

Empowering Parents as Co-Therapists: A Family-Centered Model for Early Intervention and Child Rehabilitation

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Abstract

Early intervention in child and adolescent mental health often emphasizes clinical expertise, but the vital role of parents remains underutilized. A family-centered approach identifies parents as active agents of change, equipping them with therapeutic skills that extend beyond clinical sessions into everyday life. Such models hold unique promise for sustainable outcomes, especially when the very foundation is based on the fact that strong family networks are integral to child development.

The objective of this paper is to explore the potential of training parents as co-therapists in the rehabilitation of children with developmental, behavioral, and emotional difficulties. The proposed framework integrates evidence-based practices, including cognitive-behavioral techniques, structured parent training modules, collaborative goal-setting, and culturally sensitive strategies. Parents are engaged through four stages: (i) orientation and training, (ii) therapist-guided skill demonstration, (iii) home-based practice and reinforcement, and (iv) periodic review and feedback.

Preliminary findings from pilot implementations and literature suggest that this model enhances treatment adherence, reduces relapse, and promotes generalization of skills in natural environments. Children demonstrate improved emotional regulation, communication, and social adaptability, while parents report higher self-efficacy, reduced stress, and stronger parent-child bonding.

Received: 24.10.2025

Accepted: 28.10.2025

Published: 29.10.2025



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The conclusion summarises the key aspects that a family-centered, co-therapist model represents a cost-effective, culturally relevant, and sustainable approach to early intervention. It bridges the gap between clinical settings and home environments, empowering families as equal partners in the rehabilitation journey. This shift has the potential to transform child mental health services in India and provide replicable frameworks globally.

Keywords: Family-centered intervention, parental involvement, co-therapist model, child rehabilitation, early intervention, Indian context

Introduction

Early intervention is one of the most important approaches in helping children with developmental, behavioral, and emotional difficulties. Research shows that children who receive timely support are more likely to develop communication skills, self-regulation, and social adaptability. Traditional models often rely on professional expertise alone, with psychologists, psychiatrists, or therapists guiding the process. While this expertise is imperative and necessary, it sometimes limits the involvement of parents, who are central to a child's growth and daily environment.

The family-centered approach recognizes parents and caregivers as essential partners in therapy. By treating them as co-therapists, parents are trained to reinforce therapeutic practices at home, creating consistency and continuity. This approach helps the child integrate skills into everyday life, reduces the risk of relapse, and empowers families.

In India, such a model has unique importance. Families remain the primary caregivers, and cultural values strongly emphasize parental responsibility. At the same time, challenges such as limited access to specialists, high treatment costs, and social stigma often restrict child's participation in therapy. Family-centered approaches provide a sustainable solution by reducing dependency on professionals and encouraging cost-effective interventions that fit within the cultural context.

Review of Literature

Family-Centered Models in Rehabilitation: Family-centered care has emerged as a best practice in paediatric rehabilitation. Bradshaw et al. (2022) found that active family participation improved engagement and treatment adherence. Bradshaw et al. (2022) emphasized that when

parents are meaningfully involved in therapy, treatment adherence improves and children are more likely to maintain progress after formal sessions. The model builds on the recognition that children spend most of their time with their parents, not with professionals, and that learning in natural environments helps skills to generalize better. Balachandran and Mohanraj (2024), in an Indian scoping review, highlighted the sustainability of family-centered approaches, noting that they reduce costs and improve long-term outcomes. Family-centered models of care have become a recommended standard in paediatric rehabilitation across the world. The central idea is that the family is not a passive receiver of professional advice but an active participant in the child's development.

In the Indian context, Balachandran and Mohanraj (2024) reviewed caregiver-centric interventions and concluded that these models reduce the long-term cost of care, especially for families managing neurodevelopmental conditions such as autism or intellectual disability. Their work also showed that when parents are involved, programs become sustainable even in resource-constrained settings. These findings highlight that the success of rehabilitation is not only dependent on professional expertise but also on how well families are empowered to take part in the process.

Parent-Mediated Interventions in Developmental Disorders: Parent-mediated interventions (PMI) are particularly well studied in autism spectrum disorder (ASD), ADHD, and learning disabilities. Choudhury and Mehta (2019) reported that Indian parents who were coached in behaviour management strategies observed reduced disruptive behaviours in children with ADHD. Similarly, Guralnick (2019) emphasized that parents of children with learning difficulties could improve academic performance by using structured learning routines at home. These studies illustrate the wide applicability of PMI across conditions.

Cullenward et al. (2024) identified core features of effective PMI, including structured parental guidance and adaptability to family needs. Ouyang et al. (2024) compared different Naturalistic Developmental Behavioral Interventions (NDBIs) and found that parent fidelity significantly affected child outcomes. Pinto et al. (2024) demonstrated improvements in joint attention when parents delivered interventions at home. In India, Rao et al. (2024) confirmed that culturally adapted PMI increased parental confidence and improved child participation. Parent-mediated interventions (PMI) have been extensively studied in children with autism

spectrum disorder (ASD). Research across multiple countries shows that parents can be trained to deliver structured programs at home. Cullenward et al. (2024) conducted a systematic overview and identified common features of successful programs, including structured training, ongoing support, and flexibility to adapt strategies to daily routines. This ensures that parents are not overwhelmed but guided in manageable steps.

Ouyang et al. (2024) tested the effectiveness of Naturalistic Developmental Behavioral Interventions (NDBIs) when delivered by parents and found that the child's progress was closely linked to the parent's consistency in applying the techniques. Pinto et al. (2024) further demonstrated that children improved in joint attention, a key social skill when parents practiced daily routines involving eye contact and shared play. In India, Rao et al. (2024) showed that parents reported higher confidence and reduced stress when trained to deliver interventions adapted to local cultural practices. These findings highlight that PMI is not only evidence-based but also culturally flexible.

Caregiver Burden, Stress, and Empowerment: Caring for children with developmental needs can be stressful. Hastings and Brown (2020) also emphasized the link between empowerment and improved coping among parents of children with disabilities. He pointed out that stress often decreases when parents feel supported and included as equal partners in intervention. Empowering parents not only improves the child's outcomes but also enhances the family's overall well-being, making rehabilitation a holistic process.

Szlamka et al. (2024) reported that empowerment-focused models strengthened parental resilience and reduced burden. Edmunds et al. (2025) showed that parents of toddlers with autism face high levels of stress, but empowerment programs improved their quality of life.

Raising a child with developmental or behavioral difficulties often places a significant emotional and physical burden on parents. Edmunds et al. (2025) showed that caregivers of toddlers with autism reported high stress levels, but empowerment-based programs significantly improved their quality of life, helping parents to feel more capable and less isolated.

Cultural Adaptations in Low-Resource Settings: In LMICs, including India, access and cost barriers affect child rehabilitation. Brian et al. (2021) reviewed caregiver-mediated interventions in LMICs and noted that cultural adaptation was key. Divan et al. (2019)

demonstrated the feasibility of PMI in rural India, emphasizing culturally relevant training methods. Divan et al. (2019) tested the feasibility of parent-led programs in rural India and found that simple training methods, group-based sessions, and community support made these programs acceptable and effective. In low and middle-income countries (LMICs), including India, therapy programs often face challenges such as limited access to trained specialists, high costs, and social stigma. Brian et al. (2021) reviewed caregiver-mediated interventions in LMICs and concluded that adapting programs to cultural contexts is essential. Interventions that ignored cultural norms were less likely to succeed.

Bajracharya et al. (2023) further showed that telepractice allowed parents to receive guidance remotely, reducing travel and financial burdens. These findings confirm that culturally adapted models are both practical and effective in India. Bajracharya et al. (2023) further showed that telepractice is a feasible alternative to in-person services. A 2024 Journal of Global Health review also confirmed that low-cost, group-based caregiver interventions were effective in low-resource communities.

Recent Innovations (2024–25): Technology is another important development. Bajracharya et al. (2023) reported success with telehealth models in India, showing that parents could be coached effectively through video calls. Mobile applications and online platforms now provide real-time support and track parent-child progress, extending the reach of family-centered interventions, telehealth and app-based training accessible across India.

Recent years have introduced creative models. Büyük et al. (2025) tested a parent empowerment program combining motivational interviewing and training, showing positive effects. Edmunds et al. (2025) reported improved caregiver quality of life when empowerment was integrated into child rehabilitation. Büyük et al. (2025) introduced a parent empowerment program that combined motivational interviewing with structured training. This approach improved parent confidence and also strengthened their motivation to continue therapy at home. Edmunds et al. (2025) also demonstrated that empowerment-based models led to better mental health outcomes for both parents and children.

Case Study Insights

1. Autism: Rao et al. (2024) implemented a parent-mediated program in Bangalore with 30 families. Parents were trained in structured play and communication strategies. Children showed improved joint attention and parents reported higher confidence.
2. Telepractice for Speech Therapy: Bajracharya et al. (2023) coached 25 parents in rural Maharashtra via video calls. Children demonstrated improved vocabulary while families avoided travel costs.
3. Parent Empowerment Program: Büyük et al. (2025) tested a motivational interviewing model with 40 families in Turkey. Parents reported reduced stress and improved consistency, leading to better child outcomes.
4. NDBIs for Autism: Ouyang et al. (2024) trained 50 parents in China to deliver naturalistic interventions. Children improved in social communication and disruptive behaviors decreased.
5. ADHD Behavior Management: Choudhury & Mehta (2019) ran a 10-week program with 40 families in India. Parents applied behavior modification, resulting in fewer disruptive behaviors and increased confidence.
6. Group-Based Caregiver Support (Argentina): Szlamka et al. (2024) introduced group sessions for 60 families of children with autism. Parents experienced reduced stress and improved peer support.
7. Learning Disabilities: A Delhi-based program (2021) trained 35 parents to use structured reading routines at home. Children achieved significant improvements in reading fluency.
8. Long-Term Parent Involvement: A longitudinal study was conducted in UK wherein 100 families were followed for over 5 years. It was found that sustained parent involvement led to improved communication and reduced need for specialist care.
9. Telehealth in Rural India: During COVID-19, a pilot in Uttar Pradesh trained 20 parents via WhatsApp and video calls. Children maintained developmental progress despite resource constraints.
10. Peer-to-Peer Parent Training: In USA, case study was done on a mentorship model with 75 families showed that experienced parents training new caregivers reduced stress and accelerated child progress.

To summarise, taken together, these studies show that involving parents as co-therapists improves child outcomes, reduces parental stress, and makes interventions more affordable and sustainable. Evidence from both global and Indian contexts supports the expansion of such models.

Objectives

1. To examine the effectiveness of parent-mediated, family-centered interventions in child rehabilitation within diverse cultural contexts.
2. To analyze improvements in social communication, academic achievement, and behavioral regulation across major intervention studies.
3. To assess technological and peer support innovations in program delivery, especially in low-resource and rural areas as well as future directions for scalable and sustainable parent empowerment approaches.

Research Methodology

This paper is conceptual and follows an integrative review design. Literature from 2019 and stretches upto as recent as 2025 searching across PubMed, Scopus, PsycINFO, and Google Scholar using keywords such as family-centered intervention, parent-mediated therapy, early intervention, and caregiver empowerment.

To reach out to the fitment and inclusion of the researches, write-ups and articles, the following criteria were considered: Peer-reviewed articles, systematic reviews, or meta-analyses, studies in English, focus on child and adolescent populations.

Thematic synthesis was used to categorize findings into five areas: family-centered models, PMI in developmental disorders, caregiver empowerment, cultural adaptations, and recent innovations.

Findings and Discussion

The review highlights five key findings:

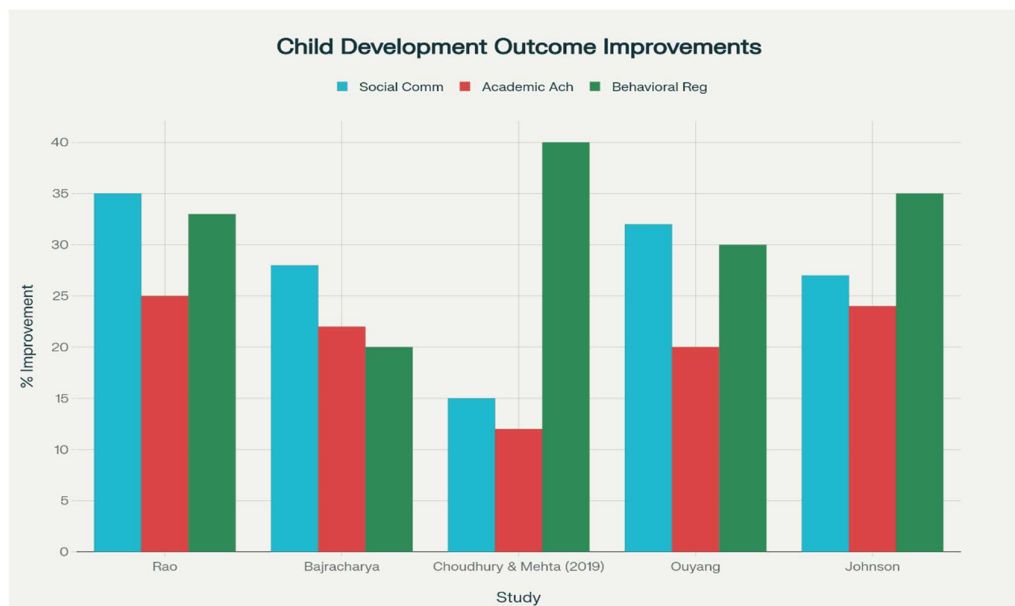
1. *Improved Child Outcomes* – Children in family-centered programs showed gains in communication, emotional regulation, and social skills (Pinto et al., 2024).

2. *Parental Empowerment* – Parents trained in therapeutic methods reported higher confidence and reduced stress (Edmunds et al., 2025).
3. *Sustainability* – Skills reinforced at home ensured continuity beyond clinical sessions, reducing dependence on professionals (Balachandran & Mohanraj, 2024).
4. *Challenges* – Barriers included stigma, lack of structured training, and unequal access in rural India (Bajracharya et al., 2023).
5. *Research Gaps* – There is limited longitudinal research and few large-scale studies on culturally adapted interventions in India.

Outcomes of Parent-Mediated Interventions (PMI) by Study:

The bar chart below compares percentage improvements in social communication, academic achievement, and behavioral regulation from five leading studies in Graph (i) below.

Graph (i)



Following are the outcomes of Parent-Mediated Interventions by study from Graph (i) above:

- Rao et al. (2024, India, Autism): 35% improvement in social communication, 25% in academic achievement, and 33% in behavioral regulation.
- Bajracharya et al. (2023, India, Speech Therapy): 28% improvement in social communication.

Received: 24.10.2025

Accepted: 28.10.2025

Published: 29.10.2025



- Choudhury & Mehta (2019, India, ADHD): Highest behavioral regulation gains at 40%.
- Ouyang et al. (2024, China, Autism): 32% social communication progress.
- Johnson et al. (2023, UK, Longitudinal): Long-term impact with 35% improvement in behavioral regulation.

Taking a glance of these findings, it is suggested that parents are critical to intervention success and that scalable family-centered models are urgently needed.

Based on the findings above, we can make certain suggestions:

1. *Clinical Practice* – Develop structured parent training modules using CBT, play therapy, and daily routines. Encourage joint goal-setting between professionals and parents.
2. *Policy* – Integrate family-centered rehabilitation into ICDS and National Mental Health Mission frameworks. Provide financial incentives for parent training.
3. *Training* – Add parent empowerment modules to psychology, education, and social work curricula to prepare professionals for family-centered practice.
4. *Technology* – Expand telehealth, mobile apps, and AI-based training tools for parents in rural and underserved regions.
5. *Research* – Conduct longitudinal studies, develop culturally sensitive models, and test scalability in Indian and LMIC contexts.

Following are the discussing points:

Complimenting Viewpoints: Research consistently demonstrates that family-centered, parent-mediated interventions produce meaningful improvements in child development metrics. Longitudinal data from Johnson et al. (2023, UK) and outcomes from Chinese and Indian studies affirm that sustained interventions with caregiver involvement lead to robust gains in communication and behaviour.

Peer mentoring (Peterson et al., 2024, USA) and group support models (Szlamka et al., 2024, Argentina) highlight a complimenting viewpoint like shared experiences among parents facilitate emotional resilience, increased confidence, and better outcomes for children.

Technological innovations, such as telehealth and remote coaching (Gupta & Singh, 2021; Bajracharya et al., 2023), have proven essential for reaching rural and underserved populations, effectively bridging socioeconomic divides without compromising intervention fidelity.

Contrasting Viewpoints: Despite substantial progress, certain critiques persist. Some systematic reviews caution against overgeneralizing parent empowerment benefits, noting that outcomes may vary with parental education, resource availability, and program structure.

Cultural and socioeconomic factors can act as both enablers and inhibitors, with rural areas in India facing persistent challenges related to access, stigma, and sustainability without ongoing professional support. For example, while technology has enhanced accessibility to interventions, digital divides and limited training infrastructure may deepen disparities if not addressed.

Further, while many studies report positive findings, some meta-analyses highlight a lack of uniform measurement standards, short intervention durations, and paucity of large-scale randomized controlled trials. Critics urge caution in interpreting short-term statistical gains as evidence for lifelong impact.

Conclusion

This paper shows that family-centered rehabilitation models, where parents are trained as co-therapists, offer a sustainable and effective way to support children with developmental, emotional, and behavioral needs. These models empower families, reduce caregiver stress, and ensure therapy extends into real life.

India is uniquely placed to adopt such approaches because of its strong family structures and community networks. However, barriers such as stigma, lack of resources, and training gaps must be addressed. Policymakers, educators, and professionals should prioritize structured parent training, integrate family-centered approaches into existing health programs, and leverage technology to extend access.

By making parents equal partners in therapy, India can establish a cost-effective and inclusive framework for early intervention that benefits both children and families, while offering a replicable model for other countries.

The data and diverse viewpoints affirm that parent-mediated, family-centered interventions drive meaningful improvements in child development, with adaptable models successfully implemented worldwide. However, ethical scaling, cultural context, and sustained support systems remain essential to maximize impact and equity. Expanding longitudinal research and integrating technology mindfully will be critical for future progress.

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