Becoming a parent is one of life's most anticipated and celebrated events. Having a child with special needs places unexpected challenges and stress upon that originally envisioned role (Hansen, 1990; McKelvey, Fitzgerald, Schiffman, & von Eye, 2002; Park, 1983). Parents are faced with issues of loss of a personal dream, acceptance of the child, and their own altered role as parent of a child with special needs, in addition to the repercussions on relationships with their spouse and other family members. (Dyson, 2010; Hansen, 1990; McKelvey et al., 2002; Park, 1983; Roach, 1999; Sidebotham, 2001, Sperling & Mowder, 2006; Weiss, Cappadocia, MacMullin, Viecili, & Lunsky, 2012).

The parents of a baby who appears essentially 'normal' and then, as he develops, begins to display behavior or activities seen as atypical or inappropriate are faced with a totally different experience of parenting (Barkley, 1988; Hansen, 1990; Harris, 1994; Poldoski, 2001; Schulterman, 2002; Volkmar & Wiesner, 2009; Weiss et al., 2012). Parents of a child with Asperger Syndrome will frequently report a similar experience of having a 'typical', loving,
sweet toddler who suddenly begins to manifest unexpected behaviors when faced with entry into an expanded social environment with peers (Donnelly, 2008; Harris, 1994; Szatmari, 1991; Szatmari, Bartolucci, & Bremner, 1989; Szatmari, Tuff, Finlayson, & Bartolucci, 1990; Volkmar & Wiesner, 2009). These children are typically verbal and show determined interests in areas of their choosing (i.e., trains, videos, numbers and facts) while contending with compromised social communication understanding and capabilities. These types of behaviors continue, and at an age when most children of 6 to 7 years find daily routines to be familiar and generally calm, the children with AS find things to be increasingly stressful and difficult. They are faced with increasing demands on academic and social performance that can easily escalate into acting-out and disruptive behaviors. They will make repeated inappropriate efforts to interact with a peer and continue to repeat the unsuccessful overture becoming increasingly frustrated and ultimately acting out. (Attwood, 2007; Barnhill, Hagibara, Myles, Simpson, Brick, & Griswold, 2000; Dewey, 1999; Dissanayake, 2004; Harris, 1994; Harris & Powers, 1984; Myles & Adreon, 2001; Myles & Simpson, 1998; Tantum, 2000).

Similarly, the parents of these youngsters with AS are faced with increasing day to day pressures to cope, while contending with the repercussions from their child’s trying and difficult episodes, being stigmatized as parents, along with the added dimensions of parental guilt and limited resources for treatment or respite (Cash, 2006; Hetzel, 2005; Myles & Simpson, 1998; Schall, 2000; Sofronoff & Farbotko, 2002).

Although an increasing body of research has been conducted to address students with AS and their needs, there has been limited study of their parents, i.e., the parent’s needs, their parenting experiences and parenting behaviors. (Cash, 2006; Hetzel, 2005; Pakenham, Sofronoff, & Samios, 2004). Yet, references are repeatedly made within these studies to the important role parents play in the child’s life and the crucial need to include them in the planning, behavior management, and skill development. (Attwood, 2007, 1998; Barnhill et al., 2000; Klin, Volkmar, & Sparrow, 2000; Myles & Adreon, 2001; Ozonoff, Dawson, & MacPhtard, 2002; Schuntermann, 2002; Tantum, 2000).

The result has been to offer parents group gatherings that focus on ways to help support and guide the child (Cash, 2006; Hetzel, 2005; Pakenham, Sofronoff, & Samios, 2004; Renty & Roeyes, 2006; Sofronoff & Farbotko, 2002). Little has been done beyond the cursory questions and addressed student - family information identifying who in actuality these parents are. The previous studies only considered one common factor, a child with AS. Do the participants in these studies present with other common factors, experiences or insights? Are they distinctly different, the dynamically diverse? Experienced clinicians will caution us to consider the importance of being reflective with our approach and highlight the ‘importance of insight into psychodynamic process that may be critical to an understanding of [the parent]’ (Stein, Jallined, & Wells, 2004, p.S96).

Important aspects include an appreciation of the parent’s experiences as a child being parented and if it has carried over into their present relationships and relationship to this child. How has the experience of having this child changed or altered the parent’s sense of competency? Are there signs of increased stress, depression and disappointment? Or is there an innate sense of identification with the child and his/her needs and struggles?

There is a vital need to better understand and appreciate the parents of children with AS. If professionals in education or support services for these families are to expect parent to fulfill demands placed upon them by the child’s needs, schools, family and community, they must have a clear appreciation of the parents’ own personal experiences and parenting perceptions and behaviors. When the vast majority of focus and immediate demands are centered upon dealing with the child’s needs and behaviors, getting a proper diagnosis, providing appropriate services and educational support, the parents become a secondary level of focus or concern. However, the parents are the primary support and initial