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Do maternal attributions play a role in the acceptability of behavioural interventions for problem behaviour in children with autism spectrum disorders?

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ABSTRACT

The present study explored the relationship between parental attributions and treatment acceptability of behavioural interventions for problem behaviour in children with autism spectrum disorders (ASD). Mothers of children with ASD aged 3–9 years ($N = 139$) completed survey measures that assessed demographics, parental attributions, treatment acceptability of parent-focused and child-focused behavioural interventions, severity of their child's disruptive behaviour, and severity of their child's ASD symptoms. The results showed that parental attributions of parent-referent stability, but not the other attributional dimensions, negatively predicted treatment acceptability of a parent-focused behavioural intervention, even when severity of disruptive behaviour was statistically controlled. Conversely, no associations were found between any attributional dimension and treatment acceptability of a child-focused behavioural intervention. Preliminary analyses also revealed that mothers' ratings of the severity of their child's disruptive behaviour were significantly negatively associated with the acceptability of both parent-focused and child-focused behavioural interventions. The findings have potential implications for professionals to identify and challenge distorted attributions of parent-referent stability to promote parental acceptance of a parent-focused behavioural intervention for problem behaviour in children with ASD.

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1. Introduction

1.1. Problem behaviour in children with autism spectrum disorders

Children with autism spectrum disorders (ASD) are at an increased risk of exhibiting a wide range of externalising problem behaviour (Canitano & Scandurra, 2008; Cohen, Yoo, Goodwin, & Moskowitz, 2011; Singh, Lancioni, Winton, & Singh, 2011). Examples of these problem behaviours include hyperactivity, self-injury, and a group of disruptive behaviours consisting of aggression, property destruction, tantrums, rule breaking, and noncompliance (e.g., Hagopian, 2007; Horner, Carr, Strain, Todd, & Reed, 2002; Lecavalier, Aman, Hammer, Stoica, & Mathews, 2004; Matson, 2009; O'Reilly et al., 2009; Reese, Richman, Zarcone, & Zarcone, 2003; Reese, Richman, Belmont, & Morse, 2005; Roberts & Pickering, 2010). Researchers have suggested that problem behaviour may not only have negative consequences on a child's overall development but also create significant challenges to the child's parents and other family members (McCracken et al., 2002; West & Waldrop,

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2006). Given that problem behaviour is likely to persist and become chronic without appropriate intervention (Khosroshahi, Pouretemad, & Khooshabi, 2010; Murphy et al., 2005), this highlights the importance of interventions for addressing problem behaviour in children with ASD.

One of the most widely used evidence-based interventions for alleviating problem behaviour in children with ASD is behavioural interventions based on operant conditioning principles (Boyd, McDonough, & Bodfish, 2011; Bregman, Zager, & Gerdtz, 2005; Campbell, 2003; Green et al., 2006; Horner et al., 2002; Myers & Johnson, 2007). In particular, within the range of these interventions that aim to reduce problem behaviour, there appears to be a shift from child-focused behavioural interventions, which are typically carried out by trained therapists to focus exclusively on teaching the target child (e.g., early intensive behavioural intervention [EIBI] programmes), towards an increasing recognition of parent-focused behavioural interventions, which are provided to train parents in the use of appropriate behavioural strategies with their child (e.g., the Stepping Stones Triple P [SSTP] programme) (e.g., Birkin, Anderson, Moore, & Seymour, 2004; Brookman-Frazee, Stahmer, Baker-Ericzén, & Tsai, 2006; Brookman-Frazee, Vismara, Drahota, Stahmer, & Openden, 2009; Francis, 2005; Matson, Mahan, & Matson, 2009; Schreibman, 2000; Schreibman & Anderson, 2001). This increasing availability of parent-focused behavioural interventions, in turn, serves to highlight the greater role that parents of children with ASD play not only in seeking assistance and deciding which interventions to use, but also in actively learning, implementing, and delivering the interventions themselves. Hence, promoting parental acceptability of behavioural interventions will have increasing value for professionals supporting children with ASD.

1.2. Treatment acceptability and parental attributions

Treatment acceptability is defined as "judgments by laypersons, clients, and others of whether treatment procedures are appropriate, fair, and reasonable for the problem or client" (Kazdin, 1981, p. 493). The conceptual foundation of treatment acceptability largely originates from Wolf's (1978) work on social validity. Wolf coined the term *social validity* to refer to the social importance of an intervention, which is conceptualised as encompassing three related levels: (a) the social significance of the treatment goals, (b) the social appropriateness of the treatment procedures, and (c) the social importance of the treatment effects (Boothe & Borrego, 2004; Carter, 2010; Finn & Sladeczek, 2001; Jones, Eyberg, Adams, & Boggs, 1998; Wolf, 1978). Of these three levels, it is the second component of Wolf's conceptualisation (i.e., the appropriateness of treatment procedures) that has dominated the focus of social validity research and contributed to the conceptual development of treatment acceptability (Carter, 2010; Finn & Sladeczek, 2001).

Although identifying the evidence base for an intervention is pivotal, treatment acceptability is suggested as another important criterion which plays a critical role in the success of an intervention (Calvert & Johnston, 1990; Carter, 2007, 2010; Elliott, 1988; Kazdin, 1980, 2000). In particular, researchers have argued that interventions that are viewed as more acceptable may be more likely to be selected, initiated, and adhered to than interventions rated as less acceptable (Kazdin, 1980; Miltenberger, 1990; Witt & Elliott, 1985). Regardless of its possible effectiveness, it is possible that an evidence-based intervention that is perceived as unacceptable may not be implemented with fidelity or even selected in the first place by its potential consumers (Kazdin, 1980; Kazdin, French, & Sherick, 1981).

Most of the research literature on treatment acceptability has focused on identifying the factors that are associated with treatment acceptability (see Calvert & Johnston, 1990; Elliott, 1988; Miltenberger, 1990 for reviews). Factors that may influence parental acceptability of behavioural interventions for their child's problem behaviour include treatment characteristics (e.g., type of behavioural procedures and treatment side effects) and child characteristics (e.g., severity of problem behaviour and age of child) (Jones et al., 1998; Norton, Austen, Allen, & Hilton, 1983; Pickering & Morgan, 1985; Reimers, Wacker, Cooper, & de Raad, 1992; Singh, Watson, & Winton, 1987). Additionally, the characteristics of parents, such as income level and understanding of intervention, have also been found to influence their acceptability of behavioural interventions (Gage & Wilson, 2000; Heffer & Kelley, 1987; Kelley, Grace, & Elliott, 1990). Several researchers have argued that some parent characteristics, such as parental cognitions, may be more readily subject to modification than other factors, highlighting the benefits of addressing the relations of these parental cognitions to treatment acceptability (Hoza, Johnston, Pillow, & Ascough, 2006; Kazdin, 2000; Mah & Johnston, 2008).

Parental attributions have been suggested as one of these parental cognitions (Hoza et al., 2006; Mah & Johnston, 2008; Morrissey-Kane & Prinz, 1999). In this domain, parental attributions refer to the causal explanations parents make about their child's behaviour (Whittingham, Sofronoff, Sheffield, & Sanders, 2008, Whittingham, Sofronoff, Sheffield, & Sanders, 2009). Based on Weiner (1980), Weiner (1985), Weiner's (1980, 1985, 1986) three-dimensional approach, there are three attributional dimensions of perceived causality: locus or internality (internal–external), controllability (controllable–uncontrollable), and stability (stable–unstable). Specifically, parental attributions can be divided into child-referent attributions concerning parents' attributions about the child's role in causing the behaviour, and parent-referent attributions concerning parents' attributions about their own role in causing their child's behaviour (Johnston & Freeman, 1997; Joiner & Wagner, 1996; Morrissey-Kane & Prinz, 1999). In line with these views, a conceptual framework regarding the role of parental attributions in treatment engagement proposed by Morrissey-Kane and Prinz (1999) suggests that parents would spontaneously make child-referent and parent-referent attributions for their child's problem behaviour: Child-referent attributions of high internality, high controllability, and high stability, and parent-referent attributions of low internality, low controllability, and high stability are considered to be negative parental attributions that are associated with poor parental engagement in the treatment process for their child (Morrissey-Kane & Prinz, 1999). Explanations of each of the

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