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Psychosocial Support Models for Parents of Children with Autism: Global Insights and Implications for Vietnam

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Abstract

This article presents a comprehensive review of psychosocial support models for parents of children with Autism Spectrum Disorder (ASD) that have been implemented internationally, with the aim of proposing contextually appropriate adaptations for Vietnam. A systematic review of scientific literature was conducted using both international and national databases, focusing on models that incorporate intervention, group therapy, skills training, and peer support. The findings reveal a diversity of psychosocial support approaches and emphasize the importance of interdisciplinary, community-based models that are culturally responsive. In Vietnam, current models remain fragmented and lack a standardized framework for evaluating long-term effectiveness. This paper proposes several principles for developing effective support models, including interdisciplinary integration, active parental participation, the involvement of master trainers, and the establishment of community support networks.

Keywords

Autism Spectrum Disorder, psychosocial support, parents, intervention models

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1. Introduction

Autism Spectrum Disorder (ASD) is one of the most increasingly prevalent developmental disorders in children, with a rising global trend. According to the World Health Organization (WHO, 2022), at least one in every 100 children exhibits characteristics of ASD. Children with ASD often experience difficulties in social communication, repetitive behaviors, sensory processing issues, and require continuous support from both family and the broader community. In this context, parents bear the greatest burden and play a central role in the early care and intervention for their children.

In Vietnam, a recent survey conducted by Nguyen Thi Hoang Yen and colleagues (2020) found that approximately 0.75% of children aged 18 to 30 months in the northern region are at risk of ASD, with this rate showing an upward trend. Psychosocial support for parents of children with autism not only enhances their mental health but also improves their capacity to meet the child's comprehensive developmental needs. However, the current support system for parents of children with ASD remains limited in terms of professional human resources, accessibility to services, and public policy. Many families—especially those in rural areas—face significant challenges in accessing appropriate counseling, therapy, and educational services, resulting in prolonged stress, burnout, and social isolation among parents.

Although some centers and non-governmental organizations have implemented individual support programs, there remains a lack of comprehensive, systematic models capable of being scaled at the national level. Moreover, most interventions focus primarily on the child, while the psychosocial needs of parents have not received adequate attention and investment.

In response to this reality, this article aims to synthesize psychosocial support models for parents of children with ASD from around the world, analyze their effectiveness and applicability in Vietnam, and propose development directions for contextually appropriate models. The ultimate goal is to contribute to building a comprehensive, sustainable, and family-centered intervention ecosystem that aligns with Vietnam's socio-cultural conditions.

2. Method

This study adopts a narrative literature review approach, focusing on both qualitative and quantitative research related to psychosocial support models for parents of children with Autism Spectrum Disorder (ASD). Sources were gathered from scientific databases such as PubMed, APA PsycINFO, Scopus, SpringerLink, and Google Scholar. The inclusion criteria were as follows: (1) publications from 2008 to 2024, (2) studies that clearly describe an intervention model with psychosocial support components, and (3) target participants being parents or primary caregivers of children with ASD. A total of 30 documents were selected, comprising 28 international publications and 2 studies from Vietnam.

Data were synthesized to describe the core characteristics of the support models, including objectives, implementation methods, support modalities (individual, group-based, community-based), evaluation outcomes, and their potential applicability in the Vietnamese context.

3. Research Findings

3.1. International Psychosocial Support Models

A review of international studies reveals a wide range of psychosocial support models developed to enhance the capacities and mental well-being of parents of children with Autism Spectrum Disorder (ASD). These models can be classified into the following major categories:

(1) Parent Training Models

These models focus on equipping parents with behavioral intervention skills and fostering positive interactions between parents and children. A prominent example is the TEACCH (Treatment and Education of Autistic and Communication Handicapped Children) program, widely implemented in the United States and other countries, which has shown effectiveness in reducing parental stress and improving child behavior (Bearss et al., 2015). Other evidence-based models include Pivotal Response Training (PRT) and the Triple P – Positive Parenting Program – both validated through randomized controlled trials (RCTs). These programs not only strengthen intervention skills but also empower parents in their caregiving roles. Notably, Triple P is a multi-tiered intervention system ranging from public media campaigns to intensive training for high-need families. PRT, grounded in principles of applied behavior analysis, emphasizes intrinsic motivation through individualized activities and enhances parental sensitivity in responding flexibly to their child's behavior. Studies have shown that parents participating in these programs experience reduced stress, improved behavior management, and stronger emotional bonding with their children (Roberts & Kaiser, 2011).

(2) Group Therapy and Cognitive-Behavioral Interventions (CBT/ACT-based Interventions)

These programs aim to help parents cope with stress, accept their child's diagnosis, and recalibrate expectations. Blackledge & Hayes (2006) implemented an ACT (Acceptance and Commitment Therapy)-based intervention and reported significant improvements in depression and anxiety indices among participating parents. CBT has been applied in both group and individual formats, helping parents identify negative thought patterns and regulate emotional responses to daily parenting challenges. CBT-based interventions are effective in addressing maladaptive thoughts such as guilt, helplessness, and excessive worry about the child's future. A study by Singer et al. (2007) demonstrated that combining CBT with group support substantially improved parental stress levels and adaptive functioning within a 12-week intervention. Moreover, CBT sessions also help parents strengthen self-efficacy and gain a sense of control in the caregiving process.

(3) Peer and Community-Based Support Models

These models emphasize connecting parents who share similar experiences, forming networks for emotional support and knowledge exchange. Brookman-Frazee et al. (2009) noted that peer support positively affects parents' sense of competence and satisfaction in their caregiving roles. Though informal, this type of support plays a vital role in sustaining parental mental health. Peer support also serves as a bridge to formal services, facilitating access to resources, sharing care strategies, and fostering a sense of companionship. Programs in the UK and US have demonstrated that trained parent volunteers can provide mentorship, counseling, and group facilitation for newly diagnosed families. These initiatives not only disseminate knowledge but also alleviate psychological burdens, particularly during the post-diagnosis adjustment phase. Studies in Asia—such as in Japan and South Korea—have also highlighted the indispensable role of parental networks in sustaining positive emotions and hope among families affected by ASD. Therefore, establishing sustainable peer support systems at the community level should be viewed as a central strategy in national intervention programs.

(4) Multidisciplinary Integrated Models

Recent developments show that models integrating multiple components—such as skills training, psychological counseling, and service linkage across health and education—are particularly effective. The HELP (Home-based Early Learning Program) in Australia combines home-based training, individual counseling, and professional supervision (Keen et al., 2010). In Canada and the UK, One-Stop Support Models allow parents to access multiple services in a single location.

Globally, several initiatives have adopted multidisciplinary integration across health, education, psychological, and social sectors. A notable example is the Early Start Denver Model (ESDM), which involves close collaboration among therapists, educators, and parents during early intervention. This model fosters a continuous learning and therapeutic ecosystem between families and professionals.

Integrated models are especially beneficial for families in rural or remote areas, where access to specialized services is limited. The “one-stop” approach reduces wait times, minimizes costs, and enhances accessibility to essential supports. Studies by Renty & Roeyers (2006) and Zwaigenbaum et al. (2015) affirm that interprofessional coordination is a key determinant of the effectiveness of comprehensive psychosocial support model.

3.2. Psychosocial Support Models in Vietnam

In recent years, several psychosocial support models for parents have emerged in Vietnam. While these initiatives mark an initial step forward, they remain fragmented and lack standardization:

*** Self-help parent groups at intervention centers:**

These groups primarily aim to facilitate experience-sharing and organize group activities. However, they often operate without clear professional guidance and lack formal coordination mechanisms with mental health or educational specialists.

*** Short-term skill-based education programs:**

These are typically implemented by non-governmental organizations (NGOs) or psychological research institutions. An example is the “Peaceful Parenting” program launched in 2022 by the Center for Studies and Applied Sciences in Gender–Family–Women and Adolescents (CSAGA, 2022). The program aims to provide emotional support and enhance parenting competencies for parents of autistic children through workshops, skills training sessions, and individual counseling.

*** Individual and small-group psychological support models:**

These models are often delivered by independent professionals, are not yet widely accessible, and lack formal systems for evaluating their effectiveness.

4. Discussion

The review findings reveal marked differences between international and domestic psychosocial support models, particularly in terms of systematization, interdisciplinary integration, and evaluation mechanisms. International models not only offer a variety of formats (direct, indirect, group-based, community-based) but are also supported by interdisciplinary expert networks. Such structures allow interventions to extend beyond the child and address the broader living environment, including parents, siblings, and related support systems.

In Vietnam, existing models remain largely experimental, fragmented, and dependent on the capacity of individual practitioners or specific organizations. There is currently no standardized implementation framework, no established monitoring and evaluation mechanisms, and no roadmap for scaling up these models at the community level. Notably, psychological support for parents is not yet considered an essential component of early intervention programs, which has led to increased levels of parental stress, depression, and diminished quality of parent-child interactions. These factors may directly undermine the effectiveness of child-focused interventions.

To develop effective psychosocial support models, Vietnam requires the coordinated participation of multiple sectors, including health, education, psychology, social work, and civil society organizations. Within this broader effort, three key priorities must be emphasized:

First, it is essential to train a cadre of master trainers capable of implementing the models at the local level. These individuals serve as key agents in disseminating, adapting, and sustaining intervention models across diverse contexts. They must be equipped not only with technical knowledge, but also with skills in facilitation, group guidance, intervention supervision, and interdisciplinary coordination.

Second, the development of robust evaluation tools is critical for assessing the effectiveness of interventions—tools that measure not only child progress or parental satisfaction but also psychological and behavioral indicators of both parents and children. These include levels of stress, coping capacity, perceived parental self-efficacy, adaptive behaviors, and the quality of the parent-child relationship. Evaluation instruments must be standardized, culturally appropriate, and possess high reliability and validity within the Vietnamese context.

Third, long-term financial mechanisms must be secured to ensure program continuity beyond short-term funding cycles. Most existing initiatives rely heavily on temporary project grants or volunteer efforts, resulting in instability and limited sustainability. Therefore, it is crucial to integrate these models into public health and education programs, while also mobilizing resources from health insurance, local government budgets, and social development funds to ensure long-term viability.

5. Conclusion

Psychosocial support for parents of children with Autism Spectrum Disorder (ASD) is an essential component of comprehensive intervention systems, directly influencing the quality of care, family interactions, and developmental outcomes of the child. International models—particularly those involving group therapy, peer support, parent training, and interdisciplinary integration—have demonstrated significant effectiveness in reducing parental stress, enhancing caregiving capacity, and strengthening family cohesion.

In Vietnam, current models remain largely experimental, fragmented, insufficiently standardized, and lack systematic evaluation. This underscores the urgent need to design, standardize, and scale up culturally and contextually appropriate intervention models in which parents are positioned not merely as beneficiaries but also as co-creators and implementers.

The development of support models in Vietnam should be guided by the following principles:

Systematic and Sustainable Integration:

Models must be embedded within long-term, structured intervention systems backed by concrete public policies. This includes integration into national strategies on mental health, special education, and social protection, as well as securing stable financial resources (e.g., from state budgets, health insurance, or socialized funding mechanisms). Implementation and monitoring procedures should be consistent and scalable at a national level.

Community-Based Orientation:

It is vital to leverage the roles of parent networks, civil society organizations, self-help groups, local intervention centers, and local authorities. Model development must be grounded in the social context of families, thus integrating interventions into existing community institutions will enhance accessibility, reduce implementation costs, and promote organic dissemination.

Measurability and Evaluation:

Effective models require standardized measurement tools. Comprehensive outcome indicators should be developed and employed to assess intervention effectiveness, encompassing parental mental health, stress levels, coping ability,

child adaptive behaviors, and the quality of family interactions. Evaluations must be conducted periodically and objectively to inform model adjustments.

Interdisciplinary Collaboration:

Psychosocial support for parents of children with ASD lies at the intersection of multiple sectors, including healthcare, education, psychology, social work, and law. As such, intervention models must be designed with flexible and effective coordination mechanisms among professionals from various disciplines, forming a multidimensional ecosystem that enables parents to access integrated, continuous, and holistic services.

Looking forward, integrating psychosocial support into the broader systems of healthcare and special education will contribute to the establishment of a family-centered intervention ecosystem—where parents are not alone in their journey of nurturing and supporting their child's development.

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