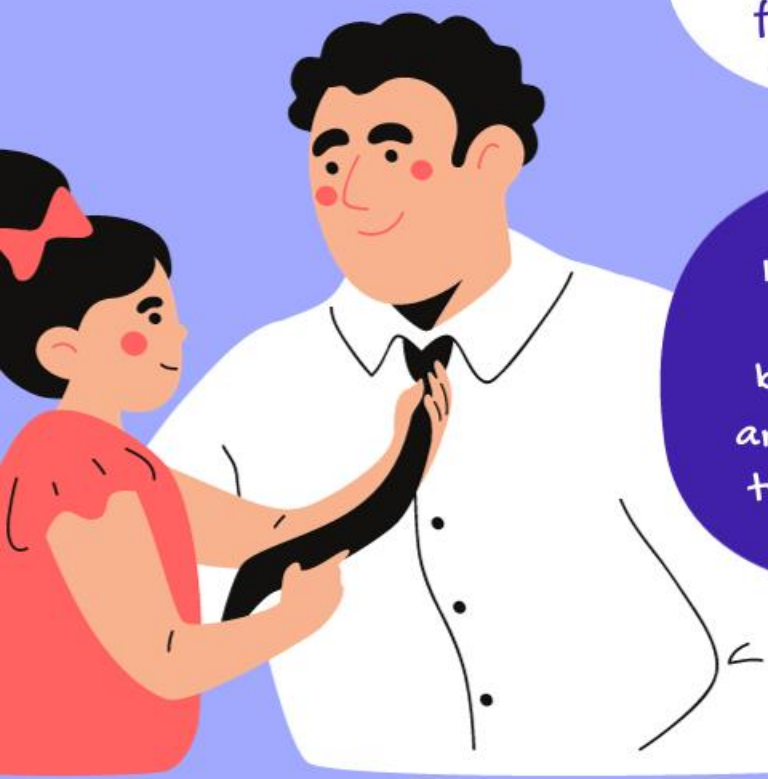


“Stepped-care was as effective as traditional methods, while **improving consent and completion rates within a pandemic context**”

Deotto et al 2023



# I-nTERACT-North Improves Child Behaviour and Family Well-Being:



"[Our therapist] help us come up with modifications to help with behaviours. We really appreciated her flexibility and suggestions for our family situation."

I feel more equipped to deal with some of the difficult behaviours our son displays. I am more confident in my ability to parent our son in a positive and consistent manner.

"the only regret I have is that the program wasn't offered to me earlier"

"the solution that I think I needed, I needed to feel like (therapist) was coaching me, it was like a personal trainer for love, for family"

"the stress has decreased and the joy has increased in our home - the days are far from perfect, but we are able to find the good in each day!"

"the fact it's online [and] you can do it anytime ,it helps; it makes a difference"





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Translational Issues in Psychological Science

2024, Vol. 10, No. 2, 135–141  
<https://doi.org/10.1037/tps000041>

## One-Year Follow-Up of a Transdiagnostic Telepsychology Parenting Program for Children at Neurological Risk: Who Benefits the Most?

Carly V. Goodman<sup>1, 2</sup>, Rivka Green<sup>1</sup>, Marin M. Taylor<sup>1</sup>,  
Shari L. Wade<sup>3, 4</sup>, and Tricia S. Williams<sup>1, 5</sup>



**Carly V. Goodman, MA**  
Lead author, PhD Student &  
I-InTERACT-North Therapist

### What is this research study about?

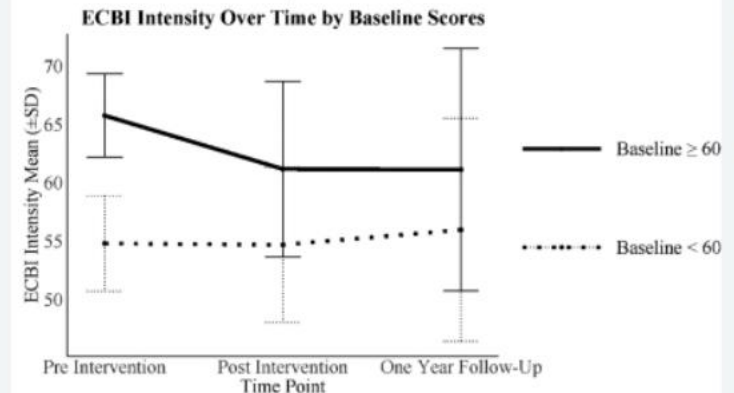
We asked families who completed the I-InTERACT-North program to complete questionnaires approximately one year later. We compared scores on a measure of child behaviour before, immediately after, and one year after treatment. We also identified factors associated with treatment outcome.

### What did we learn?

The I-InTERACT-North program successfully reduced behavioural problems, with lasting

effects among those with higher baseline symptoms.

**Figure 3**  
Mean ECBI Intensity Scores Across Three Time Points—Preintervention, Postintervention, and 1-Year Post Interventions—by ECBI Intensity Baseline Scores



Note. Error bars represent the SD. ECBI = Eyberg Child Behavior Inventory.



### **Equitable Access:**

This program was designed to overcome traditional barriers to mental healthcare through **virtual access, technology loans, interpreter services, flexible service provision,** and our **knowledge translation** plan. Existing and future participants can understand the impacts and purpose of our program via accessible graphics.



# Cultural backgrounds of our families



Serving families living up to 1400km from SickKids!



EDI training sessions included review and discussion on concepts related to:

Cultural competence and cultural humility

History of disparities and inequities in psychology across levels

Impact of racism on access to mental health services in Canada

## Culturally Responsive Care Starts with...Introspection



Naddley Désiré, PhD



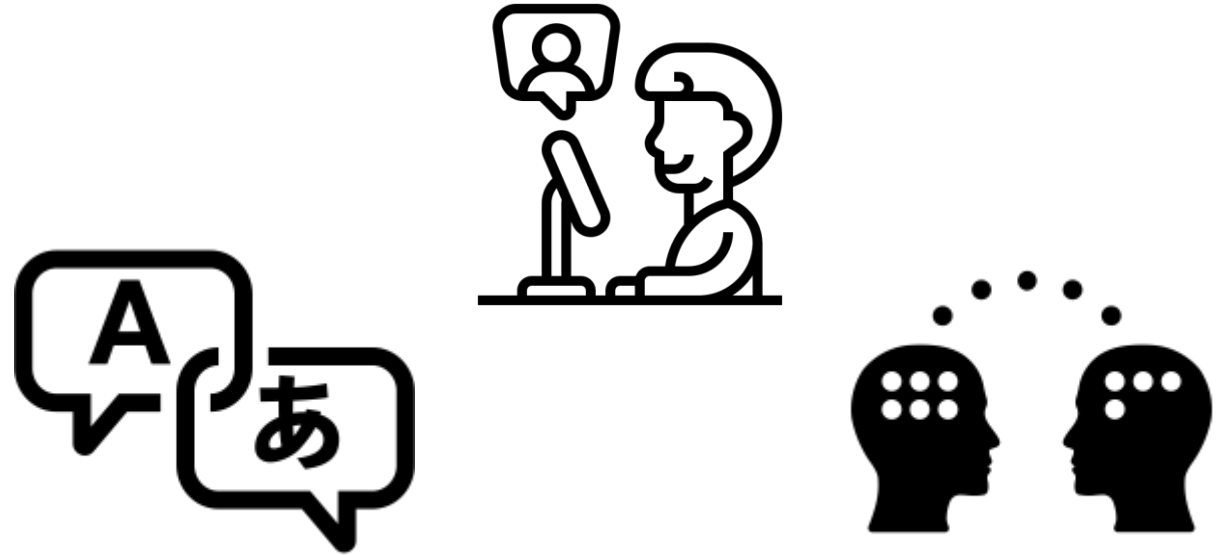
**Cultural Humility:** incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the client-clinician dynamic, and to developing mutually beneficial and non-paternalistic partnerships with families and communities of historically oppressed groups



Parents reported: program and therapist incorporated family's cultural /racial heritage to guide treatment

Focus groups identified future EDI opportunities for larger scale implementation

Trainees Valued:  
self-reflection regarding positionality and implicit biases,  
differentiating cultural competence from humility  
specific practices to be integrated into I-N promoting cultural humility.



REPRESENTATION  
MATTERS



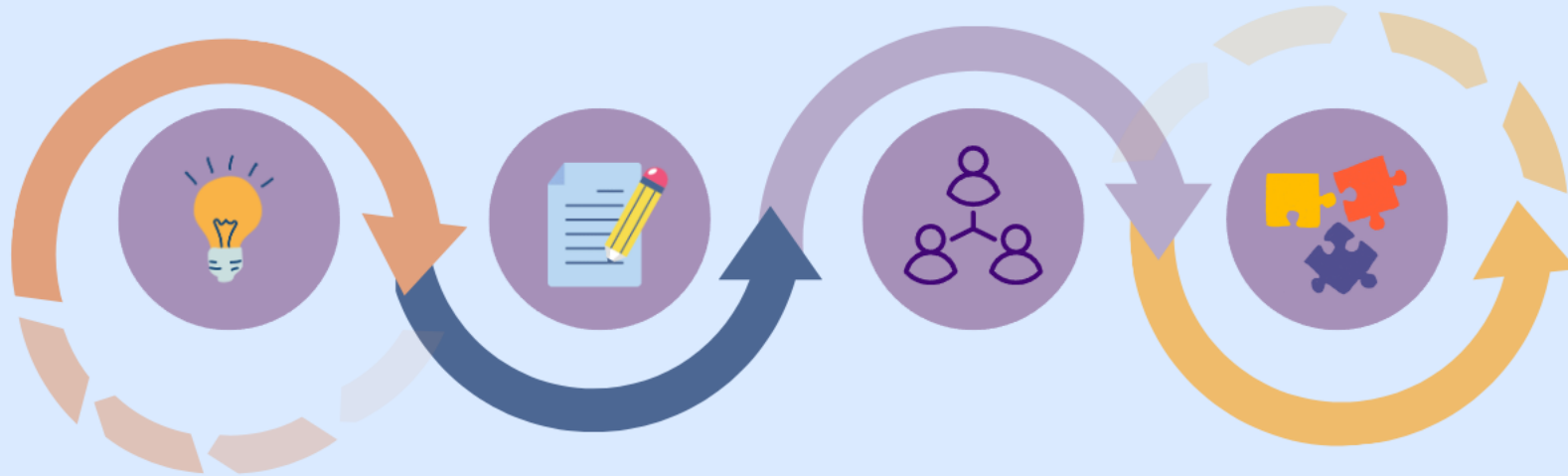
# Ongoing Commitment to Co-Design with Family Partners

## Identify issues

Families identify concerns on current program procedures

## Review changes

Reviewed updates with families & clinicians



## Gather recommendations

Team consults on ways to include family feedback

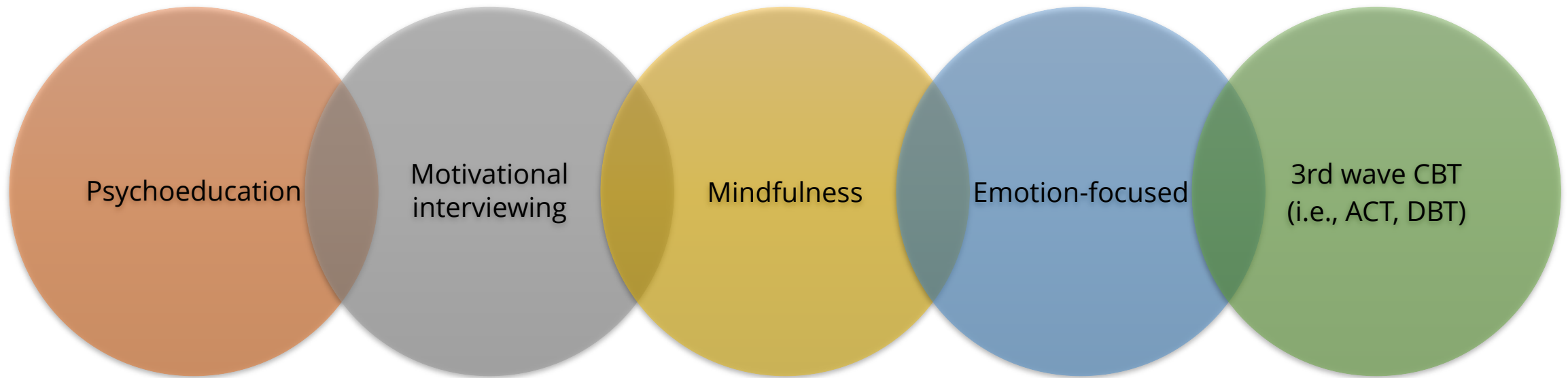
## Integrate feedback

Incorporate responses into program procedures



# Other Clinical Elements of I-North

Integrative modalities to treatment: evidence-based behavioural program with flexibility and adaptations



**412** Families offered the I-InTERACT-North program since 2019

1.5



Days

Mean time from referral to first contact with parents

8.5



Weeks

Mean time from intake to first contact with I-InTERACT-North therapist

20



Therapists

Trained since 2019

941



Sessions

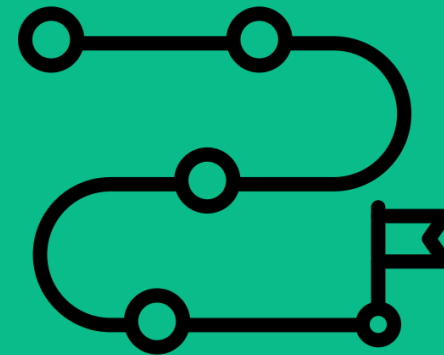
Total number of therapy hours provided focusing on family stress and positive parenting strategies

Thank you to the Garry Hurvitz Centre for Brain and Mental Health for the support that makes I-InTERACT-North possible.





# The How



# Our Project

## Phase 1: Exploration

to determine how IN meets clinician, organization and end-user needs in clinical care programs

## Phase 2: Preparation

prepare informed clinical service pathways for installation of IN into clinical care

## Phase 3: Initial Implementation

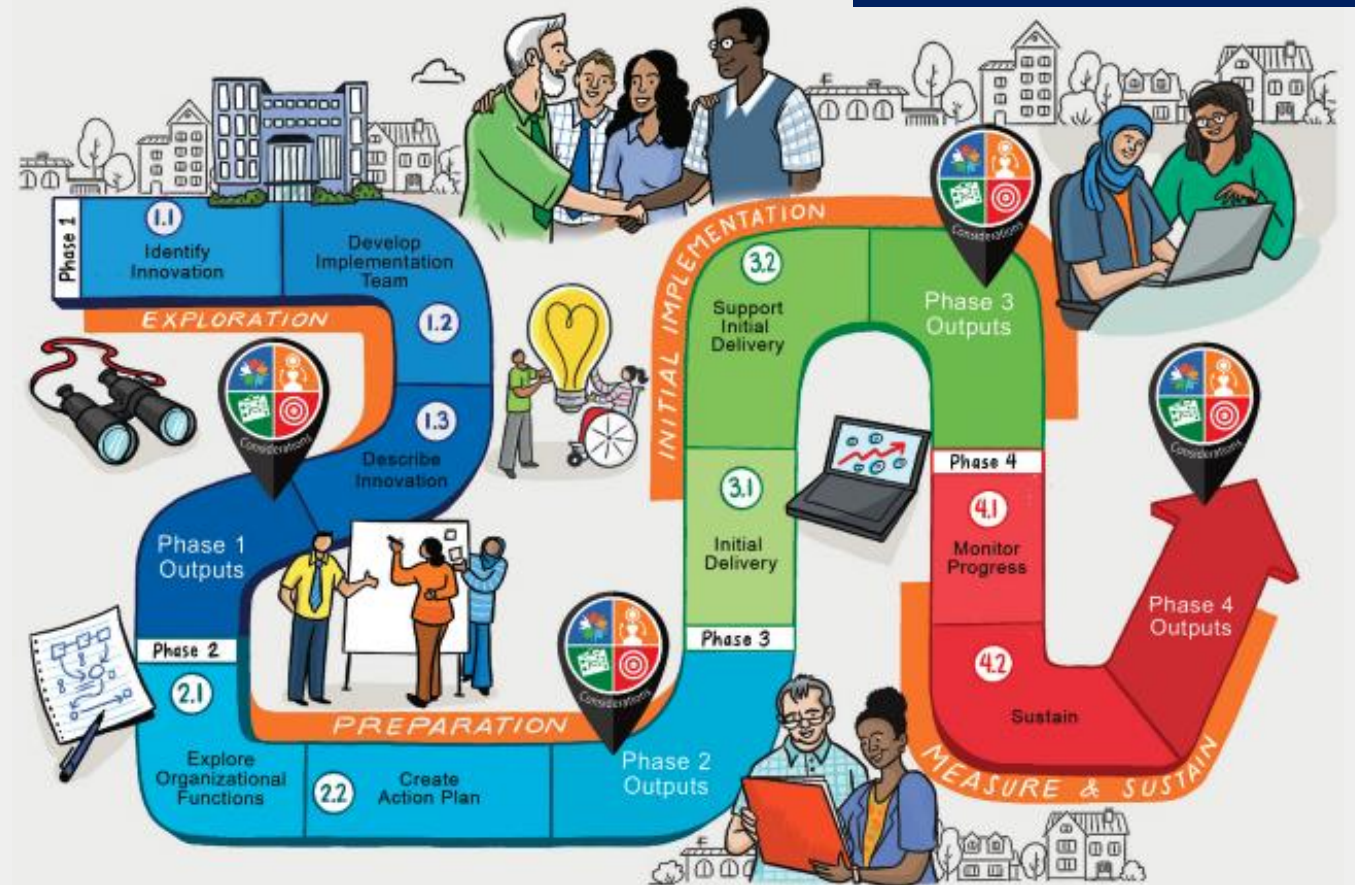
determine initial family and clinician experiences of implementation of IN within standard of care at SickKids.



## The Implementation Roadmap



Melanie Barwick, PhD



# Implementation Team



Dr. Tricia S. Williams  
Program Lead



Heather Olivieri, Social  
Work Neurology Lead



Dr. Rivky Green, Ph.D., C.Psych  
Senior I-North Clinician



Darryl Yates, RN,  
Mental Health  
Executive Director



Dr.  
Naddley Désiré EDI  
Lead



Dr. Ashley Danguécan,  
Neonatal Follow Up Lead



Dr. George Ibrahim, MD,  
Neurosciences & Mental Health



Dr. Melanie Barwick,  
Implementation Scientist



Marin Taylor, Clinical  
Coordination



# Co-Design Workshops with Family & Clinical Partners



**Stepped-care model** as a major strength of the I-InTERACT-North program



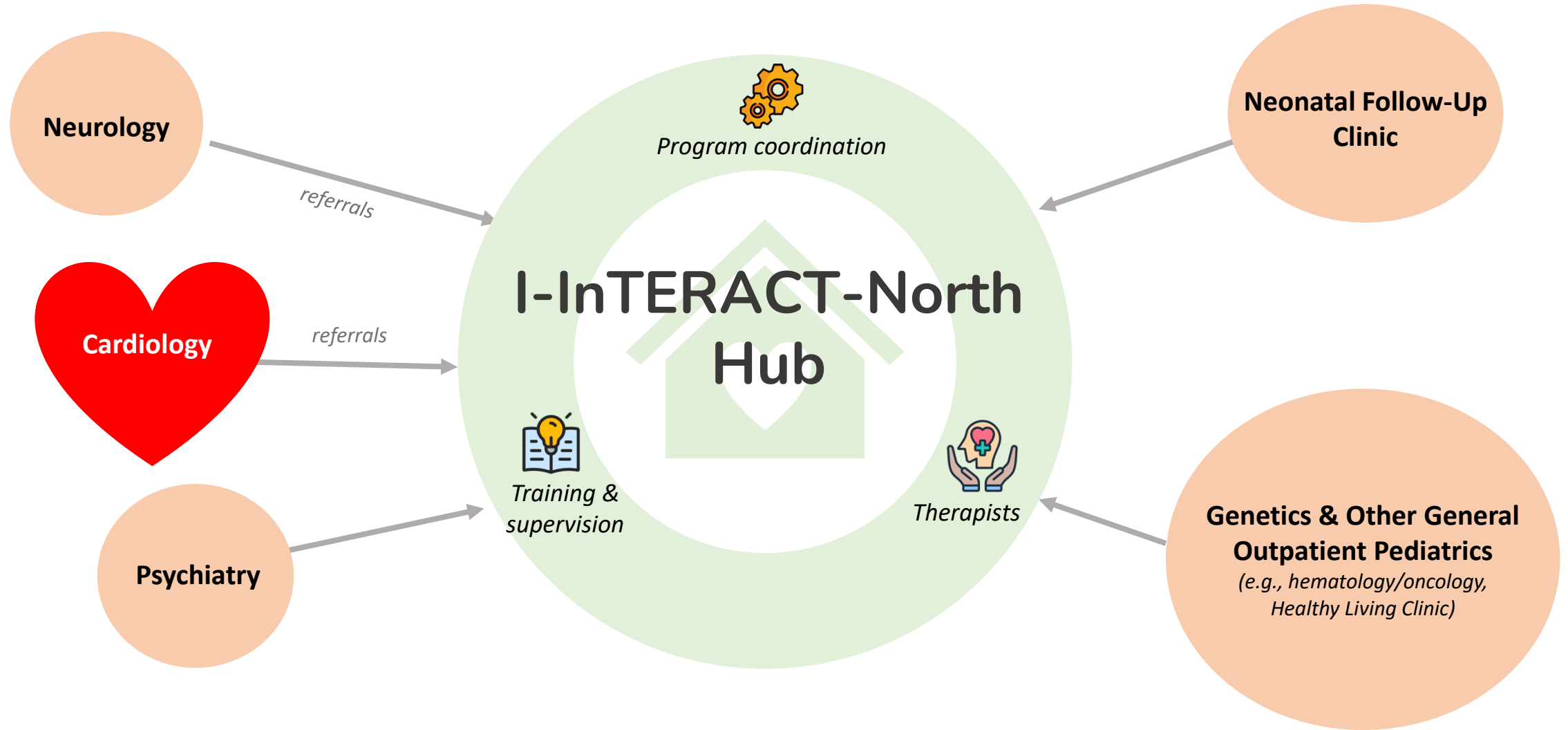
Increasing **diverse representation** of cultures and medical concerns in program materials



Continued centering of **patient and family voices** in implementation efforts

# Implementation Surveys in Clinics

92% of clinic partners ( $n=23$ ) endorsed a “hub and spoke” model



# Recommendations from Clinic Partners

Enrolment materials available in 9 languages: English, Arabic, Farsi, French, Punjabi, South American Spanish, Sri Lankan Tamil, Vietnamese & Simplified Chinese

## English

SickKids | Garry Hurvitz Centre for Brain & Mental Health | I-InTERACT-North

### I-InTERACT-North

A stepped-care virtual mental health program for children and families

#### This program is for:

- SickKids children (ages 3-9) and their parents
- Ontario residents
- Families with concerns about child behaviour and/or parents interested in learning strategies to guide their child's behaviour and restore positive feelings to their relationship

#### Stepped-Care Approach:

**Step 1:** After intake surveys, you will be connected to an I-InTERACT North therapist for a virtual introductory meeting (Zoom).

**Step 2:** You may be invited to complete a short version of I-InTERACT-North, involving two sessions with your therapist.

**Step 3:** Depending on your family's needs, you may complete the full version of I-InTERACT-North, which involves seven sessions with your therapist.

You will be asked to complete a short feedback questionnaire before and after the program.

#### What are the benefits?

The goal of I-InTERACT-North is to promote family wellness and responsive parent-child relationships through positive parenting skills. Your feedback will be used to improve the program for future families.



#### Interested in the program?

Please contact us either by email\* (neuro.outcomes@sickkids.ca) or telephone (416-813-6988)

\*Please note: email is not a secure form of communication and there is always a risk when sending personal emails containing information about you or your child.

## Spanish

SickKids | Garry Hurvitz Centre for Brain & Mental Health | I-InTERACT-North

### I-InTERACT-North

Programa de salud mental virtual con tratamiento escalonado para niños y familias

#### El programa está dirigido a los siguientes:

- Niños del SickKids (de 3 a 9 años) y sus padres
- Residentes de Ontario
- Familias que estén preocupadas por la conducta de un niño o padres interesados en aprender estrategias para guiar la conducta de su hijo y restaurar los sentimientos positivos en su relación



#### El método de tratamiento escalonado:

**Primer paso:** Después de las encuestas de ingreso, se los pondrá en contacto con un terapeuta de I-InTERACT-North (Yo interactúo, norte) para que tengan una reunión virtual de presentación (Zoom).

**Segundo paso:** Es posible que se los invite a realizar la versión acotada de I-InTERACT-North, que consta de dos sesiones con el terapeuta.

**Tercer paso:** Según las necesidades de su familiar, es posible que participen en la versión completa de I-InTERACT-North, que abarca siete sesiones con el terapeuta.

Se le solicitará que complete un breve cuestionario de devolución antes y después del programa.

#### ¿Qué beneficios tiene?

El objetivo de I-InTERACT-North es fomentar el bienestar familiar y las relaciones receptivas entre padres e hijos mediante la generación de habilidades de paternidad positiva. Se utilizarán sus comentarios para mejorar el programa para otras familias más adelante.



#### ¿Le interesa el programa?

Comuníquese con nosotros por correo electrónico\* (neuro.outcomes@sickkids.ca) o por teléfono (416-813-6988).

\*Tome en cuenta que no es una forma segura de comunicación y que siempre hay riesgo al enviar correos electrónicos personales con información de su hijo.

## Arabic

I-InTERACT-North | SickKids | Garry Hurvitz Centre for Brain & Mental Health

### I-InTERACT-North

برنامج رعاية الصحة العقلية المتدرجة الافتراضي للأطفال والعائلات

#### هذا البرنامج مخصص لـ:

- أطفال SickKids (من سن 3 إلى 9 سنوات) وأولياء أمورهم
- سكان أونتاريو
- العائلات التي لديها مخاوف بشأن سلوك الطفل و/أو الآباء المهتمين باستراتيجيات التعلم لتوجيه سلوك أطفالهم واستعادة المشاعر الإيجابية لعلاقتهم

#### نهج الرعاية المتدرجة:

**الخطوة 1:** بعد إجراء استطلاعات القبول، سيتم توصيلك بمعالج I-InTERACT-North لعقد اجتماع تعريف افتراضي عبر (Zoom).

**الخطوة 2:** قد تتم دعوتك لإكمال نسخة قصيرة من I-InTERACT-North، والتي تتضمن جلستين مع المعالج الخاص بك.

**الخطوة 3:** يمكنك إكمال النسخة الكاملة من I-InTERACT-North حسب احتياجات عائلتك، والتي تتضمن سبع جلسات مع المعالج الخاص بك.

سيُطلب منك إكمال استبيان قصير للتعليقات قبل البرنامج وبعده.



#### ما هي الفوائد؟

الهدف من I-InTERACT-North هو تعزيز عافية الأسرة والعلاقات الأكثر تفاعلا بين الوالدين والطفل من خلال مهارات الأبوة والأمومة الإيجابية. سيتم استخدام ملاحظتكم لتحسين البرنامج للعائلات في المستقبل.



#### هل أنت مهتم بالبرنامج؟

يرجى التواصل معنا إما عن طريق البريد الإلكتروني\* (neuro.outcomes@sickkids.ca) أو عبر الهاتف (416-813-6988)

\*يرجى الانتباه: البريد الإلكتروني ليس وسيلة تواصل آمنة حيث يوجد دائما خطر عند إرسال رسائل بريد إلكتروني شخصية تحتوي على معلومات عنك أو عن طفلك.

## Punjabi

SickKids | Garry Hurvitz Centre for Brain & Mental Health | I-InTERACT-North

### I-InTERACT-North

ਬੱਚਿਆਂ ਅਤੇ ਪਰਿਵਾਰਾਂ ਵਾਸਤੇ ਇੱਕ ਪੜ੍ਹਾਅਵਾਰ-ਦੇਖਭਾਲ ਵਾਲਾ ਐਨਲਾਈਨ ਮਾਨਸਿਕ ਸਿਹਤ ਪ੍ਰੋਗਰਾਮ

#### ਇਹ ਪ੍ਰੋਗਰਾਮ ਇਹਨਾਂ ਵਾਸਤੇ ਹੈ:

- SickKids ਬੱਚੇ (ਉਮਰ 3-9) ਅਤੇ ਉਹਨਾਂ ਦੇ ਮਾਪੇ
- ਓਨਟਾਰੀਓ ਦੇ ਵਸਨੀਕ
- ਉਹ ਪਰਿਵਾਰ ਜਿਨ੍ਹਾਂ ਨੂੰ ਬੱਚੇ ਦੇ ਵਿਵਹਾਰ ਬਾਰੇ ਸ਼ੱਕ ਹਨ ਅਤੇ/ਜਾਂ ਉਹ ਮਾਪੇ ਜੋ ਆਪਣੇ ਬੱਚਿਆਂ ਦੇ ਵਿਵਹਾਰ ਨੂੰ ਦਿਸ਼ਾ ਦੇਣ ਲਈ ਅਤੇ ਉਹਨਾਂ ਨਾਲ ਰਿਸ਼ਤੇ ਪੁੱਜੇ ਉਸਦੇ ਭਾਵਨਾ ਪੁਨਰ-ਬਿਹਾਰ ਕਰਨ ਲਈ ਰਣਨੀਤੀਆਂ ਸਿੱਖਣ ਵਿੱਚ ਦਿਲਚਸਪੀ ਰੱਖਦੇ ਹਨ



#### ਪੜ੍ਹਾਅਵਾਰ-ਦੇਖਭਾਲ ਦੀ ਪਹੁੰਚ:

**ਕਦਮ 1:** ਇੰਟੈਕ ਸਰਵੇਖਣਾਂ ਤੋਂ ਬਾਅਦ, ਤੁਹਾਨੂੰ ਇੱਕ ਐਨਲਾਈਨ ਜਾਣ-ਪਛਾਣ ਮੀਟਿੰਗ (Zoom) ਵਾਸਤੇ ਕਿਸੇ I-InTERACT North ਥੈਰੇਪਿਸਟ ਨਾਲ ਕਨੈਕਟ ਕੀਤਾ ਜਾਵੇਗਾ।

**ਕਦਮ 2:** ਤੁਹਾਨੂੰ I-InTERACT North ਦਾ ਇੱਕ ਸੰਖੇਪ ਸੰਸਕਰਣ ਪੂਰਾ ਕਰਨ ਲਈ ਸੱਦਾ ਦਿੱਤਾ ਜਾ ਸਕਦਾ ਹੈ, ਜਿਸ ਵਿੱਚ ਤੁਹਾਡੇ ਥੈਰੇਪਿਸਟ ਨਾਲ ਦੋ ਸੈਸ਼ਨ ਸ਼ਾਮਲ ਹੁੰਦੇ ਹਨ।

**ਕਦਮ 3:** ਤੁਹਾਡੇ ਪਰਿਵਾਰ ਦੀਆਂ ਲੋੜਾਂ 'ਤੇ ਨਿਰਭਰ ਕਰਨ ਅਨੁਸਾਰ, ਤੁਸੀਂ I-InTERACT North ਦਾ ਸੰਪੂਰਨ ਸੰਸਕਰਣ ਪੂਰਾ ਕਰ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਤੁਹਾਡੇ ਥੈਰੇਪਿਸਟ ਨਾਲ ਸੱਤ ਸੈਸ਼ਨ ਸ਼ਾਮਲ ਹੁੰਦੇ ਹਨ।

ਪ੍ਰੋਗਰਾਮ ਤੋਂ ਪਹਿਲਾਂ ਅਤੇ ਬਾਅਦ ਤੁਹਾਨੂੰ ਇੱਕ ਸੰਖੇਪ ਫੀਡਬੈਕ ਪ੍ਰਸ਼ਨਾਵਾਲੀ ਭਰਨ ਲਈ ਕਿਹਾ ਜਾਵੇਗਾ।

#### ਲਾਭ ਕੀ ਹਨ?

I-InTERACT North ਦਾ ਟੀਚਾ ਮਾਪਾਗਿਰੀ (ਬੱਚਿਆਂ ਦਾ ਪਾਲਣ-ਪੋਸ਼ਣ ਕਰਨਾ) ਦੇ ਉਸਾਰੂ ਹੁਨਰਾਂ ਦੇ ਰਾਹੀਂ ਪਰਿਵਾਰ ਦੀ ਤੰਦਰੁਸਤੀ ਅਤੇ ਉੱਤਰਦਾਈ ਮਾਪਾ-ਬੱਚਾ ਰਿਸ਼ਤਿਆਂ ਨੂੰ ਵਧਾਵਾ ਦੇਣਾ ਹੈ। ਤੁਹਾਡੀ ਫੀਡਬੈਕ ਨੂੰ ਭਰਵੇਂ ਦੇ ਪਰਿਵਾਰਾਂ ਵਾਸਤੇ ਪ੍ਰੋਗਰਾਮ ਵਿੱਚ ਸੁਧਾਰ ਕਰਨ ਲਈ ਵਰਤਿਆ ਜਾਵੇਗਾ।



#### ਕੀ ਤੁਸੀਂ ਇਸ ਪ੍ਰੋਗਰਾਮ ਵਿੱਚ ਚੁੱਕੀ ਰੱਖਦੇ ਹੋ?

ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਜਾਂ ਤਾਂ ਈਮੇਲ ਰਾਹੀਂ\* (neuro.outcomes@sickkids.ca) ਜਾਂ ਟੈਲੀਫੋਨ (416-813-6988) ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ

\*ਇਹ ਪੱਥਰ ਨਾ ਵਰੋ: ਈਮੇਲ ਸੰਪਰਕ ਦਾ ਸੁਰੱਖਿਅਤ ਮਾਧਿਅਮ ਨਹੀਂ ਹੈ ਅਤੇ ਤੁਹਾਡੇ ਜਾਂ ਤੁਹਾਡੇ ਬੱਚੇ ਬਾਰੇ ਵਾਧਾਵੇ ਦੀਆਂ ਜਾਣਕਾਰੀਆਂ ਭੇਜਣ ਲਈ ਠੀਕ ਠੀਕ ਠੀਕ ਹੋਣਾ ਚਾਹੀਦਾ ਹੈ।

# Clinical Diversity of Patients

Preterm birth

**HIE**

Learning  
Disability

**ADHD**

Genetic Disorder

**Congenital Heart  
Disease**

**Stroke**

Leukemia

**Autism**

Cerebral Palsy

**Epilepsy**

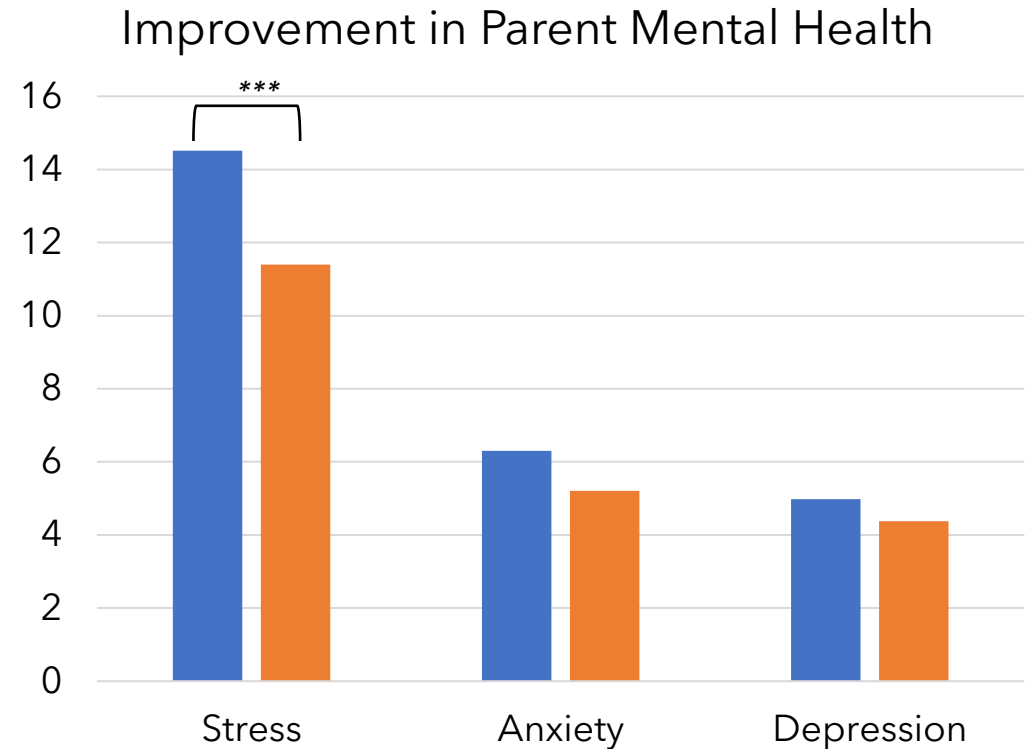
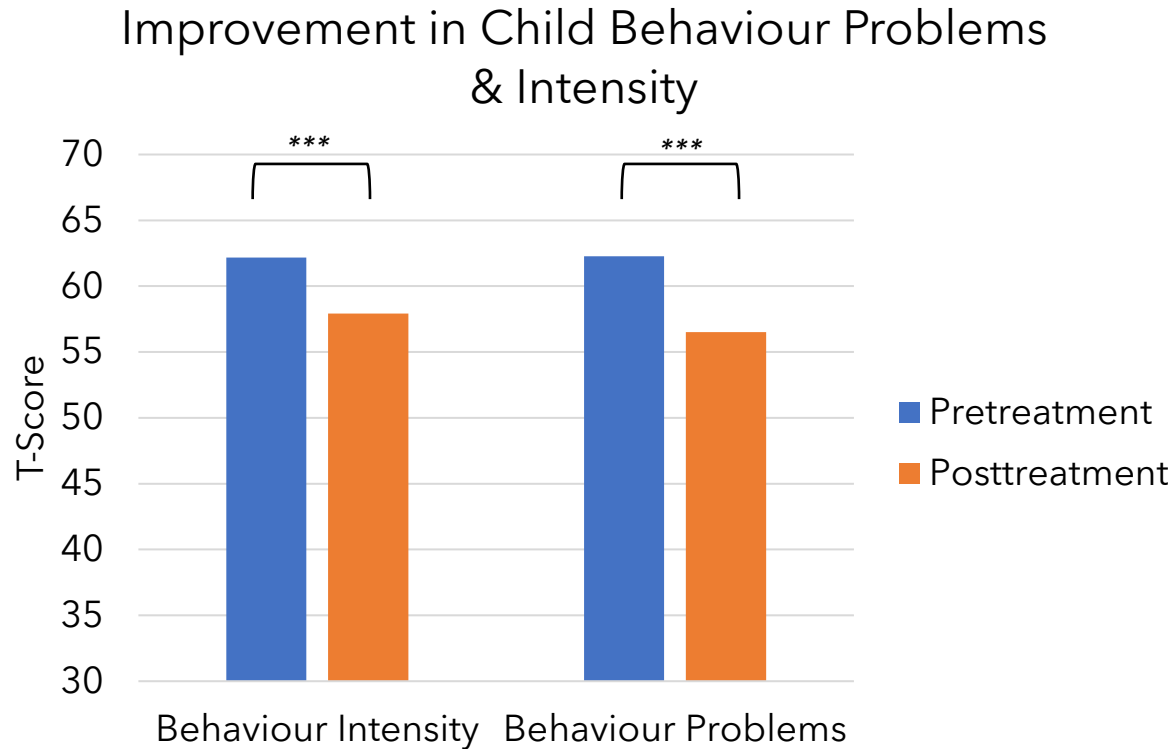
**Anxiety**

Intellectual Disability

Brain Tumor



# Preliminary Clinical Implementation Efficacy Data



*“Wonderful program..the school teacher, my husband and myself see the big, positive, impact in our son's behaviour. Last but not least, my son loves the special play time a lot.” - I-INTERACT-North Parent Participant*



# Next Steps



Ongoing  
funding  
proposals



National  
partnerships  
(ACH, BCCH, CHEO)



New therapist  
training  
(2024/25)





## Call To Action: SickKids Leadership

**We call on SickKids leadership to explore sources of internal and external funding to support long-term sustainability of I-InTERACT-North for our SickKids children and families. This includes dedicated administrative and clinical staff that would be responsible for program delivery i.e., clinical team lead, program intake manager, and clinicians.**





# Internal & External Expansion



**The Hospital for Sick Children**  
Pilot projects in MPS Clinic,  
Haematology/Oncology



**Stollery Children's Hospital**  
Edmonton, Alberta, Canada



**British Columbia Children's Hospital**  
Vancouver, British Columbia, Canada



**Alberta Children's Hospital**  
Calgary, Alberta, Canada



**Children's Hospital of Eastern Ontario**  
Ottawa, Ontario, Canada



# Investing in the next generation



# Thank you & Acknowledgements

NeuroOutcomes Lab  
&  
I-N Therapists



I-N RCT & Implementation  
Team & Partners



FAC & Families



# Post-Presentation I-InTERACT-North Acceptability

