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Parent training: A review of methods for children with developmental disabilities

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ABSTRACT

Great strides have been made in the development of skills and procedures to aid children with developmental disabilities to establish maximum independence and quality of life. Paramount among the treatment methods that have empirical support are treatments based on applied behavior analysis. These methods are often very labor intensive. Thus, parent involvement in treatment implementation is advisable. A substantial literature on parent training for children has therefore emerged. This article reviews recent advances and current trends with respect to this topic.

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Children with developmental disabilities are a heterogeneous group in many respects. However, the etiology of this group of conditions appears to be primarily neurodevelopmental in origin (Matson, 2007a,b; Matson & Boisjoli, 2007; Matson, Fodstad, & Boisjoli, 2008b; Matson, Nebel-Schwalm, & Matson, 2007). A number of common characteristics are evident. These deficits include problems with social skills (Hsieh, 2008; Paclawskyj, Rush, Matson, & Cherry, 1999), memory, emotional and cognitive problems (Ben Itzhak, Lahat, Burgin, & Zachor, 2008; Farran, 2008; Francoise, Marissiaux, & Nader-Grosbois, 2008), frequent comorbid psychopathology (Gonzalez & Matson, 2006; Holden & Gitlesen, 2008; Matson & Nebel-Schwalm, 2007b; Matson & Smiroldo, 1997; Matson, Smiroldo, Hamilton, & Baglio, 1997) and challenging behaviors (Coe et al., 1999; Matson, Dixon, & Matson, 2005; Matson & Logan, 1997; Matson et al., 2005; Matson & Nebel-Schwalm, 2007a). A great deal of attention has been given to these issues. Developmental disabilities also imply deficits in normal motoric skills and development sequences that can impede independence and normal development (Matson, Fodstad, & Boisjoli, 2008a). Among the most common and serious of the developmental disabilities is intellectual disability (ID; Hefziba, Merrick, & Morad, 2008; Myrbakk & von Tetzchner, 2008).

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Taken as a group, the number of problems for parents and other significant care providers is quite challenging (Ringdahl, Call, Mews, Boelter, & Christensen, 2008). Furthermore, these issues are complex, are often interrelated, and can have a lifelong course if not resolved (Matson, Dempsey, LoVullo, & Wilkins, 2008; Matson, LeBlanc, & Weinheimer, 1999; Paclawskyj, Matson, Rush, Smalls, & Vollmer, 2001; Rojahn, Aman, Matson, & Mayville, 2003; Rojahn, Matson, Naglieri, & Mayville, 2004). It should come as no surprise then, that parent training has emerged as an important topic in the literature on children with developmental disabilities.

1. Issues in parent training

The general consensus is that a great need exists for parent involvement in intervention with their children who evince ID (Mahoney, Robinson, & Perales, 2004; Matson et al., 1997a). Furthermore, researchers have suggested that the momentum for parent involvement has been growing (Gavidia-Payne & Hudson, 2002). Those involved in the field also underscore the need to focus heavily on educational and therapeutic programs on children from birth to 6 years of age (Majnemer, 1998; Matson, 2007a; Matson & Smith, 2008). Researchers also stress that age at which intervention starts must be tempered by the type of disability and when it can first be identified (Harris, 1991; Matson, 2007a; Matson, Wilkins, & Gonzalez, 2008). These data are underscored by Connolly, Morgan, and Russell (1984) who found that children with Down Syndrome developed much better motor and adaptive skills if they participated in early intervention compared to children who did not receive this training. A number of risk factors and variables that effect prognosis are also important to consider. We will briefly review some of these variables.

A number of researchers have looked at parent training methods in an attempt to identify the most salient factors associated with a positive outcome. Clark, Baker, and Heifetz (1982), for example, studied 49 families who completed a training program for parents of children with ID. They concluded at a 4-month follow-up that mother's post training knowledge of behavioral principles was the single most important factor. This prognostic indicator was highly correlated with higher socioeconomic status, education, pertinent experience, ability to carry out the training procedures, and the nature and severity of the child's condition. In another interesting study, Singer, Ethridge, and Aldana (2007) point out that parental stress, which can lead to anxiety, depression and poor performance on parenting skills, can also be a major factor to consider. They review treatment studies designed to resolve these symptoms in parents. They concluded that the available treatments are promising. These data are underscored by McIntyre and Phareuf (2008) who note that negative parent child interactions is a particularly important prognostic indicator of treatment outcome. Taube-Schiff and Serbin (2006) make the important point that more children with ID are being raised independently within the community. Thus, parental ability to cope with and adequately deal with their child's disabilities becomes even more important. Additionally, when these parent training programs are deemed to be relevant and effective, parents are likely to continue them. Baker, Heifetz, and Murphy (1980) found that fully one half of the parents they taught how to train their children with ID were continuing to carry out the procedures 14 months later.

Perhaps the most critical element of any parent training program is generalization of skills from the clinic or school to the home setting. Thus, parent training is a treatment approach that uniquely positions the therapy model toward a goal of generalization to the home and other relevant community settings. Baker, Landen, and Kashima (1991) noted marked generalization from special education programs to the home when this model was followed. Similarly, Huynen, Lutzker, Bigelow, Touchette, and Campbell (1996) used Planned Activities Training (PAT) to teach mothers to plan and structure activities to prevent challenging behaviors of children with developmental disabilities. These behaviors are known to occur at high rates in children with developmental disabilities (Chiang, 2008; Hartley, Sikora, & McCoy, 2008; Matson & Nebel-Schwalm, 2007). Huynen and associates note not only generalization of these skills, but skills maintenance at 3-months follow-up. Similar results have also been reported by Kaiser et al. (1996) who trained parents to assist their children to acquire communication skills. They also found not only generalization, but skills were maintained at 6-months follow-up.

Children with ID have significantly more problems transitioning from home to school. McIntyre, Blacher, and Baker (2006) studied 24 young typically developing children with ID and found they had

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