

Introduction:

Autism is a neurodevelopmental condition characterised by social interaction and communication challenges as well as restrictive and repetitive behaviour and/or interest (American Psychiatric Association, 2013). Raising an autistic child causes disruption to the 'normal' parenting process (Fernandez-Alcantara et al., 2016), due to parents experiencing emotional turmoil (Ilias, Cornish, Park, Toran & Golden, 2019; BLIND, 2016). Findings indicate decreased parent well-being (Costa, Steffgen & Ferring, 2017; Salamone et al., 2018), increased depressive symptoms compared to parents of typical developing (TD) children (Lai et al., 2015; Zhou, Wang & Yi, 2018) and with other developmental disabilities (DD) (Teague, Newman, Tonge & Gray, 2018). Stress impacts parents' parenting behaviours (Davis and Carter 2008) and higher levels of stress are experienced in parents of autistic children (Keenan, Newman, Gray & Rinehart, 2016; Teague et al., 2018). Having a negative impact upon parents' coping ability, reducing capacity to utilize constructive and adaptive strategies in managing their child's behaviours (Scharf & Goldner, 2018). Families of autistic children experience more stress than families with TD children or children with other additional needs (e.g., Brei et al. 2015; Falk et al. 2014). With parent reports of experiencing lower sense of self-efficacy (Meirsschaut, Roeyers & Warreyn, 2010) it is necessary to identify stress factors that may affect their actual parenting behaviors (Hayes and Watson 2013; Keenan et al. 2017).

Parenting self-efficacy (PSE) is parents' perceptions of their competence in parental role (Coleman & Karraker, 2000) and measures their beliefs, and not what they do or know, to influence their child's behaviour and environment (Chong & Kua, 2017). Meirsschaut, Roeyers and Warreyn (2010) reported that parents have lower sense of self-efficacy in parenting their autistic child than when parenting their TD child. Self-efficacy is posited as a cognitive element in parenting competence (Coleman & Karraker, 2000). Cognition is one of the psychological processes in self-efficacy that affect human functioning (Bandura, 1994) and have a prominent role in acquiring and retaining new behaviour patterns. Child characteristics play an important role in determining parents' self-efficacy. Among the most salient child factors that contribute to lower PSE are challenging behaviours in both autistic children and adolescents (Chong & Kua, 2017; Dieleman et al., 2018a) and severe autism symptomology (Weiss, Tint, Paquette-Smith & Lunsy, 2016). Further, parents need to constantly adjust their parenting behaviours to meet their children's needs (van Esch et al., 2018) and their autistic characteristics, which cause them to largely ignore their own needs

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3 (Dieleman et al., 2018a). These in turn affect parents' behaviours and reactions towards their
4 child (Dieleman et al., 2018a) as well as compromise their appraisal of self-efficacy (Weiss et
5 al., 2016).
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8 Parent training is proposed as an effective means to increase PSE (Ilias et al., 2019).
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10 However, most intervention models for autism tend to focus exclusively on the needs of the
11 children (Slade, 2009), specifically aimed at alleviating core symptoms of autism (Black &
12 Therrien, 2018). A literature review of autism parent training indicate that programmes
13 concentrate on establishing parents as effective mediators for positive change in the domains
14 of social, emotional, communication and behaviour for young children (Matson, Mahan &
15 Matson, 2009; Suppo & Flyod, 2012) and, school aged children and adolescents (Black &
16 Therrien, 2018). Furthermore, even parent training programmes specifically aimed at
17 supporting parents are available, the intention is also in supporting the autistic children
18 indirectly (Bearss, Burrell, Stewart & Scahill, 2015). These are mostly psychoeducation
19 supports that provide parents with information on autism, developing Individualised
20 Education Plan, guidance on interventions as well as connecting families to services (Bearss
21 et al., 2015). Interventions specifically aimed at family members has been highlighted as a
22 priority (Meadan, Halle & Ebata, 2010). However, parent support is usually adjunct to the
23 child's intervention programme, often only implemented when parental pain and suffering
24 becomes intolerable and poses a threat to the child's progress, (Slade, 2009). Further, parents
25 of autistic children can struggle to manage powerful feelings of hopelessness and rejection,
26 impacting upon parent-child attachment. This emotional pain is often unacknowledged, both
27 by parents who may not be able to untangle the myriad of feelings that surround their daily
28 lives and by professionals who are not trained to support the emotional needs of parents
29 (Slade, 2009).
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45 Emotion-Focused Family Therapy (EFFT) is a family-based therapy (FBT) which
46 integrates principles and techniques of Emotion-Focused therapy (EFT) (Lafrance Robinson,
47 Dolhanty & Greenberg, 2015). According to Diamond and Josephson (2005), FBT is a
48 modality that target family processes, where parents are essential participants. It can include
49 formal family therapy, parent management training, psychoeducational models and
50 community-based approaches. Furthermore, parents' role in FBT is multi-fold, as support
51 provider, teachers of new skills, co-therapist or even as recipients of treatment themselves.
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3 determinant of self-organisation with its intervention and treatment goals guided by
4 distinctions between different types of emotions (Greenberg, 2010).

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6 EFFT was initially developed to help parents support their child with eating disorders
7 (ED), and the illness is being understood as an attempt to manage and avoid emotions
8 (Lafrance Robinson & Dolhanty, 2013). EFT therapists use EFT principles to educate both
9 parents and their child about emotion, its function in maintaining ED and the importance of
10 processing emotion (Lafrance Robinson et al., 2015). EFFT is deeply rooted in the belief of
11 the family's healing power (Lafrance Robinson & Dolhanty, 2013) with the parents regarded
12 as the expert of the child and the therapist supporting them with knowledge on ED (Lafrance
13 Robinson et al., 2015). The four core principles that govern EFFT are: a) *family-focused*, all
14 children want to be supported by their parents regardless of age, and vice versa, b) *parent*
15 *empowerment*, having a deep belief in the parents' ability regardless of their physical or
16 mental states, c) *skills training*, respecting family's capacity in supporting their child's
17 recovery and providing skills to parents, d) *emotion-focused*, understanding family dynamics
18 in the way they experience and express emotion, works with them to interrupt the pattern of
19 emotion avoidance (Lafrance Robinson & Dolhanty, 2013; Lafrance Robinson et al., 2016).

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21 In EFFT, PSE is increased through the processing of 'emotion blocks', which is
22 unprocessed or maladaptive emotions that disrupt or inhibit parents' ability to engage in
23 intervention tasks (Foroughe et al. 2018). Parents' low self-efficacy is associated with fear,
24 self-blame (Stillar et al., 2016) and guilt (Kuhn & Carter, 2006). Both parental fears and self-
25 blame are thought to be related processes that disempower parents and render their capacity
26 to help ineffective. Thus, parents who have more fear and self-blame, are likely to engage in
27 accommodating or enabling behaviours with their child, such as controlling the family,
28 reassurance seeking behaviours and modifying family routines (Stillar et al., 2016). In
29 addition to that, self-blame is also one of the coping strategies in emotion-focused coping
30 category, which could signify that parents feel there is little they can do to change their
31 situation with their autistic children (Folkman and Lazarus, 1980). The literature has shown
32 that parents of autistic children experience a combination of different emotions, but most
33 research is focused on the diagnostic period (e.g. Fernandez-Alcantara et al., 2016) but not on
34 how it affects PSE in parents of autistic children. Unlike the ED population where self-blame
35 and fear are identified as barriers to parenting efficacy (Strahan, et al., 2018), the impact of
36 their emotions have not been explicitly investigated.

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In view of the need of a parent programme that is not focused on training parents to understand the impact of parenting a child through a deficit based approach, but is able to address parents' emotions and their emotional reactions to their child's struggles, this study aimed to create a model based upon expert trainers who deliver EFFT and Autism Parent Training. The purpose of the study was to explore 'expert' trainers (and therapists) encounters with parents coping with children who have a range of mental health conditions, including eating disorders and children on the autism spectrum. We hypothesised that expert trainers through their encounters with parents would be able to identify painful trigger points, parent-child relational ruptures and methods to enhance parenting self-efficacy and coping. Our second hypothesis was that based upon these expert trainers' experiences, we would have sufficient knowledge to provide a synthesised emotion-focused parent training model. To the best of our knowledge, this is the first study to develop a conceptual model of emotion-focused training for parents of children on the autism spectrum.

Method:

This research investigated the experiences of expert trainers and designers of Emotion-Focused Family Therapy and a bespoke adolescent parent training programme: RU:Teen (Relationships and Understanding for Parents of Teenagers on the autism spectrum), to inform a model of emotion focused parent training designed for parents of children on the autism spectrum. Emotion-Focused Family Therapy (REF) was mostly, but not solely delivered to parents of children with an eating disorder. RU:Teen, an autism training programme developed by BLIND and BLIND (2004) for Scottish Autism, was delivered nationally throughout Scotland to groups of parents of autistic adolescents. The curriculum covered: the starting point, wellbeing mapping for your autistic child and the family; autism toolbox of strategies; relationships and sexuality; conflict resolution and bullying; emotion understanding and regulation; anxiety and depression; positive living and transitions to future horizons.

The questions that guided the research were three-fold: First, we wanted to understand if parents of autistic children encounter painful experiences that cause emotional injuries and therefore whether there is a need for an Emotion-Focused Coaching programme for autism spectrum. Second, whether the experiences of expert therapists/trainers could inform conceptual thinking and theory behind the design of an Emotion-Focused Coaching programme for parents of autistic children. Third, could this understanding inform the

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3 development of an Emotion-Focused Coaching programme protocol for parents of autistic
4 children.
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8 **Participants and Procedure**

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10 The study employed a purposeful sampling strategy to identify participants who were
11 experienced Trainers/designers of Emotion-Focused Family Therapy (EFFT) or of an autism
12 specific parent training programme. Six expert trainers (four EFFT and two RU:Teen)
13 participated in the study (see Table 1 for participant information). Each participant
14 (henceforth referred to as Trainer) attended a face-to-face, Skype or telephone interview. All
15 interviews were recorded and transcribed and included in the study.
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22 **Table 1: Participant Information of Interviews with Trainers**

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27 First, a constructivist informed grounded theory (IGT) approach (Charmaz et al., 2018) was
28 employed for sensitizing principles from the literature, but staying grounded in the data. Data
29 analysis employed a constructivist approach of grounded theory (GT) (Charmaz, 2006) to
30 gain an in-depth understanding of the trainers' views in order to generate a theory based upon
31 researchers' perspectives and reflexivity about their own interpretations and those of the
32 study participants. A summary of the two-phased iterative processing modified-GT and
33 Thematic Analysis can be seen in Fig. 1
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41 **Figure 1: Two-phased iterative processing modified Grounded Theory and Thematic** 42 **Analysis**

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46 First, the researcher familiarized themselves with the data through active rereading of each
47 interview transcript and by making observations that could be of importance to constructing
48 theory. The coding procedure followed was both Charmaz's (2006) two phased coding,
49 which were initial coding and focused coding and also an adapted Thematic Analysis (Braun
50 and Clarke, 2012). For initial coding, line-by-line coding was employed, using semantic
51 codes to stay close to the content of the data (Braun & Clarke, 2012) and to the participants'
52 meaning, as well as gerunds when possible to code for actions so that processes and
53 connections between codes could be made implicit (Charmaz et al., 2018). This was followed
54 by focused coding, codes were reviewed for similarities and overlap, and initial codes which
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made the most analytic sense were constructed as themes. Themes and subthemes were then generated through a process of collapsing or clustering of codes that shared some unifying features together, to reflect a coherent and meaningful pattern in the data. The next step reviewed all potential themes and codes were discarded or relocated. The process of redrawing boundaries of themes, creating new themes and collapsing similar themes was repeated to construct a distinctive and coherent set of themes. The codes and themes were then reviewed in relation to the entire data set.

Results

With the final thematic analysis presented in Table 2., an overarching theme emerged: A Model of Emotion Transformation from Painful Triggers, to Enhanced Attunement and Relational Repair. Four themes, comprising thirteen subthemes, were identified. The four major identified themes are as follows: (1) *Parent painful triggers* which recognizes emotional injuries experienced by parents as they struggle to cope along the diagnostic process and beyond; (2) *Relational rupture cycle within non-synchrony of attunement* which identifies contributory factors leading to parent-child relational blocks; (3) *Repairing attachment bonds* which identifies key transformative components within an emotion-focused parent coaching programme, and (4) *Therapist's prizing stance* which recognizes the healing potential of the therapist-parent dyad within the person-centred experiential training process.

Table 2: Thematic Analysis of Trainers Experiences of Delivering EFFT/Autism Parent Training

These participant experiences (therapist-trainers now referred to as Trainers) form the themes and subthemes which are presented as a process model (see figure 2) to inform parent's distress (phase 1), relational ruptures within parent-child interactional dyad (phase 2) with a programme designed for relational repair (phase 3). This model is presented in three phases with main themes and subthemes expanded upon with illustrations from quotations. These experiences are used as a design for an emotion-focused coaching model for parents of autistic children.

Phase 1: Uncovering Painful Emotions from a shared journey:

The emotion transformation model begins at phase 1 with Trainers supporting parents to explore *parent painful triggers*. This reflects the Trainers orientation as they act as guide to

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3 assist parents explore their distress in uncovering core painful emotions within this shared
4 journey pre, during and post-diagnosis. These painful triggers contain four subthemes which
5 uncover parents experiences of interactions with professionals and within the family. The
6 first of these is *rejecting diagnosis and parent blaming* with one participant stating that
7 “many of the families have experiences of professionals blaming them and not believing
8 them.”(T1). The second refers to the period of diagnosis as being a *long, frozen, traumatic*
9 *process* with one trainer stating that “we look at all the emotional aspects that the parent has
10 had to face up to that point, some have had very traumatic experiences” (T5) whilst another
11 “that journey for some parents can be harrowing...some parents are left feeling in a place of
12 stuckness, and all alone” (T6). The third being *complexity with unmet need* illustrated by one
13 therapist “...it’s a complex condition and it is this complexity that parents actually need help
14 and support with” (T5) and another of how this complexity is met by “at the end of that
15 process of diagnosis they’re told ‘this is where we end’ and then they aren’t given the level of
16 emotional support that is needed or practical guidance beyond the diagnostic process” (T=6).
17 The fourth subtheme relates to the *child’s periods of transition* with one therapist stating that
18 “one father spoke of conflict and aggression, and having to restrain their teenage son, and that
19 being a really traumatic experience for them, ... if only they knew these strategies
20 before...and been able to understand and profile them, they might have been able to
21 prevent...coming to that point.”
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40 **Figure 2: a grounded theory process model of emotion transformation**
41 **for parents of autistic children**
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44 **Phase 2: Uncovering Interpersonal Rupture Cycle**

45 The various experiences of the parents’ journey are uncovered and shared with the therapists
46 within the group and these begin to shift to deeper exploration within Phase 2: Uncovering an
47 Interpersonal Rupture Cycle. This second main theme *relational rupture cycle within non-*
48 *synchrony of attunement* trainers help parents explore and work with their unprocessed
49 emotions, so that what is hidden becomes available for exploration. In this phase, parents and
50 their autistic child are involved in an *interpersonal rupture cycle* due to *reduced parenting*
51 *self-efficacy*, which can lead parents to feel as they are *unable to meet their child’s needs*.
52 This non-synchrony of attunement leads to reexperiencing an inferior sense of parenting
53 competence, and thus the *interpersonal rupture cycle of non-synchrony of attunement*
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continues to spiral in a loop. Trainers explained reasons for *reduced parenting self-efficacy* stem from *emotion blocks*, *cognitive blocks*, and parents *lacking in knowledge*. Trainers (n=4) identified *emotion-cognitive blocks* to be interfering with parents' ability to be present for their child, as shown by T1, "parent's self-efficacy is blocked by self-blame and fear...and usually we find the main problem is emotional avoidance in the family". Trainers observed that *lack of knowledge* was a contributing factor to lower PSE, as explained by T5, "some parents don't necessarily understand what autism really is". Trainers explained how all these factors lead to the *child having unmet needs* by not having a *parent that the child needs* as illustrated by T1, "all the child wants is a parent that has a map...mum's got a map so I'm okay", and for the child *not being understood and accepted* for who they are, which is essential in building a strong parent-child bond. As one Trainer explained "going back to the basics of connecting with your child and having your child feel understood...emotionally, is such a basic skill" whilst another stated that "kids with ASD, they're super feelers, like sensory overload...just having their parents get that experience is...so powerful for the child to feel accepted". Once painful trigger points are uncovered and unprocessed emotions are explored trainers support parents in the final phase of the emotion transformation model.

Phase 3: Parent-child Relational Repair

Upon uncovering factors that can cause an interpersonal relational rupture cycle between parent and child, steps are taken within the model to have *Parent-Child Relational Repair* in Phase 3. The focus here is through the main theme *repairing attachment bonds* which entails *empowering parents with experiential knowledge building*, using *Emotion-Focused Coaching* and the *wheel of challenges*, within *the power of the group*. These main themes each become integral components that empower parents. First, being the importance of *experiential knowledge building* for parents was mutually agreed as key by all therapists. This subtheme contained focused codes that trainers acknowledged parents need to be seen as the *experts of their children* (n=6), as T6 put it, "they have, and can have, expertise of their child and key to how their child behaves and interacts". This empowerment of experiential learning took different forms such as through helping parents feel empowered by learning to recognise and channel different skills, such as *profiling skills* (n=3) illustrated by T6, "parents spend time profiling their teenager...understanding what were felt to be the important things in relation to the differences in stemming from autism" as well as learning new *autism frameworks and theories* (n=2) illustrated by T6, "so we (professionals) know all these cognitive and affective

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3 theories, speaking together with parents of these differences in relation to social relatedness
4 and how parents can link these to theories and then how that articulates with their teenager's
5 behavioural presentations so they (parents) also know these". This experiential learning also
6 took the form of *behavioural profiling and interpretation* (n=3) illustrated by T2, "helping
7 parents understand... the reason they're having this behaviour, and when you interpret
8 behaviour in a certain way it changes your response, which changes their response". Finally,
9 the therapists spoke of differing methods employed to support experiential learning, such as
10 T1, "We have a processing, a work sheet, for us to take a parent through a parent block, and
11 that is the core method. So, it is worksheet guided chair work, to process a block."

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19 There was agreement by all EFFT therapists (n=4) that *uncovering and working on*
20 *parents' unprocessed emotion* was a fundamental first step of the subtheme *emotion-focused*
21 *coaching*. Parents can feel empowered when they are supported with new information such as
22 learning about the *theory of emotions* (n=4) illustrated by T1, "there's the whole theory of
23 emotion...you've got to heal it before you can be healed". As T4 explained uncovering and
24 working with unprocessed emotions helped parents to handle their own emotions, as
25 illustrated here, "they were able to deal with the emotions much better...normalising the
26 blocks and saying to them we expect you to be blocked, we expect you to struggle with this".
27 Further, in developing *empathy for self and their child* (n=2), the parents would need to
28 experience the empathy for themselves first, as explained by T5, "you listen to the parents
29 first of all...you actively help them to understand that you realise what it's like and you can
30 resonate with them". Trainers explained how parents can be taught enhanced empathy skills,
31 as the first means of responding to their child, before seeking behavioural solutions, as shown
32 here "attend, label and validate...and then when the child feels they are understood, then you
33 go to their needs". When moving towards *emotion coaching for self and their child* (n=4),
34 parents feel appreciated when they are validated by the trainer, in the example given by T1,
35 "just look at how much you care...and they must feel so good about themselves". T2 stressed
36 that emotion coaching was the most important step for families with an autistic child, as
37 illustrated here, "having parents learn emotion coaching...is the number one thing with them,
38 because the child just wants to be understood by their parents... just truly, deeply understood,
39 for who they are, their strengths and challenges and then that helps them".

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55 Both RU:Teen Trainers spoke of helpful bespoke components such as the *wheel of*
56 *challenges* with the aim to scaffold learning through conceptual frameworks which parents
57 could use as a lens, such as "we developed this idea of a 'wheel', and we had each young
58 person at the centre, then we had the behavioural presentation coming out from this, followed
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3 by possible explanations and then a range of possible strategies, so strategies on the outside
4 of the wheel.” Both Trainers explained that during the programme parents are also shown
5 how to focus on and manage one challenge at a time in their myriad of challenges as told by
6 T5, “we use the wheel of challenges as a strategy and ask each parent to look at their
7 challenges and find out from their point of view,... what was the most pressing challenge, for
8 them as a family...it helped them focus on the most immediate challenge for them”. After
9 that, parents could be supported with knowledge and strategies in *managing the challenges*,
10 as T5 said, “joining that appropriate strategy with that child...so that the parent gets an
11 understanding of what the autism needs are and what and why they find it challenging... and
12 how they can see this in a different way”.

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There was agreement by all trainers (n=6) of the *power of the group*, as explained that parents can seek relational connections with each other in their *shared experience* (n=2) as summed by T5, “they recognise similarities and differences in their journey...they also learn together...and they perform together in a way that’s different than when it is individual support”. Therapists (n=2) also found that *parents empower parents*, as shown by T6, “they become knowledgeable and then they can use that knowledge to empower other parents”. In addition to that, parents also began *engaging in network building*, as discovered by the therapists (n=2) and was summed up by T6, “they form friendships, post the programme...it helps them to become networked, often it leads to social media groups...they become really empowered that way”.

The fourth main theme *therapist prizing stance* is grounded from a humanistic philosophy held by the trainers and communicated to parents within each programme. The first subtheme relates to and trainers *belief in parent capacity* (n=5) T4 described it here, “it’s the way (we) were approaching caregivers, in such a warm non-blaming way,...or it’s the deep belief in them that’s really the most important...you instil hope in them” and the second *It’s all relational* T4 explained that “we are creating stronger attachments and better relationships in that process”.

Discussion

The purpose of this study was two-fold. First, we wanted to explore the experiences of expert trainers (/therapists) and see whether their encounters with parents during emotion-focused, and autism parent training could inform painful triggers. Second, how trainers experiences from delivering these programmes could provide insight into a new emotion-focused transformation model for parents of autistic children. We found that trainers

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3 encounters with parents identified a number of painful triggers resulting in non-coping and
4 heightened parenting stress, leading to non-synchrony of attunement in parent-child dyads
5 resulting in a relational rupture cycle. After this initial exploration trainers move to
6 supporting parents in a number of ways, through enhanced understanding and experiential
7 learning tasks aimed to repair attachment bonds, by helping parents to unblock unprocessed
8 emotions within a humanistic prizing relational approach. This study points towards a new
9 emotion-focused parent coaching model grounded in humanistic principles of relational
10 acceptance and emotion theory. This approach is offered to parents to promote healing
11 through validation and empowerment in acquiring new emotion coaching skills so they, in
12 turn become emotion coaches aimed at empowering their autistic children. To the best of our
13 knowledge, this is the first emotion-transformation model proposed to promote the wellbeing
14 of parents of autistic children that adopts an emotion-focused humanistic, experiential
15 approach. This approach moves away from deficit-informed parent training towards parent
16 coaching that falls within a person-centered paradigm.

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18 We found trainers identified parents who seek training are motivated to share their
19 emotional experiences and have a need to explore painful triggers. These include struggles in
20 raising their autistic children especially during and post diagnostic period as well as during
21 heightened stress during developmental transitions. This is in accordance with current
22 research that states parenting autistic children affects family life, including parents expressing
23 experiences of being traumatised, social withdrawal and mental health issues (BLIND, 2016),
24 as well as finding it extremely stressful when their children have behavioural difficulties
25 (Ilias et al., 2019). Our findings add support to the damaging impact that a long, drawn out
26 diagnostic process has on parental wellbeing, we found parents came to training often with a
27 sense of 'feeling stuck'. The diagnostic process itself is inherently stressful for parents (Moh
28 & Magiati, 2012) especially when they are subjected to a long process (Crane et al., 2016).
29 However, the waiting time for diagnosis varies across different countries, ranging between 1
30 to 3.5 years (Moh & Magiati, 2012; Sansosti, Lavik & Sansosti, 2012; Crane et al., 2016).
31 We found that this was exacerbated when parents experienced a *lack of support beyond the*
32 *diagnostic process*, leaving them feeling abandoned. This is in accordance with findings
33 reporting that parents felt isolated from family, friends and their communities (Batool and
34 Khurshid, 2015; Lai, Goh, Oei and Sung, 2015). Further, lack of post-diagnostic support has
35 left many parents feeling isolated (BLIND, 2016) and disconcerting when the professionals
36 they encounter dismiss their concern and are not up to date with the current interventions or
37 issues regarding autism (Sansosti et al., 2012). This is significant as a lack of parental post
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3 diagnosis support has been found to negatively affect their child's outcomes (Russell and
4 McCloskey, 2016).

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6 Worryingly, our study found parents encountered attitudes of parent blaming,
7 as reported by one emotion-focused family therapy trainer. This contravenes findings from
8 autism studies which conclude that professional attitudes have changed, with professionals
9 now less likely to blame mothers for their child's autism (Neely-Barnes, Hall and Graff,
10 2011; Zuckerman et al., 2018). However, these authors did report that family, friends, and
11 the general public were still likely to blame poor parenting for a child's behavioural
12 difficulties, often resulting in parents feeling stigmatised.

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14 Our study found that trainers stated one of the painful triggers that arose when
15 parenting an autistic child, was related to the complexity of autism. Although to date there is
16 no direct evidence that parents need support with the *complexity of autism*. There is general
17 agreement from researchers that the complexity of the spectrum of conditions, and the fact
18 that many children also develop medical, educational and social difficulties, impacts upon the
19 child's quality of life in different ways (Walsh, Elsabbagh, Bolton & Singh, 2011). We found
20 developmental transitions to be a further painful trigger that parents struggle with,
21 specifically the complex issues and impact of autism during adolescence. Secondary
22 consequences of social difficulties in autism such as loneliness (Mazurek, 2014), social
23 isolation, and discrimination (Croen et al., 2015) are significantly correlated with increased
24 anxiety and depression, as well as decreased life satisfaction and self-esteem (Mazurek,
25 2014).

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27 We propose that parents experience painful triggers throughout the diagnostic
28 journey, which could be ameliorated with appropriate emotional and knowledge enhancing
29 support. These triggers include a long and drawn out diagnostic process, professional refusal
30 to acknowledge parental concerns and encounters with professionals based on interactions
31 within a deficit medical lens. We speculate that this powerful combination of painful triggers
32 exacerbates non-synchrony of parent-child attunement, which then manifests as a relational
33 rupture cycle. This accords with research that parent's poorer psychological well-being can
34 also impact negatively on their interactions with their child (DePape and Lindsay, 2014). We
35 speculate that these painful triggers underpin attunement and attachment and call for changes
36 in practice in order to reduce painful triggers leading to parental psychological stress. We
37 believe in the positive actualising propensity parents possess to seek the best outcomes and
38 psychological wellbeing for their child. We found that when parents are supported to work
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3 through unprocessed emotions arising from their painful triggers they become powerful
4 agents in promoting their child's psychological wellbeing.
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7 Our findings support the notion of scaffolding knowledge for parents of autistic
8 children through innovative strategies such as employing the *wheel of challenges* that helps
9 parents to identify one challenge at a time and to break these down into small manageable
10 steps. This is in accordance with similar findings reported in Huang and Zhou's (2016)
11 research aimed at supporting parents in using 'one day at a time' approach to help them cope
12 with each day's challenges and demands they face from raising their children. We found
13 *knowledge building* is essential to empowerment. Our study found that trainers expressed that
14 knowledge aids parents in repairing rupture cycles by strengthening attachment bonds, which
15 is similarly aligned to parents feeling better able to cope and develop competence when they
16 are equipped with knowledge (Ilias et al., 2019).
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24 In EFFT, Parenting Self-Efficacy (PSE) is increased through the processing of
25 'emotion blocks', which are unprocessed or maladaptive emotions that inhibit parents' ability
26 to engage in intervention tasks (Foroughe et al. 2018). To date, limited attention has been
27 given to investigating emotional blocks in parents of autistic children. Yet, we speculate that
28 these may be more complex than what current research findings reveal as parents report
29 experiencing a myriad of feelings (Fernandez-Alcantara et al., 2016; Zhou, Wang & Yi,
30 2018), with guilt and self-blame being the most commonly described emotions in literature
31 (e.g. Fernandez-Alcantara et al., 2016; Huang & Zhou, 2016; Mak & Kwok, 2010). Parents
32 who found themselves lacking in knowledge also expressed feeling debilitated and
33 inadequate as parents (Huang & Zhou, 2016).
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41 According to Foroughe et al. (2018) parents' emotional blocks, which are intense
42 emotional reactions, are targeted and processed in EFFT so that they will not be hampered by
43 their high emotional arousal, which is associated with lower self-efficacy (Bandura, 1982).
44 Consistent with the findings, parents have expressed their desire to be emotionally supported
45 (BLIND, 2016). Research proposes that parents need to be aware of their emotional
46 experiences in order to support their children (Huang & Zhou, 2016; Zhou & Yi, 2014). We
47 found that parents of autistic children were not aware of emotion theory as this did not
48 routinely form part of post-diagnostic support or was integral to any parent training
49 programme. In our study trainers reported that through *empathy and emotion coaching for*
50 self, parents can internalise this interpersonal regulation of affect as self-soothing. This then
51 helps them to regulate their overwhelming emotions by breaking the sense of isolation and
52 the unbearable aloneness of their emotional pain (Greenberg 2014) and be validated for their
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3 strength and effort through positive feedback from professionals (Dieleman et al., 2018). We
4 propose guiding parents exploration of emotional experiences of diagnosis, attachment and
5 parenting is an essential first step to any intervention or parent training programme.
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8 We found trainers reported non-synchrony of attunement in parent-child dyads
9 resulting from emotion-cognitive blocks leading to reduced parenting self-efficacy, a sense of
10 not knowing how to be resulting in a child having unmet needs. Parental emotions and the
11 way they perceive their children are associated with lower PSE (Zhou & Yi, 2014), as well as
12 influence the children's symptoms and outcome (Zhou & Yi, 2014; Ilias et al., 2019).
13 Autistic adolescents are reported to have more symptoms of depression (Oswald et al., 2016),
14 whilst most autistic adults have experienced a lifetime of difficulties through lack of
15 acceptance for being themselves (Sinclair, 2010). The unmet needs correspond to the
16 individuals' painful emotions predisposing autistic people to trauma-related experiences
17 (BLIND, 2018). We advocate that a paradigm shift is necessary at the very earliest point of
18 diagnosis in order to promote parent self-efficacy based upon acceptance and learning skills
19 that support typical-neurodivergent intersubjectivity (BLIND, BLIND & BLIND, 2020).
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29 In this study, we found the power of the group to be a therapeutic factor in the
30 relational connection between parents and between parent and trainers. We found that
31 parents of autistic children find joy and liberation in knowing that they are not alone in their
32 struggles to cope, through sharing of personal journeys with other parents with similar
33 experiences (Chong & Kua, 2017; Ilias, et al., 2019). Further, we found empowerment in
34 being able to network with other parents helps them to cope (Ilias et al., 2019) and support
35 one another (Banach, Iudice, Conway & Couse, 2010). Similarly, we found the strength
36 gained from these parent groups also increase their PSE (Banach et al., 2010) and empowers
37 them take on the role of advocates in their community (Ilias et al., 2019). This extends to
38 power of philosophical underpinnings of the approach held by the trainers. We found support
39 for one of the key principles in EFFT, which is the *therapist's belief in parent capacity*
40 (Lafrance Robinson et al., 2016). PSE is built when professionals support parents in non-
41 judgmental ways (Chong & Kua, 2017). When trainers hold deep belief in the parents, it can
42 enhance their relationship with the parents and have a positive impact on their well-being
43 (Moh & Magiati, 2012). This is a core parent need to be validated for being an expert of their
44 child and as being consulted as co-expert and partners (Crane et al., 2016, Moh & Magiati,
45 2012). Although impact of parent empowerment on family relationship has not been studied,
46 Mitchell and Holdt (2014) revealed that empowerment is part of the process in parents'
47 coping and acceptance. When parents accept their autistic children, they can see challenges
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3 as part of their learning process (Chong & Kua, 2017), adjust their expectations, perceive
4 their children more positively and demonstrate more tolerance toward their characteristics or
5 difficulties, which then enable them to place parent-child relationship as priority in their
6 parenting behaviour (Zhou & Yi, 2014).
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10 LIMITATIONS

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12 There were, however, some limitations of the study. Firstly, we did not conduct
13 theoretical sampling, which is a process in which the researcher samples according to the
14 concepts that emerged from the data, which is the gold standard for GT (Timonen, Foley &
15 Conlon, 2018). However, our findings presented here within the conceptual model form a
16 two-day emotion-focused coaching workshop for parents of autistic children and we aim to
17 listen to any new themes to emerge through our encounters with parents. It is also accepted
18 that our findings may not be representative to parents across different cultures and
19 demography. For example, research findings revealed that parents' lack of acknowledge
20 affects their PSE is applicable in Malaysia (Ilias et al., 2019) and on Chinese families in US
21 (Huang & Zhou, 2016) but not to parents living in US who have high socioeconomic status
22 (Kuhn & Carter, 2006). This suggests that other factors such as cultural, geographical,
23 socioeconomic attributes can influence the outcome of this study, which will require further
24 investigation. Future research too should seek both parents' and the autistic individuals'
25 perspectives on their relationship with each other, particularly on factors that contribute to a
26 relational rupture cycle. This dual relational perspective is often missed, as most studies focus
27 on parent perspectives during the diagnostic period (e.g. Fernandez-Alcantara et al., 2016)
28 whilst only reporting parents' views and experiences (e.g. Dieleman et al., 2018b).
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41 The typical approach of parent training is in providing autism knowledge, and
42 interventions for core symptoms and behavioural difficulties (Bearss et al., 2015). We call for
43 a move away from such a model with its focus on remediation through a deficit based
44 approach, to parent training models that focus on process not outcome that are grounded in
45 humanistic principles. To the best of our knowledge this is the first design to propose an
46 emotion-focused coaching model for parents of autistic children. To this end, we are
47 conducting further investigations into the impact of such an approach through a range of
48 preliminary studies. We intend to explore the impact our training has on complex concepts
49 such as exploring unprocessed emotions, non-synchronised attunement and the impact
50 humanistic principles has on psychological contact and relational repair.
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Participant	Gender	Designation	Years of Practice	Programme	Interview	Duration
T1	F	Designer/Trainer	30+	EFFT	Skype	65 minutes
T2	F	Trainer	20+	EFFT	Skype	52 minutes
T3	F	Trainer	20+	EFFT	Skype	47 minutes
T4	F	Trainer	15+	EFFT	Telephone	43 minutes
T5	F	Designer/Trainer	30+	RU:Teen	Telephone	58 minutes
T6	F	Designer/Trainer	20+	RU:Teen	Face-to-Face	45 minutes

Advances in Autism

Emotion transformation: a grounded theory for uncovering painful triggers and repairing relational connection for parents of autistic children

A Model of Emotion Transformation from Painful Triggers, to Enhanced Attunement and Relational Repair

Main Themes	Subthemes	illustration
1. PARENT PAINFUL TRIGGERS	1.1. Rejecting diagnosis with parent blaming 1.2. Long, frozen, traumatic process 1.3. Complexity of Autism 1.4 Child's developmental transitions	<p>“many of the families had experiences of professionals blaming them and not believing them.”</p> <p>“we look at all the emotional aspects that the parent has had to that point, some very traumatic, and they can be stuck in that place”</p> <p>“many parents don't have sufficient input in understanding the complexity of the condition”</p> <p>“One father spoke of conflict and aggression, and having to restrain their teenage son, and that being a really traumatic experience for them, ... if only they knew these strategies before...and been able to understand and profile them, they might have been able to prevent...coming to that point.”</p>
2. RELATIONAL RUPTURE CYCLE WITHIN NON-SYNCHRONY OF ATTUNEMENT	2.1. Emotion-cognitive blocks reduce parenting self-efficacy 2.2. Not knowing 2.3 Child's unmet needs	<p>“parent's self-efficacy is blocked by self-blame and fear... and usually we find the main problem is emotional avoidance in the family”</p> <p>“all the child wants is a parent that has a map ... mum's got a map so I'm okay”</p> <p>“going back to the basics and having your child feel understood...emotionally is such a basic skill because...kids with ASD, they're super feelers, like sensory overload...just having their parents get that experience is...so powerful”</p>
3. REPAIRING ATTACHMENT BONDS	3.1 Experiential knowledge building 3.2 Emotion-Focused Coaching 3.3. Wheel of challenges 3.4. The power of the group	<p>We have a processing, a work sheet, for us to take a parent through a parent block, and that is the core method. So, it is worksheet guided chair work, to process a block.”</p> <p>We discovered that when you apologise to someone, it's yourself that you forgive, and we have this line 'the best gift we give our children is our own happiness'</p> <p>We have a number of conceptual frameworks, such as this idea of a 'wheel of challenges', the child at the centre, different positive lenses to view behaviours with strategies going out the way.”</p> <p>“that actually was a real restorative impact for parents, to actually know that other people had been through a similar process and they were not on their own”</p>
4. THERAPIST PRIZING RELATIONAL STANCE	4.1 Belief in parent capacity 4.2 It's all relational	<p>“it's the way we're approaching caregivers, in such a warm non-blaming way,...or it's the deep belief in them that's really the most important...you instil hope in them”</p> <p>“we are creating stronger attachments and better relationships in that process”</p>

Emotion transformation: a grounded theory for uncovering painful triggers and repairing relational connection for parents of autistic children

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Advances in Autism

Emotion transformation: a grounded theory for uncovering painful triggers and repairing relational connection for parents of autistic children

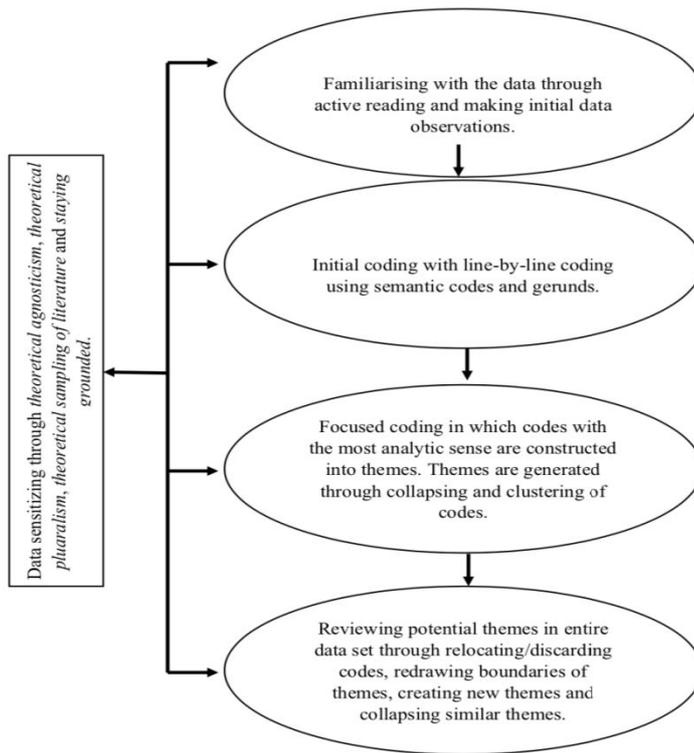


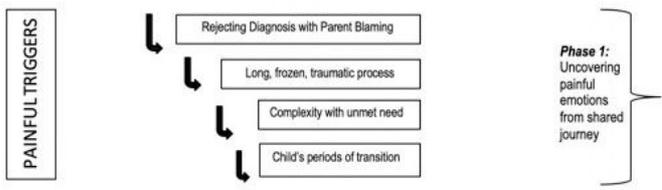
Fig. 1 Grounded theory (Charmaz, 2006) and thematic analysis (Braun & Clarke, 2012) process used in the current study

in Autism

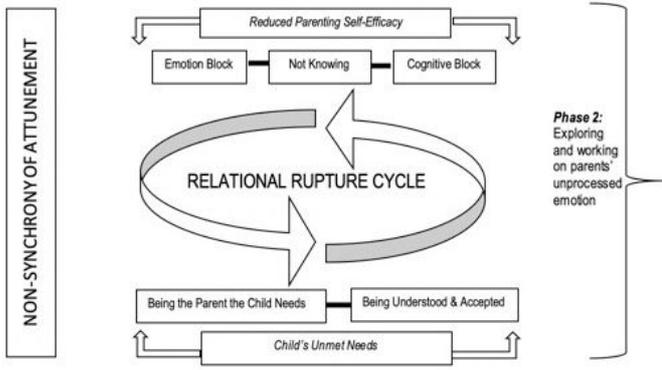
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Emotion transformation: a grounded theory for uncovering painful triggers and repairing relational connection for parents of autistic children

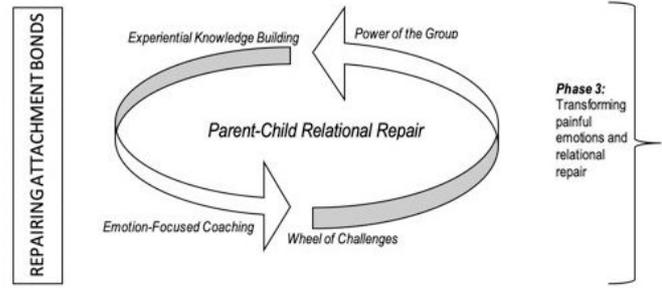
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Phase 1:
Uncovering painful emotions from shared journey



Phase 2:
Exploring and working on parents' unprocessed emotion



Phase 3:
Transforming painful emotions and relational repair

in Autism