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Evaluating the Success of a Parent-Professional Autism Network: Implications for Family Counselors

Robin H. Lock¹, Loretta Bradley¹, Bret Hendricks¹, and Donna B. Brown¹

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Abstract

Family counselors working with families and children diagnosed with autism spectrum disorders may seek assistance from a variety of sources in order to support their clients. Despite the need, few community resources are available to meet the varied and complex needs of families. The authors discuss a community-based program that can be used as an adjunct to family counseling. Specifically, this study used a survey and interview to examine perceptions of the benefits of participation in this program. The study identified four themes: (1) knowledge, (2) altered living patterns, (3) heightened coping skills, and (4) desired changes. These themes supported parental views of the success of the parent-professional networking group. Considerations for both family counseling practice and research are considered.

Keywords

autism spectrum disorders, family support, parent/professional networks, counseling

When family counselors work with families of clients with autism spectrum disorders (ASDs), they soon realize that the interventions they offer their clients are rarely effective without social and community support (Iovannone, Dunlap, Huber, & Kincaid, 2003; Layne, 2007; Odom, Boyd, Hull & Hume, 2010). Simply working with these families in the traditional milieu of the 50-min counseling hour does not meet their needs (Hohenshil & Brown, 1991). While there is some speculation regarding these needs, there has been little research regarding the types of community interventions that might be effective (Ramisch, 2012). Even less research exists regarding programs which counselors might facilitate to better serve their clients (Bromley, Hare, Davidson, & Emerson, 2004; Wood, Drahota, Sze, Har, et al., 2009) although it is commonly agreed that families with ASD could benefit from community-based programs (Daire, Munyon, Carlson, Kime-mia, & Mitcham, 2011). In a literature search of counseling journals publishing articles on autism in the past 10 years, a total of four articles were found. By expanding our search to include journals focusing on autism, three additional articles were found focusing on therapy and treatment models. Clearly, there is a sparse amount of literature focusing on family counseling related to autism.

ASD are defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth edition, text revision (American Psychiatric Association, 2000) as having five subtypes which fall under the category of pervasive developmental disorders (PDDs) and represent a range of functioning. The five include:

- Autistic disorder.
- Asperger's disorder.
- Rett's disorder.
- Childhood disintegrative disorder.
- PDD-not otherwise specified (PDD-NOS).

Each of the five subtypes manifests itself in a different manner and reflects the variety of symptoms and needs of individuals with ASD. Evaluators and practitioners must take care to avoid generalizing people with ASD (Heflin & Alaimo, 2007). The impact of ASD on the family includes financial difficulties, time constraints, marital pressures, increased stress, and feelings of sadness among a host of others (Weiss, Sullivan, & Diamond, 2003).

Although family counselors and the family members of individuals with ASD continue to seek opportunities to learn more about their children's needs, there is debate about the type of support needed (Simpson, 2008; Wood, Drahota, Sze, Van Dyke, et al., 2009). The counseling and special education literature reveals that parent and family support opportunities include

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self-help groups, support groups, parent-to-parent training groups, and parent-professional networking groups. Although the focus of each group varies all attempt to provide parents and family members with information to aid them. This article presents research and practice regarding an effective community-based program which may be implemented by family counselors. Further, it can be replicated and implemented with minimal expense.

Parental Information Groups

The establishment of parental ASD information groups continues to grow at a rapid pace (Singer et al., 1999). As diagnoses of ASD increase to epidemic proportions, parents and counseling professionals report the need for increased exposure to interventions and information to aid in their personal understanding concerning ASD (Barrett, 2004). The growing number of self-help groups and organizations suggests a high level of need for those experiencing this persistent strain or stressful situation (Williams, 2004). Four types of parental informational groups were identified in the literature: self-help, support, parent-to-parent, and parent-professional networking groups. Each has a different focus and purpose but all appear to meet different individual needs. This study focuses on a parent-professional networking group that can be utilized and implemented by family counselors.

Parent-professional networking groups. Parent-professional networking groups represent an evolving category of support groups. Parent-professional networking groups may be facilitated by professionals, thus maintaining a link to a social agency or larger formal organization (Kurtz, 1997). However, these groups utilize a partnership model that engages both parents and professionals in leadership roles. Networking groups provide educational information to improve parental understanding of accurate and unbiased factors concerning their child's disability (Klein, 2000). These groups attempt to relate evidence-based practices using both professional and parental presentations stressing the need for family members to hear from both sides. Networking groups utilize an advisory board structure that includes both parents and professionals in the decision-making process. Additionally, networking groups encourage parental interaction emphasizing the equality of both professionals and family members. Networking groups include parents, family members, teachers, family counselors, school counselors, and members of the community interested in this topic.

South Plains Autism Network. In 2001, a parent-professional networking group entitled the South Plains Autism Network (SPAN) established monthly meetings for individuals interested in learning more about individuals with ASD. Based out of a Health Sciences Center, the original advisory board included six parents, two teachers, a speech-language pathologist, a therapist, a developmental pediatrician, and a professor of occupational therapy. They established the goal of working in partnership to bring together individuals with research-based

knowledge concerning ASD and families who live with an individual with ASD as well as other interested professionals. SPAN meets on a monthly basis and encompasses a membership of 118 individuals. Membership now includes a variety of individuals from both urban and rural school districts surrounding the West Texas city. Monthly meetings usually include a parent presentation followed by a professional follow-up session. Topics vary by month according to the board's decision. Programs have included such topics as social skills, literacy, money management, feelings during diagnosis, early intervention, college opportunities, and transition as well as many others.

Research questions. This study examined members' reflections concerning participation in SPAN. The following research questions guided the inquiry:

Research Question 1: What do the members of SPAN perceive as the benefits for membership and participation in this networking group?

Research Question 2: What other opportunities or needs do the members of SPAN identify as critical for their support in addition to counseling?

Method

This study sought to determine the impact of a parent-professional networking group through the use of qualitative methodology by examining responses in a social context using thick descriptions and emphasizing individual points of view (Denzin & Lincoln, 2000). Using a survey to gather information from the larger group and then interviewing a smaller number of participants on a more in-depth level, the study examined people's perceptions and their desires for changes to the network. Any given phenomenon, situation, or response creates different responses in each person but provides the researcher with knowledge that provides understanding about that experience (Gay & Airasian, 1996). The use of qualitative methods to answer these research questions allowed for examination of the ways participants assigned structure and meaning to daily events (Berg, 2004), suggested improvements for this network, and made suggestions about the structure of other support networks.

Participants

Parent or guardian members of SPAN comprised the participants in the study. In general, SPAN consisted of 63 family members of individuals diagnosed with ASD, 35 teachers, and other educational and counseling professionals engaged in providing service to individuals with ASD as well as other 20 professionals from the medical and university community. While membership was open to anyone interested in learning more about ASD, professionals were not included in the study.

Presentations by professionals at two separate SPAN meetings explained the study and invited participation. However, all parent or guardian SPAN members received letters or e-mails

Ethnicity	Age Range	Gender	Marital Status
24 white (89%)	One 50-59 (3%)	Female 89% (24) SPAN Female 88% (70)	7% single mothers (2)
2 Hispanic (7%)	Three 40-50 (11%)	Male 12% (3) SPAN Male 12% (10)	93% married (25)
1 Pacific Islander-Asian (less than 4%).	20 in 30-39 (75%), and		
	3 respondents in 20-29 (11%).		

Figure 1. The participants in the survey.

explaining the study. Participants volunteered by phone, e-mail, or by returning the bottom portion of the letter indicating a willingness to be involved in the study. Figure 1 displays the demographics of the participants.

Instruments

Two different instruments formed the basis for data collection in the study. Both instruments were developed by the researcher based on needs surveys similar to the one conducted by Kohler (1999). After the initial questions were selected, a panel of three university professors, five parents, and an adult sibling reviewed the questions for their face validity. For both instruments, each participant initially completed the survey by ranking a set of descriptors. A subset of participants then completed semistructured interviews.

Instrument one. The survey ensured that specific questions guided the inquiry using both a standardized order and a format for each item (Sapsford, 1999). In addition to standard demographics, the survey consisted of 16 Likert-type scale statements that the respondents answered on a 5-point scale. The survey directions indicated that *Neutral* meant that statements that did not apply or that the respondent did not have a clear position on the statement. Four open-ended questions appeared at the end of the survey. Figure 2 presents the survey in its entirety.

Instrument two. The first section of the semistructured interview included a reaffirmation of the demographic information. The second segment of the semistructured interview used eight questions to explore the individual's thoughts concerning the experiences with SPAN as well as their perceived need for additional support systems. Figure 3 provides the semistructured interview questions.

Data Collection

Survey distribution occurred through SPAN meetings, e-mail, or by a letter sent to all SPAN families. Four methods of collecting the results included (a) a self-addressed stamped envelope with the survey, (b) returning an electronic version of the survey by e-mail, (c) returning the survey at a SPAN meeting, or (d) calling a number provided on the survey and completing the answers by telephone.

The interviews occurred in private with the participant, interviewer, and an external, nonpartisan observer. The interviewer and observer separately collected responses, notes on areas that might need further clarification, and additional information to validate the collection of data by the interviewer. Additionally, the interviewer reiterated the respondent's answers at the end of the session to ensure that the recorded notes accurately represented the intent of the interviewee. A specific tracking number was assigned to each survey and used during the interview to assure the privacy of the individuals and to guarantee single responses.

Data Analysis

Data analysis occurred from two perspectives: tabulating the ratings on the Likert-type scale items and determining the themes emerging from the open-ended questions on the surveys and interviews. The Likert-type statement responses from the surveys were tallied to produce both a total number of responses per category and a percentage of the respondents. Analysis of open-ended questions consisted of examining the data for confirmation of the original expected themes as well as the delineation of new themes. The analysis sought to order, condense, and describe the information in order to arrive at conclusions or explanations of the parents' perceptions of the networking group (Schwandt, 2001). Initially, anticipated themes included the need for support and educational opportunities and relief from stress by sharing experiences.

The interview responses provided further opportunities to explore both the expected and new themes identified in the surveys. The critical reflections of the participants appeared in sets of notes kept by both the interviewer and the observer and recorded in separate journals. A transcriber located at the university transcribed the data. Comparisons between both journals after the final transcriptions ensured the validity of the interview results. The notes provided verification of emerging themes identified in the survey process.

Trustworthiness and Generalizability

Content validity for this study entailed expert review of the questions for the survey. Second, through SPAN membership each participant had already denoted their preestablished, vested interest in learning about issues surrounding

<p>FAMILY SURVEY</p> <p>The questionnaire has 16 statements which you will respond to by using a Likert-type Scale where 1 = <i>Strongly Disagree</i> with the statement and 5 = <i>Strongly Agree</i>. Following these questions are some open-ended questions to answer separated into those for all adults, parents and relatives, and for professionals.</p> <p>For demographic purposes, please complete the following. The questionnaire starts on the next page.</p> <p>Circle to answer:</p> <p>You are: M F</p> <p>You are: Parent Guardian</p> <p>Age (_____) and Gender (M F) of child with ASD (Family member or with whom you work)</p> <p>His/her age at diagnosis with ASD: _____</p> <p>Specific type of ASD: _____</p>	
<p>If you would be willing to be interviewed, Please complete the following:</p> <p>Name _____</p> <p>Phone number _____</p> <p>Best time to contact _____</p>	<p>*** Return ASAP to:</p>
<p>MARK: 1 = Disagree Strongly 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree</p>	
1. I have more knowledge about Autism Spectrum Disorder since I have participated in SPAN.	1 2 3 4 5
2. My life has changed as a result of having a child with ASD.	1 2 3 4 5
3. My stress level is higher now than before I had a child with ASD.	1 2 3 4 5
5. Time spent at home doing family activities has changed since having a child with ASD.	1 2 3 4 5
6. Time spent in family activities outside the home since an ASD diagnosis has stayed the same.	1 2 3 4 5
7. Having a child with ASD strains our family finances.	1 2 3 4 5
8. It was more stressful before the ASD diagnosis and not knowing than after the diagnosis.	1 2 3 4 5
9. I gained knowledge from SPAN to help me cope.	1 2 3 4 5
10. The stress has been lowered due to understanding ASD through SPAN.	1 2 3 4 5
11. Networking groups provide useful information.	1 2 3 4 5
12. Participation in SPAN raises my coping skills as I live with my child with ASD.	1 2 3 4 5
13. Participation in SPAN helps me not feel that I am alone in helping my child with ASD.	1 2 3 4 5
14. SPAN meetings are useful.	1 2 3 4 5
15. SPAN meeting provide useful information.	1 2 3 4 5
16. Spousal relationships are strained when living with a child with ASD.	1 2 3 4 5
<p>Open-ended Questions:</p> <ol style="list-style-type: none"> 1. How does participation in a networking group add to your knowledge of ASD? 2. How do you feel a separate or a subgroup of the networking group for siblings would help them? 3. What would you tell families to encourage participation in a networking group? 4. How has participation in a networking group helped you? 	

Figure 2. Family survey questions.

SEMI-STRUCTURED INTERVIEW QUESTIONS
Date: _____
Demographics 1. Ethnicity: _____ 2. Family make-up: _____ 3. History of family member/s with specialties: _____ On the spectrum where does your child fall? _____ Child with ASD: _____ Age of onset: _____ Age now: _____ 4. Area of country where you have lived? Have you always lived in this city? _____ 5. Occupation: _____
Support Groups for families 1. What feelings have you about support groups for families? 2. Tell me about the support you have within and beyond your family? 3. How do you feel SPAN (the South Plains Autism Network) is working? 4. In what ways is it beneficial? 5. Do you have suggestions for changes? 6. How will SPAN help others (the general public, those not having to work and live with someone with ASD) understand ASD? 7. Will you continue your membership with SPAN? 8. In what ways do you feel you are an integral part of the organization?
Are there any areas not touched upon in this interview on which you would like to comment?

Figure 3. Semistructured questions for interview sessions.

ASD. Generalizability in this study was strengthened through the use of a multidata collection method. Cross-checking between the interviewer, the participants, and the observer ensured the accuracy of the recording as well as the intent of the respondents during the survey process. The study employed a method for analyzing the reflections of both the interviewer and observer for accuracy and detail prior to making conclusions. Finally, the study engaged an outside evaluator to review all of the data independently, draw conclusions concerning outcomes and themes, and then compared those outcomes to the proposed results.

Findings

Descriptive Statistics

In addition to the previously described information, the participants reported 28 children with ASD ranging from 1 through 18 years with 3 (11%) females and 24 males (89%). Diagnoses for the children were as follows:

- 14 with autism,
- 7 with Asperger's syndrome,
- 2 NOS,
- 1 each for autism/fragile X, autism/no mental retardation autism/epilepsy, high functioning autism, and Cohen syndrome w/ASD tendencies.

Survey and Interview Findings

Several themes emerged from the survey research to address Research question 1: What do the members of SPAN perceive

as the benefits for membership and participation in this networking group?

These themes included:

1. increases in acquired knowledge,
2. alterations of daily living patterns, and
3. development of heightened coping skills.

The following discussion provides more detail concerning the themes.

Acquired knowledge. Participants agreed that access to research-based information helped to answer their questions and increased their feelings of well-being. Additionally, the information learned at SPAN enabled the parents to feel more comfortable in discussions with other professionals including terminology and interventions. Examples included:

1. "I have more knowledge about ASD . . . "
 - 93% ($n = 25$) *strongly agree*
 - 7% ($n = 2$) *agree*
15. "SPAN provides useful information."
 - 44% ($n = 11$) *strongly agree*
 - 48% ($n = 13$) *agree*

In the semistructured interviews, parents described the knowledge they acquired. "SPAN has helped me to see that I am not a failure as a parent, nor is my child a failure as a child or a student." "I have learned that ASD is a medical condition, not a bad performance condition." "Talking with others from SPAN meetings and learning from the seminars has helped

me accept ASD in my child and know that with positive, purposeful work, she will become the best that she can be.”

Alterations of daily living patterns. Parents pointed out that participation impacted their ability to deal with changes in daily living. Based on new information learned at SPAN, parents related many examples where meetings had helped them to see their family in the context of what others were experiencing. They described the comfort they felt from hearing how others had dealt with issues within the family. For instance, one family reported using a strategy that produced immediate positive changes in the dynamics of the home. She expressed surprise and pleasure that her SPAN attendance had produced such a constructive result. In other cases, families described how SPAN attendance had prepared them for “things to come.” They explained that hearing from a parent about an older student with ASD caused them to rethink their perception of their own child and to begin to visualize the future in order to plan for a different outcome. Finally, parents expressed their relief at hearing that others had experienced situations similar to their own, utilized specific strategies to cope with the current issue, and made progress beyond the problem at hand. Examples included:

Question 10: “The stress has been lowered due to the understanding of ASD through SPAN participation” looked at how SPAN helped support families in daily living. Some 85% agreed with this statement.

Semistructured question #1: “What is the main thing that has changed within your family since the diagnosis of ASD?” centered on a heightened sense of family and making sure everyone was not too busy to engage in family activities. Parent statements included, “We have become strengthened as a family” and “We stick it out no matter what” Other answers paralleled this one:

I think we are a family that takes care not to become too busy and stressed out. We are very jealous of our time, and take care not to over-schedule activities. This is done not only for the benefit of our child with ASD, but for all of us because we do not function well without downtime. Contact with members of SPAN has helped in this realization.

While 48% of the survey participants indicated that family finances were strained by ASD, interviewed parents reported that listening to financial information and talking with others in the group provided helpful methods for approaching money issues differently than before SPAN involvement. One woman stated that at first her husband took a second job, but decided after SPAN participation that he would rather be with the family more than having more money. Additional expenses due to the child with ASD were handled by being more frugal with money at hand and scrutinizing true needs as opposed to wants.

Heightened coping skills. The perception of how SPAN helped participants to cope was recorded in several questions. Question 9: “I gain knowledge from SPAN meetings to help me cope” reflected 85% agreement. While #12, “Participation in SPAN raises my coping skills as I live with my child with ASD or as I work with families with a child with ASD” affirmed the perception that SPAN helped families adjust to life with a child on the spectrum with 78% in agreement. Interview statements including “I am learning that what I feel is normal” and “I can still look on the positive side of life” credited SPAN participation with supporting these feelings.

Question 3: “My stress level is higher now than before I had interaction with a child with ASD,” produced a 66% agreement rate while only 11% disagreed. Although parents indicated that the time between sensing a problem and the diagnosis was stressful, they stated that attending that first SPAN meeting provided comfort and hope.

Needed networking changes. Interview question 2, “How do you feel SPAN is working?” elicited some specific examples of needed changes. Participants reported a feeling of empowerment through participation in SPAN, but they acknowledged the need for a “fast track” method for connecting with individuals with expertise or experience handling a new problem. Opportunities for interaction within the SPAN hour and a half format proved too limited for in-depth conversations. People documented the need for a more parent-friendly atmosphere than the medical school classroom and reported difficulty finding the classroom even after repeated attendance.

Some members appreciated the presentation of seminar type sessions, but suggested:

Maybe we could have meetings twice a month. One could be a program and the other could be a discussion session. We could separate into age-appropriate groups so that we learn about our child. If I had a toddler and was just getting into the system, hearing about teenage concerns probably would not be information I needed right then.

Additionally, participants indicated the need for practical information such as names of dentists or hair care facilities to meet the special needs of their children. Responses varied from desiring more support and opportunities for parent-to-parent contact to the need for more age- and child-centered information to address everyday occurrences.

Finally, one parent’s comment highlighted the issue of persons with ASD who also had a child on the spectrum. This individual pinpointed the importance of strength-based perspectives for all with ASD.

SPAN concentrates too much on what the child with ASD can’t do. I don’t need to waste an hour of my time hearing this as I am living it every day within myself. SPAN needs to concentrate more on the positives and what the child on the spectrum can do rather than what he can’t do. I recommend SPAN to families

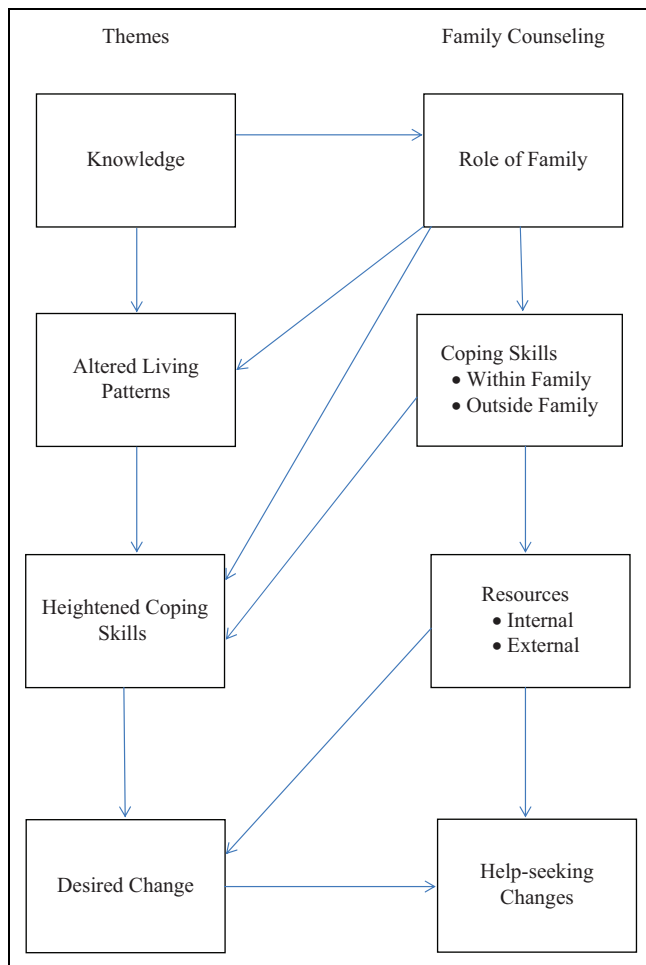


Figure 4. Relationship of themes and counseling practice.

I meet who have a child on the spectrum, but I do not if I sense that a parent might be on the spectrum him or herself.

Discussion

Research question 1 examined “What do the members of SPAN perceive as the benefits for membership and participation in this networking group?” The participants of this study expressed the following positive outcomes:

1. Enhanced parental understanding, empowerment, and cooperation;
2. Increased knowledge of research-based presentations; and
3. Camaraderie. One parent stated “There is comfort in hearing from a parent who has a child a bit older than mine who can tell me how she made it through the crisis that I am experiencing right now.”

Some considered SPAN as more of an informative body, while others really appreciated the support, especially immediately after a diagnosis of autism. They recalled leaving the first meeting with the names and phone numbers of several people

they could call for help. Many reported meeting sensitive individuals, cognizant of daily life caring for a child with ASD. Members reported that participation in SPAN did not take away the pain and disappointment of wanting a normal child, but it did help in the grieving process.

With regard to Research question 2, “What other opportunities or needs do the members of SPAN identify as critical for their support in addition to counseling?” the following were identified:

1. Desire for additional support group opportunities;
2. Settings that increased one-to-one sharing and discussion. One father said, “If SPAN were more of a support group we would not be sitting at tables like in a classroom.”
3. A combination of lecture and small group discussions;
4. Regular social occasions to get together without structure; and
5. Family outings in protected situations.

Implications

Counseling Practice

As identified throughout this article, multiple contextual factors are realities in the lives of families and children diagnosed with ASD. In this article, the authors identified four themes: knowledge, altered living patterns, heightened coping skills, and desired change. Using these four themes as the foci, the authors have illustrated how counseling practice might be implemented (see Figure 4).

As Figure 4 illustrates, family counseling should initially focus on the role of the family. In the early counseling sessions, the focus might be on the knowledge the family has about ASD. Following the knowledge information phase, family interaction/living patterns should be discussed. The goal here is for the family counselor to help the family recognize and discuss what is happening with the family system. At this stage, the family counselor must be careful to prioritize family goals over personal goals, although it is agreed that individual goals should not be ignored. The family counselor must be cognizant of the family’s culture and its impact on their values. The counselor must be prepared to navigate different family expectation which may or may not align with mainstream culture. During the next stage, the counselor should explore copying skills. For example, the family counselor might look for respectful/disrespectful patterns within the family and be aware of any disrupting social harmony. As this stage progresses, it is important that the counselor stress the importance of how interpersonal factors can help or hinder the family. Further, the counselor should help the family recognize the importance of coping, help-seeking behaviors, family resilience, and self-efficacy toward having a child with ASD.

It is the role of the family counselor to implement help-seeking methods/means with the family members. Often this can mean change within the family. Perhaps, change may involve helping the members of the family identify the conscious and unconscious methods they use to respond to stress

within the family unit. Additionally, it may necessitate that they look at how they respond to stress outside the family atmosphere. For instance, the counselor may need to check to see if they are utilizing or underutilizing services such as Medicaid or insurance. Further, the counselor needs to ascertain if underutilization of services could be occurring due to a lack of financial resources, an inability to understand available resources, or fundamental distrust of the system. Counselors should also try to determine if underutilization is happening because of shame or fear of stigmatization. As the research has indicated, one means for helping implement counseling services is involvement of the family. It appears to also support the establishment of services like the Parent-Professional Network to provide additional support.

Counseling Research

As noted in the previous section, four themes were identified: knowledge, altered living patterns, heightened coping skills, and desired change. It is recommended that future research be directed to designing a research study to determine which of the four themes were considered as most beneficial for helping the clients and their families.

Since only a few published counseling articles to date have examined how counseling can be focused to help the clients and their family in dealing with ASD, it is recommended that a research study be designed to identify the schemas that families use to deal with ASD. The research might be focused to look at whether the response to ASD behaviors by parents are focused on restrictive patterns or whether the parents are open and accepting of a variety of patterns of behavior exhibited by their child. Since the authors could not find any research specifically linking parental attitudes to the creation of stressors experienced by the child diagnosed with ASD, this may be an avenue for researchers to pursue.

Given that the unique experience of individuals diagnosed with ASD are almost never accounted for in the research literature it is recommended that research be focused on these experiences. The research that is available seems to ignore their uniqueness and instead compares and assumes them as one group for comparison. Instead, the authors suggest that research examine both their similarities and differences especially with regard to racial and age groups. Further, research should focus on the utilization of underutilization of treatment disorders for ASD. That is, are services utilized more by a specific racial group, religious orientation, or age (client or parents' age)?

In terms of counseling theory and counseling modalities, the authors found two articles suggesting that cognitive behavior therapy is an effective therapy for counselors to implement with clients diagnosed with ASD. Cognitive behavior therapy is an evidence-based approach that places emphasis on the thinking (as opposed to affect) and action (as opposed to just insight). New research might be focused to ascertain if a different therapy approach is as effective as cognitive behavioral therapy. For example, a solution-focused approach might be considered. The solution-focused approach should be time

limited with a practical behavioral approach that would include homework (readings, role-plays, activities) between sessions.

The involvement of family in the treatment of the child diagnosed with ASD has been considered effective. Counseling research might be directed to conduct research using family therapy that deals with the successful or unsuccessful relationships within the family.

Finally, the research reported in this article pointed to the effectiveness of a Parent-Professional Autism Network. Given the effectiveness of the network, it is recommended that research be designed to determine the session components that are effective or ineffective for the network. For example, does a structured network with specific agenda for each meeting work better than lack of structure? Does the network function better with the parents, child, counselor, or combination of these groups work better for achieving the goals of the network?

Future Research

Future research suggested by this study includes the following. Perhaps, the most important research finding from this study is the realization that research that is directed toward families with children with ASD is scarce. The need to complete studies that look at how family counselors can improve outcomes for both the family and the child with ASD is critical. Additionally, the results point to the need for research that explores how family counselors can use their skills and evidence-based practices to strengthen the family unit and move their clients into healthy methods for living. Finally, the results suggest that research that examines the use of combined therapeutic interactions such as family counseling coupled with month Parent-Professional Network meetings is vital. Research that focuses on specific families and their particular results from this paired delivery of support will be significant in determining best practice methods for family counselors working with families with ASD.

Summary

This study sought to fill a gap in counseling literature regarding effective community resources for families dealing with ASD by examining the perceptions of parental satisfaction with and desired changes for a parent-professional network. Participants reported high levels of approval with the current organization noting increased knowledge and understanding of research-based strategies and interventions. Additionally, members indicated involvement in SPAN had a positive impact. Association increased the ability to cope by providing specific information and allowing for contact with others experiencing similar concerns. The study participants also specified the need for one-to-one contact to discuss their child's current situation and more occasions for socialization. Counselors should actively seek implementation of programs to "fill the gaps" and meet the dynamic needs of clients and that networking groups play a vital role in aiding families of children with ASD in creating a higher quality of life.

Declaration of Conflicting Interests

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