**SYSTEMATIC REVIEW OF PARENT-IMPLEMENTED INTERVENTIONS FOR CHILDREN WITH ASD**

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Objectives: Many children with autism spectrum disorder (ASD) engage in harmful or unsafe behaviour that may reduce their quality of life (i.e., problem behaviour; Lecavalier, 2006). Applied Behaviour Analysis (ABA) is considered evidence-based for the reduction of problem behaviour in children with ASD (Wong et al., 2015). However, parent involvement in the implementation and maintenance of ABA interventions is critical to enhance child outcomes (Reid & Fitch, 2011). Despite the evidence supporting ABA interventions and parent involvement generally, little is known about the current state of the parent training literature related to ABA interventions to reduce problem behaviour in children with ASD. The purpose of the current study is to synthesize this literature, focusing on single case experimental design (SCED) studies. The quality of the research will be explored, along with the nature of child outcomes and behaviours targeted for intervention, type of parent training and implementation fidelity, and social validity.

Methods: The Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P; Moher et al., 2015) was used to guide the systematic review. To date, database searches have been conducted to identify studies that investigated parent-training and parent-implemented intervention to address problem behaviour in children with ASD. An adapted version of the Scientific Merit Rating Scale (SMRS; NAC, 2009) was used to assess scientific rigour of included studies. The SMRS rates five dimensions of scientific rigour, including: a) research design, b) measurement of the dependent variable, c) measurement of the independent variable, d) participant ascertainment, and e) generalization of treatment effects. Currently, the Risk of Bias tool (Reichow, Barton, & Maggin, 2018) is being used to conduct a risk of bias assessment for all included studies. This tool identifies selection bias, performance bias, detection bias, and other sources bias in published studies. Future steps include a descriptive analysis, investigating a) demographic information of participants, b) nature of child problem behaviours targeted by intervention, c) nature of parent training, d) type of parent-implemented interventions, e) follow-up measures, and f) social validity. Finally, we will conduct quantitative analyses of parent-implementation fidelity, as well as child outcomes (i.e., meta-analysis).

Results: The database search yielded 10,003 unique articles. Studies were screened by trained coders and included if they met predefined inclusion criteria. Twenty-five studies met inclusion criteria. Results of scientific rigour analyses indicate that 35.5% of studies applied sufficient scientific rigour, 48.4% provided initial evidence about treatment effects, and 16.1% applied insufficient scientific rigour. Risk of bias and descriptive analyses are currently underway.

Discussion: It is anticipated that these results may improve research quality and help practitioners better understand the active ingredients in parent training and justify practice recommendations. Without information on the nature and outcomes of parent-implemented interventions, researchers and practitioners are limited in their ability to enhance outcomes for both parents and children. Addressing these gaps may identify future areas of research related to parent training.

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