

Hartley Lab Newsletter

University of Wisconsin-Madison

FEBRUARY 2016

Thank you for being a part of our study on **Family Outcomes in Autism Spectrum Disorder**. We have learned so much from you! We would like to provide you with an update as we are now beginning our third year of data collection. The overall goal of the study is to understand the dynamics of families who have a child with autism spectrum disorder (ASD). Specifically, we are interested in how the experiences and well-being of family members are linked overtime to both a day-to-day level and from one year to the next.

We hope to learn about both the challenges and triumphs experienced by families of children with ASD, and to understand the processes that promote optimal development and well-being in children with ASD as well as their family members. The purpose of this newsletter is to give you an update on some findings from the study as well as putting you in touch with other ASD research and local resources.

In this Issue:

Study Update

Findings: Parental

Attributions

Findings: Spillover

A Look into the Future

Our Lab

Beliefs about the Positive Behaviors of Children with Autism Spectrum Disorder

Paige Bussanich, Sigan Hartley, & Daniel Bolt

Within ASD research, there has been an overwhelming focus on the negative behaviors of child with ASD and their impact on parental outcomes such as psychological well-being and quality of the parent-child relationship (e.g., Hudry et al., 2013; Lecavalier et al., 2006). In contrast, only a handful of studies have examined the association between the *positive* behavior of children with ASD and parental outcomes. Research on the general population indicates that children's *positive* behaviors are linked to parental psychological well-being and quality of the parent-child relationship (e.g., Clark & Ladd, 2000; Kochanska et al., 2013). However this association depends on *parental attributions* or beliefs about what caused the behavior).

Parents attempt to make sense of their child's behavior and this attributional process shapes their reactions (Dix, Ruble, Grusec, & Nixon, 1986; Josen & Ohan, 2005). Parental attributions can involve three dimensions: *locus of control*, *stability*, and *controllability*. *Locus of control* relates to whether or not the behavior is believed to be *internal*



Article continued...

(i.e., due to personality trait or skill) or *external* (i.e., due to something in the environment) to the child. *Stability* relates to beliefs about how permanent the cause of the behavior is (i.e., *unstable*, and will pass with time, to *stable*, and will continue). *Controllability* relates to beliefs about how *controllable* the behavior is by the child (i.e., *uncontrollable*, and not something the child can alter if s/he wanted, to *controllable*, and something the child can alter if s/he wanted).

We wanted to understand *parental attributions* for the *positive* behavior of children with ASD and their association with parental outcomes. In total, 183 couples who had a child with ASD (aged 5-12 yrs) participated in the study. The mean age of parents was 39 yrs and 72% had a college degree. Parents described a recent incident in which their child with ASD did a good behavior (i.e., *positive* behavior) and rated their agreement with 12 statements regarding the cause of this behavior.

We found that, on average, parents believed that their child with ASD's *positive* behavior was due to factors that were *internal* to the child, *stable*, and *controllable* by the child than the child with ASD's *negative* behavior problem. This suggests that parents tend to give their child with ASD credit for *positive* behaviors, believing that these behaviors are due to skills or traits in the child and are *controllable* by the child as compared to their beliefs about the child's *negative* behavior problem. Believing that the child with ASD's *positive* behavior was due to factors that are *stable* by the child was related to having a closer parent-child relationship in both mothers and fathers and was related to more positive mood in mothers. Moreover, believing that the child's *positive* behavior was due to factors that were *internal* to the child was associated with positive mood in mothers. Believing that the *positive* behavior was due to factors that were *controllable* by the child was related to a closer parent-child relationship in mothers. Believing that a factor *internal* to the child, *stable*, and *controllable* by the child caused the *positive* behavior may lead to feelings of pride and joy related to the child's role in fostering good behavior and feelings of hope and optimism that the positive behaviors will continue.

Implications from the Study:

- Parent beliefs about the cause of child behavior problems, not just the frequency of these behaviors, are important. Parents who believe that their child with ASD is causing and has control over their positive behavior experience more positive mood and feel closer to their child.
- Parents should be encouraged to give their child credit for their good behaviors. Even if other factors contributed to the good behavior, the child with ASD did as well.
- Pointing out good behavior and praising children for their efforts in causing this behavior can help encourage the behavior to occur more often. Tell your child exactly what it is that you like. For example, "I love the way you shared your book with your sister". When children get praised, they're likely to want to keep up the good behavior.
- Consider rewards. A reward is a consequence of good behavior. It's a way of saying 'great job'. It could be a treat, a fun activity, or an extra privilege. Rewards can make praise and encouragement more effective.
- More information about rewards and how to use reward charts can be found at:
<http://www.supernanny.co.uk/Reward-Charts.aspx>

Spillover of Marital Interactions in Families of Children with Autism Spectrum Disorder

Sigan Hartley, Lauren Papp, & Dan Bolt

Parents of children with ASD report a higher level of parenting stress than parents of children without disabilities and parents of children with other types of disabilities (e.g., Ekas & Whitman, 2010; Hartley, Seltzer, Head, & Abbeduto, 2012). Little is known about how day-to-day level of parenting stress affects or is affected by other family domains such as the marital relationship. The present study examined spillover between level of parenting stress and *negative* and *positive* marital interactions in couples who had a child with ASD using a 14-day daily diary.

A total of 176 families who had a child with ASD were included in this study. About half of the families had a household income below \$85,000. Children with ASD were all between the ages of 5 and 12 yrs. The majority of children were male. All families lived within 3 hours from Madison, WI.

Parents completed a 14-day daily diary in which they reported on daily experiences including their marital interactions and level of parenting stress. Parents were given the option of completing the daily diary online (94%) or using an iPod Touch that did not require internet access (6%). Examples of *positive* marital interactions reported on each day were: shared a joke or funny story, gave a compliment, kissed or hugged, had sex, communicated positive feelings toward. Examples of *negative* marital interactions reported on each day were: avoided talking to or being around, made a critical comment, expressed frustration or anger, and was impatient or short tempered with partner.

Findings indicated that higher levels of parenting stress occurred on days that mothers and fathers of children with ASD experienced a higher number of *negative* marital interactions (e.g., expressed anger or frustration with partner). Mothers of children with ASD also experienced a lower number of *positive* marital interactions (e.g., communicated positive feelings or did fun activity) on days that they experienced a higher level of parenting stress.

We then tried to figure out what comes first. Does parenting stress influence marital interactions? Or, do marital interactions influence parenting stress? We found that both directions of effects are true for mothers. For mothers, having a day with a higher level of parenting stress predicted a lower number of *positive* marital interactions the following day. Thus, a higher level of parenting stress does not lead to more *negative* marital interactions, on average. Instead, a higher level of parenting stress lowers emotional resources, leaving mothers of children with ASD less likely to engage in *positive* marital interactions (e.g., taking the time to joke or be intimate with their partner).

In addition, having a day with a higher number of *negative* marital interactions predicted a higher level of parenting stress the following day for mothers. Thus, the negative affect, tension, and behaviors originating from *negative* marital interactions carry into parenting experiences for mothers of children with ASD.

Interestingly, fathers' level of parenting stress the previous day did not predict their marital interactions the next day or vice versa. This may mean that fathers of children with ASD are less likely than mothers to carry the emotions and stress from one context into other contexts from one day to the next.

Implications from the Study:

- Supports and services should help mothers of children with ASD find ways to engage in *positive* marital interactions on stressful parenting days, when emotional resources may be low.
- Examples include increasing respite care hours to allow for date nights. Also, encouraging parents to build in time (even if only 5-10 minutes) for joking and fun activities that they can do together.
- Research suggests that a balance of 5 to 1 positive to negative interactions is needed for a healthy relationship. Thus, lots of positive interactions are key to strong relationships.
- In addition, educational programs teaching emotional regulation strategies may help mothers and fathers of children with ASD avoid having bad marital days turn into bad parenting days. Specifically, such programs can teach strategies for managing emotions in healthy ways so that stress generated from one context is not brought into other contexts.
- Examples of emotion management strategies: exercise, maintaining a healthy diet and sleep routine, mediation, yoga, counseling, writing down feelings, and relaxation training.

Hartley Lab Contact Info

Waisman Center

1500 Highland Avenue Rm 453

Madison, Wisconsin 53705

Phone: (608) 262-8860

E-mail: hartleylab@waisman.wisc.edu

www.waisman.wisc.edu/hartleylab/



A Look into the Future

Please let us know if your contact information changes!

Future topics that our research will be focused on:

- ✓ Marital communication styles
- ✓ Sibling experiences
- ✓ Friendships
- ✓ Co-parenting behaviors
- ✓ Physiological responses during partner conversations

The Hartley Lab is located at the Waisman Center, University of Wisconsin-Madison.

The principle investigator is Dr. Sigan Hartley, Associate Professor of Human Development and Family Studies

COMMUNITY RESOURCES 2016

FAMILY SUPPORT

Wisconsin Family Center

The WI Family Assistance Center for Education, Training, & Support (WI FACETS) offers a wide range of resources, including Support Groups and trainings on Parent/Youth Leadership Development.

<http://www.wifacets.org/>



Respite

Respite care providers can support children, giving you time to take care of yourself. The Respite Care Association of Wisconsin has a statewide directory.

<http://respitecarewi.org/>



Parent Support

Parent to Parent is a wonderful network for parents of children with Autism and other disabilities.

<http://www.p2pwi.org/>



Activities

WI FACETS

WI FACETS has a year-round calendar of training events for families of children with disabilities and those who support them. Found at: <http://www.wifacets.org/events>

Special Olympics

Special Olympics is a great way for your child with ASD to make friends, discover their talents and stay fit.

<http://www.specialolympicswisconsin.org/>



Special Olympics
Wisconsin

Health

CYSHCN

The Child and Youth with Special Health Care Needs (CYSHCN) website offers resources on health care services for children with ASD. Their regional resource centers can assist you with any question.

<https://www.dhs.wisconsin.gov/cyshcn/overview.htm>

Call: 800-532-3321

ABC for Health, Inc

Advocacy and Benefits Counseling for Health (ABC for Health, Inc.) is a public law firm serving families with special needs.

<http://www.safetyweb.org/index.html>

24 Hour Hotline

Wisconsin First Step has a 24 hr. hotline for assistance in finding Autism resources. Call: 800-642-7837

Compass Wisconsin Threshold

Compass Wisconsin Threshold is also a one-stop resource for public supplemental and general health coverage eligibility and applications. Your family may be eligible for the following programs: Katie Beckett Program, Family Support Program, Community Options Program, or Children's Long Term Support Waiver

<http://www.compasswisconsin.org/>