Leadership for Empowerment and Abuse Prevention (LEAP): An innovative, multidisciplinary prevention program for people with intellectual disability

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Abuse of People with intellectual Disability (ID)

- People with disabilities: disproportionately vulnerable to abuse

- People with ID: higher abuse (physical, sexual, emotional, financial, restriction, etc) risk compared to people with other disabilities.

- Most perpetrators are known to the victim including paid staff; typically starts in childhood and persists throughout their lives.

- People with ID in residential settings are at an exceptionally high risk

- People with ID are generally not taught to recognize and report abuse
# Why LEAP?

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<th>Why LEAP?</th>
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<td>● Call to action: “train individuals with ID about the nature of healthy relationships … and engage in safe methods of help seeking” (Bowen &amp; Swift, p. 702)</td>
<td>● Programs rely on verbal and textual modes of communication</td>
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<td>● Abuse prevention programs for people with ID generally led by adults <em>without</em> disabilities</td>
<td>● Do not include/report ways the curricula was adapted with accessibility in mind</td>
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<td>● Geared toward people with mild and moderate ID(^1)</td>
<td>● Quantitative pre-post designs typical (RCTs rare); few follow-ups</td>
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<td>● Differ in rigor and measures</td>
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<td>● Lacking consistency in reporting implementation fidelity</td>
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What is LEAP?

- An evidence-based healthy relationships program for adults with ID (mild, moderate, and severe)
- Developed with input from people with disabilities plus a multidisciplinary team of professionals and family members
  - People with disabilities are co-trainers
  - Implementation manual (how to guide) for trainers
  - Observers for implementation fidelity
  - Four highly interactive, 90 min. sessions with 10-13 people
- Online partner guide and video-based summary of each LEAP session for family and staff
Theory Behind LEAP

- Grounded in Social Cognitive Theory
- Reinforced ideas and concepts by repetition
- Repeated a personal power statement, designed to strengthen participants' self-efficacy and confidence
- Multimodal teaching strategies; Universal Design for Learning
LEAP Efficacy Study*: Research Questions

1. Do participants who receive the LEAP intervention increase their knowledge about healthy and unhealthy relationships after completion of the intervention?

1. Three months following the intervention, are participants a) able to distinguish between healthy and unhealthy relationships, b) explain why they made their determination, c) identify a next step if the relationship is unhealthy?
LEAP Participants

Recruited from 15 residential and community based disability agencies

- 109 participants (lost 27 due to COVID). N = 82 all 3 time points.
- Ages ranged from 18-65 years (\(\bar{x}=34\))
- Men and women = approximately half of the sample. Almost equal proportions of White and Black participants.
- Two-thirds of participants did not have legal guardians.
- More than half lived at home with a parent or relative, and 30% reported living in a group home.
- Most had mild or moderate ID.
- No data were collected on adaptive behaviors or support intensity.
Design: Innovative Consent Process, Pretest, Posttest, and Three-Month Post-Post Test

Consent: research protocol presentation and 1:1 oral “quiz”
● Those with legal guardians provided assent following consent presentation

6 Video vignettes were used as part of the pretest and posttest
● Pretest week before LEAP sessions
● Posttest week after 4th session (to assess comprehension of concepts)

A new set of six video vignettes were used for the three month f/u (to assess generalizability and retention of learning)
● Implementation fidelity checklist completed by third party observer

What does voluntary mean?
Data Coding

- Six dichotomous *scenario identification* questions
  - Scenario is right/wrong, ok/not ok
- Open-response *explanation* questions
  - Describe why they made their response choice
- Open ended *resolution* questions
  - “What would you do next?”
- Explanation and resolution items independently evaluated by three reviewers using a pre-defined codebook
  - Incorrect = 0; Partial credit = 1; Full credit = 2
Data Analysis

• **Fleiss’ Kappa** to measure strength of agreement between raters
• Non-parametric **Friedman tests** were used to examine differences in scores across each data collection time point
• **Kendall’s coefficient of concordance** was used to measure effect size
• **The Wilcoxon signed-rank test** to conduct pairwise comparisons by testing for score differences between sets of two occasions
  • Bonferroni correction was made for the three comparisons, $\alpha = .0167$
Results

Identification

- Statistically significant overall differences between time points with medium effect size.
- Differences between pretest and posttest were not statistically significant and post-posttest results were significantly greater than both pretest and posttest.
- Overall, results indicate that participants can steadily improve at identifying abusive or exploitative situations.
Results

Explanations

● Kappa was high (.99, .98, and .99)
● Statistically significant differences across time points with medium effect size
● Posttest scores were greater than pretests and post-posttests were significantly greater than posttests
● Total reviewer ratings improved at each stage indicating that participants more accurately described why situations were abusive/exploitative
Results

Resolution (what would you do)

- Kappa high (.97, .98, and .99)
- The Friedman test for resolution was significant; the associated effect size was small.
- Participants got better at detailing resolutions to abusive/exploitative situations at each time period compared to the previous one

Implementation Fidelity: 15 sites and across 12 trainers, the average implementation fidelity score was 97%.
Discussion & Implications

- Unique aspect of LEAP is involvement of PWD
- Innovative, accessible consent process
- Theory of change (SCT) was confirmed by the results
- Effective with people with differing levels of ID and people who communicate in ways other than verbally
- Video vignette-based evaluation method
  - Nuanced, real-life scenarios are important; further testing needed
- Implementation fidelity protocols needed for evaluation of abuse prevention programs for people with ID
Limitations

- Data on level of support need not collected
- Newly designed measures
  - Participants may have focused on details in scenarios that were not related to the core concepts
- Possible ceiling effects in identification scenarios
- Attrition due to COVID
Takeaways

• Relatively brief abuse prevention programs grounded in SCT are one effective way to teach people with ID about healthy and unhealthy relationships and what to do if in a relationship that is unhealthy

• People with ID should be involved in the development and implementation of abuse prevention programs

• Research protocols, including consent processes, need to be inclusive of people with ID

• Individuals who work with people with ID can reinforce learning and be role models of healthy relationships
References


References


References


1. Systematic and Scoping Reviews of Abuse Prevention Programs for People with ID

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THANK YOU!

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