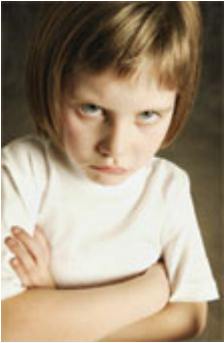


## Parent training can reduce serious behavioral problems in young children



A multi-site study sponsored by the National Institute of Mental Health (NIMH) finds young children with autism spectrum disorder and serious behavioral problems respond positively to a 24-week structured parent training. The benefits of parent training endured for up to six months post-intervention.

Published in the April 21 issue of the *Journal of the American Medical Association* the study found parent training was more effective in reducing disruptive and aggressive behavior than 24 weeks of parent education. Parent training provided parents with specific strategies on how to manage serious behavioral problems such as tantrums, aggression, self-injury, and noncompliance in children with an autism spectrum disorder. Parent education offered useful information on autism -- but did not provide guidance on how to manage serious behavioral problems.

The lead author, Karen Bearss, PhD, assistant professor of pediatrics at Marcus Autism Center and Emory University School of Medicine remarked, "It's striking that children in both groups improved, but on measures of disruptive and noncompliant behavior, parent training was clearly better."

Autism spectrum disorder (ASD) is a chronic condition beginning in early childhood defined by impaired social communication and repetitive behavior. The disorder affects 0.6 to 1 percent of children worldwide. In young children, ASD is often complicated by serious behavioral problems such as tantrums, aggression, self-injury, and severe noncompliance in response to routine environmental demands. These disruptive behaviors can be overwhelming for parents and foster profound uncertainty about how to handle these problems. There are approved medications for these disruptive behavioral problems, but parents of young children with ASD are often reluctant to use medication.

"This is the largest randomized trial of any behavioral intervention in children with autism spectrum disorder, and it shows that parent training works," notes Lawrence Scahill, MSN, PhD, professor of pediatrics at Marcus and Emory School of Medicine, who directed the study.

In the multi-site study, 180 children (age 3 to 7 years) with ASD and serious behavioral problems were randomly assigned to either 24 weeks of parent training or 24 weeks of parent education. Parent Training consisted of 11 core treatment sessions, two optional sessions, two telephone boosters, and two home visits. Parent Education included 12 core sessions and one home visit.

Parents in both treatments attended over 90 percent of treatment sessions, suggesting that parents were highly engaged in the study treatments. After 24 weeks of treatment, children in the parent-training group showed a 48 percent improvement in parent ratings of disruptive behavior compared to a 32 percent decline in parent education. Overall progress was rated by a clinician who was blind to the treatment assignment. At week 24, 70

percent of children in the parent-training group showed a positive response, compared to 40 percent for parent education.

"This is a very important study for children and families with ASD. Parent training is known to be effective for children and adolescents with behavior problems, and is now demonstrated to be effective for children with ASD," commented John Walkup, MD, a child psychiatrist and professor of psychiatry at Weill-Cornell Medical College and New York-Presbyterian Hospital. Walkup, who was not involved in the study, added: "The magnitude of benefit is large given the active control group. It is also good news that the benefits of parent training build with time."

Parents of young children with ASD are inundated with an extraordinary range of treatments with claims and counterclaims, but often little evidence. The study results suggest that accurate information alone is helpful to parents. Providing parents with practical strategies to manage serious behavioral problems improved parental readiness to deal with the daily challenges of raising a child with ASD above and beyond information alone.

Despite the increased recognition of ASD in young children, rigorous testing and dissemination of evidence-based treatments have lagged far behind. The results of this study support the view that parent training is ready for export. The next step is to move toward the wider application of this evidence-based intervention.

Materials provided by **Emory Health Sciences**.

---

**Parent Training Specialist I & II (CPTS-I-II) Training - August 21-22, 2023** - This live training is conducted by Growth Central Training on the Zoom platform. Two days- 7a PST-2p PST/ 10am EST-5pm EST. The Seminar is approved by the National Anger Management Association (NAMA). The live training fulfills ALL the requirements for (NAMA) Certified Parent Training Specialist-I,-II (CAMS-I,-II) including tuition and supervision. **\*\*Seats are limited\*\*** [Register Online](#). For more information, go [here](#).

---

#### How To Login and Add a Photo to Your Profile

1. Go to [www.namass.org](http://www.namass.org)
  2. Click MEMBER PROFILE ACCOUNT (login) at the bottom of the page
  3. Login – if you have forgotten or don't know your username or password click Retrieve Username and/or Reset Password and follow instructions.
  4. Find your Profile in the Directory
  5. Place cursor on 'My Profile' at the top left
  6. Click 'Change Profile Picture' and follow instructions
- 

NAMA Mailing Address:

*NAMA - PO Box 26629, Greenville, SC 29616*



[Like Us on Facebook](#)

PROUD MEMBER



*NAMA is proud to be a member of the Institute for Credentialing Excellence to show our support for the credentialing community and our commitment to strive for excellence in our certification programs.*

## **Your Active Status as a NAMA Member, Fellow, or Diplomate provides the following:**

Listing in the very popular (think Google, Bing, Ask search engines) online Specialist Directory for referrals and credential checks.

NAMAs continued legislative advocacy, marketing, and research support for the Anger Management field and programs.

National standardization of credentials to help maintain your local community leadership position in the field of Anger Management and DV.

Opportunities to network with other Anger Management and DV professionals and experts.

Monthly NAMA Newsletter

Did you know that you can add a picture to your profile listing? Research shows that people are attracted visually to profiles that have pictures. Just login to the [NAMA website here](#):

*Once you are logged in using your username and password, find your profile and click on edit. If you don't remember your login information click on forgot your password, enter your email address and the login information will be sent to your email.*

Did you know that you can improve you listing placement by upgrading from Member to Fellow or Diplomate. If you have been a member for a minimum of 3 years you qualify for Fellow level or 5 years you may upgrade to Diplomate level. You also will receive a new Certificate when you upgrade.

**NOTE:** NAMA DOES NOT ENDORSE OR RECOMMEND ONLINE ANGER MANAGEMENT PROGRAMS FOR COURT ORDERED OFFENDERS. THERE IS NO SOUND SCIENTIFIC RESEARCH SHOWING THEIR EFFECTIVENESS COMPARED WITH THE POSITIVE RESULTS OF FACE-TO-FACE ANGER MANAGEMENT PROGRAMS.

### **Connect on the NAMA LinkedIn Group**

The NAMA LinkedIn Group provides a place for anger management to share content, find answers, post and view jobs, make contacts, and establish themselves as industry experts.

[Join the National Anger Management Association \(NAMA\) LinkedIn Group](#)