A caregiver training approach to intervention for young children with autism spectrum disorder
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Introduction
With increased awareness for early diagnosis and intervention, there has been a greater number of children diagnosed with autism spectrum disorder (ASD) and need for apt services in the community. While there is an increasing range of services meeting the needs of children with ASD, there are relatively fewer services catered to parents. In a small-scaled local study conducted by the Salvation Army in 2015, it was found that mothers of children with special needs had more symptoms of depression than the normal population, where symptoms were related to their child’s impact on family’s social life; these parents expressed that informational, professional, and social supports were their top needs (The Salvation Army, 2015).

Past research suggests that parent training groups, in which parents receive psychoeducation and learn about intervention techniques, are able to lower parenting stress, enhance levels of empowerment, and improve parental self-efficacy (Boettcher Minjarez et al., 2012; Scarpa & Reyes, 2011). Furthermore, preliminary findings suggest that when parents receive hands-on coaching of intervention techniques, child’s outcomes improve (Kasari et al., 2015; Roberts et al., 2011; Strauss et al., 2012; see also McConachie et al., 2005). Finally, while early intensive behavioral intervention has been deemed one of the most well-established intervention approaches for ASD (Reichow et al., 2012), not all families have the financial means to fund intensive therapies for the long-term. Thus, parent-mediated interventions may be an avenue for increasing the dosage of intervention provided to a child to optimize outcomes, while providing benefits to caregivers at the same time.

Objectives of Our Program
With understanding of the needs of local families and the potential of parent-mediated intervention for children with ASD, we set up a time-limited intervention program using the caregiver training approach with the aim to:

1. Educate caregivers on characteristics and needs of children with ASD
2. Coach caregivers to implement strategies to better manage challenging behaviors and to enhance social communication and interactions at home and daily environments
3. Provide a platform for families to share their experiences and offer mutual support

Method
Target group
Children aged 5 or below diagnosed with ASD and their caregivers.

Program design
The program is run by a clinical psychologist and social workers experienced in working with children with ASD. The clinical psychologist oversees the program, assesses the child and family’s abilities, needs and difficulties prior to the intervention program, and monitors their progress. The psychologist also offers 3 caregiver workshops which aims to provide psychoeducation and serve as a platform for caregivers’ mutual support. Caregivers are coached on specific techniques tailored to the needs and goals of the child and family across 12 caregiver-child sessions. Some sessions may take in the client’s home to facilitate generalization of learning to familiar surroundings.

Method (Continue)

Results and Discussion
Our program has served over 20 families during its pilot run and has received positive feedback from our clients. Parents reported that they have learnt various strategies to manage child’s behavioural problems through sharing with other caregivers and discussions with professionals on our team, and gained ideas on how to play and interact with their child to facilitate development of their social-communicative skills. Further quantitative study on the outcomes of the program may be conducted in the future.

Several insights have been gained on enhancing the effectiveness of this intervention. Firstly, providing home training activity kits may help parents apply skills at home more easily and allow other caregivers to conduct home training as well. Secondly, for working parents, involvement from child’s daytime caregivers, e.g. grandparents or domestic helpers in training sessions would be beneficial for maintaining consistency and generalizing skills. Thirdly, it is important to educate parents on this training approach as a focus on the caregiver rather than the child. Parents who have high hopes for a quick fix and with low motivation to carry out home training themselves may not see expected results. Finally, assessment of caregiver’s psychological state is critical, as those with existing psychological problems, e.g. depressive or anxiety disorders, may have difficulty managing an additional role as the child’s “home therapist”.

References

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