A Comparison of Two Models of Parenting Support for Families with Children with Autism

Quality of Life Council
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Presented by:
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Collaborators

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Why is this important?

- Autism is a pervasive developmental disorder characterized by difficulties in:
  - Social interactions
  - Impairments in communication
  - Restricted repertoire of interests/activities
- Current estimates suggest that an average of 1 in 110 children in the U.S have an ASD
- Majority of children are being diagnosed before age 3
  - In Broward County, last year about 100 children under the age of 3 were diagnosed with ASD
  - Lack of services for this group of children
Parenting a Child with ASD

- Involves specialized resources and services because of the added stress in the families' lives:
  - Financial burden
  - Limitations on personal lives
  - Difficulties in the parent-child interactions and family dynamics
- Parenting support interventions can help reduce some of these difficulties
- Parents as interventionists
- Importance of intervening early
Research has found a positive correlation between parenting interactions and child development

- Parental responsiveness
- Parenting self-efficacy
Community Partners

- Early Steps
- UM-NSU Center for Autism and Related Disorders (CARD)
Objectives:

- To compare the effectiveness of two different intervention models, a didactic and an interactive model, aimed at parents with a child between the ages of 18 and 36 months diagnosed with ASD in the following areas:
Objectives:

- Increasing parents’ engagement with their children as measured by parental responsiveness, achievement orientation, affect, and directiveness
- Increasing parenting self-efficacy
- Increasing parental life-satisfaction
- Decreasing parenting stress.
- Increasing children’s social interactive behavior and social emotional functioning.
- The mediating effect of parent variables on children’s outcomes will be assessed; specifically, the impact of changes in parental engagement, life satisfaction, parenting-self-efficacy and parenting stress relate on changes in children’s social-emotional functioning and social interactive behavior will be explored.
Methodology

- Participants
  - 20 families with a child between 18 and 36 months with a diagnosis of ASD

- Procedures
  - Early Steps and CARD will help recruit families
  - Informed consent process
  - Random assignment into the two parenting models
  - Pre assessment session
    - Parent will complete four questionnaires
    - Parent-child 10 minute play interaction
    - Child measures
  - Intervention will be implemented
  - Post assessment session
Methodology

**Parent Measures**

- Parental engagement
  - Maternal Behavioral Rating Scale (Mahoney, Powell & Finger, 1986)
  - Administered at pre and post
- Parenting stress
  - Parenting Stress Index- Short Form (Aibidin, 1995)
  - Administered at pre and post
- Parent’s perceived notion of life satisfaction
  - Life Satisfaction Scale (Dunst & Vance, 1986)
  - Administered at pre and post
Methodology

Parent Measures

- Parent self-efficacy
  - The Maternal Self-efficacy Scale (Teti & Gelfand, 1991) will be given to evaluate parenting self-efficacy.
  - The Maternal Agency Questionnaire (Kuhn & Carter, 2006) will be administered to evaluate parental perception of engagement with their children on activities that promote development.
  - Administered at pre and post

- Demographic information
  - Administered at pre
Methodology

Child measures

- Developmental status
  - Administered at pre
- Autistic behaviors
  - Autism Diagnostic Observation Schedule (Lord, Rutter, DiLavore, & Risi, 2002)
  - Administered at pre
- Socioemotional development
  - Infant Toddler Social Emotional Assessment (Carter & Biggs-Gowan, 200)
  - Administered at pre and post
- Social interactive behaviors
  - Child Behavior Rating Scale (Mahoney & Wheeden, 1998)
  - Administered at pre and post
Methodology

- Design
  - A quasi-experimental, pre and post design is being used in the study
- Data Analysis
  - Descriptive statistics
  - Correlation and regression analyses
  - MANOVA
  - Controlling for the impact of children’s developmental status, autistic severity, and family characteristics
Description of the Interventions

Responsive Teaching (Mahoney & MacDonald, 2006)

- Curriculum implemented by parents to maximize the potential of each interaction
- Developed and validated with parents of children diagnosed with autism and developmental disabilities
- Designed to promote development in three domains:
  - Cognition
  - Communication
  - Social-emotional functioning
- Using pivotal behaviors that are the foundations for developmental learning
- Parents are taught instructional strategies to stimulate their children’s developmental learning by engaging in a responsive style of interactions
  - Reciprocity, contingency, shared control, affect, and match
Families will participate in a didactic 10 sessions series on a bi-weekly basis.

Series was developed based on the extensive experience providing support and intervention services to families with young children with ASD at MSI, SHSS, UM-NSU CARD.

Goal of the session is to provide parents with information on key areas.
1. Understanding autism - MSI
2. Following the diagnosis, finding resources in the community - CARD/Early Steps
3. Use of visual cueing strategies in the home environment - CARD
4. Facilitating play, communication, and social interaction using Pivotal Response Training - MSI
5. Facilitating language development using discrete trial teaching - MSI
6. Enhancing children’s communication using augmentative communication strategies - CARD
7. Understanding your child’s behaviors - MSI
8. Positive Behavior Support - MSI
9. Enhancing children’s social skills - CPS/CARD
10. Providing support to the family, enhancing relationships - SHSS
Interventions

RESPONSIVE TEACHING

- 10 families
- Parent interventionist conduct 12 90-minute in-home sessions.
- Sessions are implemented weekly
- Intervention conducted by doctoral students from CPS

DIDACTIC GROUPS

- 10 families
- Parent only groups
- Child-care is provided
- Ten sessions
- Takes place at MSI
- Sessions last 2 hours and are presented by faculty from MSI, SHSS, CARD, CPS, and Early Steps with the support of graduate students
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Progress and Challenges

- IRB was obtained
- Demographic questionnaire was developed
- Dr. Jerry Mahoney trained staff on RT in July
- Didactic parenting sessions were developed
- Students practiced and gained proficiency implementing RT during the months of September-December
- Recruitment began in December
  - Initial difficulty recruiting families
- Pre-assessments began in March
- 5 families were assigned into the RT condition
- First didactic parenting series will begin in the summer
- New set of students will be trained during the summer to start the second group of RT in the fall
- No-cost extension was obtained
Implications

- Provide services for this growing group of children that are being identified at an increasing rate
- Evaluate two parenting programs that differ in terms of delivery orientation and intensity to first identify if they are effective and second which one seems more promising
- By partnering with Early Steps, these parenting support program can become standard of care
  - Early Steps staff will receive RT training as well