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Advancements in Parent/Caregiver Training for Supervisors

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Introductions:

Heather Thaung, M.Ed., LBA, BCBA

- Helped train ABA clinicians in Indonesia with the Global Autism Project
- Passionate about telehealth supervision for geographically remote families and clinicians
- Has a sweet golden retriever pandemic puppy named Honey

Jessica Fickle, M.A., LBA, BCBA

- Have been on both sides of parent/caregiver training (both before and after being a BCBA) – as a teacher, parent and as the trainer
- Creative in my thinking
- Collaborative
- Really like Yoda/ Octopuses/ Elephants

Bethany Thompson, M.Ed., LBA, BCBA

- Parent / caregiver training is my passion!
- I am a parent…so I am constantly learning
- Enjoy the collaboration with providers and individual clinicians
- Read…constantly. Any Recs?

Learning Objectives

Participants will be able to:

- Define the BACB's guidelines for parent / caregiver training
- Understand and interpret current relevant research on parent / caregiver training
- Interpret the research of parent / caregiver training and its applications
- Apply the research to clients' treatment plans for consistent progress

BCBA Guidelines on Caregiver Training

- “Involving family members and other caregivers in treatment planning and training them to implement certain components of the client’s treatment plan are important to promote carryover of treatment gains to times, people, and places outside of treatment.

- [There are….] many challenges faced by the caregivers of people with ASD, and… training must be individualized to the caregivers’ needs, values, priorities, and circumstances.

- For some families, the time and effort that can be devoted to acquiring skills to implement ABA procedures is constrained by such factors as the number of parents in the household, parental employment outside the home, and the needs of siblings and other family members living in the home, language differences, and financial and other resources”

(BACB, Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.) 2019)

Journal Articles

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COMPASS for Hope: Evaluating the Effectiveness of a Parent Training and Support Program for Children with ASD (Kuravackel et al, 2018)

Looked at the C-HOPE intervention produce decreased child problem behavior and parent stress, and increased parenting competency during the 8-week intervention program

COMPASS emphasizes clinical decision making based on the 3 elements of:

- Child preferences and strengths
- Parent and family resources
- Evidence-based practices

Intervention includes follow-up coaching for successful implementation of intervention plans.

After consulting with teachers for <10 hours over the 9-month school year, children attained educational goals at a **significantly higher** level compared to children who received services as usual

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Outcomes of the Compass for Hope

- **Child problem behavior scores improved**
- **Parent competency scores improved**
- **Parental stress decreased**
- **Telehealth model:**
  - Comparisons by treatment modality did not show significant differences on either parent outcomes (parent competency or parent stress).
  - Those receiving the intervention within the telehealth model produced a significant decrease in child problem behavior in comparison to the control group that was not receiving the intervention (waitlist)
- **Parent Satisfaction**
  - Post study survey found parents were equally satisfied with both FF and TH model (M=3.7 for both out of 4)

Enhancing Low-Intensity Coaching in Parent-Implemented Early Start Denver Model Intervention for Early Autism: A Randomized Comparison Treatment Trial (Rogers et al, 2018)

Randomized comparative intent-to-treat study of parent-implemented intervention

- Purpose: study the effects of an enhanced version on parent/child learning
- Randomized 45 children with ASD
- Aged 12-30 months
- Parent-implemented ESDM
  - 1.5 hours of clinic-based parent coaching weekly (basic)
  - 1.5 hours of clinic-based parent coaching weekly (basic) + motivational interviewing, multimodal learning tools and a weekly 1.5-hour home visit.
  - Implemented for 12 weeks

Enhancing Low-Intensity Coaching in Parent-Implemented Early Start Denver Model Intervention for Early Autism: A Randomized Comparison Treatment Trial (Rogers et al, 2018)

There was a **significant interaction effect** between the treatment group and time **(F(1,166) = 7.90, p = .0056)** with the P-ESDM++ group exhibiting **greater improvement** (estimated mean baseline: **3.40** and estimated mean at end of treatment: **3.80**) than the standard P-ESDM group (estimated mean baseline: **3.39** and estimated mean at end of treatment: **3.18**, a nonsignificant change).

- P-ESDM++ was associated with significantly greater improvements in parent's ability to implement the interventions
- Significant positive relationship between improvement in parent fidelity of implementation
- Increases in child social-communication and decreases in autism symptoms
- Parent satisfaction:
  - Extremely satisfied with the intervention they receive in both groups
- Limitations

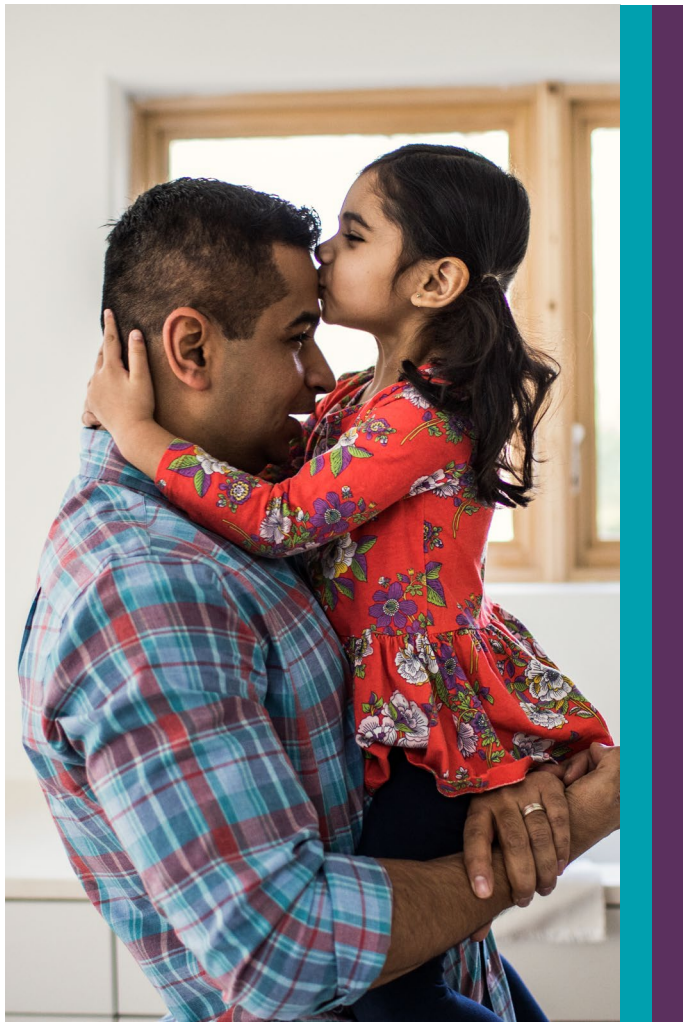
GROUP INTENSIVE FAMILY TRAINING (GIFT) FOR PRE-SCHOOLERS WITH AUTISM SPECTRUM DISORDERS

Ruth M. Anan*, Lori J. Warner, Jamie E. McGillivary, Ivy M. Chong and Stefani J. Hines (2008)

- **72 parent-child dyads served as participants in this study - age ranging from 25 to 68 months**
- **Prior to treatment, all parents attended a 12-h didactic weekend workshop addressing basic behavioral principles**
- **Children's treatment programs were implemented in the context of short, playful activity sessions**
  - In order to implement their child's individualized therapy, parents were taught numerous intervention procedures
- **Assessment tools used - Mullen Scales of Early Learning (Mullen, 1995) and the Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984)**
  - Between Pre and Post- Intervention assessments, children made an average of 8.2 and 5.7 months of overall developmental gains on the Mullen and Vineland, respectively
- **Outcome**

Lessons Learned While Developing, Adapting and Implementing a Pilot Parent-Mediated Behavioural Intervention for Children with Autism Spectrum Disorder in Rural Bangladesh

Jasmine M Blake, Eric Rubenstein, Peng-Chou Tsai1, Hafizur Rahman, Sarah R Rieth, Hasmot Ali and Li-Ching Lee1



- Study was a preliminary step to creating sustainable and low-cost ASD interventions in rural Bangladesh, and possibly for families in regions with similar cultural and socioeconomic status backgrounds
- 10 families of children aged 7-9 years
- Study investigators and clinician training
- Material development and usage
- Over the course of 2.5 weeks, each family received a single, 1-day group education session (five families in each session) and two 1:1 individual follow-up visits
- Parents report to have benefited from both the 1:1 sessions and the group sessions
- Gains from the pilot study- ASD interventions need to be specific to the community in which they are being implemented

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Summary

Benefits of Intensive Parent/Caregiver Training

Improvements can be seen even when parent / caregiver training is a short-term intensive program
(Koegel et al, 2002)

Regular monthly or bi-monthly follow up meetings with caregivers can demonstrate generalization and maintenance of skills in a short-term parent education program

Parent implemented interventions in the study done by Rogers et al, demonstrated high levels of caregiver satisfaction

Scahill et al, 2016, found parent training to demonstrate significant improvements across daily living skills for children with an IQ >70

- Children with intellectual disability

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Considerations When Developing Intensive Parent/Caregiver Training

Knowledge or awareness of parent's/ family's background and culture help guide how you provide the training (Blake et al,2017)

Checking in on how the parent/caregiver learns help guide the format the training is done. Be willing to adjust as you do for clients

Ask how the parent wants feedback.

Adjust and change the plan as needed

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Application

Parents and caregivers must have buy-in to make progress!

Create opportunities for parents/ caregivers to build a history of reinforcement.

Take time to understand the previous history of reinforcement/ punishment in their interactions with their child.

Don’t save all the best activities for yourself!

Listen to parents/ caregivers when they express their abilities, confidence, stress and bandwidth.

One size doesn’t fit all when it comes to parent/caregiver training plans – individualize and adjust continuously.

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Example: Parent/Caregiver Training Topics

- **Self-help/daily living independence skills**
  - Consider age/profile of the client
  - Consider time/event in which skills must be demonstrated
  - Prioritize socially significant skills
  - Demonstrate meaningful progress (not just good days and bad days)
- **Mealtime behavior skills**
  - Acquisition of skills related to mealtimes
  - Reduction of behaviors preventing family from enjoying mealtime
  - NOT feeding therapy
  - Remember it's OK for a person not to like something!
- **Community participation skills**
  - Encouraging caregivers to attempt "getting out"
  - Providing skills so caregivers are confident when heading out without behavioral support present

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Example: Parent/Caregiver Training Goals

In response to CLIENT…

…entering the bathroom for bedtime routine…	…parent/caregiver will reference client's posted task analysis and use least-to-most prompting to complete steps of a toothbrushing process.
…demonstrating behaviors indicating a need to urinate or defecate…	…parent/caregiver will guide client through bathroom routine using provided visual.
…leaving the dinner table…	…parent/caregiver will use least-to-most prompting to return client to mealtime and reinforce appropriate mealtime behavior thereafter.
…refusing to eat food items on his/her plate during mealtime…	…parent/caregivers will offer client reduced response options.

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Questions