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# Parents' Experiences With the Social-Emotional Development of Toddlers With a Diagnosis of Autism Spectrum Disorder After Completing Early Intervention

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This is to certify that the doctoral dissertation by

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Walden University
2025

Abstract

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## Abstract

The social-emotional development of autistic toddlers is a critical area of concern for parents and early childhood professionals. Parents need to understand how early intervention programs influence this development, as it can significantly impact long-term outcomes for children with autism. Grounded in the DIR (Developmental, Individual-differences, Relationship-based) theory by S. I. Greenspan and S. Wieder, the purpose of this basic qualitative study was to explore the experiences parents had with their autistic toddlers' social-emotional development after completing an early intervention program. The participants comprised of eight parents whose toddlers completed an early intervention program and were later diagnosed with autism. Data were collected through semi structured interviews and analyzed using thematic analysis. Five themes emerged: parents' understanding of social-emotional development, the impact of early intervention on parent and child, access to services, challenges with service referrals, and barriers to continued support. Parents reported positive experiences and increased confidence in supporting their child's development. These findings can inform early intervention practices by emphasizing the importance of social-emotional skill-building and encouraging earlier referrals. The study supports positive social change by equipping health educators and service providers with insights to better support families of children with autism.

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# Dedication

I would like to dedicate this work to my daughter, Kaden Berlynn, for being my inspiration and starting me on the journey of discovering how children with autism are unique, amazing, and have completely changed my life. I love you, 3000! I would also like to dedicate this work to my mom, Martha, who continually pushed me to keep going. I would also like to dedicate this work to Michael (Avo), you provided structure and a quiet and private place to complete my study, my data analysis, and my final chapters in a brief period of time. Without your support, encouragement, and belief in me that I could and would complete this challenge, I would have probably given up. I would also like to dedicate this work to my friends, Twyla, and Dawna. You listened when I would talk about everything that needed to be done, and you were confident that I would get it done when the time was right. Thank you all for your constant motivation and words of reasoning when I thought I would never finish, but more importantly, for providing me with the knowledge that you would never give up on me. That means the world!

I also want to dedicate this work to all the families, especially single parents, who live daily with children with autism. I have worked with some of you in my community, and I just want to remind you that you are not alone. You are warriors!

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# Chapter 1: Introduction to the Study

## Introduction

The incidence of children diagnosed with autism spectrum disorder (ASD) in the United States has risen steadily over the past few decades, from 16.2% to 17.8% from 2009 to 2017 (Ge et al., 2024), with an increase of roughly 31% over the past 5 years. The estimated number of children in the United States diagnosed with ASD is now one in 40 (Ge et al., 2024). Children diagnosed with ASD are also usually characterized by difficulties in their social, emotional, and communication development. Many states are addressing the increase in the diagnosis of ASD and other developmental disorders by offering early start services for children ages 0 to 3 to assist in countering developmental delays (gross and fine motor functioning, cognitive, social-emotional, and communication skills). Parents participate in early interventions to provide consistency and support with their child's skill development. Participation in these programs also educates and empowers parents in using what they have learned to assist their child with future learning and development. Although these interventions are increasing in frequency, parents' perceptions of their toddler's social-emotional development and how early intervention services affect that development represent a topic that has had minimal research.

## Background

The development of social-emotional skills in children with an ASD diagnosis is most successful when interventions are started at an early age. Early interventions are linked to better social-emotional outcomes for children with an ASD diagnosis compared

with interventions implemented when children are older. Research (Basilio & Rodriguez, 2016; Davlantis & Rogers, 2016) has shown that early intervention is beneficial for children younger than three years of age. Research over the past several years has demonstrated the importance of social-emotional development and the benefits of early intervention in overall development. One study, by Petrina et al. (2015), reviewed parental perceptions of the importance of social-emotional skills in relation to the development of friendships in children with ASD. The parents perceived that the development of friendship, due to delays with social-emotional skills, was the third most highly rated difficulty that children with ASD experience. Parents perceived the development of social skills and the ability to handle emotions as the two most challenging issues their children experienced. Another study by Hume et al. (2005) examined whether the efficacy of participation in early intervention services and the developmental outcomes were related to the types of services and the delivery method provided. The study concluded that parent training and participation during the delivery of early intervention services were crucial in parents' abilities to implement the learned skills.

Some early intervention services support the emotional development of toddlers with ASD by utilizing gestures and guided play to assist with communication. A study by Basilio and Rodriguez (2016) provided information on how guided play for toddlers assists in cognition and self-regulation. The study attempted to find a correlation between prelinguistic communication and the development of self-regulation in children before the age of 24 months. There have been studies on parent-child interactions with young

children with autism (Freeman & Kasari, 2013; Reichow et al., 2023), to determine whether there are any differences between the level of parent engagement with their child with autism and the methods and strategies learned by parents during their participation in play therapy with their children with autism.

Other studies examined delayed social emotional development (SED) as a possible indicator of autism. Certain SED "red flags" associated with a potential future diagnosis of autism for children included them demonstrating less effective affective social interactions with peers, more resistance to changes, and more insistence on repetitive routines and ritualized patterns of play than children with neurotypical development. Davlantis and Rogers (2016) provided information about the impact of the Early Start Denver Model, a play-based intervention, on the learning opportunities of children with ASDs by measuring its effects on cognition, language, and symptoms of ASD. The primary findings of the study showed an enhanced effect on cognitive and language development. In addition to the enhancement of skills in other developmental domains, social-emotional difficulties seemed to be slightly reduced.

Some studies on social-emotional development also examined the impact of a delay in social-emotional development on other developmental areas of children with ASD as they continue through school. Results showed that withdrawnness and attention problems 1) were negatively related to children's preacademic skills and 2) delayed development of their social-emotional skills (Cidav et al., 2017; Ren et al., 2016; Yoder & Nolan, 2018).

## Problem Statement

The development of social-emotional regulation is important for any child's later well-being. For example, according to Briggs (2012), social-emotional development is the foundation for school-based forms of learning. Social-emotional skills are more difficult for children who are diagnosed on the spectrum to obtain, because those areas of the brain that are believed to be tied to social-emotional development are typically less developed in children diagnosed with ASD (Reid et al., 2020). Social-emotional development is important for high-risk toddlers (toddlers who have a high percentage of developmental delays and are at risk of receiving an ASD diagnosis) because a lack of it has been associated with long term issues such as poor academic performance (Campbell et al., 2016) and neurodevelopmental and mental health disorders (Campbell et al., 2016; Foxx, 2008; Shaw et al., 1994). For a child diagnosed with ASD, due to differences in neurological development, delays in social-emotional regulation can limit their understanding of personal boundaries, limit their adaptive functioning and behaviors, and cause issues with transitioning to new learning environments (Petrides et al., 2011). Early interventions are beneficial to social-emotional development because they allow the child to practice repetition and modeling of social behaviors.

Intervention research for children with ASD has primarily focused on play development in therapeutic situations because the skills learned from play assist in structuring and guiding children's mental abilities (Malone & Langone, 1999; Shire et al., 2015; Vivanti et al., 2018). When parents are involved in these early interventions, their competence in supporting their children in engaging in parent-child social interactions is

enhanced. Parents involved in early intervention also learn the importance of building family cohesiveness and supporting their children who are diagnosed with autism in developing social communication abilities. Parents who have experienced this competence and gained knowledge of autism and overall development have reported reduced parenting stress (Crane et al., 2015; Liu & Schertz, 2021).

## Purpose of the Study

The purpose of this qualitative study was to obtain a better understanding of parents lived experiences with their toddler's social-emotional development after completing early intervention services and receiving an autism diagnosis for their toddler. Parents can enroll in early intervention when the primary care physician or the parent notices any delays in development (fine motor, gross motor, cognitive, communication, and social-emotional skills). Typically, between the ages of 2 and 3 years, if a toddler is still exhibiting a high percentage of delays, the parent can have an assessment completed to determine if their toddler will receive an ASD diagnosis. Historically, early intervention services for children with a diagnosis of ASD have been behavioral in nature and focused on the deficits exhibited by the child. Although previous research has demonstrated that behavioral strategies can be effective in helping children with ASD build specific skills, such as cognitive and communication skills, relatively little research exists on the impact on social-emotional development. This study investigated parents' experiences and observations of the influence of an early start program for toddlers diagnosed with autism on their children's social-emotional development and regulation of emotions and behaviors. Research has been conducted on the impact on the development

of social-emotional regulation in children of early intervention therapies such as the Denver model and play therapy, which are family-centered and empower parents to use what they have learned to best fit in with their everyday lives (Hadžić et al., 2024). Early intervention programs that assist in the development of social-emotional skills are important because these skills are considered foundational building blocks for the development of cognitive and language skills. The development of social-emotional regulation at an early age could change the developmental trajectory of a child with ASD, which could improve outcomes for the child and their families (Maude & DeStefano, 2011).

The data collected in this study were based on the experiences and perceptions of parents of children with ASD who participated in early intervention services before the age of 3. The study will enhance our understanding of the explored parents' observations of their autistic child's social-emotional regulation since completing an early intervention program.

## Research Question

A thorough research review of the existing literature and consideration of these objectives led to the development of the following research question, which was intended to guide this study:

RQ – What are the experiences of parents of toddlers with an ASD diagnosis who participated in early intervention services with their children regarding their children's social-emotional development?

I sought to explore the experiences and perceptions of parents of children with autism regarding their children's social-emotional development after participating in early interventions. The main objective of this study was to examine the lived experiences of parents with toddlers diagnosed with autism after participating in early intervention therapy with their children. Early intervention therapy is implemented to encourage the continuing development of emotional skills in toddlers diagnosed with autism and to offer support to parents. The study focused on what parents observe vis-à-vis the social-emotional regulation of their children with ASD.

## Theoretical and/or Conceptual Framework for the Study

The concept of emotional development as a valid form of aptitude was first proposed by Thorndike in the 1920s as an ability to understand and manage other people and act wisely in human relations. Emotional development was later studied by Wechsler as a "non-intellectual" skill that is necessary for people to succeed in life. However, it was not until Gardner developed his theory of multiple intelligence that the concept of social-emotional development began to be recognized as an essential component of cognitive development (Wood, 2020). Social-emotional development includes social skills, emotional control, and culturally specific, appropriate social and emotional behaviors in response to and according to cultural norms. Social and emotional learning (SEL) models have been adopted by researchers to promote self-awareness, self-management, social awareness, relationship skills, and responsible decision-making in children (Carter & Smith Pasqualini, 2004; Chandler et al., 2016; Cisnero et al., 2016; Dusenbury & Weissberg, 2017). The conceptual theory guiding this study is S. I.

Greenspan and S. Wieder's developmental, individual-difference, relationship-based model (DIR). The DIR model predicts and explains the behavior of children and their families by identifying, systematizing, and integrating essential functional developmental capacities (S. I. Greenspan & Wieder, 1999). According to the model, these capacities include functional-emotional development, individual differences in sensory processing and motor planning, and relationships and interactions with family members and caregivers. The DIR theory facilitates an examination of the development of functional emotional skills and the ways children integrate that development to carry out meaningful emotional goals. The DIR theory is the best theoretical fit for this study because it provides a framework for the comprehensive assessment of the child and family. The DIR theory is used as a social-emotional theoretical model because it uses measures of functional emotional development and symptom severity. The DIR theory also allows for predictability in addressing the interactions of the parent when implementing the intervention program that meets the social-emotional developmental needs of the child and allows the family to assist with meeting the child's needs (Boshoff et al., 2020). The other vital component of the DIR theory is that it provides a framework for examining the social-emotional relationship and affective interactions and relationships of parents with their children. This theory predicts and explains the relationship between the role parents take in their children's emotional development and their children's social-emotional functioning.

## Nature of the Study

This study employed a basic qualitative design to explore the experiences of parents with toddlers with ASD, particularly social-emotional developmental delays, participating in early intervention. It explored the parents' observations and experiences of their child's social-emotional functioning upon completion of the program. Qualitative studies are based on understanding experiences. The qualitative method was the preferred method for this study mainly because the information was based on first-hand reporting of parents regarding their feelings about 1) completing early intervention services with their children with ASD, and 2) their toddlers' emotional regulation development since the completion of the program. The phenomenon was parents' experiences regarding their child's social-emotional development after completing the intervention. Information for this study was gathered from parents regarding their experiences and perceptions of the importance of social-emotional development and how they experienced changes in their own children's development during and upon completion of an early intervention program with their children. The information collected from interviews with the parents addressed the research question of this study. The data gathered was based on the experiences of each of the parents after participating with their toddler with ASD in an early intervention program. The study specifically focused on parents' perspectives of their and their toddlers' participation in the program, particularly changes in their toddlers' social interactions and behaviors, which are components of social-emotional development. The participants were comprised of eight parents who have a child who has been diagnosed with ASD and participated in an early intervention program within the

past year. The researcher in this study interviewed the participants after their child had completed the program and had already received a diagnosis of autism, usually around 3 years of age. The researcher recruited parents 1) who have participated in early intervention programs with their toddlers and 2) whose toddlers had received a diagnosis of autism. The study focused on the experiences of parents who participated in an early intervention program with their toddlers, who were formally diagnosed with autism by the end of the early intervention program. Children usually complete early intervention programs at the age of 3.

## Definitions

The following terms were used in my study:

*Autism spectrum disorder* (ASD): A developmental disorder that affects the developmental domains of children, including communication and social development. Symptoms normally appear within the first two years of a child's life and may include a lack of eye contact and the presence of repetitive and restrictive behaviors (National Institute of Mental Health, 2020).

*Early intervention services*: Services created to support babies and toddlers who have been diagnosed with developmental delays or disabilities, as well as their parents. These services are provided to toddlers up to three years of age and include child

development therapy, physical therapy, occupational therapy, and speech therapy (Department of Developmental Services, 2025).

*Social-emotional regulation*: An automatic or intentional modification of a person's emotional state that promotes adaptive or goal-directed behavior (American Psychiatric Association, 2018).

## Assumptions

The researcher of this study assumed the participants understood the interview questions, that the parents completed all sessions of the early intervention services and fully participated in every session, and that the parents answered the questions truthfully. Due to the confidentiality of health records, the researcher did not know whether the child has an actual diagnosis of ASD. Also, there was a chance of bias as to whether the parents had a biased view of the experiences they had during the completion of the intervention. Based on the assumptions stated, the researcher had the parents provide proof of an ASD diagnosis with the diagnosed level (level 1 to 3) for their toddler, as one of the criteria to participate in the study.

## Scope and Delimitations

The scope of the study was a review of social-emotional development for toddlers with ASD who had completed an early intervention program. The study included semi-structured interviews with the parents who participated in the interventions with their toddlers. There has been limited data on parents' perceptions of social-emotional development regarding early intervention therapies for children with ASD. The scope of the study did not address the experiences of the parents concerning the other

developmental domains that can be changed for children with autism. The other domains that were not covered in this study include the experiences of parents with their children's cognitive functioning and language development.

The data gathered for this study were provided by the information collected from the semi-structured interviews with parents of toddlers whose children have completed an early intervention program and received a diagnosis of ASD. The early intervention program involves a therapist working with the child, modeling techniques, and providing parent training. A key step in the preparation for using semi-structured interviews in qualitative research would be the development of an interview guide. The interview guide will outline the interview process and may influence subsequent research stages (Cridland et al., 2014). The information for the study was collected from parents and included only parents of children diagnosed with autism who completed an early intervention program together.

## Limitations

A limitation of the study could be the lack of truthful answers to the interview questions. There is a chance that the participants may answer based on what they have heard from other parents who have completed similar interventions. Some may also respond based on what they have heard in the media or read online. There is also the possibility that data saturation will not be reached. When there is enough data collected to replicate the study, and the ability to obtain additional information has been attained, and further coding is no longer feasible, data saturation is reached (Fusch & Ness, 2015). In a qualitative study, data saturation is not about the numbers, the levels of saturation will

vary because there is no universal study design. The idea of data saturation in studies is helpful; however, it does not provide any pragmatic guidelines for when data saturation has been reached. Data saturation may be attained by as few as six interviews, depending on the sample size of the population (Guest et al., 2006). Dibley (2011) stated that rather than focusing on the size of the sample, it is best to think of the data in terms of thick and rich. Thick data correlates with quantity, and rich data correlates with quality.

There are also many gaps in the research involving early intervention related to ASD. A major one is that researchers have historically failed to acknowledge the experiences and observations of parents who have participated in these programs with their children (Davlantis & Rogers, 2016; Dawson et al., 2010; Deming, 2009; Gallo-Lopez & Rubin, 2012; and Maude & DeStefano, 2011). These studies failed to explore the experiences of parents who participated in early intervention services regarding the development of emotional regulation in their children diagnosed with ASD. This study addressed this gap in the current literature and focused on developing an understanding of parents' observations and experiences of their child's social-emotional development as they participated in early intervention services. The participants of the study were parents 1) who had completed an early start intervention program based on developmental delays with their toddlers and 2) whose toddlers received a diagnosis of ASD after the program. The study examined participants' feelings regarding their participation in early intervention services (such as play therapy or the Denver model) and their experiences with their child's social-emotional skills for self-regulation. Learning more about the lived experiences of parents whose children are diagnosed with autism who participated

in an early intervention program was studied to increase our understanding of the parents' experiences of the social-emotional development of these children. The gap also illustrates the lack of information and understanding regarding the challenges parents navigate when their child has a diagnosis of ASD and an accompanying significant delay in social-emotional development. Participation in an early intervention program offers parents the opportunity to learn how best to meet the developmental needs of their children who have delays. This is important mainly because a child's development is highly influenced by social circumstances within the first five years of life. The lack of poor social-emotional development in children with ASD affects cognitive and language development, which affects the child's ability to function with their peers. In addition, poor or delayed overall development for all children has lifelong effects on literacy, school achievement, subjective well-being, and behaviors (Pratte et al., 2020).

## Significance

This study will help families that have been referred to early start services to understand how these services can help their child and their family dynamic. The study will increase the understanding of the parents' experiences of their child's social-emotional development after completing early intervention services. Wang et al. (2022) stated that social-emotional competency positively predicted pupils' academic achievements in reading, math, and science. Social-emotional development correlates with stronger cognitive and language development. The development of skills in the social-emotional domain was also shown to positively predict academic emotions and attitudes, assisting in the development of both social and interpersonal relationships. The

ability to engage with peers and develop relationships is a skill that is challenging for children with autism (Wang et al., 2022). Better understanding of social-emotional development, based on the experiences of families of children with autism, would allow parents to use the techniques learned in the interventions to modify the child's ability to complete other tasks. This would be beneficial to the child in minimizing some of the effects of autism. The social change implications of this study include contributing to our understanding of the role of social-emotional development in children diagnosed with ASD. This study will also facilitate a foundation for future research on how social-emotional development influences other areas of development, such as the cognitive and adaptive domains (Walsh, 2004). By obtaining a better understanding of parents lived experiences of any changes in social-emotional development, they have observed in their child with ASD since participating in an early intervention program, there is an opportunity for researchers to improve their understanding of how parents support the social-emotional development of their special needs child. Especially if the early intervention program is focused specifically on supporting the development of social-emotional skills. During the program, parents are learning how to interact and play with their child and assist their child in the development of socialization and communication skills. Studies conducted with older children with autism found that those who received at least 20 hours of early intervention therapy were likely to achieve scores on cognitive and social-emotional measures that were closer to the scores of their neurotypical peers than older children with autism who received little to no treatment (Shire et al., 2015). This is most likely due to early intervention services focused primarily on these three aspects of

the developmental domains: social-emotional, communication, and self-help skills. In several studies completed with children diagnosed at an early age with autism, there have been some indications that signs of autism can be seen as early as six months of age. However, it is usually not most obvious until around twelve to fourteen months.

## Summary

With a better understanding of social-emotional development, parents will be able to present experiences differently to their children with autism. The implications of social-emotional development and the link between a possible diagnosis of autism before the age of two exhibit a correlation of varying levels of delays in socialization and communication/language development if no interventions are provided. Social-emotional developmental programming implemented with children before age three can lead to a higher level of developmental functioning. The next chapter includes a review of some of the research studies previously conducted.

# Chapter 2: Literature Review

## Introduction

This chapter contains a review of the literature used for this study. Topics reviewed in the literature include ASD, early intervention programs, the experiences of parents regarding ASD, and parents' participation in early intervention programs. The review included examining various research articles regarding parents, early interventions, and their impact or effectiveness on general development. The purpose of this study was to explore the experiences of parents of toddlers diagnosed with ASD regarding their toddlers' social-emotional development. There was also information regarding the impact on other areas of development that are affected by social-emotional skills and the correlation between social-emotional development and other developmental domains. This chapter ends with a summary of the literature findings and a transition into the next chapter for this study, which provides the research methodology.

The literature reviewed provides an overview of topics that include children or toddlers diagnosed with autism spectrum disorder, children who have participated in early intervention programs, and developmental issues affecting social-emotional skills.

The literature review is organized by the strategy used to search for relevant literature, theoretical review information, the key concepts related to the literature, and various corresponding themes found in the literature regarding parents' awareness, understanding, experiences, and knowledge of early intervention programs. The literature review also includes information on S. I. Greenspan and Wieder's DIR model, and information on early intervention and autism.

## Literature Search Strategy

The literature strategy used to gather resources for this review included a thorough search of the Walden Library, Google Scholar, and various sources on the internet. Sources for the literature review were comprised of peer-reviewed journals. Through the Walden Library, articles were gathered from the following databases: PsycINFO, ERIC, ProQuest Dissertations & Theses, EBSCOhost, PsycArticles, PsycBooks, and SocINDEX. Research in the databases included the keywords autism, ASD, child development, early intervention services, early intervention and autism, research on parents and autism, and parents and early intervention. The keywords were used individually and in various combinations. The references included various articles on social-emotional development, early intervention, parents and autism, parents and children with autism, and the effects of early intervention on developmental delays. All articles were reviewed and studied based on their relevance to this study.

## Theoretical Foundation

The theoretical model used for this study was S. I. Greenspan and Wieder's DIR model. This theory of child development considers a child's functional emotional development as an integral component of capacities across all developmental domains (Charman & Stone, 2008). The main principle behind the DIR model is the promotion of the holistic development of an individual with an autism diagnosis and the relationships between their parents and caregivers. As a functional approach, this theory examines the complex interactions between biology and experience to explain behaviors and the articulation of developmental capabilities concerning relationships between children and

their parents. With early intervention programs, parental engagement is an essential element of the DIR/floor time therapy (also considered play therapy; Praphatthanakunwong et al., 2018). This theory has been previously applied to the examination of the relationship between parents, their children, and the therapist in the implementation of early intervention programs. It was also used for a study where data were collected to show the quality of parental engagement (Praphatthanakunwong et al., 2018). The origin of this theory revolves around the component of play and parent-child interactions in the development of children with autism. A parent's experiences observing a child with autism at play are different than their experiences with a neurotypical child. It is typical for a parent of a child with autism to initiate play schemes and direct play scenarios; however, it has been noted that children with autism have significant difficulties engaging in typical play scenarios. They will often engage with objects in inappropriate and repetitive ways, and they often fail to develop creative and symbolic engagements with objects (Freeman & Kasari, 2013). For example, a neurotypical toddler will often roll a car around on the floor and make car sounds. However, if the toddler has autism, they will most likely take the car and line it up with other toys or hold it in the air and make the wheels spin repeatedly while fixating on the spinning wheels. Children with autism, in general, do not know how to play appropriately or in typically expected ways with toys.

The use of a model-based understanding of the development of individual differences is a newer approach in the treatment of ASD. These models incorporate play because play is an essential piece of development and the main tool toddlers must have to

assist them in achieving their developmental goals. The S.I. Greenspan and Wieder relationship-based model helps parents and practitioners develop a deeper understanding of the relationship between children with autism and their parents/caregivers. This model aligned with this study because the more competent the parent feels in their understanding of their child with ASD, the more they will be able to recognize their own experiences in shaping their child's social-emotional development, and how that improves their understanding and growth in their toddler's other developmental domains. The model has also increased awareness of the importance of monitoring social-emotional development in young children, whether they are typical or have been diagnosed with a developmental delay. Per Campbell et al. (2016), delays in a young child's social-emotional development are associated with decreased social competence once they enter preschool. Children unable to regulate social-emotional behaviors experience increased social isolation and peer rejection. Further, diminished or nonexistent age-appropriate social-emotional development has also been shown to be linked to poor academic performance in school-aged children (Campbell et al., 2016) as well as later mental health challenges (Campbell et al., 2016; Elbeltagi et al., 2023; Foxx, 2008; Shaw et al., 1994).

## Literature Review Related to Key Variables and/or Concepts

To help researchers and parents understand why this model is related to this study, the connection between ASD and early intervention should be examined. Children with autism have been shown to have brain connections that differ from those of neurotypical children; ASD changes how the brain of a child is wired. It is a unique diagnosis because

there are no known biological markers for autism. Although there have been efforts to target the underlying roots for diagnosis and treatment of ASD, as well as to identify any reliable biomarkers, none have provided enough evidence to support general clinical use. There is increasing hope of finding reliable biomarkers in genetics, neuroimaging, gene expression, and through the body's metabolism (Goldani et al., 2014). There are no cognitive and biological characteristics that have been identified that characterize all or most autistic people. An early autism diagnosis occurs between two and nine years of age, with some children diagnosed as early as 18 months. Autism can also be diagnosed much later, sometimes in adolescence or adulthood (Lord et al., 2006). During a child's formative years, delays in developmental growth and functioning are usually the reason a pediatrician or a parent will have concerns and request an evaluation for developmental disabilities. Once a parent receives a diagnosis of ASD for their child, they may also learn that mental health diagnoses often co-occur with this disorder. The most common co-occurring diagnosis for children on the spectrum is anxiety. Per meta-analyses for children on the autism spectrum, the prevalence of anxiety as a co-occurring diagnosis is around 40% compared to 13.4% of children worldwide without autism (Polanczyk et al., 2015).

Early interventions for children with developmental delays are divided into two main categories. The first is a general intervention using child development. This type of intervention is usually parent-mediated, where a trained therapist shares therapeutic strategies with parents and encourages them to use these strategies and learn skills outside of the sessions. This intervention involves a specialist who is trained to work with

all five developmental domains (cognitive, communication, physical, social-emotional, and adaptive). Most interventions of this type utilize play therapy to build and strengthen the child's current development. Goals are created from various assessments that guide age-appropriate development for ages 1 to 36 months.

The second type of intervention is more intensive and is referred to as early intensive behavioral intervention (EIBI). EIBI is a type of applied behavioral analysis (ABA) for very young children with ASD, younger than three. Typical ABA therapies for children with autism begin at three and over. This intervention also utilizes some parent participation. However, it also tends to be more therapist-led, and parents can receive parent training in techniques for dealing with behaviors. The child development intervention is more parent-focused, and the therapist will usually model the development techniques.

Research has been conducted over the past several years on ASD and the family unit, including studies on how ASD in toddlers affects their parents and the impact of early interventions on ASD in toddlers (Dionne & Martini, 2011; Pajareya & Nopmaneejumruslers, 2011; Park et al., 2020). Some of the studies examine the impact of early interventions on the parents (Dionne & Martini, 2011; Leadbitter et al., 2020; Pickles et al., 2016), while other studies found increased parental confidence and understanding of their skills, as well as increased understanding of the parent-child relationship due to techniques learned during early interventions (McConkey et al., 2020; Solomon et al., 2014). Some of the literature reviewed featured various early intervention therapies, all of which followed the same basic structure of implementing the therapy to

toddlers through floor time and play. In the review of the literature, several themes regarding the impact of early intervention on parents emerged. The themes examined throughout the literature review focused on parental participation in early intervention programs and parents' perception of their current relationship with their child with autism. The studies are divided into three themes that were identified in the review of literature. The themes included information regarding increased parental confidence and understanding of skills, satisfaction with parent-child relationships and early intervention programs, and parental understanding of the significance of social-emotional development for toddlers diagnosed with autism.

**Theme 1: Increased Parental Confidence and Understanding of Skills**

There has been some research on parents of toddlers who receive an ASD diagnosis and their interpretation of the efficacy of early intervention services (Dionne & Martini, 2011) However, the study was not based on whether there was an impact on any one area of development, The study was meant to determine whether parents interpreted any improvement of the overall development of their children. (Leadbitter et al., 2020). Many of the parents expressed increased confidence in their skills in continuing working with their children on the spectrum on meeting developmental milestones after the completion of their services, (Kurzrok et al., 2021; McConkey et al., 2020). The parents also expressed a greater understanding of what autism is and the many ways it can present itself in their children. With a better understanding of autism, parents were able to work with their children one-on-one and not feel as overwhelmed by their children's behaviors (S. Greenspan, 2007; Mazefsky, 2015). Their increased confidence comes from

the methods used in early interventions. During early intervention sessions, parents watch the interactions between their child and the therapist. Parents are encouraged to use the strategies learned during sessions, either through observation or modeling, to build a foundation for the development of parent-child communication. The improved parent-child relationship is crucial in lessening the additional stress that parents often experience when caring for their child with autism (Rivard et al., 2014).

There have also been studies representing a link between the experiences of parents of children with ASD and higher levels of stress, depression, and anger (Ingersoll et al., 2010; Lutz et al., 2012). According to Rivard et al. (2014), chronic stress can counteract the positive outcomes of early interventions that parents and toddlers have completed. Helping a parent become confident in their knowledge and skills can mitigate some of their stress by facilitating a more solid parent-child relationship. When the parent-child relationship is stronger, the parent can develop a better understanding of how to assist their toddler in the further development of their social-emotional skills.

Kurzrok et al. (2021) conducted a study regarding parents' experiences with early interventions related to their relationship with their children with autism. The study was primarily focused on the parents' involvement in the interventions and their satisfaction with the training received, as well as the continued use of the techniques learned to increase participant confidence in parenting their child. This quantitative study included mothers of children with autism who had completed an early intervention program in the past. The study included mothers whose children were as old as 17 years of age but participated in early intervention therapy when they were under 3 years of age. The

mothers completed an autism-specific parenting self-efficacy scale and a caregiver burden scale assessment based on their past experiences that occurred during therapy. The study found that the parents who reported greater involvement in the early intervention programs often noted greater satisfaction with the intervention training as well as greater parenting self-efficacy (Kurzrok et al., 2021).

A study by Boshoff et al. (2020) focused on how the DIR/floor time model was previously used with children with ASD. Boshoff et al. noted that the results for the children participating in their study were most positive and prominent when parents and professionals allowed the child to guide the session. The professional acts as the facilitator for the sessions, and the parent helps to guide and redirect the child. This approach focuses on the full participation of the parent, and the entire family is viewed as the client.

The study conducted by Hess (2013) using the DIR/floor time model focused on addressing the interactions by parents in gaining knowledge to lead the intervention with assistance from the therapist, which enabled the researchers to tailor the intervention more closely to the child's specific needs. Hess examined the differences between behavior therapy for autism and DIR/floor time therapy as an evidence-based model in working with children with both autism and sensory processing disorders. Hess (2013) was attempting to show that because behavioral therapies for children with autism are focused on the completion of a task, they can be frustrating for younger children, specifically toddlers. However, the strategies used in DIR/floor time teach the parents to follow the child's lead. They also provide the parent with strategies to redirect and create

new opportunities that assist the child in their functional emotional development. The study by Hess shows a correlation between increased parental confidence and increased functional emotional development correlated with children's ability to build attachments with parents. The exchanges between parent and child enable the child to develop a foundational base for emotional capacities and perspectives when dealing with parents and eventually other people.

Another study regarding floor time combined with family-focused therapy was conducted to determine the effectiveness of multiple methods of interventions for children with autism on the development of family functioning while simultaneously increasing the functional-emotional development of the child. In this design, the researchers followed the families for 5 months and compared their outcomes with existing archival data that existed for floor time interventions specifically focused on strengthening the familial relationship between child and parent. According to Aali et al. (2015), the results of the study showed a notable improvement in the intimacy, engagement, and interaction levels between parent and child. The noted improvement in engagement and interaction levels provided the parents with the confidence to utilize the new skills learned. Dionne and Martini (2011) examined the differences between behavioral approaches and floor time play (FTP) early interventions. Based on their use of data from previous studies (S. I. Greenspan & DeGangi, 2000; S. I. Greenspan & Wieder, 1999) it was determined that the benefit of FTP is its facilitation of interaction and communication between toddlers' parents within a natural environment. Behavioral early interventions tend to involve interactions and communication that occur in an

artificial and structured environment. The single-subject participant in this study was a 3.5-year-old boy diagnosed with ASD who had no comorbidities and no previous exposure to any early intervention services. He participated in the intensive FTP intervention four times a week for 45 minutes per session. Each session consisted of observation, intervention, and discussion of both types of interventions between the mother and therapist to discuss and summarize the session. The mother was also asked to keep a daily journal to track the child's progress between the sessions with the therapist. Although the duration of the study was short (seven weeks), the study did provide a preliminary level of evidence supporting the effectiveness of FTP early intervention with autistic children, provided that the sessions are consistent and for shorter periods with parental participation (Dionne & Martini, 2011). This gave the parents participating a better understanding of how the skills learned could help the parents to become more confident in implementing those methods.

**Theme 2: Improved Parent-Child Relationship and Participation in Early Intervention**

According to Leadbitter et al. (2020), understanding parental perceptions of how to build a parent-child relationship is a vital component of early intervention programs. The success of these interventions is dependent on the participation, implementation, and commitment of the parents. This is often difficult because parents of toddlers with a diagnosis of autism are already experiencing increased pressures on their time, energy, and well-being (Dykens et al., 2014). One form of early intervention is pediatric autism communication therapy (PACT). This early intervention primarily focuses on parent-

child communication. The components of this type of early intervention have been shown to assist in the development of long-term improvements in parent-child communication and have shown an improvement in the family quality of life (Leadbitter et al., 2020). The study regarding the PACT intervention was completed to determine the parents' perceptions of the intervention outcomes regarding the parent-child relationship. Based on findings from the study, parents stated that they experienced a strengthening of their relationship with their child. The differences parents experienced upon completing the intervention included increased closeness with their child, enhanced enjoyment of spending time together, and increased attunement with and feelings of love for their child (Andrews et al., 2015; Leadbitter et al., 2018; Pickles et al., 2016). Leadbitter et al. (2018) completed a study exploring the parent-child relationship that included an examination of PACT. The study was focused exclusively on the dynamic between the parent and child, where the primary objective was to determine if social communication competencies were improved in children with ASD through the enhancement of parent-child social communication interactions that occurred during the interventions. The study accounted for practical difficulties such as work-life balance and emotional challenges parents were experiencing due to any additional issues that arose for them in caring for their child with autism. According to parental interviews, most of the parents perceived that the intervention gave them a greater knowledge of skills and a deeper understanding of their child, which allowed them the ability to make improvements in their parenting abilities. One of the common themes found in the PACT study was parent validation and increased parent-child interactions. The parents expressed that they felt a lot of criticism

and judgment in social situations with their child. Receiving recognition from therapists throughout the intervention and working on building a stronger child-parent relationship allowed many of the parents to feel validated as good enough. The other important overarching theme focused on the parents' perceptions of the outcome of the therapy for their child and the family. Parents stated that they experienced a greater understanding of how their child functioned with ASD, and this gave them the ability to empathize with their child and see things from their child's perspective (Leadbitter et al., 2018). This understanding also strengthened the parent-child relationship as well as the relationship between the child with ASD and other family members in the home. Some parents expressed the increased enjoyment of spending time with their child, and although many thought the changes were subtle, the parents felt that the PACT therapy was beneficial. However, some participants experienced a painful transition regarding acceptance of the extent of their child's disability. One mother stated that while she was grateful for the therapy, it made her realize the extent of her child's developmental delay and was an awakening for her of the actual severity of her child's diagnosis. Many of the parents experienced positive outcomes, stating that due to the progress they perceived because of the PACT intervention, family members outside of the home were able to view their child more positively, rather than just seeing "the autism" (Leadbitter et al., 2018). The limitations of the PACT study included unrealistic parental expectations and parents' reluctance to report any negative views for fear that the remarks could be traced back to them or the therapist who assisted them throughout the trial. This reluctance could present a risk of parental bias toward only positive experiences.

An additional study by McConkey et al. (2020) focused on 100 families with children aged three to 11 with autism. The study involved setting up a family-centered intervention, similar to typical early intervention programs, used with children with ASD who were younger than three, which relied on parent participation. The study involved an experienced behavioral therapist visiting the family regularly in the afternoon, twice per week, for 12 months. Based on interviews with the parents, their main concerns managing their child with autism were decreasing or redirecting their child's behavior, finding time to spend with their other children, and participating in community functions with their child. The study utilized qualitative data to determine if there were any significant changes in social and communication skills. Participants were interviewed to determine if they experienced greater parental confidence in their daily interventions with the child with autism once the 12-month study had been completed. McConkey et al. (2020) stated that participants' main concern was that they had no direction or support after any early intervention programs their child completed before the age of three. The 12-month intervention included opportunities to participate in community events. This study also referenced data from a previously completed mixed-method study regarding family-centered support services for families with children aged four to 11 years old with ASD. The acquired data were from Tint and Weiss's (2016) study regarding families with children with ASD and the significance of community involvement with behavioral interventions. McConkey et al. (2020) concluded that parents experienced increased parent-child relationships in their ability to interact with their child with autism if they

received some type of continual support in dealing with the behaviors of their children with autism.

The mixed-method study by Tint and Weiss (2016) referenced in the previously reviewed study attempted to identify the importance of support for parents of children with ASD. The study focused on the promotion of social inclusion for children and their families within their communities by participating in group interventions with their children with ASD, as well as the parents participating separately in parent support groups. The study collected data over four years with 92 families participating. The program involved individual intervention training with the families and family fun days within the community for all participating families four times a year. Parent networking meetings were also held regularly and often had a guest speaker to address a topic of interest shared by the parents. This study used a mixed-method design, and qualitative data were collected through face-to-face and telephone interviews. Self-completion questionnaires were also provided to parents requesting their views regarding the project and the perceived outcomes of the parent networking. The quantitative component used two rating scales developed with the assistance of the project staff. One rating scale was related to the child and the other to the family. The rating scales provided a baseline for assessing each child's difficulties at the start of the study and recorded the data again at the end of the study based on achieved measurable outcomes, based on their involvement in the study (Frantz et al., 2017). The analysis of the quantitative data showed some improvement in awareness of dangers, coping with change, ability to join in community activities, and addressing the anxieties and fears of parents. The analysis of the

qualitative data showed parents felt more confident in attempting to participate in community events with the child with ASD. Two distinct themes were identified. One was the impact of interventions and community functions on the child and the impact of the interventions and community events/networking opportunities on the families (Tint & Weiss, 2016).

Parent participation is vital to the success of early intervention services. Through participation and learning to implement the intervention, parents become informed and learn to advocate for their children. The participation and knowledge gained by the parents during this program typically improved the parent-child relationship, because parents feel more equipped to assist in meeting their children's needs. Parents are guided by the therapist to increase their knowledge regarding autism symptoms, autism advocacy, and empowerment (Luelmo & Kasari, 2021). Parents also participate in the planning of services that would be most beneficial for their children. The planning of services is usually included in a document called the Individualized Family Service Plan (IFSP), and the facilitator recommends what services are available based on assessments that were previously completed to determine the level of need for early intervention (Special Education Guide, 2018). The assessments also enable healthcare workers to understand the strengths and weaknesses of the child so that additional interventions can be provided as the child ages. The assessments will also assist the parents once their child starts school to provide a baseline for the level of ability and additional services that should be provided through the school district.

**Theme 3: Increased Parental Understanding of Social-Emotional Development**

In researching the literature regarding overall child development outcomes with DIR/floortime early interventions, several studies attempted to show a correlation among early intervention, social-emotional development, and language and cognitive functioning. The emotional ability developed within the first years of life provides a fundamental basis for learning. The DIR/floor time intervention works with all developmental domains, assisting in the development of communication and cognitive functioning. Some of the most thorough studies regarding early intervention and social-emotional development and language have been completed by Stanley Greenspan (S. I. Greenspan, 2007; S. I. Greenspan & Blos, 1993; S. I. Greenspan & Wieder, 1999). A review of S. I. Greenspan's studies reveals the importance of the DIR model, which is believed to be the foundation for effective interactions between parents and toddlers, regarding the processing of infant and child development and their biological growth. S. I. Greenspan (2007) expanded on his previous studies with two distinct groups of toddlers and preschoolers. One group was clinical (with parent training), and the other was non-clinical (no additional training). S. I. Greenspan wanted to determine if the additional parent training enhanced the capacity of young children to effectively regulate their moods and behaviors. S. I. Greenspan also wanted to determine the efficacy of the DIR model based on whether there were increases between the two groups in the formation of basic competencies. S. I. Greenspan's objective was to determine if the interactions between both groups of parents/caregivers and toddlers created a better understanding of how play and development are foundational for all children during the early years of

growth (Roberts, 2007). To add to the literature on play therapy and our understanding of the significance of social-emotional development for toddlers diagnosed with autism, Liao et al. (2014) conducted a pilot study with 11 children ages 45 to 69 months to investigate the developmental effects using the DIR/floor time method. Mothers were provided with training on how to implement the therapy and engage the toddlers through play to create an understanding of how play can be effective in overall development. The researchers found that after the completion of the 10-week trial, the toddlers had significant improvements in their scores for emotional and cognitive functioning as well as their communication skills. The study also contributed to information already recognized regarding the beneficial effects of early intervention programs on social-emotional and adaptive behavior skills within the age group. Kandel (1989) hypothesized that during the typical stages of development (such as crawling, learning to walk, and learning to play), an infant's experiences can not only alter their behaviors, but they can also change the physical structure of the synapses involved in the brain when the experiences are converted to long-term memories. In S. I. Greenspan's (2007) study, the DIR model showed three related influences on the development of social-emotional regulation. The first influence is related to biologically based capacities for language and auditory processing. The second involves the interaction with the caregiver, cultural factors, and the infant's environment. The third involves how the child develops functional emotional capacities in the context of the experiences the parent provides for the child (S. I. Greenspan & Blos, 1993).

The study done in 2006 by S. I. Greenspan and Wieder, using participants from an earlier study, attempted to show the efficacy of the DIR/floor time model in the development of social-emotional regulation. Per S. I. Greenspan and Wieder (2006), there is a growing body of evidence that emotional development and its related processes (engagement, joint attention, and affective behaviors) are associated with neurotypical functioning in social, communication, and cognitive developmental domains. The study was conducted to address the long-term outcomes of early intervention, archival data from previous studies using the DIR/floor time model. The objective was to determine the full range of emotional, sensory, and social variables that the participants were able to share. S. I. Greenspan and Wieder (2006) found that many of the children with autism had developed elevated levels of empathy, and participants who were higher functioning on the autism spectrum were able to show empathy to their peers. It was also noted that there was an expected range of mental health problems, some more notable, but the severity and types of mental health comorbidities depended on family circumstances and dynamics. However, it was noted that former participants with stronger familial relationships were better able to cope with various life stressors (puberty, divorces, serious illness) and still maintain core gains concerning their ability to relate to their peers, communicate reciprocally, and engage in reflective thought (S. I. Greenspan & Wieder, 2006). This study demonstrates a strong correlation between social-emotional development and other domains of growth and development.

An additional study was conducted by Reid et al. (2020) to determine the differences in social-emotional development and behaviors between two groups of

children. One group was diagnosed with autism, and the other group with atypical children's development. One assessment completed for this study was the Brief Infant-Toddler Social-Emotional Assessment (BITSEA). This assessment was created to determine whether certain characteristics were exhibited by the toddlers. The characteristics would be noted as "red flags" that are categorized as basic criteria for a diagnosis of ASD. The assessment in this study was used to determine which children should be flagged based on meeting specific criteria and monitored against which children were later diagnosed with ASD, especially those with a family history. The sample was divided into two groups based on indicators for an ASD diagnosis: the low-risk (LR) and the high-risk group (HR). The researchers concluded that the tracking of early social-emotional development had positive implications for all HR children. In addition, there was an increased risk for having other developmental delays, and they are more likely to have an increased risk for receiving a diagnosis of ASD, as well as the potential for the diagnosis of one or more mental health conditions.

According to Negrini (2020), the secure attachment between a child and their parents assists with the establishment of deep emotional bonds that lead to the child's ability to form attachments with parents and others. The establishment of social-emotional development assists toddlers with the ability to engage in consistent contact with other family members, caregivers, and peers. An infant's attachment relationship is crucial in the development of social-emotional skills because the consistency of the attachments created becomes long-lasting and permanent. The quality of interpersonal relationships and interactions that infants and toddlers experience shapes their developing

capacities for trusting, exploring, and learning about their environment. Infants and toddlers require consistent and predictable responsivity from parents and caregivers to learn to effectively develop their self-regulation and social-emotional skills, which include self-soothing, managing frustration, and managing regulation under normal and elevated stress (Negrini, 2020).

An additional study by Kalland and Linnavalli (2022) found that between the ages of three and six, parents should practice the art of mentalizing, where they reflect on the needs, intentions, emotions, and thoughts behind a child's behavior. Parents who do this often enable the child to develop a stronger social-emotional foundation. This will usually increase the child's ability to emotionally regulate, self-organize, and develop social competence that could include resilience to adversity. This study was based on an intervention model that encouraged parents to learn to support social-emotional development by reading regular shared storybooks to their toddlers while mentalizing. According to the study, the first step towards better social-emotional development was for the parents to assist the toddler with recognizing and naming various mental states, such as happiness or sadness. In addition, the study also found that less parental reflective functioning has been directly linked to poor social-emotional development. The development of social-emotional skills is often believed to emerge from competence learned within educational contexts. This study attempted to show that the emphasis should be on ways to support social-emotional development in very young children, which should begin with the parents and caregivers, rather than waiting to teach social-emotional development in school (Kalland & Linnavalli, 2022).

## Summary and Conclusions

When parents perceive positive changes in their interactions with their children, they gain more confidence in continuing the implementation of techniques learned during early intervention to assist in the redirection of behaviors and the improvement of social-emotional development. The research question for my study is, "What are the experiences of parents of toddlers with an ASD diagnosis who participated in early intervention services with their children regarding their children's social-emotional development?" The question was used to determine the experiences of parents with toddlers who have completed an early intervention program and their observations regarding their toddler's social-emotional development. Some of the ways parents may experience that development are through a closer parent-child relationship, noticing they have become more confident in how to redirect their child's behaviors, and/or realizing they have a better understanding of how social-emotional development overlaps with their child's other developmental domains. The notable gap in these studies is the experiences of parents regarding how their child's social-emotional development, because of an early intervention program, has enhanced their child's ability to function with others. Many studies reviewed focused on social-emotional development as it relates to the strengthening of the parent-child relationship or the experiences of the parent in understanding their child and building confidence in their parental skills.

While all the literature reviewed showed dominant themes regarding parental perceptions of the importance of early intervention and development of social-emotional skills for greater confidence and understanding of the child with autism, once completing

early intervention services, some studies showed that parents completing the early intervention services also have increased stress (Shepherd et al., 2018). According to Shepherd et al. (2018), advocacy for their children with autism and intervention-related tasks correlated more highly with parental stress than completing everyday support tasks, such as toileting and mealtimes. A review of this literature indicated that although previous studies have predicted that the main cause of stress is dependent on the severity of symptoms exhibited by their autistic child, this is not always the case. Two core deficits associated with ASD, language communication delays and stereotyped behaviors, did not seem to add to parental stress. Instead, lack of prosocial behaviors and conduct problems were shown to be better predictors of parental stress (Shepherd et al., 2018).

The major gap identified in all the literature was a lack of information regarding the significance of social-emotional skills in early childhood development and how social-emotional development affects a parent's ability to build a strong bond with their child. Social-emotional skills, which include regulation of emotions, following directions, and understanding emotions, correlate with other developmental domains in creating a foundation for the development of literacy and other cognitive abilities. Since this is a known deficit in children diagnosed with autism, this area of development is critical for success in life and in school.

In Chapter 3, there is detailed information and analysis of the research design and methodology used in this study. The role of the researcher, ethical issues, protocol, and procedures regarding data collection and analysis, including the development of instruments used in data collection will be provided.

# Chapter 3: Research Method

## Introduction

The purpose of this study was to understand parents' experiences and observations about early intervention services for toddlers with autism, specifically with their toddlers' social-emotional development. Over the past several years, researchers have gained more understanding about the importance of child development, primarily in the case of children diagnosed at a young age with a developmental disability. Parents and teachers/caregivers are also beginning to understand the importance of building a support team that is involved in the child's life. According to Lang et al. (2020), several factors are responsible for a stronger, more functional co-caring relationship, such as the quality of parent-child closeness and the type of relationship between the caregiver and the parent. Strong parent-child bonds and good rapport with caregivers were positively associated with a child's dysregulation and social-emotional development.

In this study, a basic qualitative design was used to explore the experiences of parents with toddlers recently diagnosed with ASD who have completed an early intervention program to support social-emotional development. This chapter presents the methodology related to the study. There is also a detailed explanation of the type of qualitative approach, including the steps in data collection and the tools used to collect and analyze the data. This chapter also includes details regarding the population, the number of participants recruited for the study, and the role of the researcher in the data collection and analysis process. The conclusion of this chapter provides a summary of the information.

## Research Design and Rationale

Qualitative methodology is about understanding the meaning of a phenomenon and gathering rich, thick data that may not provide a single explanation of the outcomes in the study. It is not about testing hypotheses or comparing different groups. Qualitative methodology enables the researcher to analyze and review the data collected and tell a story. The most impactful thing about qualitative methodology is that many stories can be gathered from the same data, based on the perspective of the researcher. Two researchers can tell two different, but equally factual stories based on the same data. Qualitative research recognizes that data analysis is subjective, influenced by the researcher's experiences and objectives (Braun & Clarke, 2006). Qualitative research is preferred when the researcher is attempting to establish the why or how of a phenomenon and describe a common experience. It also provides deeper insights into real-world problems by helping the researcher to understand the thoughts and feelings of the participants.

This study used a basic qualitative research design to examine parents' experiences and perspectives related to the completion of an early intervention program regarding the social-emotional development of their toddlers, who have been diagnosed with ASD. A qualitative methodology was chosen over a quantitative methodology because a qualitative study allowed for a better understanding of how the parents experienced changes in their toddlers' social-emotional development. A general qualitative methodology is best suited to this type of study because it will enable the researcher to provide a rich description of the complex phenomena and experiences of the participants (Bernard, 2012).

A basic qualitative research design consists of the researcher collecting holistic data, which could include participant comments and observations, enabling them to obtain a greater understanding of the specific phenomena within a natural setting. Per Denzin and Lincoln (2011), qualitative research is not used to find generalized truths or establish causality; it is used to allow the researcher to explore a specific case or issue with more depth and understanding.

The research question that assisted in guiding this study was created to focus on the social-emotional component of child development with a toddler diagnosed with autism. The following research question was used for this study: What are the experiences of parents of toddlers with an ASD diagnosis who participated in early intervention services with their children regarding their children's social-emotional development?

In qualitative research, the goal is to find the meaning people make in their lives. Qualitative research is focused on an interpretive, naturalistic approach to the subject matter. Qualitative research is referred to as "an umbrella term covering an array of interpretive techniques used to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency of the phenomena in the social world." Therefore, qualitative research has an overarching concept, with a variety of issues that have positive and negative perspectives. Qualitative research analyzes the subjective meaning or social production of events or issues by collecting non-standardized data and analyzing the images and themes, rather than numbers and statistics (Rahman, 2016).

A basic qualitative approach was preferred over other qualitative methods because the purpose of the study was to explore parents' opinions and experiences regarding their understanding of the impact of an early intervention program on their children's social-emotional development. A greater understanding of the processes and experiences of children diagnosed with autism and their parents' perceptions regarding early intervention and the importance of social-emotional development can be used to improve or redesign the therapies to possibly create greater improvements in a young child's development.

An advantage of using a basic qualitative method for this study was the flexibility it provided. Qualitative research is based on experiences and observations; therefore, there is a greater level of detail in the data. There are also opportunities to gain understanding regarding the meaning that people attach to their experiences, while collecting and examining the information (Tenny et al., 2022). Qualitative research data is collected in a natural setting and has an open-ended structure, which makes it possible to encourage participants to speak freely and provide accurate information.

Methodology in a study guides how we approach a problem and determines how we assess the answer. In social sciences, the methodology dictates the way the research is conducted. Some common approaches in qualitative research include ethnography, narrative, phenomenology, case study, and grounded theory. Qualitative research techniques facilitate learning about nonquantifiable phenomena, including people's experiences, histories, and cultures (Bhangu et al., 2023). In determining which

qualitative perspective would best be suited for this study, it is important to examine the different methodology types.

Ethnography is a qualitative method based on the immersion of the researcher in a specific community or organization. There are four main techniques of collection methods with ethnography. The techniques include interviewing, participating, observation, and making interpretations. This is a flexible research method that allows the researcher to examine the shared culture and social dynamics of the chosen population (Caulfield, 2023). This qualitative method is focused on finding patterns within a culturally defined population. This was not appropriate for this study because this methodology was not focused on individuals but more on larger population patterns and usually requires a larger sample size (Denzin & Lincoln, 2011).

The narrative technique is a qualitative method based on examining and interpreting the stories or narratives people tell to develop an understanding of the meanings and experiences from the participants' personal experiences (McAlpine, 2016). The sources from narratives can come from letters, diaries, conversations, and transcripts of interviews and focus groups. Although this technique involves a deeper understanding of a phenomenon, this method was not appropriate because it often involves long-term reference points and the recounting and reforming of the individuals' experiences.

Phenomenology is a qualitative method in which researchers attempt to discover the meaning of lived experiences by human beings as they exist in people's everyday lives (Chamberlain, 2009). This method focuses on studying a phenomenon that has impacted an individual or the commonalities in the behaviors of a group of people. This

methodology was not suited for this study because it is dependent on the researcher being well-versed in the philosophical and worldviews required to conduct this type of research. Furthermore, the research questions, interview questions, and data analysis should be driven by an in-depth philosophical approach (Dodgson, 2017).

Case studies in qualitative research allow the researcher to explore a real-life single case or multiple cases over time, through a detailed and in-depth collection of data. This technique is most used in social research. However, the main issue with this technique is whether the findings of a single subject in a study can be generalized over a larger population (Priya, 2020). This methodology was not appropriate because there will be more than one participant, and the study is based on short-term experiences.

The grounded theory approach is used to generate a theory that explains the phenomenon being studied, which is based on data collection and analysis instead of preconceived notions or hypotheses (Sbaraini et al., 2011). This method involves forming a theory based on the collected data, rather than gathering data and then forming a theory. This qualitative method is less likely to be affected by researcher bias than other qualitative methods for that reason. This methodology was not appropriate because the study did not form a theory based on the collected data.

After a thorough review of the different types of qualitative research, I determined that none of these methods were suited for this study. The various types of qualitative research do not follow a particular established research tradition. Some of the methodologies use different processes for data collection and analysis, requiring more detail. The generic qualitative methodology is descriptive and is limited by the type of

analysis that can be conducted because there is no specific conceptual approach that has guided the development of or the approach to the interview (Polit & Beck, 2021).

One of the disadvantages of using a qualitative research design is that the data gathered from the interviews may be viewed as highly subjective or generalized based on the perspective of the researcher. Replicating data is not always easy, which can lead to issues with reliability. If the researcher is not familiar with the subject matter, they often will have a difficult time collecting accurate data (Tenny et al., 2022). Although there are advantages and disadvantages in using a qualitative research design, doing so enables the researcher to gather and analyze data on a more individualistic level. The ability to gain a deeper understanding of a human interaction is much more complex than numerical calculations. Qualitative methodology is also a preferred method in social and behavioral sciences because it assists in the development of a deeper understanding of the phenomenon.

## Role of the Researcher

My role in this study included interviewing parents of toddlers with autism who have recently completed early intervention services. I had no personal or professional involvement with any of the participants. As a former child development specialist and behavioral therapist, I do know agencies that provide early intervention services. I worked for several years as a child development specialist and, through my own experiences, would see changes in children from the start through the completion of their program. I also have personal knowledge of how social-emotional development affects other areas of a child's development, as well as their learning and personal relationships.

I have my own child with an autism diagnosis and have dealt with her social-emotional deficits, due to her autism, throughout her life.

As a researcher, my job was to set aside any predetermined ideas and judgments and obtain honest feedback from parents regarding their experiences with their toddlers' social-emotional development after completing interventions. It was also my responsibility to follow the guidelines and procedures set forth by the Institutional Review Board (IRB) to ensure that I acted ethically with my data collection. I made sure my collection methods complied with Walden University IRB regulations. All participants signed waivers at the beginning of the study to confirm that they were aware of the information to be collected in the study and that no identifying information would be shared. Although this study was focused on parents' experiences regarding their toddlers, the toddlers were not directly involved in this study, so there was no need for any additional consent or approval forms. There was no contact with the toddlers. To reduce the potential for bias the participants were also asked about their experiences with other developmental domains and how they observed changes once their children completed the early interventions.

## Methodology

### Participant Selection Logic

The sample identified for this study was parents who had completed an early intervention program with their toddler who had been diagnosed with ASD. The focus was on the parents and their experiences with their toddlers, within a 6-month to one-year

period after the completion of an early intervention program. The participants selected for the study also needed to have a child who had a professional diagnosis of ASD.

The purposive sampling strategy is a non-probability sampling technique where a researcher uses their expertise or judgment to select participants with characteristics that align with their study. It uses a specific and focused sampling strategy rather than random selection in the process of approving participants. This strategy was the sampling technique that best fit with this study, because it allowed the researcher to gain extensive knowledge about the specific phenomenon being studied, based on people who met the study criteria. This strategy offers flexibility in the sampling process and enables a more in-depth focus on small samples (Patton, 2015). The sample identified for this study was parents who had completed an early intervention program with their toddler who had been diagnosed with ASD. The focus was on the parents and their experiences with their toddlers, within a 6-month to 1-year period after the completion of an early intervention program. The potential participants were asked if they met the basic criteria to complete the interview. The inclusion criteria for participant selection and participation in the study were whether the parents and their toddler, with a diagnosis of autism, participated directly in an early intervention program within the previous six months to one year. Due to the specific population being targeted for this study, the study was to start with a sample size of 10-12 participants. I was prepared to continue to recruit participants if the original participants did not provide the study saturation necessary.

A good sample is a critical representation of the population of interest and is large enough to answer the research question. (Majid et al., 2018). The sampling strategy used

by the researcher was based on the characteristics of the population of interest. Sample size is not related to the saturation in a study. A larger sample size does not guarantee data saturation, and neither does a small sample size. Data saturation is not dependent on the numbers in the sample size, but on the depth of the data (Burmeister & Aitken, 2012). The proposed sample size for this study was based on prior qualitative studies regarding autism, using interviews as the collection method, showing that data saturation was achieved with a lower or similar sample size. Bernard (2012) stated that the number of interviews needed for a qualitative study to reach data saturation was a number he could not quantify, because the researcher takes what they can get.

Protecting the identification and privacy of the participants is essential. All participants consented to the study to provide demographic information, such as gender, to be used in the study. The consent clearly stated that no identifying information would be a part of the study. The researcher also ensured that no personal or sensitive information would be requested while participants were in a non-private setting. The researcher also has a password lock on her computer so that only the researcher can log in, and the files pertaining to this study will be encrypted. Any other information, such as written notes or digital recordings of interviews, was locked up in a file cabinet or encrypted in the password-protected computer. All personal identifiers were also removed from documents as soon as possible. I incorporated a specific identifier (such as a letter and number) that linked each participant.

Parents were informed that the study was voluntary, and if they were interested and completed the study, they would be provided a $25 gift card upon completion of their

participation. Once I recruited an acceptable number of participants, the semi-structured interviews took place with the parents either using Zoom or by phone. I transcribed the interviews, input the data into an analysis program (NVIVO), which created a code book to assist in the identification of themes, and analyzed the data.

**Instrumentation**

The instrument used in this study was used to assist in the consistency and reliability of the data. The instrument consisted of a semi-structured interview (Attachment A) with each participant. The interview questions were developed by researching previous studies and using the research question as a guide to create the interview questions. The interview was created with open-ended questions to enable the researcher to gain more insight regarding parents' experiences as well as more meaningful data. The questions were developed with attention to the study's theoretical framework and methodology.

In qualitative research, there is typically an instrument used that will assist in measuring the phenomenon in the research study. A typical instrument in qualitative research can be a questionnaire, an examination, an interview, or an observation schedule (Leko et al., 2021). The development of a good instrument is important in developing a high-quality study.

The data were collected through a semi-structured interview protocol designed by the researcher and approved before the interviews took place. I followed an interview protocol, took some written notes, and had audio recordings of the session to assist in the analysis of the information. The interview questions were focused on parental responses

regarding their experiences. An interview protocol and recordings were used in order to assist with accurate data collection. The interview consisted of questions that ensured parents stayed focused on the area of development that is pertinent to this study.

**Procedures for Pilot Study**

Participants were recruited from a local early childhood development agency that is funded by a local regional center and from an autism parents' group on Facebook. Due to the previous professional involvement of the researcher with the agency, the agency allowed the researcher to place flyers at their offices. The flyers (Attachment B) were located at the front desk, at the agency's physical location, and the manager forwarded the flyers to all the early intervention therapists to provide to parents who were completing services to see if there was any interest. An online flyer was also created and posted and distributed to two social media groups with autism, parenting, and early intervention services  both on Facebook for anyone interested in participating. The researcher is a member of the two autism groups that were chosen; for the two groups, I requested site permission, in writing, to submit a post with information about the study. For the groups I am already following, I confirmed with an administrator of the pages that I was not violating any of the group's rules. An incentive for all the participants who completed the study was offered. The parents contacting the researcher were asked whether they met the eligibility criteria for the study after they had submitted the completed consent form. The inclusion criteria for study participants included completion of a regional center-funded or similar play therapy, early start program within the last six months to a year, and they had an autism diagnosis for their toddler. When parents met

the criteria, the researcher asked them to complete a demographic questionnaire to assist in describing the study sample. Once the participants consented to completing the demographic questionnaire, the researcher forwarded the consent form, when that was returned, the researcher forwarded the demographic questionnaire. All documents were sent via email, or the researcher informed the participants that the documents could be provided as hard copies in person for those who do not have access to technology or who preferred not to use it. Once the informed consent form and the demographic questionnaire were completed and returned, the interview was scheduled.

To recruit participants, there were flyers provided to the early intervention therapists to share with the families they work with. The flyers were distributed to a local agency that provides early intervention services that are funded by regional centers. This agency was used because they are funded by regional centers, which are required to maintain uniformity of the early intervention services provided. The flyers had the researcher's contact information, including a phone number and email address. There was also a post created on social media to recruit participants who had participated in the early start intervention program through regional centers outside of the local area. The social media posts included the exact information contained on the fliers.

If the parents were interested and wanted to participate, they were able to contact me for more information through the provided email or phone number. I verified the requirements of the study with the parents by confirming that they meet the criteria. Parents who participated in the study were also able to privately message me. Parents participating in the study were provided with a short demographic questionnaire, which

would enable the researcher to determine the requested criteria for the study and assist the researcher in describing the sample.

The questions included in the semi-structured interview were used to elicit the following: information about the family participating in an early intervention program through a local regional center, their toddler completing at least 6-months of the program before aging out (which happens at 3 years old), if the parents actively participated, and what their experiences were after the program ended. The questions helped to maintain the consistency of the data collected, created a baseline of general information, and assisted with answering the research questions referenced in the study.

After recruitment, the informed consent process, completion of the demographic questionnaire, and scheduling of the interviews, the data collection process began. This process involved completing the interviews. The interviews were completed by phone or via Zoom. The method for completing the interview was based on how comfortable the family felt or what was easier for the parents. I worked with the participants to determine the most convenient time to conduct their interviews and the preferred method for conducting the interview. I asked the participants the interview questions and let them know that, based on the answers, I may have additional questions to determine the accuracy and completeness of the information being provided to me. As the researcher for this study, I collected and analyzed the data.

For proper analysis of the data, if a meeting was held over Zoom, the meetings were recorded and transcribed through the Zoom app. For the meetings held over the telephone, the meetings were recorded with a recording app downloaded on the handheld

device. All participants were informed that all interviews would be recorded when they were asked to consent to participate in the study, and it was noted in the consent form. I anticipated that the interviews would take up to sixty minutes each. No follow-up questions were needed. If there were additional questions, I would have followed the same procedure as the original interview. Data collection was to be completed within a two to four-week period, based on the participants' availability. Due to scheduling conflicts and no-shows, data collection took longer than expected (3 to 5 months).

**Data Analysis Plan**

The interviews with the participants were recorded and transcribed within 48 hours after completion to ensure accuracy. Once the interviews were transcribed, a structured codebook was used to organize possible themes and sub-themes. The information was then entered into qualitative analysis software. The software used for this study was NVivo, which assisted in the organization and analysis of the data. The data were analyzed and separated in the coding process to confirm the themes and sub-themes, which were reorganized and categorized based on the original question.

Thematic analysis was applied to the interview transcripts. Analysis involved a six-step process that includes: familiarization, coding, theme generation, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2006).

Familiarization is the first step in thematic analysis; this step involves becoming familiar with your dataset, usually through immersing yourself in your collected data and making notes regarding any insights that you might notice that could be related to one data item or the entire dataset. Familiarization with the data is a multi-step process. Once

the researcher becomes immersed in the data, they will need to critically become familiar with the collected information and view it as data and not just basic information to assist in coding (Braun & Clarke, 2006). The researcher needs to develop a process of reviewing data that involves immersion and critical engagement. For step one of the thematic analysis process, for this study, the researcher reviewed the data collected in the interviews several times to immerse themselves in the information. Once the researcher was familiar with the data, it was time for the researcher to review the data critically. The researcher reviewed the interviews by reading through them several times. The researcher also listened to recorded audio of the interviews and noted if there was any information that was not captured by the researcher, in writing, during the original interviews. During the process of reviewing the written interviews and audio recordings, the researcher also made notes regarding any similarities or differences within the data.

Coding is the process of systematically working through your dataset in more detail to determine if there is any data that may be meaningful for the study. During the coding process, the review of the data set is focused on capturing single meanings or concepts (Braun & Clarke, 2006). During the coding process, the researcher should be analyzing the dataset, not just eliminating information or summarizing results. The coding process allows the researcher to capture detailed and focused meanings within the data. For this study, the researcher used an interpretive method of coding the information. The researcher reviewed the data and notated any segments of text in the data that had potential meaning that was relevant to the research question(s). As the researcher notated

relevant information from the dataset, a code label was assigned. Assigning a code label to each instance of relevant data assisted in the next process of theme generation.

In the theme generation phase, the researcher begins to identify existing patterns across the dataset. The researcher will compile clusters of codes that share a core idea or concept or may provide a meaningful 'answer' to the research question (Braun & Clarke, 2006). This step is usually a fluid process throughout the thematic analysis process. The researcher will construct a theme related to the dataset or research question, based on the researcher's knowledge and experience. In this study, the researcher compiled the data codes and their corresponding coding labels and grouped the ones with similar meanings or patterns together. The researcher then analyzed the codes to find the themes that related to the research question. If the researcher is more focused on their coding during step two, there are usually identifiable variations of themes that are easily developed.

During the next step of reviewing themes, the researcher needs to assess how the initial themes correlate with the data, as well as compare the relationship between the themes and existing knowledge or practices within the field of research for the population being studied. In reviewing themes, the researcher will often identify subthemes that interconnect with identified or recurrent themes recognized within the coding. According to Braun and Clarke (2006), there are five key items to remember during this step in the thematic analysis process: the initial themes do not have to capture all the codes that have been developed, each theme should have a central organizational concept, themes can be provisional, you can have as many or as few themes as you like, and try to avoid asking questions and answers in the process of engaging with the codes and data. For this step, I

developed a thematic map to ease me in viewing how the themes may or may not be relevant to the research question. I also listed subthemes in the mapping process that aligned with a main theme that had been identified.

During the defining and naming themes step, the researcher must ensure that each theme is built on a core concept. According to Braun and Clarke (2006), at this stage, the researcher should be asking what theme the story tells and how each theme fits into the overall story of the data. This can be accomplished by writing a brief synopsis of each theme. In determining whether the theme has been clearly defined, the researcher should ask what the central concept of the theme is, whether the theme has any boundaries, what is unique to the theme, and what each theme contributes to the overall study. During this step, the researcher will go back to the written interviews and audio recordings to verify that the theme correlates with the code labels created in an earlier step. Once the researcher has verified that the theme is valid, they will move forward with naming the theme. The researcher will ensure that the name is concise and engages the reader.

The last step of thematic analysis is writing. The formal writing of the theme usually starts at step number three. Informal writing, such as notes and ideas recorded at the beginning of the process in step one, is often helpful in guiding the final process. The goal is to create a cohesive analytic narrative with vivid data to tell your readers a persuasive and concise story about the dataset, addressing your research questions (Braun & Clarke, 2006). At the final stage of thematic analysis, the researcher will develop a written analysis of the issue, which includes a justification for using the chosen methodology and how it correlates with both the purpose of the study and the research

question. The ability to rationalize the choices made in the methodology demonstrates that the researcher understands the choice of the method used.

## Issues of Trustworthiness

This study followed the ethical guidelines set forth by the Walden University IRB. The IRB documents required were completed accurately to ensure that the parameters and focus of the study are clear and concise. The researcher ensured that all information gathered for the study was included, along with the processes that were used to gather the collected data, the treatment of the participants, and any ethical concerns during the study. Before I began the recruitment process, all IRB approvals were obtained, and any ethical concerns not addressed were resolved. Data collection and the full scope of this study did not take place until approval from the IRB had been received.

To obtain agreements from the agency that provided early intervention services, the researcher spoke with the manager and requested permission to leave fliers in a public area of their office. For the participants recruited through social media, the researcher requested permission to share their information with the various groups on Facebook that were involved with autism and/or early intervention services. This study involved minimal risks regarding any identifying markers for the participants. All consent forms from the participants were completed. No participants agreed to meet in person, so all meetings were virtual, consent forms were electronically signed, and demographic questionnaires were created to be completed electronically or printed and returned via email.

I kept all data collected in a locked file cabinet drawer that only the researcher had access to, this includes all written and recorded items. I keep the electronic documents on

a private computer with a password-protected login. I was also cognizant of any ethical issues that could arise during the collection or analysis of the data.

## Ethical Procedures

During the recruitment process, I ensured that all participants understood that this study would provide confidentiality for the participants. Once the parents were chosen to participate in the study, they were treated with consideration and in a way that would minimize any harm or distress to them during the study period. I also ensured and provided full transparency of the criteria for the study. The participants in this study also had the understanding that their information would not be shared or disclosed to a third party. The consent forms had sufficient information regarding the study for the participants to make an informed decision as to whether they wanted to participate in the study.

I provided informed consent forms to participants and reviewed that they understood what they would be sharing for the study. I addressed how the participants' privacy would be protected. Each participant was assigned a participant identification number (such as P1, P2, etc.) to ensure there was no identifying data. There were no issues regarding negative power dynamics or any conflicts of interest. If a conflict of interest had occurred, such as during the recruitment process, if I discovered that one of the parents is known to me or had previously worked with me with one of their older children, they would be informed that they would not be able to participate in the study.

## Summary

Understanding the therapies and interventions that can be beneficial in assisting a child with autism is important in helping them meet their future developmental goals. With the parents having a better understanding of how social-emotional development intertwines with other major developmental domains, it may help them to seek additional services after the age of 3. Without parental involvement and additional support in place, a child with autism misses out on essential skills that could eventually assist them in becoming more independent and provide them with the ability to build and maintain relationships once they get older.

The deployment of the methodology, the type of analysis, and the recruitment of participants all involved following the protocols and procedures of the IRB. The use of a qualitative method and a basic theoretical framework allowed a rich description. An in-depth thematic analysis provided a guide that enabled the researcher to discover the intricacies and meaning of the data. Maintaining ethical integrity during the entire process, including recruitment and data collection, was addressed to minimize any potential harm to the participants. Ensuring these protocols were followed provided the researcher with a study that involved minimal ethical issues and biased experiences.

In Chapter 4, there will be detailed information regarding the participants, data collection, data analysis, coding, and themes, along with the findings discovered in the study.

# Chapter 4: Results

## Introduction

The purpose of this basic qualitative study was to understand the experiences of parents with early intervention services and their perception of their child's social-emotional development. I analyzed the experiences of parents with a toddler diagnosed with autism who has recently completed an early intervention program. I attempted to answer one research question with this study. What are the experiences of parents of toddlers with an ASD diagnosis who participated in early intervention services with their children regarding their children's social-emotional development?

This chapter will include a summary of information regarding the setting and participant demographics, data collection criteria, the data analysis process, and the results of the analysis. The data collection summary will include the number of participants, location, frequency, and the duration of data collection. Detailed information about the data analysis process, including coding and development of themes, as well as the results of the analysis, will also be included. Finally, the study findings and a summary of the data analysis will be provided.

## Setting

The location and method of the interviews were chosen by the participants. All eight participants chose to have the interviews take place in their homes, when there was no one else in the house, which allowed the participants to feel comfortable because they were in a familiar and private environment. Each of the participants confirmed that their location was comfortable and private, and they were available to complete the interview

at the scheduled time, without interruptions. There were three participants who chose to complete the interviews through Zoom. They were informed that only an audio recording would be used during the interview. The other five participants chose to complete their interviews over the telephone, and they were informed that the interviews were being recorded using an application called Call Recorder. Once the interviews were completed, the audio files were sent to my secure email account and then downloaded into a secure folder labeled with the participant's assigned number. This saved file was then transcribed.

## Demographics

All participants were parents who have a toddler who was recently diagnosed with autism and completed an early intervention program. There was demographic information collected, which included the following: ethnicity, parents' level of education, when their child was diagnosed, and whether there were any other children in the home. There were eight participants in the study. Six of the participants were females, and two of the participants were males. The parents' participation in early intervention therapy with their children occurred from the age range of two months to three years of age. Two of the participants self-identified as Black or African American. Three of the participants self-identified as White/Caucasian, with no Hispanic ethnicity. Two of the participants self-identified as Hispanic or Latino, and one of the participants self-identified as American Indian. The demographic information for the eight participants is illustrated in Table 1.

**Table 1**

*Participants Demographic Information*

| ID | Ethnicity | Gender | Siblings | Autism level |
|---|---|---|---|---|
| P1 | American Indian | Female | No | 2 (Moderate) |
| P2 | African American | Male | No | 2 (Moderate) |
| P3 | Hispanic/Latino | Female | No | 1 (Mild) |
| P4 | African American | Female | No | 3 (Severe) |
| P5 | White/Caucasian | Female | No | 1 (Mild) |
| P6 | White/Caucasian | Female | Yes | 2 (Moderate) |
| P7 | White/Caucasian | Male | No | 1 (Mild) |
| P8 | Hispanic/Latino | Female | No | 1 (Mild) |

All the participants in the study shared similar characteristics, such as being the primary caregiver and participating with their child in the early intervention services. The participants also shared that this was their first experience in utilizing early intervention services and having a child diagnosed with autism. Participant six stated that she had more than one child in the home, and she was currently participating in the early intervention services with her younger child. However, Participant number 6 stated that she does not know if her second child will receive an autism diagnosis at this time.

Participants were asked preliminary questions to obtain basic information, such as the length of time they participated in early intervention services, as well as what services they received. These preliminary questions were incorporated into the main interview questions. Table 2 includes the results of those questions. How long did your child

participate in the Early Intervention services, and what services did their child receive? Also included are the length of the sessions and the weekly frequency.

**Table 2**

*Preliminary Data*

| Participant | Length of participation | Services completed | Weekly sessions (Early Intervention) |
|---|---|---|---|
| 1 | 6 months | Early Intervention | 45 minutes<br>2 times per week |
| 2 | 2 years | Early Intervention, parenting training, sensory integration therapy, and social skills group | 2 hours<br>4 times per week |
| 3 | 2 years | Early Intervention, occupational therapy, and speech | 1 hour<br>1 time per week |
| 4 | 7 months | Early Intervention and speech | 45 minutes<br>2 times per week |
| 5 | 32 months | Early Intervention, speech, physical therapy, and social skills group | 1 hour<br>2 times per week |
| 6 | 33 months | Early Intervention, speech, physical therapy, and occupational therapy | 1 hour<br>1 time per week |
| 7 | 1 year | Early Intervention and speech | 1 hour<br>3 times per week |
| 8 | 1.5 years | Early Intervention, speech, and social skills group | 1 hour<br>3 times per week |

## Data Collection

Data collection for this study began after I received IRB approval from Walden University's Institutional Review Board. Once approval was received, I shared my

recruiting flier with the local agency that had previously allowed me to share my flier with their clients. The recruiting flier was also uploaded to the social media group on Facebook that had granted me permission to share the flier with its members. Once I received calls and emails from potential participants, basic information was verified to ensure that participants met the criteria for the study, such as whether their child has an autism diagnosis, and whether they participated and completed in an early intervention service. They were then informed that they would receive the consent form. Once that was signed and returned, there would be a demographic questionnaire and a scheduled interview time. Potential participants were informed that the informed consent needed to be returned before the demographic questionnaire and the scheduled interview time could be completed.

There were 11 participants in total. Only eight of the participants completed the interview process. There were three participants that completed the consent form but did not complete the process. They did not complete the demographic questionnaire or answer and return calls to schedule their prospective interviews. These participants were deleted. For the completed participants, the time per participant and number of transcribed pages is shown in Table 3.

**Table 3**

*Participants' Interview Breakdown*

| Participant | Duration | Number of pages |
|---|---|---|
| 1 | 25:44 | 8 |
| 2 | 24:15 | 10 |
| 3 | 47:36 | 19 |
| 4 | 21:39 | 7 |
| 5 | 45:32 | 16 |
| 6 | 39:15 | 12 |
| 7 | 45:52 | 18 |
| 8 | 41:29 | 19 |
| Total: | 4h 51m 22s | 109 |
| Averages: | 36m 25s | 13.6 |

The data collection includes vital information of the data collection process, which includes location, duration, and frequency. There were eight participant parents involved in the study. Three participants chose to complete their interview via Zoom. There was no video recording of the interview session; only audio was recorded. The remainder of the participants chose to complete the interview session via telephone. The interviews were recorded with phone recording software. The interviews conducted lasted from 21 minutes to 47 minutes. There were three additional females who had completed and returned consent forms and demographic questionnaires. However, they missed their interview times and did not return calls to reschedule and complete the interviews. The location of the interviews is shown in Table 4.

**Table 4**

*Participants' Interview Location*

| Participant | Location of interview |
|---|---|
| 1 | Zoom |
| 2 | Zoom |
| 3 | Phone |
| 4 | Zoom |
| 5 | Phone |
| 6 | Phone |
| 7 | Phone |
| 8 | Phone |

The variations in data collection were different from the original expectations. I believed that I would receive more interest in participation from the local agency clients that I had received permission to share my study information with. However, five out of eight of my participants were from the online parent support group that I was a member of on social media.

## Data Analysis

My basic qualitative study was based on parents' experiences with social-emotional development after completing an early intervention program with their toddlers diagnosed with autism. Every participant that completed the study was matched with an assigned number once their demographic questionnaire and consent form were received. The audio recordings of the interviews were transcribed using a software called Turboscribe. Once the interviews were transcribed, they were downloaded and saved into a secured folder. The interviews were reviewed for confidential information.

Thematic analysis was used to analyze the completed transcripts of the interviews for this study. following Braun and Clarke's six steps process. The process included

familiarization with the data, coding the data, generating themes, reviewing themes, defining, and labeling themes, and analysis write up (Braun & Clarke, 2006). To complete the first step, a thorough review of each of the transcribed interviews was completed to assist in familiarizing myself with the information.

**Codes and Themes**

The second step of thematic analysis is coding. Coding was used to find initial emerging codes throughout the transcribed interviews. The transcribed interviews were systematically reviewed to identify features that would possibly provide relevance to the research question. Once the transcribed interviews were reviewed for significant information, the interviews were imported into NVivo software to compare with the hand coded results to the NVivo results. From NVivo, a code book was created based on the patterns identified by NVivo.

The next step, searching for themes, was completed when the data was reviewed for patterns based on the codes that could be potential themes. This was completed by organizing the codes into larger categories that represent patterns identified as themes. After the data was categorized for patterns in the codes, there were specific themes that emerged. There were five specific themes that were consistent among the eight participants in the study.

Step four, reviewing of themes was completed by reviewing the themes and determining the relevance to the research question. These themes assisted in answering the research question. The fifth step was clearly defining the name of each theme. Using step 5, the possible themes were reviewed to ensure they had a meaningful representation of the

codes. The five codes identified are: Understanding and perceptions of social-emotional development, Impact of Early Intervention on Parent/Caregiver, Impact of Early Intervention on Child, Access and Participation in Early Intervention, and Barriers, Challenges and Recommendations. Table 5 includes the themes and codes that were gathered from the interview data.

**Table 5**

*Themes and Corresponding Codes*

| Themes | Codes |
|---|---|
| Access and Participation in Early Intervention | • Duration and Frequency of services<br>• Ease/Difficulty of Accessing Services<br>• Funding/Cost Issues<br>• Parent/Caregiver Participation<br>• Types of Services Received |
| Barriers, Challenges and Recommendations | • Challenges in Service Delivery<br>• Cultural/Community Attitudes (Stigma, Awareness)<br>• Recommendations to Other Parents<br>• Suggestions for Improvement |
| Impact of Early Intervention on Parent/Caregiver | • Changes in Family Dynamics<br>• Emotional Reactions (Hope, Fear, Stress, Acceptance)<br>• Increased Confidence/Competence as Parent<br>• Learning New Parenting Strategies |

Table 5 continued

| Themes | Codes |
|---|---|
| Impact of Early Intervention on Child | • Changes in Behavior (Tantrums, Compliance, Emotional Regulation)<br>• Changes in Communication and Language<br>• Changes in Social Skills (Interaction, Initiation, Empathy)<br>• Cognitive and Other Developmental Gains<br>• School Readiness |
| Understanding and Perceptions of Social-Emotional Development | • Changes in Understanding After Intervention<br>• Definition/Understanding of Social-Emotional Development<br>• Importance of Social-Emotional Development |

Finally, the sixth step involves writing up the compilation of the analysis with the themes and supporting data. This was completed by explaining how each step of the thematic analysis process was completed, which included tables showing pertinent data.

## Evidence of Trustworthiness

Trustworthiness in a study is based on four essential components: credibility, transferability, dependability, and confirmability. According to Ahmed (2024), ensuring that qualitative research findings are trustworthy is important for enhancing the precision and reliability of qualitative research. To achieve credibility, I used the following data collection methods: interview audio recordings, transcriptions, and member checking. I then reviewed the interview transcriptions multiple times, checking the data to make sure that all answers given by the participants were recorded accurately. Transferability

involves detailed explanations. To achieve this, I provided a detailed description of the study. I collected details of the participants and the methods used to collect the data. There was also information regarding the setting and type of therapy used to determine if the study could be transferable to another study involving early intervention services and children with autism. Dependability is created through thorough documentation and creating an audit trail, and member checking. To achieve this criterion, I made sure to ask all participants the same interview questions, I reminded the participants that the interviews were being audio recorded, and I took notes as part of a reflective journal to assist with keeping my thoughts organized and maintaining consistency throughout the study. Confirmability is achieved with peer debriefing, member checking, and journaling. I established this with member checking that was sent to the participants. The participants were all asked if there was anything they felt should be added. They all reported that they agreed with the findings.

Establishing reliability in qualitative research is important for the possible influence of future research studies and increasing cumulative knowledge. Establishing trustworthiness in a study also encourages transparency and critical evaluation by the scholarly community (Ahmed, S.K., 2024).

## Results

This study examined the parents' experiences with social-emotional development after completion of an early intervention program with their children with autism. In collecting data, the main objective was to answer the following research question: What are the experiences of toddlers with an ASD diagnosis who participated in early

intervention services with their children regarding their children's social-emotional development?

A review of the collected data revealed five specific themes, which correlated with understanding social-emotional development, the impact of parents and children participating in the early intervention services, access and participation regarding services, and challenges and barriers that the parents experienced. In attempting to answer the research question, the five themes listed above, based on the analyzed coded information, will be discussed more thoroughly in this section.

**Theme 1: Understanding and Perceptions of Social-Emotional Development**

Theme one was important in answering the research question because there needed to be a baseline for the parents' understanding of social-emotional development. Many of the participants stated that they had limited knowledge of the different developmental domains and stages that are critical for a child's growth during the first five years of development. They also agreed that they had a very different understanding of social-emotional development after participating in the early intervention services. By understanding how social-emotional development is associated with cognitive and communication skills, they were able to better navigate some of the behaviors associated with their child. For example, their child is frustrated due to the inability to communicate his/her wants and needs. The parent can work with the child using other types of communication, such as pointing, PECS (pics of highly requested or favorite items), or possibly simple sign language (which is often taught during early intervention for children who are mostly non-verbal).

The understanding of social-emotional development was a common theme among all eight of the participants. They described not knowing how autism affects their child beyond the basic developmental delays. Participant 4 stated, “Yeah, I have a better understanding of the social emotional skills. So, I really utilize the early intervention to help my child communicate and have social abilities.” However, after participating in the early intervention services, they claim to have a better understanding of what SED is and how it relates to their child with autism. Participant 5 stated: “I think it relates to other areas as a development because they are doing more with them and you can socialize plus exercising her muscles and doing more.” Participant 1 stated that the understanding of social-emotional development was important “not only for children that have autism but for neurotypical children as well.” The participants also believed that because of their increased understanding of social-emotional development, they were able to use that understanding to be more effective in assisting their children in further development after the early intervention services were completed. Participant 2 said,

> I have the ability to recognize and control my emotions in a very healthy way when I’m with my child. With the social skills and the ability to interact effectively with others, um, as well as with my child. So that I’ve been given a kind of social awareness on how to control and interact with my child.

Participant 3 added,

> I believe social-emotional development is the relationship that you make with someone else, the trust, and how you relate to someone else and respond to someone else. I definitely feel that social-emotional development is connected to

> every developmental domain, because if he doesn't have a relationship with you and he doesn't trust you, he's not going to respond to you.

Based on the experiences of the participants and their correct understanding of social-emotional development, they can redirect behaviors more quickly and try to meet the everyday challenges of teaching their child learned social behaviors (such as eye contact and initiating contact with a peer).

**Theme 2: Impact of Early Intervention on Parent/Caregiver**

Theme 2 really correlated with theme one and the completion of the early intervention services. Participants acknowledged that their understanding of social-emotional development provided them with the necessary tools to parent more effectively. The impact of parent self-efficacy was notable throughout the study. Participants gained incredible knowledge and continued learning throughout participation in the early intervention services. Participants stated that they received tips and ideas on how to personalize the services to continue assisting their child.

The participants all agreed that, based on their personal experiences, there was a positive impact on their relationship with their child. Participants 1 through 8 agreed that they experienced greater confidence in their parenting skills after participating in the early intervention services and felt that their child's SED had greatly improved. Participant 6 stated,

> I'd say overall it helped me learn about milestones and what's to be expected from the child as they grow, especially one who has a delay. It gives me tools for being more creative with, you know, trying to engage in different ways without it

> seeming like clinical or like a demand but making more part of what he's already doing or what he's already playing with and kind of strengthening his skills that way.

Another Participant (P8) stated,

> So, I'll say that my experiences with the early intervention services were amazing. They helped me to become more comfortable with my daughter. I don't want to say that I was scared to deal with her, but I kind of was.

Participant 8 also added,

> I now enjoy spending time with her, and I feel that I have more control. Like it helps me to become a better parent. You don't learn how to parent a special needs child, and it is nice that there are therapies and services to help. Once we started, I didn't feel like I was alone anymore or that I was a bad parent. So that has helped me have a better understanding of how to parent my daughter. I love that I was able to complete this program.

Participant 7 added,

> I feel bad or guilty because the kids are out of control. They don't know how to handle it. Before the program and before I understood, you know, what her mental state was, yeah, it felt like a failure because I don't know how to fix the problem. I'm a guy, so I want to fix the problem. Right. Especially with my daughter. But in the program, I mean, they opened my mind to different things. It showed me exactly what was going on with her mind. So, yeah, I did feel that way before I

mean, I'm just thankful for the program because it's helped out a lot. I don't panic when she starts to have a meltdown because now, I have the skills to redirect.

Participants also enjoyed the ability to work with other parents who share the same experiences, "Well, I was there and, you know, other parents were there as well to learn how to get along with other kids and talk with other kids, you know, play with other kids" (Participant 5).

Participant 3 was a grandparent, and her daughter is a young mother. She stated, "I know it's helped me, but I'm older. She's very young, so it's a little difficult for her still. She doesn't have the patience it seems like, but she's learning." Participants agreed that the services were beneficial for the entire family, not just the parents. Participant 6 stated, "strengthening the family unit, whatever that might look like, I think these services are really, really beneficial and everybody should have access to them."

Overall, participants noted differences in their parenting skills with their children. Participants were also impacted by the ability to speak to other parents who had a toddler diagnosed with autism. The ability for parents to have other parents who are experiencing the same issues and possibly the same behaviors made them feel that they were not bad parents and they were not alone.

**Theme 3: Impact of Early Intervention on the Child**

The third theme correlates with the impact on the parents. With a greater understanding of social-emotional development, the parents are able to assist their child with redirection of behaviors, and the children are often able to self-regulate their emotions after completing the early intervention services. Toddlers are also developing in

all their domains at a very quick rate between the ages of 1 month to 5 years of age. Having the support of the parents and a child development specialist providing toddlers with supported learning is essential for the child to meet developmental milestones before services are completed. Although services typically end at the age of three, children can be placed in an Applied Behavior Analysis (ABA) program, where they can continue to work on the skills they acquired during the early intervention services.

All participants acknowledged that the impact of the Early Intervention services improved all areas of development, and they recognized the impact in relation to their child's social-emotional development. Participant 7 stated,

> I feel that the early intervention classes also help my daughter to have some control over her own emotions as well. And I guess the best example is that I can tell my daughter no, and she will not always have a meltdown.

Another participant (P3) added,

> This is difficult for me because I love the fact that he received services. He was only speaking in, I want to say, maybe sounds and gestures, and now he speaks in complete sentences, and I know it's because of the consistency of services every week. So, there's been a big growth.

Participants 3, 5, 6, 7, and 8 also noted some common improvements with their child's social-emotional development, such as decreased or shorter behaviors, better understanding of basic prompts (such as yes and no), and their child seems to be able to sit and complete a simple task. Participant 5 agreed that she had experienced a decrease in behaviors that is noticeable. Participant 6 noted that her child would not let her hug

him, but since completing the early intervention services, he will now occasionally tolerate her giving him a short hug. Participant 8 stated, "I feel like her social emotional development has improved a lot. She seems to understand language better. Like if she is told no or to go get her drink or sippy cup, she will do it."

Many participants noted that language and cognitive development were enhanced with greater social-emotional development. Participant 5 added,

> When services started, honestly and truly we saw an increase in his vocabulary within two months. It was like, whoa. Wow. Yes, it was very, very quick. So, it was nice. Definitely socially and emotionally. Definitely academically with expressive language and receptive language, it's helped. Routine and structure.

Participants also expressed that not only were their children learning and growing with the early intervention, but they were also developing skills as parents and assisting other parents. Participant 4 said,

> Also learning new things about children with this kind of disorder. I also get to have the experience of all the parents, I might say, like-minds. I learned from their experience. I learned to be patient; I learned to always be there. I should also be a special instrument to my child in his development because I want an input. I want to see a good outcome, and I want to also make sure that I encourage other parents.

Additionally, with the support, most of the participants agreed that they saw a significant change in their child's behaviors and cognitive ability. Many stated that their child was now able to self-regulate or play with a peer for a short period.

**Theme 4: Access and Participation in Early Intervention**

Theme 4 was correlated with the research question, because the experiences of the study are based on the parents/caregivers' participation in the early intervention. Participation in early intervention has been shown to have clear benefits for both parents and children. Participation in early intervention services has been noted to reduce parents' stress levels and increase their parenting skills in addressing their child's needs (Strauss et al., 2012). Participants felt that once services began that the access and ability to have services delivered where and when needed was beneficial in continuing and completing the services. Participants also were not sure if their participation with their child and the therapist would have any impact; many were surprised that, with being consistent with the things learned during the early intervention services, there was an observed change in their child.

I asked questions regarding the level of involvement and the type of participation that the parents/caregivers provided. All eight of the participants stated that they participated 100% in the early childhood intervention program. Some of the participants stated that for some of the other services, especially speech, they were encouraged to observe more during the session than to participate. Participant 3 described a typical early childhood intervention session, stating,

> I sit with him on the floor as the child development specialist works with him in activities, and I help redirect him if he gets off focus. I encourage him. I clap during the session. If I need to jump in with activities, I will also assist and redirect with activities that he's doing.

The participants also stated that the child development specialist running the session would often use the child's personal toys, even though the specialist brought toys for the child to use. Parents/Caregivers enjoyed the aspect of participating in the early intervention services. Participant 5 agreed, "Well, I was there and, you know, other parents were there as well to learn how to get along with other kids and talk with other kids, you know, play with other kids."

When I asked the participants about the process of accessing the services, there were mixed reactions. Participant 1 stated, "It was kind of challenging." Participants 2, 4, 5, and 8 agreed that accessing the service was easy. The main complaint regarding accessing the early intervention service was the amount of time it took to start receiving services from the time that the parents/caregivers filled out the application. Participant 8 added,

> So, after we contacted the regional center, we had filled out an application and waited a while. I don't know if all doctors refer patients to this program, but the other thing is I wish that the process would not have taken so long after it filled out the information. It was still a couple of months that we waited before we were approved, interviewed, and actually started the services. So, I think that since the program only lasts until the kids are three, it should be a little bit faster.

In discovering what types of programs were available, some participants only heard about the program from other parents whom they met. Participant 5 stated, "A friend told me about it. And when she told me about it, she said, go ahead and sign her up and you should get in. And that's what I did. I had no problem getting in at all."

**Theme 5: Barriers, Challenges, and Recommendations**

Although Theme 5 was not essential to answering the interview questions, it addressed possible issues that may occur with parents attempting to access the early intervention service, which in turn would limit their child's ability to grow in all their developmental domains. Previous studies address the inability of children to complete early intervention services, and the lack of parental participation impede children's developmental progress (Carr & Lord, 2016; Strauss et al., 2012). Five out of eight participants suggested that they had time challenges both in being referred to an early intervention program and the length of time needed before services were implemented. A few participants stated that although it was easy to participate in the service, it took several months for the service to begin, which is time that their child could have been learning. Challenges for a few participants were trying to schedule the services around work and other family events.

While asking the participants what additional information they would like to share regarding their experiences with the early intervention services, many of the participants shared some challenges that they experienced during the services and after the services were completed. During the service, participants experienced challenges with service delivery and accessing early intervention services, the duration and frequency of services received, cultural/community attitudes, and funding/cost issues. Participant 6 stated,

> Parents can feel pretty isolated, especially in the area that I live in. Lower to mid-income households just seem to have a lot, either a lot of kids or not enough time or, you know, parents are working, and they don't necessarily have all the time to

> do all the things with the kids that they would want to. So, I think that overall, even just for like family, strengthening the family unit, whatever that might look like, I think these services are really beneficial and everybody should have access to them.

Some participants (P1, P2, P4, P6) also had challenges with cultural/community attitudes. Participant 2 felt hopeless before they started the program,

> At first it was actually very difficult because I was getting some kind of negative feelings since receiving the diagnosis, it was actually something we didn't, we didn't expect. And I was actually scared at some point thinking that the intervention, will it really make sense?

Participant 1 stated that the idea of completing services and their child receiving an autism diagnosis was overwhelming, stating,

> Yeah, you just encourage your child that it is not the end of the world. That you didn't create yourself. You should encourage and this early intervention has really helped. Without it, I don't think I would feel better. So, it has really helped me and my child. And I would urge everyone, having this issue with their children or child.

Participants have concerns about how prepared their child will be to go to school and the future. Participant 4 added, "people with this disorder are sidelined, they are discriminated and to be looked down upon." Funding for the services was a possible barrier, many participants stated that they could not afford to pay out of pocket if the

services were not covered by their local Regional Center. So, they were thankful that their child was able to receive the service.

Some recommendations by the participants were to make sure the government continued to fund this program and others that are so beneficial. Participant 4 said, “I would love the government to really take absolute charge of this and make provisions, social provisions, mental health provisions, and also they should also provide online therapists.” Participant 8 wanted to know why more doctors don’t refer children to these services when they notice toddlers have measurable developmental delays. Participant 8 also added, “I would also probably have more family members involved that are around a lot. So that way they could get a better understanding. That’s because with my daughter’s autism, she reacts differently to things.” Other recommendations were to make sure that these programs were advertised or more referrals were made. Participant 5 stated,

> They taught you how to, okay, they taught your child how to ask for things and not just take if you want something, not to do a temper tantrum. You got to kind of interact with them and tell them or show them what you want.

Another participant agreed on how important it is to make sure that the services are available to all toddlers. Participant 1 said,

> You should encourage our kids, and this early intervention has really helped. Without it, I don’t think I would feel better. So, it has really helped me and my child. And I would urge everyone, having this issue with their children or child to complete these services.

Many participants stated that they were not sure what to do when they noticed that their child had delays. Participant 7 said, "Yeah, there's this couple that has an autistic child. We were just kind of commenting back and forth, and she said, hey, check out this program. I looked into it, and here we are." Participant 3 shared,

> It can't hurt them. It can only help them. I believe that it gives them that head start that they need before they get into preschool or TK or kindergarten, and I think that it would really help the teachers in the classroom. If the children had services and they're already learning how to transition and how to have, like, I want to say more focused and expanded, how do you put it, like, learning discipline. I want to say to be able to sit longer and listen longer. That would really help the teachers in the classroom when they start school.

## Summary

Chapter 4 included the data analysis and findings of my study. I provided detailed information about the eight participants involved in the study and how I collected the data using semi-structured interviews. I also reviewed how I prepared the recordings for transcription, used NVivo to assist with coding, and thematic analysis to analyze the data. There was one research question that I attempted to answer with this study: What are the experiences of parents of toddlers with an ASD diagnosis who participated in early intervention services with their children regarding their children's social-emotional development? Based on the analysis, there were five themes that emerged from the codes.

Based on the data collected, I found that the participants all had similar experiences with their understanding of what social-emotional development was and how

it can affect other areas of development, especially for children on the spectrum. The participants also agreed that they all had positive experiences after completing the early intervention services. The participants stated that they had more confidence and felt that the family dynamic had improved due to participation in the early intervention services. There was also a noted change based on parents' perception about the social-emotional development of their children, which included better cognitive and communication skills, fewer behaviors, and the ability to complete a short task.

In Chapter 5, I will provide an interpretation of the study findings, the limitations of the study, recommendations, and implications. I will also provide theoretical implications, if applicable, and include recommendations for further development of the research.

# Chapter 5: Discussion, Conclusions, and Recommendations

## Introduction

I completed a basic qualitative study with interviews examining parents' experiences on social-emotional development and early intervention services completed with their children who received an autism diagnosis. A sample of 8 participants, seven parents and one grandparent, was involved. All participants completed an early intervention service because their child had developmental delays in one or more developmental domains and was diagnosed with autism. This study aims to identify changes in child behaviors and parent confidence regarding a greater understanding of social-emotional skills after completing early intervention services.

Early intervention is crucial for a child's development and forms the foundation for cognitive, social-emotional, communicative, and physical growth. According to the American Academy of Pediatrics (Briggs, 2012), social-emotional development is defined by a child's emerging ability to experience, manage, and express a full range of positive and negative emotions, develop close relationships with other adults and children, and actively explore and learn about their environment. While there is some information on the correlation between social-emotional development and other developmental domains, there is limited information on how parents are able to assist their child, diagnosed with autism, in gaining the social-emotional skills needed to thrive. Social-emotional development is the foundation of development and influences subsequent development. If parents work on building a strong foundation, their toddler

can gain social-emotional development and use this to strengthen other developmental domains (Briggs, 2012).

Upon completion of this study, the researcher identified five themes from the data obtained from the eight participants who completed interviews; all had toddlers with an autism diagnosis. The themes include: (1) Understanding and Perceptions of Social-Emotional Development, (2) Impact of Early Intervention on Parent/Caregiver, (3) Impact of Early Intervention on Child, (4) Access and Participation in Early Intervention, and (5) Barriers, Challenges, and Recommendations. The researcher thoroughly analyzed the data, discussed the themes, and supported the themes with direct quotes from the data.

In this chapter, the researcher has provided a discussion of the results and linked the discussion to the previous chapters, provided implications of the findings, highlighted limitations of this study, made recommendations for further research, and discussed the implications for social change. Throughout the study, the researcher emphasized the importance of parental understanding of social-emotional development and how parents have perceived changes based on learning the tools to facilitate emotional growth.

## Interpretation of the Findings

The interpretation of the findings in this study correlates with the research question and the literature reviewed. The findings confirmed that the results of this study have provided extended knowledge regarding the need for parents to have a better understanding of early intervention services and social-emotional development, aligned with the literature from chapter 2. The eight participants in the study shared their lived experiences regarding social-emotional development and how they were experiencing

parenting their child with autism before and after completing the early intervention program. The findings were consistent with other studies focusing on parent participation in early intervention.

This study builds on the major continuum in early intervention, which is the social-pragmatic approach that is based on typical child development (S. I. Greenspan & Wieder, 1999; Gutstein & Sheely, 2002; Mahoney & Perales, 2003). The typical prototype utilizing the social-pragmatic approach is represented by the DIR/Floor time™ model of S. I. Greenspan and Wieder (S. I. Greenspan & Wieder, 1999). The DIR model focuses on relationships, social skills, meaningful use of language, and better understanding of human development. An early study treatment attempted by S. I. Greenspan and Wieder (1999) involved working entirely with the parents of children with autism, rather than directly working with the children themselves. The parents were required to attend a one-day training workshop to learn about the DIR/Floor-time model, this was to prepare them to complete the sessions with their child. There have been more recent studies which have used a relationship-based approach incorporating the fundamentals of the DIR/Floor time model. These studies demonstrate positive results for children with ASD (Mahoney & Perales, 2003; Solomon et al., 2014).

**Theme 1: Understanding and Perceptions of Social-emotional Development**

The model most closely related to this study is S. I. Greenspan and S. Wider's developmental individual-difference, relationship-based model or DIR. This model of child development considers the functional social-emotional development of a child and how it is integral in the growth of all other developmental domains (Charman & Stone,

2008). The DIR model was used to determine the relationship between parents/caregivers and their children with autism. The intention was to examine the interactions between biology and the behaviors and increased capabilities of a child with autism to have a strong developed relationship with their parents/caregivers. The theoretical concept of this model was also used in another study to examine the development of children diagnosed with autism and their ability to develop a relationship with therapists while participating in early intervention services (Praphatthanakunwong et al., 2018). S. I. Greenspan (2007) stated that once parents completed early intervention services, they should have a better understanding of social-emotional development, what autism is, and how to work with their child in furthering their development without feeling overwhelmed. The understanding and perceptions that the parents have about their children's social- emotional development, was important for this study, because many of the parents did not comprehend the extent to which social-emotional skills encompass the other developmental domains. Parents are their children's first teachers; they influence their total development from an early age, and they will often model their parents' behaviors.

**Theme 2: Impact of Early Intervention on the Parent/Caregiver**

A review of existing literature revealed that Parents having more confidence in their parental skills with their autistic parents is beneficial to both parent and child. Participants' confidence in their parental skills was also reflected in this study. According to Brennan et al. (2024), parental self-efficacy measures a parent's expectations and beliefs about their ability to effectively parent their child. When parents have a higher self-

efficacy for parenting their child with autism, there are reduced rates of parental stress, stronger family dynamics, and the potential for reduced behaviors from the child. In a comparable study by Leadbitter et al. (2020), parents reported positive changes with their interactions and relationships with their child, which included improved interactions and communication. Some of the parents in the study also noted poignant realizations and decreased emotional challenges associated with taking part in the therapy (Leadbitter et al., 2020). Studies have shown that parents of children diagnosed with autism have higher levels of stress, anger, and depression (Ingersoll & Hambrick, 2011). Another study included mothers of children with autism who had completed early intervention programs in previous years regarding their past experiences. The quantitative study correlated with the outcome of greater parenting self-efficacy when there was more parent involvement in the early intervention services (Kurzrok et al., 2021). According to the participants in this study, after participating in early intervention services, participants felt more confident and in control when parenting their children. The increased parental confidence that participants in this study expressed coincides with the outcomes in other studies, identifying that chronic stress can counteract any positive outcomes of the early interventions. Participant 4 said, “I have learned new things about children with this disorder, and I learned to be patient.” By helping a parent become more confident, their stress is reduced, and a stronger parent-child relationship is formed (Rivard et al., 2014).

**Theme 3: Impact of Early Intervention on the Child**

The reviewed literature suggests that, according to the findings of this study, after completing the early intervention program, many of the parents observed that their children seemed to have a decrease in behaviors. Participant 8 stated, “The early intervention classes also helped my daughter to have some control over her own emotions as well.” One study that had similar findings noted that there was a notable decrease in the severity of the autism symptoms with starting the early intervention program at a younger age and having greater parent participation throughout the implementation of the intervention (Cucinotta et al., 2022). In a 5-year review of the efficacy of early intervention services for toddlers, researchers have seen notable benefits for children participating in services with increased parental participation. The children diagnosed with autism showed remarkable improvements in cognitive, adaptive, and social-emotional development (Hadžić et al., 2024). A more current study suggested that finding better therapies to focus on social-emotional reciprocity, such as recognizing emotions and responding to social interactions would eventually foster more meaningful social interactions for the child and more stability in relationships (Lyu et al., 2024). In the study with Lyu et al. (2024), they are attempting to use interactive AI-infused software that parents can integrate into their daily routines after early intervention services end. Social-emotional development and having an autistic child requires parents to commit to long-term practices to significantly affect their child’s overall development and reduce the common challenges of expressing their emotions.

**Theme 4: Access and Participation in Early Intervention**

Reviewed literature regarding access and participation provided noted differences based on the location of the Participant and how services were implemented. Due to recent studies and the increasing rate of autism diagnosis among children, there has been more studies and attention to how the implementation of early intervention services can assist all children with minor or major developmental delays. These early intervention services are especially critical for children with probable or emerging autism markers. In these studies, researchers have continued to discover findings that provide more widespread access, earlier participation for the child, and consistent parental-involvement with the early intervention services assisting toddlers with a greater gain in language, communication, and social skills than if they had no services in place (Brian et al., 2022). Another commonality with this study and the literature reveals that parents and children worked more cohesively with one-to-one direction from a single person in a familiar environment. Participants in this study reported finding access to early intervention services was fairly easy, once they knew about the program. All the participants completed the same type of early intervention service utilizing play therapy. The literature reviewed in Chapter 2 also used the same type of play therapy for the participants. Parents in the study felt that access to the therapists and the in-home sessions were important in the implementation of the early intervention services. Providing early intervention in a natural environment is beneficial for infants and toddlers. It lends itself to a family-centered practice and assists the therapists providing the services to understand the cultural diversity of the family as well as the family

dynamics, so that service provision can be adjusted to be a better fit for the family (Sylva, 2005). It seems that due to the access and availability of services, greater participation from the parents allowed for more personalized experience with the family's values and cultural diversity. Parents agreed they were more likely to work with the child during sessions and continue working with the child after the early intervention therapies have concluded.

**Theme 5: Barriers, Challenges, and Recommendations**

The literature reviewed for barriers, challenges, and recommendations with early interventions, parents' participation or understanding of social-emotional development revealed some issues that were addressed with the Participants. Depending on where the participants lived in California, there were mixed barriers and challenges. Most of the participants (five out of eight) lived in a community that is predominantly lower or middle-income families. They stated that the process to begin services was too long, and since services ended when their child was three, they felt that the process should have been shorter. Previous research discovered that children from poor backgrounds often have less access to timely early intervention services (McManus et al., 2019). Although the early intervention service intensity (length of time in program and duration and frequency of the service) was aligned with better functional outcomes, most children in the previous study received delayed care and/or low service intensity (McManus et al., 2019). The barriers in this study were parents not knowing about the early intervention services, until their children only had under a year to actively participate in the services. The worry about any costs for the services was also a concern for the participants in this

study. Participants two through eight also agreed that they might not be able to participate if the services were not free because the cost would be a financial burden. For instance, Participant 3 said, “I would definitely be able to use the services if paid through insurance. If it was out of pocket, I would have to see if I could afford it, but I would try to make it work.” Another barrier or challenge for the parents, besides worrying about funding and late referral to the program, is the potential impact of institutional discrimination regarding the lack of information provided to the families in some areas. Some participants had concerns about receiving referrals to the Early Start program. Typically, when a toddler goes to the pediatrician, parents are provided with information about their child’s developmental milestones. If the pediatrician notices a significant delay, they will refer the child to an early assessment intervention program. However, parents stated that their child’s pediatrician often minimized the concern or told the parent’s the concern could be addressed at the next appointment. Participants noted that they either heard of the early start program through other parents, friends, or family members when expressing their concern regarding obvious delays; many did not receive a referral from the pediatrician. Five out of eight of the participants lived in the Antelope Valley, California, which has a predominantly high population with a lower socio-economic status. Participant 6 commented that parents can feel alone because the area she lives in consists of lower to mid-income households. As a previous child development specialist who worked in this community, implementing the early intervention services to toddlers in my community, I noticed that many of the minority families that I worked with did not receive referrals until their children were almost three years old. This was in

part due to their language barrier, and the majority were covered by state medical insurance; many spoke English as their second language and only showed limited proficiency. These findings are aligned with a study by Lakshmanan et al. (2021), which identified barriers such as minimal or insufficient referrals by their child's pediatrician, inadequate communication, and misconceptions about the early intervention services being linked to child and family services.

## Limitations of the Study

I acknowledge the various limitations of this study. A primary limitation was that all the participants were from the Los Angeles area. In California, the Department of Development Services oversees 21 regional centers throughout the state. Each regional center has the Early Start program, which provides assessments and funding for early start services, including early intervention and speech, physical therapy, occupational therapy, socialization groups, and feeding therapy. While some other states have regional centers, what makes California's system unique is its entitlement model (Department of Developmental Services, 2025). The entitlement model guarantees services to every individual who is eligible for services. Currently, toddlers aged 0 to 3 are eligible with a developmental delay of only 25%. Some other states do have regional centers for the developmentally disabled population; however, they are not based on the same structure for providing and funding services to their families. Families in need may be put on a waitlist until funding is available to provide services.

The other major limitation in this study is that the interview could be considered too short, leading to the impression that there is limited or sparse data. The shortest

interview was 21 minutes, 39 seconds, with the longest interview being 45 minutes and 52 seconds. The average of all 8 interviews was 36 minutes and 25 seconds. In a qualitative research study with open-ended questions, interviews are typically conducted only once, with an individual or a group, and generally cover the duration of thirty minutes to more than an hour (Dicicco-Bloom & Crabtree, 2006)

Another limitation was the initial concern that meeting data saturation could not be achieved, given the small sample size the researcher obtained. However, data saturation was achieved with the 8 participants. The data collected from the eight participants interviews provided thick and meaningful data. When a researcher determines that additional participant interviews no longer reveal any new insights, theoretical data saturation can be said to have occurred (Bryman, 2012). Another possible limitation of the study is that the study did not include a diverse population, and there was minimal participation by minorities. Many of the participants were predominantly Caucasian or African American. There were only two Latino/Hispanic participants and one American Indian. The final limitation is that this study only included children who had been diagnosed with mild to moderate autism. There was one family that had a child who was diagnosed with severe autism. There was also only one participant who had other children in the home. Each of the other seven participants had one child.

With all qualitative studies, there is also a general limitation that the information provided by each of the participants is subjective and may not accurately reflect their real experiences. As such, there could be chances of bias in the data.

## Recommendations

This basic qualitative study was aimed at discovering parents' experiences with their child's social-emotional development and their child's autism diagnosis. The results from this study have aligned with previous and current studies regarding the importance of social-emotional development and parent participation in early intervention programs. This study contributed to the existing knowledge of the literature regarding parents' experiences with early intervention participation and their understanding of the significance of social-emotional development in relation to cognitive and communication functioning.

The findings from this study also have revealed some possible recommendations for future research related to: (a) How parents from other states, without California's vast regional center network, access early intervention services, (b) explore how minorities, with their unique cultural diversity and cultural beliefs have accessibility to the services and will they participate in them to the extent of non-minority families (c) explore how early or often minority families are referred to early intervention services compared to non-minority families, (d) study the family dynamics and effects of the experiences of having multiple children in the home when there is one child diagnosed with autism, and (e) examine the lived experiences of parents with children that are diagnosed as severe on

the spectrum and see if they had similar experiences with early intervention as parents of children diagnosed with mild to moderate autism.

## Implications

The implications of this study can promote positive change, socially and within the family unit. The increased understanding of social-emotional development has been shown to improve children's other developmental areas and to give parents greater confidence in parenting. The lasting impact of parents understanding social-emotional development and having the necessary tools to continue assisting with their child's development will provide parents with the opportunity to enjoy their child with less self-doubt or pervasive thoughts on whether they are doing everything they can for their child with autism. Carrying out this study has provided critical findings that could keep parents more informed about raising their children.

There are studies showing a compelling correlation of stronger development of cognitive and language skills (Wang et al., 2022). Understanding the importance of social-emotional development for toddlers diagnosed with autism is critical. A lack of social-emotional development is associated with life-long issues, such as poor academic performance and increased neurodevelopment and mental health issues (Campbell et al., 2016; Foxx, 2008; Shaw et al., 1994). For children diagnosed with autism, social-emotional skills are the most difficult to develop because the areas of the brain connected to social-emotional development are not fully formed. Several studies link social-emotional development as the foundation for school-based forms of learning, helping

children understand personal boundaries and model social behaviors (Briggs, 2012; Petrides et al., 2011).

This is especially essential based on an increase in autism diagnoses over the past few decades. Early interventions and therapies were created to reduce developmental delays in high-risk toddlers who may receive an autism diagnosis. Early intervention services for children are generally focused on behavior; however, newer research has demonstrated that while that strategy has been somewhat effective, more integration of social-emotional skills has shown a greater impact in the family's everyday lives (Hadžić et al., 2024). Other implications for social change could include more emphasis on social-emotional development during early intervention services. This study could generate more research on social-emotional development, specifically on how it correlates to other developmental domains, particularly cognitive and communication development. In a study conducted by Shire et al. (2015) focusing on older children with autism, those who received at least 20 hours of early intervention services when younger were more likely to have almost similar cognitive and social-emotional measurement scores as their neurotypical peers. There could also be more research into creating newer, more effective early intervention therapies. It could also assist with ensuring that all high-risk toddlers have this service available, which could affect the diagnosis of the autism level those children receive. Perhaps one of the greatest social implications of this study, with parents gaining a better understanding of social-emotional development and participating in an early intervention service, they are better equipped to guide their children's social-emotional development. For children who are diagnosed with mild to

moderate ASD, the skills learned by the parents could have huge repercussions, such as their child being able to obtain and keep a job, live on their own, get themselves dressed, and become more independent as adults.

## Conclusion

Chapter 5 contained the results of the analysis and showed the correlation between the study data and the research question. There were eight participants who participated in a basic qualitative study. The interview questions were open-ended to assist the researcher in gathering data that would reflect the parents' understanding of social-emotional development and their role in the participation of early intervention services. There were five themes that emerged from the data analysis: (1) Understanding and Perceptions of Social-emotional development, (2) Impact of Early Intervention on Parent/Caregiver, (3) Impact of Early Intervention on Child, (4) Access and Participation in Early Intervention, and (5) Barriers, Challenges, and Recommendations. Participants in this study reflected on the benefits, challenges, improvements, and experiences since completing early intervention services, and the impact on the family dynamics. The data ultimately revealed that participants found there was a significant change once they understood what social-emotional development was and participated in the early intervention services. The early intervention services provided them with the necessary tools to continue growing their child’s development and understanding of the differences in a child diagnosed with autism.

The impact of the increased rates of children diagnosed with autism is staggering. Over the last several decades, the rate of diagnosis has increased alarmingly. According

to the Centers for Disease Control and Prevention (CDC), the estimated rate of children diagnosed with ASD was 1 in every 54 children. It is currently listed as 1 in every 31 diagnosed with autism (Centers for Disease Control, 2025). Due to the increased prevalence of receiving an autism diagnosis, finding a cause has become a hot topic with the current administration (U.S. Department of Health and Human Services, 2025).

Since there is currently no "cure" for autism—because it is a neurological condition, not a disease—and there are no scientifically proven causes of the condition, more advocacy for improved evidence-based therapies and interventions is required. Finding the exact cause of autism could change the future of early childhood development and provide parents with autistic children with better tools to manage the condition throughout their child's lifetime.

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# Appendix A: Interview Questions

1. How long did your child receive early intervention services before completing the program?
2. Was this the first early intervention service you tried?
3. What other programs for early intervention did you try?
4. Why did you choose the program that you completed?
    a) Tell me about the services your child received.
5. What was the duration of each service and the weekly frequency?
6. What services did you participate in with your child?
7. Do you feel that the therapist included you in the services?
8. How did you participate with your child in the early intervention service?
9. Did the duration of the early intervention services seem appropriate?
10. Tell me about your experience with the early intervention services. For example, the type of intervention (play therapy, etc.).
    a. Did you feel comfortable having the services in your home?
    b. Did you feel comfortable with having the therapists in your home?
    c. Did you have to change therapists? Why?
    d. If you had group socialization classes, did you prefer the group or the 1:1 for socialization?
11. What is your understanding of social-emotional development?
12. After participating in the early intervention services, how has your understanding of social-emotional development changed? Can you give me an example?

13. How do you think that participating in these services has provided you with the tools necessary to make you feel more confident as a parent? Can you provide an example?
14. In what ways do you feel that the early intervention services helped you with your child's behaviors along with their social-emotional development?
15. How do you think the early intervention services have helped your child to interact with other children or other adults?
16. Since completing the early intervention therapy, have you observed and/or experienced any differences with your child's social-emotional development? Have it increased or decreased in your opinion?
17. Do you believe that social- emotional development is connected to other areas of development? Please explain which areas.
18. In your experience with completing the early intervention program and learning the importance of social-emotional development, would you do anything differently? Why or why not?
19. Was it easy to enroll in the early intervention program? How did you hear about the program?
20. To enroll in the program were testing or assessments required. What agency provided the funding for the services?
21. Do you believe that the early intervention program should be available to all toddlers? Why?

22. If you had to pay out of pocket or through insurance for early intervention services, would you? Why or why not?
23. Is your child in a pre-k program right now? Is your child in a special education classroom?
24. How do you feel about the early intervention services assisted with preparing your child for their current program?
25. Did your child meet all their other developmental milestones?
26. Do you feel that your child's social-emotional development was closer to age-appropriate at the completion of the program?
27. What else would you like to share regarding your experiences with the early intervention process and services?

Appendix B: Recruiting Flyer

# Has your toddler recently participated in an early intervention program?

**I am looking for parents of toddlers (ages 3 to 5) diagnosed with Autism, that have recently completed an early intervention program.**

This study will involve completing a questions and answer session with the researcher regarding your perceptions about social-emotional development of toddlers who have been diagnosed with autism and completed an early intervention program. The purpose is to understand parents' perceptions of any differences in their social behaviors.

Participants will receive:

- $25 gift card (Starbucks, Amazon, or Target)

## Location

- Interviews can be in person at a public location, over the phone or on zoom. Interviews will take approximately 45 to 60 minutes.

## Are you eligible?

- You and your toddler have completed an early intervention program within the last six months.
- Your toddler has been diagnosed with Autism Spectrum Disorder

**If you're unsure if you meet the requirements, call or email:**

- [redacted]
- [redacted]
- [redacted]

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