

# THE PARENT AS CO-THERAPIST IN ABA THERAPY - ALTERNATIVE FORM OF THERAPY FOR CHILDREN WITH AUTISM APPLIED IN THE CLINIC OF PEDIATRIC PSYCHIATRY CLUJ – NAPOCA

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**Keywords:** autism, ABA therapy, parent as co-therapist

**Abstract:** The parent's active participation in the therapeutic intervention, their training in practicing the techniques learned in therapy, on several levels (cognitive, language, social, personal autonomy, motor) and their monitoring during the program, to verify the acquisitions acquired by the child, can be helpful both to the child's recovery and to the family functioning and on long term.

**Cuvinte cheie:** autism, terapie ABA, părintele co-terapeut

**Rezumat:** Participarea activă a părinților în intervenția terapeutică, antrenarea lor în aplicarea tehnicilor învățate în cabinet, pe mai multe paliere (cognitiv, limbaj, social, autonomie personală, motor) și monitorizarea acestora pe parcursul programului, pentru verificarea achizițiilor dobândite de către copil, poate fi de un real folos, atât pentru recuperarea copilului, cât și pentru funcționarea familiei, pe termen lung.

## SCIENTIFIC ARTICLE PREDOMINANT THEORETICAL

The concept of "autism" has triggered many questions and ideological controversy. In 1996, The European Parliament recognized the rights of the persons with autism, stating that "autism is a disability" and recommended to the member states to recognize these rights and to adopt appropriate legislation, so that these rights would be respected. This legislation should mention the right to independent living and the right to participate in decisions concerning their future, according to their possibilities. People with autism should receive appropriate education and health care and not to be subjected to stress, threats or abusive treatment. The research methods development in recent years has allowed a detailed description of the syndrome and an increased accuracy of diagnosis, the development of educational strategies, based on the symptoms severity, weaknesses and qualities of the children with autism. The treatment consists primarily in a specialized education. There were developed specific methods of intervention aiming to increase particularly the autonomy of these children. Most patients with this condition come from families with modest financial possibilities, which restrict their access to appropriate recuperation therapy. The treatment involves high costs, reaching over 2,000 RON per month. The therapy involves not only the child but also the parents that learning about autism, are more prepared for when their child reaches adulthood, they can control his behavior and better understand his needs. The autistic child development and the obstacles that stand in his way are the result of a complex interaction between the genetic and biological potentials, experience (represented by parents, environment, socio-economic and cultural) and the entire relational context.

The role of the parent as co-therapist in ABA therapy

In the recent years there have been many discussion regarding the contribution of the parents' involvement in child therapy as co-therapists, which resulted in a significant increase

in the number of the studies trying to understand the nature of the factors that influence the well-being of the parents, in order to facilitate their participation in the programs provided to the child (B E. Werba, S M. Eyberg, S R. Boggs, J Algina 2006).

Some qualitative studies show that there are families that report high levels of life satisfaction and positive changes, both personal and familial, as a consequence of raising a child with autism (Scorgie & Sobsey, 2001). In a study that focused on the family functioning, intra-familial relationships (cohesion), personal development and family organization, the results showed that parents who raise children with developmental disorders have similar responses to those who raise children with typical development, but different from those of the parents who are living significant distress in the family, although they have children with typical development (Perry, Harris, Minnes, 2004).

Resistance factors (intrapersonal, familial, social) are components that allow to the children and their families to positively adapt to the developmental disorder. In the disability-stress-coping model proposed by Wallander, resistance factors are intrapersonal factors (temperament, skill, motivation, problem solving), stress processing variables (cognitive assessment, coping strategies), socio-economic factors (family environment, social support).

In the transactional model of stress and coping, Thompson identifies resistance factors related to:

- Child adjustment (child cognitive processing - beliefs about self efficacy, self-esteem, locus of control; cognitive assessment and coping methods).
- Parent adjustment (daily stressors assessment, expectations regarding the child's illness, methods of coping, family functioning level).

In recent years, increased attention has focused on the parents training as part of the recovery process of the children with autism, so they could generalize learned behaviors and facilitate the child interaction with the rest of the family

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Article received on 28.12.2010 and accepted for publication on 01.02.2011  
ACTA MEDICA TRANSILVANICA March 2011; 2(1)264-265

members and the extended family. Increased participation of parents in children's recovery yield great benefits because it increases the feeling of control, allows the possibility to organize more flexible schedule for the family, reduces the therapy costs, helps to generalize the acquisitions and decrease the risk of therapist instruction addiction (Boyd, 2004).

Svein Eikeseth and his colleagues (2007) conducted a study on two groups of children who received therapy: a group received ABA therapy, and the other group received eclectic therapy. The children enrolled in this study had a severe impairment in social interaction and communication, and highly ritualistic and stereotype behaviors.

The group of children, who received ABA therapy, achieved a larger increase in IQ and had better adaptive functioning than the group who received eclectic therapy. The group that received ABA therapy showed fewer aberrant behaviors and social problems in post-test assessment. The results suggest that ABA therapy had a positive effect on the autism symptoms.

ABA therapy uses principles derived from laboratory and applied research, in learning psychology, in order to establish significant developmental skills and reduce undesirable behaviors such as aggressive or stereotype behaviors. The best results were obtained in children younger than 4 years, who received intensive treatment (up to 40 hours per week, more than two years), the parents taking an active role in their care and fulfillment of the intervention program. The therapist work 1:1 with the child, and the treatment is carried out in the child's natural environment - at home, in school, the children being included in normal classes (Lovaas, 2003).

Although autism is currently diagnosed at younger ages than before, and the access to specialized services is improved, many children with autism don't begin the treatment before the age of 4 years (Jacobson, 2000).

Another study designed to evaluate the effectiveness of intensive therapy in children with autism, over a period of one year, divided the children into two groups: 13 received ABA therapy and 12 received eclectic therapy. The repartition was made depending on the availability of the treatment supervision staff and was not influenced by child characteristics or family preferences. The two groups received the same number of hours of therapy (28.52 h / week) at school. The results showed that ABA therapy, carried out intensive and long term, helps children with autism to make progress in intelligence tests, language, social and emotional (Lovaas, 1987; McEachin et al., 1993).

Data from the literature suggests that in order to get the best results, the children with autism, should begin ABA therapy as early as possible, preferably before the age of 4 years. Younger children may recover deficits in a greater extent than the older ones can do (Borman & Fletcher, 1999).

The school system in Romania is not ready to cope with the special needs of the children with autism management, particularly due to the lack of specific experience, the impossibility or inability to use the ABA system or other behavioral modification programs.

### CONCLUSIONS

In some cases, improvements can be seen in a shorter time, also due to the excellent interaction between the child and the therapist, in accordance with the curriculum requirements. Recommendation is to find the highest functionality environment in which the child could adapt, improve his communication skills and modify his behavior.

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