



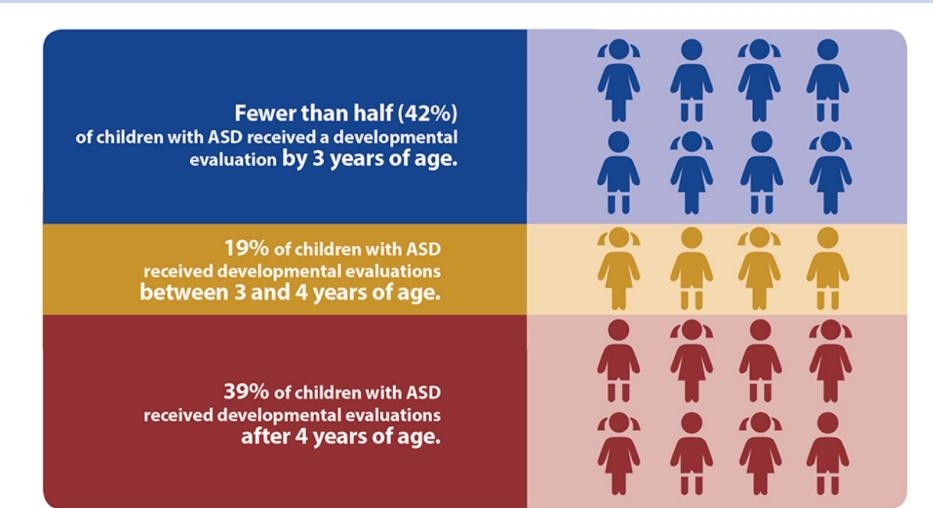
Robert Wood Johnson Medical School

Feasibility and Acceptability of a Parent Training Intervention to Enhance Care and Increase Diagnostic Access for Children with Autism: A Pilot Study

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Background

- Prevalence of autism has increased without interruption since 2000, from 0.6% to 2.7%
- Prevalence in New Jersey is 2.9%
- Earlier intervention enhances outcomes
- January 2023: 758 board certified Developmental-Behavioral Pediatricians in the U.S. for the 19 million children and youths with developmental and/or learning disorders
- National average wait time: 5.4 months for initial evaluation
- Autism diagnosis was found to occur on average, almost 27 months after the first developmental screening
- Older age at diagnosis and longer delay in diagnosis are associated with different health services utilization patterns among younger children with autism
- Families experience significant delays in accessing services, even after diagnosis is made
- **Parent training** capitalizes on the central role that parents play in lives of young children
- Has been shown to help reduce challenging behaviors in children with autism
- Parents of children with autism demonstrate higher levels of stress and score lower on quality of life measures
- Parent training interventions have been shown to lower parental stress and improve quality of life



The Boggs Center on Developmental Disabilities

New Jersey's University Center for Excellence in Developmental Disabilities Education, Research, and Service New Jersey's Leadership Education in Neurodevelopmental and Related Disabilities Program

	The Incredible Years	Parent-Child Interaction Therapy	PlayRe
Brief description	Parenting program that provides a range of comprehensive and developmentally based early intervention programs for parents, teachers, and children. Focus on strengthening parenting competencies and fostering parent involvement in children's school experiences, to promote children's academic, social, and emotional skills and reduce conduct problems. Can be delivered to parents, children, or teachers, generally in a group setting	child are in a playroom while the therapist is in an observation room. One-way mirror and/or live video feed. Parent wears device in ear, through which the therapist provides in-the- moment coaching on	Relations intervent place in clinics o routine vis 2-3 mine recording and playing toget reinforce interacti complete pamphle with sug
Age range	0-12 years (Autism adaptation is 2-5 years)	2-7 years (but has been adapted for 7-10 years and 12-24 months)	0-3 or 3
Existing adaptation for autism?	Yes	Yes	Yes (in

Review of Existing Programs

Next Steps

ReadVIP

ship-based ntion; takes pediatric on days of well-child visits

nute video ng of parent d child g/reading gether

nd parent go the video ther and ce positive tions; also te a written et together uggestions

are given a pmentallyriate toy or to keep

3-5 years

process)

Develop and pilot test an LCSW-led parent training intervention for children newly diagnosed with ASD and their families

Specific Aims

- To examine the feasibility and acceptability of a brief LCSWled parent training program using an adaptation of the PlayReadVIP model for children newly diagnosed with autism and their parents
- To explore the extent to which the program can enhance parental quality of life and reduce the number of physician/APN follow up visits in the year following diagnosis

Methods

- Study design: Pilot study
- Setting: Children's Specialized Hospital, Outpatient DBP (Union, NJ)
- Participants: Convenience sample of children age 2-5 years old newly diagnosed with autism
- Intervention: LCSW- led parent training curriculum using adapted PlayReadVIP model
- Outcome measures: Feasibility, Acceptability, Parental Quality of Life, Access to care
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