

Parent Training Intervention to Manage Externalizing Behaviors in Children With Autism

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ABSTRACT

Children with autism spectrum disorder (ASD) are more likely than their typically developing peers to exhibit externalizing behaviors; however, the etiology in children with ASD may be different and related to the core deficits of the disorder. Although parent training interventions have been effective in decreasing externalizing behaviors in typically developing

children, the effectiveness in children with ASD has not been established. An in-depth analysis of the child's behavior may provide the foundation upon which to develop an individualized parent training approach. This case study illustrates how a functional assessment interview was used to obtain in-depth information about externalizing behaviors exhibited by a child with ASD who is high functioning and how this information was used to develop an individualized parent training intervention. *J Pediatr Health Care.* (2016) 30, 73-77.

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KEY WORDS

Autism spectrum disorder, parent training intervention, externalizing behavior, functional assessment interview

A girl aged 7 years and 11 months who was diagnosed with autism spectrum disorder (ASD) with level 1 severity without accompanying intellectual or language impairment was referred by a play therapist because of reports of problem behaviors at home, resulting in significant daily family disruptions. The child was medically well and was not diagnosed with another mental health disorder; however, she had been taking Zoloft because of skin picking for 3 months. The mother was uncertain if the medication was making a difference because, although the skin picking had decreased, this behavior had been cyclical in the past and she had not noticed any other behavioral changes. This case report describes the implementation of a newly developed, in-home parent training intervention for high-functioning children with ASD who exhibit problem behaviors in the home on a regular basis.

ASD is a complex neurodevelopmental disorder characterized by impaired social communication and social interaction and restricted, repetitive behaviors, interests, or activities that cannot be explained by another intellectual disability (*American Psychiatric Association [APA], 2013*). Children with ASD who are

high functioning have normal language and cognitive abilities, but as a result of the core deficits of the disorder, they exhibit clinically significant impairment in social, occupational, and adaptive functioning. ASD affects approximately 1 in 68 children, with boys more than four times more likely to be affected than girls (1 in 42 boys vs. 1 in 189 girls; [Centers for Disease Control and Prevention \[CDC\], 2014](#)).

Approximately half of children with ASD exhibit externalizing behaviors (EBs), which are negative behaviors directed outwardly toward others and include behaviors such as tantrums, defiance, aggression, and noncompliance ([Farmer & Aman, 2011](#); [Kanne, Abbacchi, & Constantino, 2009](#); [Kanne & Mazurek, 2011](#)). Although EBs occur in typically developing children, the etiology in children with ASD may be different and related to the core deficits of the disorder, which cause difficulty in shifting activities and finding alternative solutions, sensory sensitivity, and social stress and anxiety ([Asperger & Frith, 1991](#); [Attwood, 2007](#); [Konst, Matson, & Turygin, 2013](#); [Tureck, Matson, May, Davis, & Whiting, 2013](#)). The term “problem behaviors” is used to include EBs and other behaviors that create problems for the child from the perspective of those around him or her ([O'Neill, Albin, Storey, Horner, & Sprague, 2015](#)).

Parent training intervention programs for EBs focus on changing parents' behaviors to positively affect their children's behaviors. These programs have been used since the 1960s for typically developing children and have strong empirical support ([Kaminski, Valle, Filene, & Boyle, 2008](#); [Wahler, Winkel, Peterson, & Morrison, 1965](#)). Although parent training programs have been an important component in the care of children with ASD, programs tend to focus on core autism symptoms such as communication or teaching new skills, while programs addressing compliance problems have received much less attention ([Steiner, Koegel, Koegel, & Ence, 2012](#)). As a result, no consensus exists on how to structure the most effective parent training program in terms of format, clinician training, delivery methods, content, or modifications based on age or severity of ASD symptoms ([Matson, Mahan, & Matson, 2009](#); [Steiner et al., 2012](#)).

WHAT IS A FUNCTIONAL ASSESSMENT INTERVIEW?

The goal of a behavioral intervention is to decrease problem behaviors and develop more socially acceptable behaviors. The first step in developing an individualized behavioral intervention is an in-depth assessment of the child's problem behaviors, and a functional assessment interview (FAI) is one means of performing such an assessment ([O'Neill et al., 2015](#)). The FAI provides an account of the problem behaviors and factors associated with the occurrence or nonoccurrence of these behaviors and may be individualized for clinician use.

The FAI should answer the following questions:

1. What are the specific behaviors of concern and how are they exhibited?
2. What factors may increase the likelihood the child exhibits problem behaviors?
3. What happens prior to problem behaviors being exhibited?
4. What happens after the behaviors that may be increasing the likelihood the behaviors occur?
5. What activities or environments does the child find restorative?
6. What have the parents attempted in the past to deal with the problem behaviors and what were the results?

Adapted from [O'Neill, Albin, Storey, Horner, & Sprague, 2015](#).

The clinician analyzes the FAI to construct a more thorough picture of the child's behavior. From this interview, triggers and factors that increase or decrease the likelihood that the problem behaviors will be exhibited are identified. Restorative environments or activities that help the child calm down or prevent problem behaviors from escalating are defined. These environments or activities vary widely, from a quiet location to rigorous physical activity. The function of the behaviors is determined by examining the consequences of the behaviors that are associated with the occurrence or nonoccurrence of the behaviors. The clinician then uses this information to structure an individualized parent training intervention.

WHAT ARE THE COMPONENTS OF A PARENT TRAINING INTERVENTION?

The intervention used in this case study is a newly developed in-home parent training intervention developed for parents of children with ASD who are high functioning and have significant behaviors problems in the home. This intervention consists of five components, with each component building on prior elements, and it is currently under investigation by the lead author.

Component 1: Psychoeducation

The first component focuses on educating the parent about the core deficits of ASD and how these deficits affect the child's understanding of emotions, affect social interactions, and may contribute to problem behaviors. After a trigger occurs, precursor behaviors may be exhibited prior to the onset of problem behaviors. These behaviors are mildly disruptive (e.g., whining and sticking out the tongue) or desired behaviors (e.g., smiling and looking at another person) and may serve the same function as problem behaviors ([Fritz, Iwata, Hammond, & Bloom, 2013](#)). Problem behaviors produce one of two general outcomes or

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