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Routine Measurement and Feedback in Support Groups for Parents of Children With Autistic Spectrum Disorder

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Support groups for parents of children with Autistic Spectrum Disorders (ASD) are very common in public mental health settings. These groups have been found to be helpful in reducing parental stress and providing parents with professional knowledge as well as peer support. Clinical experience, as well as parents' verbal feedback, often indicates that within these groups there are occasionally unmet needs that are not expressed during sessions. In this article we describe the benefits of using routine measurement and feedback as means to identify and address such needs. The article presents clinical examples of how routine measurement and feedback can assist group leaders in the delicate and often complex work of responding to both individual and group processes and in adapting group structure according to the specific needs of the individuals participating in the group. A demonstration of rupture and repair patterns, identified and facilitated by the use of feedback, is followed. Finally, we discuss the benefits of routine measurements in support groups that utilize a rolling group structure, as a means to accurately assess their effectiveness. We briefly conclude with the need for further studies on routine measurement of parents' groups, aimed at gaining knowledge needed to provide a better adjustment for both parents and children coping with ASD challenges.

Keywords: routine measurement and feedback, autistic spectrum disorder, support groups, parents

Parents of children with Autistic Spectrum Disorder (ASD) are reported to have higher levels of distress and depressive symptoms compared with parents of children with either normal development or with other developmental disorders (Eisenhower, Baker, & Blacher, 2005). This factor has fostered the need for group intervention for parents of autistic children. Providing a number of important and basic needs of both parents and children, these group interventions have been found to be especially beneficial for (a) improving parental knowledge and increasing confidence, (b) providing professional support and guidance, and (c) providing mutual peer support and decreasing parental stress (McAleese, Lavery, & Dyer, 2014).

Although support group interventions for parents of children with disabilities have been found to have many benefits, studies eliciting verbal feedback of parents' impressions tend to reveal some unmet needs (Papageorgiou & Kalyva, 2010). One of the central questions to be asked is how support groups for parents of children with ASD can be further improved to identify and address these needs. Building on the beneficial effect of Routine Measurements (RM) in individual treatment (Krägeloh, Czuba, Billington, Kersten, & Siegert, 2015) and in other types of group psychotherapy (Slone, Reese, Mathews-Duvall, & Kodet, 2015), one promising direction is the implementation of RM in groups for parents of children with ASD. In our public mental health center, such support groups have been conducted for more than 5 years. Recently, out of the need to further improve quality of care, as well as part of a general current trend to integrate research into daily practice, RM was initiated within these parents' groups. The group described in this article included 10 mothers of children with a known diagnosis of ASD for at least a year before entering the group. The target of the group was to provide parents with a platform for gaining instrumental, informational, and emotional support from both the professional leaders and from other parents dealing with the same daily struggles (as opposed to a more interpretive approach). The theoretical framework of the support group was based on Yalom's conceptualization of group members as viable resources for receiving assistance and advice that is based on personal experiences, as well as for providing mutual and emotional support and a sense of belonging (Yalom & Leszcz, 2005). Group sessions were weekly and were structured as a rolling group where parents could come and go as needed. Two leaders, an experienced psychiatrist and an occupational therapist, were assigned to the group. The case illustrations described in this article were all from the same support group. Clinical and background information of the group members

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have been disguised to protect patients' confidentiality. The study was approved by the institutional review board, and all participants signed informed consent.

Measures Used to Monitor the Group

In this section we will address the theoretical rationale for the RM measures and research that supports their use. Finally, we will illustrate how these measures facilitated interventions.

Theoretical Basis for the Selected RM Measures

The principle that guided the choice of routine measurements was the need to balance a trade-off between gathering meaningful information on the one hand and producing fast and comprehensible tools for administration and feedback for both patients and therapists on the other. Therefore, we decided to focus outcome measurements on two theoretical concepts which we felt encompassed the main areas of difficulty for parents of ASD children: (1) Parental stress, reflecting level of tension which typically arises from parenting a child with ASD, such as dysfunctional interaction with the child, the general restriction of life roles, and stresses with spouse. Therefore, the Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995), which taps into these aspects, was designated as the main outcome measure. The PSI-SF was previously found to have high internal consistency ($\alpha = .83$) as well as a high correlation with other measures of child and parent adjustment (Haskett et al., 2006) and (2) Family adaptability and cohesion, pertaining to a family's ability to change in the face of situational or developmental stresses (Minuchin, 1974), are crucial elements for facing challenges of ASD as the child develops. For this evaluation, the Family Adaptability and Cohesion Evaluation Scale-FACES IV (Olson, 2011) was used. The FACES-IV subscales have mostly generated internal consistencies ranging from good to acceptable and were also found to accurately identify problematic families (Marsac & Alderfer, 2011). Internal reliabilities ranged from good (Olson, 2011) to acceptable (Marsac & Alderfer, 2011).

An emphasis was placed also on group dynamics. Because group effectiveness relies heavily on mutual support and acceptance (Yalom & Leszcz, 2005), we focused on group working alliance. The working alliance is conceptualized as an emotional alignment between the counselor and the client or, in the context of group dynamics, between the members of the group. Bordin (1979) suggested that the working alliance consists of three components: (1) an emotional bond of trust between patient and therapist, (2) agreement about the overall goals of treatment, and (3) agreement about the tasks relevant to achieving these goals. Because our interest was in the level of emotional bonding between group members, we used a modified version of the Working Alliance Inventory-Short Revised (WAI; Hatcher & Gillaspy, 2006) to assess patients' alliance with group members. In this version we used the parallel scale of the WAI, with the words "group members" replacing the word "therapist." This version has been found reliable and correlated with outcome in a recent study conducted by Kivity et al. (2017). Finally, to promote a fast and simplified assessment of satisfaction, two open-ended questions were asked following each session. The questions were phrased as follows: (a) "Did the session meet your expectation?" and (b) "Did you find the session helpful?"

Research Supporting the Use of RM Measures to Form Group-Tailored Interventions

One important question group leaders often encounter is how to determine the weight of each therapeutic component within the support group. The use of RM measures can assist in evaluating the relevance of each component so that leaders can tailor the weight of therapeutic interventions during the therapeutic process. The importance of performing such adjustments is supported by Prochaska, DiClemente, and Norcross (1992) studies, which illustrate that even well-planned interventions, when unmatched to patients' developmental needs, tend to produce little or no change. On the one hand, studies assessing interventions for children with autism have shown positive results for psycho-educative elements in parents' support groups (McAleese et al., 2014). On the other hand, previous studies of group psychotherapy have highlighted the important role of universality in early stages of group development (Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988). This factor has also been found to be a central element in support groups, where shared experiences foster identification with other members and facilitate a sense of belonging (Roberts, Piper, Denny, & Cuddeback, 1997). Therefore, one of the benefits of using the RM measures is the ability to assess which of these important interventions better suits group needs, as illustrated in the following case example.

Scores and Clinical Exchanges Demonstrating the Use of RM to Form Group-Tailored Interventions

The use of RM measures as an aid for adjusting group structure to meet parents' developmental needs can be illustrated by parents' feedback to psychoeducational sessions. Traditionally, the group was structured to include three psychoeducation sessions (Sessions 3, 6, and 9), and the rest of the sessions were designated for peer and professional support. As can be viewed in Figure 1a, there was a decrease in the average alliance and satisfaction scores after the first psychoeducational meeting at Session 3. The leaders of the group found these decreases surprising, because parents in previous group interventions tended to complain about the lack of medical guidance during sessions. The decrease in alliance and satisfaction scores enabled the leaders to "hear" the group members' needs to gain more support and to raise their own agendas without imposing a specific theme. After this session, the leaders designated more time for parents to share daily struggles and conflicts, while also encouraging them to initiate requests to learn about a specific medical theme in a more flexible manner. This resulted in a steady increase in satisfaction and alliance measures, up to Session 9. Note that the decreases in satisfaction and alliance measures at Session 10 resulted from a temporary termination of the group because of summer leave.

Key Aspects of How Using the Feedback Processes Impacted the Group

In this section we will present the theoretical rationale for using RM to inform leaders about reasons for attrition, followed by supporting research and a case illustration.

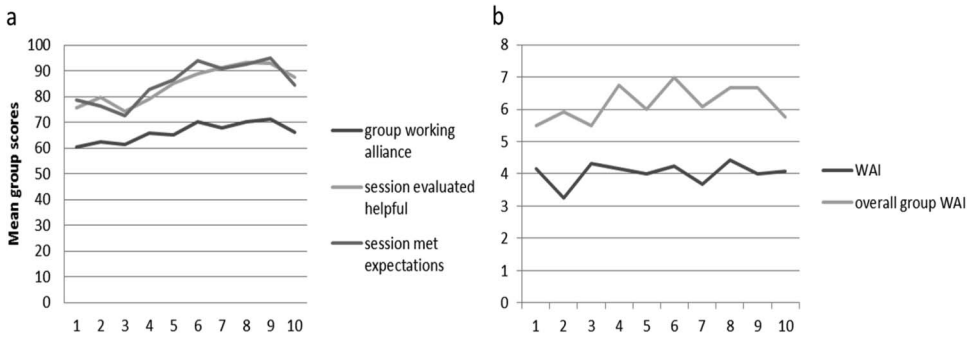

Figure 1. (a) Mean scores of all 10 participants of the group on selected process measures. The WAI was summed for illustration purposes. (b) Daniella's changes in working alliance, compared with other group members. Feedback is presented as mean scores. WAI = Working Alliance Inventory.

Theoretical Basis for Using RM to Evaluate Reasons for Attrition

A key aspect produced by our experience with RM in support groups for parents of children with ASD relates to the assessment of what is considered to be a good outcome on both group and individual levels. When patients stop attending group therapy, leaders cannot evaluate whether the reason for their absence is related to dissatisfaction or to discontinuation because of the fulfillment of their needs. This is in contrast to individual psychotherapy, where it is common to relate to attrition as a negative outcome, reflecting patients leaving therapy before achievement of treatment gains (Roseborough, McLeod, & Wright, 2016).Yet, support groups that adopt a rolling structure, where patients come and go on an as-needed basis, cannot use such an outcome as a primary tool for evaluation of effectiveness. In such cases, RM can provide a reliable estimate of effectiveness of both retained patients and patients who leave after a few sessions.

Research That Supports the Use of RM for Evaluating Reasons for Attrition

The need to measure outcomes because of cost-effectiveness considerations is an essential feature discussed extensively in the research literature. Although group therapy has been found equally effective as individual therapy (Burlingame, Strauss, & Joyce, 2013), it is still perceived as less effective by providers (Taylor et al., 2001). One possible reason for this state of affairs is the often misleading administrative routine data collection (Heinrich, 2002) that often marks groups as a therapy high on attrition and, therefore, less effective. Yet, studies indicate that inconsistent attendance in rolling groups can actually be associated with better outcome (Hien et al., 2012), indicating that the number of sessions attended might not be as useful a resource for effectiveness evaluation as the quality of the participation. In such cases, RM can provide a more accurate account of the therapeutic status of patients who either leave or show an inconsistent pattern of attendance.

Clinical Exchanges Demonstrating the Use of RM in Cases of Attrition

The following case example illustrates the benefits of using RM as a source of information indicating why some members drop out or miss the support group. Emily is a returning single mother who attended previous rounds of the support group and came back to gain reinforcement for her daily struggles with her child. Her previous participation ended when her son was integrated into a regular class, which was experienced as a huge success for both Emily and her child. After a few months, as social problems began to emerge at her son's school, Emily felt anxious, wondered if she had made a mistake by sending her son to a regular school, and wanted to regain support and comfort from the group. She attended four sessions during which her alliance and satisfaction scores steadily increased and discontinued her attendance after the fourth session. During the fourth and last session, she expressed her feelings that "the group enabled her to get some proportion on the positive sides of her son's integration in spite of all difficulties." After this session, she stopped coming to the group sessions, while providing a very positive feedback report at the last session. The leaders therefore concluded that Emily's psychological needs were fully satisfied by the end of this session.

Clinical Example Demonstrating the Impact of Monitoring on the Group

In this section we will present a clinical example demonstrating how the monitoring process impacted group processes, along with its associated theoretical background and research.

Theoretical Basis for Using RM to Attend to Group and Individual Processes

One important facet of group leaders' tasks during sessions is to preserve a dialectical position of attending simultaneously to both individual and group processes. As these processes are not necessarily synchronized, leaders are often overwhelmed by the richness of clinical information communicated during sessions (Fuhriman & Burlingame, 1994). For example, fostering group cohesion sometimes demands interventions that might temporarily conflict with an individual's personal needs. Safran and Muran (2006) coined the term alliance rupture to account for such instances, where tension or breakdown in the collaborative relationship between patient and therapist occurs. When a leader decides to intervene for the sake of group cohesion at the expense of a possible temporary rupture with an individual member of the

group, RM can assist in evaluating the impact and magnitude of these interventions, using a review of both aggregated levels of patients' reports and the reports of individuals within the group. In such a way, the leaders can make ongoing judgments regarding which process to relate to at different segments of the group work.

Research That Supports the Use of RM for Group and Individual Processes

Early studies in the field of group psychotherapy have emphasized the importance of guiding members to adhere to group process norms, for example, turn-taking, or avoiding a question-and-answer format (Dies, 1994). On the other hand, such interventions, when not aligned with client readiness, might have a negative effect on client engagement, which in turn can lead to negative client and group outcome (Kivlighan & Tarrant, 2001). The importance of repairing such ruptures during the psychotherapeutic process is demonstrated in the Safran et al. (2011) meta-analysis, which showed that rupture and repair patterns are associated with outcome in individual psychotherapy. Rupture and repair patterns were also found at the group level when assessing group climate of female patients with binge-eating disorder (Tasca, Balfour, Ritchie, & Bissada, 2006). Such processes can be identified using the routine evaluation of the working alliance, as will be demonstrated in the following clinical example.

Scores and Clinical Exchanges Demonstrating How RM Facilitated Interventions

A demonstration of the use of RM as an aid for evaluating and repairing ruptures, as well as leaders' dialectical positions when attending to both group and individual processes, is illustrated in the following case description. Daniella used to work as a teacher in a school for disabled children, before receiving her son's diagnosis. During group sessions, she tended to take on an authoritative role, without much consent on behalf of other members. This was further enhanced during Session 2, when parents started to discuss the question of boundaries in light of children's behaviors. Feeling strongly that she knew what to do, Daniella communicated her "guidelines" to other parents, while providing instructions on how and what to do during tantrums. Noticing the negative attitude toward her observational and distant comments, as well as her assumption of a position that did not allow others to express their thoughts and emotions, one of the leaders decided to approach Daniella, remarking: "Maybe we should hear how others feel regarding this subject before we turn to solutions." The leaders made a decision to interrupt Daniella who was giving advice in a detached manner because it was likely to inhibit group cohesion. This intervention led to a decrease in Daniella's group alliance as seen in Figure 1b. The group leaders were able to take note of her decreased alliance score and consider her needs during the next session. Therefore, in the next session the leaders actively encouraged her to express her knowledge, saying: "Maybe you have some ideas, seeing that you have experience with this topic?" Because the leader was able to see the drop in Daniella's alliance score after the previous session, he actively attempted to repair the rupture at the next session by inviting her to share her thoughts and advice on another topic raised in the group. After this session, Daniella's alliance score increased, indicating that she had "survived" the interruption within the group. This also highlights the benefit of having RM to guide leaders who may not be aware of how interventions negatively impact members.

Summary and Conclusions

In this article we have presented an illustration of the significance of using routine measurement and feedback within group therapy of parents of children with ASD. Our experience indicates that routine monitoring serves as a meaningful clinical tool for leaders of the group, providing them with several advantages. Routine monitoring enables the group leaders to adapt group structure according to patients' needs and to trace and foster a rupture and repair pattern at both group and individual processes. It allows the use of individual and aggregated group scores as aids for engaging in the delicate and often complex work of responding to both individual and group needs. Routine monitoring can also serve as a vital tool for visibility of the clinical work, needed to satisfy calls for accountability. As this is the first implementation of RM in ASD parents' groups in a public mental health setting, our initiative can be further improved. One of the limitations of the current study is the use of an adaptation of an individual measure of alliance for assessing group alliance. Although the measure was adapted from a well-established measure of alliance, this adaptation only recently began undergoing the process of validation and has not been sufficiently studied. Group leaders are, therefore, advised to consider other group process measures that have been found effective for Group RM and feedback in other studies, such as the Group Climate Questionnaire (Davies, Burlingame, Johnson, Gleave, & Barlow, 2008) or the Group Session Evaluation Scale (Slone et al., 2015). Additional studies are also needed to assess the impact of adopting more frequent assessments of changes in stress and adaptability. Undoubtedly, such research, aimed at evaluating processes and outcomes within this population, can provide a better adjustment for both parents and children coping with ASD challenges.

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