Parent-Implemented Intervention (PII)

**Brief Introduction**
Parent-implemented Intervention (PII) entails parents directly using individualized intervention practices with their child to increase positive learning opportunities and acquisition of important skills. Parents learn to implement such practices in their home and/or community through a structured parent training program.

**Description**
Parent-implemented intervention (PII) includes programs in which parents are responsible for carrying out some or all of the intervention(s) with their own child. Parents are trained by professionals one-on-one or in group formats in home or community settings. Methods for training parents vary, but may include didactic instruction, discussions, modeling, coaching, or performance feedback. Parents may be trained to teach their child new skills, such as communication, play, or self-help, and/or to decrease challenging behavior. Once parents are trained, they proceed to implement all or part of the intervention(s) with their child.

PII meets evidence-based criteria with 8 group design and 12 single-case design studies. According to the evidence-based studies, this intervention has been effective for toddlers (0–2 years) to elementary school-age learners (6–11 years) with ASD. PII can be used effectively to address social, communication, behavior, joint attention, play, cognitive, school-readiness, academic, and adaptive skills.

**Brief Adapted from**


**Matrix of PII by Outcome and Age (years)**

<table>
<thead>
<tr>
<th>Social</th>
<th>Communication</th>
<th>Behavior</th>
<th>Joint Attention</th>
<th>Play</th>
<th>Cognitive</th>
<th>School Readiness</th>
<th>Academic</th>
<th>Motor</th>
<th>Adaptive</th>
<th>Vocational</th>
<th>Mental Health</th>
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**Parent-Implemented Intervention (PII) Research Summary**

<table>
<thead>
<tr>
<th>Ages</th>
<th>Skills/Intervention Goals</th>
<th>Settings</th>
<th>Outcome</th>
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<tr>
<td>0-11 years</td>
<td>Social, communication, behavior, joint attention, interpersonal, play, cognitive, school readiness, academic, adaptive</td>
<td>Home, school, community</td>
<td>EBP</td>
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*The information found in the Research Summary table is updated yearly following a literature review of new research and this age range reflects information from this review.

**Research**


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Steps for Implementation

**Step 1. Determining Family Needs**

A. Gather information about individual family and child needs by:
   i. conducting parental and caregiver interviews and
   ii. observing child, caregiver–child interactions, and daily routines.

B. When gathering information, identify:
   i. strengths of the child and family;
   ii. areas of concerns/needs of family regarding the child;
   iii. child behaviors that impact family functioning;
   iv. parent–child interactions that include type, frequency, nature, and reciprocity of interactions;
   v. family activities, routine, and physical layout of the home; and
   vi. supports/resources in immediate, extended family and community.

**Step 2. Selecting Goals**

A. Select goals that:
   i. address areas of concern and priority for the child, parents, and/or family members;
   ii. will have a positive impact on family functioning and will not cause additional stress to the parents or family;
   iii. can be implemented by parents with consistency; and
   iv. are appropriate for parents to implement in home and/or community settings.

B. Assure that goals:
   i. are written in observable and measurable terms,
   ii. were selected in partnership with parents, and
   iii. are shared with all team members in written format.

C. Consider the following when selecting goals for the child:
   i. IEP or IFSP goals are appropriate for parents to implement in home and/or community settings
   ii. Goals will increase positive behavior and reduce interfering behavior
   iii. Goals will increase communication/language skills

D. Prioritize goals that:
   i. concern safety,
   ii. ease disruptions in the home,
   iii. increase interactions (frequency, quality, turn-taking, etc.),
   iv. would increase access to the community, and
   v. require instruction in the home or community for generalization.
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E. Consider the following when determining parent goals:
   i. Parent–child interactions (e.g., shared attention, turn-taking)
   ii. Parents’ knowledge of ASD
   iii. Parents’ knowledge/skills of strategies that promote development and learning
   iv. Parents’ knowledge of behavior management strategies

F. Identify goals for family members who may be involved in implementing the intervention plan.

Step 3. Developing the Intervention Plan

A. Develop an individualized intervention plan that:
   i. targets the identified child, parent, and/or family goals;
   ii. is consistent with the parents’ ongoing practices, routines, values, and interactions;
   iii. incorporates intervention within the context where target behavior occurs;
   iv. incorporates intervention into naturally occurring daily routines to the maximum extent possible;
   v. includes practices that have an evidence base and have been shown to be effective when implemented by parents; and
   vi. includes practices that are compatible with parent knowledge, characteristics, and preferences and will not cause added stress.

B. Develop step-by-step instructions for individual practices that include the following information:
   i. The target skill or behavior
   ii. Who will implement the intervention
   iii. Where the intervention will be implemented
   iv. When the intervention will be implemented (minimum amount of intervention, frequency, duration)
   v. How long the intervention will be implemented (define how parents know when the intervention session or instructional trial is completed)
   vi. Materials required
   vii. Any steps needed to prepare the intervention
   viii. Strategies to be used
   ix. Prompting hierarchy to be used
   x. Reinforcement schedule

C. Design a data collection system that parents can use to monitor their child’s progress toward goal attainment that:
   i. takes family characteristics into account,
   ii. is simple and succinct,
   iii. is quick and easy to implement,
   iv. can be implemented in the context natural routines, and
   v. can be analyzed quickly.
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*Step 4. Training Parents*

A. Prior to parent training, choose at least one of the following formats for instruction:
   i. Individual
   ii. Group
   iii. Combination

B. Choose one or more of the following locations for training parents to implement the intervention:
   i. Home (child’s primary residence)
   ii. Community (any setting outside of the home)
   iii. Clinic (any laboratory, university, or treatment center)
   iv. School (any educational setting)

C. Provide individualized training programs that incorporate an assortment of components including didactic instruction and one or more of the following:
   i. Feedback and coaching
   ii. Modeling
   iii. Role playing and/or behavioral rehearsing
   iv. Documentation of implementation using log book or other data collection tools
   v. Video analogies
   vi. Video analysis

D. Determine an appropriate amount and duration of training based on:
   i. child characteristics,
   ii. parent characteristics,
   iii. family characteristics, and
   iv. peer-reviewed articles that have demonstrated the minimum amount of intervention needed to achieve goals.

*Step 5. Implementing the Intervention*

A. Parents implement intervention with their child daily.

B. To the greatest extent possible, parents implement intervention within naturally occurring routines and interactions.

C. For instructional components that cannot be completed in a natural context, parents implement intervention at the same time each day in a relatively quiet area that is free from distractions.
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**Step 6. Monitoring Progress**

A. Use progress monitoring data to determine if the intervention is working.

B. Use progress monitoring data to adjust intervention if needed.

C. Monitor parents’ implementation of the intervention using fidelity checklists and adapt training/support as needed.

D. As parents demonstrate mastery over training content, the frequency of parent training sessions is systematically reduced based on:
   i. child performance as reflected on data collection sheets and
   ii. parent implementation of intervention as reflected on parent fidelity implementation checklists.

E. Provide parents with additional opportunities to learn how to implement intervention, improve intervention, ask questions, and solve problems.

F. Promote ongoing supervision and collaboration by providing at least one of the following:
   i. Continued contact with the trainer
   ii. Parent training booster sessions
   iii. Documentation
   iv. Video analysis
   v. Observation
   vi. Email and phone correspondence