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Early intensive behavioral intervention for children with autism: parental therapeutic self-efficacy

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Abstract

Several authors have suggested that the quality of therapist performance accounts for some of the variability in outcomes observed in early intensive behavioral intervention for children with autism. However, there is a distinct lack of theoretical and empirical work addressing therapist performance in this context. In the present study, we explored predictors of one variable, beliefs about one's efficacy in the therapeutic role, that may be related to therapist performance. Eighty-five UK mothers who were acting as therapists for their child's program completed a questionnaire survey. Results showed that program variables (e.g., number of hours of therapy each week, time since program started) were unrelated to maternal therapeutic self-efficacy. However, support received from the program, the severity of the child's autism, and maternal stress were significant predictors. Regression analysis also showed that maternal stress mediated the impact of support from the program and autism severity on maternal therapeutic self-efficacy. Limitations of the study, suggestions for future research, and practical implications are briefly discussed. In particular, we advocate a role for supervisors in analyzing and developing interventions for therapist behavior.

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1. Introduction

Compelling empirical data focus on outcomes in clinic-directed applied behavior analysis (ABA) and early intervention programs for children with

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autism (e.g., Lovaas, 1987; McEachin, Smith, & Lovaas, 1993). Within clinic-directed programs, parents are often encouraged to be a full member of the therapy team (Lovaas & Buch, 1997). However, increasingly parents are playing a more central role in the organization and delivery of ABA interventions. This is due, in part, to practical problems in obtaining services from suitably qualified ABA practitioners and the financial costs to families who are not in receipt of assistance from government-funded agencies (Jacobson, 2000; Johnson & Hastings, 2002). Data on programs where parents act as therapists, and on programs that are parent-directed, are generally encouraging (e.g., Sheinkopf & Siegel, 1998; Smith, Buch, & Gamby, 2000). However, treatment gains have typically been found to be less than those achieved in clinic-directed programs (Bibby, Eikeseth, Martin, Mudford, & Reeves, 2001; Smith et al., 2000).

The sources of variance in outcomes of parent versus clinic-directed ABA programs have received little systematic study. Mudford, Martin, Eikeseth, and Bibby (2001) observed that parent-directed programs in the UK often failed to meet standards of a model intervention (Lovaas, 1987). Specifically, children were often older than 40 months at intake, the average number of therapy hours per week was 32, no program was supervised on a weekly basis, and it was difficult to establish the credentials of those supervising the programs. In a subsequent analysis, these treatment variables were not significantly related to child outcomes (Bibby et al., 2001) apart from the child's age at intake. Younger children had better outcomes, a pattern that has been found by other investigators (e.g., Fenske, Zalski, Krantz, & McClannahan, 1985; Harris & Handleman, 2000).

Smith et al. (2000) also addressed dimensions of the quality of parent-directed programs. In a study of six young children with autism, observations of the discrete trial implementation performance of the children's therapists were compared with the performance of therapists working in a clinic-based program. Although presentation of discriminative stimuli, discrete trials, and consequences was correct on the vast majority of occasions in both groups, the clinic therapists showed superior performance. Smith et al. (2000) suggest that such differences may explain why early success on children's simple skills can be demonstrated in parent-directed programs but this is rarely translated into best outcomes in the longer term.

Although there has been some analysis of the impact on program outcome of child variables such as IQ, age at intake, and language ability (Fenske et al., 1985; Harris & Handleman, 2000; McEachin et al., 1993; Smith, Eikeseth, Klevstrand, & Lovaas, 1997), therapist variables have not been related directly to intervention efficacy. A working hypothesis would be that therapist behavior (e.g., adherence to treatment protocols) is a salient variable in contributing to the success of ABA programs for children with autism. This question is empirical and remains to be tested. Assuming that therapist performance is influential, it will also be important to consider factors that account for variation in therapist behavior or performance.

At present, there is no theory of therapist performance in ABA programs for children with autism. However, we might expect that child, program, and therapist

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