

Georgia State University

ScholarWorks @ Georgia State University

Public Health Capstone Projects

School of Public Health

Spring 5-12-2023

Positive Behavior Support Parent Academy Curriculum - An Additional Approach

Lupe Arteaga

Follow this and additional works at: https://scholarworks.gsu.edu/iph_capstone

Recommended Citation

Arteaga, Lupe, "Positive Behavior Support Parent Academy Curriculum - An Additional Approach." , Georgia State University, 2023.

doi: <https://doi.org/10.57709/35300351>

This Capstone Project is brought to you for free and open access by the School of Public Health at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Public Health Capstone Projects by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

Lupe Arteaga

Capstone: Positive Behavior Supports Parent Academy Curriculum – An Additional Approach

ABSTRACT

The Center for Leadership in Disability developed the Positive Behavior Support Parent Academy. Positive Behavior Support refers to a behavior management system used to understand what potentially causes an individual's challenging behavior. The program hopes to reduce the disparity in access to positive behavior support through the curriculum. The purpose of this paper is to understand the current curriculum while allowing research to support the rebuilding of session five's content focusing on healthy sleeping and challenging behaviors, bedtime fading, positive bedtime routine, healthy eating routine, importance of rituals, routines, and transitions, and a cultural awareness discussion. The paper will begin by providing insight on the public health concern, the barriers that caregivers face when parenting children with developmental challenges. Following the literature review, there will be an overview of the parent academy, a review of the current curriculum, and lastly the curriculum rebuilding for session five.

Positive Behavior Supports Parent Academy Curriculum – An Additional Approach:

Rebuilding Curriculum

By

Lupe Arteaga

B.S., GEORGIA STATE UNIVERSITY

A Capstone Submitted to the Graduate Faculty of Georgia State University in Partial

Fulfillment of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA

30303

APPROVAL PAGE

**POSITIVE BEHAVIOR SUPPORTS PARENT ACADEMY CURRICULUM – AN
ADDITIONAL APPROACH: REBUILDING CURRICULUM**

By

LUPE ARTEAGA

Approved:

Committee Chair: Dr. Emily Graybill

Committee Member: Ms. Molly Tucker

April 24th, 2023

ACKNOWLEDGEMENTS

I would like to thank my committee chair and member, Dr. Emily Graybill and Ms. Molly Tucker for their guidance, support, and contributions to the completion of this work. I am beyond thankful for the encouragement and passion they have towards the needs of the community.

I would also like to share my gratitude to all my undergraduate and graduate professors within the school of public health who have supported me and allowed me to grow in my academics. This work would not be possible without all of you.

AUTHOR'S STATEMENT PAGE

In presenting this capstone as a partial fulfillment of the requirements for an advanced degree from Georgia State University, I agree that the Library of the University shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote from, to copy from, or to publish this capstone may be granted by the author or, in his/her absence, by the professor under whose direction it was written, or in his/her absence, by the Associate Dean, School of Public Health. Quoting, copying, or publishing must be solely for scholarly purposes and will not involve potential financial gain. It is understood that any copying from or publication of this capstone which involves potential financial gain will not be allowed without written permission of the author.

Lupe Arteaga

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2-5
Literature Review.....	7-8
Program Description.....	9
Curriculum Review Session 1.....	10-11
Curriculum Review Session 2.....	12-15
Curriculum Review Session 3 & 4.....	16-17
Curriculum Rebuilding Session 5.....	18-23
Implementation of Updated Curriculum.....	23-24
Next Steps	24-25
Lessons Learned	25
Conclusion.....	26
References.....	27-29

Literature Review

Being a caregiver of a child with disabilities comes with different challenges. Studies have shown that parenting a child with autism spectrum disorder (ASD) or intellectual disabilities can be stressful for caregivers (Singh et al., 2019). Autism Spectrum Disorder is a developmental disability that can cause challenges in different areas such as social interaction, communication, and behavior (Christensen et al., 2018). The Center for Disease Control and Prevention interprets that about 1 in 44 children have been identified with ASD according to the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. Factors including transportation to doctor appointments, healthcare costs, and access to early intervention services all play a role in why caregiver's stress levels are high. Parent training has demonstrated that it is beneficial in allowing parents to engage in different parenting behaviors such as setting schedules and routines for their children. Although there has been evidence that coaching parents and families of children with ASD is beneficial, available evidence also suggests that community early intervention programs and clinicians rarely coach parents when working with these children (Pellechia et al., 2020). There is a lack of research on potential reasonings for why there are not many parent academies and coaching. However, common reasons that caregivers may not participate in these opportunities can be challenges with taking off work, finding someone to care for their children, and transportation. Parent coaching or parent academies can include different initiatives such as planning learning goals, modeling effective practices, and engaging in feedback (Pellechia et al., 2020).

The theory of planned behavior has allowed for a better understanding of potential factors influencing the use of parent coaching. Attitudes, norms, and self-efficacy all play a role in the intentions within the use of parent coaching techniques (Pellechia et al., 2020). A study using the

theory of planned behavior demonstrated that teachers working in public schools have reported strong intentions to use visual schedules as an evidenced based practice for children with ASD (Ingersoll et al., 2018). A specific project that has been used to bring parents together for a manualized parent-mediated intervention for young children with ASD is Project Impact. This training workshop included a 3-day in person or a 2-day in person with an online tutorial format and both options included naturalistic developmental-behavioral intervention strategies (NDBI) to help improve the caregiver's child's social communication development (Ingersoll et al., 2018). NDBI are implemented in natural settings to allow for more natural contingencies among the child and the therapist through use of behavioral strategies to teach developmentally appropriate and prerequisite skills (Schreibman et al., 2015).

It is essential to understand the difference between parent training and parent education. A study helped analyze the effect of parent training vs parent education on behavioral challenges in children with ASD through a randomized clinical trial. Parent training is focused more on supported intervention that allows parents to learn more about managing behavioral problems in children. It consisted of 11 sessions that were up to 90 minutes including 1 home visit. Each session focused on different topics such as identifying the function of behavior by acknowledging the antecedent; the cause of the behavior (Bearss et al., 2015). The parent education program has a larger focus on educational planning, advocacy, and treatment options (Bearss et al., 2015). Results concluded that there was a 68.5% improvement in parent training compared to the 39.6% for parent education. This data shows that there is a higher need for parent training compared to parent education programs. Parent training allows caregivers to share their experiences and receive feedback on parenting skills instead of learning about what could potentially be causing the behavior or risk factors for the different diagnosis such as ASD.

Program Description

The Center for Leadership in Disability offers a Positive Behavior Support Parent Academy that provides caregivers with an individualized training program addressing challenging behaviors among children who are 3 to 5 years old. This opportunity is completely free to all caregivers that agree to participate. The academy is offered both through an in-person platform and virtually. To allow for more inclusivity, there is also a Spanish version of the program to allow Spanish-speaking families to have the opportunity to learn how they can provide support to their children. The program consists of five weekly sessions each with a different objective. The sessions have a focus on understanding your child's behavior, preventing challenging behaviors during daily routines, teaching your child new life and communication skills, and creating and using visual supports. During the final session (session 5), the program focuses on generalization and maintenance. There is a need for additional support related to routines, transitions, and strengths of family culture and how it can help their child. It is crucial to make sure that the participants are leaving the course with an understanding of the next steps as they continue their parenting journey. To better understand the reasoning behind program curriculum being added specifically to session 5, it is essential to comprehend the other sessions and research related to the content. The goal of this initiative is to provide an update on the curriculum specifically for session 5 while connecting everything to what has been learned in the previous four sessions.

Curriculum

Session 1 is all about learning about developmental milestones and giving the caregivers the opportunity to share their experiences and communicate what they hope to get out of the training. The instructor goes into detail about Individualized Positive Behavior Support (I-PBS)

to allow participants to have a better understanding of the ‘backbone’ of the program. The parent academy training interprets I-PBS as an initiative that helps participants develop an understanding of why their child may be engaging in challenging behaviors and sharing ways to teach the child replacement behaviors. I-PBS can be taught in different settings; however, they all have a similar approach and target group which includes parents and caregivers. The parent academies are hosted virtually or in community-based areas such as health departments, churches, organization headquarters, schools, etc. In 2014, school-wide positive behavioral support interventions were implemented in more than 20,000 schools in the United States (Greflund et al., 2014). This data helps support the idea that this intervention is beneficial for communities who are trying to learn better ways to understand their child’s behavior and how to be proactive. As we are now in the year 2023, the number of I-PBS interventions being offered in the community is increasing. An essential aspect of the parent academy is that it takes a holistic approach to consider all potential factors that may impact the child and their family. Inclusivity gives parents and caregivers the opportunity to feel more comfortable expressing their concerns and experiences. It is essential for trainings like these to allow for diversity in background and experiences to help us (the instructors) better comprehend what is needed in the communities that we are serving. Another important component of session 1 is understanding the developmental milestones. Developmental milestones are skills that children can do by the time they reach a specific age. For example, by the age of 3 years old, a child should be able to walk up and down the stairs. Understanding the milestones is important so that caregivers are aware of where their child should be regarding specific skills. This can lead to positive early intervention opportunities such as developmental screenings. The CDC’s Learn the Signs, Act Early program recently updated the developmental milestones to help them align more with the outcomes of the

COVID-19 pandemic. The Learn the Signs. Act Early program found that 48% of respondents in a survey reported the number of children being supported by early intervention decreased since the COVID-19 pandemic began. Another factor to take into consideration is that many screening programs have changed their delivery method to hybrid, meaning that some services are offered in person while some can be offered virtually. Session 1 ends with explaining what challenging behaviors are. It is crucial for participants to have a mutual understanding of the meaning of challenging behaviors because each person can have their own definition. This is where culture can play a role because some cultures may see putting objects in their mouth or listening as an 'age related behavior' when it may be a developmental challenge. Disregarding challenging behaviors can also cause a delay in early intervention. As session 5 is rebuilt to give more of a personal approach and 'next steps' to participants, there will be an opportunity to reflect on the role that culture plays in parenting.

Session 2 goes into detail interpreting behavior, ABC (antecedent, behavior, and consequence) data collection, and the Brief Behavior Questionnaire and Intervention Plan BQuIP. The ABC data collection serves as a direct observation format because caregivers are paying close attention to what is happening before the behavior occurs and what happens after the child engages in the behavior (Dubie, M., & Pratt, C. (2008). Acknowledging the antecedent will help caregivers find ways to prevent the behavior. It is not always easy to recognize what causes the behavior, however step by step it will be less difficult. Below (Figures 1 & 2) are examples of the ABC data collection sheet that participants are given as homework to help them put what they learned during the session into practice. The illustration provides more of a visual of what ABC data can look like. It is essential to note that every participant's data collection will be different depending on the behavior that their child engages in.

Figure 1.

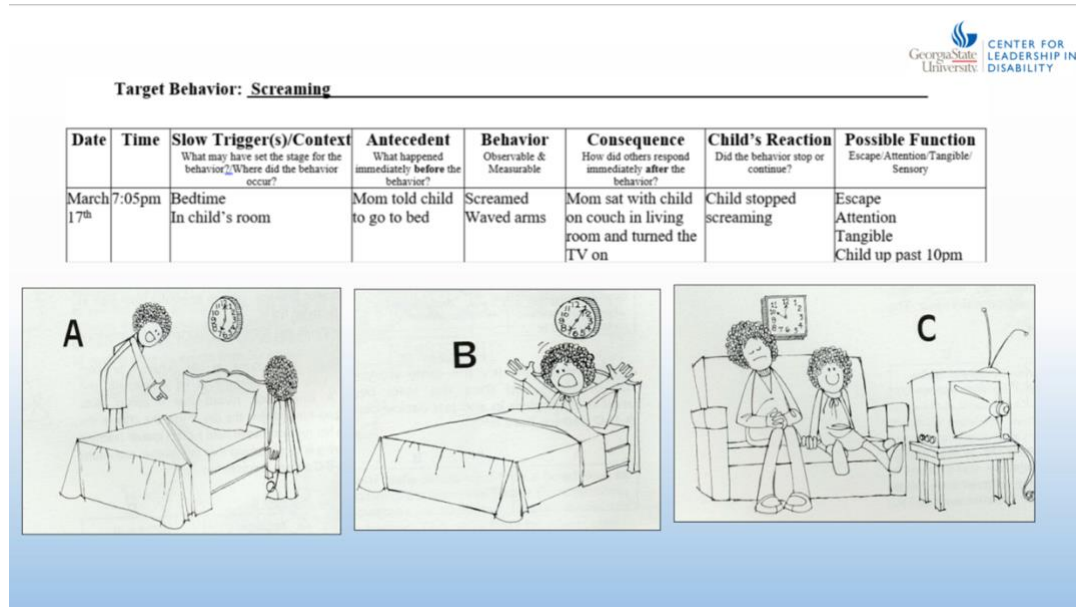
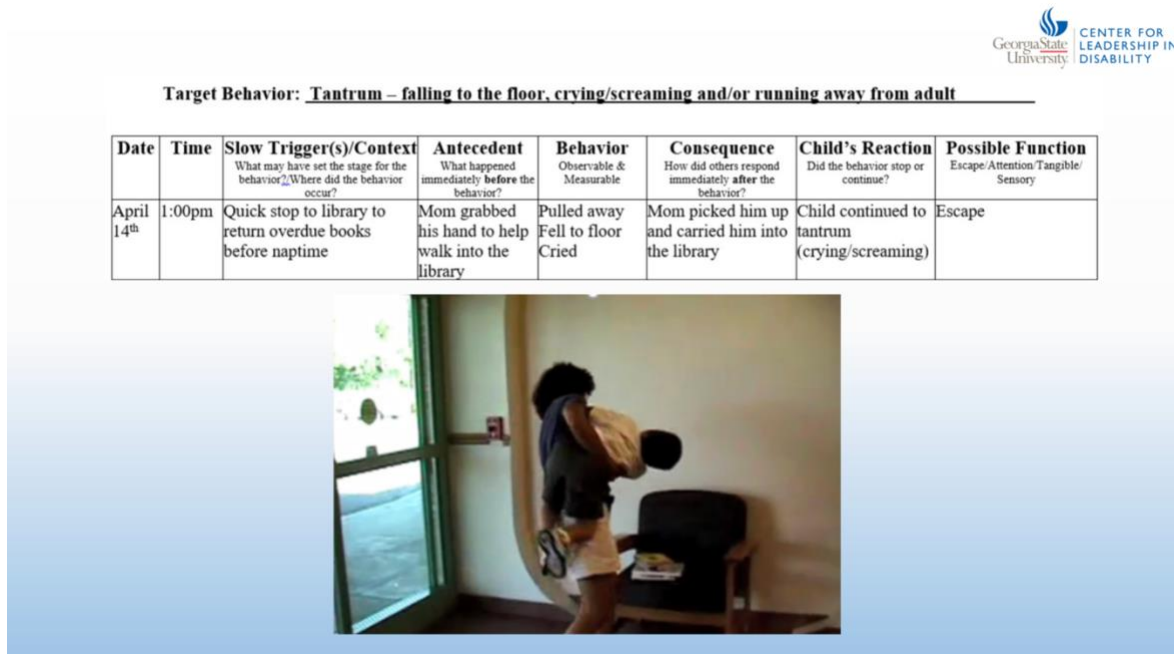


Figure 2.



The BBQuIP gives parents, teachers, and educators the opportunity to identify why children are engaging in specific behaviors. This form serves as a tool for participants to also reflect on if there is a connection between their responses or reactions to the behavior that can

contribute to the repetitiveness of the behavior. There are different versions of the form depending on the needs of the participants. The different versions offered by the Center for Leadership in Disability include child home (English and Spanish), infant/toddler, preschool/childcare, and school based. The child home version is distributed through the parent academy; however, all versions are available to download through the Center for Leadership in Disability website. One of the most beneficial components of the BBQuIP is that it provides a behavior intervention plan for participants to follow. Participants are always thrilled to receive documents that they can take home to further evaluate their parenting skills and to learn how they can better support their children. The purpose of spending time during the weekly sessions to fill out forms is to allow participants to ask questions and receive guidance from the instructor. One of the goals of the parent academies is to have the participants leave with as much knowledge and resources as possible. As shown in Figure 3, the BBQuIP focuses on different aspects such as the child's personality, communication and learning, behaviors, functions, prevention, replacement, and visual support. All of these come together to help identify what next steps should be taken to support the child and their family. Most of the forms consist of open-ended questions or filling in the blank to provide more opportunity for personalized responses. Having multiple choice answers in the form would limit the participants responses and could lead to it not being directed as much to the child specifically. See figure 3 to see part of the BBQuIP and figure 4 to see the behavior intervention plan that is distributed.

Figure 3.

BEHAVIOR

8) What child behavior(s) are challenging for you? Circle only those that apply.

Hurts others (If yes, how?) Scratches / Pinches / Bites / Slaps / Pulls hair / Punches / Kicks / Head-butts			
Hurts self (If yes, how?) Scratches self / Pinches self / Bites self / Hits self / Pulls hair / Bangs head on hard surface			
Cries easily	Climbs on furniture	Runs away from adults	Throws things
Refuses most foods	Isolates self from others	Breaks things	Ignores directions
Yells/Screams	Eats non-food items	Takes off clothes	Grabs things from others
Other (please describe):			

9) Do the behaviors you circled usually happen (circle one):

- a) All at the same time (e.g. hitting and throwing things)
If yes, describe: _____
- b) Separately (e.g. throwing during some situations, and hitting during other situations)
If yes, please move on to Item #10.
- c) Sequentially (e.g. first begins with throwing, then progresses to hitting)
If yes, describe: _____

10) Select **one behavior** to be the focus of this plan: _____

10(a) Why did you select it?

Harms child	Harms others	Damages property	Worries parents
Is getting worse	Interferes with learning or communication	Problem at school/daycare	Problem in community
Other (please describe):			

11) **On average**, how often does this behavior occur? Please report this as a rate, by circling *one* number and *one* unit of time. For example, the answer might read "6-10 per day."

1	2	3	4	5	6-10	11-25	26-50	Per	Minute	Hour	Day	Week	Month
---	---	---	---	---	------	-------	-------	-----	--------	------	-----	------	-------

How do you know this?

We "take data"	Videotapes	Observation	Best guess
----------------	------------	-------------	------------

12) **On average day**, how much time is spent dealing with this behavior? Circle *one* number in either the minutes OR hours box, and whether the time is spent per incident, day, or week.

<5	5-15	15-30	30-60	Minutes	OR	1	1-2	2-3	3-4	4-5	>5	Hours	Per	Incident	Day	Week
----	------	-------	-------	---------	----	---	-----	-----	-----	-----	----	-------	-----	----------	-----	------

How do you know this?

We "take data"	Videotapes	Observation	Best guess
----------------	------------	-------------	------------

Figure 4.

BBQuIP – Behavior Intervention Plan

Name _____ Date _____ Age _____

Background information on the child

Favorite activities (1): _____

Disliked/less preferred activities (3): _____

Personal characteristics (4): _____

Regular mode of communication (6): _____

Recent goals mastered (7): _____

Hypothesis Statement

_____ engages in _____
(Child's Name) *Targeted Problem Behavior (10)*

This often happens during _____
Times or Places (13)

and when _____
Triggers (14)

People often respond to this behavior by _____
Typical Consequences (15)

Typical Consequences (cont...)

The difficulty is that this behavior may be a way to _____
Function (17a)

and as a way of saying _____
Function (17b)

Behavior Intervention Plan

Prevention: _____ and _____
Prevention Strategy # 1 (19) *Prevention strategy # 2 (19)*

have been identified as ways to make this problem behavior less likely to occur.

Replacement: _____
Replacement Behaviors (20)

have been identified as skill(s) to increase. The child will be taught to use a _____

Mode of Communication (21)

Skills instructor(s): _____ would be good people to teach this skill.
Names and relationships (23)

A good time to teach this would be _____

When will this occur? OR How can a teachable moment be set up? (24)

© 2015 by Daniel Crimmins, Center for Leadership in Disability, Georgia State University, Atlanta, GA – Infant-Toddler Version

Session 3 and 4 focus on completing the forms that have been given to participants up to that point such as the BBQIP demonstrated above in figures 3 and 4. There is a large focus on the benefits of using visual support and teaching replacement skills. Although there is limited updated research on the effectiveness of visual support, many organizations use this initiative to help decrease behavior and to allow children the opportunity to engage more in what they want or need. Visual support is great for children who are nonverbal because it is a way for them to communicate. It has been found that visual supports have been recognized by practitioners to be used to decrease challenging behaviors, increase on task behaviors, and to meet individualized intervention plans (Breslin, C. M., & Rudisill, M. E., 2011). First, then statements and images are another efficient way to decrease behavior and to have a mutual understanding between the caregiver and child. Using first, then statements help with transitions by reinforcing a preferred activity and it also helps break up tasks. As mentioned above, replacement behavior is another efficient method to decrease challenging behaviors. Replacement behaviors focus on teaching children a new skill or method of communication instead of engaging in challenging behaviors. Session 4 introduces the most important steps in replacement behaviors including choosing a replacement behavior to teach, detail procedures for how the behavior will be taught, and developing a plan explaining how the team will reinforce the more appropriate replacement behavior. Reinforcement is providing the child with something they enjoy; it can be tangible. For instance, giving the child a token on their token board or a cookie. It is important for replacement behaviors to meet the same function as the challenging behavior. If the child's need is not being met, they will revert back to the challenging behavior. We also want to make sure that reinforcers are related to the child's interests and again, be function specific. Choosing reinforcers wisely is important as well because caregivers should not give their child too much of

something that could potentially be unhealthy. This parent academy prioritizes the idea that everyone's experience is different, and each caregiver should use the resources shared to help them with their individual next steps. See figures 5 and 6 for examples of visual supports and first, then statements.

Figure 5.

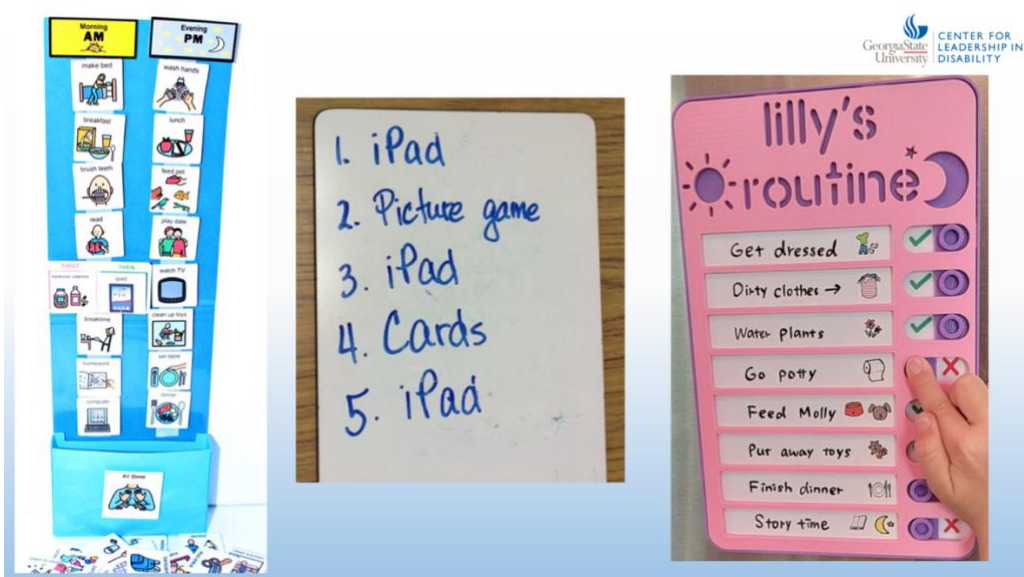
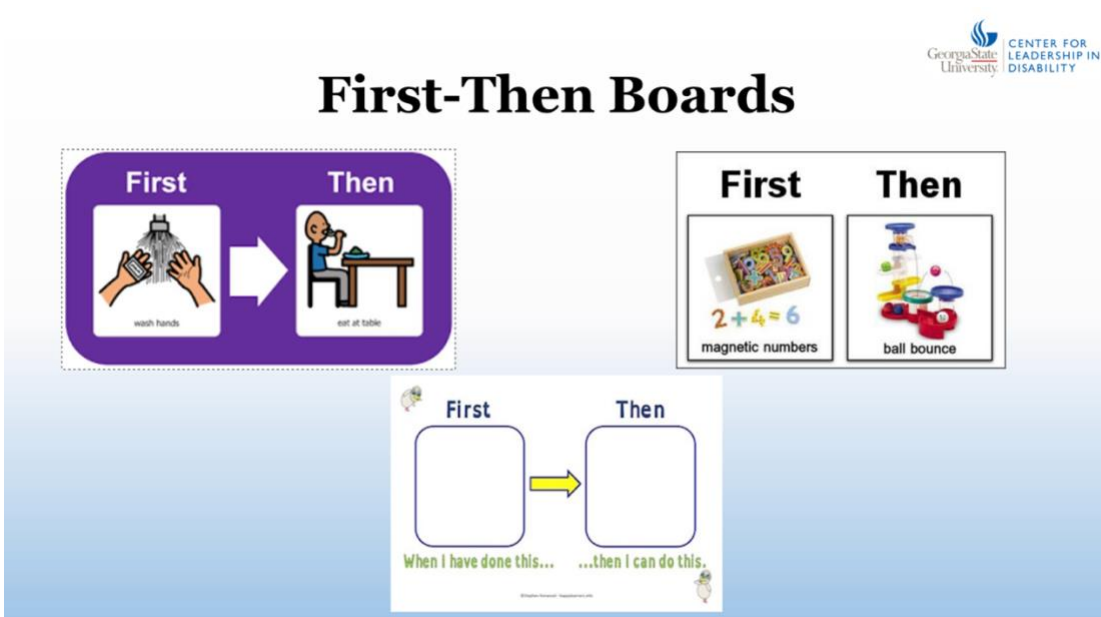


Figure 6.




Session 5: Curriculum Rebuilding

Session 5 is all about maintenance and generalization along with providing the opportunity for participants to ask any final questions they have regarding the training sessions and completing post-assessments. Maintenance and generalization are focused on making sure that children are being taught in a naturalistic environment meaning that no matter the setting or situation, they can carry the behavior or skill with them. For example, if a child learned how to eat their food with a spoon at home, that should mean that they can also eat their food with a spoon at school. As interpreted above, there is so much information provided to the participants, however there is a need to provide more 'direction' to the caregivers participating in the program. Healthy eating and sleeping can play a vital role in the health and development of any child. For instance, a child who is not receiving the sleep they need can result in them being tired and engaging in challenging behaviors. It is not always easy to get a child to eat or sleep the amount that they should be consuming, however it is always worth a try. The updated curriculum of session 5 will go over additional support for healthy sleeping and eating routines along with a small focus on the importance of understanding family culture.

It has been found that sleep problems have a high correlation with children who have ASD, 80% of children who are diagnosed with ASD experience at least one indicator of poor sleep (Abel et al., 2018). A study found that for each hour that a child with ASD misses sleep, they engage in .79 more intervals of challenging behaviors (Abel et al., 2018). This data interprets the importance of children having enough sleep each night. Many studies conducted screening questionnaires to find out how much children are sleeping and what behaviors they are engaging in depending on the hours slept. A study found a positive correlation between sleep difficulties associated with stronger aggressive and stereotyped behaviors (Bresciani et al.,


2023). Behavior interventions are known to increase positive sleep behaviors. Session 5 will go into detail on potential bedtime routines that caregivers can use with their children. Positive sleep routines include having activities move from rich to lean reinforcement (Delemere, E., & Dounavi, K., 2018). An example of this would include having a child go from watching tv at night to reading to them. Another essential aspect of healthy sleep among children is bedtime fading. Bedtime fading aims to have an earlier bedtime for the child. There has been an 82% reduction in self-injury behavior among a child with ASD who engaged in bedtime fading (Delemere, E., & Dounavi, K., 2018). Session 5 will allow participants to learn more about positive sleep routines including guidelines and steps needed to help improve the child's sleep and decrease challenging behaviors. As mentioned earlier, visual support is essential in assisting with routines. It will be beneficial to connect what was learned in earlier sessions to this component of session 5. See figure 7 for bedtime fading routine steps.

Figure 7.

 **CENTER FOR LEADERSHIP IN DISABILITY**

Bedtime Fading

- **Making the bedtime earlier than usual**
- **Steps:**
 - **Step 1: Choose a bedtime**
 - 7pm-8pm is ideal for young children
 - **Step 2: Introduce a positive bedtime routine**
 - Brushing teeth, taking a bath, reading a bedtime story
 - **Step 3: Put child to bed at their actual bedtime**
 - Temporary bedtime
 - **Step 4: Move your child's bedtime towards the ideal bedtime**
 - Make bedtime about 15 minutes earlier each day



Healthy eating is an essential component of the updated curriculum for session 5 because it has been found that children with developmental challenges have a difficult time developing eating habits. Selective eating is common among children with ASD and developmental challenges; therefore, it is likely for children to engage in difficult behaviors when the caregiver is trying to feed them (Doreswamy et al., 2020). Textures, food types, and tastes are all factors that are associated with selective eating among these children. Autism Speaks shows that children with ASD are five times more likely to engage in tantrums during mealtimes. Session 5 will demonstrate ways to incorporate improved healthy habits through a different approach. This component is being added to the curriculum due to research found correlated with the idea that many children with developmental challenges are very selective when it comes to nutrition. The goal is for the participants to find ways to engage their child to eat more diverse foods and increase food intake.

Figure 8.

Healthy Eating Routine

- **Set schedule for meals and snacks**
 - Will increase motivation
- **Minimize distractions**
 - Eliminate television, tablet, or toys
- **Change the perspective of the food**
 - Chopping or blending particular foods to avoid texture
- **Continue to offer new foods**
 - Mixing food with favorite food choices
- **Encourage choice and control**
 - Give your child options



Routines and rituals can be challenging. To follow sleep and healthy eating routines, it is important to understand why they are essential. Routines create a foundation for families to engage in meaningful occupations including bedtime or mealtime (McAuliffe et al., 2019). A study found that there are six themes related to routines and children with challenging behaviors including flexibility, familiar space versus unfamiliar space, difficulty completing family activities, impact on siblings, the need for constant monitoring, and the importance of developing strategies to increase family participation (Schaaf et al., 2011). This data interprets how essential it is to create routines based on all family members and not only on the child who has a developmental challenge. To create routines, there needs to be a mutual understanding among all family members. It has been found that repetitive behaviors are both adaptive and expected among young children (Wolff et al., 2016). Rituals are also important as they help create a sense of community. This can include creating songs for washing your hands or brushing your teeth along with chants and celebrations. Providing consistent routines and rituals can create a predictable structure that can guide behavior and improve child development (Spagnola, M., & Fiese, B. H., 2007). Having routines and rituals can specifically improve socioemotional, language, academic, and social skill development (Spagnola, M., & Fiese, B. H., 2007). It is crucial to understand the idea that not having set schedules can affect a child's development because they are accustomed to change on a regular basis. Children cannot be used to doing specific tasks if they do not do them often. It is the responsibility of the parents or caregivers to remain consistent with routines to allow for more understanding from the child.


Transitions can be less difficult if followed by routines. Supporting transition tasks is an efficient way to help the child have a better understanding of what activity is happening next. Often times using "if, then" statements can increase the understanding. Transition strategies are

specific techniques that are used to support children with developmental challenges during changes and routines. Setting a timer, visual schedules, and picture exchanges are all examples of potential transition strategies. Having transition strategies can allow for an inclusive environment and mutual understanding among the caregiver and the child. As many children with developmental challenges have language deficits, having a visual nature increases their understanding of what is happening next (Pierce et al., 2013). It is essential to let children know in advance of what activity will be happening next instead of transitioning right away without any warning. Transitions are important because it allows children to develop and learn across settings through a sense of belonging.

To end the session, there will be an opportunity for participants to share any challenges or positive correlations among their culture and what has been taught in the training over the five weeks. A lot of what is discussed in the training can be viewed differently among participants due to cultural background. Culture can mean many different things; it can relate to where someone is from, but it can also be someone's way of life. There is a need for diversity in both the curriculum and the participants. As mentioned earlier, parent trainings lead to positive behaviors among their children and increased parenting skills. However, unfortunately low engagement in parent training has been common among minority groups (Chung et al., 2012). Cultural adaptations such as considering language, culture, and context in a manner that relates to the participants could potentially improve participation. Many times, families are not aware of parent training because of language barriers and other potential challenges. This component will be discussion based and will help instructors and the Center for Leadership in Disability to learn more about the challenges that communities are facing and how we can help them engage in early intervention services. See figure 9 for cultural awareness discussion. Overall, the updated


curriculum will connect to the rest of the sessions while incorporating essential components including healthy sleep, nutrition, and cultural awareness.

Figure 9.



Cultural Awareness Discussion

- How does your culture influence what you have learned during this training?
- How can this training better connect to your culture?
 - For example: language
- In what ways has your culture helped develop your parenting skills?



Implementation of Updated Content (Session 5)

The updated curriculum was recently implemented at a virtual parent academy that took place in the months of February through March. The facilitator of the training expressed a positive outcome with the new curriculum, the participants had a good discussion and great feedback. During the healthy sleeping section, a caregiver of a five-year-old daughter mentioned that a challenge she has with creating a sleep schedule is the inconsistency between school and home schedules. For example, the participant's daughter may have nap time at 11 am in school Monday through Friday but that can be difficult to do on the weekends. The caregiver also expressed not knowing whether their daughter sleeps during nap time. As participants and facilitators discussed this challenge, there was a consistent agreement to have caregivers check in at school and try to be as consistent with school schedules as possible. Participants found the bedtime fading routine

a little challenging to understand at first. However, after explaining the five-minute changes each day, they provided positive feedback and liked the progression type of change.

During the healthy eating discussion, participants shared that the content is very important to understand. Many participants expressed having challenges with their children eating a variety of foods. The facilitator received a call from a participant who is a food scientist and dietician, and they expressed their liking of adding a healthy eating discussion. They also provided feedback and mentioned giving more examples of motivators instead of sweet food. The participants found the slide with the healthy eating routine to be very helpful. The overall feedback for the healthy eating content was to provide more information on strategies that caregivers can engage in to improve their child's eating habits. There was not enough time to go over the cultural awareness discussion due to the high number of participants engaging in the other parts of the new curriculum, however in the future facilitators will provide more guidance on how much time the discussions should take to allow for enough time to get through all of the new curriculum.

Next Steps

As mentioned above, there was a lot of engagement in the new curriculum along with feedback. As the updated curriculum has just launched, there will be a focus on getting feedback from the participants to see what should be added or changed to meet the needs of the caregivers. This will be a learning experience for other facilitators and myself to also observe if the content flows well and that we are teaching the information in a timely and appropriate manner. In the months of March and April, the team and I will be facilitating the Spanish parent academies. This will allow for another opportunity to receive feedback from a diverse group of participants. As a Latina, I am interested to see how the cultural awareness discussion will go with the Spanish-speaking participants. This parent academy will be hosted in person compared to the most recent

one we had which was in English. Comparing the virtual and in-person trainings will help us as facilitators to learn more about how to better manage time to allow for valuable discussions and still teach us all the necessary information. My hope is to continue implementing content that will be beneficial for the caregivers' diverse needs.

Lessons Learned

When beginning my research on how to improve the current content for session 5, I had many ideas. However, my main priority was to find what would be helpful for all caregivers of children with developmental disabilities. I had to make sure that all the content I added was inclusive and needed among a diverse group of caregivers. As I have observed previous parent academies, I have learned that everyone's experiences are different even if they have similar challenges. As I continued my research, I learned that all children need sleep and healthy eating to have more positive behaviors. I kept an open mind when choosing which information to include in the updated curriculum because I wanted to make sure it would make an impact on most if not all participants. With the cultural awareness discussion, I was a little worried at first that it would not be a valuable discussion. However, I believe that everyone has their own culture and that does not always have to do with your ethnicity or where you are from. Your culture can be where you work, where you spend your free time, or even where you live. I see all participants of the parent academies have their own culture because they are all willing to learn how to support their children with developmental challenges. Altogether, I learned that curriculum content will not always meet the need of all participants however it is essential to make it a priority to find the foundation of what you want the participants to take away.

Conclusion

In conclusion, this was all and still is a learning process. It has been rewarding to connect my passion to what I have learned as a health promotion and behavior concentration student and a maternal and child health graduate certificate student. I look forward to continuing observing how the parent academies are going and the impact that the updated curriculum has on the overall program itself. As time goes on, there will be even more valuable research to share with all caregivers who participate in the training. The hope is to give the caregivers the opportunity to learn more strategies on healthy sleeping and eating while also giving the chance for them to express themselves and how their culture makes an impact on how they support their children. There will continue to be a need for implementation and evaluation to continue seeing the success of the program. Step by step, there is a difference being made to improve the lives of these families and their children.

References

- Abel, E. A., Schwichtenberg, A. J., Brodhead, M. T., & Christ, S. L. (2018). Sleep and challenging behaviors in the context of intensive behavioral intervention for children with autism. *Journal of autism and developmental disorders, 48*, 3871-3884.
- Bearss, K., Johnson, C., Smith, T., Lecavalier, L., Swiezy, N., Aman, M., ... & Scahill, L. (2015). Effect of parent training vs parent education on behavioral problems in children with autism spectrum disorder: A randomized clinical trial. *Jama, 313*(15), 1524-1533.
- Bresciani, G., Da Lozzo, P., Lega, S., Bramuzzo, M., Di Leo, G., Dissegna, A., ... & Devescovi, R. (2023). Gastrointestinal Disorders and Food Selectivity: Relationship with Sleep and Challenging Behavior in Children with Autism Spectrum Disorder. *Children, 10*(2), 253.
- Breslin, C. M., & Rudisill, M. E. (2011). The effect of visual supports on performance of the TGMD-2 for children with autism spectrum disorder. *Adapted Physical Activity Quarterly, 28*(4), 342-353.
- Christensen, D. L., Braun, K. V. N., Baio, J., Bilder, D., Charles, J., Constantino, J. N., ... & Yeargin-Allsopp, M. (2018). Prevalence and characteristics of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2012. *MMWR Surveillance Summaries, 65*(13), 1.
- Chung, K. M., Jung, W., Yang, J. W., Ben-Itzhak, E., Zachor, D. A., Furniss, F., ... & Barker, A. A. (2012). Cross cultural differences in challenging behaviors of children with autism spectrum disorders: An international examination between Israel, South Korea, the United Kingdom, and the United States of America. *Research in Autism Spectrum Disorders, 6*(2), 881-889.

- Delemere, E., & Dounavi, K. (2018). Parent-implemented bedtime fading and positive routines for children with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 48*, 1002-1019.
- Doreswamy, S., Bashir, A., Guarecuco, J. E., Lahori, S., Baig, A., Narra, L. R., ... & Heindl, S. E. (2020). Effects of diet, nutrition, and exercise in children with autism and autism spectrum disorder: A literature review. *Cureus, 12*(12).
- Dubie, M., & Pratt, C. (2008). Observing behavior using abc data.
- Greflund, S., McIntosh, K., Mercer, S. H., & May, S. L. (2014). Examining disproportionality in school discipline for Aboriginal students in schools implementing PBIS. *Canadian Journal of School Psychology, 29*(3), 213-235.
- McAuliffe, T., Thomas, Y., Vaz, S., Falkmer, T., & Cordier, R. (2019). The experiences of mothers of children with autism spectrum disorder: Managing family routines and mothers' health and wellbeing. *Australian Occupational Therapy Journal, 66*(1), 68-76.
- Ingersoll, B., Straiton, D., Casagrande, K., & Pickard, K. (2018). Community providers' intentions to use a parent-mediated intervention for children with ASD following training: An application of the theory of planned behavior. *BMC research notes, 11*(1), 1-6.
- Pellecchia, M., Beidas, R. S., Mandell, D. S., Cannuscio, C. C., Dunst, C. J., & Stahmer, A. C. (2020). Parent empowerment and coaching in early intervention: Study protocol for a feasibility study. *Pilot and feasibility studies, 6*(1), 1-12.
- Pierce, J. M., Spriggs, A. D., Gast, D. L., & Luscre, D. (2013). Effects of visual activity schedules on independent classroom transitions for students with autism. *International Journal of Disability, Development and Education, 60*(3), 253-269.

- Singh, N. N., Lancioni, G. E., Karazsia, B. T., Myers, R. E., Hwang, Y. S., & Anālayo, B. (2019). Effects of mindfulness-based positive behavior support (MBPBS) training are equally beneficial for mothers and their children with autism spectrum disorder or with intellectual disabilities. *Frontiers in psychology, 10*, 385.
- Schaaf, R. C., Toth-Cohen, S., Johnson, S. L., Outten, G., & Benevides, T. W. (2011). The everyday routines of families of children with autism: Examining the impact of sensory processing difficulties on the family. *autism, 15*(3), 373-389.
- Schreibman, L., Dawson, G., Stahmer, A. C., Landa, R., Rogers, S. J., McGee, G. G., ... & Halladay, A. (2015). Naturalistic developmental behavioral interventions: Empirically validated treatments for autism spectrum disorder. *Journal of autism and developmental disorders, 45*, 2411-2428.
- Spagnola, M., & Fiese, B. H. (2007). Family routines and rituals: A context for development in the lives of young children. *Infants & young children, 20*(4), 284-299.
- Wolff, J. J., Boyd, B. A., & Elison, J. T. (2016). A quantitative measure of restricted and repetitive behaviors for early childhood. *Journal of neurodevelopmental disorders, 8*, 1-10.