



RESEARCH ARTICLE

EXPERIENCES OF PARENTS AFTER TRAINING WITH HEALING TOUCH MASSAGE TO TAKE CARE CHILDREN WITH AUTISTIC

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ABSTRACT

The general consensus is that behaviorally oriented parent training procedures used with the general population, and to some extent with developmentally disabled populations, are effective for parents of children with ASD. The efficacy of parent training is activities therapy for development children with disruptive behavior from preschool through adolescence were supported by over 30 years stringent evaluation. Parent training is an empirically truth with supported intervention for children with disruptive behavior uncomplicated by ASD. Parent training provides parents with use specific techniques to management behavioral problems in children. Therefore, the abilities of parent for take care at home are very critical and important to support the development of autistic outcome. This study was designed as a mixed-method sequential describe approach for the objective and subjective information in parent training with healing touch massage. The fellow-up explanation healing touch massage model used to describe the quantitative results. The describe approach sequential was two-phase mixed methods design that begin with gathering parent and analysis of quantitative data that followed by the collecting and analysis of quantitative data for explain and enhance the quantitative finding for development of autistic children. The data were two phase in qualitative and quantitative for the data analysis and interpretation, generalized binomial logistic regression analysis will be conducted prior to the statistical analysis of the quantitative behavior of autistic. The study focus on the mix-method research methodology in research parent training with healing touch technique for take care autistic children. Five major themes of pare experiences using healing touch massage with support for development in behavior from the interviewed data. The themes could be described as follows: Learning and following Healing Touch Massage Technique, Facing difficulties when returning home, Unavailable the healing touch massage in every day, and some parent have difficulty for frequently to the massage. Healing touch massage technique was tools for training parent to healing problem behavior and development for autistic children. A qualitative research is suggested to further investigate both autistic individual symptom behavior factors and family take care in relation to parent using healing touch massage technique in autistic children.

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INTRODUCTION

The general consensus is that behaviorally oriented parent training procedures used with the general population, and to some extent with developmentally disabled populations, are effective for parents of children with ASD (Brookman-Frazee et al., 2016). Having said this, authors also stress that ASD presents with a wide range of symptom patterns and challenging behaviors (Hill et al., 2014). Thus, the likelihood that parents would need and could benefit from such training is significant. It is also important to stress that dropout rates from parent training in general are high.

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Forehand and team (Forehand et al., 1983) note that for typically developing children with challenging behaviors the rate was 28%. And, parents who perceived the treatment to be ineffective are more likely to drop out. Thus, training parents using the procedures that have the most evidence to support their efficacy would seem prudent. Along these lines the research about parent training (Helm, 1986) recommended a training model that focused on functional skills and which employ behavioral methods that enhance generalization and maintenance. The effective methods described which have an evidence base, rely on behavior therapy/applied behavioral analysis. A description of some of these interventions is as follows. The notion that parents of children with ASD should be involved in their treatment, and that this involvement should come at an early age, is not a new one (Lovaas et al., 1973).

Typical effective parenting methods are provided by evaluated a caregiver-based intervention program for children with autism in community day-care centers (Jocelyn *et al.*, 1998). They describe care givers being trained to provide services to their children in community based daycare centers. One of the best known and most commonly used training procedures, particularly for young children with ASD, is discrete trial training. Thus, a logical step would seem to be parent training in the procedures on child correct responding did just that (Lafasakis *et al.*, 2007). They taught three mothers of developmentally disabled children. Furthermore, they reported generalization of these applied behavior analysis principles to novel skills. It should be noted, that while this is the only study devoted exclusively to describing discrete trial training to parents, it has been achieved in other contexts. Numerous large package treatments of 20–40 hour per week over a year time and described as early intensive behavioral interventions, employ discrete trial training. In these studies, teaching parents to carry out these methods in addition to trained therapists are commonly reported (Matson *et al.*, 2008).

The efficacy of parent training is activities therapy for development children with disruptive behavior from preschool through adolescence were supported by over 30 years stringent evaluation (Zisser, 2010). Parent training is an empirically truth with supported intervention for children with disruptive behavior uncomplicated by ASD (Dretzke *et al.*, 2009). Parent training provides parents with use specific techniques to management behavioral problems in children. Notwithstanding growing interest in parent training for children with ASD and pilot studies supporting its use techniques, it has not been analyzed in large-scale randomized trials (Sofronoff *et al.*, 2004; Tonge *et al.*, 2014; Whittingham *et al.*, 2009; Oono *et al.*, 2013). Because the method is a time-limited intervention that could be implemented in a range of settings, including clinics and schools, indicate the efficacy of parent training in ASD could have significant public health implications. Parent training has also been practical for children with intellectual disability uncomplicated by autism (Wade *et al.*, 2008). The intervention of developed a parent training manual and conducted a series of research showing that that program is acceptable to parents, can be reliably delivered by trained therapists, and confers additional benefit when used in combination with medication (Research Units on Pediatric Psychopharmacology Autism, 2009; Bearss *et al.*, 2013). The imperative for parent training for children with autism is well founded as disruptive behaviors bear upon as many as 50–70% of autism children (Gadow *et al.*, 2004; Lecavalier *et al.*, 2006). In generally, observed for disruptive behavior problems in autism include tantrum, aggressive, noncompliance with routine demands, self-injury, property destruction, recklessness, and hyperactivity. This study aim of mix methods to compare of effectiveness of healing touch technique in changing of behavior problem of autism patient between experiment group and control group. The findings would benefit parent to changing of behavior problem of autism patient in a holistic approach.

METHODOLOGY

This study was designed as a mixed-method sequential describe approach for the objective and subjective information in parent training with healing touch massage. The fellow-up explanation healing touch massage model used to describe the quantitative results. The describe approach sequential was two-

phase mixed methods design that begin with gathering parent and analysis of quantitative data that followed by the collecting and analysis of quantitative data for explain and enhance the quantitative finding (Andrew, 2009; Ivankova *et al.*, 2006). Then, the researcher gathering qualitative data from parent of autistic who used massage technique on the head of their children (John, 2017). The questions for used in the qualitative embedded approach assume that data and theories are neither emergent nor discovered but rather are constructed by both the researcher and the research participant (Charmaz, 2006; Onwuegbuzie *et al.*, 2007) (Figure 2).

In this research planning a study of independent cases and controls with 1 control(s) per case. This study is not estimate for drop-out from the intervention because participant is the student of Nonthaburi Autistic Center, so all participants are 64 participants in this study equal 32 participants in each group. As for the study's quantitative strand, a sample size of 32 is recommended for this research design. Participants were recruited from parent of autistic patient at Autism Center Nonthaburi, Nonthaburi province. For inclusion criteria of parent were mother of autistic patient, no illness, disability as results that can not to use healing touch techniques for autistic patient, and to attend the training with healing touch techniques for autistic patient. Patient with mild autistic, patient with diagnosis from physician were mild autistic and age between 13 to 25 years at autism center nonthaburi that who willing to attend the research study with parent, the consent from the parent to attend the trial.

PARTICIPANTS AND SETTING

The study was conducted in Autistic Center Nonthaburi in a province of Nonthaburi, Thailand. The only legitimate informants in phenomenological research are those who have lived the reality (Baker *et al.*, 1992) in this study were parent of autism which study at the center. Therefore, recruitment strategies were directed at selecting individuals who had healing touch technique the experience of being a parent of a child with autism. Participants were recruited through a support group whose purpose is training on healing touch technique which the facilitation for support to effective treatment. Twenty-three parents from 23 families of children with autism participated. Nineteen of the 23 parents were mothers, 2 were fathers, and 2 were guardian with a total of two couples participating in the study. The parents ranged in age from early 30s to late 40s. All parents were married except for one mother who was separated at the time of the interview. Except for 2 parents, all parents had at least one other child in addition to their child with autism.

The children with autism ranged in age from 13 to 25 years, with the children's age of initial diagnosis ranging from 3.5 to 4.5 years. The children with autism were all boys except for two children were girls. The children, as described by the parents, varied in the severity with respect to the degree of impairment in communication, social relations, and repetitive and stereotyped behavior. All of the children were training at Autistic Center Nonthaburi with available from government to support teacher training. However, the children with autism cannot study into school system and all of mother go to join program training at the center. The parents were eligible if they: 1) were autistic children who had cared for a child age between 13 years and 25 years with mild autistic studying at nonthaburi autistic and no have symptom in seizures or epilepsy, 2) could communicate in Thai, and 3) parents agreed

to participate in this study. Parent had experience of healing touch technique in caring for their children for a period of 3 to 4 months after training from researcher to use with children before bed. Their children must to take the healing touch by parent for every night during October 2016 to February 2017. The researcher also emphasize that autism display with a wide range of symptom patterns and challenging behaviors (Aman, 2005). Therefore, the feasibility that parents would require and could actual benefit from such training is significant. That is also important to stress that dropout rates from parent training in general are high. Healing touch massage technique that present on Figure 1 was sketch image of massage technique on forehead and child was lie on his back.



Figure 1. Parents preparing for practice Healing Touch Massage

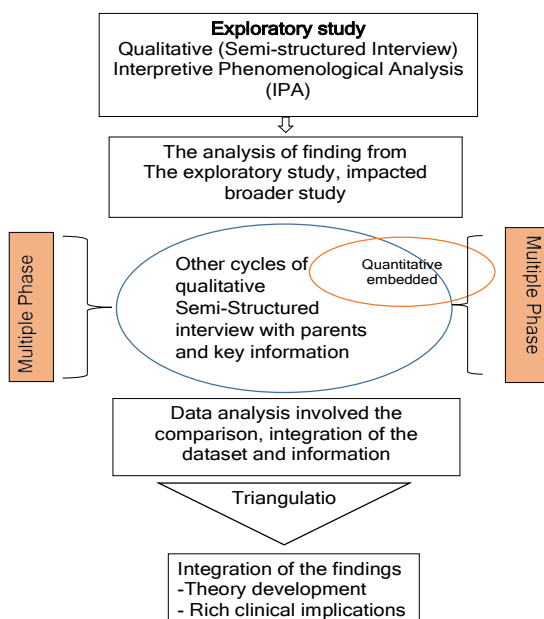


Figure 2. The embedded research design

MATERIALS

Audio recorders, field notes and the semi-structured interview questions were used for gathering data. The main questions were as follows by; what are your experiences and feelings of being with you practice on healing touch massage with your child at home? What are your experiences and feelings regarding your life being on healing touch massage with your child at home?



Figure 3. Parent's had experience in healing touch massage technique

Data collection and ethical consideration

Ethical standards were maintained throughout the course of the project by careful attention to issues of recruitment, written consent, confidentiality, anonymity, potential vulnerability, and sensitivity. Ethical approval from the human Research ethics committee from the Faculty of Public Health, Mahidol University (IRB No.2016-133). All parents were willing to participate in a recorded interview and gave their informed written consent. The interviews were conducted by a researcher in a quiet room of the autistic center nonthaburi conference room.

The interviews varied from 30-60 minutes all of the data obtained from the interviews were transcribed verbatim. The questionnaire comprising four sections was completed through a face-to-face interview. It consists of questions on socio-demographic; characteristics 11 items, Sensory Features for treatment in Autism Spectrum Disorders Questionnaire (SFASDQ) 62 items, Home Situations Questionnaire (HSQ) 16 items, and record time using health touch massage techniques. The SFASDQ was developed for use only this research by Van visa based on DSM-V to measure autistic behaviors, this consist of 62 items on four aspects of deficits in social communication and social interaction across, including social emotional, nonverbal communicative behaviors, deficits in developing, maintain, understanding relationship, stereotype on repetitive motor movement, and hyper-hypo reactivity to sensory or unusual interest.

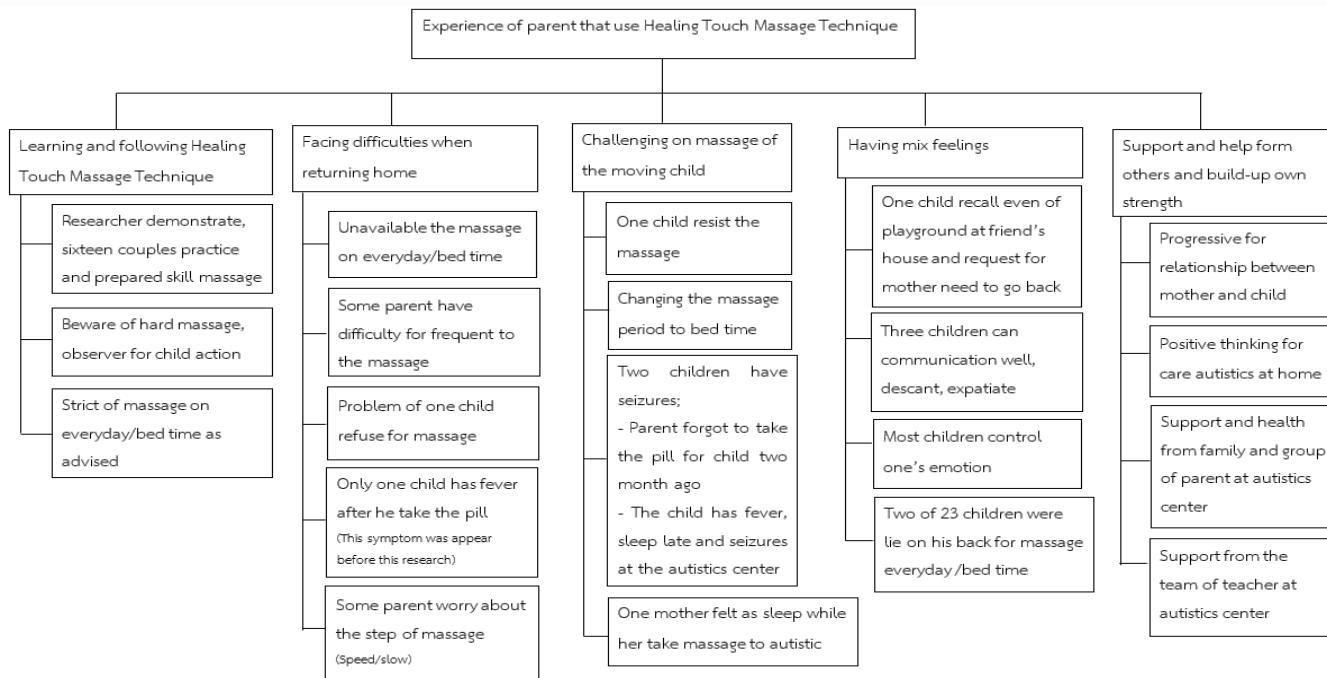


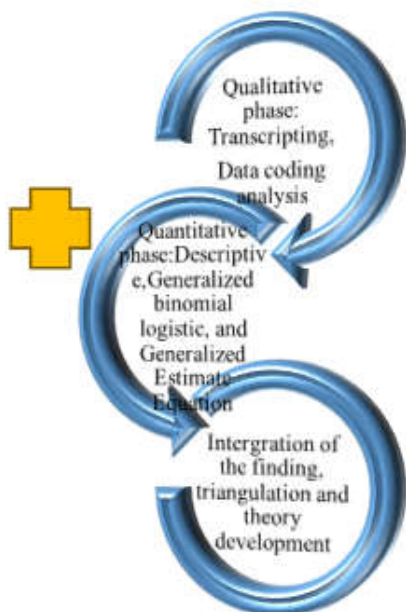
Figure 4. Summery of experience themes and subthemes of parent having children with autism

DATA ANALYSIS

Qualitative phase: The qualitative data analysis includes the following steps. The first step is to transcribe the interviews for the parent of autistic. Transcribing involves a close observation of the data collected through listening to the audio recorded interview. Caution and close attention to details from in each parent that should be given to the transcribing process as this is a first interpretative process and crucial step in data analysis (Johnson, 2004). The audio recorded from the interviews will be transcribed into electronic format. Before analysis, the transcripts will be examined by the researcher and confirm with observation in the symptom of autistic together with the teacher to maintain accuracy and quality. Meaningless and redundant utterance like “you know” or “this thing” may be eliminated to aid in the clarification of analysis and increase the readability.

Any language added by the researchers that intends to increase the clarity will be placed in brackets. The next step is coding. Coding is a process of sorting, organizing, summarizing and synthesizing the data. It is also operate as the basis of developing in-depth and analytical analysis. There are some differences and similarities for coding processes in qualitative studies depending on the nature, design and aim of the study. Throughout of the data analysis and interpretation, coding checks and theme review will be conducted with the researcher.

Quantitative phase: Generalized binomial logistic regression analysis will be conducted prior to the statistical analysis of the quantitative behavior of autistic. Data for general characteristics of autistic will include the descriptive statistics for all the variables, information about family, symptom of autistic, among of children in family. Descriptive statistics for the general of children with autistic items will be summarized in the text and reported in tabular form. Later, inferential statistics will be conducted for hypotheses testing and further analysis. Statistical analysis of the quantitative results will be conducted with the help of the Statistical Package software.



DISCUSSION AND CONCLUSION

The main problem of autistic was deficit in developing or maintaining and understanding relationship such as from difficulties to adjusting behavior to suit various social context, to difficulties in sharing imaginative play or in making friends. Healing touch massage technique improvement only an interest in children and response to approaches of other children. Meanwhile an imaginative with peers, imaginative play cannot improvement behavior. Autistic or Autistic Spectrum Disorder (ASD) are characterized in social interaction difficulties, communication challenges and tendency to engage in repetitive behavior especially sensory processing problems. At present it has been observed that prevalence of autistic was increased and parent was find out alternative treatment to healing the symptom disorder.

Figure 5. Step of data analysis in the parent training with Healing Touch Massage for autistic

Meanwhile alternative treatment will be safe, comfortable and can be given by parent at home. Massage technique was to training for the parent to given autistic children at home that was comfortable and saving for the family. Healing touch massage technique was tools for training parent to healing problem behavior and development for autistic children. A qualitative research is suggested to further investigate both autistic individual symptom behavior factors and family take care in relation to parent using healing touch massage technique in autistic children.

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