

2018

Using Parent-Identified Strengths of Autistic Children to Advance Strength-Based Intervention

Angelique Francesca Trigueros
Walden University

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Walden University

College of Social and Behavioral Sciences

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Angelique F. Trigueros

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Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Using Parent-Identified Strengths of Autistic Children to Advance Strength-Based
Intervention

by

Angelique F. Trigueros, MS, CCC-SLP, CPC

MS, Missouri State University, 1997

BS, Missouri State University, 1995

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of

Doctor of Philosophy

School of Psychology

Walden University

November 2018

Abstract

Questions remain about the range of abilities autistic children possess and what constitutes effective treatment. Strength-based intervention contrasts with traditional autistic intervention approaches that focus on children's deficits. Studies on strength-based intervention approaches have not revealed how children's strengths are identified and have not used the insights of parents for this purpose. Neurodiversity serves as the conceptual framework because the tenets of neurodiversity align with those of strength-based approaches and hold that autism is a variation of the human condition rather than a disability. The purpose of this qualitative interpretive phenomenological study was to explore how the parent-identified strengths of autistic children may act as the basis for the advancement of strength-based intervention. The research questions focused on identifying the strengths of autistic children through semistructured interviews with 15 parents of high-functioning autistic children, who were recruited using purposive sampling. Data were analyzed using a three-level method, and six themes emerged: Routine, Caring for Others, Relationship with Parent, Intervention in School, Therapy, and Outlook for the Future. Practical implications for community psychology include development of strength-based approaches based on altruism, parent-child relationships, and positive outlooks for the future. Further research is recommended on caring for others and displaying affection in relation to strength-related constructs, such as resiliency and growth. Effective strength-based interventions may help autistic children develop based on their strengths, leading to positive social change.

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Dedication

This study is dedicated to all of the children and their families I have been honored to work with over the course of my speech pathology career. I have learned in that process alone to never judge a book by its cover. My work with the children who see the world far more interestingly than even I, are reflected in this study.

Acknowledgments

I am indebted to all who have supported me very patiently as I toiled away in a dogmatic fervor on this study. I am grateful for all the assistance that allowed me to shift my focus to create what I believe to be an important work for those who needed this perspective to be heard.

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Chapter 1: Introduction to the Study

Introduction

In this qualitative study, I explored how the underused and under-represented parent-identified strengths of autistic children may act as the basis for the advancement of effective strength-based treatment for autistic children. Autism spectrum disorder (ASD) is a pervasive neuropsychological developmental disorder characterized by poor social interaction and communication, restricted interests and activities, and highly repetitive behavior (Matson, Rieske, & Tureck, 2011; Zhou & Yi, 2014). Autism exists on a spectrum, providing wide variation for how a child is affected (Chawarska, Klin, Paul, & Volkma, 2007; Stadnick, Drahota, & Brookman-Frazee, 2012), and an estimated 1 in 68 children has been diagnosed with autism (CDC, 2015). Autism is a widespread disorder among children, and because of its unclear etiology, high incidence, and uncertainty regarding effective intervention, autism continues to pose challenges to determining exactly what constitutes effective intervention (Kandalaft, Didehbani, Krawczyk, Allen, & Chapman, 2013; Zhou & Yi, 2014). Because defining what constitutes effective intervention for children with autism remains uncertain, improvements to community mental health care for children with ASD are needed (Stadnick et al., 2012; Zhou & Yi, 2014).

Strength-based intervention programs are recent approaches to the treatment of autism that may hold promise for effective intervention because they work from the strengths, competencies, and interests of autistic individuals rather than their deficits. Such deficit-based approaches may be disempowering because they highlight and reinforce what children with autism cannot do rather than what they can do (Lanou,

Hough, & Powell, 2012; Steiner, 2011). In addition, parents play important and considerable roles in the lives of their autistic children as both traditional caretakers in home settings and coaches in treatment settings (Zhou & Yi, 2014). Because of this high degree of involvement in both home and treatment settings, parents have unique and intimate perspectives on their children's strengths, competencies, and interests. These perspectives may be used to help identify the strengths, competencies, and interests of their autistic children and extend current strength-based intervention approaches.

Background of the Problem

Strength-based intervention approaches for children with autism have emerged in response to the need for more types and better intervention practices because what constitutes effective intervention for children with autism remains uncertain (Carlson, Armitstead, Rodger, & Liddle, 2010; Lanou et al., 2012; Steiner, 2011). Strength-based intervention approaches are promising and contrast with traditional autistic intervention approaches that focus on children's areas of need or deficits (Lanou et al., 2012; Steiner, 2011). Instead, strength-based approaches emphasize positive aspects of behavior and identifying and highlighting areas of competence, strengths, and interests from which to generate effective intervention strategies (Steiner, 2011). Strength-based intervention approaches have been shown to serve as the basis for effective intervention and treatment in the areas of direction-following (Campbell & Tincani, 2011), motivation and peer interaction (Lanou et al., 2012), and parent-child interaction (Steiner, 2011). However, studies on strength-based approaches are often unclear regarding how the strengths of autistic children are identified, and many do not mention using the valuable and important insight of parents to help identify the strengths of autistic children.

Additionally, research shows that parents are often highly involved in the treatment of their autistic children (Stadnick et al., 2012). More specifically, research has shown that parents play important roles in the lives and treatment of their autistic children both as caretakers in home settings and as coaches in treatment settings (Zhou & Yi, 2014). The presence of parents in both home and professional settings gives parents a unique view of how their children live with autism and respond to treatment. This dual role and vantage point affords parents intimate perspectives on the strengths of their autistic children, as well as perspectives on the intervention approaches used to treat their children (Owren & Stenhammer, 2013). Consequently, parents may be able to provide unique and valuable information on the strengths of their autistic children to advance strength-based intervention approaches, information that may supplement the knowledge of health care professionals and learning specialists.

Strength-based autism intervention has proven effective in treating children with autism (Campbell & Tincani, 2011; Lanou et al., 2012; Steiner, 2011) and the role parents play in the lives of their autistic children is well-documented (Cascio, 2012; Langan, 2011; Zhou & Yi, 2014). However, little information exists on how researchers identify the strengths of autistic children for strength-based programs, and little formal use has been made of parents to identify the strengths of their autistic children. This study was needed to provide information on how parent-identified strengths of their autistic children can inform health psychology and community mental health research on autism intervention. Consequently, I designed this study to collect information on parent-identified strengths of their autistic children to add to the literature on strength-based

approaches and to explore the importance of using parent-identified strengths to advance strength-based intervention programs.

Problem Statement

Although research has provided a solid knowledge base of the strengths and competencies of autistic children (Campbell & Tincani, 2011; Carlson et al., 2010; Lanou et al., 2012; Steiner, 2011), parents of autistic children have largely not contributed formally to the identification of their children's strengths. Consequently, how parents' perceptions of their autistic children's strengths are used to inform strength-based treatment is unknown and may be underused in treatment settings. Parents inhabit a unique "insider" position that may allow them to contribute valuable information concerning their children's strengths and competencies (Owren & Stenhammer, 2013, p. 32). Although researchers have studied the effects on parents of strength-based parent education programs (Steiner, 2011) and the experiences of parents using strength-based family support programs for children with autism (Carlson et al., 2010), researchers have paid less attention to contributions of parents in identifying their autistic children's strengths (Owren & Stenhammer, 2013), which may prove to be valuable.

In one study, Lanou et al. (2012) examined the effects of strength-based programs on autistic children, but the researchers did not explicitly relate how they identified these strengths; it is assumed the learning specialists of these programs identified children's strengths. Consequently, what is lacking in the literature regarding strength-based intervention programs for autism is how strengths of children with autism are identified, and no recent studies mention using the potentially valuable and important insights of parents for this purpose. Tincani, Travers, and Boutot (2010) found the strengths of

family systems are important to support educational strategies of children with ASD, but it is not known how parents may contribute to furthering strength-based intervention by helping to identify the strengths and competencies of their autistic children.

Purpose of the Study

The purpose of this qualitative study was to collect information on parents' perceptions of their autistic children's strengths and competencies to advance strength-based autism intervention. Through semistructured interviews and an interpretive phenomenological approach, I sought to collect information on parents' perceptions of their autistic children's strengths and competencies to generate novel ideas about identifying strengths to advance strength-based intervention approaches. The parents of autistic children assist and support their autistic children in facing challenges and difficulties. In addition, as caretakers of their autistic children in home settings and as coaches in treatment settings, parents have intimate knowledge of the strengths of their autistic children (Owren & Stenhammer, 2013; Zhou & Yi, 2014). Consequently, parents have a unique, yet untapped vantage point on their children's strengths and can provide both intimate and valuable information regarding treatment that health care professionals and learning specialist may not be able to provide.

Research Question

The qualitative study was guided by the following research questions,

RQ1: What are the parent-identified strengths and competencies of autistic children?

RQ2: What are parent experiences and perceptions of the use of their children's strengths and competencies during treatment?

Conceptual Framework

I used the theoretical tenets of neurodiversity, as well as strength-based intervention approaches to autism, to frame, undergird, and contextualize this study. Neurodiversity rests on two primary tenets: (a) autism is a natural variation of the human condition, and (b) individuals with autism should be recognized and accepted as valuable contributors to society who do not require rehabilitation or cure (Jaarsma & Welin, 2012). However, because autism has been assessed and understood according to a traditional models based on normalization, deficiencies, and elimination of the condition, those with autism have come to be stigmatized as being ill or disabled and seen as in need of cure (Jaarsma & Welin, 2012; Kapp, Gillespie-Lynch, Sherman, & Hutman, 2013). Proponents of neurodiversity seek to challenge traditional models that assess and understand autism as a deficiency or disability that requires rehabilitation, and they seek instead to empower autistic individuals and reconceptualize autism as a natural neurological human variation (Jaarsma & Welin, 2012; Kapp et al., 2013).

Neurodiversity an appropriate conceptual base for developing potentially effective intervention programs based on identifying and using the strengths and competencies of autistic children. This is because strength-based intervention approaches like neurodiversity are empowering and take as their starting point not what autistic children cannot do or how they do not fit in socially, but what they can do, including their strengths and competencies. Although the ultimate goal of some strength-based programs may be rehabilitation, they are programs that recognize and accept what those with autism have to offer, which aligns with the ideology of neurodiversity, rather than focusing deficits.

Nature of the Study

I used a qualitative interpretive phenomenological analysis (IPA) design in this study and conducted semistructured interviews with 15 parents of autistic children ages 3–10 receiving treatment at a clinic in southwest Missouri to identify the strengths and competencies of the children and to explore how these strengths may act as the basis for extending effective strength-based treatment. The qualitative approach helps a researcher to describe a phenomenon rather than to explain or confirm a hypothesis (Moustakas, 1994). Researchers employ IPA when they seek to make sense of and understand an individual's experiences and perceptions of a specific phenomenon, and the design is appropriate when the researcher wishes to conduct an investigation among a number of participants sharing lived experiences of a specific phenomenon (Corbin & Strauss, 2008). IPA enables the researcher to gather information from participants' experiences and to immerse his or herself in the data while also using multiple levels of analysis (Tracy, 2013).

I used IPA to explore and analyze the views of parents regarding the strength and competence of their children with autism and how these strengths and competencies may be used to positively reframe their conditions and act as the basis for effective intervention. IPA is a research strategy associated with qualitative research approaches in which the researcher uses a phenomenological emphasis to understand and describe the claims and concerns of the participants as it relates to the phenomenon under study (Larkin, Watts, & Clifton, 2006). Because little scholarly work exists on using the perspectives of parents to identify the strengths and competencies of their autistic children for the purposes of positively extending and furthering strength-based

intervention approaches, IPA was the most appropriate way to explore and generate novel insights from the information collected. The analysis included use of NVivo 10 qualitative analysis software because NVivo facilitates efficient data organization and management, as well as assessment of responses to interview questions during the data analysis.

Definitions

The following terms are operationalized for use in this study.

Autism spectrum disorder: Autism spectrum disorder (ASD) is a neuropsychological developmental disorder in which individuals have difficulties with social interaction and communication, show restricted interests and activities, and exhibit highly repetitive behavior (Matson et al., 2011; Zhou & Yi, 2014). Autism tends to impair social competence, while areas of intellectual competence are generally spared (Froese, Stanghellini, & Bertelli, 2013). Autism is conceptualized as a spectrum with wide variation pertaining to how a child is affected by the disorder. Generally, the etiology and effective treatment of autism remain unclear (Ravet, 2011; Schriber, Robins, & Solomon, 2014; Stadnick et al., 2012; Zhou & Yi, 2014). For the purposes of this study, I used ASD interchangeably with *autism*.

Neurodiversity: Neurodiversity is an approach to autism based on the empowerment of autistic individuals by seeing autism as a natural variation of the diverse human condition rather than as a disability or a pathology in need of cure (Jaarsma & Welin, 2012; Kapp et al., 2013). Neurodiversity holds that autism is not a disorder, but rather a different way of being that requires tolerance and acceptance of autistic individuals, as well as changes in social perceptions involving the stigmatization of

autism (Allred, 2009; Jaarsma & Welin, 2012; Kapp et al., 2013). Proponents of neurodiversity generally champion strength-based intervention approaches because such approaches build from the abilities of autistic individuals rather than from their deficiencies (Wright, Wright, Diener, & Eaton, 2014).

Strengths: As opposed to weaknesses or deficits, strengths refer to the talents and competencies of autistic children; strengths also refer to the activities, actions, and tasks that individual autistic children perform well and with confidence (Lanou et al., 2012).

Strength-based intervention: Strength-based intervention approaches are types of autism treatment strategies that identify and build on the strengths, talents, and competencies of autistic individuals, rather than on their weaknesses and deficits (Lanou et al., 2012). Proponents of strength-based approaches argue that strength-based approaches may help to empower autistic individuals by highlighting and reinforcing strengths and competencies rather than focusing on areas of remediation, which occurs with deficit-based approaches (Lanou et al., 2012; Steiner, 2011).

Assumptions

Whether participants give honest and forthright answers to interview questions is a methodological issue for all qualitative studies. However, for this study specifically, care was taken to address the serious and delicate issue of social stigma that may be associated with individuals diagnosed with autism. Individuals with autism may experience social stigma because of their condition (Kapp et al., 2013), and parents, being keenly aware of the potential for social stigma, may be protective of their autistic children and reticent to discuss the details of their children's condition. To address this potential problem, I took special care to explain to participants the serious and scholarly

nature of this study, and to assure them of the confidentiality of the information collected. Consequently, I assumed that after the serious and scholarly nature of this study was thoroughly explained to the participants, and after they were assured of the confidentiality of the information collected, they answered honestly and forthrightly.

Scope and Delimitations

This study included semistructured interviews with 15 parents of autistic children ages 3–10 currently receiving treatment at an outpatient clinic located in a suburb in southwest Missouri. Parents of children older than 10 years of age (i.e., late childhood and early adolescence) were not included in this study. Participants from a single clinical setting also bounded the scope of this study. While providing depth of exploration concerning the phenomenon under study, this scope excluded different clinical settings and geographic regions. Consequently, findings from this study may not be generalizable to other populations.

Limitations

In attempting to get at the depth of lived experiences, researchers of qualitative phenomenological studies must work with small sample sizes. Consequently, one limitation of the study was that the small sample size may limit the applicability of the findings with respect to other settings or contexts. Additional limitations included possible dishonesty of the participants regarding possible social stigma associated with autistic individuals, insufficient time to conduct the research, availability of potential project participants, and insufficient financial resources to complete data collection.

Significance of Study

This study has implications for practice, research, and social change. Information collected from interviews with parents of autistic children provide insight into the identification of autistic children's strengths to advance strength-based intervention. Consequently, the information collected from this study may inform strength-based intervention approaches and lead to changes in strength-based programs and in how health care professionals and clinicians treat autistic children using strength-based methods. I aimed to provide information to help further effective strength-based intervention approaches and identify what needs to be changed in existing therapy models and intervention programs to better target and utilize the strengths and competencies of autistic children.

In addition, information collected from this study adds to the research literature in the fields of health psychology and community mental health in relation to autism intervention and strength-based treatment. The study also highlights the general need for more explicit strength-identification strategies in the literature and pertaining to how health care professionals go about identifying the strengths of autistic children. This study holds significant implications for social change because it provided information on more effective treatment strategies for autistic children, thereby improving their ability to adapt more effectively in society and affording them more integrated roles in society.

Summary and Transition

The effective treatment of autism in children remains a challenge for professionals in health psychology and community mental health. Within the past 20 years, strength-based intervention approaches for children with ASD have emerged in

response to the need for effective intervention practices (Carlson et al., 2010; Lanou et al., 2012; Steiner, 2011). Strength-based intervention approaches represent promising intervention approaches and stand in contrast to traditional approaches that focus on autistic children's areas of need (Wright et al., 2014). In addition, parents are often highly involved in the treatment of their autistic children (Stadnick et al., 2012) and may play crucial roles in the lives of their autistic children as both caregivers at home and coaches in treatment settings (Zhou & Yi, 2014). Consequently, parents have unique perspectives on their autistic children's strengths (Owren & Stenhammer, 2013). However, a shortcoming of research on strength-based intervention pertains to how health care professionals and learning specialists identify the strengths of autistic children, and the valuable potential contribution of parents in this area remains unexplored.

In this qualitative study, I used interviews and an interpretive phenomenological approach to collect information from parents on the strengths of their autistic children in an attempt to provide novel insights into how parent-identified strengths can inform and advance strength-based intervention approaches. The theoretical tenets of neurodiversity are appropriate to ground this study because neurodiversity represents a form of autism advocacy and pride that sees autism as a positive "neurovariation" of the human condition and not a disability (Cascio, 2012, p. 273). Like strength-based intervention approaches, neurodiversity focuses on empowerment and the strengths of autistic individuals. Consequently, neurodiversity was well-suited to my goals because it creates a lens to determine how parent-identified strengths can advance strength-based intervention approaches and how this information may lead to novel insights and more effective intervention for autistic children.

Chapter 2 of this dissertation will include an introduction, a literature search strategy, and summaries and syntheses of peer-reviewed studies mostly current within the past 5 years. Research covered in the literature review section of Chapter 2 includes work on the role of parents in the treatment of their autistic children, strength-based intervention approaches, and neurodiversity in relation to autism. Chapter 2 concludes with a summary of the chapter and a transition to Chapter 3.

Chapter 2: Literature Review

Introduction

Autism spectrum disorder (ASD) is a pervasive neuropsychological developmental disorder characterized by poor social interaction and communication, restricted interests and activities, and highly repetitive behavior (Matson et al., 2011; Ravet, 2011; Schriber et al., 2014; Zhou & Yi, 2014). Autism continues to challenge both practitioners and researchers concerning its etiology and treatment (Ravet, 2011; Schriber et al., 2014; Zhou & Yi, 2014). Because of autism's unclear etiology, high incidence, and uncertainty regarding effective intervention, it has received much critical and popular attention (Zhou & Yi, 2014); however, because what constitutes effective intervention for children with autism remains uncertain, improvements to community mental health care for children with ASD are needed (Stadnick et al., 2012; Zhou & Yi, 2014). Strength-based treatments are recent approaches that may hold promise for effective intervention, because they work from the strengths and interests of autistic individuals rather than their deficits (Lanou et al., 2012; Steiner, 2011). In addition, parents play significant roles in the lives of their autistic children as both coaches and caretakers (Zhou & Yi, 2014). Because of this, parents have unique perspectives on their children's strengths and interests, perspectives that may be used to help identify the strengths of their autistic children and extend strength-based intervention approaches.

Literature Search Strategy

I obtained the literature collected for this review through comprehensive online search methods. For this study, I searched various combinations of the following key terms and phrases: *autism*, *autism spectrum disorder*, *children with autism*, *parents of*

children with autism, parents' perspectives on autism, neurodiversity, autism treatment, autism intervention, strength-based intervention, and response-to-intervention. I primarily used PsycARTICLES, PsycINFO, Web of Science, CINAHL, Medline, PubMed, and Academic Search Complete to search for relevant and current peer-reviewed journal articles, published within the past five years. Academic Search Complete is a multidisciplinary indexing and abstracting tool that allows for searches of other databases. Academic Search Complete provides full-text articles for more than 4,600 journals, including full-text articles for more than 3,900 peer-reviewed titles. Academic Search Complete allows for searching databases in a variety of fields, including those of social work, sociology, psychology, and science, among many others. I also searched Google Scholar to obtain full-text articles for this review. My focus was on current, peer-reviewed scholarly articles, but it was also necessary to refer to books, older articles, and government documents and reports to obtain contextual and background information. Finally, I obtained the titles of several additional studies by referring to the bibliographies of recent key studies on childhood autism intervention.

Role of Parents

Since the 1970s, parents have played a high-profile role in shaping both public and professional discourse surrounding autism (Langan, 2011), and since that time, involvement of parents in the diagnosis and treatment of their autistic children has steadily increased (Matson & Konst, 2014). Research has shown that parents play key and crucial roles as both caretakers (at home) and coaches (in treatment settings) of their autistic children (Zhou & Yi, 2014). The presence of parents in both home and professional settings is unique, and this insider position affords parents perspectives of

their autistic children as well as their responses to intervention approaches (Owren & Stenhammer, 2013). Parents straddle professional and nonprofessional realms and have even been referred to as lay professionals because of their high degree of experience with autism (Langan, 2011). Because of the positions and roles the parents of autistic children inhabit, they have unique perspectives on their autistic children and their treatment options, perspectives that practitioners may use in designing and extending intervention approaches.

Parents have significantly contributed to lay and professional conversations surrounding autism and have played important roles in shaping official discourse as well as public awareness of autism (Langan, 2011). In her study of the role of parental accounts, Langan (2011) examined how the input of parents has shaped and influenced both professional and public perceptions of autism, and the consequences this influence has had for new opportunities for collaboration between parents and professionals. Langan (2011) categorized the contribution of parental voices to issues concerning autism into three stages. In the first stage, roughly spanning the 1960s through the 1980s, the public saw autism as an obscure condition, and indifference and ignorance about autism plagued this stage of autism awareness (Langan, 2011). During this time, parental voices were key to debunking popular notions that autism resulted from deficient parenting (Langan, 2011). Langan identified a second stage occurring from the 1990s onward, and this stage has been characterized by increased public attention to and awareness of autism. However, part of this increased awareness has included parents' role in popularizing the idea that autism is a disease resulting from vaccines, environmental agents, or unorthodox medical treatments (Langan, 2011). For the past 10

years, parental activism and a shift from disease models to accepting autism as a form of human diversity with its own particular characteristics and challenges has marked the third stage of autism awareness (Langan, 2011). This stage is also marked by increased public awareness of autism and of the presence of autistic individuals in society (Langan, 2011). With the decline of deficit-based autism models (e.g., models based on the deficits of autistic individuals), parents generally have become less confrontational and more likely to collaborate with professionals (Langan, 2011).

Langan (2011) highlighted that autism has always constituted a mix of professional and public elements, with parental voices working somewhere in between as vocal insiders. Because parents inhabit unique positions as both caretakers and coaches, they are able to contribute valuable first-hand accounts of their children's predispositions, behaviors, and outcomes to public and professional conversations regarding autism. Although parents are increasingly being seen as valuable sources of input regarding issues of autism awareness and symptom-based treatment approaches, they have yet to be tapped for information regarding strength-based treatments. To date, no researcher has explicitly focused on using parent-identified strengths of their autistic children to inform and advance strength-based intervention approaches. Consequently, the degree of influence parents have on public and professional conversations was a worthy rationale for exploring parent-identified strengths in this study. Because parents inhabit a unique "insider" position, they may be able to contribute valuable information concerning their children's strengths and competencies (Owren & Stenhammer, 2013, p. 32), as they have been able to do in relation to symptom-based intervention approaches and larger issues surrounding autism.

Recently, researchers have also focused on parents' impressions, specifically of evidence-based autism treatment for autistic children. For example, Stadnick et al. (2012) conducted a mixed-methods study to determine parents' perspectives of their experiences with an evidence-based treatment program to examine feasibility for evidence-based intervention training to improve treatment quality. The researchers collected information from 13 parents of children diagnosed with ASD through semistructured interviews and via a survey, which measured therapy effectiveness and parent-therapist alliance. Stadnick et al. (2012) found that major themes emerged relating to the therapy process, parents' impression of therapy, and the influence of therapy. The researchers found parents were highly and actively involved in their children's treatments, and involvement typically took the form of participation in therapeutic activities, discussing goals, reviewing homework, and teaching and reviewing skills (Stadnick et al., 2012). In addition, parents reported positive impressions of evidenced-based therapy, including high degrees of satisfaction with treatment and in working with their children's therapist, leading to a strengthening of the parent-therapist alliance (Stadnick et al., 2012). Parents also reported positive effects on children's behavior, social skills, and affect management (Stadnick et al., 2012). Overall, treatment quality improved because of evidence-based intervention training (Stadnick et al., 2012). The high degree of participation of parents in their autistic children's treatment and the important role parents play in determining the effectiveness of treatment options suggest that parents can play vital and crucial roles in informing and advancing strength-based interventions.

Researchers have also recently explored how positive parent perceptions of autism and autistic children can strengthen and enhance parents' coping abilities. For

example, Hines, Balandin, and Togher (2012) focused on the older parents (60 years old and older) and collected information from 16 parents of autistic children through narrative analysis of in-depth interviews. Through narrative analysis, the researchers sought to capture complexity and richness of the details of participants' lives raising children with autism. Hines et al. performed structural, thematic, and performative analysis and compared and contrasted information across participants. The researchers found that many participants felt the real, positive personalities of their children were buried by autism and that, consequently, parents felt responsibility to manage and regulate their children's condition. Participants generally reported having a positive perception of their children despite parents' feelings that their children were actually better people than autism allowed them to be (Hines et al., 2012). Parents focused on positive aspects on their children (e.g., intelligence, sense of humor) but at the same time struggled to make sense of challenging behaviors (e.g., outbursts and meltdowns; Hines et al., 2012). Because many of the parents felt that autism had obscured their children's positive attributes and that certain behaviors could not be improved, parents placed the onus of managing their children's conditions squarely on their own shoulders (Hines et al., 2012). However, focusing on the positive elements of what their children could actually be and do strengthened and helped maintain parents' coping abilities. Although the study did not examine parent-identified strengths in relation to intervention, it was important for showing one way parents identified the strengths of their autistic children: by focusing on the kind of person their children could be without the limitations of autism. In addition, the study showed another advantage of strengths-based approaches: enhancing the coping abilities of parents.

Recent research has included studies on how parents make decisions regarding treatment of their autistic children. For example, in their quantitative correlational study, Golnik, Maccabee-Ryaboy, Scal, Wey, and Gaillard (2012) focused on the extent to which parents' shared decision-making regarding treatment with physicians and professionals can improve treatment for their autistic children. Golnik et al. observed that historically, there has been disagreement between parents and clinicians pertaining to the treatment of autism based on a lack of supporting evidence about autism's etiology. Compounding these tensions is the tendency for parents to receive information about autism from other parents and popular media, information that may differ from that provided by the medical establishment (Golnik et al., 2012). Consequently, shared decision-making between parents and physicians regarding treatment may serve autistic children well (Golnik et al., 2012). Through such an approach, rather than developing a treatment plan based on a generic condition, physicians engage in a dialogue with parents about specifics concerning the family's preferences and the autistic child's symptoms and strengths. The researchers surveyed 130 parents of children diagnosed with ASD regarding parents' satisfaction with care, perceived guidance, and perceived assistance using shared decision-making. Golnik et al. found parents' roles in shared decision-making positively linked to all three areas: satisfaction with care, perceived guidance, and perceived assistance. These findings are significant because they show that the input of parents in treatment is not only key to improving treatment outcomes, but also that collaboration between parents and health care professionals can help do this. Although not qualitative, this study closely aligns with the aims of my study: to use parent input

about their autistic children's strengths to improve strength-based intervention approaches.

Recent studies on parents of children with autism have involved the use of grounded theory. For example, in their qualitative study of parents with autistic children, Zhou and Yi (2014) examined how parenting styles and parenting practices influenced autistic children. The researchers noted that parents can act in crucial support roles to their autistic children as either caregivers or coaches. Zhou and Yi observed that raising autistic children is a tremendous challenge for parents and that research has shown important links between autistic children's health and wellness and parents' ability to cope with the emotional, psychological, and logistical demands of raising an autistic child. Zhou and Yi also observed that although researchers have paid much attention to constructs, such as parental stress and self-efficacy in relation to parents of autistic children, they have given less attention to parenting practices. Zhou and Yi used semistructured interviews to collect information from 32 parents of autistic children from four cities in mainland China. Four categories of parenting styles emerged after the data were collected and the researchers analyzed it via open, axial, and theoretical: (a) letting alone, (b) relationship precedence, (c) training priority, and (d) alternating (Zhou & Yi, 2014). Letting alone referred to a style of parenting based on parents' perception that there was little hope in their children's condition improving, which is a parenting style characterized by minimal motivation to participate in treatment and intervention (Zhou & Yi, 2014). Relationship precedence referred to the choice of parents to emphasize the parent-child relationship and put their role as caregivers above their roles as coaches (Zhou & Yi, 2014). Parents spending time with their children and having tolerance for

their problems characterized this type of parenting (Zhou & Yi, 2014). Training priority was characterized by a more strict and demanding parenting style that placed more emphasis on skills training for their children and on parents acting more as coaches than caregivers (Zhou & Yi, 2014). Alternating referred to an approach somewhere between acting as a caregiver and as a coach and was characterized by parents' struggles to discover a balance between these roles (Zhou & Yi, 2014).

In addition, Zhou and Yi (2014) found that parents' emotions significantly affected the symptoms of their autistic children, a bidirectional connection the researchers referred to as a feedback loop between parental emotions and children's symptoms. Consequently, Zhou and Yi theorized that the positive and negative emotions felt and displayed by parents have the potential to affect their children accordingly. This was an important finding because it suggests that the stress parents of autistic children experience and display may adversely affect child-parent relationships. This conclusion points to the need for emotional regulation and management among parents of autistic children and the need for parental emotional regulation components of intervention programs (Zhou & Yi, 2014).

Additionally, researchers have explored the factors that contribute to parents making decision regarding treatment for their autistic children. For example, Hebert (2014) observed that parents are faced with challenging and important decisions about treatment for their autistic children after diagnosis and throughout their child's lifetime. In an exploratory qualitative study, Hebert (2014) conducted in-depth interviews with 23 parents of children (age 7 and younger) to explore their perspectives on and approaches to making decision about intervention for their autistic children. Through a series of

analytical coding, Hebert found parents consider numerous factors when making their decisions about treatment, and that their decisions were significantly influenced by the beliefs parents held about autism. In addition, Hebert found several parental, child, and treatment attributes influenced parents' decisions about intervention. Parental attributes included (a) parents' perceptions of autism, (b) parenting style and role, and (c) perspective on how children learn. Child attributes included (a) developmental level, (b) age level, and (c) child's need. Treatment or program attributes included (a) parents' understanding of intervention approaches, (b) physical environment, (c) social environment, (d) teachers, and (e) cost. The findings confirmed that autism intervention is an important consideration for parents, one that they take seriously. More importantly, however, the exploratory study provided crucial information on which to base future research and on which to base counselling and guidance for parents faced with decisions concerning treatment options for their autistic children.

Strengths-Based Intervention Approaches

Strength-based intervention approaches for children with ASD have emerged in response to the need for effective intervention practices (Carlson et al., 2010; Lanou et al., 2012; Steiner, 2011). Strength-based intervention approaches are promising and stand in contrast to deficit-based approaches (Wright et al., 2014). Although deficit-based approaches have been important for identifying autistic children's areas of need, strength-based approaches extend this approach and focus on positive aspects of behavior as well, identifying and highlighting areas of competence from which to facilitate intervention (Steiner, 2011). The strengths and interests of autistic children may serve as the basis for effective treatment by tailoring intervention strategies based on the strengths and interests

of individual children (Lanou et al., 2012) rather than designing treatment plans based on generic properties of the condition (Golnik et al., 2012). In addition, Hume, Boyd, Hamm, and Kucharczyk (2014) found a strength-based approach integral to encouraging independence in autistic adolescents. Strength-based intervention approaches may also provide additional benefits to parents and families. For example, focusing on autistic children's capabilities and accomplishments may help parents and families cope and manage stress associated with caring for and living with individuals with lifelong conditions, such as autism (Hines et al., 2012; Stampoltzis, Defingou, Antonopoulou, Kouvava, & Polychronopoulou, 2014; Steiner, 2011; Xue, Ooh, & Magiati, 2014). This is important because caregivers perceiving of their charges and the caregiving relationship may positively affect not only the caregiver, but also their charges and the overall caregiving situation itself (Hines et al., 2012; Steiner, 2011; Xue et al., 2014).

However, studies on strengths-based approaches are often unclear regarding how health care professionals identify autistic children's strengths, and many do not use the valuable insight of parents to identify autistic children's strengths and interests. Recent research has shown that parents act as both caretakers and coaches to their autistic children and, additionally, can act as valuable contributors to their children's treatment in the form of providing both insight and support (Stadnick et al., 2012; Zhou & Yi, 2014). What I sought to add to the literature on strength-based approaches from this study is the importance of using parent-identified strengths to advance strength-based intervention programs. Recent trends in and applications of strength-based approaches include the use of video (Bellini & McConnell, 2010), Power Card strategies (Campbell & Tincani, 2011), parent education (Steiner, 2011), developing strength-based assessment

frameworks (Laija-Rodriquez, Grites, Bouman, Pohlman, & Goldman, 2013), and encouraging independence in autistic adolescents (Hume et al., 2014).

Specific recent examples of strength-based intervention approaches for children with autism include the use of video self-modeling, an underused strategy that allows students to review their social interactions and, consequently, can act as a form of behavioral self-feedback for autistic children (Bellini & McConnell, 2010). Video self-modeling is an example of high technological approaches being employed in the past few years that include the use of video (Gibson, 2013) and virtual reality (Kandalaf et al., 2013). In their case for video self-modeling, Bellini and McConnell (2010) reviewed and summarized work on video self-modeling and noted that the strategy focuses almost exclusively on strengths instead of weaknesses. Video self-modeling involves filming to capture children's behaviors and allows educators to narrow focus on what autistic children are able to achieve by presenting them with instances of personal success (Bellini & McConnell, 2010). The strategy invites autistic children to model or imitate their own targeted successful behavior (Bellini & McConnell, 2010). Video self-modeling has been used across various populations and disciplines and has been shown to reduce instances of problem behavior, facilitate skill acquisition, and enhance skill performance (Bellini & McConnell, 2010). Applied examples of video self-modeling in school settings include focus on transition behavior (i.e., transition from one classroom to another) and social engagement (i.e., interacting with peers; Bellini & McConnell, 2010). Obstacles to this potentially effective strength-based approach include access to equipment, which has been made easier in recent years with the proliferation of small video recording devices and Internet-based editing and distribution tools, and time,

typically related to editing, which may include factors of software usability and user proficiency (Bellini & McConnell, 2010).

There are other recent examples of specific applications of strength-based approaches. For example, Campbell and Tincani (2011) studied the Power Card strategy as a specific example of a strength-based approach to increase autistic children's social skills and their ability to follow directions. The Power Card strategy involves two basic components, which are visually represented on cards: a short scenario identifying a problem for the autistic child to solve and a hero or model based on children's special interests appropriate to the task (Campbell & Tincani, 2011). The goal is for the child to then apply modeled behavior as understood through the adventures of his or her preferred avatar and strengths via the Power Card to actual situations (Campbell & Tincani, 2011). The single-case case study focused on three autistic first-graders partially integrated in regular classes, and the researchers observed children using a multiple-baseline-across-participants design, as well as post-implementation teacher interviews. Campbell and Tincani found a sustained increase of social skills use and direction following above-baseline levels, even when teachers removed the Power Card reinforcement. In post-implementation interviews, teachers also reported the Power Card strategy was effective in enhancing social skills and direction following among the three autistic children and the strategy was implementable. The study not only supported strength-based intervention approaches, but also provided concrete and specific ways to implement strength-based approaches. The Power Card strategy allows autistic children to understand the nuances of pragmatic interaction through concrete methodology and highlights the importance to develop autistic children's abilities to interact and integrate

without the continued use of a cue. However, Campbell and Tincani did not explicitly relate how they determined the strengths and special interests of the autistic children. Parents may have a particular take on their autistic children's strengths and special interests that can be used in identifying strengths used for strength-based approaches; however, researchers have yet to explicitly explore parents' role in identifying the strengths of their autistic children and how this can extend and enhance strength-based intervention approaches.

Although researchers have not studied parents' perceptions of their autistic children's strengths, they have studied parents' perceptions of strength-based approaches in community therapy contexts. Carlson et al. (2010) collected data from nine parents of autistic children through in-depth, semistructured interviews. Carlson et al. observed little research exists on parents' perceptions of strength-based intervention approaches, and they sought to add to this area of research by focusing on families of autistic children that had been involved with support or therapy from a strength-based approach team for at least 12 months. Through three levels of coding and peer checking, four important themes emerged about parents' perceptions of their involvement with strength-based intervention (Carlson et al., 2010). These themes involved (a) parents' initial experience with the service, (b) parents' views of their autistic child, (c) parents' outlook for the future, and (d) parents' overall perception of the experience (Carlson et al., 2010). Parents also reported their experience of the strength-based program was positive and they appreciated three particular aspects of the experience. First, parents appreciated the degree to which families and program staff worked together, which included involving the family in important decisions, providing support and encouragement, and being

responsive to family needs (Carlson et al., 2010). Second, parents appreciated program staff being positive and focusing on positive elements of treatment and response, a focus that some parents believed brought out the best in their children (Carlson et al., 2010). Third, parents reported feeling positive about the high degree of information sharing and exchange with program staff members (Carlson et al., 2010). Such information sharing and exchange helped to educate parents about their children's conditions and treatments, resulting in increased hope for the future because parents often fear the unknown and feel negative about the conditions and treatments for their children without adequate knowledge and information (Carlson et al., 2010).

Researchers have also studied strength-based approaches in relation to parent education programs. Steiner (2011) used an experimental research design to study a strength-based approach for educating parents who have children with autism. All comprehensive intervention programs for autistic children identified by the National Research Council involve some component of parental education (Steiner, 2011). However, Steiner observed that few studies exist pertaining to how parent education is conducted, and few researchers have examined a strength-based education approach in relation to an approach based on children's deficits. How caregivers perceive of their charges can affect outcomes for the caregivers themselves (Steiner, 2011). Positive outcomes for caregivers is significant when they are looking after individuals with chronic medical conditions and disabilities for extended lengths of time (Steiner, 2011). The stress of caregivers in these situations may become chronic and not easily mastered or managed. Caregivers perceiving of their charges and the caregiving relationship positively may positively affect the caregiver and the caregiving situation.

Steiner (2011) examined a parent education approach wherein therapists in the parent education program highlighted children's strengths and an approach wherein therapists focused on children's deficits. Steiner measured the two approaches based on parent-child interaction quality, parent statements about child behavior, and parent affect. Steiner found the strength-based approach did have a significant and positive influence on parents and on child-parent relationships. During the strength-based education programs, parents displayed more physical affection toward their children, made more positive comments about their children, and showed an increased affect than did parents during programs that highlighted deficits (Steiner, 2011). Steiner's (2011) study was important for showing that strength-based approaches can directly benefit parents of autistic children, as well as their children. The study also showed that strength-based approaches can act as crucial stress management and coping mechanisms for caregivers of individuals with long-term chronic conditions and disabilities.

Researchers have identified that strengths-based approaches can encourage families to adapt positively to living with an autistic child and increase parental well-being and coping (Xue et al., 2014). In their quantitative correlational study of families with autistic children, Xue et al. (2014) examined the role of positive meaning and strength building in family functioning and coping strategies. Xue et al. observed that because autism is a lifelong and complex neurodevelopmental condition, raising autistic children can be challenging for families and sustaining and coping mechanisms can play important roles in family functioning and parental well-being. To explore this further, the researchers surveyed 65 parents of children with autism in Singapore via questionnaires to examine family adaptation using the Family Adjustment and Adaptation model that

emphasizes theoretical connections between resiliency and family stress. The researchers found families reported several helpful coping strategies based on positive meaning and strength building, including increased coping through optimism, esteem, family integration, and psychological stability, as well as enhanced adaptation and family functioning by better understanding autism. Xue et al. showed that strength-based approaches can be important in specific cultural contexts and when viewed in a cross-cultural perspective. However, the researchers recommended that more longitudinal research is needed because of the nature of autism as a lifelong condition and because of the changing dynamics of family functioning over time.

Researchers have studied strength-based intervention approaches in school settings. For example, in their qualitative study, Lanou et al. (2012) utilized a case study approach to examine individualized strength-based strategies for autistic children in upper elementary classes; these strategies included academic, social and emotional, and behavioral strategies. Academic strategies included addressing schoolwork that may be too uninteresting, confusing, or challenging; social and emotional strategies focused on addressing emotional meltdowns and children being withdrawn or anxious (Lanou et al., 2012). Behavioral aspects requiring attention included work avoidance and work refusal, as well as disruptive behaviors (Lanou et al., 2012). These students showed strong intellectual function but had the traditionally recognized characteristic of difficulty with emotional self-regulation (Lanou et al., 2012). Strategies were based on the particular strengths, interests, and talents of individual students, which teachers and students listed, identified, and considered together with the help of a strengths and interest chart (Lanou et al., 2012). Lanou et al. found these individualized strength-based strategies (particular

to each student) helped students with self-monitoring and with learning to recognize the need to ask for help before their frustration levels escalated. Using children's authentic interests and strengths validated their passions, increased motivation, and helped with emotional self-regulation (Lanou et al., 2012). The study was important for supporting the use of strength-based approaches and showing the effectiveness of engaging autistic students' particular interests. In addition, Lanou et al. outlined how teachers identified students' strengths and interests in conjunction with students themselves. However, the focus of this study was to explore what the parents of autistic children can add to the identification of their children's strengths to enhance and extend strength-based learning and intervention approaches.

Researchers have focused on developing strength-based assessment models for meeting federal mandates when identifying children with specific learning disabilities. Laija-Rodriquez et al. (2013) developed a theoretical assessment model based on and extended strength-based approaches and took into consideration more recent response-to-intervention approaches. The researchers developed the Levering Strengths and Intervention Model (LeStAIM) to fill the need for a comprehensive assessment that considered children's assets and strengths, as well as risk factors, to facilitate positive outcomes (Laija-Rodriquez et al., 2013). The model is consistent with federal mandates and initiatives necessitating frameworks for the assessment of learning disabilities, as well as guidelines of the National Association of School Psychologists model for school psychology practice. The major difference between LeStAIM and more traditional deficit-based models is that LeStAIM is based on a theoretical framework for deriving at hypotheses about problems while traditional models are not (Laija-Rodriquez et al.,

2013). LeStAIM focuses on strengths rather than deficits and rests on the tenants of resiliency and ecological theory, positive psychology, as well as neurodevelopmental constructs (Laija-Rodriquez et al., 2013). In part, Laija-Rodriquez et al.'s goals in developing LeStAIM were (a) to understand better students' academic and socioemotional needs, assets, and strengths; (b) to help students and parents understand students' academic and socioemotional needs, assets, and strengths; and (c) to help parents and related personnel in leveraging children's strengths in interventions designed to optimize developmental outcomes. The article included a successful case illustration, but more use of the framework is needed to determine its long-term success and usefulness. However, LeStAIM does represent the influence of strength-based approaches in areas of assessment measures and framework development.

Neurodiversity

Neurodiversity is a recent form of autism advocacy and pride that sees autism as a positive "neuro-variation" of the human condition; consequently, autistic individuals may require assistance in social functioning, but they do not require remediation or need to be changed (Cascio, 2012, p. 273). In the past 20 years, neurodiversity has emerged as an important political and philosophical movement in the field of autism, and research literature on neurodiversity has only recently begun to emerge (Cascio, 2012; Owren & Stenhammer, 2013). Neurodiversity rests on two primary tenants: autism is a natural variation of the human condition and those with autism should be recognized and accepted as valuable contributors to society who may require assistance with social functioning, but who do not require rehabilitation or cure (Jaarsma & Welin, 2012). Traditionally, health care professionals have assessed and understood autism according to

traditional biomedical models that focused on the deficiencies of those with autism and on the elimination of the condition (Jaarsma & Welin, 2012; Kapp et al., 2013).

Consequently, those with autism have come to be stigmatized and seen in need of remediation and cure (Jaarsma & Welin, 2012; Kapp et al., 2013). Traditional biomedical models focus on identifying and correcting deficits to change the autistic individual so he or she can more ably function in society (Jaarsma & Welin, 2012). However, proponents of neurodiversity seek to challenge biomedical models that assess and understand autism as a deficiency that requires changing autistic individuals, and proponents of neurodiversity seek instead to reconceptualize autism as a natural neurological human variation that requires assisting autistic individuals rather than changing them (Jaarsma & Welin, 2012; Kapp et al., 2013). Such a position does not deny the difficulties associated with autism, but instead seeks changes in societal perceptions and forwards acceptance of autism rather than change within autistic individuals (Kapp et al., 2013).

Allred (2009) suggested proponents of neurodiversity should consider taking the gay rights movement as an example of a successful precedent. In 1973, largely in response to gay rights activists, the American Psychiatric Association (APA) declared that homosexuality was no longer a psychiatric disorder because it was no longer seen as causing subjective distress or as being associated with impairment in social functioning or effectiveness (Allred, 2009; Jaarsma & Welin, 2012). Although Asperger's syndrome is no longer a diagnosis from the DSM-V, repercussions have yet to be formally studied and the continuum of ASD remains. Neurodiversity has drawn controversy because, like the gay rights movement, its proponents seek recognition and acceptance of autism as a natural variation of the human condition, and this acceptance requires changes in beliefs,

social perceptions, and medical understanding of a condition that has largely been perceived and understood as a deficit-based disability (Allred, 2009; Jaarsma & Welin, 2012; Kapp et al., 2013). Besides being somewhat controversial, neurodiversity has its shortcomings as well. For example, much scholarly literature on neurodiversity has focused on high-functioning autists (Froese et al., 2013), a focus that may pose problems for how neurodiversity proponents characterize low-functioning autistic individuals in scholarly and professional discourse (Jaarsma & Welin, 2012). In addition, for all its political thrust, neurodiversity lacks a practical research focus. Recent research on neurodiversity has been both extremely theoretical (Theory of Mind; Froese et al., 2013) and highly speculative (evolutionary psychology; Reser, 2011). Gökçen, Petrides, Hudry, Frederickson, and Smillie (2014) have even argued that autistic features may not be restricted to those diagnosed with autism and that autism-like traits may exist in the general population at lower levels.

Even though neurodiversity may be somewhat controversial, it nevertheless offers a theoretical base for potentially extending effective intervention programs based on identifying and using parent-identified strengths and competencies of autistic children. In addition, neurodiversity offers a conceptual lens for looking at strength-based intervention approaches and the role of parents in the treatment of their autistic children. Like strength-based approaches, neurodiversity works from and promotes a positive, capability-based focus in relation to autism. The positive and capability-based focus of neurodiversity also aligns with the findings of recent studies that indicate focusing on autistic children's strengths and capabilities increases outcomes for autistics children (Bellini & McConnell, 2010; Campbell & Tincani, 2011; Hume et al., 2014; Lanou et al.,

2012; Steiner, 2011). In addition, the tenets of neurodiversity align with recent research, which indicates that focusing on positive aspects of treatment increases coping and stress management in parents and may improve the caregiving situation overall (Carlson et al., 2010; Hines et al., 2012; Stadnick et al., 2012; Steiner, 2011; Xue et al., 2014). However, researchers have not used neurodiversity to frame strength-based intervention approaches in relation to the role of parents in the treatment of their autistic children. Researchers also have not explored the valuable insights parents can provide on the strengths, interests, and capabilities of their autistic children and how practitioners can use this information to extend and enhance strength-based intervention approaches.

Summary

Based on a review of the current literature, the role of parents in treating and understanding autism cannot be understated. Historically, parents have played considerable roles in shaping public and professional perceptions of autism, as well as in shaping the discourse concerning treatment agendas for their autistic children (Langan, 2011; Matson & Konst, 2014; Wright et al., 2014). Additionally, research has shown that parents play large roles in the lives of their autistic children as both coaches and caretakers (Zhou & Yi, 2014). Recent studies have shown that parents are highly involved in treatment activities with their autistic children (e.g., discussing goals, reviewing homework, teaching and reviewing skills; Stadnick et al., 2012) and that parents responded positively to shared decisions-making processes with health care professionals regarding treatment options for their children (Golnik et al., 2012). Furthermore, Hebert (2014) found parents were deliberate when choosing treatment options and based decisions on several factors relating to attributes of themselves as

parents, attributes of their children, and attributes of treatment programs (Hebert, 2014). In addition, Zhou and Yi (2014) stated parents should carefully monitor and control their own emotions when parenting their autistic children because parents' positive and negative emotions may affect their autistic children's symptoms accordingly. The contributions of parents to their autistic children and to professional discourse on autism remains invaluable because parents inhabit unique insider roles that straddle both professional and nonprofessional realms (Owren & Stenhammer, 2013; Wright et al., 2014), and this position affords them unique perspectives that may be used to extend and enhance strength-based autism intervention approaches.

During the past 20 years, strength-based intervention has emerged as an intervention approach in the treatment of autism that relies on leveraging the strengths and interests of autistic individuals to address challenges positively (Kapp et al., 2013). Researchers of strength-based approaches have focused on several areas of application, including the use of video (Bellini & McConnell, 2010), Power Card strategies (Campbell & Tincani, 2011), parent education (Steiner, 2011), developing strength-based assessment frameworks (Laija-Rodriquez et al., 2013), and encouraging independence in autistic adolescents (Hume et al., 2014). However, what is missing in all of these recent applications is how health care professionals identify the strengths and interests of autistic children. Because parents act in such influential capacities, and because they can offer unique and valuable perspectives of their autistic children, this study involved an exploration of the use of parent-identified strengths to advance strength-based intervention programs.

A majority of recent studies on the role of parents and strength-based intervention are qualitative, including narrative analysis (Hines et al., 2012), the use of semistructured interviews (Golnik et al., 2012; Hebert, 2014), case study (Campbell & Tincani, 2011), and grounded theory (Zhou & Yi, 2014). Other research methods include quantitative methods (e.g., correlational analysis; Xue et al., 2014), mixed methods (Stadnick et al., 2012), and experimental designs (Steiner, 2011). This variety of methods suggests qualitative methods may still be well suited for exploring the lives and challenges of autistic individuals and the contributions parents can make to the lives of their autistic children. In addition, even though previous extensive research exists on parents of children with autism, much of it has focused on parental self-efficacy and parental stress (Zhou & Yi, 2014). Because there is no research on using parent-identified strengths to inform and advance strength-based intervention approaches, an interpretive phenomenological approach was necessary to explore the phenomenon and to serve as the most appropriate methodology for this study. The study adds to the research literature on parents of children with autism and extends strength-based intervention approaches by exploring the use of parent-identified strengths for the treatment of their autistic children.

Chapter 3: Research Methods

Introduction

The purpose of this qualitative study was to explore how the underused and underrepresented parent-identified strengths of autistic children may act as the basis for the advancement of effective strength-based interventions and treatments. This study has practical implications for the treatment and intervention of children with autism and the potential to expand research in the fields of health psychology and community mental health. I aimed to uncover information that mental health professionals may use to improve the effectiveness of strength-based interventions. Although it is crucial to understand and address the mental and emotional deficits of children with autism, the identification of strengths and competencies that may counteract such shortcomings is equally important and forms a more complete picture of the individual's functioning (Lanou et al., 2012). Because current treatment and intervention approaches are primarily deficit-based, the strengths and competencies of autistic children have not been prioritized by researchers. Consequently, the strengths of these children have not been fundamental to treatment and intervention development (Lanou et al., 2012). Parents of autistic children often simultaneously act as coaches and caretakers, which provides them with unique and valuable perspectives needed to identify the challenges these children face, as well as the strengths they possess (Zhou & Yi, 2014).

In the study, I employed a qualitative approach using semistructured interviews. I interviewed participating parents of autistic children to identify the strengths and competencies of autistic children and to explore how they may act as the basis for positive reconceptualizations of the disorder and its treatment. This study has practical

implications for treatments and interventions of children with autism, and contributes to research in the fields of health psychology and community mental health. I hoped the study results would provide information needed to develop more effective intervention approaches through the positive reconceptualization of the strengths of autistic children.

This chapter begins with a description of the research questions, as well as the study design and rationale. I also discuss participant selection procedures, instrumentation, and procedures for recruitment and data collection. A presentation of the data analysis plan is followed by a discussion of trustworthiness issues and ethical procedures. The chapter concludes with a brief summary.

Research Questions

The qualitative study was guided by the following research questions,

RQ1: What are the parent-identified strengths and competencies of autistic children?

RQ2: What are parent experiences and perceptions of the use of their children's strengths and competencies during treatment?

Research Design and Rationale

I employed a qualitative research design in this study. The nature of qualitative research is inductive because results emerge from the data. This qualitative method does not involve a deductive approach because the goal is not to make a conclusion based on the logical progression of hypotheses, and the research questions do not pertain to the confirmation of a theory. Instead, this research included only the gathering and examination of perceptions of children with autism's strengths and competencies during treatment, framed within a theory.

Qualitative methods are useful for understanding social issues that cannot be conceptualized quantitatively (Creswell, 2014). Perceptions of strengths and weaknesses, and the perceptions and experiences linked with these traits, are detailed concepts that do not lend themselves to a numerical representation. By allowing participants to discuss these concepts rather than provide closed-ended responses that could be used numerically, the data contain rich and expressive details that inform the body of literature in a comprehensive way.

Employing a qualitative research design enables the researcher to immerse him or herself in the phenomenon under study in an effort to explore and understand it. Researchers who use qualitative methods can uncover information about an understudied phenomenon and pave the way for further study. In addition, this type of research can add depth and breadth to existing quantitative studies by uncovering salient details that may not have been previously observed (Tracy, 2013).

The aim of this research was to create an understanding and description of the experiences and perceptions of the participants rather than to prove or disprove a hypothesis, thus I selected a qualitative methodology. The information that arises from qualitative study relies on individuals' experiences and is detail-laden (Tracy, 2013). Qualitative methods rely on interpretive techniques that translate, decode, or describe the meaning of a social phenomenon (Cooper & Schindler, 2006). This qualitative information illustrates perceptions aligned with the theory of neurodiversity, which pertain to the concept that the traits associated with autism may be considered strengths.

I considered several qualitative designs before selecting IPA as the most appropriate fit. Narrative analysis, case study, and ethnography were all deemed

incompatible for my goals. For example, narrative analysis involves the examination of participants' knowledge, experiences, and history through their individual stories (Merriam, 2009). This design is useful for understanding dense chronological information (Corbin & Strauss, 2008). Because the study was an examination of the experiences of many participants, narrative analysis was not selected.

Case studies researchers explore the how and why of a phenomenon (Yin, 2009). Case study researchers seek deeper understandings of one or more cases (Johansson, 2003). The goal of case studies is to develop deeper understandings of specific cases in which a phenomenon has occurred. For the researcher, the goal of a case study is not to develop generalizable information, but to develop a rich understanding specific a case (Johansson, 2003). The research can involve studying one or more cases with a common link, but he or she also requires a basic understanding of the phenomenon. Because little is known about the phenomenon that I explored, a case study approach was not selected.

Ethnographic design involves the study of specific groups or cultures and is often utilized to learn about cultural factors, such as rituals and language (Tracy, 2013). Ethnography requires researchers to immerse themselves in a group and take on a variety of roles, including participant-observer and interviewer (Tracy, 2013). This methodology was not appropriate for the study because the goals did not include the examination of cultural traits.

For the study, I employed an IPA approach. When using phenomenology, the researcher seeks to understand unique, individual lived experiences and describe the experiences. When using IPA, the researcher focuses on how the participants make sense out of their experiences and seek to provide a clear description of the entirety of the

phenomenon under study (Larkin et al., 2006). IPA is used to explore and describe an experience that has already occurred. Researchers use the participants' perceptions, recollections, and experiences to get as close to the participants' actual view as possible (Smith, 2004). For this study, I conducted semistructured interviews with the parents of autistic children to collect this information. Because little critical work has included the perspectives of parents to identify the strengths and competencies of their autistic children for the purposes of positively reframing their conditions, IPA was the most appropriate methodology for this study.

Role of the Researcher

In qualitative studies, the researcher functions as an instrument because all study information flows through the researcher (Tracy, 2013). The role of the researcher for the study included collecting all study-related data. All of the children of participating parents receive speech pathology services, and some also receive physical and occupational therapies. None of the participants' children received services from the researcher. I engaged in bracketing and epoché. These practices involve the researcher's awareness and suspension of personal opinions and biases to obtain a clear view of the phenomenon under examination (Moustakas, 1994). Bracketing and epoché allows researchers to approach the experience of each participant with an open mind (Hycner, 1999).

Methodology

Participant Selection Logic

For this study, participants included 15 parents who have an autistic child who receives treatment in a clinical outpatient setting. In qualitative research, sample size is

determined based on data saturation. According to Bowen (2008), data saturation is achieved at the point when the addition of new participants no longer results in the emergence of new themes or concepts (Bowen, 2008). Many suggestions are available to qualitative researchers for identifying an appropriate starting sample size. For example, Tracy (2013) indicated five to eight subjects; Francis et al. (2010) recommended a sample of 10 to 13 participants; and Morse (1994) recommended eight to 12 participants. Based on these recommendations, a sample size of 15 participants was chosen for the study. If data saturation was not achieved through these 15 participants, additional participants were to be recruited and interviewed until saturation was indicated.

I used purposive sampling to develop the sample for the research study (Ritchie, Lewis, Nicholls, & Ormston, 2013). According to Ritchie et al. (2013), purposive sampling, also known as *criterion-based sampling*, involves prescribed sampling criteria in which “sample units are selected on the basis of known characteristics, which might be socio-demographic or might relate to factors such as experience, behavior, roles, etc. relevant to the research topic” (p. 144). To be eligible, participants had to be parents of autistic children who: (a) had received a diagnosis of ASD, (b) were between the ages of 3 and 10, and (c) were currently receiving treatment at the Christian County Clinic located in a suburban area in southwest Missouri.

Instrumentation

Data were collected via semistructured, open-ended interviews that lasted no longer than 1 hour. The use of open-ended questions aids in ensuring credibility, eases data analysis, and reduces the researcher bias (Moustakas, 1994). A panel of experts reviewed the initial researcher-developed interview protocol to detect potential bias and

establish the validity of each question. Any required changes were made before the first round of interviews begin. Appendix A includes a draft of the preliminary protocol.

Procedures for Recruitment, Participation and Data Collection

I recruited participants through purposeful criterion sampling to identify individuals who have experienced the phenomenon of interest. Participants were recruited using solicitation letters congruent with Walden's Institutional Review Board (IRB) guidelines and that explained the nature of the study and requested participation. I collected data via open-ended interviews that lasted no longer than 1 hour each. I modified questions every three to four interviews, as new themes emerged. I audio recorded and transcribed all interviews. The transcriptions were uploaded into Nvivo 10 to aid in analysis.

Data Analysis Plan

Smith, Flowers, and Larkin (2009) stated that IPA includes, (a) beginning from what is singular to an individual to finding shared experiences among participants, (b) an interpretation and description of the participants' lived experiences, and (c) a sense of commitment to understand what the participants actually experienced. Stages in this process include condensing the data, formation of categories, structuring the narratives, and then interpreting the results to extract the meaning of the experience (Creswell, 2014). Initially, I read and re-read the transcripts of the interviews to gain familiarity with the contents of the transcripts. This review allows the reader to begin to see patterns emerge (Tracy, 2013). Although it is important to note frequency, the heart of the analysis is to gain an understanding of the participants' experiences and perceptions (Smith et al., 2009).

When using IPA, researchers must treat coding as a recursive process, in which they interact with the data multiple times. Smith et al. (2009) suggested the use of three levels of exploration: (a) descriptive, (b) linguistics, and (c) conceptual. During the first pass through the coding process, the material is broken into units of meaning that are assigned a descriptive phrase that describes the data (Clarke & Braun, 2014). These codes are then organized into like groups that eventually form into initial themes (Braun & Clarke, 2006). Data are coded for emotional responses, key phrases, explanations, and descriptions (Smith, 2009).

The second level of analysis is to review the data for linguistic comments. An analysis of language use reflects the way content and meaning are presented and can reveal new layers of meaning (Smith et al., 2009). Language and content are at times intertwined. Areas to examine include pronoun use, pauses, laughter, tone of voice, repetition of words, metaphors, and hesitancy (Smith et al., 2009). This adds richness and depth to the analysis and enables the researcher to better understand the participants' experiences and perceptions.

The third level of analysis is conceptual commenting. At this level, the researcher begins an examination of the data at a conceptual level and begins to interpret meaning from the transcripts (Smith, 2004). During this phase, the researcher annotates the transcripts with questions, comments, and beginning analysis to make sense out of the participants' experiences with the phenomenon under study. Through a thorough exploration of each transcript and across transcripts, the researcher begins to lay the groundwork for the final analysis (Smith, 2006).

Finally, the different levels of analysis are joined and final themes are developed. These themes arise from knitting together the initial coding or grouping of the transcripts, the linguistic analysis, and the contextual commenting (Smith et al., 2009). This final level of analysis is based on Heidegger's adaptation of the hermeneutic circle, which is used to interpret experiences in a systematic way and is based on an abstraction of answers from multiple perspectives (Smith et al., 2009). At this level, the data can be explored from selected points of view, including social, economic, and cultural perspectives (Smith, 2006). The researcher's role is essential in the analysis because she or her is the instrument through which data and analysis flow, and the researcher is also the individual most cognizant of all aspects of the information analyzed in the study (Moustakas, 1994).

After the final results have been established and a construct created, I shared the information with the participants to gain their opinions. By using member checking (Tracy, 2013), I added another layer of information to the construct and increased the accuracy of the information. I considered any feedback offered and, if they felt it necessary, I modified the analysis further.

Issues of Trustworthiness

In qualitative research, trustworthiness is established through credibility, transferability, dependability, and confirmability. Credibility describes the degree to which study results accurately reflect what participants intended to communicate (Lincoln & Guba, 1985). During interviews, researchers must strive to gather authentic responses from participants (Drisko, 1997). To prevent intrusion, I remained aware of all aspects of communication throughout the interview process, including my nonverbal

body language. In addition, I isolated my personal opinions and biases by engaging in bracketing, as suggested by Moustakas (1994), to prevent any personal opinions or preconceived notions from affecting the interpretation of the data.

Transferability refers to the generalizability of results across other individuals or settings (Merriam, 2002). In qualitative research, transferability can be assured through thick description and sample variance. According to Shenton, richly detailing the data collection process can improve transferability. Even if findings from a replication of the study are different, validity is not necessarily questioned; rather, this may just be a reflection of a variety of participant experiences that richen the data.

Dependability refers to the likelihood that, given the same research context, methodology, and sample, similar results would be achieved through replication of a study (Shenton, 2004). To improve the dependability of the study, I documented all research steps in detail so that the study could be replicated by other researchers. I also kept a detailed record of the entire research process to increase the dependability of the information. Finally, confirmability is evident with the establishment of credibility, transferability, and dependability (Thomas & Magilvy, 2011). Study results must be reflective of the participants' voices.

Ethical Procedures

Before any data collection and approaching any participants, I obtained university IRB approval. I expected that this study would pose minimal risks to participants. However, participant safety was a principal concern addressed through the study design and procedures. All participants received an informed consent form (see Appendix B), which provided my name, contact information, and description of the study. I verbally

explained study risks, benefits, and confidentiality to all participants. In addition, I explained that participation was completely voluntary and that participants could withdraw at any time. Each participant was required to sign the informed consent form before interviews began. Participants were assigned a pseudonym to protect their privacy and all information gathered during the study remained confidential. Data are stored on a password-protected computer to which only I have access. After a period of n 5 years has passed, I will destroy all study data.

Summary

This chapter included a description of the methodology, including an explanation of the sample selection strategy, as well as descriptions of the instrumentation and data analysis plan. The purpose of this study was to explore how the underused and under-represented parent-identified strengths of autistic children may act as the basis for the advancement of effective strength-based treatment. This study has practical implications for treatment and intervention of children with autism and adds to the research literature in the fields of health psychology and community mental health.

Chapter 4: Results

Introduction

The purpose of this qualitative IPA study was to collect information on parents' perceptions of their autistic children's strengths and competencies to advance strength-based autism intervention. I sought to collect information on parents' perceptions of their autistic children's strengths and competencies to generate novel ideas about identifying strengths to advance strength-based intervention approaches. In many ways, the parents of children diagnosed with ASD assist and support their children regarding the challenges and difficulties they face. In addition, as caretakers to their children in home settings, and as coaches in treatment settings, parents have intimate knowledge of the strengths of their children diagnosed with ASD (Owren & Stenhammer, 2013; Zhou & Yi, 2014). Therefore, parents of children diagnosed with ASD have a unique, underexplored, vantage point pertaining to their children's strengths and can provide both intimate and valuable information regarding treatment that health care professionals and learning specialists may not be able to provide. To thoroughly assess these perceptions, I posed the following research questions:

RQ1: What are the parent-identified strengths and competencies of autistic children?

RQ2: What are parent experiences and perceptions of the use of their children's strengths and competencies during treatment?

This chapter includes the research setting and presents the demographics that were pertinent to the study. Following the demographics is a brief review of the processes used in data collection, which precede the empirically-grounded analysis of themes. A

review of the evidence that establishes trustworthiness is presented and followed by an in-depth discussion of the results of this study. To ensure trustworthiness, the triangulation of the empirically-based themes will be included in the in-depth discussion of the results.

Research Setting

I originally selected the Christian County Clinic in southwest Missouri as my research focus; however, when no recruits became available, I located another clinic, Evergreen Clinic, where recruitment was abundant. This clinic also offered strength-based treatment to autistic children. Participants were parents of autistic children receiving treatment at the Evergreen Clinic. All participants were knowledgeable of the treatment being received by their autistic children. Interviews took place in a private office to ensure privacy, except for one participant whose child was playing in the nearby lobby. Otherwise, the office was separated from casual bystanders via the closed door. At times, there were distractions if the participant's child was in therapy during the interview, which led to interruptions. Despite the distractions and interruptions, participants were easily redirected to the interview and it appeared as if there was no difficulty in continuing the interview about their children.

Demographics

All participants had an understanding of the OCH Evergreen Clinic's treatment approach and practices. The final criteria for inclusion in the purposive sampling were parents whose child received outpatient treatment at Evergreen Clinic, had received a diagnosis of ASD, and were between the ages of 3 and 10. Table 1 outlines relevant participant demographics as they related to the research study.

Table 1

Participant Demographics

Participant	Relationship to Child	Gender of Child	Race
Abbi	Father	F	White
Analita 1	Grandmother	F	White
Analita 2	Mother	F	White
Colton	Mother	M	White
Daniel	Father	M	Black
Devontae	Mother	M	Black
Dominic	Mother	M	White
Grady	Mother	M	White
Johnathan	Father	M	Black
Marshall	Mother	M	White
Samuel	Father	M	Black
Spencer	Mother	M	White
Tyler	Mother	M	White

Data Collection

After receiving IRB approval from Walden University, I submitted the Letter of Recruitment to OHC Evergreen Clinic. OHC Evergreen Clinic was the location where I recruited participants for the research study. A total of 15 participants were intended to be recruited for the research study; however, using purposeful sampling, a total of 13 participants were recruited. These 13 participants met the inclusion criteria, which were parents of children (a) between the ages of 3 and 10, (b) with a diagnosis of ASD, and (c) who had recently received or were currently receiving speech pathology services. I conducted a semistructured interview with participants on a one-on-one basis during a period of 6 weeks. The length of the interview ranged from 30 to 60 minutes, with an average time of 30 minutes. Prior to the start of the interview, each participant was given an informed consent form.

I obtained the participants' consent to participate in the research study and to audio record the interviews. Each participant was made aware that his or her participation in the research study was voluntary and could be rescinded at any time without any consequences. No participant withdrew from the research study. Interviews took place in an enclosed office space, which allowed privacy for each research participant. After I conducted all the interviews, the transcripts were sent to a third-party transcription service. Audio recordings were stored on a password protected iPad to which only I had access. The transcripts are stored electronically on a personal home computer located in my home office, to which only I have access. Physical data are stored in locked filing cabinet located in my home office, where only I have access.

Data Analysis

After receiving the completed transcripts from the third-party transcription service, I performed a member-check of the interviews. For this process, each participant was provided a copy of their transcript to review, edit, revise, and provide additional comments. Participants' feedback was incorporated in the transcript and the transcript was updated, if needed, to reflect their feedback. At this point, I began to analyze the data according to IPA. I uploaded each interview transcript to NVivo 11, a computer-assisted qualitative data analysis software (CAQDAS).

I read and re-read the interview transcripts to get an idea of the participants' lived experiences. During this first step of the data analysis, I made notes about their experiences and began to identify their emotional responses. This step helped me as I moved forward with the coding process to identify the meaningful excerpts that conveyed the latent meaning of each participant's experience. By doing so, I could explore the

phenomenon as it was experienced and expressed by each participant. I used the IPA method to understand the latent meaning of participants' experiences. After reading and re-reading the interview data, I used the notes I made to help guide the initial coding process. By examining line-by-line to find meaningful excerpts that illustrated and outlined the latent meaning each participant conveyed about their lived experiences, I was able to compile a list of initial codes. Table 2 provides an example of the coding process.

Table 2

Example of Coding Process

Raw Data	Code
Because that's her space and she has her routine and routines are very big to her. Um, she doesn't do change well. So people coming in—even for visits can be questioned or like if they touch the wrong thing, um, she's clear to make sure they understand that's not what she wants them to do and it makes her uncomfortable. Um, and really, really, stresses her out. So in the home, but the thing about it is, it's mostly the people coming into the home she's familiar with and they understand how she is and how to handle that because they've been around us enough to know. Outside of the home, many times she's viewed as being spoiled, or whatnot, because some of the actions that she has based on her inquisitiveness and her lack of understanding a social situation, and all of these various things are interpreted by people without these issues as a behavioral issue when it's really more—you know, it's more deep rooted than that. And, um, you know, sometimes it's hard with an ASD child to reel them in. You know, it's not about not disciplining them, it's the fact that we know that traditional discipline doesn't work. You have to come at it from a different viewpoint. A lot of people view that, you know, as, "Are you accommodating the bad behavior rather than you actually trying to address the issue?" So, outside of the home it can be—You know, people take it wrong. People get offended. People, you know, think you're doing something wrong. So you just have to eliminate the care of what they think.	<p>Routine is important</p> <p>Effect of change</p> <p>Home environment is supportive</p> <p>Outside perceptions</p> <p>Different interventions to correct behavior</p> <p>Outside perceptions</p> <p>Don't care about outside perceptions</p>

After I completed the line-by-line coding, there were a total of 27 significant and unique codes. I compiled this list of 27 codes and began to examine the codes to understand the latent meaning identified earlier in my notes. During this process, I began organizing, assembling, and merging codes together to form subthemes. I then took the list of subthemes and examined them to assess whether there were any further relationships. For some subthemes, there were higher conceptual labels they fit within,

called themes, whereas for others, the subthemes were at the highest conceptual stage and were made themes. This IPA data analysis process generated a total of six themes. Table 3 outlines the themes, subthemes, and the research questions they connected to.

Participants enumerated the multiple strengths their child had and shared detailed examples of their child's innate strengths. Participants talked about supporting their child's development through the means available to them, such as in-school therapeutic interventions and outside interventions. Participants believed in their child's future and made sure they provided the tools they needed so their children could have successful lives as adults.

Table 3

Connection Among Research Questions, Themes, and Subthemes

Research Question	Theme	Subtheme
1. What are the parent identified strengths and competencies of autistic children?	Routine	(1) Differences between school and home (2) Exposure to variations in routine
	Caring for Others	N/A
	Relationship with Parent	(1) Parent-identified strengths
2. What are parent experiences and perceptions of the use of their children's strengths and competencies during treatment?	Therapeutic Intervention in School	(1) Positive perceptions (2) Negative perceptions
	Therapy	N/A
	Outlook for the Future	N/A

Evidence of Trustworthiness**Credibility**

Credibility describes the degree to which study results accurately reflect what participants intended to communicate (Lincoln & Guba, 1985). During interviews, researchers must strive to gather authentic responses from participants (Drisco, 1997). To prevent intrusion, I remained aware of all aspects of communication throughout the interview process, including nonverbal body language. In addition, I isolated my personal opinions and biases by engaging in bracketing. Bracketing is a technique qualitative

researchers employ to prevent any personal opinions or preconceived notions from affecting the interpretation of the data (Moustakas, 1994).

Transferability

Transferability refers to the generalizability of results across other individuals or settings (Merriam, 2002). In qualitative research, transferability is assured through thick description and sample variance. According to Shenton (2004), richly detailing the data collection process can improve transferability. Even if findings from a replication of the study are different, validity is not necessarily questioned; rather, it may just reflect a variety of participant experiences that enrich the data.

Dependability

Dependability refers to the likelihood that, given the same research context, methodology, and sample, similar results would be achieved through replication of a study (Shenton, 2004). To improve the dependability of the study, I documented all research steps in detail so that the study could be replicated by other researchers. I also kept a detailed record of the entire research process, which increased the dependability of the information.

Confirmability

Finally, confirmability was evident with the establishment of credibility, transferability, and dependability (Thomas & Magilvy, 2011). Study results must be reflective of the participants' voices.

Results

Research Question 1

Research Question 1 asked, “What are the parent-identified strengths and competencies of autistic children?” Three themes arose in response to this question: (a) Routine, (b) Caring for Others, and (c) Relationship with Parent. The theme Routine consisted of two subthemes: (a) differences between school and home, and (b) exposure to variations in routine. The theme Relationship with Parent had one subtheme, parent identified strengths.

Routine. Participants talked about the importance of routines for their children’s lives. For several participants, school represented a place where their child maintained a comfortable routine of activities. However, at home participants struggled to maintain the routine for their child. This may have to do with the fact that a school functions with strict perimeters and has regulations on activities and events, whereas the home was more open to outside influence. For example, a child could get sick, a parent may need to run out of the house for something, or a television program may be canceled. All of these things can throw off a child’s routine and create stress in that child’s life. Although these are things that most participants recognized to be out of their control, the participants also recognized their child’s aversion to change and disruption of their routine. Despite their aversion to change, participants reported their child’s adoration of routine. For those participants, their children flourished within a routine environment. This may have to do with the sense of control being appeased because everything maintained the order needed to bring a sense of security and comfort to the child.

One parent talked about how his son Samuel enjoys having “rules and routine” in his life because he follows them to a T (Samuel). In that respect, it was a strength of Samuels to follow the rules and maintain order within a routine. Samuel’s father talked about how his son is meticulous with keeping to his routine and stated “he (Samuel) remembers to do everything in order [and] put everything away when he’s supposed to.” His father remarked that compared to his older sister, “He’s (Samuel’s) so much better” at performing routine tasks like “remembering to wash out his bowl and wash up his spoon after he’s done eating” (Samuel). For another participant, his father described his son as extremely adherent to his routine. Johnathan’s father talked about how Johnathan has become more self-reliant by setting “his alarm clock” and getting “up on his own [and] gets ready for school” on his own. While at school, Johnathan is “very well organized” and reminds the teachers of certain activities to the point where “they actually rely on him as a kind of alarm clock.” His father acknowledged that he and his wife do not worry about Johnathan being at home and stated, “We can leave him at home and he’ll do his normal routine” without any problems (Johnathan).

Differences between school and home. Participants recognized that the difference between the school environment and the home environment was structure. At school, activities were regulated and uniform, whereas at home, changes occurred based on what outside events were happening. As an example, sometimes there was a need to go out to the store to grab something forgotten. Things of a sudden nature do not happen in the school environment because a regulated structure of activities exists; however, changes in the routine at home cannot be helped, especially when a parent goes “Oh crap! I forgot something. Wait, let me go” to the store (Analita 2). It may be possible that sudden

changes to a routine create a sense of instability and uncertainty to children diagnosed with ASD because there is an unanticipated deviation from what is considered normal. As a result, the instability and uncertainty can cause meltdowns, stress, and other emotional responses in children diagnosed with ASD who may not have the verbal skills to communicate their concerns or fears.

For Analita's mother, there was a recognition that although at school every day may follow the same routine, "the day's not always gonna be the same at home" (Analita 2). There were changes from day to day, dinner time was a prime example for her because although "we'll try to get it around the same time" but ultimately "dinner time is when dinner is done" (Analita 2). Analita's mother acknowledged that when sudden changes happen, such as having to go to the store for something, her daughter "can get upset" about the change (Analita 2). She talked about a particular instance when she needed to go to the store and Analita "got upset for about 30 minutes" because of the sudden change (Analita 2). Even changes like a day off school can create stress for a child, something that Devontae's mother shared because "he's used to every day" going to school.

Exposure to variations in routine. Deviations from the normal routine can affect a child's behavior because of the difficulty adjusting to the change. Devontae's mother discussed how variations in routine affect Devontae's behaviors, like noticing "worse behaviors when we don't do the same thing." For him, he has trouble transitioning when "something's difference than [the] usual" because it "throws him off" (Devontae). Participants talked about how routine was an important part of their child's lives because it provided comfort and made things more emotionally manageable. Despite that, one

participant recognized that although his daughter was big on routine, it was not realistic when dealing with the outside or real world. Society does not work in the way of routines, things are constantly changing and Abbi's father tries to "take a little extra time for explanation and coaching [on] the new situations" that Abbi faces when dealing with the real world. This was because he and his wife "know that she has to integrate into society" and for that to happen successfully, "she has to be able to function in society productively" (Abbi).

Participants wanted to help their children be active and social because they did not want to see their children become isolated from the world. Although social skills and reading cues were different challenges they faced, participants took the time to help create what one participant called "absolutes." For him, it helped him with his daughter who would constantly question directives because she wanted to know 'why' something had to be done. As a result, he started creating these absolutes so that she could participate fully in social situations both outside and inside the classroom. It could have been that these absolutes helped Abbi "go with the flow" because she knows that, "This is an absolute. This is what you do when this situation occurs." Abbi's father recognized a problem with absolutes when "every situation's new, so setting an absolute, it has to be for certain situations."

Caring for others. Most participants identified compassion as a strength of their child diagnosed with ASD. They talked about the tendency of their child to care for others and to be sensitive to others. Some children were described as highly affectionate and loving, like Abbi and Grady, whose parents both shared that their children were loving. Grady's mother talked about how her son is big on snuggling and cuddling,

something that she loves to indulge him with. She shared several positive qualities that she sees in Grady, such as his willingness to share with others and his easygoing attitude towards others. Analita 1 shared an experience regarding Analita's compassion towards a friend of hers who was close to dying. She talked about how they both arrived at her friend's house and Analita "was just so loving and just—she's just so compassionate. And she really is concerned about others... I think it's an innate ability within her." Analita 2 recognized that Analita's sensitivity towards others and her open heart was a strength of hers.

One participant talked about her son's caring disposition towards small children, animals, and other people. Spencer's mother described her son as "very caring" towards others and how she believed "he wouldn't hurt a fly" because of his caring nature. She explained how much "he loves animals" and how "he does very well with smaller children" because he will sit "on the floor playing with them" in a gentle manner (Spencer). To her, she thought it was wonderful that he had such a caring and compassionate nature towards animals and children. Another participant talked about her son's gentle and caring nature with small children. Colton's mother described Colton as "a gentle giant" because of how gentle he is with young children and babies. She explained (Colton),

I mean, we're out in the waiting room and there was a baby that came in and he wanted to immediately take the camera [to] take a picture of the baby. Um, and then, you know, he has this—because with his sensory, he likes to smell things, so, he immediately had to smell the baby and he's very, very, um, keen—you know aware of, um, the nurturing aspect of being with a baby or an animal. Like,

if he's around a baby, he wants to just gently—I mean, most kids you would just have to tell them. Like my daughter when she was little, like [I had to tell her], 'Don't touch the head' And he, just like very softly wants to caress. He's very aware, like, he's very aware of the people around him; even younger children. And you know, he's like, you know, a nurturer. And I think that that is a—That is a great strength.

Colton and Spencer were similar in that respect, as they understood the need to be gentle with young children, babies, and animals. They were both natural nurturers and had an innate understanding of being gentle towards other, especially when those beings were smaller and more vulnerable than them. Their parents believed their child's compassion was a strength of theirs.

For one participant, he described his son as “very empathetic” and “overly caring” about others, especially his family members (Daniel). Although he still “has his moments” where he may “walk past another kid playing in the common area and steal their toy” like “any other kid,” he has tender moments with his sister when she is upset or with another child in distress (Daniel). Daniel's father explained that “if his sister is crying...over something” he will try to help stop her crying by “tak[ing] food from his bowl to feed her” thinking that may help soothe her cries. When another child is in distress or sad about something, Daniel “will give something that's his to, um, help” that child. His father praised him for having “a good heart” and being “extremely courteous,” which made Daniel's father consider him “exceptional.”

Dominic's mother talked about how her son was “very caring” about others and their feelings. She explained that it was his caring attitude towards others that made him

want to help others, even his family. She shared how “if I’m doing anything—cleaning, dishes—he wants to help [me with it]. He’s Mr. Helpful [in our household]” and “he’s always been that way” (Dominic).

Relationship with parent. Participants described the relationship they had with their children who were diagnosed with ASD and shared the strengths they identified in their children. Some of these strengths were identified in the previous two themes, such as with Spencer and Colton’s strength of compassion or Johnathan’s strength of being self-reliant. Analita’s grandmother shared during her interview that her relationship with Analita was closer to that of a mother-daughter relationship. She explained why she felt this way when she said, “I choose to discipline them (my grandchildren) like I did my own children” (Analita 1). Despite being strict with Analita and letting her know where the boundary was between them, Analita’s grandmother shared a story about a positive experience she has with Analita during a meltdown over doing her homework. She said,

She needed to do her numbers and [her mother] called me because she didn’t know what to do with her. She was having just a huge major meltdown. . . . So we put her on Face Time and I just said, ‘Analita—’ and I didn’t say quit crying, stop crying. I just said, ‘I know you’re upset about your homework,’ and I said, ‘I don’t wanna do my homework either,’ and I said, ‘but—’ And we have a word. Instead of saying together when we’re talking about together, just between her and I, we say ‘togetta’. It’s our special way of saying it. ‘We doin’ it togetta.’ We say togetta. And I said, ‘I know.’ I said, ‘You do your homework and I’ll do my homework when we get off the phone we’ll know we’re doin’ it togetta.’ And Talina got so excited because Analita picked her pencil up. (Analita 1)

Analita's grandmother had a special relationship with her granddaughter and cared about her deeply, just as Analita cared about her grandmother. Analita's grandmother made sure to take the time to get Analita back on track with finishing her homework, something that made Analita's mother grateful.

Devontae's mother talked about her relationship with her son and shared that "he's just my lovely, cuddly bear." They have an affectionate relationship and she described how "he's the one that always wants to give you a hug and kisses and love you and be around you all the time" (Devontae). Abbi's father talked about how he was "very close" with his daughter and that they did a lot of things together.

Parent identified strengths. Participants identified the strengths they saw in their children who were diagnosed with ASD. Abbi's father described what he perceives as Abbi's strength: her inquisitive nature and how she "questions many things." He shared how Abbi "loves everyone" because of her nonjudgmental frame of mind, something he acknowledged helps Abbi "sees things from a very different viewpoint than the average person." Marshall's parent talked about his strength and his fun personality, saying that although he's "very polite and friendly" to others "he keeps everyone going [because] he's very entertaining" and funny.

Devontae's mother talked about how her son has become more comfortable pushing beyond his comfort zones to explore and experience new things. Even though there may be instances where he feels uncomfortable or does not want to do something, like "go to the public restroom or something" he continues to grow beyond his comfort level (Devontae). Devontae's mother shared how his ability to break through his comfort

level has to do with his how strong he feels about doing something. She talked about an experience during her interview and said,

Like, one time we went to the fairground and I didn't know how that was gonna work 'cause there was, you know, indoor jump houses and there was a ton of people there but I mean, he really had a lot of fun. Once he broke out of his shell and actually did it, he had a lot of fun.

To Devontae's mother, his willingness to step outside of his comfort zone was a strength of his.

Samuel's father talked about Samuel's strength and said that his fun character was his biggest strength. He shared how "people like the way he just loves to smile and loves to laugh, and comes up with the funniest things to say" to get everyone around him laughing (Samuel). His father talked about another strength of his, being polite to others because that was a routine he learned. His father mentioned how he remembers "to say please and thank you" to others when asking for something or receiving something (Samuel).

Spencer's mother identified her son's intellect as his biggest strength and talked about how her son was "very scientific [and] math oriented." She drew a comparison to a television show *Big Bang Theory* and shared that "every time I see Sheldon Cooper I think 'Okay, they made him after Spencer'" (Spencer). To her, her son's proficiency in math and science were positive skills for him. Analita's mother described Analita's greatest strength as her daughter's ability to use her "sense of empathy and compassion" to connect with others.

Research Question 2

Research Question 2 asked, “What are parent experiences and perceptions of the use of their children’s strengths and competencies during treatment?” Three themes arose in response to Research Question 2: Intervention in School, Therapy, and Outlook for the Future. The theme Intervention in School had two subthemes: (a) positive perceptions of intervention in school and (b) negative perceptions of intervention in school.

Intervention in school. Participants spoke of in-school therapy or interventions their children diagnosed with ASD experienced. Many of these experiences were positive and helped foster the child’s development and strengths. However, a few participants reported negative experiences.

Positive perceptions of intervention in school. For several participants, therapeutic intervention in school was a positive experience that cultivated their child’s strengths. Analita’s mother talked about how the therapeutic interventions supported her daughter’s strengths to make developmental progress. She shared how Analita “continues to be doing better... especially with the interventions [in school]” (Analita 2). Her mother talked about the school her daughter attended during the time of the interview because “in smaller [classroom] settings [Analita] definitely does better” (Analita 2). Analita’s mother liked the school because “they limit classroom size,” which makes her feel comfortable about the level of interaction Analita has with the teacher and her classmates (Analita 2). She shared how “the older kids are encouraged to help the younger ones and [do] certain activities” together, which fosters a cooperative environment for the children (Analita 2). In addition, her mother noted that it “partly maybe just age as she’s just grown cognitively” and received therapeutic interventions (Analita 2). Either way,

Analita's mother was happy to see the school environment fostered her daughter's strength.

When Colton started at his current school, his mother reported that "it took him a good month, month and a half to transition" to the new school setting. Even though it took Colton some time to get used to his new teachers, his new school, and his new schedule, he is flourishing in his new school environment. For Colton's mother "it's been fantastic" to see him thrive at his new school and shared how it has to do with the fact this school "keep[s] the teacher with the students throughout the [whole time] that they're there." She explained how Colton was "in an autism dedicated classroom" where he will "stay with the same teacher throughout the whole 6 years." Colton's mother had nothing but praise to share during her interview because "he's flourished, he really has" in this new environment because "they're (teachers) willing to actually put the time and effort" into teach her son. She described the inclusive school environment for all students, not just children diagnosed with ASD, where everyone participates in school functions like assemblies. She talked about how during school assemblies the teachers and administrators will remind all the students to maintain a respective volume "because we have friends here and it (loud volumes) hurts their ears" (Colton). For Colton's mother, her positive experience with therapeutic school interventions created a sense of comfort for her as a mother to know that her son was being taken care of as a whole person and included in the learning process.

In preschool Johnathan began receiving speech therapy during school, which his father described as helpful. Whether it was because Johnathan was "in an environment where so much communication [happened or] maybe some things motivated or inspired

him” to talk more, his father was just grateful the school was encouraging and intervening in his speech. He shared that since joining the preschool he “finally started to see the speech really develop,” but acknowledged his speech “was still slow” (Johnathan). Despite that slowness, it is better for him to get comfortable speaking and adjust his tempo rather than him not talk to begin with. For one participant, she fought hard for her son to not be put “in an isolated classroom” because she wanted him to be mainstreamed with his peers (Marshall). She believed that isolating him from his peers would negatively affect his social development, something that she did not want for her son. She shared how her son had “an aid during the day during reading time” because in his IEP it “says that he needs extra assistance during that reading time” (Marshall). She admitted that she did not know “what will happen next year or the year after that” but knew they would overcome any challenges that arose.

Samuel’s father talked about how Samuel “behaves enough [where] he’s not a disruption” to other kids but that he does not participate much in the classroom. Despite the lack of participation, Samuel’s teachers and aids help him with learning topics in the classroom. He shared that although Samuel may have areas where he struggles, “there are some thing he learns pretty well.” For Tyler, his mother described his behavior in the classroom as “just like any other child, he has good days and bad days.” She mentioned that he often floats between two classrooms, the special education room “where he’s a lot calmer” and when he is eligible, “the regular classroom” (Tyler).

Negative perceptions of intervention in school. A few participants shared their negative experiences with therapeutic school interventions. For one participant, she felt like her son was not given enough support at the school he was currently at. Devontae’s

mother's biggest concern was how there were "people that are supposed to be working with him on things" but that the school does not "have enough people to help him" reach the goals of his IEP. She mentioned how her concerns were mirrored by other parents who were "having problems with their kids" because they were "not getting all the things they need, you know, from the school" to adequately support their children (Devontae). She did not believe the school withheld their support, she instead believed that it had to do with a lack of knowledge about ASD and training on how to work with children diagnosed with ASD. Although she understood that it was something she did not "remember hearing about before," she wanted her son's school to recognize "there's tons of people that have it" and it is important to become educated about ASD.

For another participant, one particularly terrible experience made her decide to pull her son out of school and begin homeschooling him. She explained how she did not connect with her son's teacher about his needs as a nonverbal child diagnosed with ASD and detailed numerous experiences where he would come "home in other peoples' clothing, pull-ups, on several occasions" (Grady). She did not feel comfortable sharing the other experiences they had with this teacher and this school, but it was enough to make them frustrated about "what else was going on" during school and pull him out of the environment (Grady). Because he was nonverbal during that point in time, they could not get explanations from him about what happened, which may have further frustrated them if the answers they received from the school did not make sense. As a result, Grady's mother and father made the decision to homeschool him instead of continue sending him to that school.

Spencer's mother felt she had to consistently advocate for her son to be treated fairly after her son has a meltdown at school. She explained that she would argue and scream "at the principal going, 'You need to get your act together and treat this kid how he should be treated for his, what they consider, a disability!'" (Spencer). She shared that she made sure to talk to Spencer about his behavior because even though "I understand and we know what's going on," the behavior he exhibited during his meltdown was "not socially acceptable." Although other parents would "make excuses for that behavior," Spencer's mother recognized that Spencer needed "to know that he can't act like that."

Therapy. Therapy was a recurring theme among participants particularly therapy outside of the classroom. Some participants had negative experiences with therapeutic interventions for their ASD child, but the majority of participants described the benefit of therapy or therapeutic interventions for their child. Devontae's mother talked about her son's occupational therapy and about how much he has progressed in a year. She shared that Devontae "was not even able to hold a pencil last year and now he's able to write his name" during school. Even though Devontae "may not be improving like some of the other kids, he is improving" compared to where he started. Devontae's mother talked about how his speech has been improving as well to the point where his teachers are telling her that "I've seen such an improvement" in Devontae's speech. She admitted that although he was "not at the beginning of the word yet" he was making improvements with the "sounds at the end of the words" (Devontae). Reaching these milestones helped her recognize Devontae's ability to overcome the obstacles he faces as a child diagnosed with ASD regarding his speech.

Spencer's mother admitted that she wanted her son to get to a point where he had an "awareness of what's going on inside of him [and] being able to talk to the teachers himself" instead of coming home and telling his mother how he did not understand his assignment. She recognized how hard it may be for him to acknowledge that "I don't understand this and I don't know how to tell you [what I need to know]" (Spencer). Despite that, she believed his therapeutic interventions "will only continue to be helpful" to Spencer because "the more we learn, the more we know."

Samuel's father talked about how his son was previously seeing an outside speech therapist but shared that he pulled him out of speech therapy because Samuel's preschool provided on-site speech therapy. Samuel's father noticed that Samuel's "communication skills have just remained behind" compared to his classmates. Although he recognized that overall his communication skills have "gotten better" he has not made significant progress to better his communication skills to the point where his father "got him enrolled in" an Autism center (Samuel). Samuel's father shared how after enrolling him in at this Autism center, "we really started to see a change in how well he would function."

Johnathan's father discussed how speech therapy has "been the biggest focus" for Johnathan. He shared that after sessions with the speech therapist, he will "see him start to use some of those" skills learned during his meeting (Johnathan). Whether Johnathan learned "new words" or how to structure "his sentences in a new way" his father sees the improvement to Johnathan's communication skills. Johnathan's speech therapist gives Johnathan's father updates on what was covered in each session, which gives him an opportunity to work with Johnathan on those new skills.

For Analita's mother, she talked about the multiple ways she provided support to her daughter through various therapeutic interventions. She explained,

She (Analita) received some speech therapy, and physical therapy, and occupational therapy, and then she was also at a—She went into a special ed. preschool, as well... So that was a combination of all those [interventions]... I don't know if it was a combination or just a communication—I mean, she was able to express or just speak more, just clearer. I think emotionally she seemed to be starting to do better and that's kind of what I mean. She had more of the vocabulary and more [of the] means to show that it gave her help. They also had her—her special ed. preschool—had a set aside class for social skills... Um, I just think that the language helped give her more of an outlet for how easily overwhelmed, um, she seemed to be sometimes. (Analita 2)

Analita's mother was grateful these therapeutic interventions made a difference in her daughter's life and ability to express herself to others. The skills she learned, and continues to learn, will have a lasting effect on her daughter's life. For Tyler's mother, the therapeutic interventions her son experienced made a lasting impression on his behavior and communication. She shared her fear that Tyler would 'lose' those skill because not only had she heard stories about that occurring to other parents but also because he son was minimal verbal when he began speech therapy. She expressed her gratitude for the speech therapist who worked with her son and gave the speech therapist credit for keeping "his [number of] words going up instead of backwards" (Tyler).

Daniel's father shared how Daniel's change after starting speech therapy was "almost immediately, I'd say after two weeks we noticed a change in his speech." He

shared that despite how cliché it may sound, his son seemed to “blossom” with his new communication skills (Daniel). He talked about how Daniel used to be “almost completely non-verbal” and described that before starting speech therapy “if he wanted to tell you something he might point at it.” His father explained how he use to “have a real rough time with that” because he would “prompt him and he would point again” (Daniel). Since Daniel started speech therapy his mother and father “noticed he’s doing less and less of that behavior and more talking” to them. For them, Daniel has made tremendous progress with his communication skills and both his parents look forward to seeing more progress as they continue with speech therapy. Dominic’s mother talked about the vast improvements her son has made with the help of speech therapy. She reported that a “couple of years ago, he wasn’t even using full sentences” but after starting speech therapy he speaks in full sentences (Dominic). She acknowledged he takes some time to think about what he wants to say and “sometimes he’ll say something wrong, but he’s still get a sentence out there rather than one or two words” like before (Dominic).

Outlook for the future. Each of the participants shared their perceptions about the outlook of their ASD child’s future. They all had a mostly positive outlook, and therapeutic interventions played a role in many of the participants’ responses. Abbi’s father believed in a bright future for his daughter because “she’s not held back by her diagnosis.” Although there will be challenges she faces, he correlated her obstacles to the obstacles someone may face as a diabetic and said:

It doesn’t keep you from doing what you need to do, you just have certain precautions you take and there’s certain proactive things that you do to keep you from getting into situations you don’t want to be in. And so, I feel like that maybe

she—she’s gonna do what she wants to do, I know that. And, um, I don’t know maybe it’ll take a few extra steps for her to accomplish something that takes someone one, one step. But, I think that we know enough and I do think that continually people are becoming more and more educated about autism and the spectrum and understanding things that it’s gonna help. (Abbi)

Abbi’s father believed that the future for his child, and any child diagnosed with ASD, was going to be bright for her. Similar to Abbi’s father, Marshall’s mother believed in her son’s ability to overcome any obstacle placed in front of him. She recognized that although “he will have setbacks just like everybody else,” her son “can do whatever he sets his mind to” (Marshall). Parental belief in their children’s abilities to deal with the realities of life was prevalent in these two participants. They knew there were going to be problems, but felt that with continued support and therapy, their children would be able to handle the hurdles of life.

Tyler’s mother shared her desire for Tyler to be able to hold down a job and support himself without the help of others. She believed during Tyler’s “late 25s to early 30s... he might be able to consistently hold” down a job” instead of relying on other people (Tyler). Grady’s mother recognized her son was going to need “the right support” to have a bright future and shared her concerns that there was not a lot of support for adults with ASD. She explained there was a variety of support “for kids and even teenagers” but for adults “it’s harder” to have the necessary help and support to succeed as an adult (Grady). She felt that with the increase in diagnosis of children with ASD things for adults with ASD were “getting better” because “it’s affecting more and more families” (Grady).

Johnathan's father recognized his son could take care of himself when left alone at the house and mentioned how "he can cook dinner for himself." Despite that, his biggest concern was communicating verbally with others and meeting "a new group of people in a new setting" (Johnathan). He wanted his son to be "seen as, you know, one of the guys, so to speak" and to be socially engaged with his peers as an adult (Johnathan). Outside of those concerns, he believed his son was able to take care of himself by himself without someone to remind him.

Daniel's father believed in a bright future for his son because of the therapeutic interventions he had in his life. His father talked about looking into getting his son some additional therapy, something along the lines of "behavior modification therapy-type help" (Daniel). He admitted that during the time of his interview, him and Daniel's mother were "not even looking maybe down the road at his adulthood so much" because there were other concerns they had to contend with (Daniel). He shared his concern for the upcoming transition to public schools because they "don't want him to have troubles in school" they could have "avoided by getting him the tools he needs" (Daniel).

Spencer's mother had a bright outlook for her son's future and said that she believed he would "be able to function in society" after he was more independent. She talked about how she envisioned him as "a lab geek somewhere where he's in his little [world]—and every communication is through an email or paper that he writes" (Spencer). She continued and described he would "have his couple of friends that he hangs out with every once in a while" and would eventually find someone to share his life with (Spencer). She explained that it would "take a special woman to understand" him for who he was, but she believed he would find that person for him (Spencer). She

saw him “getting married and having kids” with this special woman, and believed they would “work together as a team with their children” (Spencer). Spencer’s mother had high hopes for her son to live a life that was fulfilling and meaningful, and to be able to share that life with someone special.

Summary

Participants attitudes, beliefs, perceptions, and experiences as parents to children with ASD were summarized in six themes. Participants identified and talked about the strengths of their children; their compassion and caring nature, their ability to thrive within structured environments; and their bright personalities. A couple of participants talked about their child’s innate awareness of others’ feelings and sensitivity towards animals. They talked about how they children cared for and played with animals and small children, something they identified as a strength within their children. Some participants mentioned their child’s affinity to following orders and falling into a routine with ease. They shared how their children were mindful and polite to others because of their routine of being polite, and a few parents talked about how their children did not need to be reminded to pick up their toys. For several participants, their child’s fun-loving attitude was infectious to others and they recalled instances when their child made others laugh. They talked about their bright personalities and how they were incredibly loving children towards others. Most of the strengths that participants identified in their children were more personality than learned behavior, these were strengths they possessed without learning to be that way. Even for participants whose children thrived in structured environments, that was an innate strength of theirs as opposed to learned.

For the second research question, participants talked about utilizing their child's strengths to foster continued development through therapeutic interventions at school and therapeutic interventions outside of the classroom. For many participants, they talked about the positive experiences they had with therapeutic interventions inside and outside of school. Participants talked about the progress made with speech therapists and the increased communication skills their children learned. They continued to foster these skills by engaging them outside of the therapist's office as often as they could. Although some participants recognized there were delays in speech, either compared to their peers or because of concentration on thinking about what to say, they praised their child's ability to communicate at a higher level than before therapy. Participants talked about positive experiences they had with their child's school, whereas others talked about their negative experiences. However, the one thing common to all those experiences was seeking outside support for their child. In this respect, participants were advocates for their children and made sure their children had the resources they needed to succeed. This was because for them, at the end of the day, they wanted their child to have a bright future. Chapter 5 includes the research study's findings as they relate to the literature, the limitations of the research study, the recommendations for future researchers, and the implications of the findings for researchers and for practitioners.

Chapter 5: Discussion

Introduction

The purpose of this qualitative study was to collect information on parents' perceptions of their autistic children's strengths to advance strength-based autism intervention. Autism is a neuropsychological developmental disorder that includes poor social interaction and communication, restricted interests and activities, and repetitive behavior (Schriber et al., 2014; Zhou & Yi, 2014). Autism treatment remains a challenge for practitioners, and practitioners and researchers continue to investigate effective intervention and improvements to community mental health care for children with autism (Stadnick et al., 2012; Zhou & Yi, 2014). Strength-based treatments represent recent approaches that may hold promise for effective intervention because they work from the strengths and interests of children with autism rather than their deficits (Schriber et al., 2014).

Parents play important roles in the lives of their children with autism as both coaches and caretakers (Zhou & Yi, 2014). Consequently, parents have unique and intimate perspectives on their children's strengths and interests that may be used to help identify the strengths of their children and extend strength-based intervention approaches. Literature was lacking pertaining to how strengths of children with autism were identified as the foundations for strength-based intervention programs. Therefore, this study was designed to collect information on parents' perceptions of their autistic children's strengths to advance strength-based autism intervention. By revealing children's strengths via parental perceptions, it was anticipated that therapists could glean additional insight

and use skills already inherent in children with ASD to develop effective treatment strategies.

Six themes emerged from analysis of the data based on the two research questions: (a) Routine, (b) Caring for Others, (c) Relationship with Parent, (d) Intervention in School, (e) Therapy, and (f) Outlook for the Future. The chapter contains sections on the interpretation of the findings, study limitations, recommendations for further research, and implications for practice. The chapter ends with a conclusion.

Interpretation of the Findings

Participants generally discussed their children's strengths and shared detailed examples of these strengths. Participants further talked about supporting their children's development through the means available to them, such as in-school and out-of-school therapeutic interventions. Further, most parents believed strongly in their children's future and elaborated on tools they needed to live successful lives as adults. The research questions were designed to identify parent-identified strengths and competencies of their autistic children. Six themes emerged from analysis of the data: (a) Routine, (b) Caring for Others, (c) Relationship with Parent, (d) Intervention in School, (e) Therapy, and (f) Outlook for the Future.

Routine

Many participants of the present study identified routine as a strength for their children and talked about the importance of routine in their children's lives, which supports the findings of previous research (Carlsson, Miniscalco, Kadesjo, & Laakso, 2016; Zhou & Yi, 2014). Because ASD is characterized by restricted interests and activities, as well as highly repetitive behavior, researchers have long identified the

importance of routine for children with ASD (Carlsson et al., 2016; Zhou & Yi, 2014). Additionally, parents have reported that routine is not only important for their children with ASD, but also for parents themselves who must manage responsibilities related to their children's condition (Carlsson et al., 2016). Schedules and routines help provide beneficial stability and predictability for children with ASD, and variation in routine can lead to stress and disruptive behavior (Carlsson et al., 2016). Participants in the present study reported that schools provide the needed structure with clear cut perimeters and regulations regarding order, activities, behaviors, and time management.

Parents, however, reported often struggling to maintain routine and structure at home because of outside influences beyond parents' control, such as needing to run unanticipated errands. A routine allows children with ASD to flourish, although some parents reported that establishment of a home routine improved functioning for the entire family. Predictability and routine led to a calm environment among family members, highlighting that routine to some degree is essential for any familial unit, especially those including children with ASD (Schlebusch, Samuels, & Dada, 2016). Family harmony can also lead to enhanced familial bonds (Schlebusch et al., 2016).

Although routine for children assisted with daily tasks, forming relationships, and mood stabilization, many parents expressed wanting their children to be able to adapt when change occurred. Having a rigid structure in one area makes it difficult for children to cope with the broad scope of environments to which he or she will be exposed, for which a new schema for organization is needed each time (Stoppelbein, Biasini, Pennick, & Greening, 2016). Consistency and directed, purpose-based activities can help children with ASD to become more fully functioning (Stoppelbein et al., 2016). Providing

psychosocial opportunities outside the home can lead to behavioral generalization into different environments (Lovell & Wetherell, 2016).

Caring for Others

When parents discussed their children during interviews, the characteristics of caring and compassion were often revealed, and most participants identified compassion as a strength of their child with ASD. Parents observed that although their children demonstrated poor social skills, their children often showed care for and were sensitive to others, especially younger siblings, animals, and individuals who were suffering. Some participants reported their children displaying affection toward others and enjoying cuddling. Other participants reported how their children played gently and patiently with younger siblings. This finding is novel and suggests that children with ASD may have access to, and respond to, the emotional nuances of social development, as well as the ability to express their feelings physically; however, they still struggle with more formal social conventions, even with those associated with expressing verbal comfort (DePape & Lindsay, 2015). It is also possible that affectionate behavior is modeled for children through parents to their children, which is developmentally positive and appropriate (Marcia, Gragg, & DePape, 2017). One participant reported joy in “indulging” her child in snuggling and cuddling behavior.

Relationship With Parent

Many participants expressed a close parent-child relationship was a strength for their children with ASD. Discovering that their child was not within the bell curve did not surprise them, but rather provided some measure of relief. This appeared not to have altered the opinions and feelings around their child. Rather, it boosted the desire to obtain

help to assist their children reach their potential. As described in a similar study by Carlsson et al. (2016), parents identified that the timing of resources was significant in regard to the dissemination of information and pending intervention. Requiring more time to process their child's diagnosis was also noted in this research. Though grateful for the gains that their child made, parents occasionally noted that they did not always feel supported, which created some feelings of social isolation, as parents were aware they needed to make accommodations for their child. Parents wanted to take advantage of all resources possible, which created a focus almost solely around the child with autism. Although some parents acknowledged they may appreciate referrals for assistance from outside resources, they were not deterred if this request was not successful and continued to search for resources themselves. Their focus remained entirely on their child.

Intervention in School

Schools currently are not effectively meeting the needs of children with autism as they enter grade school. Many parents interviewed stated that as their children aged and progressed through school, treatments became less available or effective. Parents reported that a lack of resources in the school system was a major concern, and support personnel were often limited. This may imply that the unavailability of staff is based on state budget standards or because of a shortage of trained paraprofessionals to fill the needs of students with ASD. Parents often must locate resources outside of school, and they find that integrating information and recommendations between these other support entities and the schools is often challenging. It is often recommended that these children be placed in a class size that is smaller and where the teacher can more easily accommodate children with ASD to allow them the opportunity to benefit from the learning

environment. The excess amount of time that a parent spends searching for resources creates excess stress for the family, depleting the time spent being able to enjoy their child (Carlsson et al., 2016).

Therapy

Many participants reported that speech therapy, physical therapy, and occupational therapy for their children with ASD served as the basis for improving their children's physical skills, such as holding a pencil and writing, and their communication skills. One parent indicated that her child's speech therapy gave her hope that her son would be able to communicate with his teacher rather than having the parent act as a go-between when he or she does not understand schoolwork. The effectiveness of speech, physical, and occupational therapy is congruent with one-on-one approaches at outpatient clinics where the focus is solely on the child and there is time built in to the visits for extensive parent-therapist communication. Carlson et al. (2010) found that positive feedback and interaction from therapists heightened parents' responsiveness and interaction with their children with ASD, which was reinforced as the number of visits increased. The ability to demonstrate generalization of a skill is desirable and always within a therapist's plan of care.

Parents reported being frustrated with the lack of familial interventions and support. Additionally, it was notable that almost all parents expressed concern initially in regard to a level of social isolation for themselves, although many stated the concern had resolved itself after the child had participated in therapy. Confidence in implementing strategies learned in therapy helped ease the anxiety, which allowed the parent to better manage their child's behavior and improve interaction in social situations.

All parents remarked that they did not want to avoid socialization opportunities for themselves or their child, though they recognized that accommodations often needed to be made to do this. Occasionally, siblings who otherwise were asymptomatic of ASD demonstrated behaviors familiar to the child with ASD. This created some stress for the parents because they felt they had to discipline each child differently. Generally, the families expressed love and gratitude for being given the opportunity to have a child with autism. It expanded their capacity for tolerance and appreciation at seeing the world through the eyes of a child who has a different experience than a neurotypical child. Regarding positive impressions of evidenced-based therapy, parents included high degrees of satisfaction with treatment and in working with their children's therapist, leading to a strengthening of the parent-therapist alliance (Stadnick et al., 2012), which was found in the present study as well. Having a positive alliance with their child's therapist leads to parent trust in the therapist. This benefits the child by having more proponents and advocates, as well as helping bolster the parent's perceptions of their child's capabilities.

Outlook for the Future

Parents were in agreement about identifying the characteristics of their child who showed clear strengths, and all parents were hopeful about their children's futures. Parents' perceptions of their children's outlook included not being held back by the diagnosis and parents' confidence in their children's ability to accomplish tasks to be independent, such as cooking dinner and securing employment. Parents also anticipated that the collation of resources between various helping entities would be easier by the time their children reached adolescence, making it easier for their children to transition

into adulthood, including increased acceptance of ASD and awareness of how to utilize their strengths. Steiner (2011) argued strength-based approaches can be supported through positive parent-child relationships and lifelong advocacy from parents. Allowing the development of standardization in strength-based assessment frameworks (Laija-Rodriquez et al., 2013), and thus encouraging independence in autistic adolescents (Hume et al., 2014) can help create productivity of talents possessed versus shuttling children between various professionals. Providing psychosocial opportunities outside the home to practice can be beneficial to generalization into different environments, including understanding and strengthening relationships (Lovell & Wetherell, 2016). Parents are their child's first advocate, though the voracity at which parents of children who have been identified as having ASD have had to advocate more loudly to redirect the stereotypes that had been scripted earlier.

Limitations of the Study

Parents being keenly aware of the potential for social stigma and being protective of their autistic children represented concerns and potential limitations of the study. However, because special care was taken to explain the serious and scholarly nature of the study and because parents were assured of the confidentiality of the information collected, there was no reticence from parents during the interviews. All parents appeared to understand the nature and need for this study and were happy to participate. Although all participants were forthcoming, some did not expand in their responses as readily as others did, even when probed for further information. This lack of expansion by some participants created an imbalance in the information collected. It is possible to infer that these parents had not yet approached a broader spectrum of positive recognition

regarding their child's abilities via therapeutic intervention. Additionally, parents were familiar with me as a speech pathologist, though none of their children were in direct treatment at the time of the interviews. To help ensure trustworthiness, all participants whose children received services at the clinic had not received speech pathology services from me for at least 1 year or had never been patients.

To collect the in-depth lived experiences of participants, I maintained a small sample size. Consequently, findings are not likely to generalize well to other populations. However, qualitative researchers are less concerned with generalizability and statistical certainty than with collecting rich in-depth data that can only be achieved through small sample sizes. Additionally, some parents could not participate based on the guidelines set forth, leaving out some parents who wanted to be heard. Additional limitations included parents finding appropriate care for their children while attending the interview, which was distracting for both the interviewer and the interviewee.

Recommendations for Further Research

Based on the study findings, several potential avenues for future research exist. Although routine for children with ASD assisted in daily tasks, forming relationships, and mood stabilization, many parents in the study expressed wanting their children to be able to adapt when change occurred. Routine is important and a strength for children with ASD; however, more research is recommended on how children with ASD can adapt or respond positively to change and how adaptation can be reframed as a strength. Additionally, caring for others emerged as a novel theme in the study. Consequently, future researchers could conduct quantitative research regarding caring for others and displaying affection in relation to strength-related constructs, such as resiliency and

growth. This may help to confirm and further the finding of caring for others as a strength for children with ASD.

Parents also reported the importance of having the same teacher throughout school as a strength for their children with ASD. It is recommended that future research on children with ASD in school settings include longitudinal studies or studies with multiple data collection points. Such studies would allow researchers to confirm and further this finding by examining the influence of having the same teacher, or the effects of changing teachers, over time. Parental influence and advocacy are important sources of strength for children with ASD, and parents are often their children's first advocates. In the present study, parents talked about their children not being held back by their diagnosis. Additionally, parents were confident in their children's ability to perform activities in the future related to being independent, such as cooking dinner for themselves and securing employment. Further research is recommended on parental confidence and parental expectations as sources of strength for children with ASD.

Implications

The role parents have in identifying the strengths of their children with autism was a central concern of this research. Parents of children with ASD have often had to advocate strongly on behalf of their children and work with professionals in various capacities of practice (Matson & Konst, 2014). Parents have unique vantage points pertaining to how their children function best and how they apply their skillsets daily and in the most effective ways. Information collected from this study can provide caregivers, practitioners, and educators with better understanding about children's unique abilities. The child with ASD requires a strong, impassioned network of people who recognize that

a standardized template is not an effective means to get the best from any individual, let alone those who come equipped with strong skill sets that have yet to be recognized. Therefore, it is important to make the time to know the child, to evaluate the strengths possessed, and to not base treatment on a lack of normalized expectations.

Parents pointed to their children's school systems untrained staff and lack of recommendations from professionals for outside resources as barriers to extended progression. Related to this, resource availability at the teenage and adult stages concerned these parents as well. Parents expressed awareness that routine was a strength for their children but also desired that they be able to learn adaptation skills earlier. Acquiring a skill sooner would translate into functional application at younger stages, laying a stronger foundation for future skill-building. This information underscores the need for not only early intervention with trained therapists and staff between professional and learning environments, but also consistent reevaluation during different life stages. The utilization of life coaches, for example, who specialize in ASD could teach functional social skills at the teenage and young adult stages. This could bridge the gap from childhood therapies to adaptive life skills. Additionally, to help children with ASD adapt to deviations from routines, practitioners should develop approaches that include role-playing how to handle change positively.

It is not a novel idea that parents should be aware of their child's strong attributes; however, parents of children with ASD may have a difficult time finding ways to have these skills represented and honed for their children's benefit. These children are often moved between various types of therapies or programs with the attempt to typify them rather than exploring their uniquely valuable skill sets. Children with ASD can be helped

to build upon what they are best at while learning social nuances and transferrable skills. Based on the study findings, interventions and approaches should be built on the idea of caring for others as a strength, which has the added dimension of being social. Practice and intervention may also involve making efforts to ensure that children with ASD have consistency in their teachers and their therapists. Interventions and approaches may also include role playing future scenarios based on positive expectations to boost confidence. Additionally, implications for practice include reducing class size for classes with mainstreamed ASD students, allowing for some adaptations to create a comfortable internal space, employing properly trained and educated staff, and adhering to routine along with opportunities to understand and integrate change when necessary.

Conclusion

Parents have perspectives and unique experiences related to their children with autism. Gathering these individual perspectives was imperative to start to create a slightly more condensed look at abilities that are going largely unnoticed because being autistic has an ICD-10 code, making it a diagnostic condition. What seems to be a flaw in the treatment and educational systems is that not enough emphasis is put on developing ability. Dividing these children into nondescript special education classes where they are not recognized for their strengths and abilities, but instead judged for not making eye contact, defeats the purpose of developing the best skills in children with ASD.

A common theme was the strong parental influence and advocacy that occurred within each family. Each parent felt there was a lack of resources through all stages, especially toward adulthood. However, parents have confidence that their children's skills will provide them with well-suited vocations and an earned income, incorporating

themselves as valuable and productive members of society. This is congruent with the original literature review in Chapter 2, which discussed parents having a unique perspective on their children's strengths and interests, perspectives that may be used to help identify the strengths of their autistic children and extend strength-based intervention approaches. Parents have significantly contributed to lay and professional conversations surrounding autism and played important roles in shaping official discourse as well as public awareness of autism (Langan, 2011). Parents are directly influential in the decline of autism being linked to a disease and more as a developmental, strength-based divergence from what has been established as a guideline for neurotypical individuals.

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Appendix A: Interview Protocol

1. Is (child with ASD) your first child?
2. Specifically, what lead you to seek identification for ASD for your child?
3. Describe your relationships with your child (with ASD)
4. What positive qualities do you see in (name of child with ASD)?
5. What are some difficult parts of parenting your child (with ASD)?
6. What helps you handle the difficult parts/situations?
7. How do others react to your child (a) when in the home? (b) outside of the home?
8. How is the relationships with other family members and your child?
9. Tell me about school relationships (a) teachers (b) peers.
10. How long has your child received therapeutic interventions?
11. Do you think these interventions have helped?
12. What do you think the future looks like for your child?

Appendix B: Informed Consent Form

CONSENT FORM

You are invited to take part in a research study of underused and under-represented parent-identified strengths of autistic children that could be used as the basis for effective strength based treatments. The researcher is inviting:

- a) parents of children between the ages of 3 and 10,
- b) with a diagnosis of Autism Spectrum Disorder (ASD), ICD-9 code 299.00)
- c) who receive treatment at the Christian County Clinic located in southern Missouri.
- d) Their children must be able to communicate verbally without the aid of augmentative devices.

This study is being conducted by a researcher named Angelique Trigueros who is a doctoral student at Walden University. You may already know the researcher as a speech language pathologist, but this study is separate from that role.

Background Information:

The purpose of this study is to explore how the underused and under-represented parent-identified strengths of autistic children might act as the basis for the advancement of effective strength-based treatment.

Procedures:

If you agree to be in this study, you will be asked to:

- Participate in a semistructured open ended interview that will last between 60-90 minutes.
- You may be contacted after the study via phone or email for clarification on your responses and input and feedback on the results.

Here are some sample questions:

- a) What positive qualities do you see in (name of child with ASD)?
- b) What are some difficult parts of parenting your child (with ASD)?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Christian County Clinic will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as stress, fatigue or becoming upset.

This study may have practical implications for treatment and intervention of children with autism and the potential to add to the research literature in the fields of health psychology and community mental health. It is hoped that this study will provide information to help further effective strength-based intervention approaches and identify what needs to be changed in existing therapy models and intervention programs to better target and utilize the strengths and competencies of autistic children.

Payment:

There is no compensation for participating in this study.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by being kept on a flash drive that will be located in a locked file cabinet in the researcher's private office. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via _____ **Insert researcher's phone number and/or email address**. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

Insert the phrase that matches the format of the study:

The researcher will give you a copy of this form to keep. (for face-to-face research)

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Only include the signature section below if using paper consent forms.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature
