



Contents lists available at ScienceDirect

Research in Developmental Disabilities

journal homepage: www.elsevier.com/locate/redevdis

Building Bridges Triple P: Pilot study of a behavioural family intervention for adolescents with autism spectrum disorder

Trevor G. Mazzucchelli^{a,b,c,e,*}, Marian Jenkins^{a,b,c}, Kate Sofronoff^{c,d,e}^a Child and Family Research Group, Brain, Behaviour and Mental Health Research Group, and Curtin Autism Research Group, Curtin University, Western Australia, Australia^b School of Psychology, GPO Box U1987, Perth, Western Australia 6845, Australia^c Cooperative Research Centre for Living with Autism Spectrum Disorders (Autism CRC), Long Pocket, Brisbane, Queensland, Australia^d School of Psychology, Faculty of Health and Behavioural Sciences, The University of Queensland, Brisbane, Queensland, 4072, Australia^e Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Queensland 4072, Australia

ARTICLE INFO

Number of reviews completed is 3

Keywords:

Autism spectrum disorder
Behavioural family intervention
Developmental disability
Intervention
Parenting
Parenting program
Positive parenting
Triple P

ABSTRACT

Background: Many parents of adolescents with autism spectrum disorder (ASD) report that they are ill-equipped to support their children's behaviour, and these youths are known to be at substantially greater risk of emotional or behavioural problems compared to their typically developing peers. There is a need for an efficient and tailored parenting program for parents of adolescents with ASD that includes guidance on how to best support these youths' development and well-being.

Aims: The current study examined the feasibility of Building Bridges Triple P (BBTP), an eight-week (11.5 h) parenting program specifically targeted to the needs of parents of adolescents with a developmental disability.

Methods: A pretest-posttest single group design was used to evaluate the feasibility and acceptability of BBTP, and the potential of the program to have desired intervention effects, with nine parents of adolescents with ASD.

Results: After participating in BBTP, parents reported significant reductions in their adolescent's behaviour problems, increased parenting confidence, decreased lax and overreactive responding, and decreased symptoms of depression and stress. These effects were mostly observed at post-test but were more pronounced at 3-month follow-up. Parents reported that they were satisfied with the content and format of BBTP.

Conclusions: Results provide preliminary support for the feasibility and acceptability of BBTP, and that the program has a number of desired intervention effects.

What this paper adds

The present paper describes an evaluation of one of the few parenting programs designed to provide tailored support to parents raising adolescents with a developmental disability. To our knowledge it is the first evaluation of such a program to demonstrate pre-post improvements not only in parental adjustment, but also in adolescent behaviour problems, parenting practices, and parenting self-efficacy. As such, preliminary support is provided that Building Bridges Triple P is a feasible, efficient, acceptable and efficacious program for providing support to parents of adolescents with autism spectrum disorder. This paper provides a platform for further

* Corresponding author at: School of Psychology, Curtin University, GPO Box U1987, Perth, Western Australia 6845, Australia.

E-mail addresses: trevor.mazzucchelli@curtin.edu.au (T.G. Mazzucchelli), marian.jenkins@postgrad.curtin.edu.au (M. Jenkins), kate@psy.uq.edu.au (K. Sofronoff).

<https://doi.org/10.1016/j.ridd.2018.02.018>

Received 5 September 2017; Received in revised form 5 January 2018; Accepted 19 February 2018

0891-4222/© 2018 Elsevier Ltd. All rights reserved.

evaluation of this promising intervention.

1. Introduction

Autism spectrum disorder (ASD) occurs in almost 1.5% of children (Christensen et al., 2016) and is now understood to be a major public health concern because of early onset, lifelong persistence, and high levels of associated disability (Simonoff et al., 2008). In addition to impairments associated with social and cognitive deficits that constitute the core features of ASD, children and adolescents with ASD are at a substantially greater risk of showing a variety of emotional and behavioural problems compared to their typically developing peers. Skokauskas and Gallagher (2012) found that children with ASD aged between 3- and 16-years were more anxious, more depressed/withdrawn, and had more social and attention problems compared to their typically developing peers. Simonoff et al. (2008) found that 70% of children with ASD aged 10- to 14-years met the criteria for a comorbid mental health disorder such as social anxiety disorder, attention-deficit/hyperactivity disorder, and oppositional defiant disorder. Furthermore, the prevalence of co-morbid mental health conditions is higher for those children on the autism spectrum who also have an intellectual disability (Brereton, Tonge, & Einfeld, 2006).

Adolescence is a key developmental period to focus prevention efforts since it is associated with increased vulnerability to emotional and behavioural problems (Sawyer, Afifi, Bearinger, & Patton, 2012). For the young person, it is a time of significant physical, emotional, cognitive and environmental change. As adolescents transition into adulthood, they are expected to be more self-directed, and work out their own beliefs and values about who they are and what they want to do with their lives. It is also a time of increased social pressure, particularly in peer relationships. The onset and prevalence of mental health problems is highest during adolescence and young adulthood, with half of all lifetime mental disorders starting by age 14 and three quarters by age 24 (Kessler et al., 2007). Young people with ASD may be more vulnerable to the stressors associated with adolescence due to qualitative differences and deficits in skills to manage environmental and social stressors (Fung, Lunsky, & Weiss, 2015).

Parents of adolescents with ASD also report high levels of stress and depression during the adolescent years (Fong, Wilgosh, & Sobsey, 1993; Hamilton, Mazzucchelli, & Sanders, 2014; Hartley, Seltzer, Head, & Abbeduto, 2012). Parents contend not only with the normative stress of changes that this developmental period brings, but also additional adaptive and developmental challenges that accompany disability (Fong et al., 1993; Hamilton et al., 2014; Hartley et al., 2012). Concurrent with these changes, parents report that many of the behaviour support strategies they used when their child was younger are no longer practical or socially acceptable and that they feel ill-equipped to address problem behaviours in their adolescent children (Hamilton et al., 2014). Adolescents with a disability report dissatisfaction with their relationship with parents (Skär, 2003). Significantly, parents of adolescents with a developmental disability report receiving little or no practitioner support regarding their adolescents' transition to adulthood (Mazzucchelli & Moran, 2018).

Parenting programs have potential to address these issues. Evidence has accumulated showing that parenting programs based on social learning principles are effective in preventing and treating mental health problems in children and improving parenting practices, family relationships, and parental adjustment (Mazzucchelli in press; Sanders et al., 2014; Sandler et al., 2011; Ward, Theule, & Cheung, 2016; Webster-Stratton & Reid, 2017). Most of this evidence comes from families of younger children who are developing typically; however, there is also evidence for the effectiveness of parenting interventions for typically developing adolescents (see Ralph, 2018) and children with a developmental disability (e.g., see Tellegen & Sanders, 2013).

Although limited, there is also some evidence that parenting programs can benefit families of adolescents with a developmental disability. For example, Reece, Cameron, and Matthews (2009) reported on the effectiveness of Signposts, a parenting intervention targeting challenging behaviour exhibited by individuals with intellectual disability aged 3- to 16-years. Delivered either in a group format, via the telephone, or in a self-directed fashion, Signposts has demonstrated favourable outcomes across all age groups; however, the lowest positive effect sizes were for the oldest participant group (13- to 18-years; Hudson et al., 2009) indicating that a parenting program tailored specifically for parents of adolescents with a disability may benefit this cohort.

Brereton, Tonge, and Kiomall (2009) described the only parenting program that, to our knowledge, provides targeted support to parents raising adolescents with a developmental disability. This education and skills training intervention for parents of adolescents with autism, known as Growing Up with Autism, comprises 10 group and 10 individual sessions covering topics such as the symptoms of autism, changes in cognition during adolescence, physical and sexual development, social problems, adjustment and well-being, communication problems, transitioning to secondary school, and family adjustment. Importantly, there is evidence that this program leads to improvements in the mental health of caregivers (Brereton et al., 2009). However, evidence is still needed regarding the impact of this program on the well-being of youth with ASD. Also, the time commitment involved in participating in this program (30 h) may be an impediment for some parents to participate. There remains a need for an efficient and tailored parenting program for parents of adolescents with ASD and other developmental disabilities that includes information and advice on how to best support these youths' development and well-being, as well as how to prevent emotional and behavioural problems.

Building Bridges Triple P (BBTP) is an 8 session (11.5 h) manualised behavioural family intervention designed to meet the needs of parents with an adolescent with developmental disability. The program draws together elements of two other evidence based programs, Teen Triple P (Ralph & Sanders, 2004) for parents of typically developing adolescents and Stepping Stones Triple P (Sanders, Mazzucchelli, & Studman, 2004) for parents of children with a developmental disability. Following the guidelines described by Sanders and Kirby (2018), the program also includes additional content to address unique concerns of parents and practitioners (e.g., Hamilton et al., 2014); these include ideas to promote positive parent-adolescent relationships, manage problematic adolescent behaviour and risk taking, support teens to manage their emotions and to develop social skills and build peer relationships. The program is among the first of its kind to provide tailored parenting support to address behavioural and emotional problems in

Download English Version:

<https://daneshyari.com/en/article/6848185>

Download Persian Version:

<https://daneshyari.com/article/6848185>

[Daneshyari.com](https://daneshyari.com)