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The effects of a parent-focused intervention for children with a recent diagnosis of autism spectrum disorder on parenting stress and competence

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ABSTRACT

This paper reports on the effects of two types of parent-focused intervention, for parents of children with autism spectrum disorder (ASD) aged 2–4 years and within 6 months of diagnosis, on parent's perceptions of stress and competence. Interventions aimed to decrease parenting stress and increase parenting competence by embedding empirically supported parenting strategies within family routines. Families were assigned to a professionally supported intervention that included a workshop and 10 home-visits ($n = 17$) or to a self-directed video based intervention ($n = 22$). Development in social communication was greater for children of families receiving professional support as measured by a caregiver questionnaire but not on a clinically measured behavior sample. Improvements in adaptive behavior were greater for children in the professionally supported intervention when relatively low adaptive behavior scores had been demonstrated at pre-intervention. The professionally supported intervention resulted in reduced child-related parenting stress and increased parenting self-efficacy relative to the self-directed intervention. The findings support the importance of providing individualized information and professional support around the time of diagnosis for families who have a child with ASD.

1. Introduction

The time of diagnosis and period of waiting for intervention can be one of the most stressful periods for parents of children with an autism spectrum disorder (ASD) especially as most encounter waiting lists for early intervention services (MacDermott, Williams, Ridley, Glasson, & Wray, 2006). There are considerable demands on parents at this time as they learn to adjust to their child's communication and social interaction impairments (Aarons & Gittens, 1992). Social skill delays have been identified as one of the most consistent predictors of parenting stress for both mothers and fathers of children with ASD while mothers are typically more affected by eating, sleeping and emotional dysregulation than fathers, and fathers are typically more affected by a child's externalizing behaviors than mothers (Davis & Carter, 2008). Early parenting programs that are targeted to the specific requirements of families of children with ASD offer a mechanism for addressing and reducing the impact of these parenting related stressors.

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Early parenting programs can potentially support the wellbeing and development of both parent and child. There is substantial empirical evidence to indicate that children with and without developmental disabilities benefit from a responsive parenting style whereby the parent follows the child's focus of attention (Siller & Sigman, 2002; Yoder, Warren, McCathren, & Leew, 1998). Children with an autism spectrum disorder (ASD) who had parents with more synchronous or responsive behavior have been reported to achieve superior communication skills at 1, 10, and 16 years when compared with children whose parents showed lower levels of responsivity (Siller & Sigman, 2002). In addition to adult responsivity, the use of augmentative and alternative communication strategies (Charlop-Christy, Carpenter, Le, LeBlanc, & Kellet, 2002; Ganz & Simpson, 2004; Sigafoos et al., 2004), environmental arrangement (Kaiser, Ostrosky, & Alpert, 1993), offering choice (Bambara, Koger, Katzer, & Davenport, 1995; Koegel, Dyer, & Bell, 1987; Moes, 1998), imitation (Garfinkle & Schwartz, 2002; Nadel & Pezé, 1993; Schuler & Prizant, 1987) and turn taking (Girolametto, Verbey, & Tannock, 1994) are all strategies that parents may use in their everyday interactions with their children to encourage social and communication development. Parenting programs focusing on enhancing the quality of the parent–child relationship and requiring parents to practice new skills with their own child have demonstrated the largest effects on child behavior and parenting behavior and skills (Kaminski, Valle, Filene, & Boyle, 2008). Parenting programs offer a means for providing children with ASD home environments that enhance communication and social development and simultaneously address the compounding difficulties related to parental experiences around stress and competence.

Parents of children with an ASD generally report significantly higher levels of stress and lower levels of parenting competence than parents of children without disabilities (Hassall, Rose, & McDonald, 2005; Hastings & Johnson, 2001; Tomanik, Harris, & Hawkins, 2004). This increased stress is often chronic and persistent over time (Dyson, 1993). Stress and low self-esteem in mothers have been linked to less than optimal parenting, failure to engage with services, less beneficial outcomes for children in early intervention programs, decisions to seek out-of-home care for their child, impeded child development, and higher rates of child psychopathology and antisocial behavior (Brinker, Seifer, & Sameroff, 1994; Llewellyn, McConnell, Thompson, & Whybrow, 2005; O'Connor, 2002). Access to knowledge on the range of evidence-based strategies for supporting their child around the time of diagnosis may, at least in part, alleviate some of this parenting stress.

Research that focuses on supporting parents in ways that can both reduce the stress related to parenting and increases responsive parenting behaviors for parents of very young children with ASD is in its infancy. There is still much to discover about effective practices for families at the time of diagnosis. Advances in diagnostic practices can result in identification of children with ASD as young as 12–18 months (Johnson & Myers, 2007; Kleinman et al., 2008). These advances have heightened the need for research into parent-focused interventions for families who have children diagnosed with ASD at an early age and the impact of such interventions on child and parent outcomes. Despite this need, a recent review of parent implemented early interventions for children aged between 1 and 6 years with ASD found few published studies that employed adequate research design (McConachie & Diggle, 2007). The authors, while calling for improved research in this area, cited a small number of randomized controlled studies that demonstrated some advantages of parent training in relation to child outcomes (communicative behavior) and parent outcomes (maternal knowledge of ASD, parental responsiveness and maternal depression).

In one study, a social communication intervention for children with ASD that employed a number of the strategies mentioned earlier led to increased synchronous and decreased asynchronous interactions of parents in the intervention group (Aldred, Green, & Adams, 2004). A significant increase in expressive vocabulary as rated by parents was also achieved through the intervention but not according to vocabulary subdomain scores of the ADOS and Vineland. In another study, Mahoney and Perales (2005) compared outcomes for children with either a developmental disorder (DD) or pervasive developmental disorder (PDD) who participated in an intervention that aimed to increase parental use of responsive teaching strategies to encourage certain pivotal developmental behaviors in their children. The intervention increased maternal responsivity which was also related to increases in the child's pivotal developmental behaviors. The role of maturation in the child's development, however, was masked due to the absence of a control group.

Parent interventions can be delivered in different modes with advantages and disadvantages attached to each. Comparisons of parent interventions specific to children with ASD that are delivered face to face or through self-directed modalities are not available, however, parent training programs addressing children 'at risk' or with challenging behaviors have been assessed across multiple modes of delivery (Brookman-Frazee, 2004; Morawska & Sanders, 2006a; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007). Self-delivered training in which parents follow a manual or video format at a pace and intensity they independently determine (Morawska & Sanders, 2006a), contrasts with professional partnership modes of delivery that may include scheduled workshops and home-visits. Self-delivered parent interventions can also vary in structure with some following strict schedules in combination with regular phone consultations (see, for example Morawska & Sanders, 2006b). Morawska and Sanders (2006a) found that self-directed programs both with and without telephone consultations were associated with positive changes in parent reported child behaviors and parenting style and confidence relative to waiting list families.

Education programs for parents can reduce parenting stress and increase parental self-efficacy (Sanders & Woolley, 2005) but most studies have focused on children with disabilities other than ASD. One study that involved parents of children newly diagnosed with ASD and aged 2.5–5 years old, evaluated a 20-week parent education and behavior management intervention (Tonge et al., 2006). Parents in this study showed greater improvement in their mental health (specifically anxiety, insomnia, and somatic symptoms and family dysfunction) relative to a comparison group of parents who received a parent education and counseling intervention.