

Seeing the Parent within the Plan: Strengthening Parent-Mediated Interventions through Clinician Focus on Caregiver Confidence

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Resources
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BACKGROUND

- Parent Mediated Interventions (PMI) are widely used in treatment among children/youth diagnosed with autism and have been shown to positively impact child/youth outcomes¹.
- PMIs rely on the caregiver to provide support; it is essential that interventions be tailored to their needs and consider factors impacting their ability to engage in treatment².
- To our knowledge, what appears to be missing in the literature is how a service provider's understanding of the source of stress and parent efficacy at intervention initiation impacts parent training, and if understanding and responding to the caregiver's baseline state can improve the parent's sense of confidence, and ultimately, service outcomes.

OBJECTIVES

- This project evaluated factors associated with improvements in caregiver efficacy utilizing the Parenting Sense of Competence – Revised (PSOC-R)³ scale within a multi-disciplinary, short-term, urgent response service intervention model for children/youth diagnosed with autism.
- The project sought to explore relationships between caregiver skill-building, engagement, behaviour stabilization and service adaptation.

SAMPLE CHARACTERISTICS

- All clients were diagnosed with autism and met the criteria for the Ontario Autism Program's (OAP) Urgent Response Service (URS)⁴.
- High rates of co-occurring conditions:
 - ADHD (most prevalent)
 - Anxiety, Intellectual Disability, Epilepsy
 - Complex medical needs
- Sample includes clients with varying:
 - Behavioural severity
 - Caregiver capacity
 - Service duration (up to max. 12 weeks, some with multiple "rounds of service")
 - Engagement levels (from both parent/caregiver and/or child/youth)

METHODS

- 137 parents/caregivers completed the PSOC-R scale at intake and again at service completion.
- Service Coordinators used data from the pre-service scale, along with the program screening tool and clinical assessment to set program goals and inform treatment decisions.
- Treatment goals for intervention were established in collaboration with caregivers, according to program parameters.
- Pre- and post-scores were compared at the end of treatment.
- Program goals were reviewed and program completion rates documented.
- Using a grounded theory approach with a sample of 60 clients, service coordinator notes and clinician mid- and end-point reports were coded.

KEY VARIABLES EXAMINED

- Caregiver efficacy (PSOC-R pre/post scale change)
- Skill-building (hard + soft skills)
- Caregiver engagement
- Behaviour stabilization
- Multi-disciplinary collaboration
- Session consistency
- Family/caregiver strain
- Clinician responsiveness (adaptation to family needs)

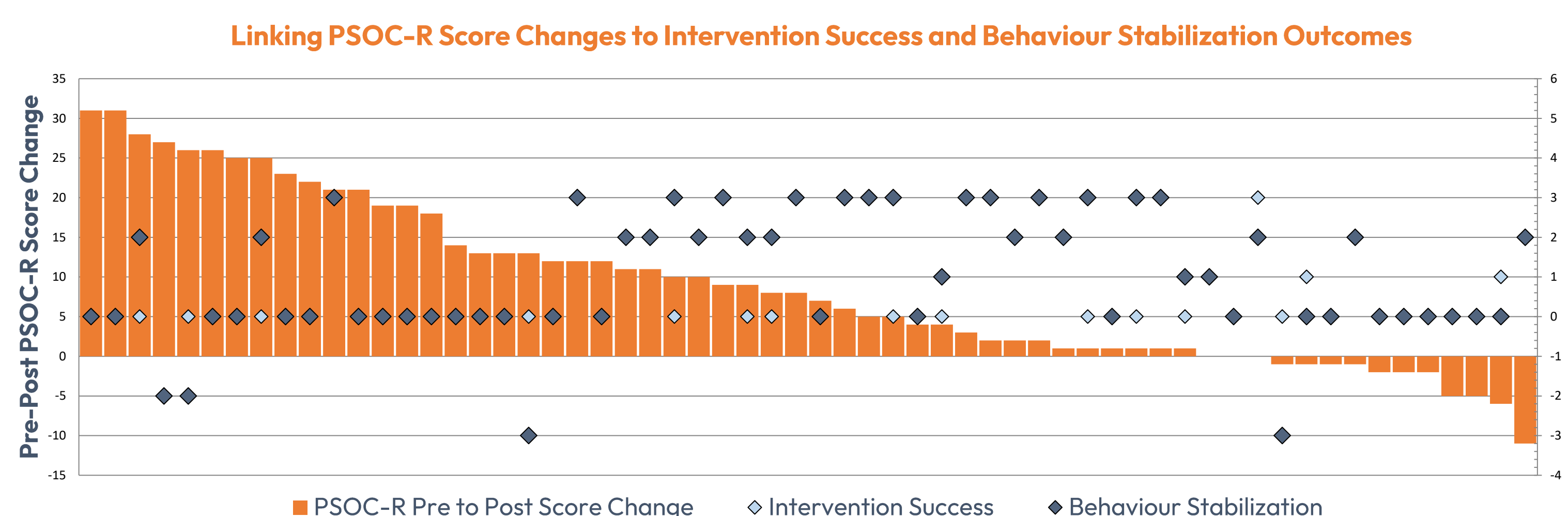
RESULTS

- Parenting efficacy, as measured by the PSOC-R increased or maintained baseline in the majority of caregivers following treatment. Results from a post-service parenting scale and Service Coordinator notes and clinician mid- and end-point reports demonstrated that focused attention on caregiver confidence enhanced their sensitivity to caregiver perspectives and influenced service delivery.
- Preliminary findings suggest that increased attention to caregiver perception of competence may strengthen engagement, improve therapeutic interactions and support goal achievement.
- Caregiver gains were most strongly associated with active skill-building and coaching, particularly:
 - Understanding behaviour function,
 - Caregiver self-regulation and co-regulation, and
 - Confidence in implementing strategies.

RESULTS continued

- Both technical skills (e.g. preventative protocols) and relational/insight-based skills contributed, with soft skills showing stronger association with efficacy gains.
- High caregiver efficacy gains were consistently associated with active engagement and engagement that extended beyond attendance in sessions was noted to be a multiplier of intervention impact.
- Improved outcomes were observed when clinicians adapted intervention delivery to caregiver capacity, including:
 - Adjusting expectations or greater consideration of environmental factors;
 - Modifying session frequency or format; and
 - Simplifying strategies.

Figure 1



CONCLUSIONS

- Caregiver efficacy emerged as a primary outcome of intervention rather than a secondary byproduct of clinical progress.
- Integrating caregiver competence and stress measures into routine parent-mediated practice and attending to these factors at the start of a PMI, adds meaningful value.
- Because caregiver efficacy reflects how well supports align with caregiver needs, it should be treated as a core indicator of intervention effectiveness. When efficacy does not improve, it signals the need to reassess and adapt the approach.
- Assessing caregiver competence and stress allows for more responsive, tailored interventions and enhances overall service experience and goal attainment.
- Prioritizing caregiver coaching, skill development, and reflective learning is essential, as increases in caregiver efficacy are driven more by engagement and capacity-building than by behaviour change alone.

CONSIDERATIONS FOR FURTHER STUDY

- Standardize measurement of caregiver competence across service.
- Further examine soft skill acquisition (through coaching and reflective learning) as a mechanism of change.
- Explore longitudinal impact of caregiver efficacy on rereferrals to URS service, to more intensive services (e.g. Complex Special Needs*), on child outcomes and/or long-term family coping.

*Complex Special Needs is a funding program in Ontario, Canada

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If you would like to reach out to us, we'd love to hear from you!

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