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SPR 18th Annual Meeting

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Effects of the SAFEChildren Intervention on Developmental Trajectories of Attention Problems

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Children residing in inner-cities face elevated risk for disruptive behavior disorders, including ADHD symptoms. Despite this well-documented risk, few preventive interventions exist to address the multiple needs of families living in urban poverty, and little research rigorously evaluates the longitudinal effects of such efforts.

One challenge concerns the longitudinal effects of intervention. Growth in ADHD symptoms likely varies among individuals, and typical estimation of intervention effects collapses across heterogeneous growth patterns and may obscure meaningful preventive effects. A major question that remains unaddressed is whether and to what extent preventive interventions alter the developmental trajectories of youths.

The aim of the present study was to test the effect of a preventive intervention on growth of ADHD symptoms (impulsivity, concentration, and hyperactivity) from kindergarten to fifth grade. Participants were 422 children residing within inner-city neighborhoods. Individual youth were randomly assigned to intervention or control conditions. The 22-week intervention started at the beginning of first grade and combined multiple-family groups focused on promoting family functioning with one-on-one phonics based tutoring. Half of the children originally assigned to the intervention condition were randomly assigned to receive a booster intervention in the fourth grade. We used growth mixture modeling through MPlus to estimate latent developmental trajectories of three outcomes from parent and teacher reports.

The results suggested that heterogeneity existed in growth of ADHD symptoms. A two-class solution fit data on impulsivity. Two-thirds of the youth fell into a normative group, and one-third had a deviant developmental trajectory of increasing impulsivity. Growth in concentration was best modeled by a three class solution. In addition to a normative (50%) and deviant group (22%), 28% of children demonstrated a sharp increase in concentration. We found a four-class solution optimal for hyperactivity with two classes that remained stably low (34%) and high (16%) over time, and two classes that increased (23%) or decreased (26%).

Results also indicated that SAFEChildren placed children on a more positive developmental trajectory for impulsivity and concentration. Youths in the initial treatment group were significantly less likely to be in the more impulsive developmental trajectory class, and the booster session increased the likelihood of exhibiting a sharp increase in teacher-reported concentration abilities after the second grade. Treatment condition did not predict differences in trajectory class membership of hyperactivity.

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