

Toward More Open, Theoretically Grounded, and Sustainable Parental Involvement in Applied Behavior Analysis Interventions for Children with Autism Spectrum Disorder [Letter]

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Dear editor

As the first cross-sectional study conducted in Jordan, Al-Dwaikat et al¹ identified positive links between parental Applied Behavior Analysis (ABA) knowledge, acceptability, and involvement; it finds high ABA acceptability but low knowledge among parents, supporting parent education to enhance ABA outcomes for children with Autism Spectrum Disorder (ASD). While the authors made notable contributions to this research field, several concerns remain to be further clarified and properly addressed.

First, the “Parental Acceptance of ABA interventions” in the rightmost box in the Figure 1 is apparently wrong and should be corrected to “Parental Involvement of ABA interventions” to reduce the potential misleading caused by the incorrect labelling.

Second, although the translation procedures were reported, the psychometric properties of the Arabic-translated instruments (eg, the Treatment Evaluation Inventory_Short Form (TEI-SF)² and the Parent Involvement Questionnaire (PIQ)³), including results of confirmatory factor analysis and Cronbach's α coefficients, were not fully reported. Although both instruments were proven to be reliable and valid in the original countries they developed, how do they perform in Jordan remains largely unknown. Moreover, the Arabic version of TEI-SF and PIQ can be provided in the supplementary material to increase the transparency and replication of the current investigation.

Third, the integrated conceptual model could benefit from more explicit theoretical grounding and was suggested to be tested using the current dataset. The integrated conceptual model proposed by Al-Dwaikat et al¹ can be theoretically grounded in the Theory of Planned Behavior⁴ and the Health Belief Model.^{5,6} Per these frameworks, parental knowledge of ABA principles is linked to favorable treatment acceptability, which in turn promotes consistent, meaningful involvement in intervention programs. While the integrated conceptual model is theoretically plausible, empirical support for it has not yet been established, leaving this as a promising avenue for future research.

Fourth, key parental psychosocial factors (eg, caregiving distress, and social support) and ABA service-related structural barriers (eg, accessibility, and provider availability) were not assessed, despite their established links to treatment acceptability and parental involvement.⁷⁻¹¹ Such omissions restrict the comprehensive understanding of parental involvement in ABA interventions in Jordan, warranting future investigation.

In summary, although the study by Al-Dwaikat et al¹ provides valuable preliminary evidence regarding parental knowledge, acceptability, and involvement in ABA services for children with ASD in Jordan, it contains several notable



limitations that require clarification and improvement. These include the incorrect labelling, incomplete reporting of psychometric properties for the translated measures, insufficient theoretical grounding, and unassessed psychosocial factors and structural barriers. Addressing these issues would strengthen the validity, transparency, and generalizability of the findings, and help provide more robust implications for policy and practice related to ABA service delivery in Jordan and other regions across the world.

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Disclosure

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