

A grayscale photograph showing a close-up of hands stacking wooden blocks on a table. The blocks are arranged in a stepped pattern. In the background, there are papers and a person's arm wearing a watch. The overall scene suggests a focus on learning, education, or building a foundation.

**ASD Plus**

***Education for Families***



# Parent Training/Education as a model of intervention

Early pioneers were the Oregon Social  
Learning Group

Training was for parents of children with  
behaviour problems

Based on principles of Applied  
Behaviour Analysis and Social  
Learning Theory



## Parent Training Today

Now a number of high quality programmes for a range of needs

- ADHD/Conduct Disorder
- General Behaviour Problems
- Developmental Disabilities/ASD
- Parent/child relationship problems

Parent training programmes generally draw on the evidence bases of

- Applied Behaviour Analysis
- Social Learning Theory
- Adult Education
- Other parenting programmes that have been evaluated

# An Opportunity

- ◆ ASD Guidelines Implementation process led to an opportunity for a new model of service for families
- ◆ IDEA Specialist Services submitted a proposal to develop an NZ solution

# Development process

- Review of the NZ ASD Guidelines
- Review of structure and evidence base of several parent education programmes
- Development of a structure for our programme
- Designing a delivery model that would meet the needs of our dispersed population
- Content development
- Testing
- Implementation

## ASD Parent Education should

- be ongoing, for individual needs
- change according to the child's age and circumstances
- take a variety of forms
- take into consideration family needs
- include shared professional learning
- take into consideration the needs of rural families and whānau
- consider cultural issues such as differing perceptions and management of disability
- where possible, be available in the language of the participant family
- include services for siblings and other family members



# Finding evidence to support ASD Parent Programmes

## ASD Specific

- Review of Early Bird in NZ
- JumpStart at UCSF
- JumpStart at Geneva Centre

## Generic

- Positive Parenting (Carole Sutton UK)
- Triple P
- Incredible Years

# What the evidence tells us:

- Parent Training has been proven to be an effective intervention for a range of developmental/behavioural issues (Lundahl, Risser & Lovejoy (2005), Wyatt, Kaminski, Valle, Filene & Boyle (2008))
- Individualised programmes with a degree of direct intervention/support got better outcomes for families in lower socio-economic groups (Lundahl, Risser & Lovejoy 2005)

# What the evidence tells us:

- Face to Face delivery achieves the best outcomes (Garrison and Vaughan, 2008; Taylor et al, 2008)

but

- Two programmes showed that distance learning can be an effective method for delivery (Sutton, C. 1988 & Taylor, et al 2008)
- Effective Parent Training utilises adult learning methodology including a range of learning modalities (Simonson, 2008, Garrison and Vaughan, 2008; Goldstein and Ford, 2002; Rowden, 2006)

# Criteria for developing the ASD Plus Programme

- Include up to date research on ASD including; cause, treatment, support, and living with
- Include practical strategies that would make a difference  
(communication/interaction/consistency/skill teaching)
- Utilise adult learning methodology
- Reach rural populations or parents who can't give up time to attend a group programme
- Have measureable outcomes

## Structure: 7 Modules

1. Introduction to ASD
2. Communication
3. The Senses
4. Learning Styles
5. Stress, Anxiety and Routines
6. Behaviour
7. Managing into the Future



## Delivery

- Group (5 or 6 families)
- Individual (a family unit)
- Distance

Every  
programme is  
individualised to  
the  
family/whanau

## Module 1 content

- ◆ Language may regress or be limited
- ◆ Repetitive phrases / words might be used [echolalia]
- ◆ Language might be learnt in chunks related to particular associations
- ◆ Grammar may be unusual
- ◆ Speech may be stilted or not fluent
- ◆ An unusual accent or tone of voice may be present

# social interaction

- ◆ Social rules might not be understood
- ◆ Natural cues in interaction might be missed
- ◆ Eye contact may be limited / person may appear to be not paying attention
- ◆ Things may be said at the wrong times
- ◆ Interactive style can generally be described as either aloof / passive / active-but-odd

# flexibility

- ◆ New [and familiar] situations can be unpredictable to the person
- ◆ Coping with change can be hard
- ◆ The person may have rituals and rigid routines
- ◆ Seeing things from another person's perspective is difficult
- ◆ The person may focus on themselves
- ◆ The person may struggle with problem solving / reasoning / critical thinking
- ◆ Interests may be narrow or obsessive
- ◆ Language is often interpreted literally

# Home Support Session 1

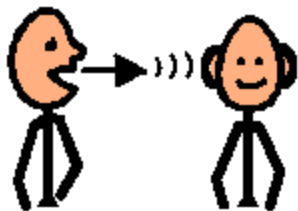
- ◆ Time & space for parents to discuss diagnosis at their pace and in their place
- ◆ Support with finding a way to explain ASD and their child's needs to family, friends

# Example Content: Module 2, Communication

## All About Me!

- I live with my Mum (Nic) and my Dad (Craig)
- I am 3 and a half
- We live in Christchurch

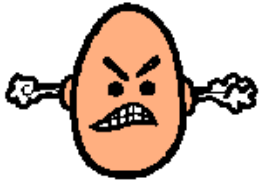




# How I Communicate



- I use short sentences
- I often show you what I want or need
- If I get stressed out I might squeal or yell loudly, or use my actions to show you I am unhappy or annoyed
- I sometimes repeat questions if I am anxious, or not sure what is happening
- There are lots of things I haven't learnt to talk about yet – please be patient
- Sometimes pictures and photos help me to understand things better than talking.
- Mum and Dad use a visual schedule to show me what's happening each day – this helps me understand, and feel comfortable – then I know what to expect.



# I can't stand it!

These are some of the things that I find really difficult to cope with – some of these are because I have ASD and I process sensory information differently than you:

- Being hugged if I'm not expecting it
- Loud noises and too many noisy children
- The feel of sand or dirt – yuk!
- The texture of gritty food like rice, couscous, ground nuts – I will probably throw it
- Not knowing what's happening next – it makes me feel confused
- When things change or are unexpected

So don't say you haven't been warned....

# Module Seven: Home visit

## Managing into the Future

### Following the home visit families should be able to:

- ◆ Know how to find evidence-based information about interventions or treatments they are interested in
- ◆ Identify services or supports that they may access in future
- ◆ Identify some steps to maintain or further build a strong family
- **Timeframe:** 60 – 90 minutes

### Resources required:

- ◆ Module Seven handouts (for reference if required)
- ◆ Copies of the NZ ASD Guidelines (full and summary versions)
- ◆ Copies of the National Autism Centre's "National Standards Project Findings and Conclusions" report
- ◆ Paper and Pens
- ◆ Kai to share (if appropriate)

### • **Process:**

1. **Aims** - Explain the aims of the home visit, and ask if there is anything particular that the family would like to discuss about the previous session, particularly related to services/supports or interventions
2. **Additional Information** - Provide support with any aspects of the plan that the family may need help or more information with. It may be appropriate to help link the family to support services that are relevant to their need (such as a family support group, or GSE or NASC).
3. **Farewells** – Spend time looking at the successes that the family have achieved through the course of the programme – highlighting specific areas of learning. Encourage them to keep coming back to their materials, and using the skills they have gained, which will help them in future. Also reinforce that there are services and supports they can access if they need or want to. Remind them that you will make contact in around 5 months time to make a time for the 6-month follow up. This will provide an opportunity to reflect on their learning and apply it to any new challenges. Provide words of encouragement to the family.

### Afterwards:

- ◆ Record outcomes and any special details in the session planning form
- ◆ Make contact with the Clinical Supervisor if you have any questions or require feedback or guidance on any issues related to the home visit