WHY ADD A PARENT-IMPLEMENTED COMPONENT TO AUTISM TREATMENT PROGRAMS?

The parent-child relationship is fundamental to all social and communication development and so is critical in the growth of children with autism. In 2001 the National Research Council recommended that parents be provided the opportunity to learn how to teach their children new skills. The research has been gathering and now the US based National Professional Development Center on Autism Spectrum Disorders lists parent-implemented interventions as an “evidence-based” practice for children with autism.

Numerous studies have found that parents can easily learn the necessary techniques to use with their child (e.g. Aldred, Green & Adams, 2004; Ingersoll & Gergans, 2007; Kaiser, Hancock & Nietfeld, 2000; Koegel, Bimbela & Schreibman, 1996; Mahoney & Perales, 2003; Solomon et al., 2007; Solomon, 2008). Moreover, research has found parents are very effective at teaching their children to use more frequent verbalizations and spontaneous speech (Gilbert & LeBlanc, 2007; Laski, Charlop & Schreibman, 1988), and specific words (Kaiser et al., 2000). Parents have also been seen to improve their children with autism’s social interaction (Aldred et al., 2004; Mahoney & Perales, 2003) joint attention (Rocha, Schreibman & Stahmer, 2007), imitation skills (Ingersoll & Gergans, 2007) and play skills (Gillett & LeBlanc, 2007).

The problem currently is that most parents in the US, and globally, do not have access to this kind of training locally. A few universities offer training in parent-implemented methods, as part of ongoing research, but availability is very limited and restricted by geography. In the US where, according to the Center for Disease Control, 1 in 100 children are currently being diagnosed with autism, the need for high-quality, locally accessible parent training is immense.

The Benefits of Parent Training

1. Generalization and Maintenance of Skills
One of the major and ongoing criticisms of traditional autism treatments based on the principles of Applied Behavioral Analysis (ABA) has been the lack of generalization and maintenance of skills taught to children. Children may be able to learn skills in the therapy room but then are unable to apply them in other contexts, with other people or without ongoing therapist support, bringing into question whether this is true learning.

Research has shown that parent-implemented models lead to broader skill generalization and maintenance than therapist-implemented models (Koegel, Schreibman, Britten, Burke & O’Neill, 1982). Parent-implemented treatment approaches teach parents fundamental interaction strategies that, once mastered, can be used in everyday situations with their child. Given the variety of activities that parents and children engage in daily (e.g. playing, dressing, bathing, feeding, going outside, shopping, laundry, etc.) this approach helps children apply their new skills in a multitude of contexts not offered in a classroom or therapy room.
Children spend most of their time with their parents, so providing parents with evidence-based techniques to use greatly increases the amount of “therapy” time their child receives. Parents also know their children the best. They know what their child is motivated for and what types of activities s/he is likely to get involved in. Parentimplemented methods build on this intimate knowledge by training parents to follow their child’s interest, expand from those interests into new skills and embed learning opportunities in fun, reciprocal play routines.

2. Cost Effectiveness
Most local service providers are already overstretched trying to provide services to children with autism. There are simply not enough trained providers to sustain reliance on the old therapist-implemented model. Many families spend months or years waiting for local services to become available meanwhile feeling helpless to be effective with their own children.

Training service providers to train parents to be the primary therapists for their children allows any local provider to service more families, more quickly. Recent studies have found that parents can be trained to the required levels of fidelity in 5-24 hours of training over 2-12 weeks (e.g. Kasari, Gulsrud, Wong, Kwon & Locke, 2010; Vismara, Colombi & Rogers, 2009; Wong et al, 2010).

One randomized control study found that children involved in parent-implemented treatments significantly improved their language comprehension skills as compared to a group involved only local services – even through the local service group received more hours of formal intervention (Koegel, Schreibman, Britten, Burke & O’Neill, 1982).

3. Decreased Parent Stress and Increased Optimism
The importance of parental well-being is often overlooked in the implementation of autism treatment programs. Research has found that the stress of having a child with autism is greater than the stress of having a child with another diagnoses or chronic illness (Bouma & Schweitzer, 1990; Estes, 2009; Dumas, Wolf, Fisman & Culligan, 1991) and effects most areas of the parents’ lives (DeMeyer & Goldberg, 1983). Furthermore, the positive effects of professionally delivered interventions are reduced when parents are highly stressed (Osborne, McHugh, Saunders & Reed, 2008).

Providing parent training has been found to reduce parental stress (Moes, 1995; Smith, Buch & Gamby, 2000; Tonge et al, 2006), increase parental optimism and parent leisure / recreation time (Koegel et al., 1982).

In order for family service providers to be able to adequately address the needs of families affected by autism provision of high-quality parent training is essential. Parents can be trained in the basics very quickly allowing them to start working with their child at home before other services become available. When children then do enter the regular services they are more ready to learn, further along the developmental pathways and have a home environment that supports further learning and skill generalization.
References


