

# 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*

*Fam Proc 53:67–79, 2014*

Autism spectrum disorder (ASD) is a developmental disorder which characterizes impaired social interaction and communication, restricted interests, and high repetitive behavior (American Psychiatric Association, 2000). Because of its relatively high incidence, prevalence, and heritability of effects in the population and prognosis, it has received much attention in recent years.

Rearing a child with ASD is a great challenge for parents. A Casareal (2012) argued, the diagnosis of ASD is a traumatic event affected families. Such parents might suffer from post-traumatic stress and a parental lack of hope for social difficulties such as hostility, self-consciousness, and depression. A number of studies have demonstrated that the parents face numerous difficulties and emotional problems that hinder the parents' of children's hope, disability and hope in the disability (Ingevoll & Hambick, 2011; Rao & Beidel, 2009; Wei, 2002). Beliefs regarding parenting a child impacted by the diagnosis. Such parents are more likely to believe the child's non-compliance in the care taking role compared with the parents (Hall, Roe, & McDonald, 2005; Kahn & Casareal, 2006; Mei-Chang, Roe, & Wang, 2010).

Children's physical/developmental disability and parental mental health and parenting process in the area 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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## 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 criteria included oca ege 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 ege 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 ege 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 commonl 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 interview, participants were informed of the con-

form which had the main goal and method of her study, her professional interests, and her high regard for her study and time. 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 kept throughout.

**Data Analyses**

Data were analyzed from her behavior analysis of open-ended interviews. Generally, she used analytic induction in data analysis, and a content comparison method in the coding process. The steps of coding were in order: 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 categorization and coding in a number (e.g., “a young child is a life-time problem is an initial code). When the formal code was created, axial coding was performed to differentiate subcategories (e.g., “a young child is a life-time problem is a problem where the code “emotional adjustment”). Theoretical coding was finally used to identify relationships among categories (e.g., connection was made between “emotional adjustment” and “positive perception of the child”; Chama, 2006).

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

The credibility of her data was enhanced by triangulation, having collected data by different methods (interview and observation). Confirmation of meaning with participants was done after her behavior analysis was completed and after her preliminary report. A confirmability audit was conducted by going back to her original analysis and observation notes after her whole coding process was completed. Peer debriefing, in which impartial peers examined general methodology, a self-reflected improvement effort, and a journal (Lincoln & Guba, 1985).

**RESULTS**

**Parenting Styles**

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

**Training priority**

The training-priority parents’ preference on her study in which parents placed priority on killing training for their child. Parents who had a first child were penalized of time training their child and had greater emotional support. The parents did not effectively 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), Commodore (1), Office worker (1)	#5, 7, 26

... men ... ce and ... ed man ... hod .D. ... ing he ... aining p o ce , he ... e e . . - all highl demanding and ... ic . If he child did no concen a e o ho ed li le imp o e - men , he pa en migh p. ni h he child: "If he pe fo med a f ll , I o. ld bea him (#3)<sup>1</sup> ; "Some ime he made me o. p e ha I bea him. (#4) Thi kind of pa en empha i ed he coach ole mo e han he ca e ake ole. One mo he aid, "I ha e o. pe i e him ic l 24 ho. a da and do m. mo o ain him. (#19)

The mo alien emonion of he e pa en a an ie , and he clea l de c ibed he ela ion hip be een an ie and high demand in aining. Fo e ample, one pa en aid, "I became e an io. and i i able afe ob aining he diagno i . I had o do ome hing o make me feel be e . (#19) In en i e aining eemed o be a a o ed ce pa en al an ie . In he pa en ' de c ip ion , o kind of cogn ion e e a o cia ed i h an ie and in en i e aining. Fi , ome pa en ackno ledged ha he e e ill no able o comple el accep he diagno i , and he an ed o find e idence o confi m ha hei child a no mal: "When he pe fo med ell, I ho gh he diagno i a ong. (#8) Second, al ho gh ome pa en aid he had accep ed he diagno i , he e e eage o ee he child eco e . ickl , a ing, fo e ample, "We m ge him o eco e a a ela i el o ng age. O he i e, he p ogno i i le p omi - ing. (#3) Beca e of he e pec a ion of ge ing id of he ASD label a oon a po ible,

<sup>1</sup>Bea ing child en a once common in adional Chine e familie . Al ho gh hi beha io ha been dec ea ing, i ill e i . Beca e a fo mal legal epo ing em ha no been e abli hed, f om o. po i - ion e can onl op . ch iolence ho gh p chological ed ca ion. We en a le e i h commen f om he co e ponding a ho o each pa icipa ing pa en , hich con ained ong appeal o no bea hei 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 defined a relationship 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 they said to me, 'Oh, I do not teach him anymore.' (#26) However, the role of caregiver was also weakened. One father who had a nonverbal child said, "He disrespected himself from the child; he mother responded, "My husband 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 stage of the diagnosis, when parents had little knowledge about ASD and allowed parents in the process. The relationship between parents and the child's behavior occurred after a period of intervention training when parents' ongoing support of the child's behavior was (#1, #3, #14, #19, and #28). The letting alone process in all nonverbal children, following 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 the 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 and the child's behavior (#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 cried, cried and exhibited repeated 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 anxiety 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's behavior. One parent said that "Parent's emotion has a deepening influence on the emotion of 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 end. (#13) One parent mentioned a fight between the grandparents: "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 they 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 group, from the allowance group, 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 en e 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 en 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 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 en 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 & Schaller, 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 dealing with 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 pressure and community support are still weak (Sun et al., 2013), support from the parents of children with ASD is a central area of changing information, education, and obtaining encouragement (McCabe, 2008a). Family help would also be helpful for the parents. Although family help 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 skill, a poor parent-child relationship may make the child feel emotionally isolated in the social interaction, which would contribute to his behavioral problems. Moreover, over-protecting may make the child and he/she may exhibit more misbehavior and behavioral problems as a means of escaping anxiety. Therefore, in terms of training and development on the role of coach may lead to a degree of improvement on the individual's specific skill, 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 should have found his positive parenting and the quality of parent-child interaction predict 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 the quality of the parent-child relationship has been shown to be effective in leading to functional improvement in children. For example, The Stepping Stone Triple Program, which teaches parents positive child-management skills and alternative communication to parents in practice (Sander, 1999), has been shown to be effective in decreasing parental stress (Whittingham, Sofronoff, Sheffield, & Sander, 2009b) and leading to functional improvement in the child (Macon, Mahan, & Macon, 2009; Whittingham, Sofronoff, Sheffield, & Sander, 2009a). Parent-Child Interaction Therapy which focuses on enhancing the parent-child relationship and teaching a positive environment for children has been demonstrated to be effective in children with high-functioning ASD (Hamadeh, Poremad, & Hanabadi, 2010) and all children with mental retardation as a developmental oppositional defiant disorder (Bagner & 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 eeci 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 cip 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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