**PARENT TREATMENT INTEGRITY ACROSS MULTIPLE COMPONENTS OF A BEHAVIOURAL INTERVENTION**

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**Objectives:** Children with a diagnosis of autism spectrum disorder (ASD) often present with challenging behaviours such as aggression, tantrums, or self-injury. Behaviour analytic interventions are considered evidence-based practice for decreasing these challenging behaviours; however, most effective, multi-component interventions are implemented in-clinic by trained professionals, and treatment effects do not automatically generalize to the home. The literature is lacking research on parent-implemented multi-component interventions in the home environment, as well as research exploring the treatment integrity with which such interventions are implemented. In addition, there are many barriers to treatment integrity that can make it difficult for parents to maintain high levels of treatment integrity. The present study seeks to determine whether behavioural skills training (BST) with ongoing coaching can be successfully used to train parents to implement multi-component interventions in the home, while carefully monitoring treatment integrity, as well as impact on child behaviour.

**Methods:** The mothers of a six-year-old female with ASD exhibiting tantrum behaviour (Participant 1) and a seven-year-old male with ASD exhibiting self-injurious behaviour (Participant 2) were trained using BST to implement multi-component interventions in their home environments. Treatment components (antecedent strategy, replacement skill, and consequent strategy) were trained sequentially in a multiple baseline design. Ongoing feedback and support from a staff member were provided to parents, to maintain high levels of treatment integrity for each treatment component. Data collection is complete for Participant 1, and ongoing for Participant 2, and includes parent data (percent correct on treatment integrity checklists for each treatment component) and child data (mean duration of challenging behaviour per trial, percent of trials with challenging behaviour, correct/incorrect manding, and correct/incorrect waiting for a mand to be honoured).

**Results:** For both participants, the parent’s treatment integrity for each treatment component increased to mastery (i.e., 80% or higher) only following BST training, and remained high for the duration of the study thus far. For Participant 1, mean duration of tantrum behaviour per trial decreased from a range of 22 to 77 seconds per trial at baseline, to a range of 0 to 11.5 seconds following the implementation of the antecedent strategy, a range of 2.25 to 5.8 seconds following the addition of the replacement skill, and a range of 0 to 35.6 seconds following the addition of the consequent strategy. For the remainder of the study, mean duration of tantrum behaviour remained close to zero levels with only a few exceptions. Data collection for Participant 2 is ongoing, but preliminary results show a significant decrease in self-injurious behaviour compared to baseline.

**Discussion/Conclusion:** BST with ongoing coaching was effective for training parents to implement multi-component interventions in the home environment, while maintaining high levels of treatment integrity for each component. Preliminary results also indicate a decrease in challenging behaviour exhibited by the child participants. The presentation will discuss the implications of these results and the efforts of the researchers to bridge the gap between research and practice and attempt to mitigate potential barriers to treatment integrity for the parents.

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