Parent Education/Parent Implemented Treatment

Lindsey Sneed, BCBA
Chris Labreche, BCBA
Bethany Thompson, BCBA

theBHPN
behavioral health provider network

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

Course Objectives

- Participants will be able to reference and summarize research supporting parent training and parent mediated ABA treatment models
- Participants will be able to discuss the benefits of using Behavior Skills Training (BST) for parent training
- Participants will be able to describe the process of BST with parent training
- Participants will be able to practice shifting from client-directed treatment goals to targeting parent behavior

ABA Parent Training and Parent Led Treatment has been shown to effectively mitigate the symptoms related to ASD

AND

Parent training prepares parents to respond to their child's behavioral excesses and reduces parental stress!

Let's look at some research

- Lindsey Sneed, BCBA

theBHPN
behavioral health provider network

Parent training and parent led treatment puts the parent at the forefront of their child's treatment

PARENTS/CAREGIVERS ARE ACTIVELY LEARNING HOW TO IMPLEMENT ABA PROCEDURES

THEY CAN IMPLEMENT PROCEDURES ALL THE TIME, NOT JUST DURING TREATMENT TIME

IN A FEW STUDIES, PARENTS WENT ON TO TEACH OTHER CAREGIVERS HOW TO IMPLEMENT TREATMENT EFFECTIVELY

PARENTS ARE BETTER PREPARED FOR DISCHARGE FROM SERVICES AS THEY CAN IMPLEMENT TREATMENT IN THE ABSENCE OF A PRACTITIONER

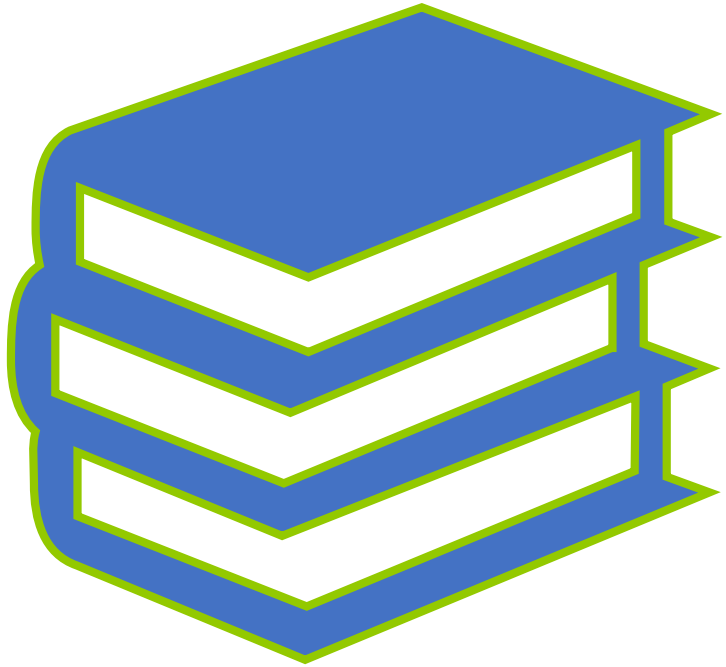
theBHPN
behavioral health provider network

Meadan, H., Ostrosky, M. M., Yu, S., & Zaghlawan, H. Y. (2009). Promoting the Social and Communicative. *Topics in Early Childhood Special Education*, *29*, 90–104. https://doi.org/10.1177/0271121409337950

Review of 12 parent-implemented intervention studies published from 1997 to 2007 to evaluate the effectiveness of:

- the caregiver's implementation of the new skills they were taught
- improvement of their child's social and communication skills

"All 12 studies reported positive outcomes for parents and children"



theBHPN
behavioral health provider network

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.

Quasi-experimental study

45 mothers and 44 fathers

Children with diagnosis of High Functioning ASD (Asperger's 2002)

Ages 6-12 y/o

Problem behavior was significantly decreased

Parent self-efficacy was significantly increased!

theBHPN
behavioral health provider network

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

Randomized Clinical Trial

High Functioning ASD (Asperger's in 2004)

51 Participants between ages 6-12

Significant reduction in problem behavior

Significant increase in social skills

High parent satisfaction in treatment and treatment outcome

theBHPN
behavioral health provider network

Brookman-Frazee, L. (2004). Using parent/clinician partnerships in parent education programs for children with autism. *Journal of Positive Behavior Interventions*, *6*(4), 195–213. https://doi.org/10.1177/10983007040060040201

- **Single subject design**
- **Decrease in parental stress**
- **Increase in parent confidence**
- **Increase in child affect**

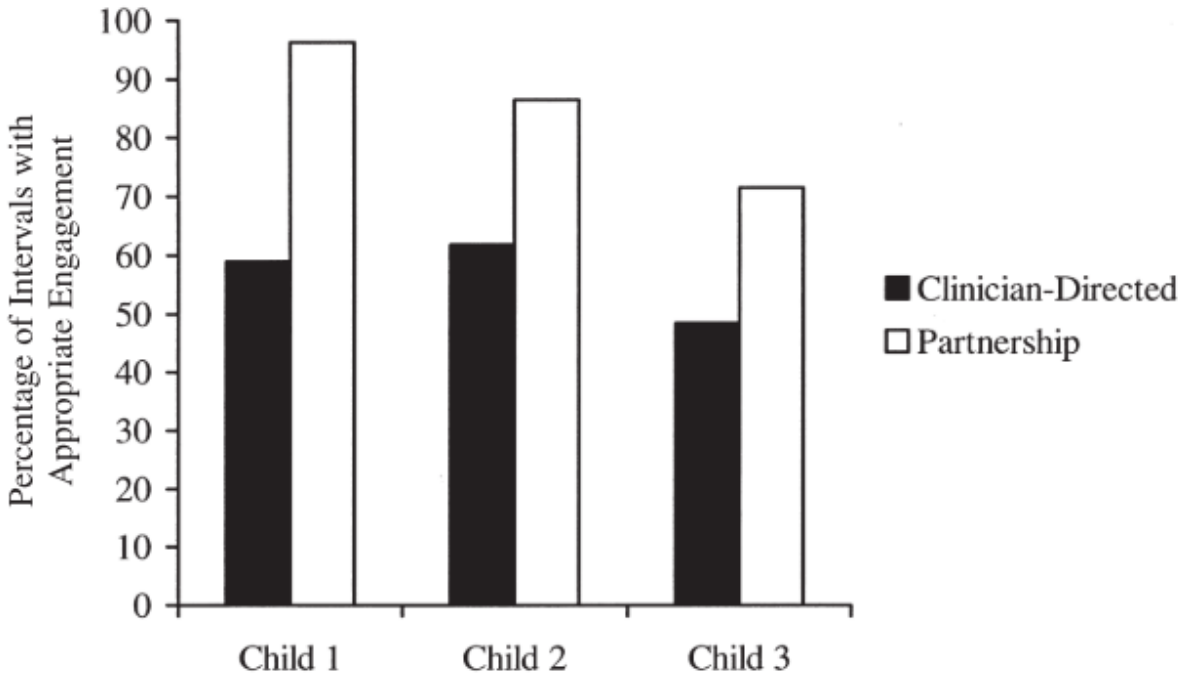


Figure 4. Mean percentage of intervals with appropriate child engagement for each child. The black bars represent appropriate engagement during the Clinician-Directed conditions, and the white bars represent appropriate engagement during the Partnership conditions.

Child Targeted Responses

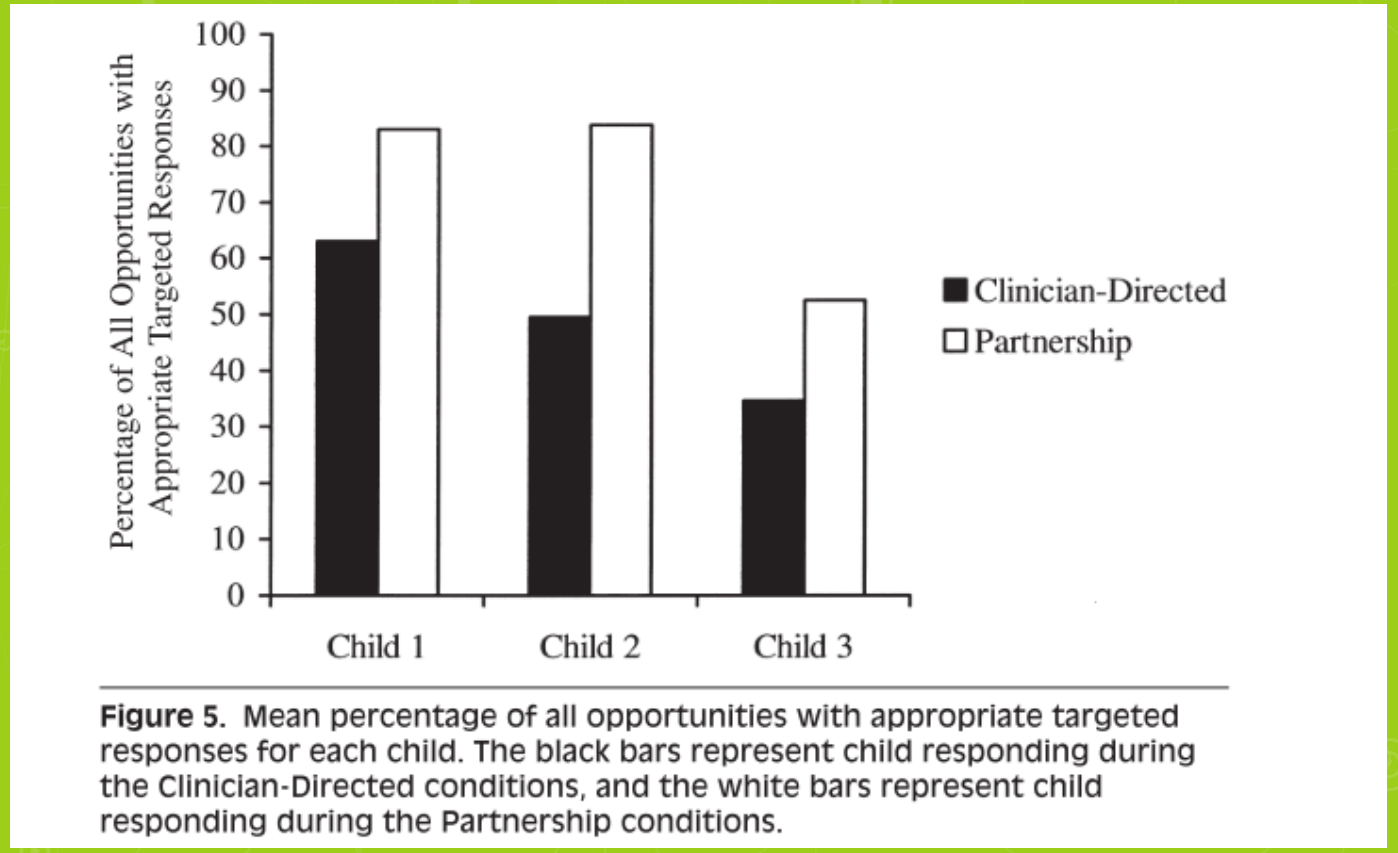


Figure 5. Mean percentage of all opportunities with appropriate targeted responses for each child. The black bars represent child responding during the Clinician-Directed conditions, and the white bars represent child responding during the Partnership conditions.

Sheinkopf, S. J., & Siegel, B. (1998). *Home-Based Behavioral Treatment of Young Children with Autism*. *28*(1).

Quasi-experimental

22 children; 11 home-based parent managed program, 11 school-based program with some 1:1 intervention

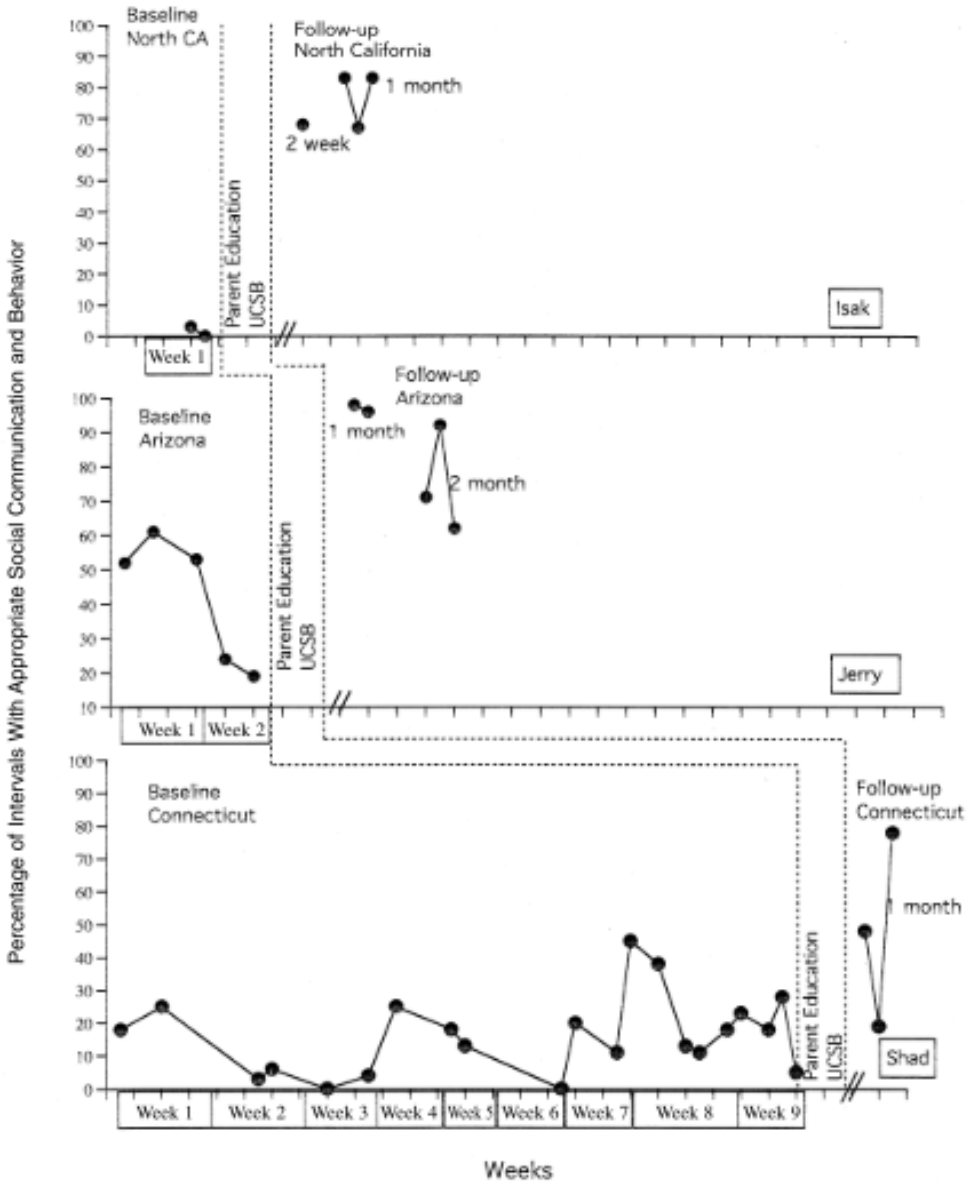
ASD Diagnosis

Significantly higher IQ scores for parent managed program ($p < .01$).

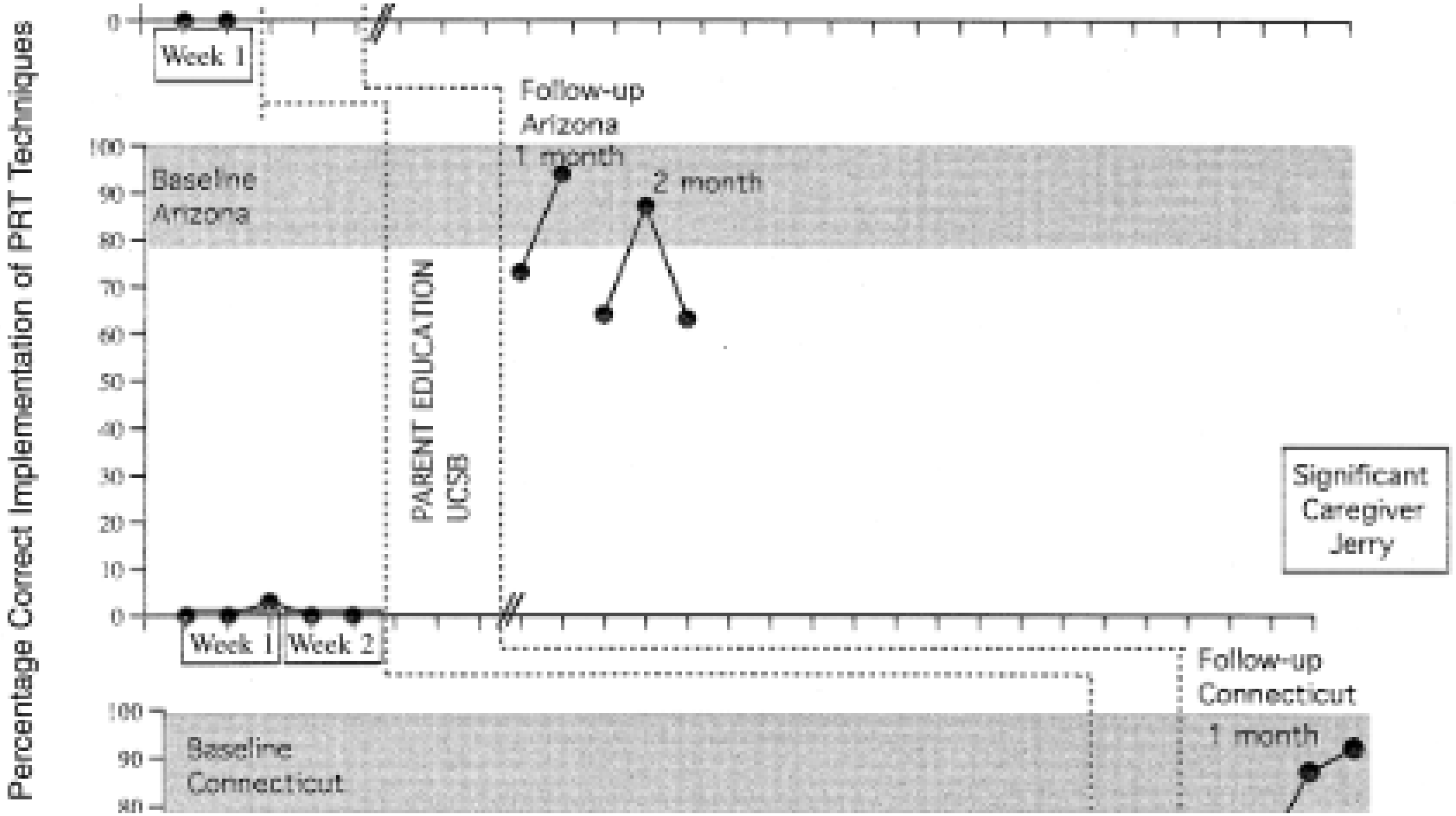
theBHPN
behavioral health provider network

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

- **Single subject design; multiple baseline across participants**
- **Three families; children ages 2, 3 and 5**
- **ASD**
- **Primary caregiver and a secondary caregiver**



theBHPN
behavioral health provider network



Anan, R., Warner, L., McGillivary, J., Chong, I., & Hines, S. (2008). Group intensive family training (GIFT) for Preschoolers with autism spectrum disorders. *Behavioral Interventions*, *23*, 165–180. https://doi.org/10.1002/bin

72 parent-child dyads

ASD Diagnosis

Training first occurred in 1:1 format, after first month it was moved to 2:1 format (1 BCBA and 2 families)

ABA skills were taught to parents with their child with ASD present

Parents then implemented ABA treatment with their children

Mullen Scales of Early Learning and Vineland Adaptive Scales both demonstrated significant increases in skills (*ps* < .01)

theBHPN
behavioral health provider network

McConachie, H., & Diggle, T. (2007). Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. *Journal of Evaluation in Clinical Practice*, *13*(1), 120–129. https://doi.org/10.1111/j.1365-2753.2006.00674.x

A 2007 review of 17 studies of parent training programs found

"…sufficient evidence that the ways in which parents interacted with their children did change as intended. The review also suggests improvement in child outcomes such as understanding of language and severity of autism characteristics as a result of interventions delivered by parents."

theBHPN
behavioral health provider network

Increasing the Efficacy of Caregiver Education Through Behavior Skills Training

Chris Labreche, BCBA

What We Already Know

Caregiver education…

- Is important
- Can increase the efficacy of treatment
- Can be challenging

theBHPN
behavioral health provider network

More important than ever!

- Parent training has always been a big part of what we do *"…part of both Focused and Comprehensive ABA treatment models"*

  (BACB, 2014)
- During our current reality parent training means the difference between a client dropping out of treatment and maintaining continuity of care.

Caregiver education is hard

- Sometimes it is the most challenging part of the treatment program
- There are many issues that can serve as blockers to caregiver education
- COVID-19 has added another layer of challenge

Learning Curve

But even when those treatment blockers don't exist, caregiver education can STILL be hard

- ABA has a learning curve
  - Remember your first experience with ABA?
  - It can take a while for things to "click"
- ABA procedures can seem strange to people without a background in behaviorism
- *It's harder to run interventions with your own children*

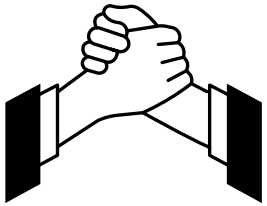
How can we make caregiver education easier?

The Basics

When providing caregiver education it can be beneficial to teach broader behavioral concepts and even some terms

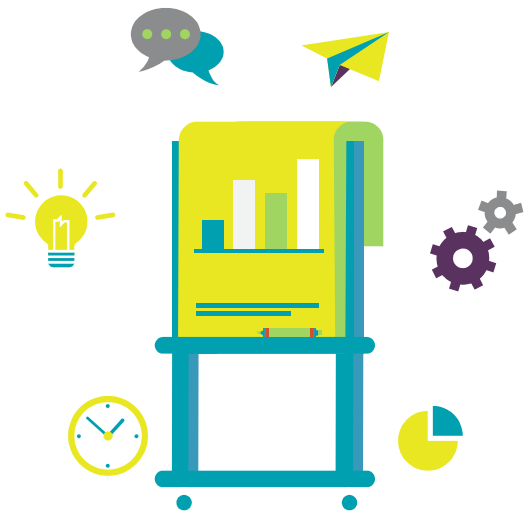
While you're teaching the basics don't forget to give the parent a few quick interventions they can use right away!

What caregivers need most are SKILLS



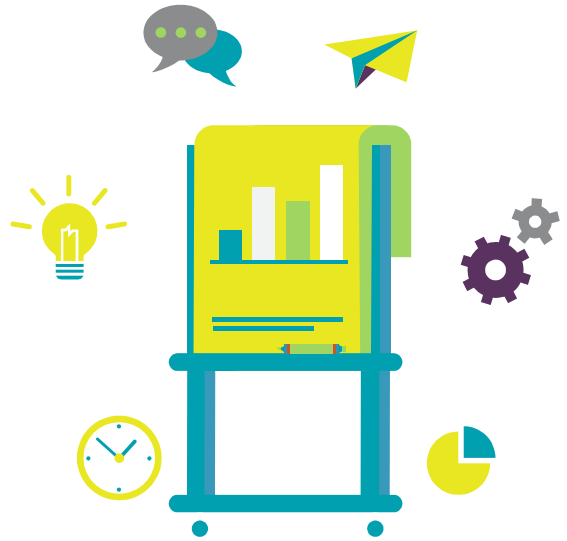
Behavior Skills Training (BST)

BEHAVIOR SKILLS TRAINING



BST is an evidence-based procedure best known for its use to teach skills to adults in professional settings *(Parson & Rollyson, 2012)*

- BST also has an evidence base for caregiver education
- Considering we insist on utilizing evidence-based teaching practices with clients, why wouldn't we with caregivers?



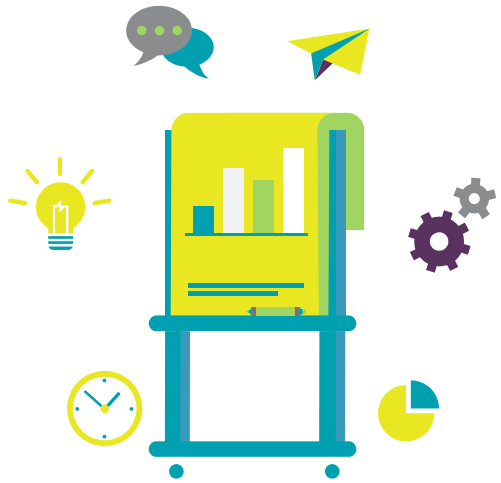
BEHAVIOR SKILLS TRAINING

Modified for Telehealth

A 6-step process

theBHPN
behavioral health provider network

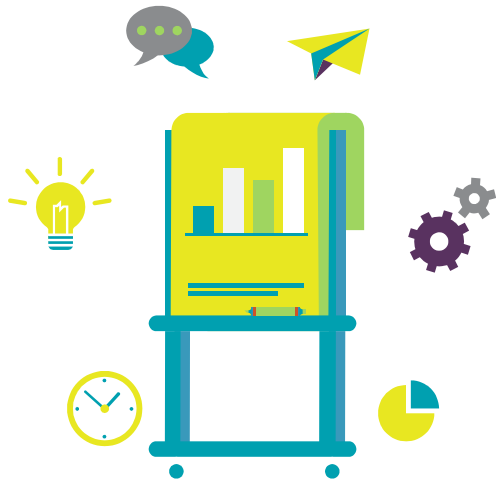
BEHAVIOR SKILLS TRAINING | Step 1



1. Describe the Target Skill

- Provide the parent/caregiver a rationale for why the skill is important and a description of behaviors required to perform it
- *Behaviorally defining the skill we are targeting to teach will lend itself to high-quality goal writing and make it easier to evaluate the parent's progress and determine mastery*

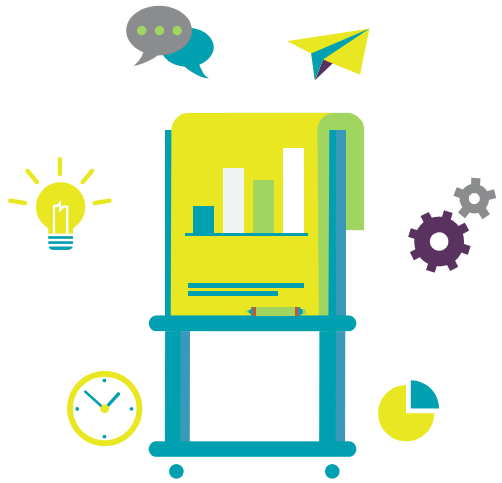
BEHAVIOR SKILLS TRAINING | Step 2



2. Provide Written Description of the Target Skill

- Should be succinct (e.g. a performance checklist, a caregiver-friendly version of a BIP, a simple task analysis)
- Consider asking yourself, “Is this concise enough to be put up on the refrigerator for easy reference?”
- Avoid technical jargon and use laymen’s terms for easier implementation

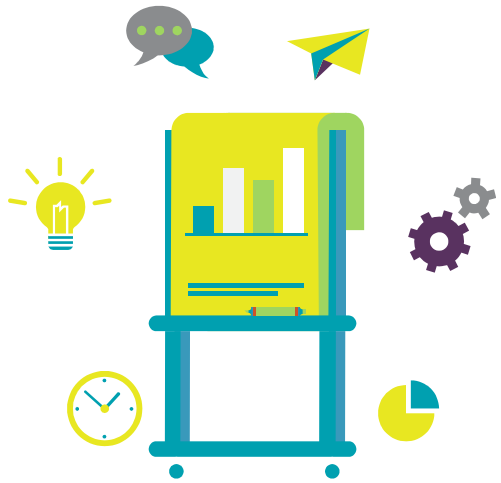
BEHAVIOR SKILLS TRAINING | Step 3



3. Model the target skill

- Demonstrate the skill you want the caregiver to implement
  - If that's not possible talk through the skill.
- This step can be implemented through roleplay, in vivo, or video modeling

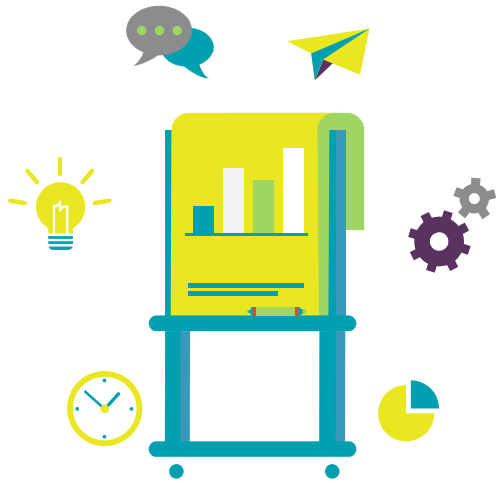
BEHAVIOR SKILLS TRAINING | Step 4



4. Parent rehearses target skill- be flexable

- Practicing skills is an important step.
- Think outside the box. Can you use video? Is a detailed description enough for you to know if the parent has the skill.
- Stay away from complex procedures that would require you to do an in-person observation.
  - Too much complication can also frustrate and discourage the caregiver

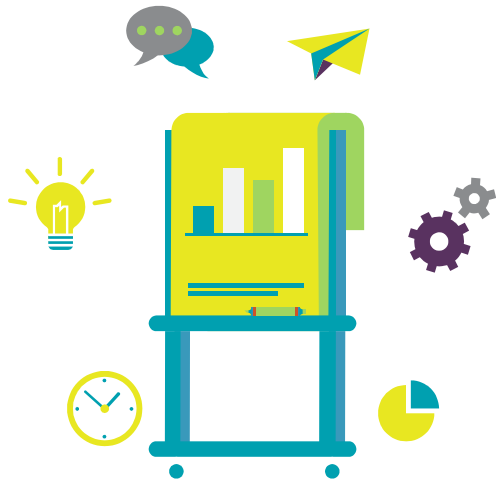
BEHAVIOR SKILLS TRAINING | Step 5



5. Provide Feedback

- Supportive feedback identifies for parents what they did correctly
- Corrective feedback identifies for parent what needs to be improved to perform the skill more proficiently
- Be kind. Expecting a parent who is working from home with 3 children running around, one (or more!) with ASD, to take precise data is unrealistic and could cause a stressed- out parent to just give up!

BEHAVIOR SKILLS TRAINING | Step 6



6. Repeat Steps 4 and 5 (rehearsal and feedback) to mastery

- Mastery criterion should be established.
- Good news! 100% mastery is generally not necessary unless anything less than that would present a danger of harm to client or others – nobody is perfect, not even caregivers

Behavior Skills Training

Research With Caregivers

theBHPN
behavioral health provider network

Behavior Skills Training | Research Articles

Let's take a look at some research showing the efficacy of BST for caregiver education

1. Article 1:

Teaching caregivers to implement mand training using speech generating devices

Suberman & Cividini-Motta, 2019 . *Journal of Applied Behavior Analysis*

2. Article 2:

Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity

Seiverling et al., 2012. *Journal of Applied Behavior Analysis*.

3. Article 3:

Behavioral Skills Training to Improve Installation and Use of Child Passenger Safety Restraints

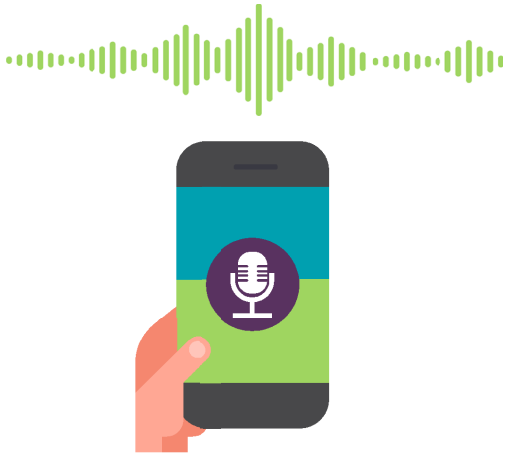
Himle & Wright, 2014. *Journal of Applied Behavior Analysis*.

theBHPN
behavioral health provider network

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)



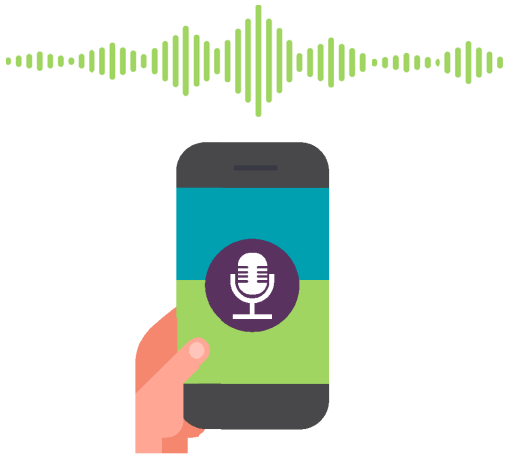
"Behavior skills training was used to teach caregivers to implement mand training procedures." *(Suberman & Cividini-Motta, 2019, pg. 1)*

- Participants were 3 caregiver-child dyads
- Children were 9, 10, and 12 years old, diagnosed with ASD, and had few independent mands
- Speech generating device used by all children was iPad with Poloquo2Go

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)

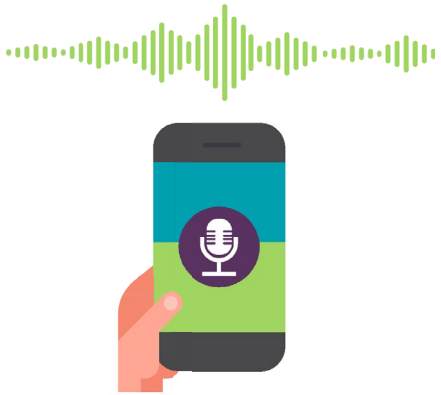


- All caregivers held at minimum a bachelor's level degree. None of them had previously received formal instructions for implementing communication training
- Caregivers were provided with task analysis that described steps of mand training
- Both improvement of caregiver performance of the skill and child's improvement in manding were tracked

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)

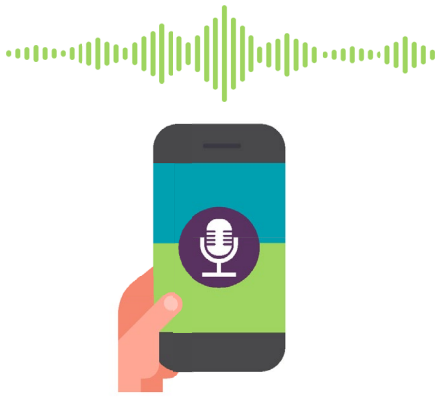


% Correct Caregiver Performance on Task Analysis			
	Baseline	Post-BST	Gen. Probes
Caregiver 1	53%	90%	90%
Caregiver 2	52%	93%	90%
Caregiver 3	37%	93%	85%

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)

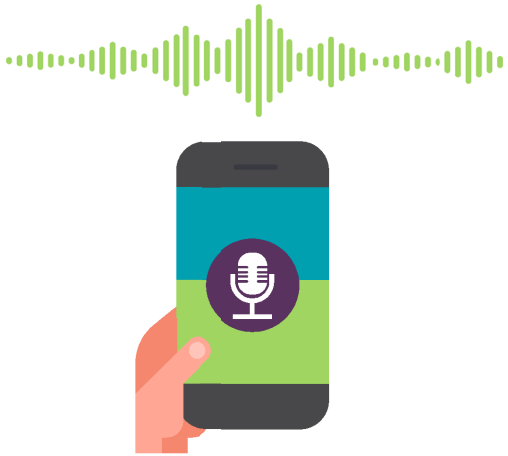


Time Spent in Instruction	
	Duration (minutes)
Caregiver 1	115
Caregiver 2	210
Caregiver 3	125

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)



% Opportunities Child Independent Manding with Caregiver		
	Baseline	Post-BST
Child 1	40%	80%
Child 2	10%	90%
Child 3	10%	*

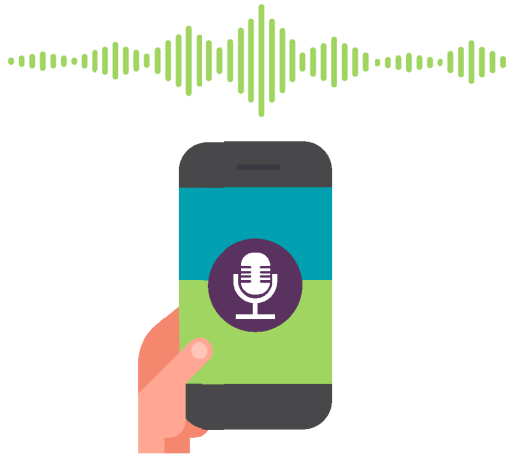
* This dyad was not available for post-BST structured observation

theBHPN
behavioral health provider network

Article 1:

Teaching caregivers to implement mand training using speech generating devices

(Suberman & Cividini-Motta, 2019)



"Caregivers quickly learned to implement mand training with their children and independent mands increased from pretraining to post training observations for 2 out of 3 children" *(Suberman & Cividini-Motta, 2019, pg. 1)*

- The 3rd child was not available for post-BST observation so it is possible the results were even more positive than indicated
- The 3 caregivers agreed, based on their responses on a questionnaire, that the procedure had social validity

Article 2:

Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity (Seiverling, et al., 2012)

BST was used to teach "parents of 3 children with autism spectrum disorder and food selectivity to conduct a home-based treatment package that consisted of taste exposure, escape extinction, and fading." (Seiverling, et al., 2012, pg. 197)

- 3 mother-child dyads participated and multiple-baseline was used
- Children were 4, 5, and 8 years old

Article 2:

Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity (Seiverling, et al., 2012)

- Caregivers had previously tried to implement home-based plan to increase non-preferred food acceptance using preferred foods as reinforcer
- Caregivers were provided with a task analysis to run the taste session procedure
- Progress was evaluated based on correct performance of steps from task analysis

Article 2:

Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity (Seiverling, et al., 2012)

% Correct Caregiver Performance On Task Analysis		
	Baseline	Post-BST
Caregiver 1	40%	95%
Caregiver 2	44%	98%
Caregiver 3	29%	99%

Article 2:

Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity (Seiverling, et al., 2012)

- Follow-up showed that these performances maintained over time, with caregivers all scoring at least 86% in follow-up taste sessions

- For all children, proportion of accepted bites increased from baseline and proportions of bites with disruptive behavior decreased

- "Thus, BST appears to be an efficient and effective training package for teaching parents how to conduct this intervention for food selectivity in the home." (Seiverling, et al., 2012, pg. 203)

Goal Writing

To Promote BST Caregiver Education

theBHPN
behavioral health provider network

Goal Writing | Caregiver Education

When using BST to teach ABA skills to caregivers it is important that the goals are written in a way that lends itself to BST

- "To adequately complete [step 1 of BST], trainers must behaviorally define the target skill" (Parsons& Rollyson, 2012, pg. 3)
- Goals for caregivers should be observable and measurable – *just like goals for clients*
- A clearly defined goal identifies specifically what skill the clinician will model for the caregiver and the caregiver will rehearse to mastery

theBHPN
behavioral health provider network

Goal Writing | Caregiver Education

Let's look at some goals that are well-written to support BST

EXEMPLAR 1

"Caregiver will respond to client's performance of targeted response by delivering reinforcement effectively across two targets.

Target 1: reinforcement delivered immediately (within 0-5 seconds)

Target 2: reinforcement delivered contingently on occurrence of targeted behavior (and not delivered for non-occurrences)"

NON-EXEMPLAR 1

"Caregiver will show the ability to utilize reinforcement effectively to shape client behavior"

theBHPN
behavioral health provider network

Goal Writing | Caregiver Education

EXEMPLAR 2

“Caregiver will utilize transition warning prior to instructing client to transition from a high-preferred to a less-preferred activity, according to transition warning protocol provided by treatment team”

NON-EXEMPLAR 2

“Caregiver will transition client to less-preferred activities”

Goal Writing | Caregiver Education

EXEMPLAR 3

"Caregiver will implement errorless learning, according to task analysis provided by treatment team.

Mastery criteria: 80% of trials across 6 consecutive treatment sessions

Generalization criteria: across 3 daily living skills"

NON-EXEMPLAR 3

"Caregiver will complete online module section on errorless learning and report back to treatment team with any questions"

Goal Writing | Caregiver Education

EXEMPLAR 4

"Goal: Caregiver will implement PECS phase IIIA 4-Step Error Correction Procedure

Mastery Criteria: 85% correct across 3 consecutive sessions"

NON-EXEMPLAR 4

"Caregiver will utilize ABA techniques to increase client's ability to mand"

theBHPN
behavioral health provider network

Goal Writing | Caregiver Education

EXEMPLAR 5

"Caregiver will collect ABC data in response to client engaging in gross motor stereotypy (jumping) utilizing data sheet provided by treatment team

Mastery Criteria: supervisor collected IOA of at least 80% across 3 treatment sessions"

NON-EXEMPLAR 5

"Caregiver will collect ABC data when client engages in gross motor stereotypy (jumping)

Mastery Criteria: 80% of opportunities"

Transitioning Client Goals to Parent Goals: **Examples**

theBHPN
behavioral health provider network

Quick Interventions

- In our current situation, families are facing big challenges. Providing parents with quick ideas for working with challenging behavior can really help.
- This is not the time to tell parents to just use extinction or focus on non-compliance with chores!
- “Refrigerator behavior plan”: Quick interventions that you can suggest to parents:
  - Providing choices instead of asking yes/no questions – “Do you want to do your bath before or after dinner?”
  - Giving advanced warning of transitions – “OK in ten minutes we are going be done with the iPad and come to the table for lunch.”
  - Offering words or short phrases for the child to use during a behavioral episode – “Help,” “All Done,” “I need five minutes.”

Example One:

Client specific goal: Client will mand for desired items 5 times per hour

Caregiver goal: Based on current preferences, client's parent will create three scenarios per hour for John to request items or activities.

theBHPN
behavioral health provider network

Example Two:

Client specific goal: Client will take a shower and follow provided task analysis upon parental reminder three times per week.

Parent goal: Client's parents will remind client to shower using provided task analysis and reinforce showering with access to agreed upon preferred activity.

Example Three:

Client specific goal: In response to being presented with an ongoing action and asked, “What am I doing?” client will tact the action across 10 actions.

Parent goal: Parents will engage in actions one time per hour and request for client to label the action with the question, “what am I doing?”

theBHPN
behavioral health provider network

Example Four:

Client specific goal: Client will independently complete one step instructions across 5 different instructions.

Parent goal: Client's parents will implement agreed upon least-to-most prompting procedure when they provide client a one-step instruction.

theBHPN
behavioral health provider network

Example Five:

Client specific goal: Client will correctly update the bathroom checklist at the end of each day to reflect his progress with his hygiene routine.

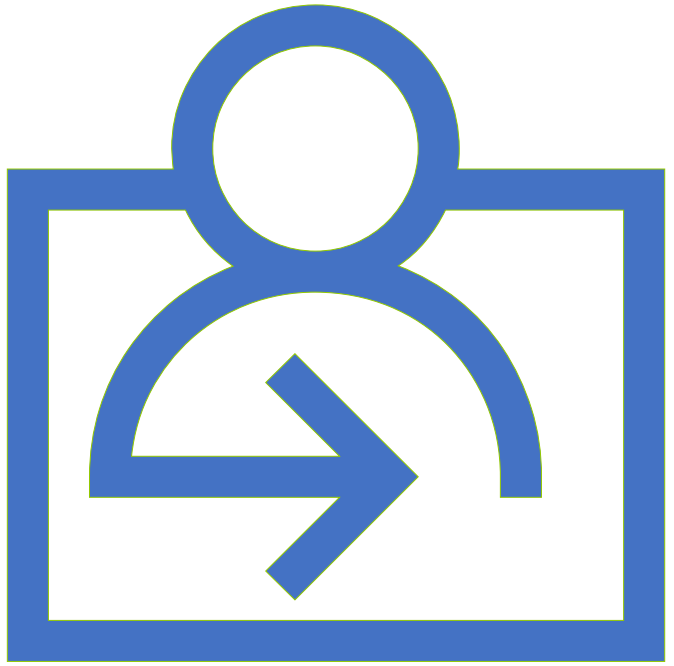
Parent goal: Client's parents will review client's hygiene routine checklist nightly and update provided data sheet to track hygiene routine consistency.

Parent Education Goal Examples

- Client's parents will utilize mass trial teaching procedures when implementing treatment objectives.
- Client's parents will implement differential reinforcement procedures with him.
- Client's parents will implement requesting procedures throughout his day.
- Client's parents will implement 50% of his treatment goals daily.
- Client's parents will implement prompt and prompt fading procedures during treatment implementation.

Let’s Practice!

- Submit your client goals to the Q&A feature on the Zoom and we will collaborate live on how to transition them to parent-as-behaver goals



theBHPN
behavioral health provider network

Conclusion

theBHPN
behavioral health provider network

Conclusion

- Caregiver Education can increase the efficacy of client's treatment but can also be challenging
- Behavior Skills Training (BST) is an evidence-based tool to increase the effectiveness of our caregiver education programs
- Utilizing BST can inform and increase the quality of our goal writing
- Good training practices and good goal writing results in caregivers who are equipped with the ABA skills that will benefit their children even after treatment has ended

Remember when writing parent goals

- ❑ The parent or caregiver is the behaver (we want to increase their behavior)
- ❑ Parent goals should not include participation in their child's program, meetings with clinicians, or reviewing treatment plans - this is inherent in treatment
- ❑ Parent goals should be attainable within 6-month time frame
- ❑ Parent goals should also be measurable (even if detailed data cannot be collected by parent)

theBHPN
behavioral health provider network

Questions & Comments

Thank you for your time

References

Behavior Analysis Certification Board. (2014). Applied Behavior Analysis Treatment for Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.), 37-38.

Himle, M. B., & Wright, K. A. (2014). Behavior Skills Training to Improve Installation and Use of Child Passenger Safety Restraints. *Journal of Applied Behavior Analysis, 47*, 549-559.

Meadan, H., Ostrosky, M. M., Zaghlawan, Hasan, Y., & Yu, S. (2009). Promoting the Social and Communicative Behavior of Young Children With Autism Spectrum Disorders: A Review of Parent-Implemented Intervention Studies. *Topics in Early Childhood Special Education, 29*(2), 90-104.

Oono, I. P., Honey, E. J., & McConachie, H. (2013). Parent-mediated early intervention for young children with autism spectrum disorders. Cochrane Database of Systematic Reviews. Doi:10.1002/14651858.CD009774.pub2.

Parsons, M. B., & Rollyson, J. H. (2012). Evidence-Based Staff Training: A Guide for Practitioners. *Behavior Analysis in Practice, 5(2),* 2-11.

Seiverling, L., Williams, K., Sturmey, P., & Hart, S. (2012). Effects of Behavioral Skills Training on Parental Treatment of Children's Food Selectivity. *Journal of Applied Behavior Analysis, 45*, 197-203.

Suberman, R., & Cividini-Motta, C. (2019). Teaching caregivers to implement mand training using speech generating devices. *Journal of Applied Behavior Analysis, 9999*, 1-14.

References

Anan, R., Warner, L., McGillivary, J., Chong, I., & Hines, S. (2008). Group intensive family training (GIFT) for Preschoolers with autism spectrum disorders. *Behavioral Interventions*, *23*, 165–180. https://doi.org/10.1002/bin

Brookman-Frazee, L. (2004). Using parent/clinician partnerships in parent education programs for children with autism. *Journal of Positive Behavior Interventions*, *6*(4), 195–213. https://doi.org/10.1177/10983007040060040201

Sheinkopf, S. J., & Siegel, B. (1998). *Home-Based Behavioral Treatment of Young Children with Autism*. *28*(1).

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