

doi: 10.3969/j.issn.1672-4933.2026.01.013

孤独症谱系障碍儿童家庭干预模式分析

Family Intervention for Children with Autism Spectrum Disorder

谢晴晴 李娅楠 张李芳

XIE Qing-qing, LI Ya-nan, ZHANG Li-fang

【摘要】孤独症谱系障碍(ASD)儿童的早期干预对其发展有重要作用。家庭干预能够保证干预的个性化、日常化及高强度,有效提高ASD儿童的社交沟通、语言能力、游戏能力,减少挑战性行为及其它症状,对家长干预策略的使用及干预能力的提高有促进作用。本文对ASD儿童家长执行式干预项目进行梳理,总结理论基础、实施过程及干预效果,分析其对我国孤独症儿童干预的启示。

【关键词】孤独症谱系障碍儿童;早期干预;家长执行式干预

【中图分类号】R76

【文献标识码】A

【文章编号】1672-4933(2026)01-0065-06

【Abstract】 Early intervention for children with Autism Spectrum Disorder (ASD) is of great importance for these children's later development. Family intervention for children with ASD is personalized, family-centered, with high-intensity. It has been proved to effectively improve children's social communication, language abilities, and play skills, as well as reduce challenging behaviors and other autistic symptoms. Furthermore, it has positive effect on parents' use of intervention strategies and the improvement of their intervention skills. In this paper, we review major parent-implemented intervention programs, and analyze their enlightenment to the intervention of Chinese children with ASD.

【Key words】 Children with ASD; Early intervention; Parent-implemented intervention

1 引言

孤独症谱系障碍(ASD)是一种患病率高的神经发育性障碍。美国疾病控制中心数据表明,其患病率已从1975年的1/5000上升至1/36^[1]。我国ASD患病率约为0.7%,男女比例5:1^[2]。ASD儿童通常在幼儿时期表现出社交障碍及局限重复的行为模式,甚至挑战性行为。早期干预对ASD儿童发育、功能性能力的提高、减少挑战性行为及其它症状改善均有重要作用^[3,4]。儿童年龄越小、训练强度越大,干预效果越好^[5,6]。ASD儿童的治疗大多由专业人士提供,但几乎所有的综合性早期干预项目均强调了家长参与的重要性^[3,7]。

2 ASD儿童家庭干预模式概述

ASD儿童的家庭干预模式通常为家长执行式干预(parent-implemented intervention),即由专业人员对家长进行培训和指导,由家长对儿童直接实施干预。继2014年美国国家孤独症干预专业发展中心(national professional development center on autism spectrum disorder)确认家长

执行式干预符合循证实践标准后,美国国家孤独症循证信息中心(national clearinghouse on autism evidence and practice)在2020年的孤独症循证报告中再次明确了家长执行式干预作为循证实践的有效性^[8]。家庭干预模式为家长提供必要的健康教育及切实的支持与培训,能够对ASD儿童的康复发展起事半功倍的效果,成为专业治疗的补充或替代方法。

3 ASD儿童家庭干预项目及特点

笔者总结了国外主流的ASD儿童家庭干预项目,重点选择2000年后开展的随机对照研究或多次实验研究的较为全面系统的干预项目,具体内容见表1。

3.1 ASD儿童家庭干预模式的理论基础

ASD儿童家庭干预项目多以行为主义及发展主义模式为理论依据。如果把行为主义与发展主义原则看成一个连续体的两个极端,早期干预方式大多处于连续体中间,越接近行为主义原则,就越多采用治疗师主导的高度结构化的回合式教学(discrete trial training),越接近发

作者单位:民政职业大学康复工程学院 北京 102600

作者简介:谢晴晴 博士 讲师;研究方向:言语病理学

通讯作者:谢晴晴, E-mail:qxie2020@126.com

表1 ASD儿童家庭干预项目总结

项目名称	基本介绍	相关研究	被试数量	被试年龄 (岁)	项目时长	培训次数
学龄前ASD儿童沟通干预(pediatric autism communication therapy, PACT)	改善家长的交流方式,提高儿童的社交与沟通技能	Green等 ^[9] ,2010 Pickles等 ^[10] ,2016 Carruthers等 ^[11] ,2024	152	2~4;11	12月	18
让父母成为儿童的社交老师(improving parents as communication teachers, ImPACT)	在游戏与日常活动中提高儿童的社交沟通技巧,促进社交融入、语言发展、社交模仿、以及游戏能力	Ingersoll等 ^[12] ,2013 Stadnick等 ^[13] ,2015 Ingersoll等 ^[14] ,2015 Ingersoll等 ^[15] ,2017 Barber等 ^[16] ,2020 Li等 ^[17] ,2022 Ingersoll等 ^[18] ,2024	8 30 27 162 22 90 64	3;8~6;8 1;6~8 2;3~6;1 1;7~12;8 1;10~4;5 2~6 1;6~8	12周 12周 6月 6月 12周 8周 6月	12~24 12 36 12+辅导 12 8 36
ASD儿童的游戏与语言项目(play and language for autistic youngster project, PLAY)	强调亲子关系,鼓励家长参与儿童社交、游戏以及沟通互动,促进儿童发展,减轻症状	Solomon等 ^[19] ,2007	68	2~6	8~12月	8~12
早期开发丹佛模式的家长干预项目(parent-implemented early start Denver model, P-ESDM)	建立积极的人际关系,以儿童发展规律为框架,在自然游戏与日常活动中进行教学	Solomon等 ^[20] ,2014 Mahoney等 ^[21] ,2016 Rogers等 ^[22] ,2012 Vismara等 ^[23] ,2018 Zhou等 ^[24] ,2018 Rogers等 ^[25] ,2019 Van Noorden等 ^[26] ,2022	128 98 24 43 45 7	2;8~5;11 1~2 1;6~4 1;6~2;6 1~2;6 1~4;6	12月 12周 12周 26周 12周 20周	12 12 12 26 12+辅导 20
Hanen项目(Hanen more than words program, HMTW)	提高家长与儿童游戏互动的频率与质量,促进儿童交流能力的发展	Carter等 ^[27] ,2011 Sokmun等 ^[28] ,2017 Rose等 ^[29] ,2020 Noyan等 ^[30] ,2021 Qi等 ^[31] ,2024	62 31 121 14 22	1;3~2;1 平均4;4 1;6~4 2~4 3~6	3.5月 3月 9周 8周 3月	11 11 12 11 11
共同关注、象征性游戏、参与及调节(joint attention symbolic play engagement and regulation, JASPER)	培训家长使用适当的策略为儿童创造学习环境,促进共同关注,提高游戏及语言技能	Kasari等 ^[32] ,2010 Kasari等 ^[33] ,2014 Kasari等 ^[34] ,2015 Shih等 ^[35] ,2025 Roberts等 ^[36] ,2023	38 112 86 120	1;9~3 2~5 1;10~3 2~3	8周 12周 10周 6月	24 24 20 48
早期社交互动项目(early social interaction, ESI)	注重在自然环境中基于常规活动开展干预,制订个性化课程	Wetherby等 ^[37] ,2006 Wetherby等 ^[38] ,2014 Guthrie等 ^[39] ,2023	35 82	<2 1;4~1;8	12月 6月	96 96
聚焦游戏干预(focused playtime intervention, FPI)	以家庭为中心,促进家庭满足ASD儿童的发展需求	Siller等 ^[40] ,2013 Siller等 ^[41] ,2014 Siller等 ^[42] ,2018 Hardan等 ^[43] ,2015	70	<6	12周	12
关键反应训练家长培训(pivotal response treatment parent training for autism, PRT)	强调在自然环境中进行干预,注重培养儿童的学习动机,促进儿童的适应行为、早期认知能力以及语言能力的提高	Gengoux等 ^[44] ,2015 Gengoux等 ^[45] ,2019 de Korte等 ^[46] ,2022 Drapalik等 ^[47] ,2022 Bozkus-Genc等 ^[48] ,2024	53 48 20 26 4	2~6 2~5 2~6 2~7 4;1~5;1	12周 24周 14周 10周 6周	12 15 14 12 12
家长执行式结构化数字(treatment and education of autistic and related communication handicapped children, TEACCH)幼儿项目(family implemented TEACCH for toddlers, FITT)	由TEACCH项目发展而来,帮助家庭了解ASD对儿童的影响,促进儿童参与日常活动,实施结构化干预及自然行为策略,以促进儿童能力的提高	Turner-Brown等 ^[49] ,2019	49	<3	24周	24
改良回应性教学(adapted responsive teaching, ART)	针对高风险幼儿,通过示范、辅助等手段帮助家长在日常生活中实施干预,提高家长对儿童的回应能力,以促进儿童发展	Baranek等 ^[50] ,2015 Watson等 ^[51] ,2017	18 87	1;1~1;5 1;1~1;4	6月 6月	36 36

展主义原则,就越多采用在日常活动中遵循儿童兴趣开展社交语用活动^[52]。大多数ASD家庭干预项目处于这个连续体上,体现了行为主义与发展主义的特点,最典型的为自然发展行为干预模式(naturalistic developmental behavioral interventions, NDBI)^[53]。

3.2 ASD儿童家庭干预项目的实施

3.2.1 参与儿童与目标选择 参与家庭干预的儿童多为学龄前儿童(见表1),且多数儿童在参与项目时已确诊为ASD,但参与ART项目的儿童年龄较小,是ASD高风险儿童,参与时并未确诊^[50,51]。从目标的选择来看,ASD儿童家庭干预的主要目标为改善儿童的社交能力、游戏能力、语言能力、适应行为、认知能力,减少挑战行为及其他症状^[9,13,20]。

3.2.2 培训内容与指导方法 家庭干预的主要内容为ASD儿童干预的基本原理、方法和技巧,学习的主要策略包括:(1)社交沟通策略,如社交回应、社交期待、跟随儿童的引导、模仿儿童、游戏参与等^[19,40,50];(2)语言技能促进策略,如示范、等待、提示、扩展、延伸等^[12];(3)行为管理策略,如强化良好行为、给予明确指示、减少干扰、提供选择等^[44]。培训时长6周~12个月不等;干预频率最高每周2~3次,最低每月1次;培训总时长12~120小时不等,干预课程总数为8~96次(见表1)。授课形式多为家长与孩子共同参加的一对一家庭辅导^[9,13],也包括多个家庭参加的小组辅导^[27,43]、网络课程^[18]或多种形式的组合。指导方法为直接教学、示范、视频教学、角色扮演、教学反馈等^[12,41]。

3.2.3 家长执行与效果监督 家长执行干预和效果监督是项目实践过程中的重要环节,关系到干预质量和效果。在执行过程中,专业人员与家长一起分析家庭与儿童的需求,制订个性化干预计划,将干预方法融入日常实践。在专业人员指导下,家长记录和分析干预数据,有意识地进行反思与改进,灵活调整干预策略,以适应儿童需求。专业人员的定期随访与指导能够确保干预效果的持续性和稳定性,逐步实现家长独立干预^[38]。

3.2.4 网络项目 家庭干预项目以线下参与为主,但ImPACT^[14,15,17,18]、P-ESDM^[23]、HMTW^[31]及PRT^[47]尝试使用网络平台开展远程家长培训,取得了积极效果。网络项目多由自主学习课程、补充资源及个别辅导组成^[18,47],也有以网络团体课程形式开展^[17,31]。与传统项目相比,网络项目打破地域限制,经济成本低,能够同时服务更多家庭,有效解决资源不足的问题。在家长学习过程中,网络项目可提供灵活的学习进度及干预内容,以适应家庭需求和儿童发展水平。除自主学习课程与资源外,专业人员在线辅导能够为家庭提供精准的个性化服务,家长

依从性高,干预效果好^[14,15,18]。

3.3 ASD儿童家庭干预效果

家庭干预促使家长学习有效的干预策略,为儿童、家长及整个家庭带来多方面的积极效果。首先,家庭干预能够提高ASD儿童社交沟通能力,包括主动发起交流能力、互动回应能力、共同关注能力及社交情感功能等^[9,12,26,32]。其次,家庭干预对提高儿童游戏水平、多样性及象征性游戏能力有显著的促进作用^[24,34]。再次,随着游戏与互动增加,儿童的语言表达能力、理解能力、语言使用频率与功能性,以及自发性语言使用能力均提高^[30,38,44]。家庭干预能够有效减少ASD儿童的挑战性行为,促进其依恋行为^[41]。除了对儿童发展起促进作用外,家庭干预也能为家长带来积极效果,包括提高对ASD的认知与接纳程度、改善亲子关系、提高回应能力、掌握有效的应对策略、提高干预能力,降低压力、提高心理健康水平等^[12,24,26,28,49],家长对项目有较高的参与度与满意度^[14,19,23,25,48]。从整个家庭来看,成员之间支持和理解增强,家庭关系更紧密,家庭功能得到改善,能够更好地应对ASD带来的挑战^[54]。

积极的家庭干预能够保证ASD儿童高强度密集的干预需求,实现干预的常态化与生活化,同时,家长在家庭环境及日常活动中为儿童创造更多学习机会,解决实际问题,有利于儿童技能的泛化。多个家庭项目的后续研究表明,项目结束后,儿童的技能依然能够得到保持^[10,11,32],说明家庭干预有利于技能的巩固与泛化,为儿童的长期发展提供了良好支持。

4 我国ASD儿童家庭干预实践

我国研究人员及临床工作者对ASD儿童家庭干预模式做出了初步尝试,并取得了显著成果。如ImPACT、P-ESDM、HMTW以及TEACCH项目均在汉语ASD儿童家庭中开展实验研究,发现儿童的语言能力、社交技能及游戏能力等均有较大进步^[17,24,31,55]。除了引进国外家庭干预模式外,研究人员积极开发适合我国国情的本土化干预模式。徐云等^[56]采用中国ASD儿童家庭康复项目培训材料对家长进行培训指导,发现儿童社交沟通能力提高,同时家长在家庭互动、情感需求及相关支持等方面也较满意。多个项目尝试将常规康复训练与家庭干预相结合,对家长进行理论知识培训与干预训练指导,在儿童社交、语言、改善不良情绪行为问题及提升社会功能等方面均取得初步成效^[57,58]。以家庭为中心的早期干预在ASD儿童中取得了积极效果,如提高儿童的社交能力、生活自理能力、语言沟通能力、改善相关症状等^[59~61]。

5 对我国ASD儿童干预的启示

5.1 完善家庭干预模式与内容,注重循证实践

家庭干预是ASD治疗的关键组成部分,需进一步完善干预模式和内容,确保干预方法的科学性和有效性。在临床实践中,可借鉴国外成熟的家庭干预模式,结合我国文化背景,开发本土化干预方案。在家庭干预模式方面,注重需求评估、目标选择、计划制订、家长培训-干预实施、监测反馈流程的完整性及可行性^[62],专业人员全程提供咨询和帮助,保证家庭参与的便利性。在培训内容方面,注重知识体系的完备呈现,以及干预策略的梯度教学,充分考虑家长的学习能力和干预技能在日常生活中的可操作性。

5.2 重视专业团队建设,提升干预服务水平

有效的家长干预离不开专业团队的支持。专业团队可保证评估、目标和计划的科学性,为家长提供培训、指导和监督,确保干预质量。参与家长培训的专业人员需要深刻了解ASD儿童干预的科学方法,具备丰富的干预经验和培训督导技巧^[62]。一方面,加强对现有从业人员的培训,提高其专业技能和服务意识;另一方面,完善人才培养体系,培养更多高素质专业人才。此外,还需推动认证体系建设,规范行业标准。

5.3 加大对家庭的支持,减轻家庭负担

养育ASD儿童给家庭带来巨大的经济和精神压力。家长不仅要承担高昂的治疗费用,还要付出大量的时间和精力照顾孩子。因此,加大对家庭的支持,减轻家庭负担至关重要。推广家庭干预模式,帮助家长掌握干预策略,降低早期干预成本,减轻经济负担;为家长提供必要的心理咨询和辅导,帮助家长应对压力和焦虑;建立家长互助组织,探索社区支持网络,为ASD儿童家庭提供互助与交流的平台,增强社会支持。

5.4 开发网络课程,促进服务的可及性

由于地域限制和资源分布不均,许多家庭难以获得优质的干预服务。开发网络课程,利用远程医疗技术可有效提高服务的可及性,使更多家庭受益。构建网络家庭干预模式,建设模块化网络课程体系,包含完整的知识与技能讲解课程及干预策略视频示范;完善在线咨询平台,开发实时视频评估、视频指导等技术手段,由专业人员为家长提供个性化的支持与辅助;建立完善的数据保护机制,注重用户隐私与数据安全;探索多元干预模式,如线上线下结合、自主学习与专家咨询结合等,最大限度地地为ASD儿童家庭提供康复资源与服务。

(致谢:感谢首都医科大学附属北京同仁医院陈雪清教授在本文撰写过程中给予的指导与帮助。)

参考文献

- [1] Maenner MJ, Warren Z, Williams AR, et al. Prevalence and characteristics of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2020[J]. MMWR. Surveillance Summaries, 2023, 72(2): 1-14.
- [2] Jiang X, Chen X, Su J, et al. Prevalence of autism spectrum disorder in mainland China over the past 6 years: a systematic review and meta-analysis[J]. BMC Psychiatry, 2024, 24(1): 404-404.
- [3] Corsello CM. Early intervention in autism[J]. Infants & Young Children, 2005, 18(2): 74-85.
- [4] Rogers SJ, Vismara LA. Evidence-based comprehensive treatments for early autism[J]. Journal of Clinical Child & Adolescent Psychology, 2008, 37(1): 8-38.
- [5] Granpeesheh D, Dixon DR, Tarbox J, et al. The effects of age and treatment intensity on behavioral intervention outcomes for children with autism spectrum disorders[J]. Research in Autism Spectrum Disorders, 2009, 3(4): 1014-1022.
- [6] Makrygianni MK, Reed P. A meta-analytic review of the effectiveness of behavioural early intervention programs for children with autistic spectrum disorders[J]. Research in Autism Spectrum Disorders, 2010, 4(4): 577-593.
- [7] McConachie H, Diggle T. Parent implemented early intervention for young children with autism spectrum disorder: A systematic review[J]. Journal of Evaluation in Clinical Practice, 2007, 13(1): 120-129.
- [8] Steinbrenner JR, Hume K, Odom SL, et al. Evidence-based practices for children, youth, and young adults with autism[R]. Chapel Hill: The University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, National Clearinghouse on Autism Evidence and Practice Review Team, 2020.
- [9] Green J, Charman T, McConachie H, et al. Parent-mediated communication-focused treatment in children with autism (PACT): a randomised controlled trial[J]. The Lancet, 2010, 375(9732): 2152-2160.
- [10] Pickles A, Le Couteur A, Leadbitter K, et al. Parent-mediated social communication therapy for young children with autism (PACT): Long-term follow-up of a randomised controlled trial[J]. The Lancet, 2016, 388(10059): 2501-2509.
- [11] Carruthers S, Pickles A, Charman T, et al. Mediation of 6-year mid-childhood follow-up outcomes after pre-school social communication (PACT) therapy for autistic children: Randomised controlled trial[J]. Journal of Child Psychology and Psychiatry, 2024, 65(2): 233-244.
- [12] Ingersoll B, Wainer A. Initial efficacy of Project ImPACT: A parent-mediated social communication intervention for young children with ASD[J]. Journal of Autism and Developmental Disorders, 2013, 43(12): 2943-2952.
- [13] Stadnick NA, Stahmer A, Brookman-Frazee L. Preliminary effectiveness of project impact: A parent-mediated intervention for children with autism spectrum disorder delivered in a community program[J]. Journal of Autism and Developmental Disorders, 2015, 45(7): 2092-2104.
- [14] Ingersoll B, Berger NI. Parent engagement with a telehealth-based parent-mediated intervention program for children with autism spectrum

- disorders: predictors of program use and parent outcomes[J]. *Journal of Medical Internet Research*, 2015, 17(10): e227.
- [15] Ingersoll B, Shannon K, Berger N, et al. Self-directed telehealth parent-mediated intervention for children with autism spectrum disorder: Examination of the potential reach and utilization in community settings[J]. *Journal of Medical Internet Research*, 2017, 19(7): e248.
- [16] Barber AB, Swineford L, Cook C, et al. Effects of Project ImPACT parent-mediated intervention on the spoken language of young children with autism spectrum disorder[J]. *Perspectives of the ASHA Special Interest Groups*, 2020, 5(3): 573-581.
- [17] Li F, Wu D, Ren F, et al. Effectiveness of online-delivered project ImPACT for children with ASD and their parents: A pilot study during the COVID-19 pandemic[J]. *Frontiers in Psychiatry*, 2022, 13: 806149.
- [18] Ingersoll B, Frost KM, Straiton D, et al. Telehealth coaching in Project ImPACT indirectly affects children's expressive language ability through parent intervention strategy use and child intentional communication: An RCT[J]. *Autism Research*, 2024, 17(10): 2177-2187.
- [19] Solomon R, Necheles J, Ferch C, et al. Pilot study of a parent training program for young children with autism: The PLAY Project Home Consultation program[J]. *Autism*, 2007, 11(3): 205-224.
- [20] Solomon R, Van Egeren LA, Mahoney G, et al. PLAY Project Home Consultation intervention program for young children with autism spectrum disorders: a randomized controlled trial[J]. *Journal of Developmental and Behavioral Pediatrics*, 2014, 35(8): 475-475.
- [21] Mahoney G, Solomon R. Mechanism of developmental change in the PLAY project home consultation program: Evidence from a randomized control trial[J]. *Journal of Autism and Developmental Disorders*, 2016, 46(5): 1860-1871.
- [22] Rogers SJ, Estes A, Lord C, et al. Effects of a brief Early Start Denver Model (ESDM)-based parent intervention on toddlers at risk for autism spectrum disorders: A randomized controlled trial[J]. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2012, 51(10): 1052-1065.
- [23] Vismara LA, McCormick CE, Wagner AL, et al. Telehealth parent training in the Early Start Denver Model: Results from a randomized controlled study[J]. *Focus on Autism and Other Developmental Disabilities*, 2018, 33(2): 67-79.
- [24] Zhou B, Xu Q, Li H, et al. Effects of parent-implemented Early Start Denver Model intervention on Chinese toddlers with autism spectrum disorder: A non-randomized controlled trial[J]. *Autism Research*, 2018, 11(4): 654-666.
- [25] Rogers SJ, Estes A, Vismara L, et al. Enhancing low-intensity coaching in parent implemented Early Start Denver Model intervention for early autism: A randomized comparison treatment trial[J]. *Journal of Autism and Developmental Disorders*, 2019, 49(2): 632-646.
- [26] Van Noorden LE, Sigafoos J, Waddington HL. Evaluating a two-tiered parent coaching intervention for young autistic children using the Early Start Denver Model[J]. *Advances in Neurodevelopmental Disorders*, 2022, 6(4): 473-493.
- [27] Carter AS, Messinger DS, Stone WL, et al. A randomized controlled trial of Hanen's 'More Than Words' in toddlers with early autism symptoms[J]. *Journal of Child Psychology and Psychiatry*, 2011, 52(7): 741-752.
- [28] Sokmun S, Singh SJ, Vandort S. The impact of Hanen More Than Words programme on parents of children with ASD in Malaysia[J]. *Jurnal Sains Kesihatan Malaysia*, 2017, 15(2): 43-51.
- [29] Rose T, Scarinci N, Meyer C, et al. The It Takes Two to Talk®-The Hanen Program® for Parents: impacts on child behaviour and social-emotional functioning[J]. *Speech, Language and Hearing*, 2020, 23(3): 180-188.
- [30] Noyan Erbaş A, Özcebe E, Cak Esen T. Investigation of the effect of Hanen's "More Than Words" on parental self-efficacy, emotional states, perceived social support, and on communication skills of children with ASD[J]. *Logopedics Phoniatrics Vocology*, 2021, 46(1): 17-27.
- [31] Qi X, Zhao Q, To CKS. Empowering Hong Kong Chinese families with autism: A preliminary study of the online Hanen More Than Words Program[J]. *Autism & Developmental Language Impairments*, 2024, 9: 23969415241245096.
- [32] Kasari C, Gulsrud AC, Wong C, et al. Randomized controlled caregiver mediated joint engagement intervention for toddlers with autism[J]. *Journal of Autism and Developmental Disorders*, 2010, 40(9): 1045-1056.
- [33] Kasari C, Lawton K, Shih W, et al. Caregiver-mediated intervention for low-resourced preschoolers with autism: an RCT[J]. *Pediatrics*, 2014, 134(1): e72-e79.
- [34] Kasari C, Gulsrud A, Paparella T, et al. Randomized comparative efficacy study of parent-mediated interventions for toddlers with autism [J]. *Journal of Consulting and Clinical Psychology*, 2015, 83(3): 554-563.
- [35] Shih W, Gulsrud A, Kasari C. Caregiver strategies before intervention moderate caregiver fidelity and maintenance in RCT of JASPER intervention with autistic toddlers[J]. *JCPP Advances*, 2025, 5(1): e12247.
- [36] Roberts MY, Stern YS, Grauzer J, et al. Teaching caregivers to support social communication: Results from a randomized clinical trial of autistic toddlers[J]. *American Journal of Speech-Language Pathology*, 2023, 32(1): 115-127.
- [37] Wetherby AM, Woods JJ. Early social interaction project for children with autism spectrum disorders beginning in the second year of life: A preliminary study[J]. *Topics in Early Childhood Special Education*, 2006, 26(2): 67-82.
- [38] Wetherby AM, Guthrie W, Woods J, et al. Parent-implemented social intervention for toddlers with autism: an RCT[J]. *Pediatrics*, 2014, 134(6): 1084-1093.
- [39] Guthrie W, Wetherby AM, Woods J, et al. The earlier the better: An RCT of treatment timing effects for toddlers on the autism spectrum[J]. *Autism*, 2023, 27(8): 2295-2309.
- [40] Siller M, Hutman T, Sigman M. A parent-mediated intervention to increase responsive parental behaviors and child communication in children with ASD: A randomized clinical trial[J]. *Journal of Autism and Developmental Disorders*, 2013, 43(3): 540-555.
- [41] Siller M, Swanson M, Gerber A, et al. A parent-mediated intervention that targets responsive parental behaviors increases attachment behaviors in children with ASD: Results from a randomized clinical trial[J]. *Journal of Autism and Developmental Disorders*, 2014, 44(7): 1720-1732.

- [42] Siller M, Hotez E, Swanson M, et al. Parent coaching increases the parents' capacity for reflection and self-evaluation: Results from a clinical trial in autism[J]. *Attachment & Human Development*, 2018, 20(3): 287-308.
- [43] Hardan AY, Gengoux GW, Berquist KL, et al. A randomized controlled trial of Pivotal Response Treatment Group for parents of children with autism[J]. *Journal of Child Psychology and Psychiatry*, 2015, 56(8): 884-892.
- [44] Gengoux GW, Berquist KL, Salzman E, et al. Pivotal Response Treatment parent training for autism: Findings from a 3-month follow-up evaluation[J]. *Journal of Autism and Developmental Disorders*, 2015, 45(9): 2889-2898.
- [45] Gengoux GW, Abrams DA, Schuck R, et al. A pivotal response treatment package for children with autism spectrum disorder: An RCT [J]. *Pediatrics*, 2019, 144(3): e20190178.
- [46] De Korte MWP, Van Dongen-Boomsma M, Oosterling IJ, et al. Pivotal Response Treatment (PRT) parent group training for young children with autism spectrum disorder: a pilot study[J]. *Scientific Reports*, 2022, 12(1): 7691.
- [47] Drapalik KN, Grodberg D, Ventola P. Feasibility and acceptability of delivering pivotal response treatment for autism spectrum disorder via telehealth: Pilot pre-post study[J]. *JMIR Pediatrics and Parenting*, 2022, 5(3): e32520.
- [48] Bozkus-Genc G, Yucesoy-Ozkan S. Efficacy of a parent-implemented Pivotal Response Treatment for children with autism spectrum disorder [J]. *Journal of Autism and Developmental Disorders*, 2024, 54(11): 3992-4005.
- [49] Turner-Brown L, Hume K, Boyd BA, et al. Preliminary efficacy of family implemented TEACCH for toddlers: effects on parents and their toddlers with autism spectrum disorder[J]. *Journal of Autism and Developmental Disorders*, 2019, 49(7): 2685-2698.
- [50] Baranek GT, Watson LR, Turner-Brown L, et al. Preliminary efficacy of adapted responsive teaching for infants at risk of autism spectrum disorder in a community sample[J]. *Autism Research and Treatment*, 2015, 2015: 386951.
- [51] Watson LR, Crais ER, Baranek GT, et al. Parent-mediated intervention for one-year-olds screened as at-risk for autism spectrum disorder: A randomized controlled trial[J]. *Journal of Autism and Developmental Disorders*, 2017, 47(11): 3520-3540.
- [52] Ospina MB, Seida JK, Clark B, et al. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review [J]. *PloS One*, 2008, 3(11): e3755.
- [53] Ouyang Y, Feng J, Wang T, et al. Comparison of the efficacy of parent-mediated NDBIs on developmental skills in children with ASD and fidelity in parents: a systematic review and network meta-analysis[J]. *BMC Pediatrics*, 2024, 24(1): 270-270.
- [54] Estes A, Swain DM, MacDuffie KE. The effects of early autism intervention on parents and family adaptive functioning[J]. *Pediatric Medicine (Hong Kong, China)*, 2019, 2: 21.
- [55] 邹小兵,邓红珠,唐春,等.以家庭为基地的短期结构化教育治疗儿童孤独症的疗效[J]. *中国儿童保健杂志*, 2005, 13(2): 98-100
- [56] 徐云,徐晨欣,朱旻芮.家长执行式干预在自闭症儿童家庭中的应用[J]. *中国临床心理学杂志*, 2019, 27(3): 634-637,612.
- [57] 施旭爱,岳静,李旭红.早期医院-家庭联合干预对孤独症谱系障碍患儿的效果分析[J]. *中国妇幼保健*, 2025, 40(5): 842-845.
- [58] 钟霞,赖媛,魏丽丽,等.联合家庭干预对孤独症儿童治疗效果的影响[J]. *南昌大学学报(医学版)*, 2023, 63(3): 54-59.
- [59] 张绍彩,仇爱珍.以家庭为中心的早期护理干预在孤独症患儿中的应用[J]. *护理研究*, 2016, 30(30): 3786-3788.
- [60] 曾娟,姜艳,谢桂芳,等.以家庭为中心的早期护理干预对孤独症患儿的效果观察[J]. *实用临床护理学电子杂志*, 2019, 4(51): 20, 32.
- [61] 高美茹,齐聪妮.以家庭为中心的早期护理干预对孤独症患儿 ATEC、CARS、ABC 评分的影响[J]. *临床医学研究与实践*, 2023, 8(6): 161-163.
- [62] 曾松添,胡晓毅.美国自闭症幼儿家长执行式干预法研究综述[J]. *中国特殊教育*, 2015, (6): 62-70.

收稿日期 2025-06-16

责任编辑 薛 静