

# Similarities and Differences in Perceptions of Parents of ASD and Typically Developing Children:

## Parenting Skills, Children's Qualities, and Protective Factors Against Stress

By:

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# Introduction

- The level of stress perceived by parents of children with ASD is significantly higher
- This stress can have a negative effect on parents':
  - Mental health
  - Social relationships
  - Spousal relationships
- Some moderators of this stress have been identified:
  - Extra- and intra-familial pressures
  - Parents' perception of their own situation
  - Parenting programs participation

(Bristol et Gallagher, 1986 ; Eisenhower et al., 2005 ; Gardou, 2002 ; Giarelli et al., 2005 ; Pelchat et al., 1998; Sanders et Morgan, 1997 ; Sénéchal et des Rivières-Pigeon, 2009; Shank et Turnbull, 1993; Tétreault et Ketcheson 2002)

# Objectives

1

To compare the perceptions of parents of ASD and typically developing children with regards to their parenting skills and social network support

2

To discover the strengths and resilience factors specific to families of autistic children so that parenting programs can be adapted consequently

# Methodology

## Questionnaires

Taken from the « **Moi comme parents** » package (Lavigneur, Coutu, Dubeau, 2008).

## Analysis

- Frequency distribution
- Categorization
- Fisher tests

# 2 groups

## Typical

## ASD

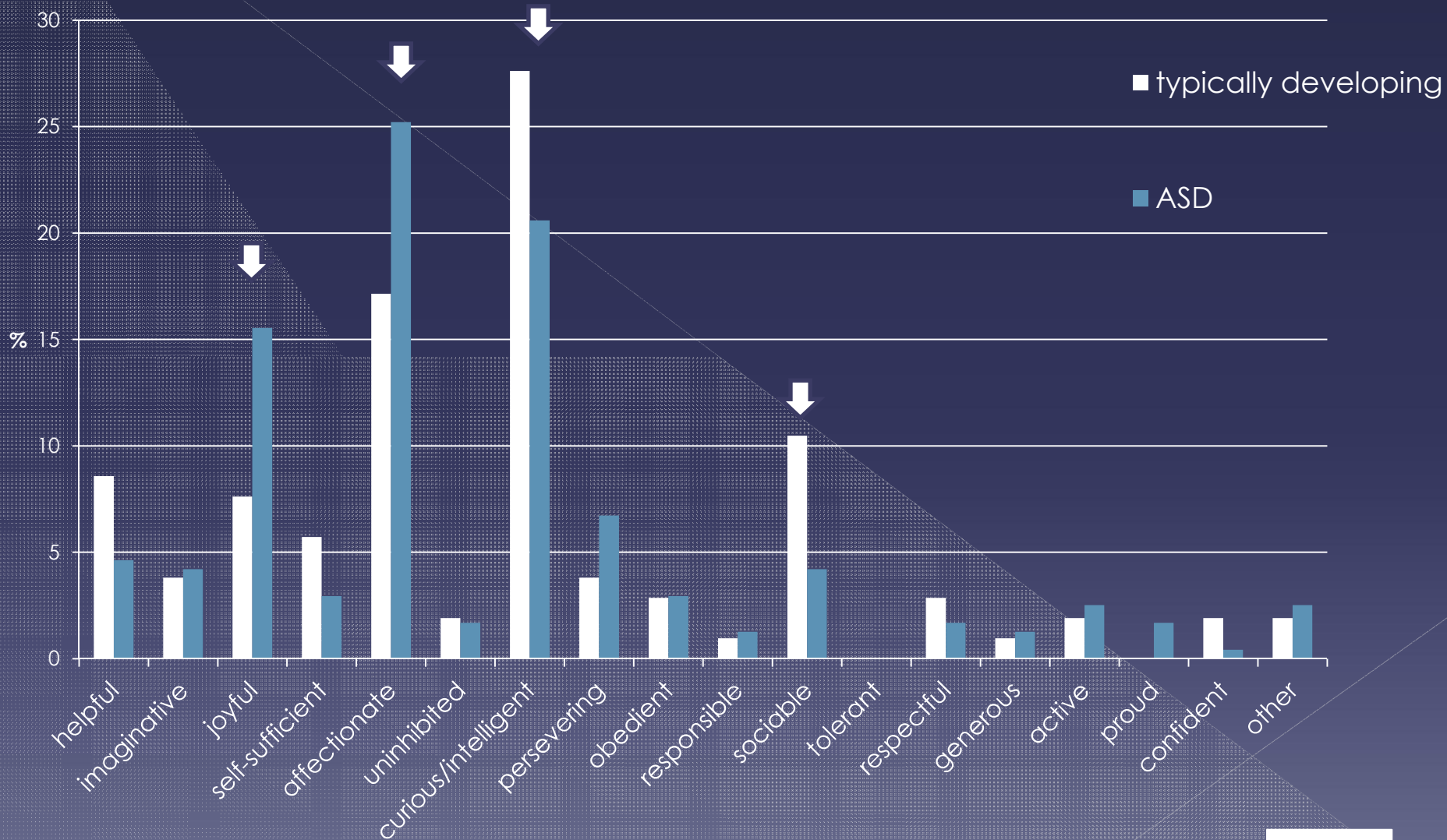
<b>n</b>	35
<b>Average age</b>	59.06 months
<b>Sex</b>	24 boys 11 girls
<b>Family Status</b>	32 united families 3 single-parent families

<b>n</b>	80
<b>Average age</b>	67.67 months
<b>Sex</b>	67 boys 13 girls
<b>Family Status</b>	73 united families 7 single-parent families

## Both

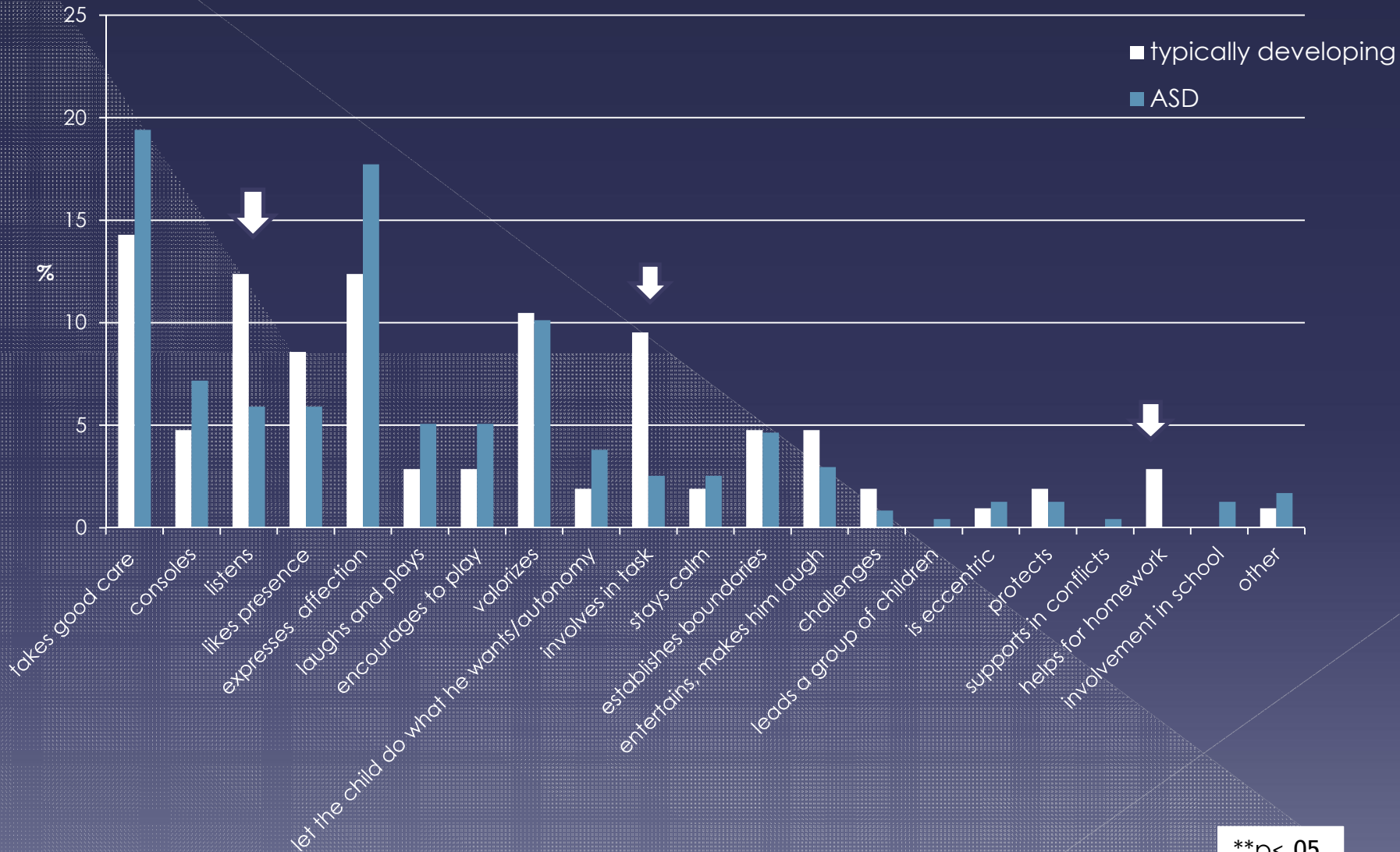
<b>n</b>	115
<b>Average age</b>	63.37 months
<b>Sex</b>	91 boys 24 girls
<b>Family Status</b>	105 united families 10 single-parent families

# Quality of my child



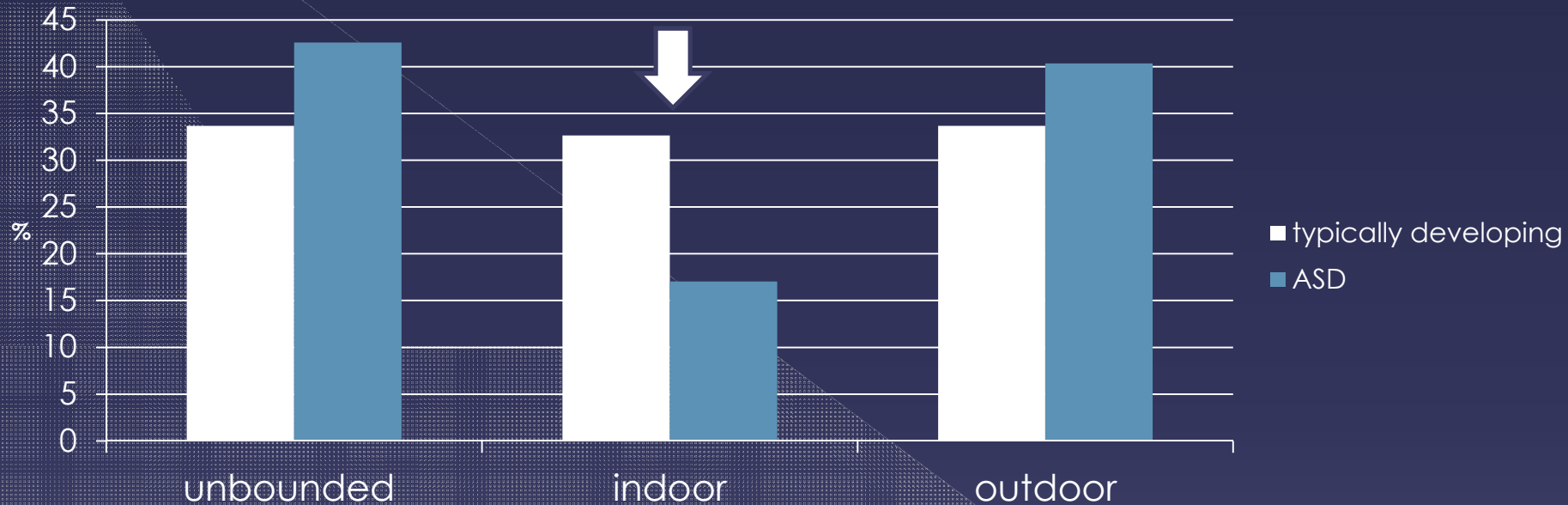
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# Parenting skills



\*\*p<.05

# Shared activity by nature of the activity



unbounded

- Cradle, sing
- Read a book
- Have fun
- Watch TV or a movie

indoor

- Draw, handcraft
- Cook
- Prepare a party
- Play indoor

outdoor

- Go shopping
- Play outdoor
- Have a picnic, go out
- Play in water/swim
- Explore nature
- Watch machines work

\*\*p<.05

# Recovering activities



- Films or TV
- Rest, sleep
- Music
- Privacy, intimacy
- Handcraft
- Read, write
- Computer
- Physical care
- Relaxing bath

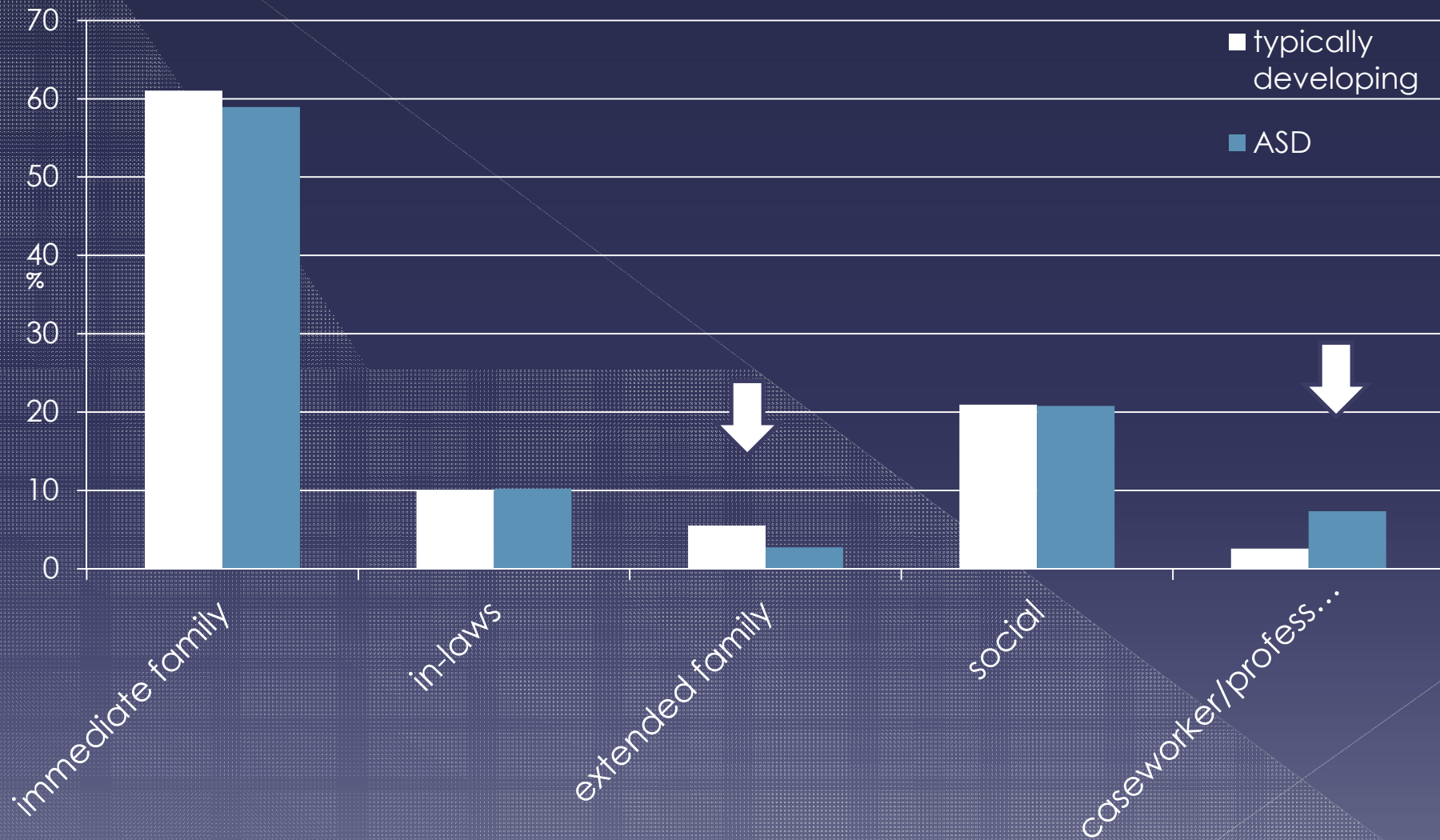
- Go out with spouse
- Go out with friends
- Exchange group
- Shopping
- Social outing

- Go for a stroll
- Physical training
- Team sport
- Open air

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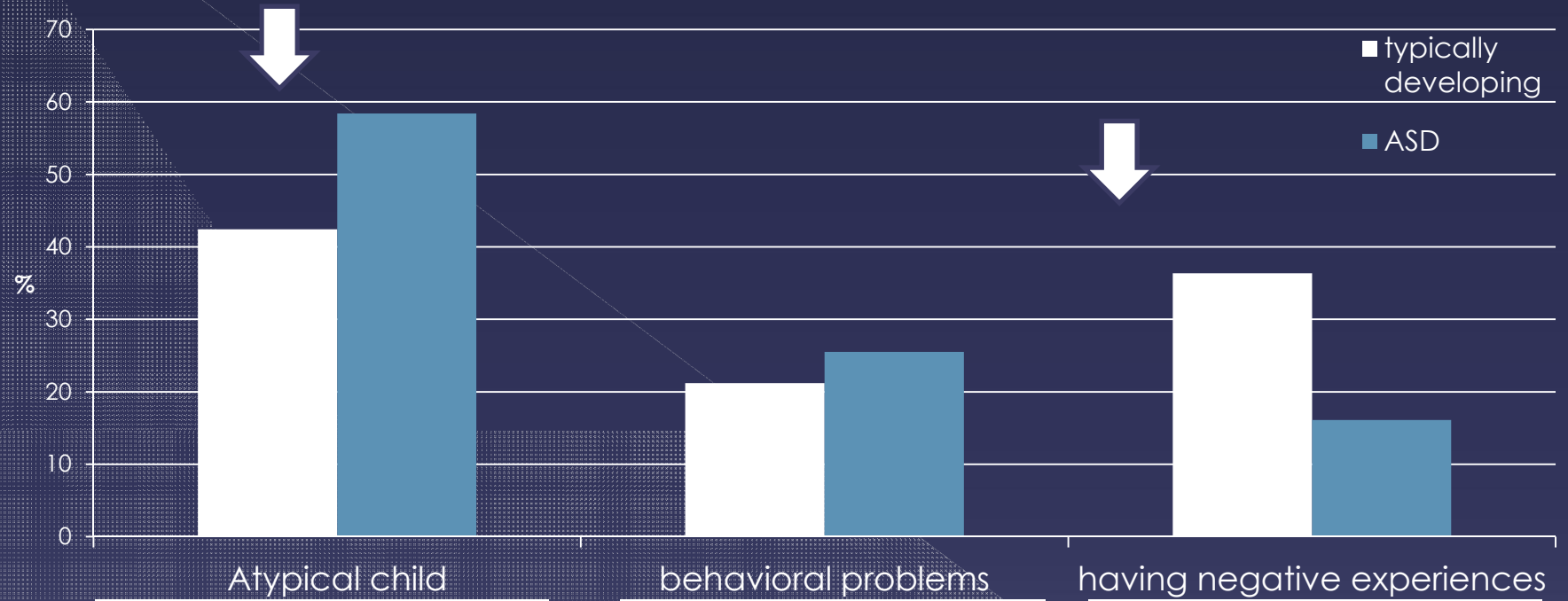


# Social network



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# By nature of the concern



- Atypical child
- **Delay in development\*\*\***
  - **Health problems\*\*\***
  - Problem child
  - Rejected, no friends
  - Not ready to go to school

- behavioral problems
- Behavior problem
  - Agitated, unruly, oppositional behavior
  - Hyperactive

- having negative experiences
- Abuse in school/day-care center
  - Bad influence of spouse
  - **Accusations of poor parenting\*\***
  - Non-viable society

\*\*\*p<.001

\*\*p<.01

\*p<.05

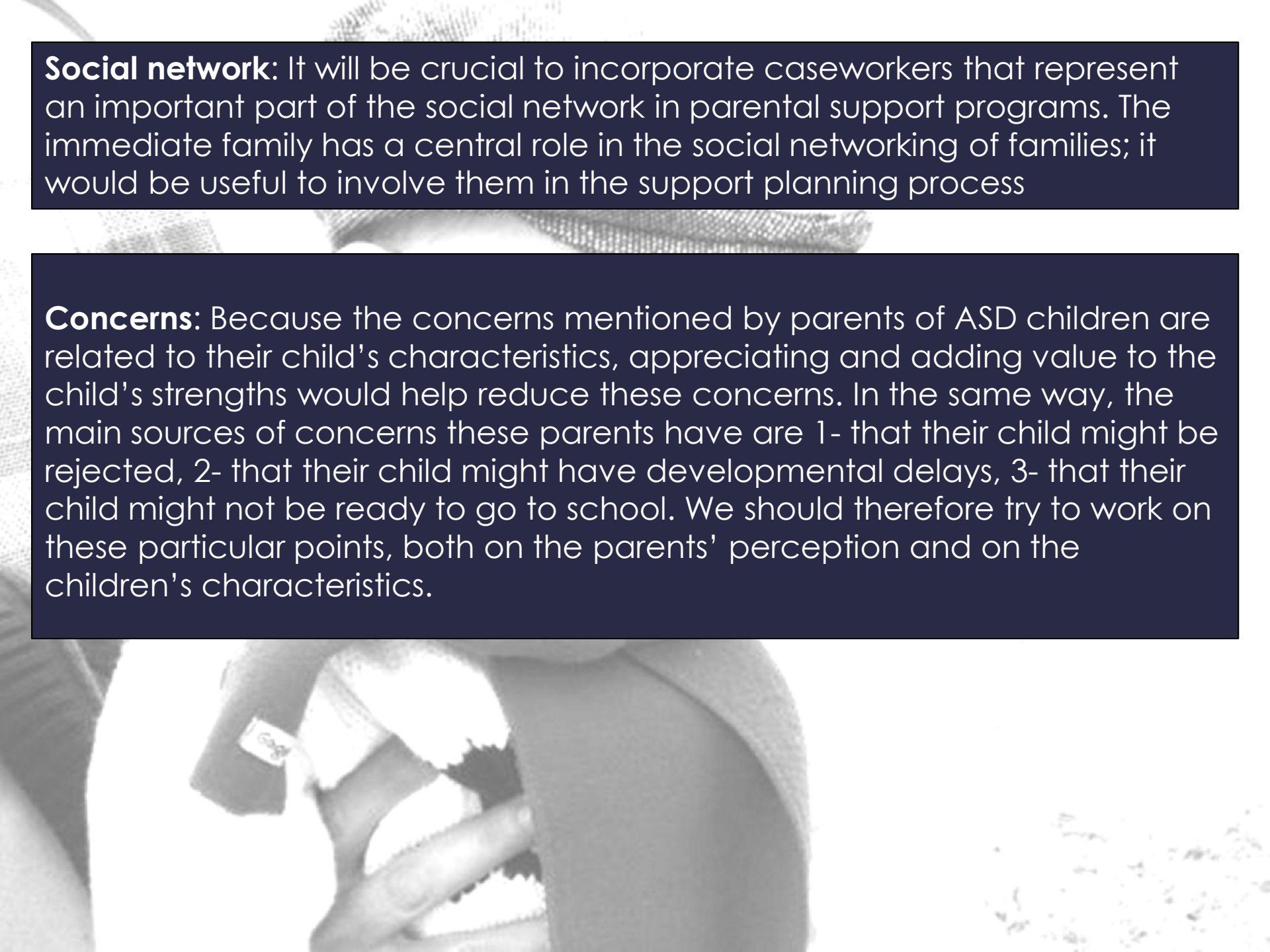
# Conclusion

**Qualities** : Parents of ASD children have named qualities that are not associated with autism to describe their child. Caseworkers working with these families should let them express the perception they have of their child in order to meet their needs more effectively.

**Parenting skills**: It's important to appreciate the priority of parents of ASD children in regards to their child difficulties to add value to their parenting skills.

**Shared activities**: It seems necessary to put the emphasis on parent-child outdoor activities.

**Recovering activities**: Parents of ASD children seem to have the need for social outings to relax. Caseworkers should take this into account when they suggest activities they could do.



**Social network:** It will be crucial to incorporate caseworkers that represent an important part of the social network in parental support programs. The immediate family has a central role in the social networking of families; it would be useful to involve them in the support planning process

**Concerns:** Because the concerns mentioned by parents of ASD children are related to their child's characteristics, appreciating and adding value to the child's strengths would help reduce these concerns. In the same way, the main sources of concerns these parents have are 1- that their child might be rejected, 2- that their child might have developmental delays, 3- that their child might not be ready to go to school. We should therefore try to work on these particular points, both on the parents' perception and on the children's characteristics.

# Thank you !

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# References

- Bristol, M. M., Gallagher, J. J. (1986). Research on fathers of young handicapped children : Evolution, review, and some future directions, in Gallagher, J.J., Vietze, P.E., eds., *Families of Handicapped Persons : Research, Programs and Policy Issues*, Paul H. Brookes, Baltimore, 81-100.
- Eisenhower, E. A. S., Baker , B. L., Blacher, J. (2005) Preschool children with intellectual disability : syndrome specificity, behaviour problems, and maternal well-being. *Journal of Intellectual Disabilities*, 49, (9), 657-71.
- Gardou, C.(2002). *Professionnels auprès des personnes handicapés, Le handicap en visage 4 ou encore Parents d'enfant handicapé*. Paris : Éres
- Giarelli, E., Souders, M., Pinto-Martin J., Bloch, J., Levy S. E., 2005, Intervention pilot for parents of children with autistic spectrum disorder, *Pediatric Nursing Journal*, 31, (5), 389-99.
- Lavigneur, S., Coutu, S., Dubeau, D. (2008). *Moi, comme parent...un coffre d'outils pour donner la parole aux mères et aux pères*. Groupe de recherche QEMVIE, Université du Québec en Outaouais. Atelier 2-02, 2e Congrès biennal du CQJDC, 30 octobre 2008.
- Lavigneur, S., Coutu, S., & Dubeau, D. (2001). L'intervention auprès des familles à risque. Une approche multimodale qui mise sur la résilience. Dans L. LeBlanc & M. Séguin (Éds), *La relation d'aide. Concepts de base et interventions spécifiques* (pp.171-220). Chapitre 7. Outremont : Les éditions Logiques.
- Pelchat, D. (1998). *Effets longitudinaux d'un programme d'intervention infirmière familiale systémique sur l'adaptation des familles suite à la naissance d'un enfant avec une déficience [rapport de recherche]*, Université de Montréal, Faculté des sciences infirmières.
- Sénéchal, C., & des Rivières-Pigeon, C. (2009). Impact de l'autisme sur la vie des parents. *Santé mentale au Québec*, 34, (1), 245-260.
- Sanders, J., & Morgan, S. (1997). Family stress and adjustment as perceived by parents of children with autism or Down syndrome: Implications for intervention. *Child and Family Behavior Therapy*, 19, 15–32.
- Shank, M. S., Turnbull,A. P. 1993, Cooperative family problem solving :An intervention for single-parent families of children with disabilities, in Singer, G.H. and Powers, L.E., eds., *Families, Disability and Empowerment : Active Coping Skills and Strategies for Family Interventions*, Brookes, Baltimore, 231-254.
- Sussman, F. (2006). *TalkAbility. People's skills for verbal children on the autism spectrum. A guide for parents*. Toronto: Hanen Center publication.
- Siegel, S. (1956), *Nonparametric statistics for the behavioral sciences*. New York: McGraw-Hill. 1956 p. 102.
- Tétreault, M. K., Ketcheson, K. A., 2002, Creating a shared understanding of institutional knowledge trough an electronic institutional portfolio, *Metropolitan Universities : An International Forum*, 13, (3), 40-49

