Family Empowerment: Exploring Parent Training Options for Autism Support

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Disclosures

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Learning Objectives

• Describe the role of parent training as part of a comprehensive treatment model for autistic youth

• Compare the various types of parent training for autistic youth

• Develop treatment plans that are responsive to family needs, including common barriers to treatment fidelity and clinical considerations related to supporting neurodiverse youth and their families
Good News, Bad News

• Good News:
  • Better at diagnosing autism

• Bad News:
  • Limited access to evidence-based treatments (ABA)
    • Costly, time- and personnel-intensive
    • Challenge to wide-ranging dissemination
Added Challenges of Treatment

Parents of autistic youth juggle multiple, fragmented appointments

-Average 4-7 different treatments at any one time

-Severity of symptoms, the more treatments in use (Goin-Kochel, Myers, & Mackintosh, 2007)
There is a pressing need to expand the availability of treatments for autistic individuals that are: 

empirically supported, 
time-limited, 
cost-effective
Parent Training

Traditionally a time-limited approach
• Few hours per week

Emphasizes role of parents as the agent of change

History as established EBT in child mental health
Why Target Parents of Autistic/IDD Youth?

• High rate of challenging behaviors (≈50%)
• Adaptive skills deficits
• High parent stress/accommodation
• Parents want (good) parent training
What exactly is “Parent Training” in Autism
Parent Training in Autism
Bearss, Burrell, Stewart & Scahill, 2015

Parent Support
Knowledge-focused
Child is *Indirect* Beneficiary

- Care Coordination
- Psychoeducation

Parent-Mediated Intervention
Technique-focused
Child is *Direct* beneficiary

- Core Symptoms
  - Primary (JASPER)
  - Complementary (ESDM)
- Co-Occurring Behaviors
  - Primary (RUBI-PT)
  - Complementary (Feeding Day Treatment)

Variations in format, location, intensity, duration, target age range
Parenting Programs for Autistic Youth with Challenging Behaviors

**Modified for Autism**

- Incredible Years  
  (Roberts & Pickering, 2010; Dababnah & Parish, 2014; Hutchings et al, 2016)
- Parent-Child Interaction Therapy  
  (McNeil, Quetsch, & Anderson, 2018)
- Triple-P  
  (Tellegen & Sanders, 2014; Whittingham et al., 2009)

**Developed for Autism**

- AIM-HI  
  (Brookman-Frazee et al., 2019; in press)
- RUBI Parent Training  
  (Aman et al., 2009; Bearss et al, 2015; Handen et al, 2015)
- Predictive Parenting  
  (Hallett et al, 2020; Palmer et al., in press)
Common Elements in Parent Training

• Improving relationship between parent and child (Praise, Special Play Time)

• Reinforcement Contingencies/Token Economies

• Planned Ignoring

• Following Instructions

• Time Out
Additional Elements for Autistic Youth
BEHAVIOR IS COMMUNICATION!!

• Emphasis on determining function of behavior to inform treatment approach
  • Evaluating “Antecedent, Behavior, Consequence” to hypothesize function of behavior [Escape, Tangible, Attention, Automatic]

• Appreciating role of ”setting events” (sensory issues, overstimulation, anxiety)

• Noncompliance can be rooted in rigidities
  • “Can’t” vs. “Won’t”
Additional Elements for Autistic Youth

Antecedent management approaches
- Choices, First-Then, Visual Supports

Functional communication
- If behavior is *communication*, what is my child trying to say via this behavior?
RUBI Parent Training Program

11 Core
• Behavioral Principles (the ABC’s)
• Prevention Strategies
• Daily Schedules
• Reinforcement 1 & 2
• Differential Attending
• Following Instructions
• Functional Communication Skills
• Teaching Skills 1 & 2
• Generalization & Maintenance

PLUS
• Home Visits
• Telephone Boosters

7 Supplemental
• Toileting
• Feeding
• Sleep
• Time Out
• Imitation
• Crisis Management
• Token Economies
RUBI Program

• Delivered individually to each child’s parents

• Structure of Program Materials
  • Clinician Manual
    • Script, Fidelity Sheets
  • Parent Workbook
    • Activity Sheets, Video Vignettes
    • Summary Handout
    • Homework
      • Crafted in partnership between parent and clinician
GOAL 1  Introduce overall goals of parent training, session formats, and requirements

The goal of this program is to teach you strategies that will be helpful in improving your child’s behavior as well as promoting new skills. The strategies we will be discussing over the next several weeks have been used successfully for years with parents of children with autism spectrum disorder (ASD) who were hoping to improve their child’s adaptive (or daily living) skills and decrease challenging behaviors, such as aggression, tantrums, and noncompliance. This program will involve you learning to implement a number of strategies that will help to prevent behaviors, teach new skills that could replace a problem behavior, and promote positive behaviors instead of the challenging ones. Here is a handout of the topics we will be covering.

[Review Parent Activity Sheet #1 of Session Topics] We will be providing you with a handout each week that summarizes the key points from each session. We expect that your participation in session discussions, practices, and take-home assignments will have a positive impact on your child’s behavior.

GOAL 2  Discuss how behaviors are learned

Today, we will review the ABC model. A central idea behind the ABC model is that the majority of behaviors we display are learned. That means that behaviors that have been a problem for your child at home or school are also learned. The good news is that if your child has learned to hit others, whine, or tantrum, he can also learn new, more appropriate ways to behave. This is not to suggest that someone set out purposefully to teach a child to hit others, rather the hitting is the result of certain conditions in the environment. For a classic example, consider a child who is yelling at the checkout aisle of the grocery store because he wants some of candy on display. His mother may initially say no, but when the child continues to scream, the parent may finally give him the candy. This makes sense in the moment, because the child is now happy and the mother is no longer embarrassed by the public tantrum and no longer has to listen to her child scream. However, how may this mother’s response cause problems in the future? [Allow parent to respond: child learned that screaming gets candy.]

GOAL 3  Review the ABC Model and the concept of antecedents
Activity Sheet Example

How to Select a Reinforcer

1. What are some unusual activities or preferences your child has that could be used as a reinforcer?

2. What are some natural reinforcers that might be available for your child or other children in your family?

3. What are some privileges that your child currently has free access to that might instead be used contingently?
Video Vignette Example
Prototypical RUBI Clinic Case

3-14* years old
  • Mild to moderate challenging behaviors
    • meltdowns, aggression, transition difficulties, mild SIB, inappropriate language

This is all good...
  • Identified caregiver who can regularly attend
  • Broad range of autism severity and cognitive functioning
    • consider 12-18 month receptive language criteria

Exclusionary criteria
  • Focal issues (e.g. pica, elopement, encopresis)
  • Behaviors resulting in hospitalization or tissue damage (self or others)
Effect of Parent Training vs Parent Education on Behavioral Problems in Children With Autism Spectrum Disorder: A Randomized Clinical Trial

Karen Bearss, PhD; Cynthia Johnson, PhD; Tristram Smith, PhD; Luc Lecavalier, PhD; Naomi Swiezy, PhD; Michael Arman, PhD; David B. McAdam, PhD; Eric Butter, PhD; Charmaine Stillitano, MSW; Noha Minshawi, PhD; Denis G. Sukhodolsky, PhD; Daniel W. Mruzek, PhD; Kylan Turner, PhD; Tiffany Neal, PhD; Victoria Hallett, PhD; James A. Mulick, PhD; Bryson Green, MS; Benjamin Handen, PhD; Yanhong Deng, MPH; James Dziura, PhD; Lawrence Scahill, MSN, PhD

Feasibility of Parent Training via Telehealth for Children with Autism Spectrum Disorder and Disruptive Behavior: A Demonstration Pilot

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Feasibility of Group Parent Training for Children with Autism Spectrum Disorder and Disruptive Behavior: A Demonstration Pilot

T. Lindsey Burrell, Valentina Postorino, Lawrence Scahill, Hannah M. Rea, Scott Gillespie, A. Nichole Evans & Karen Bearss

Journal of Autism and Developmental Disorders (2020)
Adaptations to RUBI

App (Attend | Behavior)

Schools (Bearss, Tagavi, Lyon, and Locke, 2022)

Autistic Adults (Tagavi, Stobbe, Bearss, 2023)

Community implementation
(Rea et al, in preparation; Tagavi et al, in preparation)
Parenting Interventions in Practice
Understanding Behaviors Through the Lens of Autism

• Autism presentation
  • Communication vulnerabilities (receptive/expressive)
  • Rigidities (can’t vs won’t)
  • Sensory sensitivities
  • Fine/gross motor skill vulnerabilities
  • Literal/linear thinking
  • Strengths in visual (vs. verbal) processing
  • Common co-occurring conditions: ADHD, anxiety

• With this in mind, and looking through the lens of autism, what are possible alternative explanations for “defiant”, “noncompliant” and other challenging behaviors?
The Art of Treatment

**Principles**
- Expert guided
- Family-centered
- Partnering (co-construction)

**Promotes**
- knowledge transfer
- meaningful targets
- new skills
- behavior change
Engaging Families in Treatment

The role of the intake (aka therapy speed dating)

- Do they know what they signed up for?
  - Outline treatment targets (What are we working on?)
  - Outline treatment plan (How are we going to work on that?)

- Family rights
  - The right to say “not right now” (now and later)

- Family responsibilities
  - Attendance, engagement
Homework

Central to change

What do we want to happen?

Practice → Mastery
Homework

What needs to happen?

Buy in → Practice → Mastery
Common Treatment Barriers

• Why am I the target of treatment?
  • I don’t want to be my child’s therapist.

• My partner and I don’t see eye to eye!

• I don’t have time for this.
  • The home practice is a burden.

• My family is in crisis!

• How do I make this work with my parent that has learning differences?
Key Points

• Parent training is a low-intensity, low-cost, evidence-based program format
  • Addresses pipeline access issues
  • Higher clinical volume

• Structured/manualized parenting interventions
  • Focus on understanding behaviors and needs through the lens of autism

• Flexible clinic implementation models
  • Group vs. individual; in-clinic, home, telehealth

• Implementation by providers of varied backgrounds and degrees

• Training-friendly models
  • In clinic (practicum students)
  • Webinars
  • ECHO Autism
References
