

Background

- The Social ABCs is a parent-mediated early intervention developed for toddlers with emerging or confirmed autism spectrum disorder (ASD)
- Although developed for 12- to 36-month olds, we have identified a need to refine techniques for infants < 15 mos
- Intervening early maximizes potential benefits both child and parent

Objective & Plan

- To develop, adapt, and describe the *Infant* Social ABCs in a case series of pilot participants
- This descriptive case series uses a multi-method approach to:
 1. describe the modifications of the Social ABCs
 2. explore the outcomes with two mother-infant dyads, and
 3. examine themes of feasibility and acceptability

Method

The Intervention

- Virtual, 1:1, 45-min coaching sessions (varying duration to accommodate family availability and preference/ feasibility)
 - Child A: 9 weeks (11 sessions)
 - Child B: 12 weeks (20 sessions)
- Parent instructional sessions: “*While You Wait*” presentation – three, 1:1, 20-min learning sessions during coaching sessions

Infant Version – Modifications from Standard Model

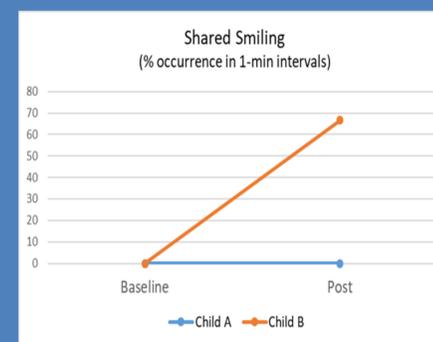
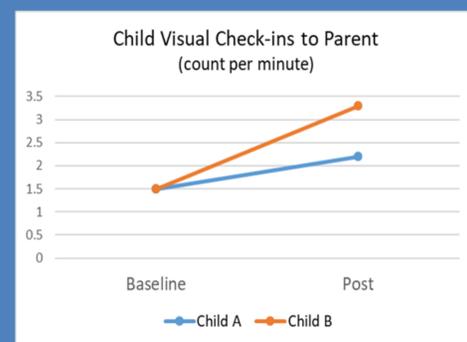
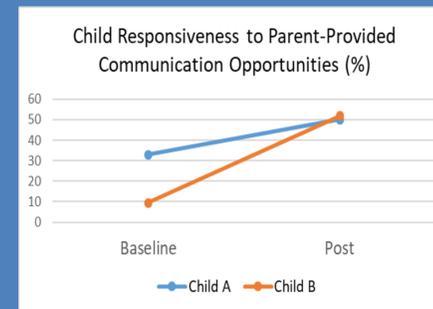
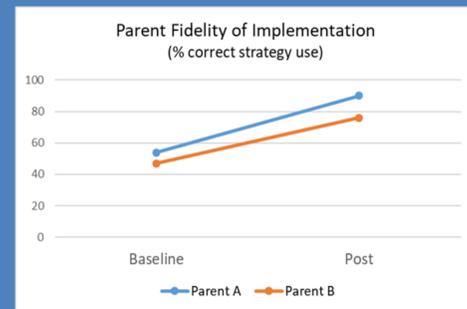
- Abbreviated session length and total duration of intervention
- Streamlined parent teaching content
- Coaching parent to provide verbal **and nonverbal** communication opportunities
- Accepting **all** directed child communication acts
- Greater focus on child’s developmental needs/ stage

Video Coding Scheme

- Parent Fidelity (% correct use of 10 strategies)
- Child Responsiveness (% responses to parent opportunities)
- Shared Smiling (% occurrence/ 1 min blocks)
- Child Visual Check-Ins (count/ minute)

Key Findings

- Gains in parent fidelity
- Increased infant responsiveness to communication opportunities
- Greater frequency of ‘checking in’ with parent
 - Increased shared smiling (one dyad)



Participants

- Two mother-infant dyads
- Age ≤ 15-months (Child A: 15m; Child B: 11m), both male
- Social communication challenges, but no formal diagnosis
- Symptoms: *reduced babbling, lack of co-ordinated attention with eye contact, reduced social smile*
- Inclusion: Referral by infant’s health care provider, parental concerns of ASD, & parent readiness / willingness to participate in virtual (video-recorded) coaching sessions

Results

- Implementation fidelity: Both parents made notable gains in strategy use, reaching ~ 80%
- Child responsiveness increased for both, reaching ~50%
- Visual check-ins increased at a rate of 2-3 x for each child
- At baseline, children were not sharing smiles with their mothers, despite both mothers offering warm, loving, smiles
- Shared smiling increased for Child B, but not for Child A (coding scheme may miss nuanced behaviour)

Key Learning

Developmental Coaching through an ‘at-risk’ lens entails:

- Picking up on, and actively coaching parents to respond to very subtle, hard-to-read cues, and subtle communicative behaviours (e.g., leaning toward parent, partial reach, unconventional/partial gestures)
- Noticing and acknowledging healthy developmental moments, and pausing on social communication targets in-the-moment to support unfolding developmental progress
- Navigating typical development alongside emergent ASD symptoms and social communication targets
- Sensitively supporting parents with identified and emerging concerns

Next Steps

- Develop a caregiver coaching manual, *infant version*
- Refine session protocol (length, rate, duration of sessions)
- Refine coding scheme to capture nuanced gains in shared smiling (e.g., interval coding in 10-s blocks)
- Continue to adapt fidelity of implementation metrics