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Preliminary Effects of Parent Training on the Generalization of Boundary Setting Protocols

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Methodology

Participants:

- One 7-year-old male diagnosed with ASD and ADHD, along with both his mother and father.
- One 10-year-old female diagnosed with ASD along with her mother.
- The two clinicians participating in the study were a BCBA practicing since 2022, and a BCaBA practicing since 2020. They received ongoing support from a senior clinician.

Setting:

- Interventions took place at the home of the participants in Southeast Michigan, caregiver training took place in the home setting for the first client, and virtually for the second client.

Targeted behavior:

- Intensity of the interfering behaviors of the participant observed when boundaries were placed
- Intensity of the support provided by the caregiver after boundaries were placed
- Prosocial behaviors in the home environment characterized by playing with siblings
- level of independence.

Intervention components:

- Parent training provided for on a weekly schedule for one client, and a monthly schedule for the second on the implementation of the boundaries protocol and STEAM.
- Parent training: consisted of using behaviors skills training to teach caregivers how to implement STEAM and set boundaries safely. They were also trained on how to collect data on behaviors, behavior support required, as well as prosocial behaviors including tolerating the fading of adult proximity and socializing with siblings.
- Boundaries protocol for hot boundaries that occur in the home and community setting.
  - Hot Boundaries (always): these are boundaries that have a history of triggering emotional responding in the participants. These boundaries stayed in place indefinitely.
  - Hot Boundaries (limited hold): these are boundaries that have a history of triggering emotional responding and were relinquished after a limited hold. Examples of this include the motor room being unavailable for 15 minutes due to the number of clients in it.
- STEAM: this is a procedure, developed by Centria Autism, for adults to set boundaries in a kind way that supports de-escalation and co-regulation.
  - Setting the boundary in a firm and kind manner.
  - Tacting what the learner is experiencing in real time.
  - Empathizing and validating the learners' emotions and experience.
  - Allowing the learner non-judgmental time to co-regulate.
  - Moving on from the situation when the learner chooses to do so of their own volition.

Introduction

- Within the field of autism spectrum disorder (ASD), the term parent training has been used to describe a wide range of interventions including care coordination, psychoeducation, treatments for language or social development, as well as programs designed to address maladaptive behaviors (Bearss et al., 2015).
- Several programs have shown a decrease in parental stress, an increase in parental confidence, and higher levels of prosocial behavior in children as shown by outcomes based on quantitative measures (Levac et al., 2008)
- Advancements in the treatment of interfering behaviors have facilitated the development of skills and procedures that aid families in responding in a way that prioritizes safety (Hanley et al., 2014; Ghaemmaghami et al., 2018).
- Boundaries are verbal statements that describe contingencies and expectations in each context, often around items and activities that are not available.
- The purpose of these two case studies is to show the effectiveness of parent training on generalizing boundary setting protocols from clinic to home settings.

Holding Boundaries (STEAM)

Set Firm & Kind Boundaries

- Be clear, early
- Do not be afraid
- Stay confident and be prepared for and ok with client's negative reaction
- "I won't let you"
- "This is a hard no"
- "This is not an option"

Tact

- The environment and what is happening
- "I hear..."
- "I see..."
- "You are telling me..."
- "It seems as though you are (emotions)"

Empathize & Validate

- "I am sorry"
- "That is tough"
- "I know you don't like it"
- "What a bummer"
- "I am here for you"

Allow Non-Judgmental Time

- Provide space for the learner to process boundary
- Provide non-contingent attention however the client prefers
- Meet emotions and behaviors with tacts and empathy
- Client specific; follow their leads and needs
- Keep things safe

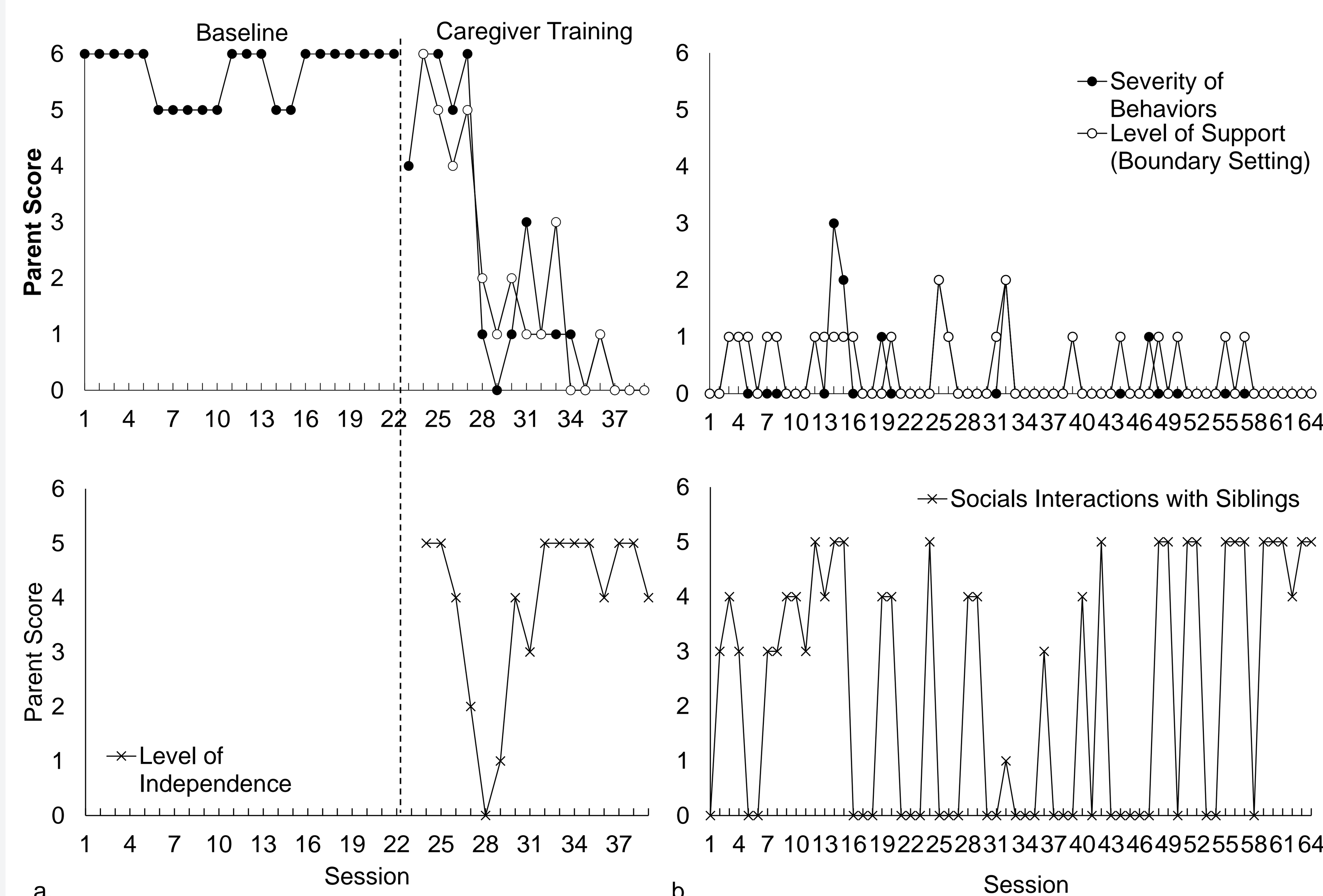
Move On When They Are Ready

- Be responsive to your client
- Co-regulation before self-regulation
- Follow their lead
- Provide alternatives if they are calm and open
- Invite them to new activities
- Do not try and distract; the only way out is through

Results

Figure 1.

Graphs Displaying Caregiver Data



Note. Parent score of perceived level of severity of interfering behavior and score of level of support needed in setting boundaries. Parental score for level of independence navigating home activities and interacting with siblings (a. Morris; b. Allison).

Discussion

- The level of support required, and intensity of interfering behaviors decreased for both clients.
- For both clients, results indicated increased independence; and social interactions with siblings; while or following caregiver training; and the reduction of interfering behavior. Variables that effected one of the participants data were medical and could not be controlled for (i.e., starting menstrual cycle and having physical symptoms of pain).
- Stability and/or improvement in parental scores were observed for both clients despite the difference between weekly (a.) and monthly (b.) caregiver training.
- It is still unclear whether the difference in frequency of caregiver training and setting of it (in-home versus virtual) had more of an effect on the results, or if it was that the client who received In-person caregiver training had more severe behaviors.
- Something notable is that both clients were getting boundaries programing, STEAM, and SBT in the clinic settings. The caregiver training occurred after the initial training in the clinic took place with the client.

Limitations:

- IOA data were not collected.
- Data were not collected on individual boundaries being set.
- Baseline data were not collected at the time where behaviors in the home-environment were most severe.
- Scores recorded were based on a rating scale of intensity from the parents' perspective. Specific data on rate of behaviors were not collected due to safety and training considerations for the parents.

Future Research:

- Evaluate the number of caregiver trainings required to yield positive results.
- Closely examining whether virtual or in person support yields better results.
- Data collection on boundaries, as well as implementation of arbitrary boundaries.
- Pre and post social validity data to demonstrate caregiver experience and perspective on the process.

Implications

- This study demonstrates that caregivers can be supported through choosing appropriate in-home boundaries, and how to set them in a meaningful way to result in decreased support required.
- Support for parents can be individualized to determine the dosage and intensity of training as well as the complexity of the data collection procedures.
- Training for maintaining boundaries may facilitate the development of meaningful repertoires of behavior without requiring additional training for those behaviors.
- Successful generalization of client skills trained in a clinic may be supported through direct caregiver training. These skills did not generalize without the supplemental training of significant others in the clients' lives to maintain consistent responding to the interfering behaviors in those contexts.