



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: This study found the Focus parent training program (Drew et al 2002) did not result in statistically significant improvements in language development, precursors to social communication or parenting skills for children with autism when compared to a no treatment group in the Netherlands. This study suggests *in the Dutch context* parent training therapy targeting developmental skills including joint attention resulted in improved social communication skills but the improvements was no greater than children who did not participate in the program.

Clinical Question: In Children with Autism, does joint attention (JA) intervention improve social communication skills?

Citation: Oosterling, I. Et al (2010) Randomised controlled Trial of the Focus parent training for toddlers with Autism: 1 year Outcome. *Journal of Autism & Developmental Disorders*, 40, 1447-1458.

Design/Method: Randomised control trial. Participants were randomised to the experimental or control group. Allocation to groups not totally randomised. First 26 participants allocated randomly but children and parents from both groups were coming into contact as the children attended the same specialized day cares. The next 49 subjects were therefore allocated based on where they lived.

Participants: 75 toddlers with ASD (65 with autism & 10 with PDDNOS). Mean CA=34.4 months. Dx of Autism confirmed by administration of ADOS and ADI –R as well as consensus Dx by at least 2 certified, experienced professionals. Developmental levels assessed by MSEL or PEP-R. 8 participants were lost to follow up

Inclusion criteria: CA 12 -42 months, Dx of Autism and dev age of at least 12 months or Dx of PDDNOS in combination with dev age of at least 12 months and Dev Quotient of below 80.

Exclusion criteria: substantial problems within the family which could interfere with parent training. 8 participants did not fully meet inclusion criteria. Of these 8 participants, 2 were lost to follow up.

Experimental Group: N=40. This group attended the same specialised day care programs as the control group but also underwent the Focus parent training (Drew et al, 2002). This program included 4 weekly 2hr sessions with a group of parents, 3hr home visits every 6 weeks for the first year and home visits every 3 months in the second year. The 2 year program used a professional as consultant and parent as therapist approach using an eclectic approach within a social-pragmatic and developmental context. The aims for the children were: to promote the child's engagement to join in mutual activities, to elicit early precursors of social communication (joint attention, imitation and functional play) and to stimulate language development. The aims for parents were to stimulate their skills in promoting child development. The primary outcome measure was language development. The secondary outcome measure was 'global improvement' relative to baseline state. Mediating outcome measures were child's engagement, early precursors of social communication and parental skills.

Control Group: N=35. (Care as usual Group) Children attended either special day care centres or medical nurseries in the Netherlands. Both settings provide individual sp path, motor Rx, music Rx and play Rx. Psychological support for parents also available. No significant differences on these parameters between experimental and control group.

Results: Full assessments conducted at baseline and 1 year after start of Rx for both groups (average of 15 months after the start of Rx). No statistically significant differences were found between the control and experimental groups on language measures, global improvement measures and mediating outcomes including engagement, early precursors to social communication and parenting skills. The experimental group did improve a little better on most measures. Possible reasons for the difference between these results and the positive results of the pilot study (Drew et al, 2002) were suggested; differences in the measures used, differences in the quality of the 'care as usual' programs in the UK and Netherlands

Comments – Strengths/weaknesses of paper

Strengths: The variety of outcome measures used; larger sample size than previous studies; the existence of a control group; testers were often blind to groups; availability of a (working) manual; inclusion of mediating and moderating factors

Weaknesses: problems with randomisation process so not true randomised control design and no treatment fidelity measures taken. Follow up measures were taken at 1 year after start of Rx but the full program was 2 years in length therefore follow up was completed before completion of program

Level of Evidence (NH&MRC): III-1

Appraised By:
Clinical Group: Autism EBP
14th June 2011

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