The Incredible Years® group-based parenting programs for children ages 2-5 years on the Autism Spectrum

Carolyn Webster-Stratton, M.S., M.P.H., Ph.D.
Professor Emeritus
University of Washington

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Carolyn Webster-Stratton, Ph.D., M.P.H., M.S.N., Professor Emeritus, University of Washington
Sarah Dababnah, Ph.D., M.P.H., M.S.W., Assistant Professor, University of Maryland Baltimore
Erin Olson, Ph.D., Teaching Associate, University of Washington and Psychologist, Providence Autism Center

Abstract A new Incredible Years (IY) Parent Program for preschool children with Autism Spectrum Disorder (ASD) and Language Delays (ages 2-5) was recently developed and piloted. It is designed to either complement the 18-20 week Basic IY Preschool Program for parent groups where children have a mix of behavioral and developmental challenges, or to be used independently in a 13-14 week course for groups of parents with children with ASD. This chapter includes a summary of the rationale for program content that promotes social communication and language development, positive relationships and social skills, emotion- and self-regulation, and positive behavior management. The IY group-based collaborative approaches for training parents are also presented. These approaches include mediating vignettes of children with ASD to trigger parent self-reflection; problem-solving and experiential practices with child-directed play and imitation; communicating with children with and without language skills; practicing parenting skills such as social and emotion coaching, gesturing, modeling, and prompting; incorporating social sensory routines; engaging in pretend play and using puppets to enhance joint play, social communication, and empathy; and learning the ABCs for managing behavior, including the concepts of antecedent accommodations and environmental modification to promote appropriate behavior, teaching replacement behaviors, and reinforcing target behaviors by providing praise, incentives, and sensory activities as rewarding consequences. Parents learn to identify behaviors that can be ignored and how to use differential attention and gain their child’s attention. The importance of parent goal setting, self-monitoring, home activities, stress management, and building parent support networks is emphasized.
Introduction

Children with Autism Spectrum Disorder (ASD) have exceptionally diverse service needs. Compared to typically-developing children and those with other developmental disabilities, children with ASD can have higher rates of maladaptive behaviors such as aggression (Hartley, Sikora, & McCoy, 2008; Hartley, Sikora, & R., 2008), atypical sleep patterns (Limoges, Mottron, Bolduc, Berthiaume, & Godbout, 2005), gastrointestinal problems (Nikolov et al., 2009), anxiety and other psychiatric comorbidities (Simonoff et al., 2008), unique reactions to sensory stimuli (Baranek et al., 2006), and self-regulatory difficulties from an early age (Gomez & Baird, 2005). Decades of studies have concluded parents of children with ASD experience consistently high levels of stress, which are associated in part with managing challenging child behaviors (Estes et al., 2013; Koegel, 1992; Schieve, Blumberg, Rice, Visser, & Boyle, 2007). Parenting stress is correlated with a number of troubling outcomes for children and families, such as poor family quality of life (Lee et al., 2009), parent depression (Phetraswan & Shandor Miles, 2009), and decreased effectiveness of early intervention on child behavior and social skills (Osborne, McHugh, Saunders, & Reed, 2008).

Programs for young children with ASD are increasingly available (Boyd, Odom, Humphreys, & Sam, 2010; Wong et al., 2013). Early interventions which target joint attention, social play, parental responsiveness, and imitation skills can help to develop communication abilities in children with ASD (Kasari, Paparella, Freeman, & Jahromi, 2008; Poon, Watson, Baranek, & Poe, 2012; Siller & Sigman, 2008). Parent training has been proposed as a potentially effective method to deliver treatment to children with ASD (Matson, Mahan, & Matson, 2009). However, recent research has not found that parent-implemented early interventions, which are discussed in more detail in [Section A] (reference Siller chapter), achieve child outcomes similar to those implemented by clinicians (Oono, Honey, & McConachie, 2013; Stahmer & Pellecchia, 2015).

There are several possibilities for the overall disappointing results related to child outcomes from trials of parent-implemented early interventions, including the need for parents to adhere to complex and time-intensive intervention methods (Stahmer & Pellecchia, 2015) and reduced parental engagement due to family disruption (Karst & Van Hecke, 2012). Recently, an evaluation of a community/home-based parent-implemented early intervention reported significant gains in child social communication and receptive language skills, compared to a clinic sample (Wetherby et al., 2014). In general, interventions which target parent-child interactions within their natural environments have produced encouraging improvements in children’s social communication skills and other core ASD symptoms (see Rogers & Vismara, Section E in this book, as well as Stahmer & Pellecchia, 2015; Wetherby et al., 2014).

While we are getting closer to meeting children’s needs through ASD early intervention, the field has yet to consistently target the significant needs of the families with these children. Parent outcomes, such as stress, depression and parenting competence, are rarely measured in ASD early intervention research (Dababnah, 2015; Karst & Van Hecke, 2012; Stahmer & Pellecchia, 2015). A recent Cochrane Collaboration review reported inconclusive results with regard to reduction of parent stress in early ASD interventions (Oono et al., 2013). Furthermore, randomized controlled trials of early interventions involving parents are often not inclusive of fathers or other caregivers (e.g., grandparents), non-Caucasian families, or individuals from low socioeconomic backgrounds (Dababnah, 2015; Dababnah & Parish, 2015; Stahmer & Pellecchia, 2015).

Clearly, there is an urgent need to develop and test interventions which address the well-being of families raising young children with ASD. Group-based methods in other fields have had success improving parent psychosocial wellbeing. For example, a meta-analysis of group-based parent training programs reported significant improvements in parent depression and confidence were maintained at six-month follow-up (Barlow, Smailagic, Huband, Roloff, & Bennett, 2012). Group-based interventions have led to promising reductions in stress among parents of children with intellectual disabilities (Hastings & Beck, 2004). However, while some studies of group-based parent early ASD interventions have reported significant positive outcomes, these effects were restricted to parents with preexisting mental health issues or to child outcomes
(McConachie, Randle, Hammad, & Le Couteur, 2005; Tonge et al., 2006) Thus, despite the encouraging results of group-based interventions within other disciplines, there is a dearth of such options described in the ASD literature.

In the absence of interventions focusing on the wellbeing of families of children with ASD, some work has been done to adapt family-centered programs originally developed for other populations. In particular, interventions originally developed for children with challenging behaviors hold promise to also improve the outcomes of children with ASD and their families (Brookman-Frazee, Stahmer, Baker-Ericzen, & Tsai, 2006). Stepping Stones Triple P is an evidence-based parenting program with preliminary support to improve parenting practices and child behavior among children ages 2 to 9 with ASD (Whittingham, Sofronoff, Sheffield, & Sanders, 2009). Similarly, The Incredible Years (IY) series of programs, originally developed to target children with conduct problems and other severe behavioral issues (Webster-Stratton & Reid, 2010; Webster-Stratton, Reid, & Hammond, 2004), has recently been adapted for parents of children with ASD, language delays, and developmental disabilities. In the following sections, we summarize research related to IY for parents of young children with ASD. Then, we outline basic components of a newly-adapted version of IY specifically targeting young children with ASD and their families.

Adapting an Evidence-Based, Family-Centered Intervention for Parents Raising Children with ASD

The Incredible Years (IY) are a series of parent, child, and teacher prevention and early intervention programs (Webster-Stratton, 2011). IY versions for infants to school-age children are available. In this chapter, we focus on the IY Preschool Basic Parent Program, which targets children ages 3 to 5 and their families. In this program, parents meet in groups over a 14- to 20-week period in community-based settings, depending on the use of the IY prevention or treatment protocol. The theoretical framework of IY is based on attachment theories (Ainsworth, 1974; Bowlby, 1988), social learning theory (Patterson, 1995), social cognitive theory (Bandura, 1986), and developmental stage theories (Piaget, 1962). With a foundation of building parent-child attachment through child-directed play, parents learn strategies to model appropriate behavior and social interactions, develop children’s social communication skills, manage parent stress, and broaden parents’ support and information networks. Additionally, through the use of role plays, video vignettes, and collaborative group discussion sessions, parents gain skills to challenge negative cognitions, increase problem solving abilities, and enhance communication with their partners.

Three decades of evidence by the developer and others (Webster-Stratton, 2012a) utilizing randomized controlled trials of IY parent programs has pointed to improved levels of parent stress, depression, and coping skills, as well as decreased negative child outcomes such as aggressive behavior in a broad array of ethnically and socioeconomically diverse populations (Jones, Daley, Hutchings, Bywater, & Eames, 2007; Linares, Montalto, MinMin, & S., 2006; Reid, Webster-Stratton, & Beauchaine, 2001). In addition, the program has been used extensively outside of the United States and a recent meta-analysis of 50 studies indicated positive outcomes for both the treatment and prevention protocols (Menting, Orobio de Castro, & Matthys, 2013). Cost-effectiveness analyses have also been performed with positive results (Edwards, O’Ceilleachair, Bywater, Hughes, & Hutchings, 2007).

Preliminary efforts have been made to pilot IY programs with parents of children with ASD. In a randomized controlled trial of parents of young children with developmental disabilities (including ASD), McIntyre (McIntyre, 2008) found a reduction in child behavior problems in the sample receiving IY. Other studies have specifically focused on the ASD population. Two small, non-experimental studies found initial evidence of improved parent mental health and child behavior in samples of school-age children with ASD and
their parents (Garcia & Turk, 2007; Roberts & Pickering, 2010).

In a recent pilot trial of *IY* Preschool Basic Parent Program with parents of children ages 2 to 6 with ASD, participant acceptability was high (Dababnah & Parish, 2014; Dababnah & Parish, 2015). The program was tailored to this population through the addition of a pre-intervention session with a parent advocate to share community ASD resources. In response to the diversity of child communication abilities in the sample, group leaders, who were knowledgeable of both *IY* and ASD, also focused on visual resources and other nonverbal behavioral strategies. In addition, group leaders dedicated additional time to address family stress, social support, and the unique behavioral and social characteristics of children with ASD. Parents were also offered supports such as childcare, meals, and transportation to facilitate participation.

Like the intervention feasibility results outlined above, parent stress outcomes in the *IY* Preschool Basic Parent Program tailored to parents of young children with ASD were generally positive (Dababnah & Parish, 2014). Compared to baseline, average child-related parent stress scores significantly decreased after completion of the program. These findings suggested a reduction in parent stress related to child characteristics following participation in *IY*. However, only one subscale on the parent domain of the Parent Stress Index (Abidin, 2012) – parent competence – significantly decreased. These results were based on a highly-educated sample with low baseline parent-related stress scores. Larger trials of *IY* with a more socioeconomically diverse sample of parents of young children with ASD are warranted in order to rigorously test the program with this population.

Moving forward, the results from the pilot trial of the *IY* Preschool Basic Parent Program with parents of young children with ASD have implications for future use of this program or related evidence-based parenting programs (Dababnah, 2015). Notably, nearly all of the children in the pilot trial were engaged in other therapies (e.g., occupational therapy), yet parents reported *IY* helped them to address the needs of their families as a whole (including the child with ASD, other children in the family without ASD, parents, and extended family members). The naturalistic, play-based nature of *IY* allowed some of the participants a temporary respite from other highly-structured ASD therapies. Furthermore, the program was flexible enough to allow group leaders to individualize content to participants’ specific needs, particularly addressing child emotion regulation challenges and sensory-seeking behaviors. Nonetheless, some aspects of the *IY* Preschool Basic Parent Program, such as program videos, time-out strategies for child noncompliance, and parent self-care, were insufficient for some participants in the pilot trial. The parents in this research overwhelmingly requested more time to practice skills gained in the program, particularly related to parent stress and family burden.

**IY Autism Spectrum and Language Delays Program for Parents with Preschool Children (IY-ASD)**

In order to address the specific needs of parents raising children with ASD, a new *IY* program was developed, *IY* for Preschool Children on the Autism Spectrum or with Language Delays (*IY-ASD*). It is designed to complement the *IY* Preschool Basic Parent Program (Basic *IY*) for groups where children (2 to 5 years) have a mix of behavior and developmental problems. Alternatively, *IY-ASD* can be used independently in a 13 to 14, 2-hour weekly course for a group of 8 to 10 parents with children who have ASD. In order to deliver *IY-ASD*, group leaders must first be trained in Basic *IY* and have experience with this program. They then participate in 2 additional days of training and practice with *IY-ASD*. It is recommended that group leaders have graduate degrees in psychology, social work, or education. Effective *IY-ASD* group leaders must also possess a broad understanding of ASD, including its symptoms and intervention approaches, as well as experience working with children with ASD and their families. Finally, it is critical that group leaders share local resources with families.

**Differences and Similarities with The Incredible Years Preschool Basic Parent Program**

The *IY-ASD* program follows the Basic *IY* approach by focusing on developing positive parent-child relationships, building both parent and child skills, and promoting appropriate child behavior. In addition, *IY-ASD* similarly focuses on reducing parent stress and barriers to participation by offering support to families such as childcare, meals, and transportation. Support can also be in the
form of assisting parents to access the Family Medical Leave Act (FMLA) in order to maintain employment while participating in the program. *IY-ASD* differs from Basic *IY* in that its content has been modified to address ASD-specific areas of emphasis (Table 1 compares Basic *IY* with the *IY-ASD* program). Based on research and direct parent feedback, video vignettes depicting parents working with their children with ASD are now available. The content has an increased focus on imitation of child behavior and use of sensory routines as a means of establishing joint attention; methods for promoting pretend play to build language, empathy, and social skills; and development of self-regulation. Due to the communication difficulties of children with ASD, parents also learn to assess and coach their child’s language and social communication. Use of visual supports is demonstrated by group leaders and encouraged for all children on the spectrum.

In contrast to Basic *IY*, *IY-ASD* emphasizes a functional approach to behavior change and parents learn the “ABCs” of behavior change. Methods for identifying reasons for, or function of behaviors, such as obtaining preferences or escaping nonpreferences, by recognizing the antecedents (A) that set up a behavior (B) and the maintaining consequences (C) are introduced. Then, antecedent accommodations and reinforcing consequences to promote appropriate behavior are discussed, in addition to strategies to decrease inappropriate behavior.

Another key difference between *IY-ASD* and Basic *IY* is that *IY-ASD* does not present the use of time out as a primary discipline strategy. Children with ASD often avoid social interaction. Time out can inadvertently reinforce problem behaviors by rewarding those behaviors with escape from the nonpreferred social interaction. Rather, *IY-ASD* focuses on ignoring inappropriate behavior and re-engaging when the child is calm. This approach promotes attentive parenting, as parents learn to monitor child behavior during the ignore and immediately re-engage once the child has calmed, as well as the development of the child’s emotion regulation by refraining from interrupting the child’s regulatory process and by reinforcing the state of being calm.

Lastly, due to the isolation felt by many parents raising a child with ASD, increased emphasis on support and network building is critical. Parents of children with ASD often report being unable to take their children into community settings due to their behavior. *IY-ASD* promotes relationships with other families experiencing similar circumstances and networking to build understanding of ASD within the community and increase advocacy for resources. Children with ASD also often require neurodevelopmental and medical interventions that can be time-consuming and costly. Parents need support to advocate for and provide these therapies to their children. Group leaders must be knowledgeable regarding community resources and assist families in accessing them both during and after the program has completed. Additionally, efforts to coordinate care among educators, therapists, and medical providers are essential.

### The Incredible Years Program Content

This section briefly summarizes each of the eight parts of *The Incredible Years Autism Spectrum and Language Delays Program for Parents with Preschool Children (IY-ASD)*, with some examples from the video vignettes. Then, the foundational principles of the program are discussed such as the importance of the collaborative process and building family support networks to reduce family stress.

#### Part I: Child-directed narrated play promotes positive relationships.

All *Incredible Years* programs have at their foundation child-directed play. Given very young children’s key language and social learning comes from watching, imitating and interacting with people, parents need to increase their children’s attentional focus with them by making their play interactions more rewarding. By linking the child’s favorite activity to social interactions with parents, the child will be more motivated to interact with them (Ingersoll & Gergans, 2007; Rogers & Vismara, 2008; Sussman, 2012). Thus, the parent can facilitate joint play and create more opportunities for their child to learn from them.
Children with ASD often exhibit atypical play behaviors (e.g., repetitive or nonfunctional play). For this reason, parents must develop several strategies to engage their children in play. Parents learn to follow the child’s lead and utilize his or her interests during play and to describe and comment on the child’s actions. Key concepts in Part I of *IY-ASD* include: engaging in child-directed play, narrating and imitating play, waiting for the child to indicate choice, considering positioning for face-to-face interaction, encouraging verbal and nonverbal communication, and modeling and prompting play behaviors and language. The concepts are individualized using parents’ observations of their own child’s play and language skills, preferred activities, and what seems to motivate them. Parents share their children’s favorite toys and foods, any hyper- or hyposensitivities (e.g., sights, sounds, touch and smells), and what kinds of physical or sensory routines they enjoy (e.g., running, jumping, hide-and-seek games, songs). This process helps parents see some similarities and differences in their children’s sensory preferences and begins the process of helping parents develop a support group around shared experiences.

**Part II: Pre-academic and persistence coaching promotes language development and school readiness.** After parents have learned how to get into their child’s “attention spotlight” by being child-directed and using descriptive commenting, imitation and modeling, in Part 2 they learn another type of descriptive commenting called *pre-academic coaching*. This coaching method is used for children who have begun communicating with gestures, sounds and some back-and-forth exchanges. Parents learn to describe pre-academic concepts such as colors, shapes, names of objects, numbers and positions during play. For children with no language, parents incorporate pictures of objects, shapes, colors and actions to communicate the concepts. The use of visual supports is encouraged for all children to support both expressive and receptive language development. Additionally, visual supports can promote engagement, making choices, and understanding of routines or expectations. Group leaders can provide parents with tailor-made books with targeted pictures illustrating such things as a child’s favorite toys (e.g., train, blocks), actions (e.g., sit, play, read), common routines (e.g., wash hands, eat dinner), or food items (e.g., apple, cereal).

In Part 2, parents also learn a second type of coaching called *persistence coaching* that is used to help scaffold a child’s ability to stay focused and persist with a difficult learning activity, even when frustrated or anxious. Parents name the child’s internal state when s/he is being patient, trying again, staying calm, concentrating, persisting with a challenging task, or trying to engage in joint play. Parents explore how to support their children to persevere with tasks such as brushing their teeth, getting dressed, doing a puzzle or learning to read. Pairing pre-academic and persistence coaching, along with engaging in a child’s favorite activities, is intended to expand children’s communication abilities and improve school readiness.

**Part III: Social coaching promotes friendship skills.** The ability to share, ask, help others, wait, initiate interactions, and take turns is fundamental to social development and social communication. Yet, these social behaviors are more difficult for children on the autism spectrum, which means that they will miss important learning opportunities provided from parents or peers in joint play. In Part 3, parents learn to use *social coaching*, modeling social skills and prompting social communication in their play interactions. Social coaching builds on the content in Parts 1 and 2, by helping parents to use child-directed play, narrated commenting, and pre-academic and persistence coaching to support their children’s social development. Given the common challenges children with ASD have with regard to social communication, this part of the program is one of the most complex.

The major learning goals of this part of the program are:

- Using reading, gesturing, prompting and modeling to promote turn-taking skills
- Introducing parents to the “ABCs” (Antecedent, Behavior, Consequence) and function of a behavior. An example of teaching this concept is provided _____.
- Increasing children’s enjoyment of social interactions through shared sensory activities (e.g., dancing, bouncing on a trampoline, swinging)
- Prompting and enhancing face-to-face joint attention
Parents learn how to use social coaching during play interactions with their child to encourage critical social skills. They learn that the same principles used during child-directed play of gaining their child’s attention, promoting pre-academic skills and persistence, following the child’s lead, and praising social skills can also be regularly used with daily family life routines, such as getting dressed for school and toilet training.

Box 1

**Teaching Parents the ABCs of Social Behavior Change**

Group leader shows parents a vignette of a father engaging his son’s attention by playing with a red balloon, one of the child’s favorite games. This shared activity appears to be light-hearted play, but actually serious learning about social interaction is taking place as the child learns to ask for a turn, share, listen, and communicate with his father. First, the father holds the balloon next to his face to capture his son’s attention and gain eye contact. Then he waits for his son to use his words to ask for what he wants. Holding up the prized balloon which he knows his son will want is the Antecedent (A) that precedes the behavior the father wants to encourage. Once he gets his son’s attention, he models and prompts the verbal requesting behavior he wants his son to learn by saying, “You can say, I want the balloon please.” When the father gets the desired Behavior (B) from his son, that is his verbal request, the father rewards his use of verbal or nonverbal language by giving him the balloon which is the Consequence (C). These are the ABCs of how parents turn a play interaction into a social communication learning opportunity. The function of the behavior is also discussed, which in this case is the child’s desire to obtain a preferred object. After the video vignette has been paused several times for discussion the group leader sets up practice experiences with parent dyads, where one parent acts as their child while the other is the parent who is using the ABC learning steps. Several more vignettes are shown to illustrate these interaction sequences and then parents are given home activities that include completion of an ABC chart regarding their efforts to create a social learning opportunity during their play times.
Part IV: Emotion coaching promotes emotional literacy. In Part 4 of the program, parents learn the importance of drawing attention to their child’s feelings by using emotion coaching. This is helpful for all young children, but especially for children on the autism spectrum. While children with ASD experience the full range of feelings, they often find it hard to share their emotions with others through language, facial expressions or gestures. Parents start this coaching by naming their children’s emotions at the time their child is experiencing them, which helps the child link the feeling word with an internal emotional state. The goal is for children to develop a feeling vocabulary, recognize their own feelings, and share them with others. The ultimate aim is for children to be able to recognize and respond sensitively to others’ feelings. Moreover, supporting a child’s emotional language eventually contributes to the development of emotional self-regulation, empathy, and secure attachment.

IIY-ASD demonstrates several ways by which parents can begin to build their child’s feeling literacy. One method is through the use of pictures of feelings faces (e.g., mad, happy, excited, calm, frustrated), which children use to label their emotions. Parents learn the importance of describing and naming the feelings of book characters to help their children learn feeling words. Reading face to face also gives parents the opportunity to make eye contact and to model facial expressions and gestures to represent the emotions they are naming. Parents learn to use social coaching in combination with emotion coaching and take turns when reading to point out a picture and using a partial prompt by pausing to let the child fill in the answer. Finally, physical games (e.g., water play, spinning) can be used to motivate a child’s feeling vocabulary. In total, these methods can be incorporated into parents’ efforts to engage in positive, child-directed activities with their children.

Part V: Pretend play promotes empathy and social skills. For young children with ASD, the world of pretend play does not always emerge naturally. In this part of the program, parents learn how to encourage their children’s imaginary play skills. Studies have shown that when a child with autism develops pretend play, his language abilities and social skills also increase (Rogers, Dawson, & Vismara, 2012). Pretend play with parents helps the parent and child engage in a shared experience, opens the door for powerful learning opportunities, and helps the child learn what others are feeling and thinking.

Group leaders help the parents discuss how to encourage empathy, emotion language, and social behaviors such as helping, sharing, waiting and trading through pretend play. The use of puppets, dolls, or other figures is another effective way parents can encourage children’s imaginary play. In one video vignette, a boy has become so attached to his turtle puppet that the boy wants to take the puppet spinning with him. The father effectively builds his son’s empathy and language skills by stopping the spinning game periodically to talk together about how the turtle is feeling while they are spinning. Because the boy is highly motivated to spin, stopping the spinning forces the child to verbally communicate and interact with both the turtle and his father. In another vignette, the mother demonstrates using a baby dinosaur puppet to express feelings of shyness and fear of coming out of his shell. The mother prompts her daughter with the words to help the puppet feel safe to come out and play. The mother models gentle, friendly behavior which leads the little girl to use more positive behavior that is reinforced by the mother. If a child does not have the language skills to respond verbally to the puppet, it is still good for the puppet to model the words involved in the social interaction. Parents can also structure interactions that involve nonverbal responses from their child (such as “Would you like to shake the puppet’s hand?”). Echolalic responses also receive attention, rephrasing and praise, as parents learn to reinforce successive approximations of desired behavior.

Part VI: Promoting children’s self-regulation skills. One of the major developmental tasks for all preschool children is to learn to manage their anger and develop emo-
tional self-regulation skills. In Parts 4 and 5, parents have learned how using emotion coaching, puppets and pretend play can be especially helpful to gain their children’s attention and build their emotion vocabulary. Once children are able to recognize and express their own feelings verbally, or with pictures and signs, then they can begin to understand feelings in others and express their own.

As emotional literacy and empathy slowly develop, parents can begin to teach children some self-calming strategies. Because children are visual thinkers, it continues to be effective to use pictures, books, puppets, and coaching methods discussed earlier in the program. In Part 6, parents learn some scenarios designed to help children use visual tools such as a “calm down thermometer” and practice self-calming strategies such as positive imagery, self-talk words, and deep breathing. For example, parents view a video vignette where a father is helping his child learn about breathing by practicing taking big breaths while visualizing smelling a flower and blowing out a candle. This imaginary visualization, also shown on a picture cue card, helps children to stay calm and remember how to take deep breaths. Because this father has previously spent a lot of time teaching his son emotion vocabulary, he is ready to support his son to learn what the boy can do when he experiences feelings of anger, sadness and anxiety. When the boy looks at another picture, he repeats the breathing strategy, and the father helps him understand how it helps him feel calm.

Part VII: Using praise and rewards to motivate children. In this part of the program, parents learn to directly and clearly praise children for positive behaviors. Parents discuss methods to enhance praise with a warm tone or enthusiasm, smiles, eye contact, as well as gestures or specific language. For example, one of the vignettes shows a boy who has been rather aggressive with his cat. His parents give him attention and labeled praise whenever he is gentle with his cat in order to teach him what it means to be gentle. They help him understand the connection between his being gentle and the cat’s happiness and willingness to stay with him. Their use of effective praise helps this boy develop some empathy for his cat and understanding that his gentle behavior results in more positive consequences for himself.

In addition to parents enthusiastically praising and giving focused attention to target child behaviors, they also learn how to add to the impact of praise by pairing praise with tangible rewards such as their child’s favorite stickers, bubbles, or special food items. Other powerful motivators are sensory physical activities such as spinning, running, jumping, chasing, riding on a parent’s legs, or being tickled. These activities can be used as a reward for practicing a social communication skill, or for using some self-regulation calming strategies.

Finally, the group leader helps parents learn how to praise and reward themselves and other family members for their parenting efforts. The leader starts group sessions by asking parents to share their successes and thinking about how effectively they handled a particularly difficult situation. Parents learn how to formulate positive statements about themselves and to each other. The group leader helps parents set up tangible rewards for their efforts such as dinner out with a spouse or friend, a hot bath, or a good book; and encourages them to set up these rewards for themselves for achieving their weekly goals. Prizes are given out at this session for parents completing their home assignments that include self-care items such bubble bath, chocolate, lotion and gift certificates. This approach promotes a sense of parenting competence, helps parents reframe their experiences by focusing on positive aspects of their interactions and effort, and encourages the development of positive self-talk.

Part VIII: Effective limit setting and behavior management. By this stage in the program (group session 11 or 12), parents have been encouraging and motivating their child’s interest in pleasing and being with them through their use of child-directed play and engaging rewards. Parents have been learning and practicing the ABCs of behavior change and applying it to the goals they have
set for their children. But just like any other child, at times a child with ASD will be defiant and refuse to comply with a parent’s requests or prompts. Parents learn that children are not deliberately misbehaving, but actually are biologically programmed to explore and test the limits as part of their developmental drive. This exploration stage is thought to help children develop a sense of independence and eventually self-control, both of which are goals for most parents. Moreover, for children with ASD and limited language, their resistance may stem from the fact they do not actually understand the parent’s verbal instructions because their request is too complex or unclear.

In the final part of the program, parents learn ways to:

- give positive, clear, simple and necessary limits or instructions;
- transition their children to new activities using visual-auditory tools (such as buzzers, music, sand timers and songs), command cards, and positive reminders; and,
- utilize proactive discipline approaches such as distractions, redirections, and ignoring selected misbehaviors.

Most parents need to give their children extra time to understand what is happening and what they can do or say. Slowing down the pace is a key behavior management principle. Further discussion of the function of behavior promotes understanding that behavior is a means to an end. Identifying whether a behavior is attention motivated, to obtain a preferred object or activity, to escape something nonpreferred, or for sensory stimulation is a critical consideration in decreasing inappropriate behavior and promoting desired, or more appropriate, functional behaviors that meet the child’s needs.

**The Incredible Years Program Principles**

The Incredible Years (IY) series are guided by a set of principles that allow for parent programs to be flexible enough to permit adaptations for given family and cultural situations, parent skill levels, and children’s developmental and communication abilities. The following section summarizes each principle and how the group leader uses each principle to support parents.

**Principle 1: The collaborative model**

The core value driving the IY program is that work with families should be experiential, self-reflective, and collaborative. In the collaborative model, the group leader does not set him/herself up as an "expert" dispensing advice about how caregivers should parent more effectively. With the root meaning of “to labor together,” collaboration implies a reciprocal relationship based on utilizing equally the group leader’s expertise, and the parents’ knowledge, strengths, and perspectives of their own children’s communication and relationship difficulties (see; Webster-Stratton, 2012). For instance, during IY sessions the group leader invites parents to share their experiences, thoughts, and feelings, and engage in problem solving. The collaborative group leader style is demonstrated by open communication patterns within the group and an attitude of acceptance toward all the families. By building a relationship based not on authority, but on group rapport, the group leader creates a climate of trust. The goal of this approach is to make the group a safe place for parents to reveal their problems and worries, to risk new approaches, and to gain support. The collaborative group leader is a careful listener and uses open-ended questions when exploring issues. The group leader’s empathy is conveyed by the extent to which s/he actively reaches out to parents, elicits their ideas, listens reflectively, affirms positive steps taken, and attempts to understand parents’ challenges.

The collaborative process can be effective for parents raising children with ASD for several reasons. This approach has the effect of giving back respect and self-control to the parents who, because of their children’s difficulties, can be in a vulnerable time of low self-confidence and intense feelings of guilt and self-blame. A collaborative approach is more likely increase parents’ confidence and self-efficacy than didactic approaches and increase parents’ engagement and motivation for change (Webster-Stratton, 2012b). The group leader works with each parent to adapt con-
cepts and skills learned in the group session to their particular situation. This flexibility increases the likelihood that the skills learned during the group will generalize into home practices in a way that fits with each parent’s skill level, values and the specific needs of their children.

**Principle 2: Start with parents assessing their child’s stage of communication, setting goals, and self-monitoring progress**

In the first group session, parents actively self-assess what they believe is their children’s present communication stage. They break out into small groups of 2 to 3 parents and fill out two *Child Communication Checklists*, focused on child-parent and child-peer communication skills, respectively. For example, parents are asked to identify their children’s communication abilities (e.g., using pictures rather than words) and behavioral challenges (e.g., lack of response to directions). It is important to help parents think about how, why and when their children communicate (e.g., child is requesting something, is protesting, is using sounds or words to calm down or express feelings). Children may communicate primarily only to get what they want, or may function at a more advanced level to ask and answer questions, socialize, and engage in pretend play. Once parents complete the checklists, group leader help them set realistic goals for their children and family. For example, if a child ignores the parent whenever the parent offers a choice, then the goal will be for the parent to identify ways to get into their child’s attention “spotlight,” such as using the child’s favorite physical activity. On the other hand, if a child responds to a parent choice with eye contact or gestures, then the parent’s goal may be to use pictures or other signs to encourage further communication. Parents’ understanding of their child’s present stage of communication and social abilities is important. Through this process, group leaders can assist parents set realistic goals and provide the kind of coaching that suits their child best.

Over subsequent group meetings the group leaders continue to re-evaluate the communication checklists and set new goals with parents. This process helps group leaders to individualize each week’s program content and select the most appropriate video vignettes for particular parents, as well as to set up tailored practices that address the specific communication and play-related challenges faced by each parent. As the program continues, the group leaders help parents develop behavior plans that target specific parenting strategies (e.g., modeling, prompting, pointing, signing, imitating, coaching, using rewards) to use with a particular child’s targeted behavior and communication goals.

**Principle 3: Build parents’ confidence and self-efficacy**

Given the connection between knowledge, efficacy, and behavior, increasing parent confidence and self-efficacy is a major principle of the *IY* program (Bandura, 1977; 1982; 1989). The collaborative partnership between the parents with each other and with *IY* group leaders empowers parents to celebrate success and support their knowledge and skill acquisition. *IY* group leaders utilize an array of strategies that focus on parent strengths and emphasize the positive. For instance, group leaders recognize parents’ achievements from completed home activities. Further, group leaders reward parents for reaching personal weekly goals and completion of home practice exercises with prizes (e.g., special stickers, balloons, bubbles), all the while building self-efficacy and modeling a host of strategies the parents are being trained to use with their children.

**Principle 4: Address parents’ cognitions, emotions and behaviors**

*IY* targets the link between thoughts, emotions, and behaviors (Bandura, 1989). For instance, parents who have worked for months with a challenging child on the autism spectrum with limited success may have developed very negative views of the child. Frequent thoughts such as, “He’s doing that just to irritate me,” “Nothing I try is working,” and “He is never going to change,” make it likely that the parent will have negative feelings and antagonistic interactions with their child. These feeling can also influence parents’ interactions with others, such as the child’s teacher, who
parents may believe is not qualified to work with their child. Parenting stress, limited access to resources, and lack of support may lead to parental depression and low motivation to implement effective new strategies offered during the parent groups. Likewise, negative perceptions of their own ability to manage their frustrations (e.g., “I’m going to explode!”) produce unproductive internal dialogues that will undermine nearly any intervention unless these are systematically addressed.

The IY parent program directly addresses these self-defeating thoughts and the emotions and behaviors they engender. Group leaders work with parents to reflect on their internal dialogue bringing negative thought patterns to light, and encourage parents to develop positive coping mechanisms. This can include group activities designed to challenge and rewrite specific negative thoughts, to use positive imagery about successful implementation of new practices, and to practice simple coping messages and calm down breathing throughout the day.

IY weekly group meetings provide opportunities to practice through role plays and to solicit positive feedback and reinforcement from the group leaders and other parents as the parent tries to implement these strategies. Further, the safe, supportive group atmosphere where other parents are facing similar difficulties, thoughts and feelings normalizes their experience and provides the parent with opportunities to express emotional challenges with others while learning new strategies for coping.

**Principle 5: Video modeling, mediation of vignettes and self-reflection**

Observation and modeling can support the learning of new skills (Bandura, 1986). As applied to parent training, the modeling theory of learning suggests individuals can improve their parenting skills by watching video examples of other parents interacting with their children in ways that promote their children’s social communication and interactions and decrease inappropriate behaviors. IY-ASD video vignettes depict four different children on the autism spectrum. All are the same age, but have very different developmental abilities. One boy has limited language, uses echolalia frequently, flaps his hands, and often responds with a blank stare or ignores the parent’s choices offered. Another girl has quite a bit of language, but at school does not initiate interactions with peers, plays alone and can be oppositional at home. Another boy has no language and is shown in a classroom throwing tantrums. The fourth boy has one to two word language skills. All vignettes show mothers or fathers interacting with their children during play or snack time. The majority of vignettes depict one-on-one play, with a few additional vignettes incorporating siblings in the interactions. The parents are shown using a variety of strategies to gain their children’s attention and promote their children’s social communication and emotion regulation. The vignettes are intended to trigger group discussion, self-reflective learning and practices to re-enact vignettes using some of the suggested strategies.

Before the group leader shows a vignette, s/he begins by helping the parents understand where they should focus when they watch the vignette. For example, the group leader might say, “In the next vignette, see if you can determine why this parent is effective and what her child is learning.” While the group leader is showing the vignette, s/he pauses the video at various points to give parents a chance to discuss and react to what they have observed. Sometimes vignettes are paused 2 to 3 times to encourage parents to reflect on what they would do next. The group leader asks open-ended questions such as, “Why do you think singing gets your child’s attention and promotes language development?” (Suggested questions and discussion topics are included in the group leader’s manual.) If parents are unclear about the specific strategy, or have missed a critical feature of the vignette, the vignette can be shown again. The goal is not only to have parents grasp the intended concept, but also to ensure parents become actively involved in reflecting on the interactions, problem solving and sharing ideas. The group leader promotes integration and relevance of the concepts or behavioral principles by asking how the concepts illustrated in
the vignettes do or do not apply to their own child at home.

It is important to emphasize video vignettes are used collaboratively, as a catalyst to stimulate group discussion and problem-solving, not as a device that renders parents as passive observers. Parents’ reactions to the vignettes and the ways in which they process what they see are more important than what is actually shown on the vignette. The vignettes are designed to illustrate specific concepts, and it is up to the group leader to ask questions that permit parents to self-reflect and discover the key behavior management or communication principle and how this can be used with their child. For example, a group leader may explore a principle arising from a vignette such as prompting a child’s verbal response and then ask the parents, “how do you see yourself using this idea with your child at home?”

**Principle 6: Experiential learning methods**

**IY** parent training places a major emphasis on experiential learning such as role playing, rehearsal and practice of newly-acquired behaviors and cognitions, rather than simply didactic instruction. A group leader might believe from the discussion of the vignette that parents understand the principle or content. However, until the parent is seen “in action,” it will not be clear whether s/he can put the ideas into real-life behaviors. It can be very difficult for parents to think of the right words to use with children, manage angry thoughts and stressful feelings when children misbehave. Role play or experiential learning is effective because it helps parents anticipate situations more clearly, dramatizing possible sequences of behaviors, feelings and thoughts. It helps them to rehearse behaviors, practice staying calm, use positive self-talk, and get feedback from the group about their skills.

It is recommended that group leaders set up 3 to 4 brief role plays in each session. During weekly sessions, parents are first given the opportunity to discuss several vignettes of new parenting skills. Then, the group leader sets up a large group practice by inviting a parent to demonstrate implementation of the new skill learned (such as coaching of emotions or social skills, prompting, and using picture cards) with another parent who plays the role of “child.” Or, one of the group leaders using a large child-size puppet can act the part of child with no language and/or with echolalia. Afterwards, the group debriefs and gives positive feedback to the parent for the particular skills s/he was demonstrating, such as imitation, prompting, gesturing, or picture cards. Sometimes replays occur trying out different ideas from the group. Putting parents in the role of the child can be very helpful not only to learn parenting skills, but also to help parents experience the perspective of their child.

Once the large group has role played, the parent group is divided into triads so everyone can practice the particular skills being covered in the session. During these practices one person is parent, one is child and the third is observer who watches the interaction with a handout and offers suggestions and support as needed. At the end, the observer parent gives positive feedback for the skills s/he observed. Then the triad members change positions. At the end of these small practices, the triads report the key ideas learned from this experience back to the larger group. The **IY** manual recommends some planned role plays, but group leaders are encouraged to do spontaneous practices. For example, a parent might say, “My child doesn’t let me touch his line of cars in play or let me change anything.” This is the strategic moment for the group leader to do a spontaneous role play and ask that parent to demonstrate her child’s behavior. The group leader then chooses another parent who seems to have an understanding of how to enter into play even when she seems to be rejected from interacting by showing how s/he would respond. The group leader could prompt the parent in role to keep back some cars and set up the ABC sequence so the boy has to ask for each car and engage in joint play. While parents are often nervous about role plays and may resist at first, our weekly evaluations indicate that over time parents find the role plays one of the most useful learning methods and frequently request to act out certain situations. Parents report role plays help them prepare realistically for what occurs at home.
**Principle 7: Buddy buzzes and brainstorms**

In order to keep all parents actively involved in self-reflective experiential learning during the group sessions, group leaders frequently do buddy “buzzes” and brainstorming exercises. Buzzes are when parents are paired up with a buddy to work on a specific exercise such as writing praise statements for their targeted “positive opposite” behavior (i.e., replacement behavior for negative behavior), sharing calming strategies or self-care efforts, or rewriting negative thoughts into positive coping thoughts. These exercises contribute to the shared experience of raising a child with ASD and allow for further individualization of the program to specific child and parent needs. The benefit of doing a paired buzz instead of a group brainstorm is that every parent is immediately engaged in a task and involved in coming up with solutions. While large group brainstorms can be beneficial as well, they can be less effective than buzzes as perhaps only half the group contributes ideas and the other half is disengaged, quiet, or distracted. After these buzzes (3-5 minutes), each buddy can report to the group on their buddy ideas and these are recorded on the flip chart by the group leader. Buzz handouts are also included in the group leader manual for use in these exercises.

**Principle 8: Weekly home activity practice assignments and self-monitoring checklists**

Parents practice the strategies they are learning first in the group with other parents, and subsequently at home with their children. They are asked to record their experiences with these activities on Record Sheets that can be found in the IY manual. For example, in the first part of the program, parents identify play behaviors they want to increase, such as imitation, use of choice activity boards, being child-directed, and descriptive commenting. They record a brief script of their practice on the record sheet and how their child responded. Parents return these records at the subsequent group session for the group leader to review and help parents fine tune their approaches with further role plays as needed. The record sheets can also assist group leaders to assess parents’ understanding of program content and their success at applying these ideas with their children at home. For parents who are having difficulty using these approaches, it can be helpful to set up some additional parent play sessions with their children where they receive individual coaching from the group leader. In addition to home practice assignments, parents are also given The Incredible Years book or Incredible Toddler book and asked to read or listen to a chapter each week to prepare for the subsequent session. Although standard home assignments are suggested, each week parents complete the self-monitoring checklists which allow them to commit to what aspect of the home activities or goals they will try to achieve. Each week the group leader reviews these goals and gives parents personal written feedback, as well as placing surprise stickers, candies, cartoons or cards in their personal folders to applaud a particular achievement. These personal folders become a private communication between the group leader and the parent. The individual attention to the home assignments encourages parents to self-monitor their own progress.

**Principle 9: Reviewing weekly evaluations and making calls**

At the end of every group session, parents complete brief weekly evaluation forms. This provides the group leader with immediate feedback about how each parent is responding to the group leader’s style, group discussions, the content and video vignettes presented in the session and the role play practices. The evaluations bring to light a dissatisfied parent, a parent that does not see the relevance of a particular strategy for their child, or a parent who wants more group discussions or vignettes or practices. The group leader calls or meets with parents individually to resolve issues and ensure the program is addressing their goals. At the end of the program, the entire program is evaluated. This information is helpful for identifying parents who may need further help.

**Principle 10: Building parents’ support team**

Parenting is stressful at times for most parents, but research indicates that parenting a child with ASD is associated with significantly elevated depression and anxiety symptoms and
disorders (see introduction). Parents of children on the spectrum experience a sense of being stigmatized and socially isolated from others. Parents often do not feel they can share the burden of the many decisions they make each day and fear if they are honest with their friends about their child’s strange behaviors, they will be met with misunderstanding, indifference or outright rejection. Struggling to get support services, relentless worry about the future, and financial strain all can be overwhelming. The group leader’s role, then, is to facilitate the parent group so that it serves as a powerful source of support: an empowering environment.

The collaborative learning process allows parents to problem solve together, to express their appreciation for one another, and learn to cheer each other’s successes in tackling difficult problems. The group leaders encourage parents to curb negative thoughts, use positive imagery, take deep breaths, get enough sleep, and develop support systems to stay calm. For example, in Part 6, when children are learning the calm down breathing techniques, the parents also learn how these techniques can be applied to themselves. In Part 7, on the topic of praise and incentives, group leaders explore with the group self-reinforcement and self-care, another important strategy for reducing stress.

Weekly calls from group leader also help parents feel supported as they try out new parenting strategies. Group leaders also help parents become support systems for each other. Each parent is paired with a “buddy” from their group, in order to allow parents to support one another outside of the weekly group sessions, process challenges and successes, and share ideas and experiences generalizing IY skills at home. Throughout the program parents are asked to call or contact their buddy each week. Parents can make these weekly contacts in a variety of ways: texting, email, web groups, phone calls, or meeting in person. Initially parents may be hesitant about making these calls, but as they experience the sense of support they receive from other parents. Buddies are changed at least once during the program so that parents can benefit from other parents’ insights. These assignments further expand the parents’ support networks, as they usually express a desire to continue calling their previous buddies as well.

In addition to building the support system within the group, the group leader also helps them build support within the extended family. Parents often report conflicts with partners, grandparents and teachers over how to handle the child’s problems, resulting in stressed relationships. Every parent is encouraged to have a spouse, partner, or family member such as a grandparent participate in the program with them to provide mutual support. During the program, parents complete a support network handout where parents write in each of the 5 “helping hands” the people they think will support them (e.g., friends, family, teachers, counselors, health care providers, childcare providers, neighbors).

**Principle 11: Using supplemental program options**

Generalization of the strategies parents learn is also an important consideration. To that end, some individual coaching practice with the parent and child is recommended for all parents. The amount of individual coaching parents need will vary depending on the parent’s confidence in using the parenting techniques. These coaching sessions can be delivered in a clinic setting, but ideally will be provided in home- and community-based settings such as the grocery store, playground, or preschool. Because social-communication deficits are core features of ASD, it is recommended that after parents complete IY-ASD, focused on one-on-one interactions, they are offered another program called Coaching Children with Autism: Teachers and Parents as Partners. This four-session program that preferably is offered to both parents and teachers, focuses on classrooms where teachers are coaching 2 to 3 children with ASD to facilitate peer interactions and social communication with sequenced picture cue cards.

Supplemental content from Basic IY managing misbehavior may also be necessary for some children with significantly challenging behaviors. Parents may require further practice understanding the function of behav-
ior, antecedent and environmental accommodations, and consequence modification. Basic *IY* content regarding use of time out can be adapted for this population by helping the parent understand the value of allowing the child space and time to calm down, while emphasizing the potential for time out strategies to inadvertently reinforce behaviors of a child who prefers to be alone and escape social interactions.

Due to the limited knowledge regarding the causes of ASD and lack of a cure, parents find themselves researching for information and seeking a variety of interventions. Children with ASD and their families frequently participate in multiple approaches with several different providers. For example, parents often seek behavioral, neurodevelopmental (i.e. speech and occupational therapies), school-based, and biomedical interventions. Effective group leaders will collaborate with other providers and coach parents in ways to advocate for their children’s needs. Several options can be incorporated into the program in order to promote collaboration and advocacy. For example, leaders can communicate directly with therapists and educators to share the approaches parents are learning, consult about the child’s behavior or arrange team meetings. Additionally, supplemental content can be added from the *IY* Advanced Parent Program that focuses on advocacy, family and teacher problem-solving, and working as a team to support the child.

**Future Directions and Summary**

There are few empirically based interventions that address the needs of parents raising young children with ASD. The new *Incredible Years* program for this population offers promise for improving parent confidence and support, reducing stress and depression, promoting children’s social, emotional and language development, and reducing misbehavior. Early pilot work with three *IY-ASD* parent groups serving a total of 16 families indicated that parents and caregivers were highly satisfied with the program. They reported stronger parenting skills such as using language appropriate to their child’s skill level, remaining calm when addressing challenging behavior, following through with limits, ignoring pestering, and decreasing empty threats and yelling. Results also indicated that parents experienced greater parenting competence and felt less tense and anxious about parenting. At the end of the program, parents reported increased optimism about their skills and their child’s development. Their ratings indicated improvements in their children’s outcomes, as well, particularly in social-emotional, pre-academic, play, and self-regulation skills. Parents indicated that they were satisfied with the program content, teaching techniques, and support they received. The majority of parents requested increased length of the program and continued parent training in order to address significantly challenging behavior and how to adapt strategies as the child develops. Future research is needed using randomized control group trials to examine the outcomes for parents and children. The outcomes for these studies should include parents’ feelings of competence and level of support, parent stress and depression, as well as child behavior improvements.

**Author Note**

Carolyn Webster-Stratton has disclosed a potential conflict of interest due to the fact she provides training and instructional materials for these treatment programs and therefore stands to gain financially from a positive review. This interest has been disclosed to the University of Washington and has been managed consistent with federal and university policy.
Table 1

How IY-ASD Differs from Basic IY Parenting Program

<table>
<thead>
<tr>
<th>IY Basic Preschool Program (3-5 years)</th>
<th>Autism Spectrum and Language Delays Program (2-5 years)</th>
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<tr>
<td><strong>Topics:</strong></td>
<td><strong>Topics:</strong></td>
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<tr>
<td>1. Strengthening Children’s Social Skills, Emotional Regulation and School Readiness</td>
<td>1. Increased focus on coaching language development, imitation and sensory routines, social communication, use of pretend play to promote empathy and social skills, and promoting self-regulation skills.</td>
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<tr>
<td>2. Using Praise and Incentives to Encourage Cooperative Behavior</td>
<td>2. Enhanced focus on self-care and building support group.</td>
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<tr>
<td>3. Positive Discipline: Rules, Routines &amp; Effective Limit Setting</td>
<td>3. Older (4 to 5 year old) verbal children with conduct problems: families can continue with Program 4 of Basic IY program to discuss time out and problem solving (not included in IY-ASD program).</td>
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Basic IY Vignettes:

New IY-ASD vignettes depict children with ASD. Additional vignettes from Basic IY may be added if parents in the group need more help with behavior management and problem solving.

Program Dosage (18-20 sessions)

(13-14 plus sessions) Increased dosage often needed to adequately cover the material since there are more practices and discussions to tailor the strategies to each unique child.

Group Size: 10-12 parents

Smaller group size: 6-8 parents plus partners or other family members.

Group Leader: Knowledgeable in child Development

Group Leader: Knowledgeable and experienced in ASD practice, local ASD-specific supports, and functional approaches to behavior change.

Key Group Teaching/Learning Methods (behavioral practice, principle building, values exercises, tailoring to meet cultural and developmental issues, home activities)

1. Increased teaching about ASD and ways to use visual support including picture schedules, choice cards, command and feeling cards;
2. Tailoring group practices according to children’s communication stage; imitation as a means to gain attention, learning alternative incentives...
<table>
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<tr>
<th>Alliances building techniques (collaborative learning, buddy calls, weekly leader support calls, praise to parents, incentives for parents)</th>
<th>All standard alliances building techniques apply to this population, but increased efforts to help build families support systems and reduce their stress by working on self-care and promoting weekly buddy calls and peer dates with other parents. Regular emails, texts, and calls from group leaders are essential.</th>
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<tr>
<td>Food, transportation, daycare</td>
<td>No adaptations needed, but essential to offer these for this population in order to reduce barriers to participation.</td>
</tr>
<tr>
<td>Core model does not offer home visits</td>
<td>Providing home visits to coach parent-child interactions using coach home visit manuals and additional DVD vignettes as needed; use these to make up missed sessions or show additional vignettes.</td>
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<tr>
<td>Core model does not address collaboration with educators and other professionals for coordination of care</td>
<td>Coordinate with educators and therapists for developing behavior plans with agreed upon goals for child’s target behaviors. Consult with medical providers to understand effects of medical issues on child behavior and parent stress.</td>
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<tr>
<td>Core model suggests use of IY Advance, Child and Teacher Programs for children with diagnoses or very high risk families</td>
<td>* Consider additional IY Programs: Advance Program to teach anger and depression management and problem solving steps; Child Social, Emotional and Problem Solving Skills Program (“Dinosaur School”) offered alongside parent program; Offer follow-up training in the * Helping Preschool Children with Autism: Teachers and Parents as Partners* to help parents learn how to promote positive peer interactions and social communication with 2-3 children.</td>
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