A Strength-Focused Parenting Intervention May Be a Valuable Augmentation to a Depression Prevention Focus for Adolescents with Autism

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Abstract
High depression rates for adolescents with autism indicate a need for a comprehensive prevention approach. Parents can promote parent–child factors that buffer adolescents from depression. However, parenting adolescents with autism presents challenges which can diminish parental self-efficacy and mental wellbeing with potential negative sequelae for their adolescents. This proof-of-concept study investigated the value of adding a strength-focused parenting intervention to a depression-prevention intervention for adolescents with autism. A Consensual Qualitative Research framework analysed 15 parents’ intervention experience. Parents reported that feeling isolated and unsupported by existing services motivated their participation, and they valued interacting with other parent participants. They also reported that the program enhanced wellbeing and parenting efficacy, reduced isolation, increased ability to parent calmly, and improved parent-adolescent relationships.

Keywords Autism spectrum disorder · Autism · Multilayered school-based intervention · Parenting young adolescents with autism · Parent self-efficacy and mental wellbeing · Resourceful Adolescent Parent Program RAP-P-ASD

Introduction
Autism Spectrum Disorder (ASD) is a heterogeneous neurodevelopmental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA] 2013) as occurring across a spectrum of severity of pervasive symptoms that appear in early childhood and endure across the lifespan, with individuals varying greatly in terms of symptom expression and level of functioning. With the high rate of depression for young adolescents with autism (Mayes et al. 2011), and the likelihood that suicidality is more common in adolescents with autism than in adolescents with neurotypical development (Chen et al. 2017; Culpin et al. 2018; Hannon and Taylor 2013), there is a pressing need for a comprehensive approach to depression prevention in this population. Previous research in this area has highlighted the importance of adding a parent focus to the prevention approach because caregivers (referred to as parents from hereon) offer a crucial resource to promote protective factors for young adolescents with autism (Mackay et al. 2017). However, parents of young adolescents with autism face increased challenges themselves which diminish their parental self-efficacy and mental wellbeing (Derguy et al. 2015; Karst and Van Hecke 2012; Pottie and Ingram 2008; Weiss et al. 2016; Zablotsky et al. 2013), with potential negative consequences for their adolescents’ mental wellbeing (Kuhn and Carter 2006; Weiss et al. 2012; Weis et al. 2013). Furthermore, parents with the broader autism phenotype (BAP) or sub-threshold characteristics of autism that may be present in parents of adolescents with autism (Losh et al. 2008) may struggle to support their adolescent to overcome difficulties that they themselves encounter. Hence, interventions that enhance parental self-efficacy, diminish the risk factors associated with the challenges of parenting, and help

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parents to promote core protective factors for the mental health of their adolescents with autism are needed to prevent depression in young adolescents with autism. We report here on the qualitative findings of a proof-of-concept study that uncovered the potential value of adding a strength-focused parenting intervention as an additional layer of a depression-prevention and psychological wellbeing promotion program that targeted young adolescents (defined herein as children aged 11–13 years).

**Limitations of Depression Prevention Research for Adolescents with Autism**

The prevalence of autism is increasing (Centers for Disease Control and Prevention 2014). Symptoms of autism endure across the lifespan and are complicated by psychosocial difficulties such as depression and reduced psychological wellbeing that emerge in adolescence (APA 2013), and when left untreated, are likely to extend into adulthood, reducing prospects of engaging in and completing tertiary education, and finding jobs and remaining employed (Taylor et al. 2015). As prevalence estimates for depression in young adolescents with autism are as high as 54% (Mayes et al. 2011), effective interventions to prevent depression in adolescents with autism are important. Programs targeting depression prevention in children with neurotypical development have tended to intervene in early adolescence, as this is the developmental period immediately preceding the age of peak incidence (see Gladstone et al. 2011 for review). School-based depression prevention programs for children with neurotypical development have been found to achieve a modest positive effect in depression prevention which increases when targeting adolescents at risk (Corrieri et al. 2014; Merry et al. 2011; Stice et al. 2009; Stockings et al. 2016). However, despite the increased risk of mental health problems in adolescents with autism, there has been a paucity of research on school-based depression prevention programs specifically for this population.

Recent research has implemented an adapted version of an effective depression program for adolescents (the Resourceful Adolescent Program (RAP-A); Shochet and Wurfl 2015a, b; Shochet et al. 1998). RAP-A is used widely throughout Australia and internationally. Post-session integrity checklists completed by program facilitators, and post-implementation surveys and semi-structured interviews that gathered program evaluations from participants, indicate that RAP-A is well accepted by participants (e.g., Merry et al. 2004; Shochet et al. 2001; Shochet and Ham 2004). The adaptation (RAP-A-ASD) aims to improve coping skills, promote depression protective factors, and build resilience so as to foster mental health and wellbeing in young adolescents with autism (Shochet et al. 2011). RAP-A-ASD is delivered over 11 × 50-min weekly sessions in schools by a trained facilitator with one young adolescent with autism at a time (for details see Mackay et al. 2017; Shochet et al. 2016). The Mackay et al. (2017) pilot randomised control trial (RCT) of RAP-A-ASD showed significant intervention effects on parent reports of adolescent coping self-efficacy (maintained at 6 month follow-up). In addition, qualitative outcomes reflected perceived improvements from the intervention for adolescents’ coping self-efficacy, self-confidence, social skills, and affect regulation. While these results were encouraging, there were no effects on depressive symptoms as reported by either the adolescents [on the Child Depression Inventory (Kovacs 2003)] or their general mental health functionality as reported by the parents [on the Strengths and Difficulties Questionnaire (Goodman 1997)]. Consistent with Francis (2005) who argues the importance of considering the adolescent with autism within the family context, the authors concluded that a multilayered intervention at both the individual and parent level may increase effectiveness. Such an approach may provide the best opportunity to capitalise on the vital protective factors that parents provide for their young adolescents with autism in order to promote positive mental health and prevent depression for adolescents with autism (see Shochet et al. 2016 for multilayered conceptual model).

**Vital Role of Parents in Adolescent Depression Prevention**

Important parental factors have been found to buffer adolescents from depression. These include parent self-efficacy, parent affect regulation, parental expressions of caring and warmth, reduced parent-adolescent conflict, and parents’ ability to support their adolescents to develop increasing autonomy while maintaining close parental relationships (see Restifo and Bögels 2009 for review).

Supporting parents’ self-efficacy [their perceived competency to meet the demands of caring for their adolescent (Coleman and Karraker 1998)] plays a role in buffering their adolescents from depression. As documented extensively in the literature, parents with high self-efficacy are more likely to feel confident that they can adopt effective parenting skills and exert a positive influence during the adolescent years of their children with neurotypical development, with a reduction in adolescents’ depressive symptoms being one of many optimal psychosocial outcomes reported (e.g., Côté et al. 2009; Jones and Prinz 2005; Steca et al. 2011). Parents of adolescents with autism are at increased risk of diminished self-efficacy because caring for these adolescents presents additional parenting challenges compared to the challenges encountered when parenting adolescents with neurotypical development (Kogan et al. 2008; Siklos and Kerns 2006; Weiss et al. 2016).
Parents’ affect regulation, their ability to regulate their own negative arousal, is closely linked to their self-efficacy as parents, and also plays a role in buffering their adolescents from depression. Parents’ perceived competence to respond in an adaptive manner to their own emotions, and to model this process to their adolescents with neurotypical development, has been found to impact on their adolescents’ ability to regulate distressed affect (e.g., Gross 2015; Sheeber et al. 2000). Parental mental wellbeing has been found to have a reciprocal positive effect on the mental health of the young adolescent with autism as well (Kelly et al. 2008). However, the additional parenting challenges experienced by many parents of adolescents with autism can have a detrimental effect on parents’ mental health, with parents who are struggling with their own mental health less able to regulate their negative arousal (Derguy et al. 2015; Karst and Van Hecke 2012; Pottie and Ingram 2008; Zablotsky et al. 2013). Parents of children with autism are at greater risk of developing anxiety and depressive disorders than parents of children with neurotypical development (Barker et al. 2011; Gau et al. 2012; Piven and Palmer 1999). This risk is compounded by parents’ heightened susceptibility to social isolation due to time demands associated with caring for a child with autism, and parents’ diminished confidence to connect with others because of fears that their child will be judged unfavourably and/or rejected (Divan et al. 2012; Gray 2001).

Parental expressions of caring and warmth towards their adolescents with neurotypical development, and parental involvement in pleasant interactions and activities with their adolescents convey a sense of acceptance, emotional closeness, availability and responsiveness to the adolescent, with higher levels predicting lower levels of depression in adolescents with neurotypical development (see Yap et al. 2014 for review). Similarly, parental warmth and close parent–child relationships have been associated with improved outcomes for adolescents with autism (Woodman et al. 2015). However, the difficulties with socio-emotional reciprocity that young adolescents with autism experience, coupled with the high incidence of challenging behaviours they display, reduce opportunities for spontaneous adolescent-parent shared enjoyment (Seltzer et al. 2010).

Reduced parent-adolescent conflict is another parental factor that can buffer adolescents with neurotypical development from depression (Hale et al. 2008; Rueter et al. 1999). Challenging parental authority is a normative function of adolescence, with resulting parent-adolescent disagreements facilitating adaptive redefinition of family roles and responsibilities as adolescents mature (Laursen and Collins 2009; Smetana 2011). However, parent-adolescent disputes that result in protracted hostility are associated with diminished adolescent wellbeing and increased stress in the family system (Tucker et al. 2003). Adolescents who are securely attached to their parents are more likely able to disagree amicably with their parents, to view their parents through a realistic rather than idealizing lens, and to feel supported and understood by their parents (Allen et al. 2003). Conversely, those who are insecurely attached to their parents tend towards behaviours such as excessive reassurance seeking, and are more at risk of exhibiting depressive symptoms (Restifo and Bögels 2009). The socio-communicative impairments experienced by young adolescents with autism, coupled with their increased susceptibility to disruptive and impulsive behaviour, increase the risk of parent-adolescent misunderstandings and conflict (Brereton et al. 2006; Ormond et al. 2006). Furthermore, compared to children with neurotypical development, significantly fewer children with autism form secure attachment relationships with their parents (see Teague et al. 2017 for review), possibly due to the child’s interpersonal relatedness difficulties disrupting the understanding of the other’s needs and intentions in parent–child interactions (Cortina and Liotti 2010; Stern 2004).

Parents’ ability to support their adolescents to develop increasing autonomy while maintaining close parental relationships is yet another important parental factor that has been found to buffer adolescents with neurotypical development from depression. The adolescent developmental tasks of individuation and identity formation require simultaneous closeness and separation from parents and typically co-occur with increased conflict in the parent-adolescent relationship, adolescents’ greater reliance on peer relationships to satisfy their attachment needs, and adolescent cognitive advances such as increased perspective-taking abilities (Allen 2008; Short and Rosenthal 2008; Steinberg and Morris 2001). Difficulties with peer relationships, emotion regulation and meta-cognition experienced by many young adolescents with autism have the potential to make these developmental tasks especially challenging for young adolescents with autism, thereby increasing their risk of depression (Brereton et al. 2006; Mayes et al. 2011; McPheeters et al. 2011). Furthermore, these difficulties can erode parents’ ability to support their adolescents with autism to develop increasing autonomy while maintaining close parental relationships, with the resulting stress impacting on parental mental health (Zablotsky et al. 2013).

Hence, parenting an adolescent with autism presents additional challenges for parents compared to the challenges encountered when parenting adolescents with neurotypical development (Kogan et al. 2008; Siklos and Kerns 2006). These challenges to parents’ self-efficacy, affect regulation and mental health, combined with the social and emotional difficulties experienced by young adolescents with autism, can lead to heightened stress and conflict in the family system (Duarte et al. 2005; Ghaziuddin et al. 2002; Hayes and Watson 2012; Hoffman et al. 2009). Thus, it would appear that a program for parents that can facilitate the factors of...
parent self-efficacy and affect regulation, parental expressions of caring and warmth, reduced parent-adolescent conflict, and parents’ ability to support their young adolescents with autism to develop increasing autonomy while maintaining close parental relationships would be beneficial for preventing depression and suicide in these young adolescents.

**Supporting Parents of Adolescents with Autism**

Despite parents of young adolescents with autism struggling with their own self-efficacy (Weiss et al. 2016) and mental health (Barker et al. 2011; Derguy et al. 2015; Gau et al. 2012; Karst and Van Hecke 2012; Piven and Palmer 1999; Pottie and Ingram 2008; Zablotsky et al. 2013), and parents identifying a need for parenting resources and support (Hartley and Schultz 2015; Siklos and Kerns 2006), the majority of interventions focus on the young adolescent with autism, with scant knowledge of, or attention to, the unique needs their parents encounter during their child’s transition from childhood to adolescence (Karst and Van Hecke 2012). Parent interventions that run alongside adolescent depression-prevention programs can play an important role in boosting parents’ self-efficacy and mental wellbeing, and helping them to assist their adolescents to navigate their challenging teenage years with greater composure, affect regulation and connectedness (Shochet et al. 2001; Shochet and Ham 2004). The lack of such interventions for parents of young adolescents with autism prompted the consideration of existing programs that have been developed for parents of young adolescents with neurotypical development. One such intervention is the Resourceful Adolescent Program for Parents (RAP-P; Shochet and Wurfl 2016a, b). RAP-P is a strength-based, parent–child focused, non-blaming resilience-building program that strives to harness parents’ strengths, promote their self-efficacy and help them to promote protective factors for the mental health of their adolescents.

A recent RCT of suicidal adolescents and their parents in an Australian outpatient clinic (N=48) (Pineda and Dadds 2013) indicates that RAP-P may be particularly effective when used with selective populations to help parents to manage their stress and to maintain empathy for their adolescents in difficult circumstances. The study compared a family intervention that included RAP-P plus routine care with routine care only. At post-treatment RAP-P was associated with greater improvement in family functioning (i.e., adolescent-parent relationships and parental self and affect regulation), greater reductions in adolescents’ suicidal behaviour, and greater reductions in adolescent psychiatric disability with gains maintained at 6-month follow-up. Changes in adolescent suicidality were largely mediated by the improvement in family functioning which appeared to be the mechanism of change. Thus, we have reason to be encouraged that an adaptation of RAP-P may add value to a suite of interventions for depression prevention in another selective population, that of young adolescents with autism.

The Resourceful Adolescent Program for Parents adapted for parents of young adolescents with autism (RAP-P-ASD) is based on an integration of cognitive-behavioural theory, Bowen Family Systems Theory (Kerr and Bowen 1988; Titelman 2014), and knowledge from developmental psychology of the maturational changes that occur naturally during adolescence as well as the specific problems faced by adolescents with autism. RAP-P-ASD draws on cognitive-behavioural strategies for stress management, and management and prevention of conflict (e.g., affect regulation). From the family systems perspective, RAP-P-ASD helps to promote higher levels of parental “differentiation of self” (i.e., parents’ ability to reduce their emotional reactivity and manage their emotions in the face of stress and anxiety). For example, parents develop a greater understanding of how they are more effective as parents when they can remain calm. Thus, RAP-P-ASD aims to improve the relationship bond between parents and adolescents, promote harmonious relationships, and prevent conflict. The program also aims to provide parents with greater levels of understanding and empathy for the developmental needs of adolescents in general, and the specific needs of adolescents with autism. For example, parents explore ways of supporting their adolescents to experience a greater sense of belonging at school and in other contexts.

The current study conducted a qualitative exploration of parents’ experience of participating in a proof-of-concept trial of the multilayered RAP intervention in which young adolescents with autism and their parents received RAP-A-ASD and RAP-P-ASD respectively. This trial was conducted within a broader project to promote wellbeing and mental health in young adolescents with autism (the School Connectedness Project; see Shochet et al. 2016 for details), and is referred to as the Adolescent Wellbeing Project from hereon. The aim of the current study was to develop an understanding of the experience of parents who participated in the parent program (RAP-P-ASD) in order to ascertain the value of adding a parenting intervention to an evidence-based, strength-focused resilience intervention designed to promote wellbeing and mental health in young adolescents with autism.

**Method**

**Study Design**

This was a qualitative study using the consensual qualitative research (CQR) approach (Hill 2012; Hill et al. 1997, 2005). The main elements in CQR are the use of open-ended questions in semi-structured data-collection techniques, which
allows for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences; several judges throughout the data analysis process to foster multiple perspectives; a consensus to arrive at a judgement about the meaning of the data; an external auditor to check the work of the primary team; and domains, core ideas, and cross-analysis to detect common themes in the data (Hill 2012; Hill et al. 1997, 2005).

**Participants**

Participants were drawn from the population of parents who participated in the Adolescent Wellbeing Project in 2016. The 2016 Adolescent Wellbeing Project was conducted across three urban schools in Brisbane, Australia, an urban city of approximately 2.3 million people. Criteria for adolescent participation in RAP-A-ASD included enrolment in the first 2 years of a secondary school participating in the intervention, and a diagnosis from a psychiatrist or paediatrician of ASD as per the DSM 5 (APA 2013) or autistic disorder, Asperger’s disorder, or PDD-NOS as per the DSM-IV-TR (American Psychiatric Association [APA] 2000). As the cognitive demands of RAP-A-ASD require participants to be high-functioning, individuals with intellectual impairment, severe behavioural difficulties or psychosis were excluded. The opportunity to participate in RAP-P-ASD was offered to all parents or carers of adolescents (aged 11–13 years) participating in RAP-A-ASD, and the requirement for participation was the ability to attend at least one of the four RAP-P-ASD workshops. Twenty parents aged approximately 30–55 years and from low to middle socio-economic backgrounds volunteered to attend RAP-P-ASD in 2016, and attendance was moderately high (30% attended all 4 workshops, 25% attended 3 workshops, 20% attended 2 workshops, and 25% attended only 1 workshop). Of these parents, 15 (5 males, 10 females) agreed to participate in this qualitative study. The sample size is consistent with that recommended by Hill et al. (1997, 2005) as being necessary to ensure validity in studies of this design, and was hence deemed appropriate for the exploratory qualitative design and to meet the study aims.

**Procedure**

**RAP-P-ASD**

This program was implemented according to the RAP-P-ASD treatment manual which is based on the RAP-P manual, and includes the autism-specific adaptations made to the RAP-P program. Changes included an extra session to provide parents with additional time and space to discuss the unique challenges of parenting young adolescents with autism, and additional activities to promote a sense of belonging and highlight the unique opportunities for personal growth that arise from parenting an adolescent with autism. Hence, RAP-P-ASD (see Table 1) consists of a series of four, weekly, group workshops of two and a half hours’ duration. The intervention was implemented in the second and third terms of the Australian school year (i.e., April to September 2016). Separate workshops were conducted for each participating school, and were facilitated by researchers from the Adolescent Wellbeing Project who had undergone the training required to become accredited RAP-P-ASD facilitators. In the first session, facilitators supported parents to identify their existing parental strengths in order to promote parental self-efficacy, explored the manner in which stress affects parents, and promoted an understanding of the efficacy of calm parenting. The second session addressed stress management for parents, provided information about adolescent development, and outlined strategies for promoting adolescent self-esteem and a sense of belonging at home and in the community. The third session focused on the important role that parents play in the life of the developing adolescent, explored strategies for balancing adolescents’ need for independence while strengthening the parent–adolescent relationship bond, and discussed the importance of promoting harmonious family relationships to reduce the stress in the family system. The final session concentrated on strategies for preventing and managing parent-adolescent conflict in order to consolidate family connectedness, and helped parents to reflect on the personal growth that their experience of parenting an adolescent with autism could provide.

**Consent and Data Collection**

Prior to participation, all participants were given a participant information sheet, and provided written consent to participate in the study, for interviews to be audio-recorded, and for the recordings to be transcribed and analysed post de-identification. Parent interviews were conducted one-on-one by telephone at a pre-arranged time in October and November 2016 by a researcher from the Adolescent Wellbeing Project who had not been involved in the program delivery. The interviews were of a semi-structured and mostly open-ended nature, as recommended by Hill et al. (1997), and participants were not given the interview schedule ahead of time. The questions used to guide the parent interviews included, “Can you remember the RAP Parent Program you participated in?”, “What was your experience of the program?”, “What did you like most about the program?”, “What did you like the least about the program?”, “Can you give me any examples of when you have used something discussed in the program? Challenges you might have approached differently?”, “Have you noticed any changes in your relationship with your adolescent? If so, can you
provide examples of some of these changes?”, “Have you noticed any changes in your adolescent?”; “Have you, or anyone else, noticed any differences in yourself and/or in your parenting? If so, can you tell me more about this?”, “What would you tell other parents about the program?”; and “What was your main reason for attending? Was that need met?” Interviews lasted approximately 1 h each and were recorded using a digital audio recorder. The audio recordings were transcribed verbatim by a research assistant not involved in the Adolescent Wellbeing Project, and the transcripts were checked for accuracy against the audio recordings and de-identified by a researcher from the Adolescent Wellbeing Project who had not been involved in the interviews.

**Data Analysis**

The CQR method (Hill 2012; Hill et al. 1997, 2005) was adopted to analyse the transcript data in four stages. The CQR team consisted of four researchers from the Adolescent Wellbeing Project team, and an auditor who was not part of the research team. First, one member of the research team conducted an initial review of the transcripts and compiled a list of provisional domains (broad topic areas used to cluster information about similar topics) based on material in the transcripts. The four team members then met to review a sub-sample of three transcripts in order to test the validity of the provisional domains. Following this review, the team reached a consensual decision as to the final domains to be used in the analysis. Second, each team member read each transcript independently and organised the raw data in each domain into core ideas (summaries of what each interviewee had said, using fewer words and with more clarity), and then met as a team to discuss the core ideas until a consensus was reached. Third, one member of the research team collated the core ideas from each transcript and employed cross-analysis across all transcripts to identify common themes that occurred in each core idea within each domain. The common themes were then checked and discussed by the team until a consensus was reached. Fourth, one member of the research team tallied two quantitative scores for each common theme to provide an indication of the relative importance of the themes within each core idea. Consistent with CQR methodology, an unweighted score (1–15) was used to indicate the number of interview transcripts (which ranged from 1 to 15) in which the common theme appeared. A weighted score was used to indicate the total number of instances in which the common theme occurred across all the interview transcripts, including multiple instances within a single transcript.

The external auditor provided detailed feedback at each of the four stages of the analysis process. The auditor checked that all relevant raw material had been extracted, that the raw
material was in the correct domain, that all important material had been represented in the core ideas, that the wording of the core ideas captured the essence of the raw data, that the cross-analysis had accurately identified the common themes that represented the data, and that the quantitative unweighted and weighted scores had been calculated correctly.

Results

Parents’ Experience of Participation

Using the CQR procedure to analyse the qualitative data gathered from the parent interviews meant that disagreements about the existence and wording of domains, core ideas and themes were discussed by the research team until a consensus that the analysis best portrayed what the parents were conveying was reached. For example, the wording of the third domain was honed from “Parents’ experience of changes in the parent–adolescent relationship as a result of participating in RAP-P-ASD” to “Parents’ experience of changes in parenting style and the parent-adolescent relationship”.

The CQR analysis identified seven domains. The four domains that best described parents’ experience of participating in the multilayered RAP intervention, and that are explored in detail in this paper, included parents’ reasons for participation in the RAP parent program, aspects of participation that parents experienced as helpful, parents’ experience of changes in parenting style and the parent-adolescent relationship, and parents’ experience of becoming more resourceful as parents as a result of participating in RAP-P-ASD. These domains, together with the core ideas, principal themes within each core idea, quantitative scores (unweighted and weighted) that provided an indication of the relative importance of themes within each core idea, and illustrative quotes from the raw transcript data for each theme, are set out in Tables 2, 3, 4 and 5. The themes are presented in rank order, with those having the highest weighted score at the top of the list within each core idea, and those with the lowest weighted score at the bottom of the list within each core idea. The six most salient common themes fell within the second domain, “Aspects of participation that parents experienced as helpful”. The most highly rated common theme, “validated and reinforced that parents are already doing a good job” was derived from comments that were made 71 times in the interviews by 11 parents (73%), and conveyed that RAP-P-ASD provided parents with much needed reassurance in the form of support and validation, and reduced their parenting anxiety. The second most highly rated common theme, “perceived as good and helpful for the parent themselves” was derived from comments that were made 52 times in the interviews by 12 parents (80%), and reflected that parents experiencing adversity associated with the challenges of parenting a young adolescent with autism perceived RAP-P-ASD to be a positive and beneficial experience. The third most highly rated common theme, “felt understood and no longer felt alone”, was formed from comments that were made 32 times in the interviews by 13 parents (87%), and conveyed that parents valued the connectedness with other parents that participation in RAP-P-ASD afforded. The fourth most highly rated common theme, “enjoyable”, was derived from comments made 26 times in the interviews by 11 parents (73%), and highlighted that participating in RAP-P-ASD had been a positive experience for these parents. The fifth most highly rated common theme, “informative”, was formed from comments that were made 19 times in the interviews by 7 parents (47%) who found the content of the program useful. The sixth most highly rated common theme, “would recommend it to other parents”, was derived from comments made 18 times by 12 parents (80%), and reinforced that these parents had found the program sufficiently useful that they would endorse participation to other parents.

While not presented in the tables, the three remaining domains included parents’ experience of change in their young adolescent with autism as a result of participating in the program, aspects of participation that parents experienced as challenging, and additional components that parents would like added to the RAP-P-ASD program. When reflecting on changes they had noticed in their young adolescents with autism as a result of their participation in the program, parents most frequently identified improvements in their adolescents’ emotion regulation, communication, and connectedness with family members. Regarding aspects of participation that parents experienced as challenging, two parents (13%) raised the preventative rather than treatment focus of RAP-P-ASD, and five parents (38%) said that childcare difficulties and being time-poor and over-committed got in their way of attending all four workshops. Concerning additional components for future versions of RAP-P-ASD, two parents (13%) requested ongoing support in the form of follow-up workshops that revised and reinforced program content, and child care for parents attending the face-to-face workshops.

Discussion

Analysis using a CQR approach of the qualitative data gathered in one-on-one interviews with parents supports the expected impact of improved parent self-efficacy, affect regulation and mental wellbeing (Merry et al. 2004; Pineda and Dadds 2013; Shochet et al. 2001; Shochet and Ham 2004), and aligns with the important parent–child
| Core idea                                      | Common themes                     | Importance | Examples of illustrative quotes                                                                                                                                                                                                 |
|------------------------------------------------|-----------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Seeking support                               | Feeling isolated or alone         | Unweighted | 9                                                                                                               | “You can feel very isolated”  
“having a kid on the spectrum can be a lonely place to be a lot of the time”  
“there doesn’t seem to be much in the way of support networks for parents”  
“it can be [helpful] for [parents] to just feel they’re not on their own” |
|                                                |                                   | Weighted   | 16                                                                |                                                                                                                                                                                                                           |
| Struggling to feel effective as a parent      |                                   | Unweighted | 6                                                                                                               | “I don’t really feel adequate”  
“we find it hard to feel that we’re doing anything well”  
“It’s always about the negative of ‘we’re stuck here, what do we do?’” |
|                                                |                                   | Weighted   | 8                                                                                                               |                                                                                                                                                                                                                           |
| Feeling overwhelmed with parenting a child with autism | Feeling overwhelmed with parenting a child with autism | Unweighted | 6                                                                                                               | “It’s a big shock when you find out that this is what’s going on with your child”  
“negotiating with him is impossible because he doesn’t care about anything, I guess that’s part of the depression, but if he doesn’t want to do something, I’ve got nothing to work with because he’ll just say, ‘I don’t care’”  
“It takes a lot of patience and a lot of calmness to not get so frustrated with him”  
“I’ve even thought about living in the country, so that when she has meltdowns, and I’m yelling … half the city block doesn’t hear it” |
|                                                |                                   | Weighted   | 7                                                                                                               |                                                                                                                                                                                                                           |
| Feeling misunderstood                         | Feeling misunderstood             | Unweighted | 3                                                                                                               | “With the parents who don’t have children with special needs … it’s difficult on a deeper level for people to really understand”  
“Some people just think that these children can be … deliberately difficult or challenging …it’s very upsetting when I think people just think he’s being difficult”  
“people say ‘It’s just her teenage years’… they don’t realise what you’re going through” |
|                                                |                                   | Weighted   | 5                                                                                                               |                                                                                                                                                                                                                           |
| Paucity of programs for parents of young adolescents with autism | Paucity of programs for parents of young adolescents with autism | Unweighted | 2                                                                                                               | “I don’t think there’s a lot of support to help parents navigate through what they’re experiencing”  
“often the focus is primarily on the children… probably less focus on parents”  
“The relationship between the parent and child is interrelated [but] many programs only look at one and not both” |
|                                                |                                   | Weighted   | 4                                                                                                               |                                                                                                                                                                                                                           |
Table 2 (continued)

| Core idea                                    | Common themes                                                                 | Importance | Examples of illustrative quotes                                                                                                                                 |
|----------------------------------------------|-------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Knowledge and parenting skills acquisition   | Seeking information on parenting a young adolescent with autism               | 9          | “Sometimes when you’re dealing with an ASD kid … you don’t know if you’re actually doing the right things especially if the kid isn’t behaving”  |
|                                              |                                                                                | 14         | “To help educate and support me … to then help support [my son]”                                                                                              |
|                                              |                                                                                |            | “See how other people are dealing with their little ASD children”                                                                                           |
|                                              | Seeking information on parenting a young adolescent with autism               | 3          | “Understand [her] way of thinking, the age she’s at and what’s important to her”                                                                           |
|                                              |                                                                                | 4          | “There’s a lot of changes with him going into teenage years. I’ve found that he’s becoming more closed about certain issues”                                 |
|                                              | Being better prepared for future challenges                                   | 3          | “It might help me with ways to deal with her if she … has an outburst”                                                                                     |
|                                              |                                                                                | 4          | “You look at [your child] and think ‘Oh my God, you’re going out into the big bad world shortly’… how to have them well-adjusted and coping?”          |
| To benefit my/our young adolescent with autism| To link in with other components of the School Connectedness Project          | 4          | “I was interested in what [my son] was doing because he doesn’t really say much”                                                                          |
|                                              |                                                                                | 5          | “I knew it was a forum to help us to engage the school, and the community, and have a link with them, which I really wanted”                               |
|                                              | To improve communication/relationship                                        | 2          | “Be in that same frame of mind”                                                                                                                           |
|                                              |                                                                                | 3          | “Listening is … not one of my strengths”                                                                                                                   |
| Strengthen co-parenting                      | To benefit the other parent                                                   | 2          | “I wanted to do it for [the mother] … I thought she’d benefit more out of it”                                                                           |
|                                              |                                                                                | 4          | “It was … a way to get [my husband] in for some parenting training”                                                                                       |
|                                              | To help us to parent together                                                 | 1          | “I was really pleased that I could convince [the father] that it was important to come and just see what it was about - to have that other perspective. This is another way of dealing with [situations] … it wasn’t just me telling him” |
| Build the knowledge base                     | Assist with research to improve experience for other parents of adolescents with autism | 4          | “[It is part of] ongoing research that might benefit other people as well as my family”                                                                  |
|                                              |                                                                                | 4          | “We could see the benefit for others … we don’t want other parents to have to go through the same thing we did, we want more information out there and more support” |

The unweighted score indicates the total number of transcripts in which the common theme appeared. The weighted score indicates the total number of instances across all transcripts in which each common theme occurred.
| Core idea | Common themes | Importance | Examples of illustrative quotes |
|-----------|---------------|------------|---------------------------------|
| **Supportive and validating** | Validated and reinforced that parents are already doing a good job | 11/71 | “It’s a very strengths-based program - looks at the strengths of the parents”  
“That feedback of being a good parent, and that I’m doing the right thing by my kids. No one ever tells me that so that was worth gold to me”  
“It reminded me that I’m doing a good job” |
|  | Acknowledged the challenges of parenting young adolescents with autism | 2/2 | “I guess I’m comforted that other parents are going through … the same stuff”  
“It probably runs on a different thread to how other parenting programs run, and acknowledges, probably, the difficulty of this particular group of kids” |
| **Positive experience** | Perceived as good and helpful for the parent themselves | 12/52 | “It was really helpful”  
“The program was really, really good, I actually got huge amounts out of it”  
“I learned a lot” |
|  | Enjoyable | 11/26 | “I enjoyed it”  
“I loved everything about the program”  
“There were some funny moments that were shared”  
“I really looked forward to going” |
|  | Helpful for other parents | 3/3 | “Helping others in a group like that because you can share your ideas”  
“We could see the benefit for others” |
| **Connectedness with other parents** | Felt understood and no longer felt alone | 13/32 | “I wasn’t the only parent in that boat…there were other parents [who] had kids in similar situations… so it was connecting… seeing other people are struggling… you never meet those people, never hear about them, so meeting them was great”  
“It allowed us to share experiences that made us feel less isolated” |
|  | Other parents’ stories helped me to realise that we are coping better than some | 4/5 | “Times where other parents were talking about [parenting challenges]… I sort of went ‘We’ve been there, we’re actually in a better place than we were’”  
“Hearing what other people are going through - it’s good to go [my life is] not that bad” |
| **Useful** | Informative | 7/19 | “It was very useful”  
“The content was good and very informative and very supportive”  
“I would highly recommend they do it… it is such a positive thing and you learn so much about yourself and the way you parent. It far exceeded my expectations” |
|  | Would recommend it to other parents | 12/18 | “I’ve already told another parent about it” |
| Core idea                                      | Common themes                                     | Importance Unweighted | Importance Weighted | Examples of illustrative quotes                                                                                                                                                                                                 |
|-----------------------------------------------|---------------------------------------------------|-----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Picked up tips from other parents             |                                                   | 8                     | 16                  | “They talked about this independence with attachment. One of the ladies talked about her son going on the bus - they’d done the dry run on the bus. I should probably be doing a bit more of that sort of stuff with [my son] to try and find opportunities for him to get that independence”<br>“Learned almost more from the other parents - how they approached something”<br>“Hearing their stories, the way they worked through things, the way they coped” |
| Provided practical tools/strategies           |                                                   | 8                     | 15                  | “Gave us techniques of things that we could try that we hadn’t thought of, or other ways around some of the issues that may crop up”<br>“The thing I most took away was all about the calm parenting - that is very hard to do for any parent but particularly for a parent with a child on the spectrum” |
| Integrated important ideas                    |                                                   | 3                     | 4                   | “I thought it was well structured … most of it covered different stuff that had come up over the years… [and it] brought it all together … [in a] structure that… followed …logically from one week to the next” |
| Linked the parenting program with the adolescent program |                                                   | 2                     | 2                   | “They explained what [he] would be doing and showed us a PowerPoint about some of the sessions that he was having”<br>“Having done [risky or resourceful thinking] at the parent thing, I was then able to implement that at home [with my child]” |
| Take-home workbook                            |                                                   | 2                     | 2                   | “[The facilitator] said she keeps her RAP workbook, and when she’s not having such a great time, she just flicks through it and it’ll remind her …I actually think that’s a good idea… there are some great things about my kids in here” |
| Strengthened parenting bond between separated parents |                                                   | 1                     | 2                   | “Helped us … to realise … that we’re both on the same path … no matter what’s happened between us … when it comes to the kids … we’re agreeable on things” |
| Atmosphere                                    | Provided an opportunity and space in which to reflect | 8                     | 16                  | “It gives you some room to think about how to do things, and how you should be doing things based on experience … how to approach things”<br>“It was kind of a forced reflection for me which is a good thing because I think that I’ve got so much on” |
| Provided a safe and welcoming space           |                                                   | 8                     | 11                  | “It was a small group… you could literally relate to people that were answering, and …it became a bit more personal”<br>“It’s a relaxed program”<br>“[The facilitators] did a good job of making us feel comfortable” |
| Core idea                              | Common themes                                         | Importance | Examples of illustrative quotes                                                                                                                                 |
|---------------------------------------|--------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | Felt comfortable sharing parenting experiences        | 6          | “Everyone was very open about their relationship with their children and the daily stresses they go through”                                                   |
|                                       |                                                        |            | “It wasn’t uncomfortable at all to be making comments”                                                                                             |
|                                       |                                                        |            | “It provided a space that was supportive and non-judgmental”                                                                                   |
|                                       | Well facilitated group                                 | 7          | “[The facilitators] were really very open. They would talk about their children freely. They’d just bounce ideas off each other”                   |
|                                       |                                                        |            | “It was run smoothly and professionally”                                                                                                        |
| Strengths-based                       | Highlighted strengths of young adolescents with autism | 5          | “It’s a very strengths-based program… it really looks at the strengths of the kids”                                                               |
|                                       |                                                        |            | “Our children are absolutely amazing, and they can do really funny things that make you laugh - it was also good to look at our positive feeling about our kids” |
|                                       | Highlighted parents’ strengths as parents               | 4          | “I need to, as a parent, remember that I’m important too and my strengths as a parent are important as well”                                         |
| Accessible                            | Short duration                                         | 3          | “What I liked was the shortness of it. It wasn’t forever”                                                                                     |
|                                       | Recaps catered for missed sessions                     | 1          | “I missed the second one but got a recap in the third week”                                                                                  |

The unweighted score indicates the total number of transcripts in which the common theme appeared. The weighted score indicates the total number of instances across all transcripts in which each common theme occurred.
factors that have been found to buffer adolescents from depression. Highlights for parents of participating in RAP-P-ASD were that it diminished their sense of isolation and validated their parenting difficulties; boosted their self-efficacy by affirming their existing strengths, and increasing their confidence for adopting a non-reactive and calm parenting style; augmented their affect regulation by improving their stress management; increased their empathy for their young adolescent and enhanced parent-adolescent communication and connectedness; increased their understanding of a more optimal manner in which to assist their child with autism to navigate the developmental phase of early adolescence; and boosted their own wellbeing because they were able to manage the conflict.

### Table 4: Domain 3: parents’ experience of changes in parenting style and the parent-adolescent relationship

| Core idea                                           | Common themes                                      | Importance | Examples of illustrative quotes                                                                                                                                 |
|-----------------------------------------------------|----------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increased parent-adolescent connectedness           | Implementing strategies learned together           | 4          | “I said, ‘Is that risky thinking, or positive thinking?’ and she went ‘That’s risky thinking’ and I went ‘What’s a better way of thinking this through?’”                                      |
|                                                     | Closer relationship bond                            | 5          | “It’s given us a bit more of a bond … [our relationship] definitely has been improving”                                                                              |
|                                                     | Highlighting positives                              | 3          | “I came home and everything was done and they were calm and I made a huge fuss of them… he kind of looked puffed up with pride - lifting his shoulders a little bit, holding his head up high, he smiled. When I praised him, he was very happy and grateful” |
| Improved communication                              | More mindful about communication style             | 3          | “To approach her like I’d like to be approached if I was in her shoes”                                                                                           |
|                                                     | Checking understanding                              | 1          | “We’ve found it very important to ask [him] what he thinks”                                                                                                    |
|                                                     | Mending ruptures                                    | 1          | “I said to her ‘I’m really sorry that I yelled’, and I explained why, and she told me what she felt, so we had a really good discussion around that”                  |
| Reduced conflict                                    | Fewer arguments                                     | 2          | “Being able to just talk some things through without having like a big argument”                                                                               |
|                                                     | Picking the nature and timing of our battles       | 3          | “I say, ‘I’m not going to talk to you while you’re like this - you’re not going to listen’”                                                                        |
|                                                     | More negotiation                                    | 2          | “If she’s not melting, then we respond in a much more positive way”                                                                                            |
|                                                     | Understanding need for privacy of young adolescent with autism | 1          | “[She said] ‘Everyone walks into the bathroom when I’m there’ and I went ‘Well, we will endeavour to knock, ok?’”                                             |
## Table 5  Domain 4: parents’ experience of becoming more resourceful as parents as a result of participating in RAP-P-ASD

| Core idea                                           | Common themes                                      | Importance | Examples of illustrative quotes                                                                                                                                                                                                 |
|-----------------------------------------------------|----------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Finding parenting easier                            | Skills learned are helpful                         | Unweighted: 7  Weighted: 12 | “It’s definitely helped my parenting out a little bit”  
“Having a different way of thinking about conflict - you don’t feel like you’re refereeing a boxing match sending everyone to their corners until they calm down again”  
“Finding simple ways of dealing with things - it’s so overwhelming for him”  
“It’s been easier to bring her back down when she’s been angry”  
“Super calm parenting! I try to remind … to remind myself when I feel myself getting angry to just take it down…you can’t parent properly unless calm” |
| Being calm makes for effective parenting             |                                                    | Unweighted: 5  Weighted: 5 | “Thinking about what it’s like to be in my child’s shoes, which I tend to forget. I think it’ll help me understand him more … about how the world is to him”  
“I probably have a greater appreciation for him…trying to find his place in this world and fit in, like any teenager, is difficult” |
| More insightful                                      | Better able to consider young adolescent’s point of view | Unweighted: 7  Weighted: 12 | “I was able to recognise through others what I shouldn’t be doing”  
“It’s made us more aware of building connections with teenagers”  
“I think my expectations tend to be a little high … that he can change his behaviour…I want to change mine and I’m not on the spectrum, and yet I find it challenging to change”  
“If I notice that she’s getting really anxious and stressed, I just go, ‘You need to go and take some breathing, calm yourself down and then we’ll talk about stuff’”  
“Trying to keep myself in line first before I try to approach things”  
“Taking some time out for me so that I can cope with stress better”  
“I’ve organized a couple of sleepovers for the kids so that my husband and I could have time on our own”  
“I’ve become a lot less harsh on myself”  
“For me, the hardest part of the whole course was learning self-appreciation” |
The unweighted score indicates the total number of transcripts in which the common theme appeared. The weighted score indicates the total number of instances across all transcripts in which each common theme occurred.

| Core idea                                                                 | Common themes                                                                 | Importance | Examples of illustrative quotes                                                                                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Understanding the importance of independence while maintaining parent–   | Planning for independence while maintaining parent–adolescent relationship    | 2          | “They’ve actually invited him to go away for a night with them… and rather than put him in that position where he has to show his friends that he just can’t cope [with being away overnight], we just… can pick him up” |
| adolescent relationship bond                                             | adolescent relationship bond                                                 | 3          |                                                                                                                                                                |
|                                                                          | Fostering independence while maintaining parent–adolescent relationship bond  | 2          | “I think understanding his independence, but also dependence…I hadn’t really thought about that too much…kids wanting more independence, but still wanting to be a part of the family” |
| Feeling more supported                                                   | Connectedness with other parents                                              | 2          | “I said to [another parent], ‘Let’s get each other’s numbers and try and stay in touch…we’ve got something in common…the connectedness and the understanding that comes through shared experience… it might be nice for the kids to meet as well’” |
| Increased confidence in parenting ability                                | Recognising what I do well as a parent                                        | 2          | “I think I’ve got more tolerance and patience with the kids because I feel better and more confident about what I’m doing is the right thing” |
|                                                                          |                                                                                | 2          |                                                                                                                                                                |
in the family system in a more proactive and constructive manner.

Concerning the protective factors of parent self-efficacy and parent affect regulation, a primary motivation of parents for participating in RAP-P-ASD was to obtain much-needed emotional support because they (80%) were experiencing parenting a young adolescent with autism as isolating (e.g., "having a kid on the spectrum can be a lonely place to be a lot of the time"), challenging (e.g., "we find it hard to feel that we’re doing anything well"), and overwhelming (e.g., "negotiating with him is impossible because he doesn’t care about anything"). The experience of the parents in our study is congruent with reported experience in other studies of parents of children with autism where themes that emerged included parents feeling overwhelmed or stressed and in need of emotional support (Derguy et al. 2015; Divan et al. 2012; Gray 2001; Kogan et al. 2008; Pottie and Ingram 2008; Siklos and Kerns 2006; Zablotsky et al. 2013), isolated (Derguy et al. 2015; Divan et al. 2012), and/or seeking parenting skills and knowledge about parenting a child with autism (Derguy et al. 2015; Divan et al. 2012), and highlights the importance of supporting parents’ self-efficacy, affect regulation, and mental wellbeing. Another motivation for participating in RAP-P-ASD that was endorsed by parents (60%) was to acquire knowledge and parenting skills that would enhance their parenting of their young adolescents with autism (e.g., "to help educate and support me … to then help support [my son]"). In keeping with the non-blaming, supportive and validating focus of RAP-P-ASD that strives to augment parents’ existing strengths and boost their self-efficacy, the majority of parents (73%) valued the supportive and validating manner in which the program conveyed an understanding of their difficulties and reinforced that they were already doing a good job (e.g., “that feedback of being a good parent, and that I’m doing the right thing by my kids—not one ever tells me that so that was worth gold to me”). Parents (87%) concluded that attendance had been useful in that they had acquired information, practical tools and strategies that made them feel more equipped to parent their young adolescents with autism (e.g., "gave us techniques of things that we could try that we hadn’t thought of, or other ways around some of the issues that may crop up"). All parents (100%) reflected that participation was a positive, helpful and enjoyable experience (e.g., “the program was really, really good, I actually got huge amounts out of it”), that they (67%) were finding parenting easier (e.g., “finding simple ways of dealing with things… it’s definitely helped my parenting out a little bit”) and attributed these changes to adjustments they had made to their parenting style (33%) (e.g., “super calm parenting! I try to remind … to remind myself when I feel myself getting angry to just take it down…you can’t parent properly unless calm”), and managing their stress in a more proactive and constructive manner (47%) (e.g., “taking some time out for me so that I can cope with stress better”). The majority of parents (87%) appreciated the sense of connectedness with other parents of young adolescents with autism that the program fostered (e.g., “it allowed us to share experiences that made us feel less isolated”), and said that they would recommend the program to other parents (80%) (e.g., “I would highly recommend they do it… it is such a positive thing and you learn so much about yourself and the way you parent. It far exceeded my expectations”). Anecdotal information gathered from the parents who participated in this study reinforced that, in-line with previous research (e.g., Weis et al. 2012, 2016), these parents faced additional difficulties which may have diminished their affect regulation and their perceived self-efficacy as parents. Difficulties that parents reported included parenting more than one child with autism, financial difficulties, and social problems such as a marital distress. Congruent with research suggesting that parents of children with autism may themselves have the BAP or sub-threshold characteristics of autism (Losh et al. 2008), some parents disclosed that they (or their partner) had their own diagnosis of autism or thought that they (or their partner) had a number of traits similar to the core features of autism. Parents with autism or traits of autism provided examples of times when they had struggled to support their young adolescent with autism to overcome difficulties that they themselves had encountered, including forming and sustaining friendships, regulating their emotions, and coping with change. The reduction in parenting isolation and anxiety about parenting self-efficacy as a result of participating in RAP-P-ASD was particularly valued by parents, and they took proactive steps to remain in contact with other RAP-P-ASD participants and voiced a desire for ongoing support. This suggests the need for a greater emphasis on providing ongoing emotional and practical support for parents of adolescents with autism, and it is acknowledged that a group program such as RAP-P-ASD can only address a small part of that ongoing need.

Regarding the protective factor of parental expressions of caring and warmth, a significant majority (53%) commented that their insight about their young adolescent and their parenting had increased (e.g., “I probably have a greater appreciation for him…trying to find his place in this world and fit in, like any teenager, is difficult”). Some parents (33%) remarked on favourable outcomes that resulted from them highlighting their young adolescents’ strengths (e.g., “our children are absolutely amazing and they can do really funny things that make you laugh—it was also good to look at our positive feeling about our kids”), while others (20%) noticed significant gains from praising desirable behaviour (e.g., “I came home and everything was done and they were calm and I made a huge fuss of them… he kind of looked puffed up with pride—lifting his shoulders a little bit, holding his head up high, he smiled. When I praised him, he was very
happy and grateful”). There is extensive research to support the value of parental expressions of positive regard towards their adolescent (Yap et al. 2014), and expressions of parental warmth and close parent–child relationships have been associated with improved outcomes for adolescents with autism (Woodman et al. 2015). These findings are therefore encouraging, although the long term sustainability outside of the immediate program effects are still to be determined. It may well be that parents under stress may not maintain the awareness of expressing a positive regard.

With respect to the protective factor and RAP-P-ASD aim of reduced parent-adolescent conflict, parents (33%) commented that their communication with their young adolescents with autism had improved (e.g., “learning [that] his view and perspective is completely different to ours”). They added that they (33%) had become more proactive about de-escalating potentially volatile situations (e.g., “if I notice that she’s getting really anxious and stressed, I just go, ‘you need to go and take some breathing, calm yourself down and then we’ll talk about stuff’”). A significant majority (53%) remarked that conflict in the family system had diminished (e.g., “being able to just talk some things through without having like a big argument”). Given the increased risk of conflict between parents and their adolescents with autism (Orsmond et al. 2006), these parent reports of de-escalation of conflict are encouraging. However, it is important to note that this was not the most highly endorsed benefit, with more research required to ascertain whether this finding reflects that a number of families did not experience conflict management as needed, or whether conflict management was unsuccessful. Relating to an aim of RAP-P-ASD to strengthen the adolescent-parent relationship bond, parents (53%) noticed that after participating in RAP-P-ASD they experienced a greater sense of connectedness with their adolescent through jointly implementing strategies learned in the program and feeling a closer mutual bond (e.g., “it’s given us a bit more of a bond ... [our relationship] definitely has been improving”). They also remarked that they had been experiencing their adolescent as more affectionate towards them (e.g., “he told me he loves me”). These findings are consistent with those of Smith et al. (2008) who demonstrated in a large longitudinal study the importance of a positive family environment for improved developmental and behavioural functioning of adolescents with autism.

Although the protective factor of fostering parents’ ability to support their adolescents to develop increasing autonomy while maintaining close parental relationships was a component of the program, parents did not rate this component as frequently as might have been expected. Two parents (13%) reported an increased understanding of the importance of independence while maintaining the parent–adolescent relationship (e.g., “I think understanding his independence, but also dependence... I hadn’t really thought about that too much... kids wanting more independence, but still wanting to be a part of the family”), and two parents (13%) reported planning to assist their young adolescent to develop greater independence (e.g., “they’ve actually invited him to go away for a night with them ... and rather than put him in that position where he has to show his friends that he just can’t cope [with being away overnight], we just ... can pick him up”).

**Strengths and Limitations**

This qualitative study yielded valuable information about the experiences of parents who participated in the first manualised mental health promotion initiative developed for young adolescents with autism and their parents. Parents’ feedback about their experience of participating in RAP-P-ASD provided useful insights that mirrored findings from prior research and reinforced the need for interventions that provide support for parents of young adolescents with autism. The intervention appears to have ecological validity, is unique in that it adopts a focus that builds on participants’ existing strengths, and consistent with feedback from the multitude of parents who have participated in RAP over the past 2 decades (e.g., Merry et al. 2004; Pineda and Dadds 2013; Shochet et al. 2001; Shochet and Ham 2004), parents who participated in RAP-P-ASD experienced the program as improving their self-efficacy and mental wellbeing, and strengthening the parent-adolescent relationship. Importantly, findings highlighted a need for ongoing support for parents of young adolescents with autism that is currently unmet by existing services.

As this was a small scale, exploratory qualitative study, findings should be considered as an insight into the experiences of a sample of parents of young adolescents with autism in urban Australia. Generalisability to young adolescents with autism and their parents overall is reduced by the study’s modest sample size (N = 15), its relative homogeneity, and twice as many female than male parents participating which may have been influenced by scheduling of RAP-P-ASD workshops and parents’ difficulties arranging child care. Also, it must be acknowledged that individual biases of the CQR team members may have influenced the outcome of the domains, core ideas, and common themes extracted in the CQR analysis. Furthermore, the final domains, core ideas and common themes were not checked by the parent participants so it is not known whether they agreed with the analysis. Importantly, the long term sustainability of gains outside of the immediate program effects are still to be determined. While parents of young adolescents with autism are desperate for support that is unmet by existing services, and valued participating in RAP-P-ASD and reported realising positive outcomes, the heightened and enduring challenges that many parents of adolescents with autism...
experience may diminish treatment gains over time, as suggested by parents’ requests for additional and ongoing emotional and practical support.

Future Research

The experience of parents who participated in this multilayered intervention reinforces previous research that reported that parents of young adolescents with autism are desperate for parenting resources and support (Hartley and Schultz 2015; Siklos and Kerns 2006). The encouraging qualitative findings from this proof-of-concept trial endorse that parents valued engaging in a parenting intervention added to an evidence-based, strength-focused resilience intervention designed to promote wellbeing and mental health in young adolescents with autism, and justify a RCT with a larger sample of parents and adolescents to examine the effectiveness of the multilayered RAP intervention in which parents and their young adolescents with autism receive RAP-P-ASD and RAP-A-ASD. The resounding endorsement from parents of their sense of connectedness with other parents afforded by attending the RAP-P-ASD workshops (87%) suggests that the face-to-face model offers the optimal delivery option, hence future research should continue to offer the workshops and trial the addition of reinforcing adjunct material to sustain parents’ sense of connectedness after the conclusion of the workshops.

To cater for parents who are unable to attend the face-to-face RAP-P-ASD workshops (because of constraints such as living remotely, being time-poor, or having scheduling difficulties) or who require ongoing revision and reinforcement support in addition to the four RAP-P-ASD workshops, there is value in exploring the development of a hybrid model of RAP-P-ASD that uses communication technology to deliver the program content online, augments it with digital resources and telephone and/or online chat support, and could be accessed worldwide by English-speaking parents of young adolescents with autism. Such a hybrid would extend the reach of the RAP-P-ASD model to a wider, more ethnically, culturally and racially diverse population, including those living in rural and remote communities, and internationally, and might also help to lessen the sense of isolation experienced by many parents of young adolescents with autism. The authors of the manuscript are currently building a website to engage parents and caregivers on the core components of the RAP-P-ASD program. While a digital program cannot replicate face-to-face experience, there is sound evidence in e-health research that shows the effectiveness of psychosocial interventions delivered through technology (see Andersson et al. 2014 for review).

Conclusions

The current study explored the value of adding a strength-focused parenting intervention to an evidence-based depression-prevention intervention for young adolescents with autism, within a broader project to promote wellbeing and mental health in young adolescents with autism (the Adolescent Wellbeing Project). Qualitative findings offer a valuable insight into the experience of parenting a young adolescent with autism, and reinforce that, congruent with the literature, parents who participated in the Resourceful Adolescent Program for Parents adapted for parents of young adolescents with autism (RAP-P-ASD) were seeking emotional and knowledge-based parenting support that is currently unmet by existing parenting services. As a first trial, RAP-P-ASD has good promise as evidenced by parent reports that participation diminished their sense of isolation, validated their parenting difficulties, boosted their self-efficacy, increased their empathy for their young adolescent and enhanced parent-adolescent communication and connectedness, increased their understanding of a more optimal manner in which to assist their child with autism to navigate the developmental phase of early adolescence, and boosted their own wellbeing.

To capitalise on the vital protective factors that parents provide for their young adolescents with autism, there is a need for multilayered interventions that harness parents’ strengths and diminish the risk factors associated with the challenges of parenting while promoting parent and adolescent wellbeing and mental health. The findings of this qualitative study provide support for the next step in this initiative: adding adjunct material to the face-to-face RAP-P-ASD model to increase the potential for ongoing reinforcement of content delivered in the RAP-P-ASD workshops, extending the reach of the program by developing a hybrid model of RAP-P-ASD that uses communication technology to deliver program content online and augments it with digital resources and telephone and/or online chat support, and conducting a RCT to examine the effectiveness of the program.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institution and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all participants included in the study.

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