Library Progress International *Print version ISSN 0970 1052*
Vol.44 No. 3, Jul-Dec 2024: P.8803-8809 *Online version ISSN 2320 317X*

Original Article *Available online at www.bpasjournals.com*

Parent Mediated Intervention for Children with Disabilities

[1]Kurinji Chelvan S*,[2]Dr. Prakash Kumar, [3] Dr. Balabaskar

[1]PhD Scholar, AMITY Institute of Health Allied Science, Department of Occupational Therapy, kurinjichelvan.s@s.amity.edu
[2]Associate Professor, AMITY Institute of Health Allied Science, Department of Occupational Therapy,pkumar31@amity.edu, kumarpr@tcd.ie
[3] Head of the Department, DAIL, NIEPMD, baskarcherry@gmail.com

How to cite this article: Kurinji Chelvan S, Prakash Kumar, Balabaskar (2024). Parent Mediated Intervention for Children with Disabilities. *Library Progress International,* 44(3), 8810-8816.

ABSTRACT
Benefit recipients, particularly those with developmental disabilities, require ongoing rehabilitation treatments. Sustainable rehabilitation services are not feasible for a number of reasons, particularly in low- and middle-income nations. The best approach for long-term rehabilitation treatments for kids with developmental problems is parent-mediated intervention. This narrative review attempts to give readers a general understanding of parent-mediated intervention, including its advantages, drawbacks, and determining factors. Google Scholar and PubMed computer searches were used to compile the papers. This study's findings indicate that the main factors supporting parent-mediated intervention are financial hardship, difficulty accessing rehabilitation facilities, and lack of availability of rehabilitation professionals. It gives kids a better learning environment and parent-child connection so they can communicate and learn more effectively.Additionally, it aids in the parent's comprehension of their child, enabling them to train them more effectively while lowering their stress levels and other discomforts. At the same time, Parents want appropriate direction and perhaps in-depth instruction from their rehabilitation specialists. To learn about the requirements, rewards, and paperwork, parents must receive training.

KEYWORDS
Parent-mediated Intervention, Parents-deliver Intervention, Disabilities, Children

1. Introduction

The World Health Organisation estimates that 16% of the world's population has at least one impairment which negatively influences a country's development. About 6% of people with disabilities are youngsters, ages 0 to 14, whorequire ongoing, professional rehabilitation care. To lessen the impacts of disability on both an individual and societal level, there is a significant demand for sustainable rehabilitation service delivery in low- and middle-income countries (LMICs). However,many obstacles make it difficult to offer such services. These issues include a lack of prioritisation, insufficient resources, a shortage of experts with the necessary skills for rehabilitation, limited use of evidence-based techniques, and poor accessibility of rehabilitation facilities for rural areas [1] [2]. For developing nations, ensuring sustainable welfare and rehabilitation programmes is a major challenge[2]. The needs of every individual might not be completely satisfied, even with improved rehabilitation programmes within a society. Due to the direct and indirect costs related to obtaining regular rehabilitation services for a loved one, families frequently experience a significant financial load and parental stress. Families who have a kid with a handicap or special needs experience a greater burden, which eventually lowers their quality of life.

By offering intense rehabilitation treatments to young children with special needs during their early developmental stage, researchers around the world emphasisethe necessity of early and timely interventions. The effectiveness of various interventions and therapies can be increased, and functional abilities can be maximised

using a thorough and integrated strategy. These methods may include social skill development, educational therapies that follow planned lesson plans, occupational therapy, speech and language therapy, physical therapy, and occupational therapy. Implementation and dose of these therapies are based on the child's functional demands, type, and severity. However, receiving extensive intervention is impracticable in today's environment due to poor time management, travel distances to rehabilitation facilities, and direct and indirect costs associated with these services[3]. Finding reliable and practical information on their child's condition can be difficult for parents. Evidence suggests that parents who pay more attention to their children's attention and activity throughout the early parenting phases have more significant subsequent gains. These parents need instruction to manage their kids in their surroundings.

In conclusion, there is a critical need for early intervention for young children with ASD that parents can readily carry out and that promotes stimulus generalisation by employing multiple exemplars of stimuli. According to Estes et al., parents of children with autism spectrum disorders are especially prone to stress, despair, feelings of isolation, and a lack of confidence in their ability to support their children's learning. For them to feel more competent and less stressed out by their parents, they need both informational and emotional support[4].

In addition,finding a different approach to offering beneficiaries in developing nations sustainable rehabilitative treatments is essential when addressing parental issues. The pandemic's disruption of rehabilitation services brought to light the necessity for substitute strategies to keep beneficiaries' therapeutic interventions going. Professionals agreed that community-based models and parent empowerment have emerged as workable ways to guarantee continued rehabilitation services in the community. To address the challenges that communities face in accessing services, the World Health Organization also stresses the significance of empowering carers and fostering a trans-disciplinary paradigm in the community [5]. Parent-mediated intervention, a different strategy involving parents in the intervention's delivery, is seen as an alternate service delivery model for long-term rehabilitation services [3].

Parent-mediated Intervention:

Parent-mediated intervention is a therapeutic strategy in which parents can provide therapies to their kids in their natural settings while guided adequately by professionals. This method is noted for being successful, client-centred, realistic, and priority-based[6]. Parent-mediated intervention is seen as a crucial element of the effectiveness of early intervention for young children, as it involves the parents' active participation[7]. Parent education and parent-delivered intervention are two terms that have been used to refer to parent-mediated interventions[8]. Family-centered practice, parent coaching, parent training, and parent-implemented interventions [9]. The core of parent-mediated intervention is a planned parental training programme and the methodical application of professional-designed intervention protocols.Even as they get older, children with impairments will always require parental help. Introduced in 1970, parent-mediated intervention has proven to be a successful kind of treatment for kids with autism spectrum disorder [10]. Parent-involved early intervention programmes address parents' worries about their children's future, behavioural problems in public places, and functional capacity in addition to encouraging active participation in social and family leisure activities. It is crucial to empower parents and give them the tools they need to support their children to meet these demands effectively [11].

Furthermore, by using both the International Classification of Functioning and Bronfenbrenner's ecological systems theory, a holistic strategy may be used to ensure affordable and client-centered services that empower parents and support long-term recovery. This practice guarantees client-centred, cost-effective treatments, facilitates sustainable long-term care rehabilitation services, and gives parents more information about their child's condition and obligations. Parents' lives are improved by giving them the knowledge and training they need to handle their children in their home environment[12].

Building a relationship of trust between parents and medical experts, promoting parent-child closeness, strengthening parents' coping abilities, offering suitable training, and creating an intervention protocol are the main goals of parent-mediated intervention. The parents gain the confidence to control their child's abnormal behaviours after being informed of their child's condition,behaviours, and handling skills. According to the model, to successfully apply the intervention protocol, parents must consult with their rehabilitation specialists regularly

to receive advice and support; this builds their confidence in their experts and fosters greater communication. This constructive approach significantly impacts the development of youngsters. Parental empowerment programmes use a variety of techniques to guarantee the effectiveness and caliber of the service, including handing out educational materials, hosting awareness campaigns, and forcing participants to see the professional carers' handling techniques in clinical settings. These programmes also allow parents to learn more and make wise decisions for their children. As a result, parents' coping mechanisms improve, and their stress levels decrease [13]. Professionals work with parents to build an intervention protocol by considering the resources and materials that are currently accessible in the home setting and by considering feasibility. Therefore, it is convenient for the parents to carry out the intervention [13] successfully. Parents are encouraged to use sustainable rehabilitation services because they are directly involved in treatment delivery and can immediately see how effective the process is. The effectiveness of parent-mediated interventions, however, varies depending on a variety of variables, including parental empowerment programmes, the socioeconomic level of the family, the number of disabled children in the family, the relationship between the spouses, the availability of social support, and the severity of the disease [4].

Parental Training:

Educating and empowering parents to carry out the intervention process is more crucial. Numerous research studieshave emphasised the necessity of a parental education programme incorporating psycho-educational strategies, where information should be supplied regarding the diagnosis, activities, and therapeutic procedures [14]. Parent training strategies frequently employ compliance and noncompliance as theyfocusbehavioursto teach parents how to control their children's behaviour better. Strong empirical evidence backs the decision to focus on these two behaviors [6]. These training sessions are frequently delivered in small groups, one-on-one consultations in clinics or at home, lectures, clinical observations, and professional demonstrations in a clinical setting [11][15]. In order to educate parents about their children's conditions, address challenging behaviours, introduce reinforcement techniques, provide a structured intervention protocol, and teach reporting techniques, parental training programmes frequently include education, training, and coaching from professionals [16]. Parents are prepared to conduct the structured intervention programme in their homes once the parental training programme is finished[17].

According to Barton and Fettig, parent training practices can be offered through routines, collaborative progress monitoring, modelling, self-reflection, opportunities to practice new skills, role-play, performance-based feedback, written instructions or manuals, and problem-solving discussions[9]. The parental training programme teaches parents how to interact with their children during intervention sessions and how to support them constructively. The parents must be instructed on good and bad behaviour. Train them to carry out the intervention through enjoyable activities or in accordance with the child's interests. Parents are also encouraged to give their children daily or weekly awards for doing well in school. Additionally, it teaches them how to inspire their children positively, achieve the goals, and explain the notion of reinforcement to them [18].Parental training materials ought to include more images, straightforward language, and useful information. The parents' educational backgrounds are seen as a crucial factor. Parents who have completed at least a high school diploma are thought to be capable of effectively intervening with their children. For kids between the ages of 2 and 11, Barkley advises using parent training techniques as a more suitable and successful intervention strategy [6].

The parent empowerment session's length, frequency, and instructional style vary. The parental empowerment stage of the parental-mediated intervention process is influenced by the amount of time spent attending the programme, the distance travelled to the clinical setting for attendance at the parental training programme, expenditures, and level of professional expertise in the local community. Sally et al. assessed the efficacy of online instruction in parental empowerment programmes and concluded that the outcomes were inconsistent. However, they concluded that online programmespositively influence parental empowerment[19].

2. Methods:

This evaluation of studies on parent-mediated intervention or children with disabilities has taken a thorough approach in terms of intervention type. It has outlined and contrasted the benefits and restrictions of the

intervention.

Search Strategy:
In terms of the types of interventions, this review of studies on parent-mediated intervention for children with disabilities has taken a comprehensive approach. The benefits and drawbacks of this intervention for children with disabilities have been described and contrasted. The authors searched the databases PubMed and Google Scholar on computers. The essential phrases for the child, disability, and parent-mediated were combined in the search method.

3. Discussion
Long wait periods for appointments with professionals have a negative impact on people's healing processes in industrialised nations. Implementing parent-mediated intervention has worked well to alleviate this problem. Providing early intervention for children with impairments in underdeveloped nations, it would be difficult due to the lack of facilities and personnel. However, in certain nations, like India, empowering parents can make it easier to provide early intervention programmes. This empowerment has a favourable effect on a number of things, such as the effectiveness of early intervention services, the performance and development of the children, the parents' understanding of their children's behaviour, their ability to manage their children, their confidence, and the stress levels of the parents [20]. A systematic review of parent-mediated intervention was done by Zwi et al. They have, therefore, outlined the seven typical outcome metrics for parent-mediated interventions for ADHD children. Common outcome indicators include changes in the child's behaviour related to ADHD symptoms at home, changes in the child's behaviour related to ADHD symptoms at school, changes in the child's general behaviour, academic achievement measured by school test scores, negative events, changes in parent abilities, parental stress, and parental understanding of ADHD [21].

According to Robert et al., when a parent tries to discipline a child, the child's problematic behaviour gets worse. Over time, the positive interactions between the parent and child get worse in direct proportion to the child's severity of negative behaviour [6]. Parental participation plays a crucial role in influencing how children behave and their capacity to change their surroundings to stop abnormal behaviours. Parents also learn knowledge and abilities to deal with problems they want to deal with first or find challenging [6]. Interventions are frequently given in the parents' natural surroundings since parents serve as the approach's resource person. So, it is an affordable intervention process for them. Additionally, going to the resource centres is no longer necessary. Parent-mediated intervention can be done at a flexible time, enhancing the sustainability of the services. This method uses the therapist as a facilitator.

The intervention protocol must be created to be conducted with the least amount of locally accessible resources possible, considering the nature and aim of the parent-mediated intervention. There might not be a lot of expensive machinery and infrastructure. The parent-mediated intervention assists in educating the kids in a familiar setting and conducive to learning and participation in the intervention activities. It improves their ability to adjust to their surroundings and the possibility of putting the intervention into action. Professionals must inform carers about their children's development, positive reinforcement, the goal of intervention techniques, and how to make use of the physical environment [22].

Parents who have received parental training find it easier to handle problems, which boosts their confidence and lowers their stress levels[16]. Parents have more opportunities to engage in conversation and joint activities with their kids, which helps with learning. Parental training gives parents the chance to interact with other group members and encourages a certain type of self-supportive group behaviour [15]. Professionals work with parents to communicate and gather the data they need to modify the intervention protocol to meet the child and family's needs[23].

According to Nahar et al., parent-mediated intervention enhances parents' understanding, outlook, and control over the child at home. Additionally, it lessens parental stress. Parents ' level of acceptability increased after using the parent-mediated intervention procedure [24] [25]. According to the evidence, parent-mediated

interventions are effective at addressing behavioural problems, improving parent-child interaction, social, emotional, and cognitive skills, facilitating communication [3] [15][26], joint attention, play, and creating opportunities for learning during daily routines as well as facilitating the generalisation of learned skills across environments[27], as well as improving self-care, oral hygiene, and social behavior[25]. In contexts with low resources, parent-mediated interventions play a critical role in increasing accessibility and cost of services [28].Parent-mediated intervention was endorsed by Nigesh et al. as a low-cost and successful intervention in India [28]. The parents who are in a position of authority are viewed as an alternative source of labour for the community's rehabilitation programmes. For developing nations with poor incomes, it would be a long-term answer. Professionals or non-professionals typically undertake home visits to ensure the quality of parent-mediated intervention, and a predesigned structured protocol with a standard collection of toys must be provided to carry out the protocol [25]. Other members of society will be strengthened via the use of this alternative labour. The trained parents will educate and empower other parents and carers through self-help groups. As a result, both rural areas and developing nations have the potential to benefit from sustainable restoration services[21].According to Helen et al., parent-mediated intervention positively affectsvocabulary skills in children with autism spectrum disorder. Training parents in applied behaviour analysis approaches causes a small percentage of positive language and behaviour change. Findings from numerous preliminary research also suggest a positive effect on most parents, including enhanced parental performance, knowledge, and skills[29].

On the other hand, the parent-mediated intervention had a dropout rate of 5% to 56% of participants. The educational level of the parents, the family's financial situation, their degree of stress, and their daily routines all affect the dropout rate [25]. In their study, McConnell et al. noted that it was challenging for parents to set aside special time for routinely implementing intervention. They do experience difficulties raising the family's other children. To apply the Intervention, parents must forgo their free time and other obligations [22]. In addition to these, parent-mediated intervention for kids with impairments has certain further drawbacks. Some kids don't listen to instructions well, which makes it difficult for them to complete tasks as directed by experts. As a result, parent-mediated learning is less effective.

The parents' educational backgrounds make comprehending the notion easier for their children. The dropouts find it to be a worrying element at the same time. Low-educated mothers found it difficult to complete the assignment as required, which increased the likelihood that they would drop out. In addition, because of their busy jobs, parents with higher education levels are unable to finish the intervention programme. As a result, they can't effectively participate in the parents' training, and they can't follow the intervention protocol exactly [25] [30].

4. Conclusions

Parent-mediated intervention has been employed since the 1970s to deliver rehabilitative services in rural communities by empowering parents through a parental training programme. Parent-mediated interventions address parental needs by educating them and easing their stress. It shows beneficial effects on kids' performance, social interaction, communication, and everyday living activities. It should be noted that it considers all of the children's needs, such as enhancing performance abilities and minimisinginappropriate behaviour. Even though many study findings concur with the good outcomes of the parent-mediated intervention, other study findings are contradictory. Negative outcomes should have been the result of elements including parental education, family structure, the severity of the child's condition, resources available, professional cooperation, and other causes. But the evidence that is now available is insufficient to guarantee the impact of these factors [9]. However, federal regulatory and reimbursement organisationshave created laws to facilitate the practice after taking into account the necessity and effectiveness of this parent-mediated practice. To generalisethe procedure, more research is required, according to certain research findings [31]. Therefore, additional research will be needed to evaluate the effectiveness of parental mediation with solid evidence [6] [9] [25] [30].

References

[1] Kumar, S. G.; Das, A.; Soans, S. J. Quality of Rehabilitation Services to Disabled in a Rural Community of

Karnataka. *Indian J Community Med*, **2008**, *33* (3), 198. https://doi.org/10.4103/0970-0218.42066.

[2] Kumar, Sg.; Roy, G.; Kar, S. Disability and Rehabilitation Services in India: Issues and Challenges. *J Family Med Prim Care*, **2012**, *1* (1), 69. https://doi.org/10.4103/2249-4863.94458.

[3] Cheng, W. M.; Smith, T. B.; Butler, M.; Taylor, T. M.; Clayton, D. Effects of Parent-Implemented Interventions on Outcomes of Children with Autism: A Meta-Analysis. *J Autism Dev Disord*, **2022**, 1–17. https://doi.org/10.1007/S10803-022-05688-8/FIGURES/4.

[4] Estes, A.; Vismara, L.; Mercado, C.; Fitzpatrick, A.; Elder, L.; Greenson, J.; Lord, C.; Munson, J.; Winter, J.; Young, G.; et al. The Impact of Parent-Delivered Intervention on Parents of Very Young Children with Autism. *J Autism Dev Disord*, **2014**, *44* (2), 353–365. https://doi.org/10.1007/s10803-013-1874-z.

[5] Rehabilitation https://www.who.int/news-room/fact-sheets/detail/rehabilitation (accessed Jun 2, 2023).

[6] Newby, R. F.; Fischer, M.; Roman, M. A. Parent Training for Families of Children with ADHD. *School Psych Rev*, **1991**, *20* (2), 252–265. https://doi.org/10.1080/02796015.1991.12085549.

[7] Council, N. R. Educating Children with Autism. *Educating Children with Autism*, **2001**. https://doi.org/10.17226/10017.

[8] Bearss, K.; Burrell, T. L.; Stewart, L.; Scahill, L. Parent Training in Autism Spectrum Disorder: What's in a Name? *Clin Child Fam Psychol Rev*, **2015**, *18* (2), 170–182. https://doi.org/10.1007/S10567-015-0179-5.

[9] Movahedazarhouligh, S. Parent-Implemented Interventions and Family-Centered Service Delivery Approaches in Early Intervention and Early Childhood Special Education. *Early Child Development and Care*. Routledge 2021, pp 1–12. https://doi.org/10.1080/03004430.2019.1603148.

[10] Koenig, K. Unstrange Minds Remapping the World of Autism. *J Clin Invest*, **2007**, *117* (12), 3597. https://doi.org/10.1172/JCI33677.

[11] Ratliff-Black, M.; Therrien, W. Parent-Mediated Interventions for School-Age Children With ASD: A Meta-Analysis. *Focus Autism Other Dev Disabl*, **2021**, *36* (1), 3–13. https://doi.org/10.1177/1088357620956904.

[12] Bernie, C.; Mitchell, M.; Williams, K.; May, T. Parent-Directed Intervention versus Controls Whilst Their Child Waits for Diagnostic Assessment: A Systematic Review Protocol. *Syst Rev*, **2021**, *10* (1). https://doi.org/10.1186/S13643-021-01615-7.

[13] Lord, C.; Rapley, T.; Marcroft, C.; Pearse, J.; Basu, A. Determinants of Parent-Delivered Therapy Interventions in Children with Cerebral Palsy: A Qualitative Synthesis and Checklist. *Child: Care, Health and Development*. Blackwell Publishing Ltd September 1, 2018, pp 659–669. https://doi.org/10.1111/cch.12592.

[14] Krishnan, R.; Nesh, M. T. J. A.; Russell, P. S. S.; Russell, S.; Mammen, P. The Effectiveness of an Intensive, Parent Mediated, Multi-Component, Early Intervention for Children with Autism. *Journal of Indian Association for Child and Adolescent Mental Health*, **2016**, *12* (3), 230–252. https://doi.org/10.1177/0973134220160303.

[15] Oono, I. P.; Honey, E. J.; Mcconachie, H. Parent-Mediated Early Intervention for Young Children with Autism Spectrum Disorders (ASD). *Cochrane Database Syst Rev*, **2013**, *2013* (4).https://doi.org/10.1002/14651858.CD009774.PUB2.

[16] Shalev, R. A.; Lavine, C.; Di Martino, A. A Systematic Review of the Role of Parent Characteristics in Parent-Mediated Interventions for Children with Autism Spectrum Disorder. *J Dev Phys Disabil*, **2020**, *32* (1), 1–21. https://doi.org/10.1007/S10882-018-9641-X/METRICS.

[17] Parent-mediated interventions - Parenting Research Centre https://www.parentingrc.org.au/telepractice_hub/telepractice-guides/parent-mediated-interventions/ (accessed Jun 2, 2023).

[18] Barkley, R. A. Defiant Children : A Clinician's Manual for Assessment and Parent Training. 228.

[19] Rogers, S. J.; Stahmer, A.; Talbott, M.; Young, G.; Fuller, E.; Pellecchia, M.; Barber, A.; Griffith, E. Feasibility of Delivering Parent-Implemented NDBI Interventions in Low-Resource Regions: A Pilot Randomized Controlled Study. *J NeurodevDisord*, **2022**, *14* (1). https://doi.org/10.1186/s11689-021-09410-0.

[20] McConachie, H.; Diggle, T. Parent Implemented Early Intervention for Young Children with Autism Spectrum Disorder: A Systematic Review. *J Eval Clin Pract*, **2007**, *13* (1), 120–129. https://doi.org/10.1111/J.1365-2753.2006.00674.X.

[21] Zwi, M.; Jones, H.; Thorgaard, C.; York, A.; Dennis, J. A. Parent Training Interventions for Attention Deficit Hyperactivity Disorder (ADHD) in Children Aged 5 to 18 Years. *Cochrane Database Syst Rev*, **2011**, *2011* (12). https://doi.org/10.1002/14651858.CD003018.PUB3.

[22] McConnell, D.; Parakkal, M.; Savage, A.; Rempel, G. Parent-Mediated Intervention: Adherence and Adverse Effects. *DisabilRehabil*, **2015**, *37* (10), 864–872. https://doi.org/10.3109/09638288.2014.946157.

[23] Salisbury, C.; Woods, J.; Snyder, P.; Moddelmog, K.; Mawdsley, H.; Romano, M.; Windsor, K. Caregiver and Provider Experiences With Coaching and Embedded Intervention. *Topics Early Child Spec Educ*, **2018**, *38* (1), 17–29. https://doi.org/10.1177/0271121417708036.

[24] Brezis, R. S.; Weisner, T. S.; Daley, T. C.; Singhal, N.; Barua, M.; Chollera, S. P. Parenting a Child with Autism in India: Narratives before and after a Parent-Child Intervention Program. *Cult Med Psychiatry*, **2015**, *39* (2), 277–298. https://doi.org/10.1007/S11013-015-9434-Y.

[25] Koly, K. N.; Martin-Herz, S. P.; Islam, M. S.; Sharmin, N.; Blencowe, H.; Naheed, A. Parent Mediated

Intervention Programmes for Children and Adolescents with Neurodevelopmental Disorders in South Asia: A Systematic Review. *PLoS One*, **2021**, *16* (3 March). https://doi.org/10.1371/journal.pone.0247432.

[26] Kalorath, N.; Menon, S. B.; Jayan, C. A Systematic Review on Parent Mediated Intervention Programmes for Children with Autism Spectrum Disorders in Indi. *Int J Community Med Public Health*, **2022**, *9* (6), 2718. https://doi.org/10.18203/2394-6040.ijcmph20221332.

[27] Viswanathan, S.; Russell, PaulS. S. Predictive Components in the Structure of an Intensive, Parent Mediated, Early Intervention for Children with Autism Spectrum Disorders in India. *J Family Med Prim Care*, **2019**, *8* (7), 2218. https://doi.org/10.4103/jfmpc.jfmpc_441_19.

[28] Manohar, H.; Kandasamy, P.; Chandrasekaran, V.; Rajkumar, R. P. Brief Parent-Mediated Intervention for Children with Autism Spectrum Disorder: A Feasibility Study from South India. *J Autism Dev Disord*, **2019**, *49* (8), 3146–3158. https://doi.org/10.1007/s10803-019-04032-x.

[29] McConachie, H.; Diggle, T. Parent Implemented Early Intervention for Young Children with Autism Spectrum Disorder: A Systematic Review. *J Eval Clin Pract*, **2007**, *13* (1), 120–129. https://doi.org/10.1111/j.1365-2753.2006.00674.x.

[30] Malik, T. A.; Rooney, M.; Chronis-Tuscano, A.; Tariq, N. Preliminary Efficacy of a Behavioral Parent Training Program for Children with ADHD in Pakistan. *J Atten Disord*, **2017**, *21* (5), 390–404. https://doi.org/10.1177/1087054714524158.

[31] Werneke, M. W.; Deutscher, D.; Grigsby, D.; Mdt, C.; Tucker, C. A.; Mioduski, J. E.; Hayes, D. *Telerehabilitation 2*.