Putting the Pieces Together: Measuring Parent Stress and Self-Efficacy in Parents of Children with High-Functioning Autism Spectrum Disorder

by


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DEDICATION

To my Grandad—thank you for encouraging me to follow my heart and dream big, even if it meant being a little different from everybody else sometimes. I miss you.
ABSTRACT

Due to the lack of funding, resources, and understanding of needs related to children with high-functioning Autism Spectrum Disorder (ASD) diagnoses, Intensive Behavioural Intervention (IBI), a primary intervention used in children’s mental health services, is only used with individuals diagnosed with moderate to severe autism (Autism Resolution Ontario, 2009), leaving numerous families with higher-functioning children without professional support. Many of these families are not necessarily looking to receive counselling services, but are perhaps requiring information to help them deal with their child’s diagnosis. This knowledge resulted in the creation of the “Putting the Pieces Together” workshop, adapted from Erin Oaks’ A Learning Journey into Autism Spectrum Disorder workshop (2007). The purpose of the research presented herein was to examine whether providing an information group for parents of children diagnosed with a mild to moderate form of ASD would decrease parents’ reported stress levels, and increase reported feelings of self-efficacy with respect to their parenting abilities. Seven participants were assessed before and after attending the group, which included topics about autism information and myths, behaviour management, communication, self-help skills, social skills, and parent stress and self-care. This study assessed reported levels of parent-stress and self-efficacy using the Parent Stress Index/Short Form (Abidin, 1995) and an adapted scale from Sofronoff and Farbotko (2002) called the Parent Self-Efficacy Scale respectively. The two participants who completed a post-test reported increased self-efficacy levels, while reported stress-levels decreased, suggesting that the parent education program had been effective. Further research involving larger groups of people would examine the correlation between self-efficacy and stress on a general basis. This concept presents the opportunity to contribute to the development of future preventative mental health care programs, thereby, decreasing the long-term service demands placed on mental health agencies.
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Chapter I: Introduction

According to Autism Speaks Canada (2010), one in 110 children in North America will be given a diagnosis of Autism Spectrum Disorder, with four times as many males being diagnosed as females. Autism Spectrum Disorder (ASD) is generally noticed and diagnosed between the ages of 18 months and three years, and can be characterized by mild to severe impairments of functioning including behaviour, social skills, and communication (Luther, Canham, & Cureton, 2005). Luther et al. (2005) argue that when a child is diagnosed with ASD, his or her family life changes in many different ways; the family has to adapt to deal with challenging and unusual behaviours, and often a feeling of loss. Often, parents’ coping strategies are influenced by the amount of resources they feel are available to them (Lazarus & Folkman, 1991). Difficulty accessing resources for children with high functioning ASD (i.e., mild autism, Asperger’s Syndrome and Nonverbal Learning Disorder) have been reported by both mental health clinicians and parents alike (Little, 2003). Autism Resolution Ontario (2009) states that in Ontario, families of children with autism are frequently being denied therapy due to the lack of funding, resources, and understanding of needs related to children with high-functioning ASD; therefore, Intensive Behavioural Intervention (IBI), a primary intervention based on Applied Behaviour Analysis techniques used in children’s mental health services, is only used with individuals diagnosed with moderate to severe autism. This leaves many families without professional support. Without information and resources, parents are more likely to become stressed and vulnerable (Lazarus & Folkman, 1991), resulting in low levels of parent self-efficacy (Johnston & Mash, as cited in Sofronoff & Farbotko, 2002).

Pathways for Children and Youth is an agency that provides both short and long term therapeutic interventions for children, youth, and families. Pathways has several different departments, one being the Early Years’ department consisting of two young children’s counselors and one community counselor. All of these individuals provide services to families with children from birth to age seven. Within the Early Years’ department, concerns had been raised about the number of families of children who have been diagnosed with Autism Spectrum Disorder (ASD) that are placed on a waiting list to receive services. Often, they are assessed for the Intensive Behavioural Intervention program. However, due to the lack of resources and limited agency staff, many families with children who are “higher functioning” are often told that their child does not qualify for the program. Depending on the level of need, these parents are then either redirected to another department in the agency, or left without receiving any services at all. The Early Years’ team had been concerned that many of these families were not necessarily looking to receive counseling services, but were perhaps requiring information to help them deal with their child’s diagnosis. Therefore, Early Years’ staff had been examining different ways to provide strategies and information that will help these parents in living with and raising their children. One of these ideas was to adapt information from the Erin Oaks’ A Learning Journey Into Autism Spectrum Disorder program (2007), as well as integrating different resources used in other workshops to build a parent information program. This resulted in the creation of the “Putting the Pieces Together” workshop. The purpose of this thesis is to examine whether providing this information group for parents of children diagnosed with a mild to moderate form of ASD will decrease stress levels, and increase feelings of self-efficacy with respect to their parenting abilities.
**Hypothesis**

By providing caregivers with skills, information, and strategies to assist them in living with and raising their child with ASD, it is expected that their self-reported level of self-efficacy in managing their child’s behaviours will increase while their levels of self-reported stress will decrease.

**Rationale**

As mentioned previously, due to high numbers of diagnoses and limited funding to children’s mental health services, many parents of children with high-functioning ASD have very little to no support in regards to finding information and strategies that will assist them in living with and raising their child. As a result, many parents can feel overwhelmed and begin to lack confidence in their own abilities in managing their children’s behaviour. By providing information and strategies to parents who may not have received assistance from mental health services otherwise, these parents will feel less stressed as a result of increased confidence in their abilities to support and assist their child with ASD.

**Overview**

This thesis examines the existing literature on parent stress and self-efficacy, parent education, and the effectiveness of using Applied Behaviour Analysis techniques with children diagnosed with Autism Spectrum Disorder. Research examining parent stress and self-efficacy is discussed; assessment results and discussion around the study and its contribution to the field of behavioural psychology are also included.
Chapter II: Literature Review

A Need for Information

Lockshin, Gillis, and Romancyzk (2004) argue that one of the most difficult issues a parent must face when a diagnosis of Autism Spectrum Disorder (ASD) is made is in understanding the details of the diagnosis in regards to their own child. This can be incredibly difficult due to ASD having such a wide range of factors that may or may not apply to their child specifically. Furthermore, the autism spectrum is wide, consisting of autism disorder, Asperger’s Syndrome, and Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS); many of the symptoms overlap, and can be confusing to understand (Renty & Roeyers, 2006). The severity of impairment as a result of a diagnosis of ASD can range from mild to severe; even those who display only mild symptoms of diagnostic criteria are given a diagnosis (Symon, 2001). Many parents are told to check within the community for resources; however, many are unsure about what these resources are and where these resources are available (Brill, 2001). In addition, Renty and Roeyers (2006) mention that quite often, information with regards to appropriate education, social services, leisure services, and health services, as well as how these services are organized and accessed is lacking. Furthermore, parents who do become involved within the mental health system often report becoming frustrated with the lack of trained professionals and specialized programs available to work with their children (Luther et al., 2005). Lockshin et al. (2004) mention that there are well over 100 different treatment approaches for ASD that have been popularized; however, most of these treatment approaches tend to either not have an effect, or are even too dangerous to be used. Additionally, there are several sources through television, books, magazines, internet, and other media which claim to have the newest breakthrough treatments and information; however, this can be incredibly misleading to hopeful parents looking to receive information about their child’s diagnosis, and strategies that can be used to assist in parenting a child with ASD (Lockshin et al., 2004). Parents then begin to perceive a lack of confidence in their own parenting skills because the techniques that they hear and read about are continually not working (Fouse & Wheeler, 1997). Lockshin et al. (2004) argue for this reason that parents need to receive education and information so that they can be an active participant in decision making, and advocacy for their child. Symon (2001) states that due to the increase in prevalence of ASD, further services are necessary to meet the increasing needs of these children and their families. Symon (2005) also states that one way to address this issue is to develop intervention programs that are based on parent education.

Parent Stress and Self-Efficacy

Several research studies indicate that having a child with autism can be more stressful than parenting a child with a chronic illness or another developmental disability (Sounders, DePaul, Freeman & Levy, 2002; as cited in Luther et al., 2005). Other researchers have discovered a substantial amount of evidence stating that parents of children with ASD experience higher levels of stress than not only parents who have a child with a developmental disability, but also the general population as a whole (McKinnay & Peterson, 1987; Weiss, 2002; as cited in Tehee, Honan & Hevey, 2008). Todis and Springer (as cited in Brookman-Frazee, 2004) state that a significant source of parent stress could be related to their own concerns around obtaining medical and mental health services for their child, as well as having to interact with professionals. Lockshin et al. (2004) mention that parent education regarding the use of proper
treatment terminology may help caregivers when speaking to medical and mental health professionals about their child’s development; this increase in knowledge may increase the parent’s confidence in their ability to advocate for their child.

According to Plant and Sanders (2007), children with developmental disabilities are often completely reliant on their caregivers to meet their physical, emotional, and sensory needs. Caring for a child with a developmental disability requires a lot of time and energy, completion of unpleasant and potentially physically demanding tasks such as constant lifting, feeding, and toileting, as well as disruption to family events and routines (Seltzer & Heller, as cited in Plant and Sanders, 2007). Therefore, parents often find these care-giving demands to be a burden, and as a result, experience higher levels of stress. Lockshin et al. (2004) found in their research that parents were reluctant to acknowledge that there were any other additional parenting stressors in their life, in addition to those reported by parents who do not have a child with a disability, as a result of living with and raising a child with ASD. Furthermore, they found that some individual family members viewed their stress responses as abnormal or unwarranted as they believed that they should be better able to manage their family’s challenges more effectively. In a study by Tehee, Honan, and Hevey (2008), parents were asked to identify their sources of stress with respect to raising their child with ASD. These parents reported that difficult and antisocial behaviours, concerns around education, obtaining support and services, understanding their child’s needs, and their concern for their child’s future were primary sources of stress in their lives. Some parents and family members have even reported going through a period of grief after a child in the family is given a diagnosis of ASD, as they feel that the child they anticipated having has been lost; quite often these feelings are expressed through anger, resentment, and guilt towards either the child or other family members (Fouse & Wheeler, 1997). Renty et al., (2006) state that gaining support from family, friends, and professionals can provide a cushion against the demands associated with raising a child with ASD, potentially resulting in better family adaptation.

When a parent feels overwhelmed by the stress of caring for a child with a disability, there could be negative implications on the child, parent, and family as a whole (Plant & Sanders, 2007). High levels of stress can have a negative impact on a parent’s interaction with other family members, thus increasing the likelihood of negative family communication. Fouse et al., (1997) mention that parents of children with ASD also tend to have higher rates of divorce as a result of the demands placed on their time, finances and energy; parents find that due to the demands of a child with ASD, there is little to no time at the end of the day to have a couple relationship. Additionally, they propose that even siblings of children with ASD feel jealously about the amount of attention that is being focused on the child with ASD, and might express feelings of embarrassment as a result of their sibling’s ASD behaviours. Fouse et al. (1997) also found in their work that parents may also become isolated from their family and friends as a result of their child’s behaviours; friends and relatives may avoid interacting with the family because they feel uncomfortable. Werner (as cited in Luther et al., 2001) interviewed parents of children with autism and found several different themes: family life seemed to revolve around dealing with the unusual behaviours of the child, parents felt losses because they felt they could not lead a normal family life, and the parents rarely had moments where they felt like they were part of a family.

Parent and family empowerment are increasingly being deemed as an important outcome of entering children’s mental health services (Brookman-Frazee, 2004). According to Johnston and Mash (as cited in Sofronoff & Farbotko, 2002), define parental self-efficacy as a parent’s
level of confidence in being able to handle their child’s problems and behaviours. Alternatively, Hastings and Brown (2002) argue that self-efficacy refers to an individual’s perception of their skills in a particular area or domain. However, this perception of self-efficacy can differ depending on the context of which the parent is dealing; for example, they may feel more confident in dealing with some situations than others. They believe that the most appropriate way to measure self-efficacy in parenting is by examining the domain of managing child behaviour issues. Hastings et al. also believe that a parent’s level of self-efficacy can be predictive of parenting stress; that is, higher levels of self-efficacy are predictive of higher psychological well-being and less psychological distress. Walsh (as cited in Lockshin et al., 2004) suggested that a family’s ability to use their strengths and resources, or resiliency, is shaped through adversity—the way they confront any negative experiences that arise, buffer stress, and reorganize so that they are better able to adapt to their family’s needs.

Sofronoff and Farbotko (2002) designed a parent training program for parents of children with Asperger’s Syndrome. The program educated parents about Asperger’s Syndrome, and taught parents strategies around raising their child. Their program led to a reported increase in the participants’ parental self-efficacy when it came to managing their own child’s behaviours, as well as a decrease in the number of problem behaviours at home that were reported. Tehee et al. (2008) suggest that making information available to parents, as well as giving them coping tools, provides a sense of empowerment, helps them adjust emotionally, provides confidence in their abilities to access services, and improves their level of management with respect to their child’s behaviour (Pain, as cited in Tehee, Honan, and Hevey, 2008). Tehee et al. (2008) also state that there is a link between parent support and education, suggesting that providing information to parents may improve their ability to access other support services. Hastings et al. (2002) believe that by studying the role of self-efficacy as a variable that can link child behaviour issues to parent mental health, the outcomes may have great implications for not only work with parents, but also for theories and practice related to managing child behaviour.

The Role of Parent Education

Parent training can be seen as an important tool in assisting parents to understand how to meet the support needs of their child with ASD (Renty & Roeyers, 2006). Osborne, McHugh, Sanders, and Reed (2008) state that parent and child factors can influence the effectiveness of early interventions; parents’ mental well-being and levels of parental education have influence over short-term and long-term outcomes of early intervention. Russell (2003) states that parents have a need to feel confident in the parenting role. When parents do not know what to expect from their children, they may begin to feel incompetent, thus making them more vulnerable to depression and marital stress. Furthermore, parenting media such as books, magazines, and the internet are easily accessible; however, parenting advice offered by the media can be conflicting and confusing with regards to what causes and treatments for ASD are appropriate. In terms of dealing with unwanted behaviours, Hastings et al. (2002) state that often parents find challenging behaviours aversive, which can affect how they interact with the child in their care. As a result, Hastings et al. (2002) suggest that sometimes the messages that parents send to their children when attempting to teach or discipline can be confusing. They argue that often it is easier for parents to deal with undesired behaviour in a way that avoids the short-term impact or consequences; however, parents find that it takes a longer time to attempt at maintaining positive behaviours as a result. Russell (2003) argues that it is the mental health professional’s responsibility to connect parents with the latest information on child development and parenting.
Several key factors are outlined which are needed for a parent education program: The objective must be to increase parents’ knowledge, skills, and confidence in parenting, the program should promote sensitive parent/child relationships, and the program should build a sense of support for the parents in terms of marital support, support from other parents, and support from professionals.

Renty et al. (2005) argue that mental health professional support can be important in providing information and developing networks between other families and community services that are available. These partnerships should consist of different community professionals who provide parents with support, rather than one individual intervening and attempting to solve the family’s problems directly (Brookman-Frazee, 2004). Brookman-Frazee (2004) proposes that while the clinician is responsible for providing information to parents and training them on techniques that can be used with their child, ultimately, the parent is responsible for implementing these techniques at home. Stahmer and Gist (2001) indicate that educating parents of children with autism on how to provide treatment to their own children is now an essential part of a successful intervention program. Symon (2001) argues that parents of children with autism can effectively implement behavioural, communication, and social programs in the home. Furthermore, McClannahan et al. (as cited in Symon, 2001) state that parents’ observation of their own child’s behaviour change, as a result of their training, is highly reinforcing. Additionally, Russell (2003) states that parent education programs should be designed for both parental parties, as both play an integral role in a child’s intellectual, social, and emotional development.

Koegel et al. (1982) found that there were positive effects for parents who participated in parent education programs such as a reduction in stress, increased recreation time, and increased optimism about their ability to influence their child’s development. However, more research is needed to demonstrate the effects of a short-term parent education program with a parent support component (Stahmer & Gist, 2001).

The Applied Behaviour Analysis Approach

Fouse et al., (1997) state that challenging behaviours displayed by individuals with ASD are quite frustrating for caregivers, and could lead to frequent feelings of parental inadequacy. In attempting to teach new skills to individuals with ASD, typical characteristics such as having a short attention span, impulsivity, distractibility, and hyperactivity make it difficult to focus on new tasks (Fouse & Wheeler, 1997). Although there is no known cure for ASD, extensive research suggests that intensive and individualized behavioural intervention greatly improves life outcomes for individuals who have been diagnosed with autism (Lockshin et al., 2004). Applied Behaviour Analysis (ABA) is currently considered the best and most effective evidence-based approach to working with individuals with autism to date (Autism Society Canada, 2009). ABA is highly structured, individualized, and follows very predictable patterns of instruction (Harris & Weiss, 1998) which builds skills around attention, language and comprehension, appropriate play, self-help skills, and social interaction (Autism Society Canada, 2009). Learning these basic skills greatly increases an individual’s level of ability to learn and function independently, but is most effective if intervention begins early (Autism Society Canada, 2009). Renty et al. (2006) argue that if parents are given more direct help and support during the early years of their child’s life, it will help them to learn and develop appropriate strategies in raising their child which can impact not only current, but later quality of life.
When properly trained, the ABA approach can be used by educators, counsellors, certified behaviour analysts, and parents (Autism Society Canada, 2009). Lockshin et al. (2004) state that parent training in ABA involves teaching specific skills to parents that will assist them in making changes to their child’s behaviour successfully. They mention that there are two types of behaviours that can be changed: behavioural excesses and behavioural deficits—behaviours that either occur frequently, or are hardly occurring at all, respectfully. Lockshin et al. (2004) state that by learning these skills and effectively changing these types of behaviours, parent stress can be reduced. The authors argue that the majority of parenting education strategies have been derived from learning theories involving ABA, Behaviour Therapy, and Cognitive Behaviour Therapy; the focus is on teaching their children how to respond within their environments. This is achieved by teaching parents how to analyze antecedents (what happens prior to behaviour) and consequences (what happens immediately after behaviour) that may be maintaining behaviours that are both wanted and unwanted. After doing so, Lockshin et al. (2004) state that once parents have learned how to observe and record behaviour, they are taught skills that will help them to be consistent, give consequences, change environmental conditions, and teach their children alternative social and coping skills that are deemed socially acceptable. Additionally, Harris et al. (1998) state that ABA skills can also be used to help children with ASD to control their disruptive behaviours such as tantrums, stereotyped behaviours such as self-stimulation, and non-compliance.

The Study’s Relationship to the Literature

More research is needed to examine the relationship between parent stress levels and confidence levels in raising a child with ASD (Brookman-Frazee, 2004). There are expansive amounts of literature which suggest that a parent’s level of self-efficacy in regards to their own level of confidence in dealing with their children’s behaviour could have a great effect on their stress levels either positively or negatively. When information is not readily available, or is confusing and misleading, parents begin to feel hopeless and inadequate (Fouse & Wheeler, 1997). Hastings et al. (2002) argue that one of the most significant stressors for a parent of a child with ASD is the severity of the behaviours that they are exhibiting in the home. Providing parent-training programs on how to decrease these behaviours as well as other information regarding ASD would provide parents with other resources that can be used, and even help parents to overcome standstills or discontinuity of services in the meantime (Tehee et al., 2008). When parents are provided with encouragement, education, and support, families then make the necessary changes that will impact their quality of life in a positive way (Lockshin et al., 2004). The literature demonstrates that there is a need for programs such as “Putting the Pieces Together”, which encompasses the aforementioned parent-training component, provides up-to-date information related to raising the child with autism, and seeks to relieve some of the daily stressors these parents face.
Chapter III: Method

Workshop Design—“Putting the Pieces Together”
Parts of the workshop were adapted from Erin Oaks’ *A Learning Journey into Autism Spectrum Disorder* program (2007). The Erin Oaks’ program (2007) is a parent education workshop that provides strategies to parents, particularly around behaviour management and teaching communication skills. This program teaches parents how to use ABA-based strategies within the home. While the program is extremely informative, at Pathways for Children and Youth, it is currently only provided to parents of children who qualify and are wait-listed for Intensive Behavioural Intervention. Therefore, parents of children who do not qualify are missing out on this information.

“Putting the Pieces Together” aims to incorporate the teaching strategies used by the Erin Oaks’ program. However, “Putting the Pieces Together” includes a parent-support component; this portion of the workshop considers parent self-care and stress management, as well as community resources, which is currently not present in the Erin Oaks’ program. Furthermore, other resources which were available to the agency such as parent self-help books, other workshop resources, and information collected from the literature, were included in the development of the workshop. In order to assess the effectiveness of the workshop, a repeated measures design was used, along with a visual analysis of the pre- and post-test results of both the Parent Stress Index/Short Form (Abidin, 1995) and Parental Self Efficacy Scale (adapted from Sofronoff and Farbotko, 2002).

Participants
Individuals were required to be a parent/guardian of a child between the ages of 18 months to 7 years with a diagnosis of high functioning autism spectrum disorder, as described in the DSM-IV, to qualify for the workshop. This included children with Asperger’s Syndrome, Pervasive Developmental Disorders, and Pervasive Developmental Disorder Not-Otherwise-Specified. The children of the participants could not be on the waiting list to receive Intensive Behavioural Intervention as the study was to be representative of those worthy of, but not receiving additional services.

Of the eight participants in the group, seven individuals participated in the study; five of which were female, and two were male. The eighth individual was not included in the study as this group member did not begin attending the workshop until a later session. Both males had a female partner within the group whom was included in the study. Of the remaining three females, only one was a single parent, and the other two individuals were residing with their partners. All of the participants were biological parents of a child with a diagnosis of ASD, and were referred to the group by Pathways’ community site counselors and intake counselors. Additionally, five of the participants reported that they were currently receiving services from a Pathways community site counselor; the other two participants were a husband and wife couple who reported that they were currently waiting to receive services from a Pathways community site counselor.

Informed Consent
Pathways for Children and Youth counselors forwarded the names of clients who were interested to the Early Years’ team, who then called to complete program registration. Group
participants were informed during the phone call that this workshop was a pilot parent education workshop presented by Pathways; they were informed that as part of the group, a research study was being completed, and that more information would be available during the first session.

A consent letter provided during the first session outlined pertinent information about the research. The study was explained and the participants were given the opportunity to ask questions about the process. The option to opt out of the research was emphasized, and all of the participants present at the first session consented to be part of the study. This study was approved by both the St. Lawrence College Research Ethics Board and the Pathways for Children and Youth Ethics Review Committee.

Setting and Materials

The workshop sessions took place for two hours at a Pathways for Children and Youth community site every Wednesday morning, for the duration of six weeks. The sessions included a PowerPoint presentation outlining the week’s information, handouts and activities to be completed by the group, discussion about the day’s topic, and resources available to be signed out by the group participants.

Measures

Parenting Stress Index/Short Form (Abidin, 1995). The Parenting Stress Index/Short Form (Abidin, 1995) is a diagnostic tool used by community counselors and psychometrists at Pathways for Children and Youth. The Early Years Program Manager at Pathways requested the use of this well-established assessment tool as an analysis method for the research discussed herein.

The Parenting Stress Index/Short Form (PSI/SF) is a shorter version of the Parenting Stress Index. This 36-item scale was built to assess different stressors within the parent-child relationship (Abidin, 1995). When this scale is administered, answers are normally scored and interpreted on an individual basis to examine where the difficulties in the parent-child relationship lie. This assessment tool can be administered by anyone, but interpretation of the index is to be completed by a psychometrist, registered psychologist, or psychological associate. For the purposes of this study, only the scores for overall stress levels were assessed; using this scale for the sole purpose of scoring stress levels was approved by a psychometrist at Pathways who trained the individuals administering the PSI/SF for this study. When scoring the PSI/SF, any score ranking between the 15th and 80th percentiles are considered normal stress levels. Scores equal to or greater than the 85th percentile are considered high stress levels.

Parental-Self Efficacy Scale (adapted from Sofronoff and Farbotko, 2002). The Parental-Self Efficacy Scale (Appendix A) was adapted for the purposes of this study from the Parental Self-Efficacy in the Management of Asperger Syndrome Questionnaire (Sofronoff & Farbotko, 2002). Sofronoff and Farbotko created this scale to examine self-efficacy in parents undergoing Parent Management Training. This assessment tool looks at different behaviours often associated with Asperger’s Syndrome and determines the level of confidence that a parent feels when addressing that behaviour. The adapted Parental Self-Efficacy Scale questionnaire contains 13 questions that list behaviours that are seen in children with ASD; the parents were asked if the behaviour had occurred within the past month, and if so, what their level of confidence was in dealing with that behaviour. As with Sofronoff and Farbotko’s scale (2002),
scoring of this assessment tool is completed by averaging the total confidence score for “yes” behaviours by the number of “yes” behaviours reported. The average score of the parent is examined with this scale as children display problem behaviours over a spectrum of incidence rates. This also facilitates the comparison of scores over time. A score between 1 and 1.9 indicates little to no confidence, 2 to 2.9 indicates some confidence, and 3 to 4 indicates moderate to high confidence.

**Putting the Pieces Together Feedback Form (Pathways for Children and Youth, 2010).** After administering a workshop, Pathways offers a parent feedback form for participants to fill out. This feedback provides the agency with information that allows them to adjust their parent education programs to fit the community’s needs. This form (Appendix B) was designed specifically for the “Putting the Pieces Together” program.

**Procedure**

Sessions were designed and run by the researcher and two Pathways’ Early Years department counselors. The outline for “Putting the Pieces Together” is found in Table 1:

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Outline</th>
</tr>
</thead>
</table>
| 1       | • Introduction to Workshop  
|        | • Information About Thesis and Study  
|        | • Administer Parenting Stress Index and Parental Self-Efficacy Scale  
|        | • What is Autism?  |
| 2       | • Behaviour Management  
|        | • The Importance of Routines  |
| 3       | • Communication  
|        | • Functions of Communication  
|        | • Strategies to Teach Communication  |
| 4       | • Social Skills  
|        | • Social Stories/Play Activities  
|        | • Strategies to Promote Peer Interaction  
|        | • Tips for Creating Social Learning Opportunities  |
| 5       | • Teaching Self-Help Skills to a Child with ASD  
|        | • Toileting, Bathing, Eating, etc.  |
| 6       | • Parent Stress and Self-Care  
|        | • Resources in Your Community  
|        | • Advocating For Autism Support in Your Community  
|        | • Administer Parenting Stress Index/Parental Self-Efficacy Scale  |
Individuals participating in the study were asked to complete both the Parenting Stress Index/Short Form (Abidin, 1995), and the Parental Self-Efficacy Scale (Sofronoff & Farbotko, 2002) to assess self-reported levels of stress and parental self-efficacy during the first and last sessions of this workshop. This was done to establish whether or not the parent education group had an effect on overall reported parent stress levels and self-efficacy. In order to complete a post-measurement during session six, parents must have attended at least four out of the six sessions. All of the parents participating in the group were also asked to complete the “Putting the Pieces Together” parent feedback form at the end of the last session. This information was used to provide the facilitators and program designers with information that would allow for needed changes to be made to the program.
Chapter IV: Results

A manual was designed to assist in the facilitation of “Putting the Pieces Together”. Information presented throughout the duration of the group was obtained through adaptation of concepts used in the Erin Oaks’ program. Furthermore, other resources that were available at Pathways for Children and Youth such as parent self-help books, group resources, and other literature were used in the development of the workshop.

While seven participants originally completed the pre-measures previously outlined, only two participants completed a post-assessment. As a result, a visual analysis was performed using the results from the two individuals who completed both pre and post assessments. The results are outlined as follows:

Parent Stress Index/Short Form (Abidin, 1995)

![Graph showing pre-test and post-test results for two participants.]

**Participants**

_Figure 1. Pre- and Post-Test Results of the Parenting Stress Index/Short Form_

**Table 2**

_Table 2: Pre-test Scores for the Parent Stress Index/Short Form_

<table>
<thead>
<tr>
<th>Participant</th>
<th>Total Stress Score</th>
<th>Score (Test One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>122</td>
<td>Clinically significant stress level; &gt;99th percentile</td>
</tr>
<tr>
<td>2</td>
<td>113</td>
<td>Clinically significant stress level; &gt;99th percentile</td>
</tr>
<tr>
<td>3</td>
<td>148</td>
<td>Clinically significant stress level; &gt;95th percentile, &lt;99th percentile</td>
</tr>
<tr>
<td>4</td>
<td>102</td>
<td>Above average stress level; &gt;85th percentile, &lt;90th percentile</td>
</tr>
<tr>
<td>5</td>
<td>91</td>
<td>Average Stress Level; &gt;70th percentile, &lt;75th percentile</td>
</tr>
<tr>
<td>6</td>
<td>78</td>
<td>Above average stress level; &gt;85th percentile, &lt;90th percentile</td>
</tr>
<tr>
<td>7</td>
<td>88</td>
<td>Above average stress level; &gt;85th percentile, &lt;90th percentile</td>
</tr>
</tbody>
</table>
Table 3  
Post-test Scores for the Parent Stress Index/Short Form

<table>
<thead>
<tr>
<th>Participant</th>
<th>Total Stress Score</th>
<th>Score (Test Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>117</td>
<td>Clinically significant stress level; &gt;99th percentile</td>
</tr>
<tr>
<td>6</td>
<td>71</td>
<td>Average stress level; at 55th percentile</td>
</tr>
</tbody>
</table>

A visual analysis was performed to assess the results of the Parenting Stress Index/Short Form. Results indicate that Participant 1 had a reported decrease in scores for overall stress, from 122 to 117. Both scores are indicative of a clinically significant stress level, scoring over the 99th percentile. Participant 2 had a reported decrease in scores for overall stress, from 78 to 71. This participant went from scoring in the 75th percentile to the 55th percentile; both scores are indicative of an average stress level.

Parental Self-Efficacy Scale (adapted from Sofronoff & Farbotko, 2002)

![Bar chart showing pre- and post-test scores for Participant 1 and Participant 2](chart.png)

**Participants**

*Figure 2. Pre- and Post-Test Results for the Parental Self-Efficacy Scale*

Table 4  
Parental Self Efficacy Scale Pre-Test Scores

<table>
<thead>
<tr>
<th>Participant</th>
<th># of Yes Responses</th>
<th>Confidence Score</th>
<th>S.E. Score</th>
<th>Confidence Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>33</td>
<td>2.8</td>
<td>Moderate Confidence</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>19</td>
<td>1.9</td>
<td>Little to No Confidence</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>28</td>
<td>2.8</td>
<td>Moderate Confidence</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>25</td>
<td>2.1</td>
<td>Moderate Confidence</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>24</td>
<td>2.7</td>
<td>Moderate Confidence</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>17</td>
<td>2.4</td>
<td>Moderate Confidence</td>
</tr>
<tr>
<td>7</td>
<td>10</td>
<td>30</td>
<td>3.0</td>
<td>Moderate to High Confidence</td>
</tr>
</tbody>
</table>

Average Score 10 25.1 2.5
Table 5
**Parental Self-Efficacy Scale Post-Test Scores**

<table>
<thead>
<tr>
<th>Participant</th>
<th># of Yes Responses</th>
<th>Confidence Score</th>
<th>S.E. Score</th>
<th>Confidence Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>39</td>
<td>3.3</td>
<td>Moderate to High Confidence</td>
</tr>
<tr>
<td>6</td>
<td>12</td>
<td>47</td>
<td>3.9</td>
<td>Moderate to High Confidence</td>
</tr>
</tbody>
</table>

Average Score | 12 | 43 | 3.6 |

A visual analysis was performed to assess the results of the Parental Self-Efficacy Scale. Results indicate that Participant 1 had a reported increase, from a score of 2.8, indicating moderate confidence, to 3.3 indicating moderate to high confidence. Participant 6 had an increase in their reported self-efficacy score from 2.4, indicating moderate confidence, to 3.9 indicating moderate to high confidence.

**Putting the Pieces Together Feedback Form (Pathways for Children and Youth, 2010)**

Table 6

**Individual Session Feedback**

<table>
<thead>
<tr>
<th>Session</th>
<th>Participant One’s Rating</th>
<th>Participant Six’s Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session One: What is Autism?</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Session Two: Behaviour Management</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Session Three: Communication</td>
<td>n/a</td>
<td>5</td>
</tr>
<tr>
<td>Session Four: Social Skills</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session Five: Self-Help Skills</td>
<td>n/a</td>
<td>5</td>
</tr>
<tr>
<td>Session Six: Parent Stress/Community Resources</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 7

**Overall Feedback**

<table>
<thead>
<tr>
<th>Question</th>
<th>Participant One’s Rating</th>
<th>Participant Six’s Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program has increased my understanding of ASD</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>The topics in this program were helpful to me</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am better able to find solutions to behaviour challenges</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>I am more confident when interacting with my child</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My relationship with my child(ren) has improved</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>I am more confident in my ability to access community resources</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>The Putting the Pieces Together program met my expectations</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
**Group Comments**

**Participant One:**
- Attended four of the six sessions; on average, ranked each session at 4.25 out of 5.
- Comments:
  - “Liked team leadership with diversity of skills and examples”
  - “The presentation of materials and handouts, resource table—very thorough”
  - “Opportunity to reflect on our own family situations through examples”
  - Would have liked to see “further on ABA and RDI”
  - “Need a minimum number of people to make it viable; careful of reading off the sheets”

**Participant Six:**
- Attended all six of the sessions; on average, ranked each session at 5 out of 5.
- Comments:
  - “It was really well done for information. I know how to help [my son] cope during the day”
  - “Need more time for behaviour management”

These results appear to reflect that the program was informative and beneficial to the participants. Both participants mention that there is a need for more information regarding behaviour management and applied behaviour analysis. Results appear to reflect that overall, participants were satisfied with the program.
Chapter V: Discussion

Results Summary

Raising a child with autism is an extremely stressful endeavour for parents and other family members alike. Within each of the education group sessions, parents consistently expressed the need for information to be provided. Furthermore, the group participants continually discussed their own daily stressors encountered, in addition to their uncertainties about how to deal with their child’s behaviours at home. Based on comments, participants suggested that they found the information being presented in the workshop to be useful.

The participants’ reported overall scores on the PSI/SF decreased slightly, suggesting that perhaps within the six weeks of group, they were feeling less stressed. Additionally, participants’ scores on the Parental Self-Efficacy Scale increased, implying that individuals were feeling more confident in their abilities to manage their child’s autistic behaviours in the home. The current study did show a correlation between reported parent stress and self-efficacy, and it is thought with the participation of a larger number of participants, a statistically significant result may be obtained.

Strengths

A major strength of this study is the resulting parent education manual designed for the workshop. Currently, no other programs in the community are present for parents of children with high-functioning autism, making this workshop unique. Furthermore, the information presented in the workshop is current with the information in the literature, looking to discredit some of the popular myths about autism and provide correct information about the disorder.

During the recruitment process, the interest and enthusiasm of agency staff was apparent, as well as with parents who were either on the waiting list to speak with a community counsellor, or awaiting assessment for Intensive Behavioural Intervention. Many parents expressed that they believed a program of this calibre was much needed for this community, and were impressed that the agency was beginning to recognize that need. Additionally, the workshop also provides a solution for the agency, as Pathways for Children and Youth can now redirect parents to information which they may not have received otherwise.

With respect to research, the use of the PSI/SF in this study is a strength. This scale is well established, and is used consistently throughout the many different facets of mental health agencies. The scale provides a good representation as to the present stress level of the individual. When interpreted by a psychometrist, the PSI/SF provides detailed information about the parent-child relationship and any of its related stressors. The majority of this study’s participants scored over the 99th percentile for total overall stress; if these results could be repeated on a larger scale, the decrease in the scores after attending the group suggest that receiving and learning the information presented was much needed and could benefit many others in the future.

Limitations

While the research presented in this study provides some insight into a potential opportunity, it also comes with some limitations. Due to time constraints for the facilitators implementing the program, this workshop was carried-out in the mornings, once a week. While several families were referred to the group facilitators for this workshop, most could not commit to a morning workshop due to needing child care or transportation to attend. Also, many families who were contacted during the recruitment stage of beginning the group identified that they
could not leave their place of employment to participate; this suggests that perhaps in the future, this group should be run in the evenings, to better accommodate these families.

The raw data from the results suggests that this program could be effective in decreasing stress and increasing self-efficacy, however, only two of the seven participants completed a post-test due to inclement weather during the last session; this is not representative of the group as a whole, nor is it representative of all parents with a child diagnosed with high-functioning autism. Additionally, both assessment tools used in this study were based solely on self-report. This may not be indicative of actual levels of stress experienced by the parent, and there is no way to determine whether or not skills learned while attending the group were being applied in the home. Despite this limitation, the agency has discussed continuing the study with future parents who participate in later groups. Continuing the study on a larger scale allows for deeper exploration of the correlation between parent self-efficacy and self-reported parenting stress.

**Multilevel Challenges**

**Client Level.** Challenges faced by parents of children with autism are arguably great. These parents have many additional commitments that a parent with the so-called “normal” functioning child does not, such as additional doctor’s appointments, meetings with the child’s school, counselling appointments. Consequently, parents cannot often commit to activities beyond meeting their home, work, and child’s needs. This workshop shows promise of being useful; however, parents still are required to find child care and transportation to attend, which may not be feasible.

Additionally, the workshop covers a depth of important information within a narrow time-frame. Many new skills are presented, which the client may find overwhelming. Clients experience feelings of helplessness or stress in attempting to implement new skills on their own or think they do not have the time to practice all of the new strategies.

**Program Level.** When designing a program, it is challenging to find current and relevant information to benefit the intended participants. Another challenge that mental health professionals face is finding time to build such a program from the ground up. The agency identified the need for a program for parents of children with high-functioning autism, but it took many months before any concrete plans were implemented. Finally, with the language and terminology with respect to autism being quite technical at times, providing parents with a clear understanding of some of the vocabulary that is associated with the field can be difficult.

**Organizational Level.** Potentially, the greatest difficulties faced at the organizational level is recognizing a need in the community for a particular program, as well as finding time, funding, and resources to develop and implement it. Once a parent education program is approved and developed, the other challenges become referring clients to the program, and being able to accommodate their needs, such as providing transportation and child care. Furthermore, finding times, dates, locations, refreshments, and facilitators to run the programs becomes an ongoing issue that agencies contend with.

**Societal Level.** Since the agency is the only children’s mental health agency in its area, it is important that the agency make a positive statement about itself within the community. This comes through including and partnering with other community agencies that are working with the same types of clientele. Another issue involves marketing the workshop to the public and making it known to parents that an effort to meet their needs is present. Currently, it appears that many parents of children with higher-functioning autism feel that there is nothing really in their
communities designed with respect to assisting them. While the program currently remains available only to clients, it may be offered to the broader public once its effectiveness has been assured.

Program Changes
Since “Putting the Pieces Together” is a brand new program, it would be helpful to have many of its initial participants provide feedback to the agency about what information is helpful and relevant, and what could be removed. In the future, it may be wise to elongate the sessions to ensure that material is being covered thoroughly, and at a pace suitable to the participants. Several of the participants in the study identified that more time could be spent on behavioural techniques which can be used, as well as more information with respect to communicating with the child with autism. These ideas should be considered for a future run of the group.

Contribution to the Behavioural Psychology Field
Additional research with respect to the relationship between parent stress and self-efficacy would be of great benefit to both families and mental health agencies alike. The present study observed the progress of two individuals; however, if the agency were to continue this study with larger groups of people and explore other possibilities in regards to self-efficacy, the potential for future preventative mental health care programs, such as “Putting the Pieces Together” could reduce the demand placed on mental health agencies. “Putting the Pieces Together” is a unique program that requires ongoing optimization and shows a great amount of potential for the future of children’s mental health. Currently, with the financial demands and restrictions placed on the mental health system, it is difficult to meet the growing demands of families needing to receive services. Arguably, families are just looking for information that will help them to get through what they are facing. If more information programs such as this are built, more referrals can be made to such groups, specifically for families that are simply only seeking short-term assistance. Therefore, if parents are provided with skills that increase their confidence levels in regards to their parenting abilities, they may feel better equipped to handle their daily stressors on their own. This could then decrease the demand on long-term mental health services, potentially freeing up other spaces that could be used for families that are in greater need of such long-term assistance.
References


Pathways for Children and Youth (2010). *Putting the pieces together feedback form* [handout].


Appendix A: Parental Self Efficacy Scale (Sofronoff and Farbotko, 2002)

Parental Self Efficacy Scale

Read the list of typical Autism Spectrum Disorders below. If this behaviour has occurred within the past month with your child, circle “yes” in the corresponding box. Then, rate your level of confidence in dealing with that behaviour at home. Confidence ratings are as follows:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Confident</td>
<td>Somewhat Confident</td>
<td>Mostly Confident</td>
<td>Completely Confident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My child.....</th>
<th>Occurred in the past month?</th>
<th>Level of Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>...has become agitated or distressed by certain sounds (i.e., banging, ticking)</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...followed routines rigidly</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...insisted things be done his or her own way</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...has become distressed or upset by change</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...has misinterpreted the motives of others (i.e., not understanding a joke, missing sarcasm)</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...will only see one way of doing things</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...did not make or maintain eye contact</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...lacked empathy</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...did not take turns in conversation (i.e., interrupting, not talking at all)</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...found criticism, or losing a game very upsetting</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...spoke excessively about a particular topic</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>...made a stereotypical movement</td>
<td>Yes No</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>when he/she got excited (i.e., rocking, flapping, arm movements)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>...spent an excessive amount of time engaged in a particular interest or activity</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Adapted from the Parental Self-Efficacy in the Management of Asperger Syndrome Questionnaire (Sofronoff and Farbotko, 2002)
Appendix B: “Putting the Pieces Together” Feedback Form

Date: ________________________________

Workshop Name: __________________________________________________________

To help us improve the parenting program, your feedback is important to us.

<table>
<thead>
<tr>
<th>Learning about…</th>
<th>Does not apply</th>
<th>Not Helpful</th>
<th>Somewhat Helpful</th>
<th>Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: What is Autism?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session 2: Behaviour Management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session 3: Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session 4: Social Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session 5: Self-Help Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Session 6: Parent Stress and Community</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:______________________________________________________________________________
______________________________________________________________________________________

A few more questions…

<table>
<thead>
<tr>
<th>Does not apply</th>
<th>Not at all</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program has increased my understanding of Autism Spectrum Disorder</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The topics in this program were helpful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am better able to find solutions to behaviour challenges.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am more confident when interacting with my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My relationship with my child(ren) has improved.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I am more confident in my ability to access community resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The Putting the Pieces Together program met my expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

What I liked best was:_________________________________________________________________
______________________________________________________________________________________

23
What would you change about the Putting the Pieces Together program?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Was there any information that wasn’t included that you would have liked to learn more about?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Any more comments?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thanks for your time!
APPENDIX C: AGENCY CONSENT

Re: Please Read-Agency Consent

From: Tabitha MacInnis (tmacinnis@pathwayschildenyouth.org) 📩
Sent: March 24, 2011 2:16:24 PM
To: jennifer_bethley@hotmail.com

Hi Jon,
I'm not sure what happened, but I emailed the following to you right after our phone call on Tuesday. Sorry you didn't get it and good thing you emailed me!
I'm also attaching our good logo, in case you need it.

In response to your request, you have consent to identify Pathways for Children and Youth as the agency you worked with, in both your thesis and at the poster gala. Could you please send me an email declaring that you will not be including in your reports any identifying information about clients from Pathways.
Thanks again for all your hard work Jen and good luck!

Tabitha MacInnis
Community Child and Youth Counsellor
Early Years Service
Pathways for Children and Youth
1201 Division St., Suite 215
Kingston, ON K7K 6X4
Tel: 546-8535 X240
Fax: 546-6943

(tmacinnis@pathwayschildenyouth.org)