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INTRODUCTION

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Children with autism spectrum disorder (ASD) present many challenges to their parents. Caring for children with ASD can be expensive, exhausting, and more burdensome than parenting children with other disabilities (Hayes & Watson, 2013). One of the emerging empirically supported interventions available for helping parents and children with ASD is behavioral parent training (PT). PT is a psychotherapeutic intervention that targets parent behavior to change noncompliant and disruptive behavior in the child (American Academy of Child and Adolescent Psychiatry, 2007). The goal of PT is to transfer knowledge to parents, thus helping them acquire new parenting skills so they can promote and sustain behavioral improvements in children with ASD. PT for children with ASD is a family-based psychotherapy intended to decrease functional impairment and improve the quality of life for affected children and their families.

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The collective science supporting PT for disruptive behavior in children, including those with ASD, is built on hundreds of research publications over the past 60 years. With potential for widespread implementation and dissemination, PT for children with ASD is poised to become one of the most widely used evidence-based practices for ASD treatment. PT as a treatment modality offers many advantages (Bearss, Burrell, Stewart, & Scahill, 2015). PT manuals are readily available, it is a time-limited and relatively low-cost intervention, and it has solid empirical support. Social learning theory and applied behavior analysis (ABA) provide the theoretical and practical foundations for PT in ASD. Training clinicians to implement PT is relatively straightforward and can be provided in multiple service settings (Johnson et al., 2007).

Despite these advantages and the empirical support for PT, it is not just a forum for parenting skill development. The therapeutic relationship between parent and clinician helps to define PT as a psychotherapy. In 2006, the American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice (2006) put forth a policy statement on evidence-based practice as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 280). Evidence-based practice focuses first on the patient and the appropriate application of psychotherapeutic technique. However, evidence-based practice also attends to a broader set of factors, including empathy and therapeutic alliance (Messer, 2004). The goal of this book is to summarize the current state of scientific support for PT for children with ASD and to promote implementation of PT by competent, committed clinicians. Each chapter describes PT interventions that are relevant to specific deficits and behavioral problems in children with ASD. An overriding principle is that these interventions are most effective when delivered within a psychotherapeutic framework.

OVERVIEW OF AUTISM SPECTRUM DISORDER AND APPLIED BEHAVIOR ANALYSIS

ASD is a neurodevelopmental disorder characterized by deficits in social communication and presence of repetitive and restrictive behaviors (American Psychiatric Association, 2013; World Health Organization, 2013). ASD is usually a lifelong disability but with widespread agreement that early treatment can greatly improve prognosis and functional outcomes (Reichow, 2012). Current prevalence estimates of ASD range from 6.2 to 14.7 per 1,000 (Christensen et al., 2016; Elsabbagh et al., 2012). In addition to the diagnostic features of ASD, as many as 70% of children with ASD

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have additional behavioral problems, such as disruptive behavior, hyperactivity, anxiety, depression, sleep disturbances, feeding problems, difficulty with toileting, and unsafe wandering away from adult supervision (Anderson et al., 2012; Johnson et al., 2013; Kroeger & Sorensen-Burnworth, 2009; Lecavalier, 2006; Seiverling, Williams, Ward-Horner, & Sturmey, 2011). Fortunately, empirically supported treatments are emerging for a range of problems in children with ASD and their families. Although there is no cure for ASD, available evidence supports behavioral approaches; comprehensive educational programs; traditional interventions, such as speech and occupation therapies; medications; and alternative/complementary approaches (Lofthouse, Hendren, Hurt, Arnold, & Butter, 2012; McDougle & Posey, 2011; Rogers & Vismara, 2008). A cursory Google search of "autism and treatment" in early 2017 resulted in more than 48 million hits. For many treatments, however, the evidence supporting efficacy is inadequate.

The behavioral treatment approaches borne of ABA have been the most researched treatments for ASD. Within the field of ABA, there are several treatment paradigms, including discrete trial training (DTT), pivotal response training (PRT), and verbal behavior (VB). However, many of the behaviorally based treatments rely on highly trained therapists to provide the one-to-one intervention to the child. This is not only costly, but trained therapists are not available in every community to work directly with the child. Moreover, although intensive one-to-one treatment with a child is necessary in some cases, this level of care may not be required for all children with ASD. Alternatively, parents are central to the lives of their children with ASD and potentially the most influential people for the child over time. It also is parents who face the daily challenges of promoting the development of a child with ASD. Clinicians—many already familiar with the expertise involved in providing PT to other populations—could offer PT to children with ASD as an effective treatment model.

PT that is grounded in the principles of ABA offers the potential for parents to make use of effective techniques for behavioral management and skill development (Bearss et al., 2015; Johnson et al., 2007). PT is accessible and can play a central role in empowering a parent to be the agent of change in the child. PT is not proposed as a replacement for more comprehensive, child-focused ABA interventions, such as DTT, PRT, or VB. Instead, PT offers a supplemental and/or stand-alone intervention designed to reduce behavioral problems and promote daily living skills in the child, as well as improve quality of life for the family. Research over the past 20 years has demonstrated that parents can be taught to implement a range of behavioral techniques to address targeted behaviors and skills. In addition to single-subject design studies showing that several PT techniques are effective, a growing number of randomized controlled trials have demonstrated efficacy

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for various PT programs (Bearss et al., 2015; Kasari et al., 2014; McConachie & Diggle, 2007).

OVERVIEW OF THE BOOK'S CONTENTS

This book focuses on behaviorally based PT as a treatment model for addressing disruptive behavior and skill deficits in children with ASD. Chapter 1 provides a historical account and theoretical basis for the PT model, including the central tenets of PT, as well as its advantages and limitations. The emergence of PT for children with ASD and PT's roots in ABA also is presented.

Next is a chapter on clinical assessment and decision making when selecting children for PT. Chapter 2 reviews a range of assessment tools for diagnosis of ASD and pretreatment measurement as a starting point in the treatment planning process. The chapter also covers assessment tools designed to determine the impact of treatment for the parent and child. The chapter describes measures and procedures that have been used in previous treatment studies and shown sensitivity to change with treatment.

Chapter 3 reviews the importance of parent engagement and adherence, which are essential to the success of PT—including child outcomes. This chapter reviews prior research on variables associated parent engagement and, conversely, with parent resistance. Conceptual models of treatment barriers and practical strategies to promote parent engagement also are presented.

Chapter 4 covers the PT literature on social communication deficits in children with ASD. It begins with a review of toddler and early childhood interventions. Afterward is a comprehensive review of empirically tested PT models for social communication deficits, as well as assessment tools for these deficits. The chapter offers considerations for practitioners who work with parents of children with ASD.

In Chapter 5, the authors review the expanding literature on PT for disruptive behavior in children with ASD. The chapter provides information on the prevalence, impact, and predisposing factors for disruptive behavior in children with ASD. It also offers descriptions of the practical techniques used in the treatment of disruptive behavior in this population.

Chapter 6 discusses PT for sleep disturbances most commonly observed in children with ASD. Similar in format to the previous chapter, this chapter provides an overview of the types of sleep disturbances in children with ASD, specific sleep assessment tools, and the behavioral procedures used in PT targeting sleep disturbances.

In Chapter 7, the authors describe PT for children with food selectivity. They review the clinical presentation and impact of feeding problems

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in children with ASD. In addition to potential health impacts of feeding problems in children with ASD, the authors provide a thorough review of the literature on PT for feeding problems in ASD.

Chapter 8 describes the challenges of bowel and bladder training in children with ASD. Specific assessment strategies are followed by PT techniques to address both initial toileting, as well as bladder and bowel accidents.

Chapter 9 takes on the treatment of wandering and elopement in children with ASD. Wandering and bolting away from parent supervision are dangerous behaviors that have been chronicled in several tragic stories in the press over the past few years. The chapter presents descriptions and possible motivations of wandering and bolting from caregivers and thoroughly discusses an assessment of this class of behaviors. Afterward is an examination of available literature on PT for wandering or elopement. Practical suggestions are made along with a case example.

The concluding chapter offers a summary and recommendations for future directions for PT in ASD.

This edited book brings together clinicians and clinical investigators who have dedicated many years to developing, testing, revising, and testing again PT programs across a gamut of issues facing parents of children with ASD. Our intended audience is the wide range of professionals providing care for children with ASD and their families. We offer these chapters as conceptual and practical guides to practitioners and trainees, including psychologists, behavior analysts, mental health counselors, early intervention therapists, special educators, child psychiatrists, psychiatric nurse practitioners, and others serving children with ASD. Given the broadening of the ASD phenotype and resulting increase in the prevalence of the diagnosis, we are convinced that practitioners across a number of settings will benefit from a comprehensive discussion of PT for children with ASD. Based on the collective experience of the book's authors, we also are convinced that collaboration with parents is an effective way to promote skill acquisition and reduce behavioral problems in children with ASD. We offer this book as a foundation for practitioners and trainees who want to learn the nuts and bolts of PT and the growing empirical basis of this treatment model for children with ASD.

REFERENCES

American Academy of Child and Adolescent Psychiatry. (2007). Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, *46*, 126–141.

Copyright American Psychological Association

American Psychiatric Association. (2013). *Diagnostic statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*, 271–285. http://dx.doi.org/10.1037/0003-066X.61.4.271

Anderson, C., Law, J. K., Daniels, A., Rice, C., Mandell, D. S., Hagopian, L., & Law, P. A. (2012). Occurrence and family impact of elopement in children with autism spectrum disorders. *Pediatrics*, *130*, 870–877. http://dx.doi.org/10.1542/peds.2012-0762

Bearss, K., Burrell, T. L., Stewart, L., & Scahill, L. (2015). Parent training in autism spectrum disorder: What's in a name? *Clinical Child and Family Psychology Review, 18,* 170–182. http://dx.doi.org/10.1007/s10567-015-0179-5 (Erratum published 2015, *Clinical Child and Family Psychology Review*, *18*, p. 183. http://dx.doi.org/10.1007/s10567-015-0183-9)

Christensen, D. L., Baio, J., Van Naarden Braun, K., Bilder, D., Charles, J., Constantino, J. N., . . . Yeargin-Allsopp. (2016, Summer). Prevalence and characteristics of autism spectrum disorder among children aged 8 years—Autism and developmental disabilities monitoring network, 11 sites, United States, 2012. *Morbidity and Mortality Weekly Report Surveillance Summaries*, *65*, 1–23. http://dx.doi.org/10.15585/mmwr.ss6503a1 (Erratum published 2016, *Morbidity and Mortality Weekly Report, 65,* 404.)

Elsabbagh, M., Divan, G., Koh, Y. J., Kim, Y. S., Kauchali, S., Marcín, C., . . . Fombonne, E. (2012). Global prevalence of autism and other pervasive developmental disorders. *Autism Research*, *5*, 160–179. http://dx.doi.org/10.1002/aur.239

Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *43*, 629–642. http://dx.doi.org/10.1007/s10803-012-1604-y

Johnson, C. R., Handen, B. L., Butter, E., Wagner, A., Mulick, J., Sukhodolsky, D. G., . . . Smith, T. (2007). Development of a parent training program for children with pervasive developmental disorders. *Behavioral Interventions*, *22*, 201–221. http://dx.doi.org/10.1002/bin.237

Johnson, C. R., Turner, K. S., Foldes, E., Brooks, M. M., Kronk, R., & Wiggs, L. (2013). Behavioral parent training to address sleep disturbances in young children with autism spectrum disorder: A pilot trial. *Sleep Medicine*, *14*, 995–1004. http://dx.doi.org/10.1016/j.sleep.2013.05.013

Kasari, C., Lawton, K., Shih, W., Barker, T. V., Landa, R., Lord, C., . . . Senturk, D. (2014). Caregiver-mediated intervention for low-resourced preschoolers with autism: An RCT. *Pediatrics*, *134*, e72–e79. http://dx.doi.org/10.1542/peds.2013-3229

Kroeger, K. A., & Sorensen-Burnworth, R. (2009). Toilet training individuals with autism and other developmental disabilities: A critical review. *Research in Autism Spectrum Disorders*, *3*, 607–618. http://dx.doi.org/10.1016/j.rasd.2009.01.005

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Lecavalier, L. (2006). Behavioral and emotional problems in young people with pervasive developmental disorders: Relative prevalence, effects of subject characteristics, and empirical classification. *Journal of Autism and Developmental Disorders*, *36*, 1101–1114. http://dx.doi.org/10.1007/s10803-006-0147-5

Lofthouse, N., Hendren, R., Hurt, E., Arnold, L. E., & Butter, E. (2012). A review of complementary and alternative treatments for autism spectrum disorders. *Autism Research and Treatment*. Advance online publication. http://dx.doi.org/10.1155/2012/870391

McConachie, H., & Diggle, T. (2007). Parent implemented early intervention for young children with autism spectrum disorder: A systematic review. *Journal of Evaluation in Clinical Practice*, *13*, 120–129. http://dx.doi.org/10.1111/j.1365-2753.2006.00674.x

McDougle, C. J., & Posey, D. J. (2011). Assessment and treatment of autistic and pervasive developmental disorders. In A. Martin, L. Scahill & C. J. Kratochvil (Eds.), *Pediatric psychopharmacology: Principles and practice* (pp. 547–560). New York, NY: Oxford University Press.

Messer, S. B. (2004). Evidence-based practice: Beyond empirically supported treatments. *Professional Psychology: Research and Practice*, *35*, 580–588. http://dx.doi.org/10.1037/0735-7028.35.6.580

Reichow, B. (2012). Overview of meta-analyses on early intensive behavioral intervention for young children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *42*, 512–520. http://dx.doi.org/10.1007/s10803-011-1218-9

Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology*, *37*, 8–38. http://dx.doi.org/10.1080/15374410701817808

Seiverling, L. J., Williams, K. E., Ward-Horner, J., & Sturmey, P. (2011). Interventions to treat feeding problems in children with autism spectrum disorders: A comprehensive review. In J. L. Matson & P. Sturmey (Eds.), *International handbook of autism and pervasive developmental disorders* (pp. 491–508). New York, NY: Springer. http://dx.doi.org/10.1007/978-1-4419-8065-6_31

World Health Organization. (2013). *ICD–11 beta draft: Mortality and morbidity statistics*. Retrieved from https://icd.who.int/dev11/l-m/en