

Title: Parent Therapeutic Factors in Mental Health Treatment for Autistic Children: A Qualitative Analysis

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Introduction: Approximately 71-86% of autistic children and youth experience mental health problems (e.g., Totsika, Hastings, Emerson, Lancaster, & Berridge, 2011), which can impact their quality of life, social and school functioning, as well as the health and wellbeing of their families (Wood & Gadow, 2010). Cognitive behaviour therapy (CBT) is considered a first-line treatment to address these mental health problems, with randomized controlled trials, meta-analyses, and community-based research suggesting its efficacy/effectiveness (e.g., Sukhodolsky, Bloch, Panza, & Reichow, 2013; Weiss et al., 2018; Wood et al., 2009; van Steensel & Bögels, 2015). Parents are particularly involved in psychotherapy for autistic children because of the core deficits associated with autism (Reaven et al., 2009). Their involvement can range from parent education on conducting therapy (e.g., pivotal response treatment) to attending all therapy sessions with their child (e.g., CBT; Reaven & Hepburn, 2003). There has yet to be a conceptual framework to identify the variables that contribute to successful parent therapeutic involvement in children's psychotherapy. This study aimed to investigate what successful parent therapeutic involvement looks like in CBT for autistic children, and the factors that lead to it.

Method: Seventeen therapists (94% female) who provided CBT to autistic children, and 11 mothers of children with autism, participated in individual semi-structured interviews. All participants were previously involved in one of two randomized controlled trials of CBT for children ages 8-12 with autism (*Secret Agent Society: Operation Regulation (SAS:OR)*; Weiss et al., 2018). In the SAS:OR program, parents attend all 10 weekly sessions with their child, and are often involved in activities during and outside of session time. Data collection and coding for the current study occurred in overlapping phases, and sample size was determined by theoretical saturation (i.e., when further coding no longer provided new information; Corbin & Strauss, 2008). Before starting each interview, participants were given the opportunity to watch a randomly selected video recording of one of their SAS:OR therapy sessions to enhance their memory of their involvement. Interview questions included initial open-ended, intermediate, and ending questions (Charmaz, 2006) about parent therapeutic factors, such as: "What was it like to be involved in your child's therapy?" "If you can picture a particularly helpful parent, what is it that they are doing that is helpful?" "After reflecting on your experiences, what advice would you give to another parent who is just starting therapy with their child?" Reflective memos (i.e., personal thoughts and reactions to the data, and emerging possible relations between concepts; Corbin & Strauss, 2008) were recorded immediately following each interview. Interviews were transcribed verbatim, and coding occurred in three overlapping phases: open, axial, and selective (Corbin & Strauss, 2008). To enhance the rigor of this study, we employed strategies such as applied analyst triangulation, constant comparative coding, and member checking.

Results: Therapists described "very involved" or "very helpful" parents as being committed, motivated and engaged, positive, supportive, and mindful. Therapists noted there was considerable variability in the extent of parent involvement among families, but felt that it was helpful to have parents attend sessions even if they had lower levels of engagement. Combined parent and therapist interview findings suggest that the extent of parent involvement considered helpful in therapy may depend on child factors (e.g., age, developmental level, temperament), the parent-child relationship, parent factors (e.g., mental health, attitudes, previous experiences with therapy), and family factors (e.g., other children, spousal support, financial resources). The specific ways in which parents might contribute to the therapeutic process can be grouped into five main roles: 1) **logistical coordinator** (e.g., scheduling sessions, organizing materials, arranging transportation), 2) **co-facilitator** (e.g., helping to facilitate session activities, providing information about the child, helping with skill generalization outside of session time), 3) **coach and cheerleader** (e.g., praising and encouraging the child, helping the child with emotion regulation, staying positive), 4) **companion and teammate** (e.g., helping the child feel safe, participating in activities with the child), and 5) **complementary helper** -- bridging the gap between the child's capacity and what is expected of them within the therapeutic context (e.g., being attuned to the child's feelings and needs, helping the child build a relationship with the therapist, helping to manage child behavioural or attention problems).

Discussion: Parents may serve many different roles in helping their child to benefit from psychotherapy and enhance skill maintenance following the end of therapy. Children with autism may particularly benefit from parent involvement in therapy because parents can complement the child's needs and enable their full participation in the therapeutic context. This study is the first to empirically investigate how parents of autistic children contribute to the therapeutic process in child psychotherapy. Future research is needed to develop a measure of parent therapeutic factors, investigate the relation between these factors and child treatment outcomes, and to examine whether these findings are generalizable to psychotherapy for children with other neurodevelopmental disorders.

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