

# Parenting Styles and Parents' Perspectives on How Their Own Emotions Affect the Functioning of Children with Autism Spectrum Disorders

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*The grounded theory method was used to analyze the parenting styles used by caregivers to rear children with autism spectrum disorders (ASD) and to investigate parents' experiences regarding how to help their child overcome the symptoms. Thirty-two parents from 28 families of children with ASD in mainland China were interviewed. Analysis of interview transcripts revealed four patterns of parenting styles which varied in affiliation to the roles of caretaker and coach. Based on their experience, a sizable group of parents perceived that their own emotions influence the child's emotions and his/her symptoms. The results suggest the value of developing intervention programs on emotion regulation and positive parenting for the parents of children with ASD.*

*Keywords: Autism Spectrum Disorder; Parenting Style; Emotion Transmission; Emotion-Symptom Link*

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Autism spectrum disorder (ASD) is a developmental disorder which characterised by impairment in social interaction and communication, restricted interests, and high repetitive behaviour (American Psychiatric Association, 2000). Because of its relatively high incidence, neurological, and hereditary nature of effect in emotion and cognition, it has received much attention in recent years.

Rearing a child with ASD is a great challenge for parents. A Caselle et al. (2012) argued, the diagnosis of ASD is a traumatic event affected families. Such parents might suffer from post-traumatic stress and a deep psychological shock of the professional difficulties such as hostility, self-consciousness, and depression. A number of studies have demonstrated that the parents face numerous difficulties and emotional problems in the health of children's hospitalization and hospitalization (Ingevoll & Hambick, 2011; Rao & Beidel, 2009; Wei, 2002). Beliefs regarding parenting affect the diagnosis. Such parents are more likely to believe the absence of competence in healthcare taking role compared with hospital parents (Hall, Roe, & McDonald, 2005; Kahn & Caselle, 2006; Meichan, Roe, & Warren, 2010).

Children's physical/developmental disabilities and parental mental health and parenting process are interrelated in a bidirectional manner. There has been some evidence that parental stress and parenting self-efficacy influence the functional improvement of

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children. For example, Binkley, Seifer, and Samek (1994) found that parental reading and educational level of children in the national database. In another study, using a sample that included children with physical disabilities, in the national database, and ASD, a longitudinal study of the mother-child dyad and children's progress in learning a word (Robbins, D'Nap, & Plien, 1991). In line with the specifically about children with ASD, it has been found that parental reading effectiveness of early intervention (O'Brien, McHugh, Sander, & Reed, 2008a). Longitudinal effectiveness among parents in the social and emotional engagement in children's activities (O'Brien & Reed, 2010).

Although the evidence has given much attention to parental reading effectiveness in children with ASD, parental reading practices themselves seem to have been largely overlooked. Existing research has shown that parents of children with ASD make more effective use of the developmental of their special children and the more specialized parenting behavior compared with parents of other children (Lambert, Van Leeuwen, Boonen, Mae, & Noen, 2011). In line with this, Tai, Tai, and Long (2008) found that parents in general are the role of coach in their role as a caregiver. The parents of an autistic child are more likely to help their children on speech, motor, and social skills. Such a dual role is considered to be an important feature of parenting in families of children with ASD (Hoogen & Woodgate, 2012; Tai et al., 2008). Although the evidence of the effectiveness of parenting practices in families of children with ASD, they did not explore how parenting practices influence the child.

Therefore, although the evidence has revealed that some parental factors, such as parental reading and parental effectiveness, might be associated with the functional impairment of children with ASD, few studies have empirically tested approaches to parenting and parental perception of how their parenting practices help their children. To fill this gap in the literature, this study aimed to (1) obtain an independent understanding of parenting approaches in families of children with ASD and (2) learn about parents' experience regarding how to help their children overcome their impairment.

This study focuses particularly on families of children with ASD in mainland China. Although it has been more than 20 years since autism was first diagnosed in China, there is still a lack of information about the awareness of his diagnosis in the society and among family members. Shock and confusion are common reactions of families receiving the diagnosis (McCabe, 2008b). Because of the lack of formalized educational program and a comprehensive educational program, parents have to look for the parents and educational program themselves (Clark & Zhou, 2005; McCabe, 2008a). Furthermore, the mother's educational level is often a barrier to the family's home education program acceptance and choice of each child at home (Huang, Jia, & Wheeler, 2012; Snel, et al., 2013). Because of this situation, parents' attitude, belief, and behavior toward their child with ASD likely play a decisive role for the child's prognosis. Unfortunately, the evidence about the parenting practices of parents of children with ASD in China is scarce. To our knowledge, this is the first online investigation on parenting in families of children with ASD in mainland China.

## METHOD

### Design

Aggregated thematic approach was selected for this study. This method involves generating new hypotheses and conceptualizing about a particular phenomenon using an inductive and phenomenological approach (Corbin & Strauss, 2008). Because there has been limited theoretical and empirical research on parenting children with ASD in mainland China, the aggregated thematic method was considered to be the most appropriate methodology for this study.

## Participants

Participants were recruited via an advertisement on the co-pondering a ho' blog, which mainly in od ce popula cience on child p cholog . Inclusion a e e ic ed o ca egi e ho ook p ima e pon ibili fo he ca e of child en diagno ed i h ASD b a child p chia i . Familie ho e p e ed in e e in he d e e con- ac ed of he e if he diagno i of he child and o e plain he d . Tho e ho me he incl ion cie ia e e in i ed o pa icipa e in emi- c e in e ie .

Ten -eigh familie f om fo cie in mainland China pa icipa ed in he in e - ie . In o al, 32 pa en pa icipa ed in 28 in e ie . Mo of he pa icipan e e mo he (onl o fa he e e in e ie ed a p ima ca egi e ), bo h pa en f om fo familie pa icipa ed, and one a n (fa he ' o nge i e ) a in e ie ed a he p i- ma ca egi e of he child i h ASD.

The mean age of pa icipan a 36.69 ( $SD = 4.54$ ) ea . Thei ed ca ional le el a - ied among high school (4), college deg ee (16), ma e ' deg ee (10), and doc o al deg ee (1). A li ed in Table 1, he mean age of he child en a 6.75 ea ( $SD = 4.36$ ). Ten - e en o of 28 child en e e bo and onl one a a gi l. Ten - h ee e e he onl child in hei famil and fi e had ibling . Mo child en had ecei ed mo e han one pe of in e en ion, i h applied beha io al anal i and en o in eg a ion aining being he mo common l ed.

## Data Collection

Eigh g o p of g ad a e den ho e e aking he co e "Famil The ap e e ained o cond c he in e ie . Each g o p a compo ed of o o h ee in e iga o . Fo each in e ie , one in e iga o a p incipall in cha ge of a king e ion hile he o he ook ob e a ional no e and a ked addi ional e ion o ob ain de ail o o cla if pa icipan ' poin . Fo he eigh local familie in Beijing da a e e collec ed b face- o-face in e ie , and in e ie b elephone e e ed fo he 20 familie loca ed in o he cie . Each of he in e ie la ed 1-2 ho . Pa icipan e e a ked he fol- lo ing e ion : (1) Wha e e o child' ini ial mp om and hich famil membe no iced hem fi ? (2) When and he e did o child ecei e he diagno i and ha e e o eac ion a he ime? (3) In od ce all he in e en ion p og am o child ha e e pa icipa ed in. Wha o hink of hem? (4) Wha a e o ie on a i m, and ho do o ie o child? (5) Acco ding o o ob e a ion , ha help o e come o child' mp om ?

All he in e ie e e ape-eco ded i h pe mi ion. Fo he face- o-face in e ie , e p e ion, po e, and o he non e bal ign e e collec ed o alida e and e pand pon he e bal info ma ion. Fo in e ie b phone, one and o he ali ie of he oice e e al o no ed.

## Procedures

Befo he in e ie e ion, a con en fo m and e ionnai e on demog aphic info - ma ion and ea men e pe ience e e en o he pa en b e-mail. Af e he in e ie , pa icipan e e hanked and gi en 50RMB (a o nd \$8). Ve ba im an cip of he ape-eco ded in e ie a ell a commen f om he co e ponding a ho e e en o he pa icipa ing pa en a fe da af e he in e ie . Pa icipan e e enco aged o check he e ba im an cip and o con ac in e iga o if he ho gh he e e e an mi nde anding . Af e he p oce of da a anal i , a concie e ion of he el a al o en o he pa icipan fo feedback.

TABLE 1  
*Children's Demographic and Treatment Data*

Case	Age (years/months)	Gender	Age at Diagnosis (years/months)	Birth Order (rank/total)	Intervention
1	17/10	Male	8/0	1/1	Sen o in eg a ion aining
2	5/11	Male	3/0	1/1	Applied beha io al anal i
3	7/7	Male	4/0	1/1	Applied beha io al anal i
4	6/2	Male	4/0	1/1	Psychological co n eling Applied beha io al anal i
5	9/6	Male	2/1	1/1	Sen o in eg a ion aining
6	4/8	Male	2/0	1/1	Al e na i e he ap Ph ical he ap
7	22/6	Male	6/0	1/1	Applied beha io al anal i
8	9/6	Female	2/5	1/1	Applied beha io al anal i Speech he ap
9	2/6	Male	1/8	1/1	Al e na i e he ap Ph ical he ap
10	7/1	Male	2/6	1/1	Applied beha io al anal i
11	4/11	Male	2/0	1/1	Sen o in eg a ion aining Applied beha io al anal i
12	8/0	Male	3/6	1/1	Sen o in eg a ion aining
13	5/3	Male	4/0	1/1	Sen o in eg a ion aining
14	5/8	Male	2/9	1/1	Sen o in eg a ion aining Applied beha io al anal i
15	5/1	Male	2/9	1/2	Applied beha io al anal i
16	4/6	Male		1/1	Famil he ap
17	3/11	Male	3/0	1/1	Applied beha io al anal i
18	7/2	Male	3/0	2/2	Applied beha io al anal i Al e na i e he ap
19	4/4	Male	2/4	1/1	Applied beha io al anal i Speech he ap Special da -ca e p og am Al e na i e he ap
20	5/3	Male	2/11	1/1	Applied beha io al anal i Speech he ap
21	2/0	Male	1/5	2/2	Sen o in eg a ion aining
22	6/0	Male	2/0	4/4	Sen o in eg a ion aining
23	2/6	Male	1/6	1/1	Applied beha io al anal i
24	3/0	Male	2/7	2/2( in )	Sen o in eg a ion aining Speech he ap
25	7/7	Male	2/6	1/1	Applied beha io al anal i Ph ical he ap
26	8/3	Male	3/0	1/1	Applied beha io al anal i Speech he ap Sen o peech he ap
27	3/10	Male	2/2	1/1	Sen o in eg a ion aining Ph ical he ap
28	8/5	Male	2/4	1/1	Sen o in eg a ion aining Famil he ap

### Rights of Human Subjects

This study was approved by the Institutional Review Board of the Psychology Department of Peking University. Before the initiation, participants were informed and consented.

form which had the main goal and method of her study, her professional interests, and her high educational attainment. All the participants agreed to participate and none hid anything from her. For confidentiality, identification information was eliminated and assigned to each child before data analysis. Confidentiality was strictly kept by all involved.

**Data Analyses**

Data were analyzed from the beginning to the end of the study. Generally, the analysis included data analysis, and a comparison of methods in the coding process. The types of coding were in three: open coding, axial coding, and theoretical coding. The initial code was generated from open coding in which a number of meanings were identified from line-by-line analysis followed by axial coding and theoretical coding (e.g., “a young girl is a life-time problem” as an initial code). When the formal code was created, axial coding was performed to differentiate subcategories (e.g., “a young girl is a life-time problem” as a parent’s code “effective adjustment”). Theoretical coding was finally used to identify relationships among categories (e.g., connection was made between “effective adjustment” and “positive perception of the child”; Chama, 2006).

The interview data (Chenli Yi, an experienced clinical psychologist and family therapist, Ting Zhou, and Wenling Zhou, both graduate students) were thematically analyzed and did the coding. Data analysis was conducted in a linear fashion through the data collection. The codes for each did open coding of first interview identified and generated a comprehensive list of codes based on the data from the first 15 participants. Then meeting were held to discuss code clarification and consolidation. After the identification, a codebook was developed to reflect the common themes of the participants’ data. The first 15 interviews were re-coded and remaining interviews were coded collectively based on the codebook. Discussion was held when codes had different opinions. Memo writing is an important link among themes implied by participants’ description. Theoretical coding was conducted collaboratively between the researcher, discussing the connection among themes was made.

The credibility of the data was enhanced by triangulation, having collected data by different methods (interview and observation). Confirmation of meaning with participants was done after the beginning to the end of the study. A confirmability diary was conducted by going back to the original transcript and observation notes after the coding process was completed. Peer debriefing, in which impartial peers examined general methodology, a self-reflected improvement of all involved (Lincoln & Guba, 1985).

**RESULTS**

**Parenting Styles**

Parenting styles were categorized into four types: authoritarian, authoritative, permissive, and lone (Table 2).

**Training priority**

The training-priority parents’ preference on the child in which parents placed priority on killing training for their child. Parents who had a first child were a lot of time training their child and had greater expectations for their child. The parents did not expect to find

TABLE 2  
Demographic Data of Parents Categorized in Four Parenting Styles

Parenting Style	Mean Age	Education Level				Occupation	Case Involved
		High School	Bachelor	Master	Doctor		
Training pious	38.89	1	4	3	1	Civilian (3), Housewife (2), Engineer (1), Office worker (1), Teacher (1), Company (1)	#1, 3, 4, 8, 14, 19, 25, 28
Relationship precedence	38.15	2	4	6	1	Office worker (3), Civilian (2), Teacher (2), Engineer (2), Housewife (2), Company (1)	#1, 2, 3, 9, 10, 12, 14, 18, 19, 23, 27, 28
Alone	33.89	2	5	2	0	Housewife (3), Office worker (2), Civilian (1), Teacher (1), Researcher (1), Engineer (1)	#6, 11, 13, 15, 16, 17, 21, 22, 24
Leaving alone	41.00	0	2	1	0	Manager (1), Consultant (1), Office worker (1)	#5, 7, 26

... demanding and strict. If the child did not concern a professional, the parent might punish the child: "If he performs well, I will beat him (#3)<sup>1</sup>"; "Some time he made me angry because I beat him. (#4) This kind of parent emphasized the coach role more than the caretaker role. One mother said, "I have to punish him in 24 hours and do my job to train him. (#19)

The mother alienation of the parent and the child, and the clear described the relationship between the parent and high demand in training. For example, one parent said, "I became an idiot and I am afraid of observing the diagnosis. I had to do something to make me feel better. (#19) In the training, some of the parents are a good parent in the child. In the parent's description, some kind of cognition is a socialized child and in the training. First, some parents acknowledged that the child is not able to complete the diagnosis, and they wanted to find evidence to confirm that the child is normal: "When he performed well, I thought the diagnosis was wrong. (#8) Second, although some parents said they had accepted the diagnosis, they were eager to see the child recover quickly, and, for example, "We manage him to recover as early as possible. Otherwise, he will be completely impossible. (#3) Because of the perception of getting rid of the ASD label as soon as possible,

<sup>1</sup>Beating children is a common practice in additional Chinese families. Although his behavior has been decreasing, it is still there. Because a formal legal reporting system has not been established, formal reporting can only report physical or psychological education. We usually hear it from the community and each participating parent, which contained strong appeal to not beat the child.

parents felt a sense of urgency and had high demand in training. In the training process, they seemed to have low tolerance for lapses and were easily frustrated. Being the children is a common reaction.

### **Relationship precedence**

The relationship-precedence parent is defined as the parent in which parents emphasized the importance of the parent-child relationship and put the role of caretaker over the role of coach. Typical statements included: "I think the relationship is the child's best friend" (#12) and "You have to establish a good relationship-

## Letting Alone

The label was labeled "letting alone, denoting a level in which parents had little hope for the child's improvement and had little motivation to participate in treatment. The parents (#5, #7, and #26) in the interview reported high parental involvement. One parent said "We have no good idea about how to help him, or we choose to let him be. (#7) Parents and hopelessness seemed to be the typical emotion. Negative perception of the child seemed common among high parents: one father said, "He has no special abilities. Mechanical memory is meaningless and worthless. (#5) Overall, the parents gave a low rating of coach: a mother said, "I told each of them at home, but he felt a little more. I do not teach him anything more. (#26) However, the role of caregiver was also weakened. One father who had no help in making a decision said "I did not like to talk to the child and avoided opposition to the child. (#26)

It is important to note that the role of parents in letting alone could change over time. The allowance parents in all occurred in the early age of diagnosis, when parents had little knowledge about ASD and allowed parents to engage in the process. The relationship between parents and the child's behavior was also affected by the period of intervention. When parents were engaged in the parent-child relationship (#1, #3, #14, #19, and #28). The letting alone process in all was not primarily based on the child's problem.

## Parents' Perceptions on How to Help the Child Overcome His or Her Symptoms

When asked about which factors, in their perception, helped the child overcome his or her symptoms, 23 parents expressed their opinion while nine parents (mainly of the allowance and letting alone) could not think of an effective factor. To improve factors were found based on the 23 responses obtained: (1) the relationship and emotion of the child and (2) the parent's emotion. In the interview, most parents felt that the emotion of the child influenced the child's symptoms, and the role of emotion when asked about factors affecting the child's symptoms.

Thirteen parents from 12 families, however, mainly from the training-pilot group and the relationship between parents (#1, 2, 3, 4, 6, 8, 10, 12, 19, 25, 26, 28), mentioned that, according to their observation, the symptoms of the child decreased when the child was in a positive mood; for example, "He looks just like a normal kid when he is happy. (#1) Some relationship seemed to have an impact on the child's symptoms. One mother said, "He faced a lot of difficulties when finishing his kindergarten. And he seemed, cried and exhibited unpredictable behavior all the time. (#12)

Parental emotion seemed to be a factor influencing the emotion of children with ASD. Eleven of 32 parents perceived emotional anomalies from themselves or their child (#2, 3, 8, 9, 10, 12, 13, 18, 26, 27, 28), most of them from the relationship between parents and the child. (#2) Based on the interview, both positive and negative emotion of parents seemed to have an impact on the child. For example, "If I am in a good mood, my son would be happy, (#3) and "Adult in the family is dead, and the child of an elderly. (#13) One parent mentioned a fight between the grandparent: "The father and mother became neutral and invariable. (#9)

On the basis of their perception, 13 parents from 11 families (#6, 8, 13, 17, 18, 19, 20, 22, 23, 25, 26) perceived that there seemed to be a link between parental emotion and the symptoms of their child with ASD; the families were in the letting alone or the relationship between parents and the child's behavior, from the allowance and the relationship between parents and the child's behavior, from the training-pilot group, and one from the letting alone group. Observation included the following: "The link between emotion and his problem is obvious. When I



a in a lo mood hi mp om became e e e, hile hen I a ela ed he pe fo med ela i el ell (#19); ‘When ad l , e peciall he mo he , looked an io , he child o ld be e an io and e hibi man beha io al p oblem . (#23) The pe cei ed infl -ence of pa en al emo ion on p og e in aining a al o men ioned: ‘If I a in a good mood, he co ld fini h he o k. Ho e e , if I a an io , he co ld no fini h no ma e ho m ch ime he pen (#8); ‘M mind e had a g ea infl -ence on he child. If I did no adj. m emo ion , he o ld no make an p og e in he aining. (#18)

## Perceived Feedback Loops between Parental Emotions and the Child’s Emotions and Symptoms

I eem ha he fo pa en of pa en ing e e ela ed o diffe ence in he na , e of he emo ion– mp om link. On he ba i of pa icipan ’ de c ip ion , a icio c cle eemed o eme ge in he aining-p io i pa en : pa en ’ an ie , ange , and f a ion made he child e ed and he efo e e hibi mo e mp om . In n, he child’ p oblem made pa en mo e an io : a one mo he aid, ‘M emo ion ene in o a icio c cle: hi e og e ing make me e ed and m bad mood make him e en o e. (#22) On he con a , emo ion in he ela ion hip–p ecedence pa en eemed o e hibi a i o c cle: nde he infl -ence of pa en al ela a ion and po i i e pa en ing, he child a mo e ela ed, ho ed fe e mp om , and made g ea e p og e . Pa en e e enco aged b he imp o emen of he child and became highl efficacio and ela ed. A one mo he aid, ‘I fo nd m po i i i did ha e an infl -ence on m child’ beha io . Hi p og e made me feel hopef l and eall ela ed. (#10) Some pa en ho fi he al e na ing pa en did no epo an fac o ha help o e come he child’ mp-om , i h one mo he a ing ha ‘hi p oblem come o a andom. (#13) Some of hem did men ion he emo ion– mp om link, b claim ch a ‘[I] can no con ol m emo ion (#17) e e pical. One pa en ho fi he le ing alone pa en obe ed emo ion al an mi ion be een pa en and child (#26), b he o he o had no idea abo fac o ha helped hei child en (#5 and #7).

## DISCUSSION

Taking ca e of a child i h ASD mean g ea e and diffic l fo he pa en . Con- i en i h p e io e ea ch on pa en al e , pa en in hi d epo ed in en e nega i e emo ion ch a an ie , hopele ne , ange , and po e le ne af e he diag- no i and in dail in e ac ion i h he child. The e l e ealed pa en al emo ion e e a ocia ed i h pa en ing cogni ion and beha io . Fo e ample, he g ea an ie of pa - en in he aining-p io i g o p a , all ela ed i h fail e o adj. e pec a ion ega ding p ogno i , and i mo i a ed hem o p h hei child in o in en i e aining. In con a , pa en e hibi ing he ela ion hip–p ecedence le elie ed ch an ie b adj. ing hei e pec a ion , and he e e mo e ole an of he child’ p oblem . F he - mo e, pa en pe cei ed ha hei o n emo ion eemed o infl -ence he emo ion al eac- ion of he child en a ell a hei mp om . Thi obe a ion i in line i h he e l of e ea ch in ample of child en i ho di abili e and ho e i h ph ical di abili e (Ha ing , 2002; Ha ing & Beck, 2008). De o he a ocia ion be een pa en al emo ion and pa en ing p oce e a ell a i po ible infl -ence on he child’ mp om , nega i e pa en al emo ion de e e a en ion.

Al ho gh p e io e ea ch ha fo nd ha child en’ f nc ion al imp o emen ed ce

self-differentiation would be able to adjust his or her psychological adjustment to his or her own experience of his or her child's behavior (Nichols & Schaefer, 2004). If parents adjust his or her mind set, he may have more positive perception of the child and more tolerance for his/her misbehavior. And if parents can maintain a positive attitude, then the child can experience his unconditional love, which might be helpful in relieving the impact of the autism on the child.

In line with his realization, he believes that helping parents with his emotional regulation is a good initial intervention for the families of children with ASD. Decreasing anxiety would be a central goal. It would be helpful to look on an individualized cognition to make parents adjust his expectations, take a positive view of the child, and find meaning in his caregiving practice. Social support is also an important objective in helping (Ingevoll & Hambro, 2011). For the parents in mainland China, because of social structure and community support are still weak (Sun et al., 2013), support from the parents of children with ASD is a central aim of changing information, education, and obtaining encouragement (McCabe, 2008a). Family support would also be helpful for the parents. Although family support is still not the main support of the child's development, help parents in his daily life and in dealing with his emotion (Solomon & Cheng, 2012).

Another main finding of his study, especially regarding the importance of the balance between the role of caregiver and coach. Too much reliance on the role of coach may make parents too strict and less warm, potentially damaging the parent-child relationship. Because the cooperation problem of ASD is a deficit in social skills, a poor parent-child relationship may make the child feel lonely and isolated in social interaction, which would contribute to a higher level of opposition. Moreover, over-protecting may make the child and he/she may exhibit more misbehavior as a means of escaping anxiety. Thus, in terms of training and discipline on the role of coach may lead to a degree of opposition on the individualized skills, but may do harm to the parent-child relationship and potentially harm the development of social interaction abilities.

The effect, he believes that the role of caregiver is more basic than that of the coach, and has a good parent-child relationship is a prerequisite for effective training. Parents are expected to have found his positive parenting and help of parents-child interaction practice the social competence of children with ASD (Baker, Fenning, Cunniff, Baker, & Blache, 2007; D'Onofrio, Smith, Kohler, Rope, & Mandelco, 2012; Mahone & Paley, 2003; Meek, Robinson, & Jahromi, 2012; Silliman & Sigman, 2002). In clinical practice, parenting program focused on teaching positive parenting and enhancing help of the parent-child relationship has been effective in leading to functional improvement in children. For example, The Stepping Stone Triple Program, which teaches parents positive child-management skills as an alternative to coercive parenting practice (Sande, 1999), has been effective in decreasing parental stress (Whittingham, Sofronoff, Sheffield, & Sande, 2009b) and leading to functional improvement in the child (Macon, Mahan, & Macon, 2009; Whittingham, Sofronoff, Sheffield, & Sande, 2009a). Parent-Child Interaction Therapy which focuses on enhancing the parent-child relationship and teaching a positive environment for children has been confirmed as effective in children with high-functioning ASD (Hamadeh, Poehmad, & Hanabadi, 2010) as well as in children with mental retardation comorbid oppositional defiant disorder (Bagne & Eberg, 2007).

The results of his study provide evidence for the role of intervention in helping parents in the care of children with ASD, and also have implications for the content of the intervention. Although in the field of ASD intervention helping parents is a new theme, the most commonly used parenting program is still the parent as a coach and each

hem ho o ain hei child en (Ma on & Smi h, 2008). De pi e ome e idence fo he effec i ene of , ch pa en - aining p og am (Lafa aki & S me , 2007; Sheinkopf & Siegel, 1998), mo indica o ho ed imp o omen on pecific beha io al kill , lea ing ocial compe ence ne amined. We belie e ha pa en al in e en ion a he kill le el i no ade . a e. Pa en ho ld be a gh o be mo e a a e of hei emo ional e pe ience and o pa a en ion o he po ibili of emo ional an mi ion fom hem el e o he child. Pa en al emo ion eg la ion and balance be een he ole of ca e ake and coach ho ld al o ce e m ch mo e a en ion.

I i al o impo an o ackno ledge he limi a ion of hi d . Fi , ali a i e me hod canno peci el di en angle ca al ela ion hip . Al ho gh emo ional an mi ion and an emo ion- mp om link e e epo ed in hi d , he e phenomena a e ba ed on he pe cep ion of pa en and lack objec i e mea e confi ming hem. Second, he p og e of child en a no objec i el mea ed b a onl ba ed on he pe cep ion of pa en . The el of hi d ho ld be f he confi med and alida ed ing a diffe en me hodolog and a la ge ample. Thi d, pa icipan in hi d e e ela i el highl ed ca ed. Thi migh be ela ed o he ec i men me hod, hich elied on acce ing a blog. The e pa en migh ha e mo e kno ledge abo a i m and g ea e oppo ni e o acce ed ca ional e ice han pa en i h a lo e ed ca ion le el. Hence, he el of hi d migh ha e limi ed gene ali a ion o familie i h diffe en ocial backg ond . Finall , i i ill nkno n ho he cha ac e i ic of pa en and child en a e ela ed o he adop ion of diffe en pa en ing le , a e ion hich de e e f he in e iga ion in he f e. Ne e hele , o finding e pand he lie a e on he pa en ing of child en i h ASD ho gh an in-dep h de c ip ion of pa en ing le and an e plo a ion of he infl ence of pa en al emo ion on mp om in child en i h ASD. The el of hi d ma mo i a e heal h e ice p o ide o de elop in e en ion p og am fo he pa en of child en i h ASD.

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