



Parent-Led ABA

Lindsey Sneed, BCBA
Doreen Samelson, EdD, MSCP

Please note that this deck is not eligible for CE credit. To learn more about our eligible courses, please email continuing_education@thebhp.org.

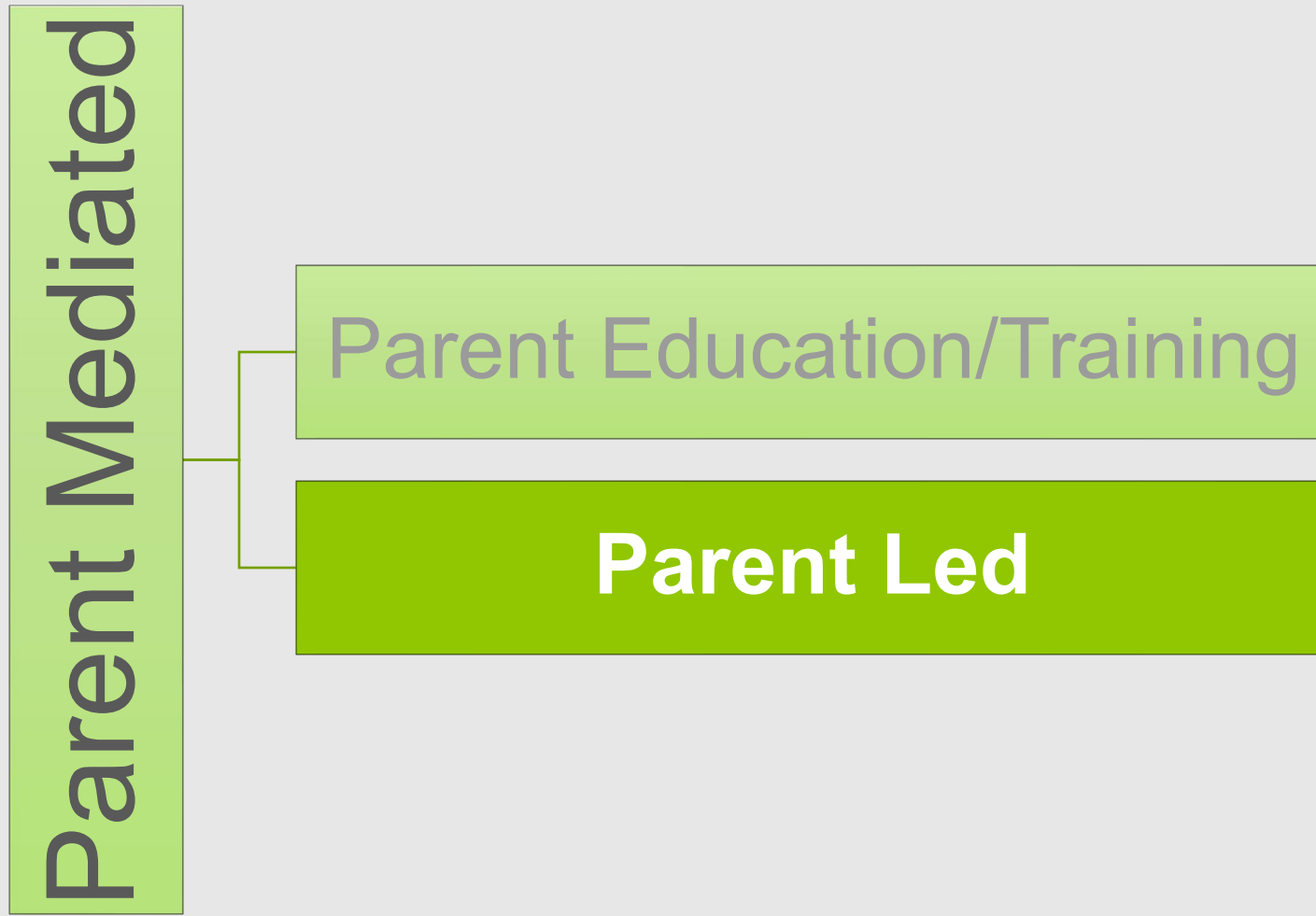


Objectives

Participants will be able to:

- Describe how Parent Led ABA empowers parents.
- Describe at least 2 Parent Led research results.
- Describe the difference between Parent Led and Parent Education / Training models.
- List at least 2 talking points for discussing Parent Led treatment with caregivers.
- Describe the relationship between parent confidence and parental stress.
- List the 3 typical phases of Parent Led Treatment.
- Describe the goal shift from parent-facing to client facing-goals.
- Describe agenda-setting for Parent Led sessions.
- List the 6 steps of BST.
- List at least 2 reasons for follow-up emails or texts.
- List at least 2 common troubleshooting issues.
- List at least 1 barrier to Parent Led.

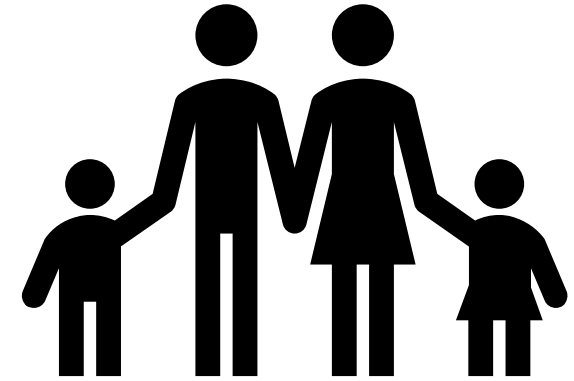
Parent Mediated Treatments



Parent Led Philosophy

- Parent Led ABA is an empirical approach to treatment putting parents at the forefront of their child's treatment.
- Parents are trained to provide direct care to their child.
- Home, community or clinic.

EDUCATION
EMPOWERMENT



Education = Empowerment



Education: Lack of education for parents gives parents the message that only “trained” professionals can help their child. As a result parents feel like they can’t parent and teach their children.



Empowerment: Educating and putting parents in the forefront of their child’s treatment sends a powerful message about parent competency and empowerment!

History and Research

History

Parent Led (also called “parent as practitioner”) is an empirically validated parent mediated approach that was used early in the development of ABA:

- Lovaas 1987 study: Parents were active members of the treatment team.
- Parents were required to become the Senior Therapist and were responsible for at least 10 hours per week of direct services.

Positive Outcomes Across Domains

- Parent led ABA has produced positive outcomes for individuals with a diagnosis of autism spectrum disorder. Improvements in:
 - Pragmatic communication
 - Expressive communication
 - Receptive communication
 - Play skills
 - Reduction in problem behaviors

(National Standard Project, 2015; Virues-Ortega, 2010)

Young Children (under 44 months)

- Increase in IQ.
- Improvement over all domains (Vineland scores).
- Significant gains in language.

(Bibby et al. 2001)

Parent Led by Telehealth



- Lindgren et al., 2016: Compared in-person/home, clinic and telehealth to address maladaptive behaviors for 107 children. Similar results for the 3 groups. Telehealth parent education effective in improving behavior.
- Simacek, Dimian, & McComas, 2017: Parent mediated treatment through telehealth showed improvements in language.
- Sutherland, R., Trembath, D., & Roberts, J., 2018: Reviewed 14 studies representing 284 clients. Results suggested that telehealth had range of benefits and was often as effective for as in-person care.

Additional References

- Anan, L.J. Warner, J.E. McGillivray, I.M. Chong, S.J. Hines (2008). **Group Intensive Family Training (GIFT) for preschoolers with autism spectrum disorders**. *Behavioral Interventions*, 23, pp. 165-180
- Bibby, P., Eikeseth, S., Martin, N. T., Mudford, O. C., & Reeves, D. (2002). Progress and outcomes for children with autism receiving parent-managed intensive interventions. *Research in Developmental Disabilities*, 23(1), 81–104. [https://doi.org/10.1016/S0891-4222\(02\)00095-1](https://doi.org/10.1016/S0891-4222(02)00095-1)
- Grindle, C. F., Kovshoff, H., Hastings, R. P., & Remington, B. (2009). Parents' Experiences of Home-Based Applied Behavior Analysis Programs for Young Children with Autism. *Journal of Autism and Developmental Disorders*, 39(1), 42–56. <https://doi.org/10.1007/s10803-008-0597-z>
- Koegel, R., Symon, J., & Koegel, L. (2002.). Parent education for families of children with autism living in geographically distant areas. *Journal of Positive Behavior Interventions*, 4, 88-103.
- Sofronoff, K., & Farbotko, M. (2002). The Effectiveness of Parent Management Training to Increase Self-Efficacy in Parents of Children with Asperger Syndrome. *Autism*, 6(3), 271–286. <https://doi.org/10.1177/1362361302006003005>
- Sofronoff, K., Leslie, A., & Brown, W. (2004). Parent Management Training and Asperger Syndrome: A Randomized Controlled Trial to Evaluate a Parent Based Intervention. *Autism*, 8(3), 301–317. <https://doi.org/10.1177/1362361304045215>
- Symon, J. B. (2005). Expanding Interventions for Children With Autism: Parents as Trainers. *Journal of Positive Behavior Interventions*, 7(3), 159–173. <https://doi.org/10.1177/10983007050070030501>
- Virués-Ortega, J. (2010). Applied behavior analytic intervention for autism in early childhood: Meta-analysis, meta-regression and dose–response meta-analysis of multiple outcomes. *Clinical Psychology Review*, 30(4), 387–399. <https://doi.org/10.1016/j.cpr.2010.01.008>

Terms and Definitions

Terms

ABA Parent Education: Training or coaching – BHPN is using “parent education.”

Parent Led: Overlaps with ABA Parent Education - no BT/BI involvement.

Parent = Caregiver

Step Down – fade plan with parent consult

Parent Mediated ABA Treatments

Definitions

ABA Parent Education

Individual parent education based on Behavior Skills Training (BST). Can be used as a step down from services or be offered independent of other services as a standalone intervention. Less intensive and fewer hours than Parent Led ABA.

Characterized by:

- Parent may or may not take formal data
- Uses a coaching model
- Most goals are parent facing
- BT/BI may provide some support

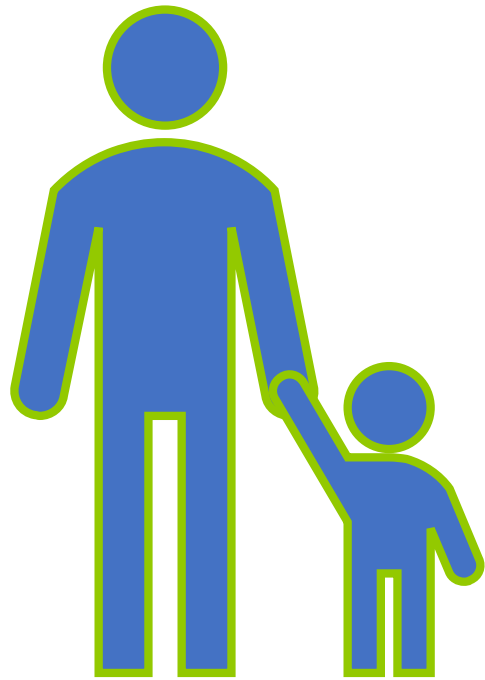
Parent Led

Parent mediated intensive ABA treatment model (comprehensive or focused) with parent acting as the direct provider. More intensive than parent ABA education.

Characterized by:

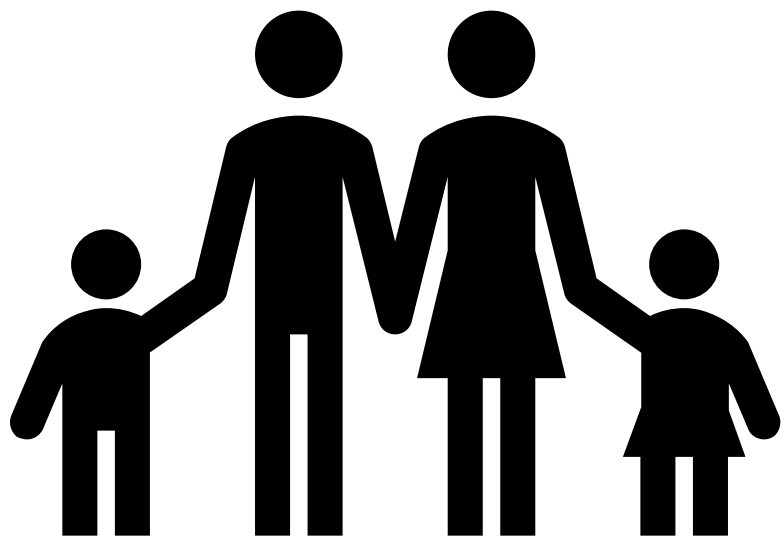
- No BT/BI involvement
- Direct observation (in-person or telehealth) of parent implementing treatment with their child
- Parent takes formal data
- Most goals are client facing

Parents / Caregivers



Talking with Parents/Caregivers

- Reinforce the difference the parent can make in their child's future!
- Point out the flexibility of Parent Led:
 - Sessions take place with the parent and their child throughout the week
 - Mid and High Level supervisors can work within the parent's schedule to determine best times to overlap "sessions" and provide parent education.
 - Sessions can take place in different locations.
 - Less need to change the schedule for siblings or other family members.
- Make sure parents know that Parent Led treatment is based in research.
- Explain your role. Let parents know they are not alone – they have a team behind them!



Focus on Parents' Motivation

Parent/Caregiver Confidence

Please answer the following questions about your child

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel confident in my ability to teach my child new skills					
I feel confident in my ability to manage my child's behavior					

Data on confidence and stress

- It's well established that parents and caregivers of children with autism experience more stress than other parent populations (Huang et al., 2014; Keenan, et al, 2010; Lai & Oei, 2014)
- Across disciplines/treatments high parental stress levels negatively impact outcomes and parental confidence (Hastings & Symes, 2002; Osborne, McHugh, Saunders & Reed, 2008)
- Parents who felt supported by their ABA treatment team showed increased parental self-efficacy in implementing treatment with their own child (Hastings & Symes, 2002)

The BHPN is seeing a relationship between confidence and stress too!

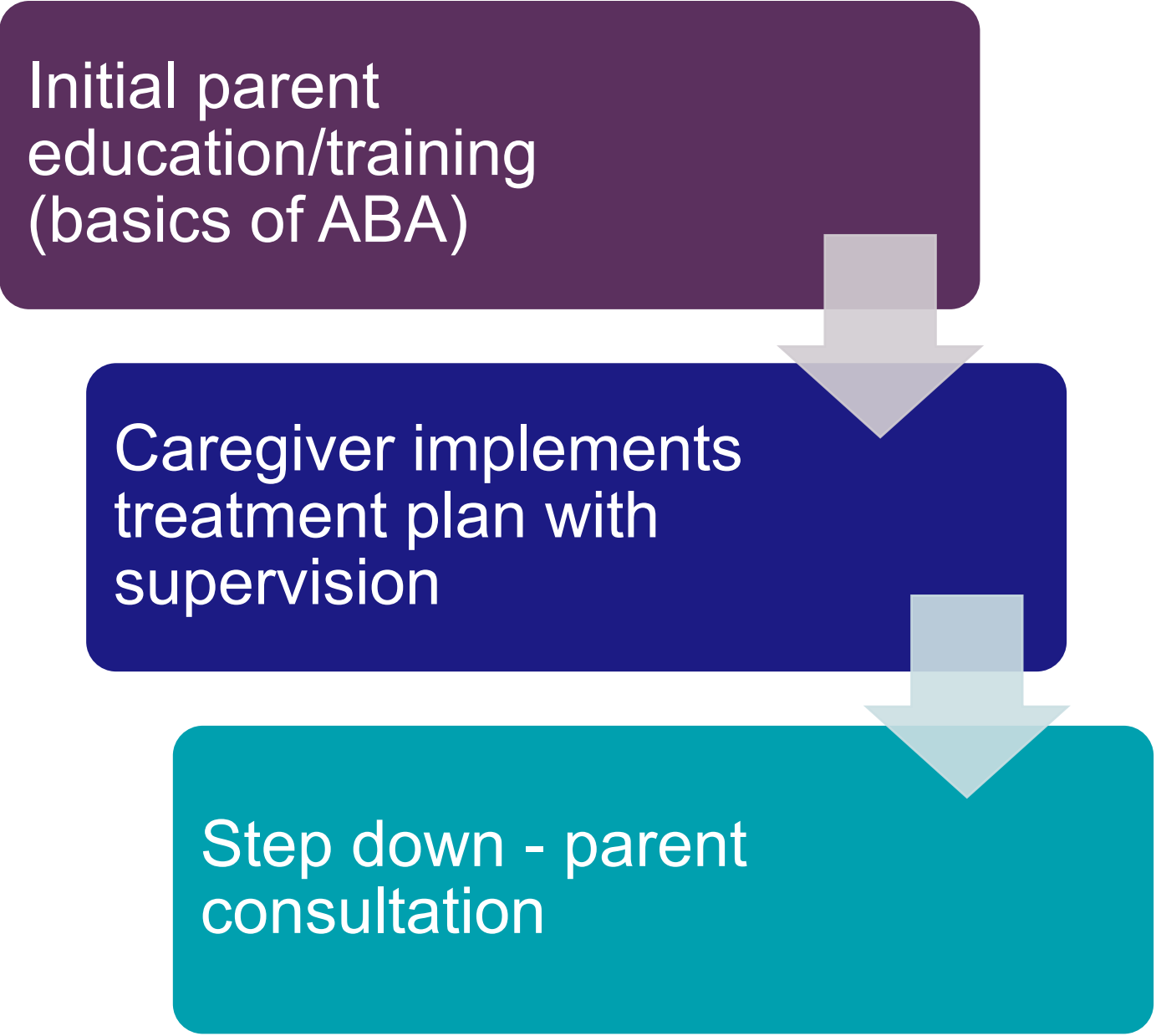
Data from our providers

- The BHPN found a strong negative correlation ($p < .01$) at treatment start between parent stress and confidence, meaning low parental stress correlated with high parent confidence for implementing treatment. $n = 363$
- These same results were found after treatment began! Parent stress and confidence in implementing treatment were negatively correlated ($p < .05$). $n = 36$
- Thinking about this positively, when parents are confident in implementing treatment, their stress levels also go down!

Parent Led Process

Typical Parent Led Phases

Initial parent
education/training
(basics of ABA)



```
graph TD; A[Initial parent education/training (basics of ABA)] --> B[Caregiver implements treatment plan with supervision]; B --> C[Step down - parent consultation];
```

Caregiver implements
treatment plan with
supervision

Step down - parent
consultation

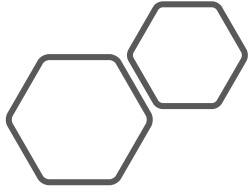
Month One (could include assessment):

- Parent/caregiver facing goals.
- Parent/caregiver education/training – basics of ABA.
- Introduce quick interventions that can be used right away (e.g. transition warnings, visual schedules).

Month Two on:

- More client-facing goals.
- Parent/caregiver begins implementing goals.

Phase One: Initial Parent Education



Month One: The Basics

Can be started during ABA Assessment!

Parents learn the basics of ABA

- Parent/caregiver facing goals.
- Parent/caregiver education/training – basics of ABA.
- Introduce quick interventions that can be used right away (e.g. transition warnings, visual schedules).

Quick easy intervention the parent can get started with

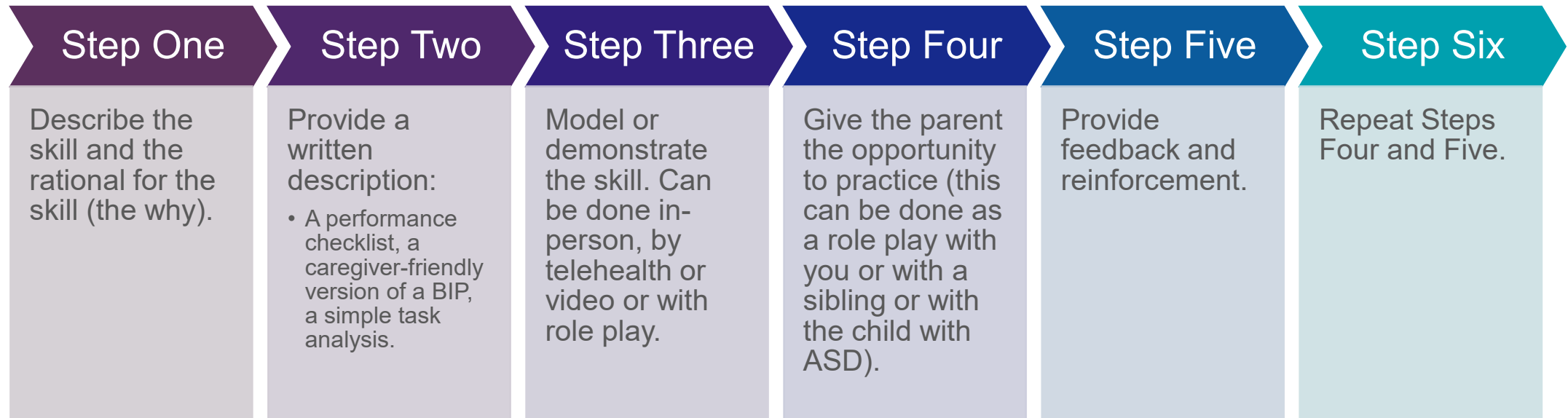
- Transition warnings
- Visual schedules
- “Refrigerator plans”

Phase Two Implementation: Behavior Skills Training Model (BST)

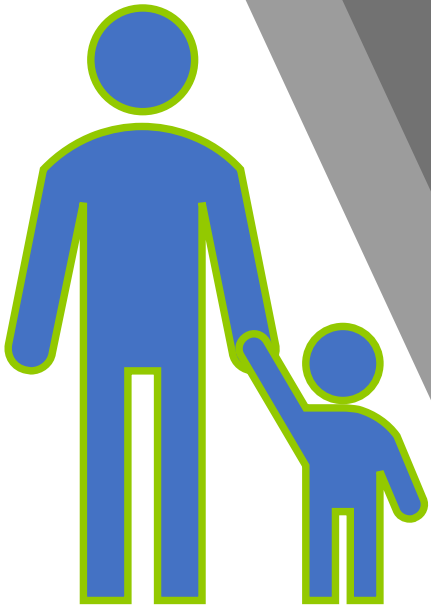
BST is an evidence-based procedure best known for its use to teach skills to adults in professional settings.

BST is also an evidence-based model for caregiver education.

BST Steps

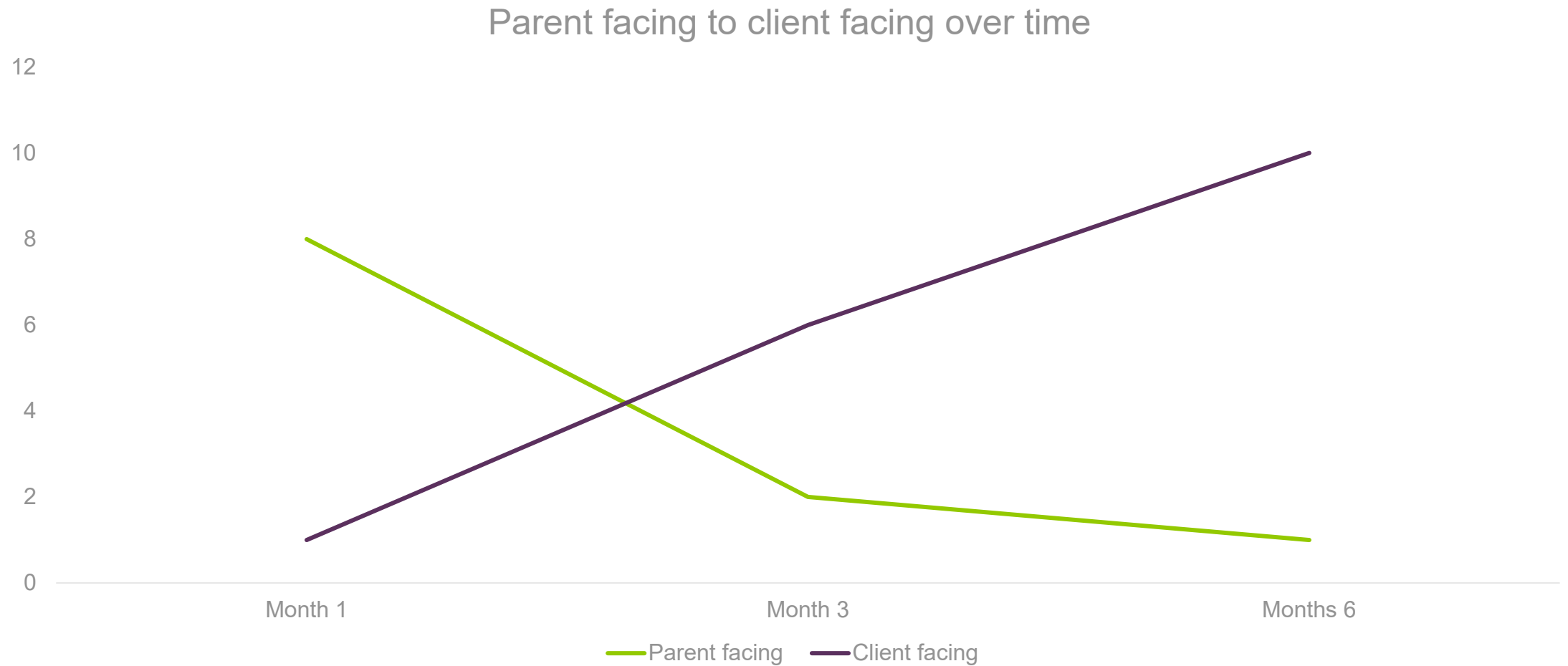


Goals: Facing



- **Parent-facing** (good choice for parent education and for preparing parents for Parent Led):
 - Focus on parents' behavior.
 - Data is taken on parents' behavior.
- **Client-facing** (Focus of Parent Led; may be used for parent education):
 - Focus on client's behavior.
 - Data is taken on client's behavior.

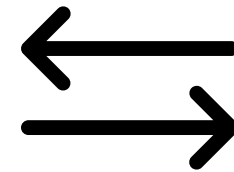
Goal facing shift



Goals – Examples

Parent facing:

- Juan's caregiver will create 3 opportunities for Juan at each meal to ask (mand) for food/drink by saying, "look at me" and then giving two choices of drink or food.



Client facing:

- When given 2 choices of food/drink Brianna will point to her preferred choice.

Natural vs Formal Teaching

- While parents can set aside some time to do formal teaching focusing on natural teaching through the day is a good fit for the Parent Led model.
- Naturalistic teaching promotes generalization and is flexible for families.



Emphasis Natural Learning

- Help parents find natural learning opportunities.
- Write goals that fit into the life of the family, examples:

Parent Facing

- At mealtimes, when child needs access to missing items to eat their food, parent will implement requesting (mand training) procedures to access these items two of three opportunities per day.
- During nighttime routine, parent will implement task analysis for toothbrushing five of seven nights per week.
- One time per day for up to 30 minutes, parent will play with their child and include singing known songs while implementing intraverbal training.

Client Facing

- At mealtimes, when child is missing a utensil to eat their food, they will independently request a fork, spoon, or knife based on the needed utensil two of three opportunities per day.
- During nighttime routine, child will independently follow a task analysis for toothbrushing five of seven nights per week.
- During play time routines, child will complete at least 5 verses (e.g., social partner - “Twinkle, twinkle, little...” child “Star”), one time per day for at least one song across 5 different songs.

Agenda: Sample Session

Quick review of
last session and
set the agenda

“Homework” or
data discussion

Observation of
parent and child

Decide on next
steps

Check
understanding of
next steps (may
involve role-play)

Follow-up

Training
parents to
take data



It's Not All or Nothing

Not all goals need formal data

Ask

- Which goals need formal real-time data collection?
- Are there goals for which simple tallies can be used?
- What does the parent need to know to collect data?
 - For example: does the parent need to know the difference between a full physical prompt and a partial physical prompt?
- Mid- and high- level can probe skills during session to collect additional data.

Simple and Flexible



Start with simple data collection and move up to more complex data collection as needed.



Be flexible.



Ask the parent what would be helpful for data collection.

Data Collection Differences Parent Education vs Parent Led

- Parent Education: Parent may or may not take in real time.
- Parent Led: When it's needed parents takes data in a more formal way

Parent Led ABA Data Sheet

Name: Date: Start Time: End Time:

Scoring Key							
+	Correct Response			-	Incorrect Response		
FP	Full Physical Prompt	PP	Partial Physical Prompt	FV	Full Verbal Prompt	PV	Partial Verbal Prompt
M	Model Prompt	G	Gesture Prompt	Vls	Visual Prompt	Pos	Positional Prompt

Data						
Goal:	Instruction: Response:					
Target	Data (+/-/Prompt abbreviation)					% Correct/Trials
						%

Sample data sheets

ABC Data Sheet

Client:
BI:

Date:
Location:

Start Time:
End Time:

Time of Bx	Behavior (Bx)	Antecedent	Consequence
		☐ Denied request for: _____ ☐ Demand placed ☐ Engaged in a task ☐ Not engaged in task ☐ Transition ☐ Low or no interaction ☐ Other: _____ Narrative: _____	☐ Demand kept ☐ Escape granted ☐ Demand changed ☐ Denial kept ☐ Attention provided ☐ Access granted ☐ Offered new activity ☐ Ignored ☐ Removed person/client Narrative: _____
		☐ Denied request for: _____ ☐ Demand placed ☐ Engaged in a task ☐ Not engaged in task ☐ Transition ☐ Low or no interaction ☐ Other: _____ Narrative: _____	☐ Demand kept ☐ Escape granted ☐ Demand changed ☐ Denial kept ☐ Attention provided ☐ Access granted ☐ Offered new activity ☐ Ignored ☐ Removed person/client Narrative: _____
		☐ Denied request for: _____ ☐ Demand placed ☐ Engaged in a task ☐ Not engaged in task ☐ Transition ☐ Low or no interaction ☐ Other: _____ Narrative: _____	☐ Demand kept ☐ Escape granted ☐ Demand changed ☐ Denial kept ☐ Attention provided ☐ Access granted ☐ Offered new activity ☐ Ignored ☐ Removed person/client Narrative: _____

Parent Led ABA Data Sheet

Name:

Date:

Start Time:

End Time:

Scoring Key

+	Correct Response		-	Incorrect Response			
FP	Full Physical Prompt	PP	Partial Physical Prompt	FV	Full Verbal Prompt	PV	Partial Verbal Prompt
M	Model Prompt	G	Gesture Prompt	Vis	Visual Prompt	Pos	Positional Prompt

Data

Goal:	Instruction: Response:					
Target	Data (+/-/Prompt abbreviation)					% Correct/Trials
						%
						%
						%
						%
Goal:	Instruction: Response:					
Target	Data (+/-/Prompt abbreviation)					% Correct/Trials
						%
						%
						%
						%
Goal:	Instruction:					

Simple!

This is an example of a data sheet that was made specifically for one family.

Something the family was able to compromise to and felt they could complete daily.

This specific data sheet was also measuring family behavior and would allow the treatment team to see family progress and client progress over time.

Requesting with vocal sound (circle and write in word) Do this 10x per day

1.	FE	PE	Ind	_____
2.	FE	PE	Ind	_____
3.	FE	PE	Ind	_____
4.	FE	PE	Ind	_____
5.	FE	PE	Ind	_____
6.	FE	PE	Ind	_____
7.	FE	PE	Ind	_____
8.	FE	PE	Ind	_____
9.	FE	PE	Ind	_____
10.	FE	PE	Ind	_____

Sing a song together one time per day

Song _____

What words did your child repeat: _____

Did they do any hand motions with the song?

Yes No

If yes, what movements _____

Labeling items

+ = independent; P = Prompt; - = incorrect

Current Class: Animals Current Target(s): Dog, cat

Dog: _____

Cat: _____

My child had _____ minutes of screen time today

My child played independently for _____ minutes today

We played together today for _____ minutes

Antecedent Behavior Consequence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Differential Reinforcement:

Problem behavior: Kicking sister

Target behavior: Requesting to play

Did you differentially reinforce this today?

Yes No

Visual Schedule:

Was this implemented: Yes No

Did you take deep breaths today?

Yes No

Did you do something fun as a family today?

Yes No

Today I taught Jessie to run goals too

Yes No

Today was what kind of day?



Session Follow-ups

Email/Text Follow-ups

- Next Steps.
- Reinforce!
 - What went well: caregivers respond to social praise too!
- Emotional validation
 - Acknowledge caregivers' attempts even if things did go so well.
 - Acknowledge struggles.
- These communications are also part of the client medical record.



Example Follow-up Email

Emotional
validation

Linda, thank you for taking the time for our session today. You mentioned you were feeling a little overwhelmed which is understandable. Despite feeling overwhelmed you reinforced Juan's asking just the way we talked about.

Reinforce
skills

I appreciate you letting me know how hard it's been to take data on temper tantrums. Let me know at our next session how data strategies we talked about today work. I included these in an attachment.

Progress
as a
reinforcer

One last thing, it was really great to see how Juan looked up at you during our session. And he did it twice! You may not have noticed the second time as you were focused on the goal instructions. Considering Juan rarely looked at you when we started it's so clear your hard work is making a difference. I look forward to hearing how things are going on Tuesday. Let me know if you have any questions before we meet.

Example 2

Hi Daniel,

It was great meeting with you today. I wanted to recap our discussion and provide some follow-up for Thursday's meeting.

We talked through the new behavior plan for Gabriella and discussed ways you can incorporate her siblings when she is having a meltdown.

We went over the new goal for dinner time skills (sitting at the table, keeping her food on the table) and some strategies for keeping a consistent dinner routine.

We discussed your concerns about Gabriella lacking social opportunities during SIP and brainstormed activities she could do with her siblings.

I look forward to meeting with you again Thursday at 10:00 A.M.! Let me know if for any reason you need to reschedule.

Setting next
steps

Example 3

Social reinforcement

Hi Monique,

Thank you for your time today – I am so happy to hear how the ABA strategies are keeping Dante on task and engaged. We talked today about wanting some “homework” to practice with since we are only meeting once weekly right now.

Next steps

For this week, try giving Dante a five-minute warning when screen time will end (it’s OK to use a timer if that helps!). Then give him a one-minute warning, then a countdown from ten. If he responds well, after a couple of days fade the ten second warning, then the one-minute one, etc. Eventually all he will need is the five-minute warning and maybe a timer!

I’ll look forward to hearing how it went next Wednesday at 2:00 P.M.! Take care.

Session Follow-up Tool

Session Time **Start Time:** Click or tap here to enter text. **End Time:** Click or tap here to enter text.

Caregiver(s):

Practitioner(s):

Type: ☐ Zoom or _____ <i>If <u>phone</u> please provide exception and approval info here: Click or tap here to enter text.</i>	Technical Notes: Click or tap here to enter text.
---	---

Session Outputs: *check all that apply and elaborate on specifics covered during telehealth session.*

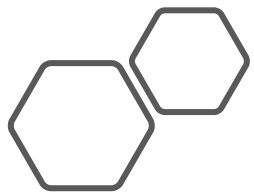
- ☐ Progress Review: Click or tap here to enter text.
- ☐ Behavior Plan Review: Click or tap here to enter text.
- ☐ Goal and intervention implementation Review: Click or tap here to enter text.
- ☐ Education/ Training Content:

Between Session Tasks for Client & Caregiver	<i>Note interventions or learning tasks to complete prior to next session. Please be specific regarding implementation steps and what to do if challenges to implementation occur.</i> <i>Homework:</i>
Between Session Tasks for Practitioner	<i>Please note any outstanding questions or clinical topics requiring follow-up at the next session. Let the caregiver know what you will be doing. Please be detailed!</i> <i>Examples: Review notes, enter data, and create agenda for next meeting based on notes.</i>
Caregiver Between Session Notes for Practitioner Review	<i>Please make note of new, increasing or decreasing behaviors of concern, changes in medication or sleep patterns, new or regressed skills. Also note ideas for potential treatment updates like new or changed goals. You are an important leader on this treatment team!</i> <i>Example: Note the new words your child is using, decrease in te and other import information.</i>

Emails/Texts and the Medical Record

- Keep it professional.
- Before you send ask:
 - If my client's medical record was released how would this communication be viewed?

“The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c).”



Phase Three: Step Down



Parent Consult (1-3
hours a month):



Check-in



Support



Trouble shooting

Tips for Parent Consult Sessions

- Send setting the agenda email asking for topics to discuss.
- Start session with quick list of what needs to be discussed.
- Schedule 15 or 30 minutes at a time.
- Follow-up with email or text follow-up.
- Document session.

What to do when things are not going well

Trouble Shooting

Common issues:

Data collection

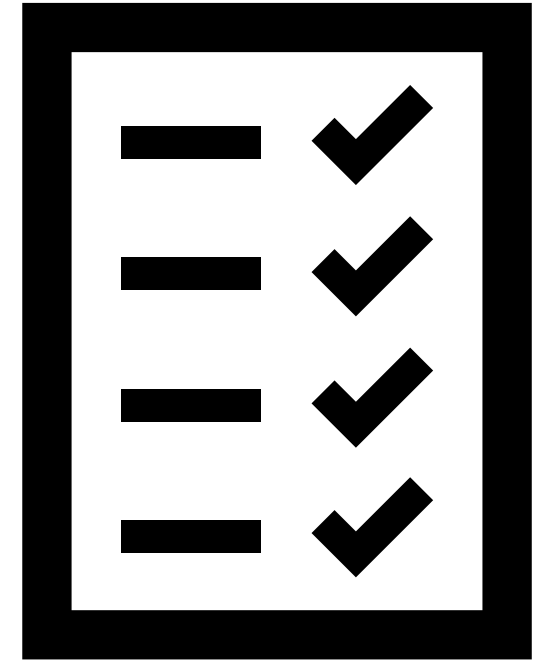
Expectations

Parent initial buy in

What to do when
you are stuck

Data Collection

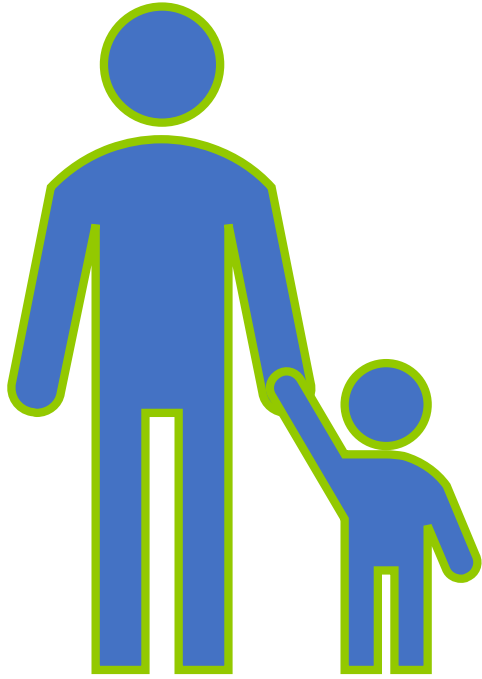
- Ask parent how they want to collect data.
- If parent doesn't want to collect data, ask what is getting in the way.
- Be willing to compromise if necessary.
- Stop data collection for a few weeks. If parent feels that during this data collection holiday things are not going well use that for motivation to talk about data again.



Parent's Expectations

- Ask the question!
- Focus on quality of life.
- Have realistic conversations.
- Understand the research!





Parent's Buy In

- Explore the parent's motivation.
- If parent want to switch to traditional ABA - explore why.
- Recommend a trial of one or two goals.
- Go for a quick win!

If you feel stuck

Consult!

Consult!

Consult!

Parent Led Consultation Group



Join twice a week Parent Led Consult Group on Zoom!



Talk with experienced Parent Led BCBAs.



Get ideas from others.

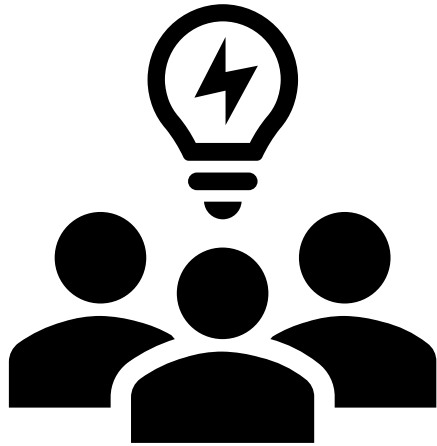


Share your successes and challenges!



Tuesdays 9:00-10:00 A.M.
Thursdays 11:00 A.M. – 12:00 P.M.

Advice from Experienced Providers



Show more, listen and talk less

- Addressing the parent's motivation is key.
- Talk about discharge upfront. Let the parent know that by the time of discharge they will be the experts for their child.
- During the assessment, talk about giving parents tools for the future as well as what they need in the here and now.
- Emphasize how the parent will be using these skills with all of their children, now and in the future.
- The first two meetings with parents are critical – this is time to build rapport.
- Start with goals you are sure the parent can accomplish.
- Help the parent understand their child's motivations
- Emphasize naturalistic learning.
- Be flexible – remember the parent is parenting 24-7!
- Provide lots of reinforcement!
- Have an outline/plan for the family for what you expect will be accomplished.

Talk Less – Show More: Prompting Examples

Parent wasn't having success with prompts, took videos of three sessions with their child and sent the videos to the provider. The provider was able to see how the parent's prompts were not effective because she was giving the prompts too late. Provider coached the mom through telehealth. Parent changed the way she was prompting and almost immediately saw success.

Parent was over-promoting and not fading. Parent took videos. Just by watching the video with the provider the parent was able to become self-aware and came up with the self-correction before the provider could suggest a solution.

Parent Confidence and Trust

Trust building between provider and parent + parent's confidence increased

Parent wasn't having success with prompts, took videos of three sessions with their child and sent the videos to the provider. The provider was able to see how the parent's prompts were not effective because she was giving the prompts too late. Provider coached the mom through telehealth. Parent changed the way she was prompting and almost immediately saw success.

Parent learned she could come up with solutions!

Parent was over promoting and not fading. Parent took videos. Just by watching the video with the provider the parent was able to become self-aware and came up with the self-correction before the provider could suggest a solution.

Barriers to Parent Led

- Parent or close relative with health or medical condition that prohibits the parent from participating in Parent Led treatment and an alternative caregiver is not available.
- Parent has a significant cognitive disability that prevents the parent from being able complete the Parent Led ABA course and an alternative caregiver is not available.
- Client needs 2:1 due to dangerous behavior.
- Client is better served with social skills group only.

Questions
