

The Importance of Relationship Satisfaction and Raising a Child with ASD

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Thank you to the clients who I have learned so much from. The parents that I work with on a daily basis have taught me a lot about patience, resilience and unconditional love. I feel deeply passionate about this topic as I believe that more needs to be done to support parents who are raising children with Autism. I strongly value the parenting relationship as being essential to the child's success and the family as a whole. I hope that this capstone sheds light on what parent's need because they are the most important people in the child's life.

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Abstract

Couples raising a child with Autism are impacted by greater amounts of stress and lower quality of life than parents who do not have a child diagnosed with Autism. In addition, this reduced quality of life can also interfere with the couple's relationship satisfaction and ability to engage in a healthy and meaningful relationship with their partner. The aim of this capstone was to develop a group program that could be used by clinicians to work with parents who are raising a child with Autism. By attending to the practical and emotional needs of the couple, clinicians can improve overall family functioning longer term for families raising a child with Autism in addition to also improving the quality of life for each individual in the family. A couple's intervention program that incorporates various coping strategies, partner intimacy skills and therapies such as Narrative Therapy, EFT-C and SFBCT is proposed as a way to improve relationship satisfaction in couples raising a child with Autism so that overall family functioning for the parents and child can be accomplished.

Keywords: Autism Spectrum Disorder, parental stress, marital satisfaction, intimacy, dyadic coping, supported dyadic coping, delegated dyadic coping, common dyadic coping, Family therapy, Narrative therapy, Emotion-Focused Therapy, Solution-Focused Brief Therapy

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Chapter 1: Introduction and Rationale

Introduction

Relationship satisfaction in parents raising a child with Autism is so important in maintaining the overall health and quality of life for the entire family, including the child because the relationship is what can support the overall mental health of these parents. Those parents raising a child or multiple children with Autism are under more stress than parents who are raising neuro-typical children. As stated by Shawler and Sullivan (2017), “parents who have a child with Autism Spectrum Disorder (ASD), have significantly more stress in comparison to parents raising typically developing children and other children who have other medical and developmental delays” (p. 143). This stress is negatively correlated with marital dissatisfaction and negative outcomes for the parents and family as a whole, including the child. This stress is often caused by a number of factors related to the child’s behaviour and high needs. It is important that researchers and clinicians are supporting couples raising a child with Autism in their relationship satisfaction as the relationship itself is what can improve stress levels and overall family functioning for the parents and the child. When parents rely on each other both practically and emotionally this can have major benefits for the couple and the child in the short and long term. These short and long term effects can determine the overall quality of life for everyone and therefore it is important that clinicians and therapists alike are supporting relationship satisfaction in these couples. In this chapter, I will focus on the reasons why parents raising a child with Autism experience more stress and how it is often related to child behaviours that are unique to ASD children. Secondly, in the research there is evidence that Mothers and Fathers deal with stress differently while raising a child with Autism and this can have effects on the couple’s relationship as well.

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Overall, in chapter one I will focus on these general stressors that continue to impact couple's raising a child with Autism and the problems associated with this stress. In chapter two, I will discuss what the research has to say about specific strategies, interventions and models of therapy that are most helpful to parents raising a child with Autism and how they can be used by clinicians and therapists to help relationship satisfaction for this demographic. In chapter three, I will propose a unique group invention program that targets parents raising a child with Autism and how this can help to best support the couple's relationship satisfaction so that family functioning can be improved for the couple and the child.

Background to the Problem

Child's Negative Behaviours

Parents who are raising a child with ASD experience unique and often very challenging behaviours from their children. According to research by Hartley et al. (2017), "children with ASD have significant behavioural and social challenges that create elevated levels of stress on parents and which effect overall well-being" (p. 1645).

As stated above, previous research has explored the reasons as to why parents who have a child with ASD often experience more stress and marital dissatisfaction. One of the main reasons is due to specific child behaviours. According to Hutchison et al. (2016), "a major contributor to parental stress is due to deficits in executive functioning skills" (p. 3644) of the child. Executive functioning skills are extremely important as they help an individual to self-regulate themselves when they experience negative emotions. Parents who have a child with ASD, report higher levels of stress due to the fact that their children exhibits more problem behaviours (as a result of lacking in executive functioning skills which include learning how to self-regulate). As a result

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of these problems, these behaviours impact parents in a negative way and affect their ability to parent effectively. When it comes down to parental stress, parents who have a child with ASD will either engage in authoritarian or permissive parenting styles (Hutchison et al., 2016) in comparison with other parents who have a typically developing child. This is because teaching their child to self-regulate is often challenging and difficult and parents will either get mad or ignore their child's negative behaviours. In terms of dealing with problem behaviours, parents who have a child with ASD find it challenging to use a balanced approach or an authoritative stance in helping their child to solve problems and self-regulate. An authoritative stance suggests that parents are firm but also warm in their ability to deal with their child's negative behaviours (Hutchison et al., 2016). This can create more parental stress for parents as they are unsuccessful in handling their child's negative behaviours. In addition, this can also create marital stress in the couple's relationship as dealing with a child who has difficulties in self-regulation will put more stress on the parents to work together as a team to deal with these negative behaviours. As well, dealing with negative behaviours constantly is exhausting for both parents and can put strain on their relationship.

In addition, according to Kirby et al. (2015), another unique contributor to parental stress that most people are unaware of is the relationship between parental stress and the child's sensory features (Kirby et al., 2015). The main reasons for this is due to the fact that "sensory features in children with ASD lead to the need for more extensive preparation for—and to limited participation in—family activities (Bagby et al., 2012, as cited in Kirby et al., 2015, p. 33). In addition, sensory features can also limit the smoothness of daily routines such as mealtimes or bedtimes (Kirby et al., 2015). For typically developing children, these times of the day are generally exhausting for parents, but when sensory features put more stress on these

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times of the day, this can cause parents to feel more stressed and overwhelmed. Especially when their child reacts negatively to certain tastes in food, or taking a bath for instance due to uncomfortable sensory demands, this kind of stress will put strain on the couple relationship. For example, there might be less time in the day for parents to spend time together enjoying each other's company because they need to focus more of their energy on making sure their child is cared for and attending to routines. These authors specifically note that "when levels of hyperresponsiveness and hyposensitiveness increased in the ASD group, strain increased" (Kirby et al., 2015, p. 40). As children with ASD react to the sensory environment around them, this can create stress for parents who cannot help their child to calm down when they are over aroused. On the other side of things, children who are "hyposensitive", this can cause stress for parents when their children do not respond to them at all. This can put a lot of stress on the marital relationship as parents are constantly having to adjust time spent as a family on activities that should be fun and which encourage time spent as a family.

According to Thullen & Bonsall (2017), "one of the more prevalent challenges in parenting a child with ASD, is managing challenges related to feeding and eating" (p. 878). Children with ASD can be sensitive to certain foods and often prefer a high carbohydrate diet and avoid eating fruits, vegetables and proteins (Sharp et al., 2013, as cited in Thullen & Bonsall et al., 2017, p. 879). Although what is stated above is true, the research indicated that parental stress around mealtimes is not necessarily a result of a child's "picky eating" but more about the fact that the child's "picky eating" resulted in mealtime behaviours which then resulted in conflict between parents (p. 884). The research tells us that eating behaviours contribute to more arguments between parents which will increase parental stress overall.

Chronic Stress Related to Marital Problems in ASD Parents

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As child behaviours in this population influence stress levels of parents, according to research, parents in the ASD group have poorer relationships in general in comparison to other populations. According to Goetz et al. (2019), “parents of children with ASD have been shown to be at risk for poor couple relationship outcomes including more dissatisfying and conflictual couple relationships (Gau et al., 2012; Hartley, Da Walt, & Schultz, 2017 as cited in Goetz et al., 2019, p.554). It is important to realize that there is a consistent link between stress and marital dissatisfaction in couples who have a child with ASD. As stated above, parents who have a child with ASD experience more daily stress in their lives due to a number of factors related to child behaviours. In general, when a person experiences an acute stressor or a high stress day overtime this will “take the greatest toll on the mood, health and interpersonal relationships of individuals undergoing these chronic stressors, especially those who are a part of a marginalized group...” (Goetz et al., 2019, p. 555). Essentially, chronic stress relates to poor couple relationships.

In the research, “daily diary studies have found that individuals undergoing chronic stress were most strongly influenced by his or her partner’s negative mood and negative couple interactions (Neff & Karney, 2005, 2007, as cited in Goetz et al., 2019, p. 556). This suggests that if parents are constantly undergoing stress, they are more at risk of reacting negatively to their partner’s mood and having poorer couple interactions. This is seen in the general population but also in the ASD group. Therefore, in the ASD group, if these parents are experiencing more stress on a daily basis one could argue that parents who have a child with ASD are more likely to react negatively to their partner’s mood more often than those parents who are not in the ASD group. This puts those parents in the ASD group as being more vulnerable to experiencing an increase in marital concerns more frequently than other populations.

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There is also research that states that, “a reduced number of positive couple interactions, but not a heightened number of negative couple interactions, may contribute to the increased risk for unsatisfying and shorter-lived couple relationships in parents of children with ASD” (Hartley et al., 2017, p. 1655). Although this might conflict with what was stated above, it is also important to look at how the lack of positive interactions might be more of a problem in couples who have a child with ASD as this might be what is contributing to their interpersonal difficulties. If parents do not have as many opportunities to engage positively with one another, this can also harm their relationship as well.

Parental Stress in Mothers

According to Sharabi & Marom-Golan (2018), “uneven contribution to the child’s care between mothers and fathers, with mothers reporting taking on most of the responsibility” (p. 60-61) was seen throughout their research. In the research, it was also seen that “mothers of children with ASD have been found to play more active roles in their child’s care than fathers (Behrani & Shah, 2016, as cited in Sharabi & Marom-Golan, 2018, p. 55). One could argue that if mothers are taking on more responsibility than fathers, this could ultimately impact a mother’s overall stress in a negative way and influence the marital relationship negatively.

According to Goetz et al. (2019) mothers of children with ASD “on days marked by high parenting stress, mothers may not have the energy or desire to initiate positive couple interactions and may engage in attributional processes that overlook or discredit the efforts of their partners in this regard” (p. 561). This brings one back to the point mentioned above. If mothers report less problem solving as well as negative interactions with fathers, there is concern of an increase in the mother’s parental stress and ability to work through problems. This can

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cause higher stress levels overall in the relationship in comparison to the general population and this might be why fathers feel more inclined to use “stand-offish” behaviours with mothers.

Parental Stress in Fathers

According to Seymour et al., (2018), fathers who have a child diagnosed with ASD have different reasons that contribute to stress that is often different than mothers. Fathers of children with ASD “who perceived that they lacked people in their lives for whom they could rely on for help, or for whom they could relax with...” were more likely to express stress overall (p. 832). Hartley et al. (2017) states that “while fathers of children with ASD perceived that their partner assists them with problems at the same level as their peers who have children without disabilities, they do not feel as connected to their partner” (p. 1655). It is interesting that fathers highly value a sense of feeling close to their partners and if they do not, this will increase their stress.

In addition, according to these authors, “a fathers’ psychological distress is also strongly influenced by their partner’s mental health, child characteristics and the couple relationship (Giallo et al., 2015; Hartley et al., 2012; Hastings, 2003; Kayfitz et al. 2010, as cited in Seymour et al., 2018, p. 832). This also brings up the point that fathers are stressed when their partners are also stressed and when the couple relationship is strained. This might be due to the fact that fathers feel more responsible for how the family is functioning which can put more stress on fathers.

Lastly, Seymour et al. (2018), states that “the only social environmental factor which predicted psychological distress experienced by fathers of children with ASD was job quality” (p.832). Research shows that fathers who had access to fewer favourable workplace conditions

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(e.g. flexible start/finish times and paid paternal leave) were more likely to experience psychological distress” (p. 832). One can see how this can put strain on the marital relationship for fathers who are not able to put their jobs on hold while they attend doctor’s appointments or specific intervention training for their child. This might also contribute to putting more stress on mothers and can affect the marital relationship as well. It is important to look at how social supports influence couples relationships as well.

Communication Problems in Mother and Fathers

The research also suggests that parents who have a child with ASD have difficulties in communicating effectively with one another. This can also be related to feeling stressed all of the time. According to Hickey et al., (2018), “the most frequent type of negative social exchange (between mothers and fathers) was informational (e.g. intrusive advice) ...” (p. 476) between one’s spouse and family. If parents are engaging in more advice giving, this can have a negative effect on the couple’s relationship because each partner is focusing on critiquing their partner instead of working together. The authors realize that both mothers and fathers are guilty of this information exchange.

In another study, Hartley et al., (2017), concluded that:

Mothers reported a lower *Efficacy* (i.e., average proportion of couple problems solved) than mothers in the comparison group and fathers of children with ASD reported a greater use of *Stalemate* (i.e., standoff in which each partners’ goals is to maintain their position opposed to compromising to resolve the issue (p. 2161-2162).

This suggests that fathers are more focused on maintaining their position rather than working with mothers to resolve problems which might explain why mothers report less

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problems being solved. This is important information in how mothers and fathers report solving their problems with one another. If fathers are more concerned about maintaining their position there needs to be work done to support fathers in finding other ways to problem solve with mothers.

Other Factors Affecting Relationship Quality

As parents make the decision to have children and eventually start a family of their own it can often change the way they engage in a relationship with one another. New parents often struggle with the transition from being “a couple” to then becoming parents. It can be challenging for parents to focus on both their relationship and parenthood at the same time. Often times though, these relationships challenges are not due to the fact that parents no longer want to focus on their relationship rather it is because this transition is not always supported by the environments that they live in. These environments can be societal, community based or even just mutual support within the larger family itself. When the parental environment is not supported this can have effects on each individual parents and their relationship as a whole. Those parents who also might be more susceptible to mental health challenges, parenting can add additional stress which can also affect relationship outcomes. As stated by Ekas et al. (2015), “in the general population, the quality of parents’ relationship may be impacted by a variety of factors including characteristics of the environment and the individual” (p.1998). It is also important to note that occupational and financial stressors can also affect a relationship (Bradbury et al., 2000, as cited in Ekas et al., 2015, p.1998) as well. For those parents who have stressful jobs, are living below the poverty line or experience other significant barriers, parenting and relationship satisfaction will both be impacted. When one thinks about parents who are raising a child with Autism, their problems at the individual level and the environmental level are

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greater than the average parental concerns (Benson, 2019) due to the fact that these parents have these stressors listed above but are also dealing with specific stressors when parenting a child with Autism. It is important to look at how relationship satisfaction specifically is impacted by raising a child with Autism and what needs to happen to better support these parents. Couples raising a child with ASD generally report poorer relationship outcomes (Brown et al., 2020). In addition, Brown et al. (2020) reported that, “parents of children with ASD report lower levels of marital happiness, family cohesion and family adaptability compared with parents of nondisabled children” (Brown p. 140).

Other Factors Affecting ASD Couples

As discussed above by Sim (2017), there was strong evidence in the research that suggested that a child with ASD is associated with high parental stress (Sim, 2017). Within the parent-child relationship, a child who is uncooperative and demonstrates extreme behaviours can continue to impact parenting stress and marital satisfaction. A child who fails to cooperate or listen to instructions can ultimately impact parental stress and relationship satisfaction as a whole. Due to the fact that there are limited resources in the community that support these parents and their child’s behaviour often these parents are left to deal with behavioural challenges on their own. These factors influence how parents view themselves as parents and how they engage on a day-to-day basis with their partner. The loss and grief that these parents experience of not having the child that they imagined will also take a toll on the couple’s relationship as there is often a lot of guilt and shame associated with the fact that they did something wrong or that their child’s diagnosis was their fault.

Negative Relationship Satisfaction in ASD Couples

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As clinicians we need to support parents raising a child with Autism to live better lives and improve those parts of their lives that often break down when all of their energy and resources go into raising their ASD child. According to Sim (2017), “caregivers who view their situation positively and are optimistic about the future are more likely to experience relationship satisfaction” (p. 3563). It is important that researchers are aware of strategies that can be used with couples who have a child with ASD and how these factors effect child and relationship outcomes.

As parents with ASD are under a lot of stress, it is important that clinicians are aware of the positive coping mechanisms that can help couples who are parenting a child with Autism. In the research there is evidence that mothers and fathers who actively avoid maternal and paternal stress have higher levels of stress whereas parents who cope with stressful events in more positive ways have relatively low levels of depression (Brown et. al, 2020). In addition, within the couple’s relationship, research has shown that parents of children with ASD who use escape-avoidance coping strategies actually have more mental health problems and stress whereas those parents who adopted more positive reframing coping strategies reported less stress (Brown, 2020). It is important to look at the research that shows the impact of how specific strategies and coping mechanisms can help to improve the couples’ relationship and how prioritizing the couple’s relationship can actually limit parental stress overall.

Problems with General Discourse

According to Chiaraluce (2018), “family stressors and identity conflicts experienced by caregivers are deeply rooted in our naturalized cultural ideals of traditional motherhood and

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family” (p. 2885). It is important to recognize that most dominant stories about family are based on what society tells us is the right way to “do family”.

SNAF or otherwise known as the “Standard North American Family” is an ideological code defined in terms of both family structure—a heterosexual, legally married couple with healthy, able-bodied children—and in terms of family roles—a gendered division of labour within the family and home, in which woman oversee the domestic labor, including all child and home care, and men work outside of the home as primary breadwinners (p.2885).

When a family gets a diagnosis that their child is diagnosed with Autism the beliefs that they hold about how families are supposed to be all of a sudden becomes shattered. As a result, “caregivers grieve not for the loss of their child per se, but for the loss of the nuclear family ideal and access to the master narrative” (Chiaraluce, 2018, p. 2890). In much of the research, families are constantly facing “negative social interactions in public spaces, as significant factors that alert them to feeling like an outsider” (Chiaraluce, 2018, p. 2893). For example, holidays like Christmas, Halloween or birthdays can cause stress for a family where the child does not respond well to lights on a Christmas tree or wearing a costume on Halloween. When society tells a family that there is one way to “do” family in public spaces this can be very challenging for the caregivers and the child with Autism who has difficulties with these events for instance. Even a “simple task” such as going shopping can make the caregivers feel as though they do not fit into the general discourse of how a family is supposed to be in public, especially if their child has frequent meltdowns at the shopping mall.

Purpose of Paper

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The purpose of this capstone is to provide parents who have a child with ASD with interventions that might help to improve relationship satisfaction. The questions raised in this research are:

Can child behaviour (in ASD children) improve if interventions focus on parents? Will marital satisfaction improve in parents who have a child with ASD when interventions focus on couples' relationships? What interventions are most effective in reducing stress/caregiver strain in parents who have a child with ASD and what interventions can be used to improve marital satisfaction?

This research is extremely important in the field of counselling as parents who have a child with ASD are often unrepresented in the literature. Although there is research on interventions for children with ASD, there is not much information on how to help parents deal with parental stress that is often caused by negative child behaviors and other stress factors in the relationship. As parents of children with ASD experience greater stress due to their child's behaviours and high needs, it is important moving forward that interventions target how couples interact with one another when they are trying to deal and manage their child's behaviours. However, this cannot be the only focus on working with couples. According to Hartley et al., (2016), parents who have children with ASD spend "more time care giving than their peers" (p. 1646) and there is less time for couples to engage as couples and to spend time with their partner. Research needs to look into how to encourage more positive interactions between couples so that couples are not always as focused on dealing solely with their child's behaviours and needs. If research only focuses on helping parents to focus on the child, they are missing a huge piece in attending to the needs of the parents and their relationship. One could argue that if we do not address the needs of the parents, this could also cause harm to the child down the road.

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Since parents raising a child with ASD are not as focused on their couple relationship, research needs to focus on ways to improve couple relationships. This can be accomplished by helping parents to develop more effective communication styles that each partner is receptive to. In chapter three I will propose a unique group couples program that can be used with couples who have a child diagnosed with Autism.

Conceptual Framework

The main purpose of this project, is to focus on counselling therapies that are effective in working with parents who have a child diagnosed with Autism and which focus on improving the overall couple relationship and which help parents to reduce their stress. Parents who are raising a child with Autism are influenced by many stress factors that are related to the child's behaviour. It is important that parents are learning coping strategies where both partners can begin to work together to navigate and minimize these behaviours. I believe that using an approach that focuses on the practical as well as the emotional aspects of a couple's relationship are going to be most successful for couples raising a child with Autism. Therapies that also strive to break barriers to social constructs and which are more socially aware are going to have more of an impact on this population as those impacted by ASD are often made to feel different. Many traditional therapies do not always account for the injustices that many of these families experience on a daily basis which can limit the overall process of change. I genuinely believe that therapies that focus on the couple's relationship are going to be most successful in improving family functioning. In conclusion, I believe in the importance of a wide frame intervention program that can support couples raising a child with Autism.

Definitions of Terms

Autism Spectrum Disorder (ASD)

According to the American Psychiatric Association (2013), Diagnostic and Statistical Manual of Mental Disorders Fifth Addition (DSM-5), “the essential features of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behavior, interests or activities. These symptoms are present from early childhood and limit or impair everyday functioning” (APA, 2013, p. 53).

Parental Stress/ Caregiver Strain

According to Kirby et al. (2015):

“ a) *object strain* refers to “observable, negative occurrences of caregiving (interrupted personal time, missing work, suffering physical/mental health effects, financial strain, distribution of routines/relationships”; b) *subjective internalized strain* is associated with negative feelings a caregiver may experience (feeling sad or unhappy about the status of the relationship), and c) *subjective externalized strain* is related to strain that a parent might experience towards the child or the child’s behaviours” (p. 37).

Marital Satisfaction/Relationship Satisfaction

According to Johnson & Piercy (2017), marital satisfaction is defined as “interpersonal, dynamic, and negotiable in relation to issues of commitment, closeness (emotional, intellectual, and physical/sexual), and mutuality in one’s partner relationship (p. 646).

Intimacy

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According to Johnson & Piercy (2017), “*intimacy* is an interpersonal, dynamic, negotiable in relation to issues of commitment, closeness (emotional, intellectual, and physical/sexual), and mutuality in one’s partner relationship (p.646).

Dyadic Coping

Dyadic coping is a “form of relationship coping that incorporates receiving support from and seeking to maintain the couple relationship during stressful events” (Sim et al., 2017, p. 3563).

Supported Dyadic Coping

Supported dyadic coping occurs when “one partner assists the other partner with coping efforts, with the secondary goal of reducing their own stress and maintaining the wellbeing of the relationship” (Sim et al, 2017, p. 3563)

Delegated Dyadic Coping

Delegated dyadic coping is when “one partner explicitly asks the other to take responsibilities to reduce their personal experience of stress” (Sim et al., 2017, p. 3563).

Common Dyadic Coping

Common dyadic coping is “a joint coping process in which both partners work together to address a mutually experienced stressor” (Sim et al., 2017, p. 3563).

Family Therapy

“It is suggested that parents raising a child with Autism use a systemically orientated therapist who can uniquely position themselves to provide integrative support. As parents face

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problems in multiple domains (accessing supportive/therapeutic/educational services, balancing work and family, and dealing with powerful feelings, to name a few), and an integrative approach allows family therapists to flexibly address interrelated problems and constraints” (Solomon & Chung, 2012, p. 251).

Narrative Therapy

“Narrative Therapy is a form of psychotherapy that centers people as the expert of their own lives. It views the person separate from the problem and assumes people have skills beliefs, values, and abilities that support them to reduce the impact of problems in their lives” (Baldiwala & Kanakia, 2021, p. 2)

Emotion Focused Couple Therapy

“Emotion Focused Couple Therapy is there to foster secure attachment between partners using emotion as a key vehicle of change. It is an integrative theory that blends elements of adult attachment, experiential psychotherapy, and systemic techniques to improve relationship functioning” (Lee et al., 2017, p.663).

Solution Focused Brief Therapy

“Solution-focused brief therapy (SFBT) is an empirically supported model that focuses on the client’s resources to solve problems (Turns, 2019, p. 259). Solution Focused Brief Therapy for couples (SFBT-C) helps partners to focus on their resources to solve problems.

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Positionality Statement

In my career to date, I have worked extensively with children with Special Needs as I started out working as a Behavioural Interventionist where I worked one-to-one with children with ASD for many years. As I moved more into my career as an elementary school teacher I taught many students with ASD as well.

Eventually, I left the world of teaching and started a new career working in residential homes for children and teenagers with ASD who were brought into care due to their high needs. This experience was eye opening for me as I saw the struggle that parents went through having to put their child into care because they could not look after them due to their high needs. I have always thought that if parents were better trained to work with their children with ASD, it might allow them to be more involved in their child's life instead of relying solely on the Ministry to look after them.

In the current role that I am in now, I work as a Family Support/Family Preservation counsellor and majority of my clients have children with Special Needs and some with ASD. In addition, I run a parenting program called, The Incredible Years – Autism Spectrum and Language Delays which is an accredited program based out of Seattle. It is a program catered to parents who have preschool age children diagnosed with Language Delays or Autism. I have seen the positive effects of working with not just children but with parents and the impacts that this has on family functioning in addition to improving child behaviour. My approach to working with families who have a child diagnosed with ASD is very centered on a systemic model that focuses on Family Systems Therapy approaches. For the purposes of this research, I am aware of

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my biases but also hope to learn other effective strategies and interventions that are also effective in working with this particular demographic.

I have always been interested in working with ASD individuals and their families and I continue to want to work specifically with this particular demographic. I am always looking to improve my knowledge in working with ASD families and I look forward to finding new information that can help me in my professional career.

Chapter Summary

In this chapter I discussed the areas that create stress for couples raising a child with Autism. Many of the issues stem from the behaviours and high needs of the child. According to the research, Mothers and Fathers navigate these issues in different ways and it can often cause many communication difficulties within the couple's relationship. Mothers and fathers also deal with stress in different ways and have that are unique to their gender which was also an interesting observation in the research. It is also important to recognize that couples raising a child with Autism also experience more financial issues which also influence stress. Many couples are still processing the loss and grief that comes with not having the child that they hoped or wanted and this can also add to their stress levels. Lastly, we continue to live in society where we strive for perfection and when a child is born with Autism it can often leave the parents feeling as though they do not have the perfect family that they also wanted. This can cause enormous stress on the couple's relationship as well. In the next chapter I will review the literature on ways to support couples who are raising a child with Autism. This chapter will focus on strategies, interventions and therapies that therapists and other professionals can use with couples in this population.

Chapter 2: Literature Review

Introduction

Relationship Satisfaction is something that all couples have to navigate throughout their relationship. Life is complex and there are many situations and difficulties that come up for couples in their lives that they must deal with. For parents raising a child with Autism, life can be even more complex and difficult and it is my goals to help improve relationship satisfaction in this demographic so that families raising a child with Autism can live better lives and have improved quality of life overall. In my literature review I will first focus on ways that couples can maintain intimacy in their relationship and why this is important both for the couple and the child. I will then focus on strategies that contribute to relationship satisfaction in couples raising a child with Autism. These strategies include specific couple-focused intervention programs, parenting groups aimed at targeting specific behaviours that parents of children with Autism might need as well as other forms of networking that are important. Then I will focus on the coping skills that can help couples to utilize specific dyadic coping strategies so that relationship satisfaction can be achieved.

After reviewing the literature on the Family Therapy model I will focus on different therapies and interventions that can assist clinicians in supporting a couple's relationship. In the research there are three specific therapies that can be used when working with couple's raising a child with Autism. The main therapies that I found in my research were Narrative Therapy, Emotion Focused Therapy and Solution-Focused Therapy. I will go into depth in terms of how these therapies can be used with couples raising a child with Autism in order to support relationship satisfaction and how these therapies can be most effective.

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I will discuss the gaps in literature that emerged including the lack of research in discussing couples who are non-heterosexual or those couples who are from other ethnic and racial groups besides white Caucasian. Although some of the studies mentioned or included different racial groups it was not an area that was discussed in the research therefore it was challenging to draw conclusions about how different ethnic and racial groups raising a child with Autism perceived various intervention strategies. In addition, the literature review does not focus on couples who are not “mothers and fathers”. There are many different types of “parents” who are not necessarily mothers and fathers but maybe grandparents, aunts and uncles or foster families raising a child with Autism. Unfortunately, the research only looks at mothers and father raising a child with Autism and there is not much research into other types of “couples” or unique family structures. It is also important to keep in mind that this capstone was not focused on looking at single individuals raising a child with Autism. This is also a unique group that deserves recognition, however for the purposes of this paper it was not an area explored.

Action, Meaning and Emotion

Solomon & Chung (2012), position that “working with action, meaning and emotion is the most effective way to provide emotional support to families who have a child diagnosed with Autism (p. 257). Action is essentially the way that parents structure their lives. An example of this would be helping parents to find ways to go about daily tasks, routines and ways of living without feeling overwhelmed by the barriers and extra tasks that living with a child with Autism might create. Meaning, is where the “parents create a narrative about their child with Autism and how this story about their child’s autism shapes who their child is and who they are” (p. 259). This helps parents to find deeper meaning about their child’s diagnosis which can then help them to move forward in their journey with Autism in a more helpful way. Lastly, looking at *emotion*,

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allows parents to face complex and powerful emotions and how to handle these emotions with their partner (Solomon & Chung, 2012). These emotions that occur for each individual need to be validated by the therapist but also within the couple's themselves so that the individual and the couple as a whole can move through or navigate their experience together (Solomon & Chung, 2012). For example, many parents feel a lot of guilt, shame and anger about their child's Autism. If therapists can work with the couple to support each other in these emotions this can really strengthen the couple and help the family as a whole to move forward in their lives.

Intimacy

Partner Intimacy and Raising a Child with Autism

Couples raising a child with Autism often experience challenges when it comes to maintaining intimacy in their relationship due to the continued stressors of parenting a child with ASD. According to Johnson & Piercy (2017), when it comes to the emotional burdens that parents feel when raising a child with Autism, they often feel a great "absence of their child with ASD which can keep parents from knowing how to adequately grieve their losses or even knowing what losses they should grieve" (p. 645). The emotional toll that this takes on both parents who have a child with ASD can often leave these parents struggling with their emotions and instead of turning towards their partner they might internalize or externalize these feelings in negative ways. This can often leave these couples struggling to maintain a level of intimacy that is important in maintaining the couple's relationship and working through the emotional toll that this loss can often present. Hirsch & Paquin (2019) also state that in their study, "that not having enough time for personal responsibilities, not having enough time for their romantic relationship, the symptoms of autism that the child exhibits, financial stress, and restrictions on family

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vacations...etc. (p. 2685) also contribute to lack of intimacy. It is important to recognize that when couples cannot maintain their lives in ways that other couples and other families can, it can create more stress in the couple's ability to engage in an intimate relationship. There is also research that suggests that "maintaining strong lines of communication and sharing similar ideas about what it means to be married helped husbands and wives to experience intimacy together despite the challenges of caring for children with ASD" (p. 646). It is important that these couples find ways to communicate with one another regardless of how difficult these conversations can be.

Maintaining Intimacy in the Couple's Relationship

Johnson & Piercy (2017) state that there are four categories for which couples negotiate intimacy when they have a child diagnosed with autism. The four categories are the ASD diagnosis, cognitive shifts, relational shifts and experiences of couple intimacy (Johnson & Piercy, 2017). After receiving a diagnosis, a couple will make cognitive shifts about their relationship by "making adjustments in expectations and perceptions about what it means to be in a relationship with someone while raising a child with Autism" (p. 655). Through cognition, couples can think and communicate about the importance of their marriage within the context of raising a child with ASD and evaluate their expectations and perceptions of how they maintain intimacy. If a couple does not think about themselves as a couple they will have a difficult time being able to move onto the next step of making a relational shift. A relational shift is when the couple looks at their interactional tasks in which they are raising a child with Autism and how they engage in intimacy in their relationship (p. 655). To break this down further, for relational shifts to take place the couple must:

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- a) consciously work as a team to care for their children with ASD and each other, b)
- practice enhanced communication skills, c) overcome unique barriers to couple time, and
- d) demonstrate heightened levels of emotional responsiveness toward one another. (p. 655).

These cognitive and relational shifts are important for couples who are negotiating their intimacy. For example, a relational shift could be where the parents negotiate who might put their child to sleep during the week and if the child needs to stay in their own bed. This relational decision is also something that will create a cognitive shift where the couple then notices if this affects their sexual relationship for instance. As one can see relational negotiations will influence cognitive shifts and vice versa. These relational shifts are extremely important and if a couple struggles to communicate these relational shifts this can affect their ability to be intimate (Johnson & Piercy, 2017). These relational shifts can also be influenced by what researchers call contextual factors (Johnson & Piercy, 2017) or issues that go beyond the couples themselves. An example of this, using the example above, could be whether the couple and the child have their own bedrooms. This would influence if a couple can maintain or negotiate intimacy. Have a two bedroom home is an example of a contextual factor beyond the parents' control. This is important for researchers and clinicians who are involved in the family's life as this can also make a difference in how couples maintain their intimacy. Clinicians working with these families might need to help the couple find other supports so that they can maintain intimacy in their relationship.

In addition, Johnson & Piercy (2017), state that "feeling emotionally supported by one's partner promotes intimacy" (p. 646). These ideas are extremely important when discussing how intimacy plays an important role in maintaining the couple's relationship when having a child

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diagnosed with Autism. When couples discuss how emotional support can be maintained in the relationship the stress of the couple can be reduced. Emotional support can also be how couples validate each other and their feelings. It is important that couples raising a child with Autism communicate with one another about their emotional concerns and struggles. It is crucial that couples discuss and are open about their intimacy and how they achieve intimacy in their relationship in relation to their emotional concerns as well as emotional needs.

According to Hirsch & Paquin (2019), in their study they found that couples who made decisions together had a more intimate relationship (p. 2685). If one partner feels that the other partner is taking over or making all the decisions, there is resentment. When each parent feels that they are part of the decision making when it comes to their child, intimacy is easier to maintain. This point will be discussed further when it comes to discussing coping strategies and specifically dyadic coping styles that can further help the couple maintain intimacy.

Programs for Parents of Children with Autism

Couple-Focused Intervention Programs

There are programs that have been shown to be effective in helping couples with autistic children to maintain intimacy in their relationship. In a study by Mendez et al. (2019) a program called *Together We Are Stronger* was evaluated in terms of its effectiveness in working with couples who are raising a child with Autism. Specifically, the goals of this program were aimed at “improving communication among parenting partners; increasing co-parenting skills; and coping more effectively with stress through humor, optimism and working together” (Mendez et al., 2019, p. 170). This program lasted four Saturdays within a month’s timeframe. At the end of this program, “pre-post comparisons showed that participants reported significantly greater

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dyadic satisfaction, co-parenting quality, and hope following the intervention” (Mendez et al., 2019, p. 178). It is important that researchers look at programs that focus on the co-parenting relationship of the couple. These types of programs are effective because the focus is not on behavioural strategies or techniques for the child but instead is focused on interventions and strategies for the couple such as communication strategies and how the couple negotiates certain factors regarding their ASD child.

In terms of lesson planning, this program showed to be effective towards the couple themselves in that the “lessons were focused on creating a shared family mission statement, practicing effective communication strategies, becoming familiar with research on co-parenting and learning how to use humour and optimism to combat stress” (Mendez et al., 2019, p. 178). Helping couples to look at their relationship and focus in on what they need as parents is extremely valuable and useful as it can improve intimacy as discussed above. When raising a child with Autism using humor can also be effective in helping to make light of situations that are difficult because humour allows couples to laugh at unique situations as oppose to feeling upset or frustrated when situations while raising a child with Autism come up. An interesting piece that should be noted was that this program was delivered in a group format setup. However, this program was also delivered in the home of the family. These positive outcomes observed in this study also suggest that “in-home interventions for families and couples are desirable” (Mendez et al., 2019, p. 179). When programs like this can also be delivered in the home this can also help parents to feel more relaxed and less stressed as well.

Parenting Programs

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In addition to programs that are catered to the parents, it is also important to look at parenting programs that focus on parenting strategies for raising a child with Autism. According to Seyed et al., (2018), parenting programs can help parents develop skills they need to reduce challenging behaviours in their children who have Autism” (p. 129). Seyed et al. (2018), states that, “parents-focused programs are developed with the aim of instructing effective methods to parents, so that they can instruct their children and reduce their challenging behaviours” (p. 129). In addition, parenting programs are another example of how couples raising a child with Autism can improve their relationship satisfaction. Seyed et al., (2018), states that when it comes to family functioning parenting programs can help to “improve child, parent and family functioning during the first year of an ASD diagnosis (p. 129). In this study, although it only looked at the effects on mothers raising a child with Autism, the results highlighted that “positive parenting training increased the total score of hope and its dimensions, motivation and crossing in mothers of the experimental group compared to the control group” (Seyed et al., 2018, p. 132). This study indicates that when parents are provided with specific trainings that are catered to their unique needs that hope can be re-established. One could argue that when hope is re-established this will also have an effect on the couple’s relationship. As stated by Seyed et al. (2018),

parents can have a significant role in implementing behavioural interventions in child’s natural environment and it enables parents to help their children organize environmental conditions, expand problem-solving skills and cope with disappointment (p.132). It also helps parents learn to show pleasant reaction to their children’s endeavors and use regular and relaxing methods (p. 132).

When parents are given specific tools and interventions these skills can help to eliminate and deal with the stresses parenting a child with Autism. Specifically in Seyed et al., (2018)

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group positive parenting training has increased life satisfaction in mothers of the experimental group” (p. 132) Even though this study was not conducted with fathers, as stated earlier, when mothers feel more satisfied this can influence how fathers feel. Ultimately, this can have positive effects for both parents.

Specifically, there was research regarding a parenting program called the Incredible Years: Preschool Basic Parenting Program (The Incredible Years, 2013). This program for parents is a parenting program catered to parents who need interventions around developing parental skills in problem-solving coping methods, stress management and communication (Dababnah & Parish, 2016). In a study conducted by Dababnah & Parish (2016), “parents who were raising a child with Autism found that the program helped with parental stress before and after the program” (p.382). Specifically, this program helps parents to engage with their children through play while at the same time strengthening certain skills in the child such as social skills, emotional regulation, and school readiness (Dababnah & Parish, 2016). Effective limit setting and encouraging positive discipline strategies and how to handle misbehaviour (Dababnah & Parish, 2016) was also incorporated into this training. Due to the fact that these trainings help parents to encourage specific skills in their children as well as navigate behavioural challenges it is fair to say that these parenting programs can help to encourage parents to work together and find strategies that help their child. As a result, if parents are more confident in their parenting strategies they can focus more of their energy on their relationship as oppose to all of their energy on their child.

Hutchings et al. (2016), focused on parents who had a child with Autism in their study which looked at the Incredible Years Program. They found that participating in this parenting

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program reduced relational stress. Limiting stress is an important factor in relationship satisfaction as discussed.

Other programs catered to parents such as the Simultaneous Training for Children with Autism Spectrum Disorder (STSSE) and their parents with a focus on social skills enhancement (Okuno et al., 2016). According to Okuno et al., (2016), in this program “family functioning was improved through increased opportunity for dialogue between parents” (p.12). Most of the mothers specifically reported that “they practiced the same session with their partner at home and found time to talk about how to care for their children” (Okuno et al., 2016, p. 12). This is an interesting conclusion in that mothers who were trained in this program shared this information with their partner. Even parenting programs where one couple attends, it can make a difference in how the parents interact with their child which can also then encourage more communication and dialogue between both parents.

Coping Strategies

Coping strategies are examples of actions that couples can take when they have a child diagnosed with Autism. Coping strategies are important in helping couples maintain relationship satisfaction in that they provide both practical and emotional support when it comes to how they as individuals and couples navigate stress. According to Garcia-Lopez, (2016), there are two main ways that one might cope with stress: individual coping and dyadic coping (Bodenmann, 2006, as cited in Garcia-Lopez, 2016, p. 3435). In the research, individual therapy has been widely researched when it comes to parenting in the ASD population however, there is not enough research when it comes to looking at dyadic coping (Garcia-Lopez et al., 2016) styles for couples raising a child with Autism. Especially couples parenting a child with ASD, the partner

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can become a primary source of emotional and instrumental support for addressing the additional parenting demands (Garcia-Lopez et al., 2016). It is important that couples find strategies that are effective in coping with stress and parental demands. Coping strategies can help to provide relationship satisfaction if implemented successfully.

Dyadic Coping

According to Brown et al., (2020), “systemic-transactional perspective of dyadic coping” is a form of relationship coping that incorporates receiving support from and seeking to maintain the couple relationship during stressful events” (Bodenmann et al., 2005, as cited in Brown et al., 2020, p. 139). Garcia-Lopez et al. (2016), continue to highlight the fundamental coping strategies of dyadic coping:

These forms can include: supportive dyadic coping, common dyadic coping and delegated dyadic coping. 1) Supportive dyadic coping occurs when one partner assists the other partner with coping efforts, with the secondary goal of reducing their own stress and maintaining the wellbeing of the relationship (p. 3563). 2) Delegated dyadic coping is when one partner explicitly asks the other partner to take over responsibilities to reduce their personal experience of stress (p. 3563) and Common dyadic coping is a joint coping process in which both partners work together to address a mutually experienced stressor (p. 3563).

According to Sim (2017), when dyadic coping is used, “the deleterious effects of a stressor can be minimized; thereby fostering a sense of togetherness, mutual trust and satisfaction in the relationship” (p. 3563).

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In the study conducted by Garcia-Lopez et al. (2016), “both the mothers’ and the fathers’ perceptions of supportive dyadic coping were positively associated with their own relationship satisfaction (p. 3443-4). In this particular study, supportive dyadic coping helped relationship satisfaction. This study states that when one parent helps and supports the other parent their relationship satisfaction increases. An example of this might be where one parent takes the child to therapy during the day so that the other parent can take a break. This is agreed upon and both parents benefit from this agreement. In the case of fathers, “as their parental stress was significantly influenced by mothers’ relationship satisfaction (p. 3443), fathers perception of supportive dyadic coping reduced their parental stress through the effect of mother’s relationship satisfaction (p. 3443). This is an important indication in the research as this study indicates that when mothers experience relationship satisfaction parental stress is reduced for both partners. When the mother is satisfied in the relationship the father is also satisfied. There might be limitations in this point though as it is hard to say if this type of coping will be successful overtime. If fathers are constantly putting mothers first this might prove to be exhausting overtime. This is important for clinicians who work with mothers and fathers parenting a child with Autism.

According to Garcia-Lopez et al. (2016), it was specifically noted that for “supportive dyadic coping” only problem-focused-strategies, not emotion-focused strategies, reached significance” (p. 3568). Within the couple’s relationship when one partner tries to provide practical support or advice, this can in fact lessen parental stress and increase relationship satisfaction. However according to this study, supportive dyadic coping might be limited if parents are not addressing emotion-focused strategies where both parents needs are being supported. It is important to note, that supportive dyadic coping had better effects than delegated

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dyadic coping (where one partner completely takes over for the other parent). An example of this might be where one parent decides completely that the other parent needs to take over the responsibility of taking the child to therapy. There might not be a discussion at all about this, in fact it is just decided by one parent. Research continued to indicate that delegated dyadic coping did not improve relationship satisfaction (Garcia-Lopez et al., 2016) at all. When one parent takes over entirely for the other parent the outcomes were not the most successful for the relationship even though parenting stress for one parent might be reduced. In the research it states that common dyadic coping both problem-focused and emotion focused strategies had a greater effect (Garcia-Lopez et al., 2016). Couples who worked together to solve problems actually benefited the most both practically and emotionally. As one can see when couples work together there are more positive benefits for relationship satisfaction and for the child as well.

As the study by Garcia-Lopez (2016) continues to outline, couples who used any positive dyadic coping strategy, were able to see positive results in some way. These positive interactions actually also increased child behaviour (Garcia-Lopez et al., 2016) as well. It is important to recognize that any type of dyadic coping style will have some impact. Unfortunately though, supportive dyadic coping and delegated coping were not as successful as common dyadic coping strategies. Another limitation of supportive dyadic coping in that it might provide immediate support to the more tangible needs of the child but it might not address the more emotional concerns that parents have, especially for fathers. Delegated dyadic coping did not have much of a positive effect at all in supporting the couple's relationship so it might not be the best option. (Garcia-Lopez et al., 2016). Common dyadic coping proved to be the more effective than supported and delegated coping styles. According to this study (Garcia-Lopez et al., 2016) it is important to recognize that relationship satisfaction might not improve with certain dyadic

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coping strategies so it is important that both parents are involved in working together to navigate issues and concerns that come up with having a child diagnosed with Autism. In the research, common dyadic coping strategies are most effective with parents who have a child diagnosed with autism.

Other Supports & Ideas

Network Supports

According to Benson (2019), parenting a child with Autism can have pervasive and enduring effects on a couple's marital relationship (p. 960). There is research out there which indicates that network supports are effective in increasing social function of parents and children with Autism. However, there is not a lot of research on how network supports can increase marital relationships. Network support can include support systems that exist within the couple's community. For example, this include friends and family members. The research also states that couples who have greater and more supportive networks in their lives also have greater marital quality (Benson, 2019). It is important to consider how network supports can be helpful in improving relationship satisfaction. According to Harper et al. (2013), "just one additional hour of respite care per week was related to an increase in 6-7 points in marital quality" (p. 2612). When a couple is given opportunities for breaks from friends, family or other supports it would make sense that this can also improve relationship satisfaction. Those working with these parents should consider who the family connects with on a daily basis and who is involved in the family's circle of support.

Seeing Positive Changes

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According to Ekas et al. (2015), “individuals reported greater relationship satisfaction when they reported having higher levels of positive affect” (p. 1998). For example, Ekas et al. (2015), found that optimism was less helpful to parents than the changes in their ways of thinking (otherwise known as benefit finding)” (Ekas et al., 2015). What this means is that when mothers and fathers experience positive changes and growth as a result of their child’s diagnosis, they actually grow closer together. This is helpful for parents in that when parents are given tools to see their situation differently as oppose to trying to just think generally about optimism or the future this without a doubt benefited their relationship quality and satisfaction (Ekas et al., 2015). It is important that clinicians are not just asking parents to think positively but are helping them notice positive changes. This can ultimately impact relationship satisfaction when parents notice specific changes in their child that are positive.

Therapies

The Role of Family Therapy

When parents receive a diagnosis that their child has a diagnosis of Autism there are many questions that need answering that often the parents themselves do not have the time or energy to really focus on what they need. According to Solomon & Chung (2012), Family Therapy can be used as an appropriate approach or intervention when working with parents who have a child diagnosed with Autism (Solomon & Chung, 2012). There is some research about the importance of couple’s focusing on what they need in therapy just as much as their child. According to Solomon & Chung (2012), the metaphor of a “three-legged stool” (p. 256) is used to describe the domains the parents need to address when they have a child diagnosed with Autism. The first leg represents traditional therapies (Solomon & Chung, 2012, p. 256) (like

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ABA) that the child might need. The second leg is the biomedical interventions (Solomon & Chung, 2012, p. 256) that the child might need such as support. An example of this could be specific services in the community that support raising a child with Autism like respite or socialization programming. The third leg is the one that is not talked about so much however arguably it is the most important “leg” of all. In fact if this stool did not have a third leg it would ultimately collapse. This third leg is what researchers call emotional support (Solomon & Chung, 2012, p. 256) of the family. Often times, parent focus so much on the first two legs (what the child needs) that they forget about the third leg which is what do they need as parents and as a couple. When family therapy is catered to the emotional needs of the parents or the couple whose child has an Autism diagnosis one could argue that the long term positive effects for the parents, child and family as a whole can be achieved. More importantly, this type of model can support relationship satisfaction in the couple’s relationship which will help to keep the family healthier including the child.

Narrative Therapy

In order to create meaning and provide that emotional support for parents raising a child with Autism, there is research into how Narrative Therapy can be used with these couples. Narrative Therapy can provide the context for couples to work together to redefine how they see their child and to create meaning that is more beautiful and unique to their child.

According to Baldiwala & Kanakia (2021), Narrative Therapy is a form of psychotherapy that was developed from the writing and practices of David Epston and Michael White in the 1980’s (Madigan, 2011, as cited in Baldiwala & Kanakia, 2021, p. 2). It is a respectful, non-judgemental, culturally relevant approach to counselling (Bladiwala & Kanakia,

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2021, as cited in White, 2007, p. 2) that centers people as the expert of their own lives. It views the person separate from the problem and assumes people have skills, beliefs, values and abilities that support them to reduce the impact of problems in their lives (Baldiwala & Kanakia, 2021, p. 2). Narrative Therapy takes into account multiples realities, belief systems, and perspectives of the client's background; while making visible for clients how ideas of their culture and external forces play a role in creating the situations to which they are responding (Baldiwala & Kanakia, 2021). It is important to recognize that Narrative Therapy looks at all issues past and present that relate to the client including stories that bring about the history, politics and social injustices that the client might be a part of and influenced by. This is extremely important for couples raising a child with Autism as the stories that these couples tell about themselves can influence how they see themselves as parents which can affect how they view their relationship.

Narrative Therapy and Supporting Families with Autism

Narrative therapy is about creating spaces where therapists work alongside the family and where the therapy is seen as more of a collaborative process. It is not based on what society deems as the right way to “do” family and instead looks at the family as being able to create their own narrative and way of “doing” family. “Narrative practices hold space for skills of parents of children with autism and promotes a sense of agency” (Baldiwala & Kanakia, 2021, p. 3). It is important to recognize that for many parents who have a child with Autism, they are often not seen as the experts on their lives. In a study with parents who have a child with Autism, the narrative approach was effective in that “parents emphasized the value of collaboration and collective effort of the therapist and the child/caregiver as central to the counselling process” (Baldiwala & Kanakia, 2021, p. 6). Just as much as the therapist has information to offer,

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narrative therapy emphasizes the importance of collaboration and working together with the parents.

When parents work together with a therapist this can help to improve relationship satisfaction as the therapist also models the importance of working together which is so important for the couple. The therapist will even help to support a multidisciplinary team (6). In this way, the therapist can help to support other professionals like the occupational therapist or the speech and language therapist for instance. This allows the therapist to reach out to others that can help to support the family so that the family is well supported in many other areas that they would need. According to Baldiwala & Kanakia (2021), in the families that they researched, narrative therapy also provided a sense of accessibility that was extremely important in working with families who have a child with a disability. “Accessibility of the therapist was key to the partnership families and children experienced. Accessibility was understood as being available in crisis situations, beyond scheduled time of therapy, via phone calls and emails which created a safe space to work collaboratively” (Baldiwala & Kanakia, 2021, p. 5). It is crucial that in order to support parents, therapists can provide support outside of the one hour per week session. This without a doubt can make a difference to the immediate needs of the family and parents who the therapist is working with.

Baldiwala & Kanakia (2021) state that Narrative Therapy is seen to open up possibilities for parents by allowing them to “shift their understanding of the problem” (Baldiwala & Kanakia, 2021, p. 6) to outside of them which ultimately helps parents to remove the undesired feelings about themselves in which they feel that they have caused this diagnosis or that they are responsible for their child’s behaviours. When the parents see that the problem lives within the context not the person (p.9), parents can begin to focus more on addressing the skills needed to

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solve the problem instead of focusing so much on the child or themselves as the problem. When it comes to working with families where there is a child diagnosed with Autism, Narrative Therapy allows families to move beyond the problem or the focus of the “problem child”.

Ultimately, when the problem exists outside of the person, the stress is more manageable because it is not something that is ingrained in a person but can be addressed in the environment.

According to Suddeath, Kerwin, & Dugger (2017), narrative family therapists also help families to “separate themselves and one another from their problems and to work together to overcome a common problem rather than to change one another” (p.120). This continues to help support relationship satisfaction in that parents focus less on seeing themselves as the problem and instead recognize that it is the context in which they live that might be causing the problem. The environment or context could simply be that the family is isolated from resources or friends and family that could be supporting them and so it is not the child or parents that is the problem but the lack of resources they are accessing. The therapist can then help the parents to access the resources that they need to improve or aid in the problem.

It is important to help parents address how the environment that they live in and which caters to a white, heterosexual, married and middle-class family is one that is actually an unrealistic and unobtainable norm especially when the family has a child diagnosed with Autism. According to Chiaraluce (2018), “caring for a child with ASD forces caregivers to confront their own positionality, and they do so through normative discourses and ideas of doing family” (p. 2902-2903). As families learn to address that these normative ideas of “doing family” no longer fit within how they themselves “do family”, “the family unit itself can begin to find other ways to challenge the normative way of doing family and find different ways that are more realistic and inclusive of their own families” (p. 2903). In some families for instance, “seemingly small

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moments of pride and contentment become major events in some families' life stories and serve as significant forces in the rewriting of new ideological codes for family" (p. 2897). For example, in some families parents can begin to construct their own stories that redefine what family means and how families interact with one another. For example, parents taking their child to the grocery store and noticing small changes in how the child behaves is something that the therapist might chose to focus on with the parents. This story allows the clinician to help the parents recognize the small changes and successes that are occurring in their family and that their way of doing family and focusing on these events is actually quite significant to their family. As most discourses only often describe stories of burnout, the narrative approach also helps families and those who are caregivers to see themselves "as the most important and vital resource involved in the care of their child" (p. 2899). This really helps caregivers and parents to see themselves as individuals with important identities who serve a unique purpose for their child. When parents begin to redefine what family means they can recognize and focus more on their relationship than on trying to live up to unrealistic storylines of what it means to be or interact as a family.

"This approach also allows parents to bring in stories from outside perspectives" (Baldiwala & Kanakia, 2021, p. 7). For example, parents are asked to share other stories of people in their lives who have expressed stories of strength in them as parents. This is helpful for parents who might only be focused on their internal state and how they view their situation. Narrative therapy helps other voices in the families' lives to be heard and validated. When more voices are integrated into the therapy, parents can focus on what close members think about them. In addition, "families and children also reported that the practice of focusing inquiry on alternative stories of hope and dreams, as separate from the problem stories, was supportive and

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made visible potential skills participants could use to tackle the problem” (Baldiwala & Kanakia, 2021, p. 7). This idea of focusing on dreams and hopes allows the client to at times imagine what could be possible and to develop the skills to put their dreams into actions. These “alternative stories” (Baldiwala & Kanakia, 2021, p. 9), give parents the ability to deconstruct and re-author stories that are more empowering (Baldiwala & Kanakia, 2021). As a result, these new stories can help to create more ease within the parent’s relationship which can improve relationship satisfaction.

Narrative family therapists also listen to not just the problem stories but also stories that “elicit stories about strengths and successes” (Suddeath, et al., 2017, p. 121). Specifically the narrative therapist listens for “unique outcomes, or times when the family has overcome or minimized the effects of the presenting problem” (Suddeath et al., 2017, p. 121). This helps parents to focus on what is working instead of what is not. This is important because it allows the therapist to use these discourses and stories as examples to the parents when they might be really struggling. The therapist can use unique outcome stories to show the parents that they have the ability to overcome problems and this can help parents to recognize the strengths that they have in their relationship as well.

Suddeath et al. (2017) continues to state that the therapist helps the family to notice unique outcomes and re-author their story and the therapist will also help to “highlight the unique outcomes and draw out alternative story lines. The therapist will listen for times when the problem could have occurred but did not” (p. 126). These specific questions allow family members to notice the efforts that they themselves and other family members contributed which led to a positive result. The therapist can ask specific questions that help the parents notice these

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unique outcomes and move the parents even more forward. This can help with relationship satisfaction in that it supports parents to notice their successes as parents.

Through this re-authoring process, the therapist can really help the parents they are working with to work towards this preferred narrative. The technique used is called remembering and definitional ceremonies (Gehart, 2014). Remembering, allows the parents to “choose people to help them develop their future story” (Gehart, 2014, p. 128). The use of definitional ceremonies can allow families to bring in alternative family members to bare witness to the families new story which can help to solidify and perpetuate the new narrative that the family will now embrace.

Lastly, Narrative Therapy believes in the importance of advocacy (Baldiwala & Kanakia, 2021). Those families who underwent counselling services in narrative therapy and who were involved in learning to advocate for themselves discovered that they could then advocate for other families in similar situations. This allowed them to create greater sense of purpose in their own lives. This is also an important part of narrative therapy as it allows those who have a child diagnosed with autism to also then help others. It is also a way to support a parent’s relationship where they can work together for a greater cause.

Emotion Focused Couple Therapy

Emotion Focused Couple Therapy (EFT-C) can be used to help provide couples raising a child with Autism to explore their emotions and deeper concerns that are affecting their relationship satisfaction. EFT which was developed by Leslie Greenberg and Sue Johnson in the mid 1980’s, considers each couple within their relational context and uses empathy to explore couple interactions, particularly as they occur in the moment while exploring the emotional

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experience of the partners (Woldarsky & McKinnon, 2019). As EFT has been used with couples who are facing difficulties it would make sense that it can be used as an effective intervention for working with couples who have a child diagnosed with Autism. In addition, they go on to say that “neither partner is seen as at fault for the couple’s problems, but instead their difficulties are understood to be maintained by cycles of negative interaction that need to be changed” (p. 447). For those parents who have a child diagnosed with Autism, it would make sense that EFT would be an effective intervention for parents whose relationship is already quite strained due to the fact that they have a child with Autism. As this approach focuses on releasing the blame and negative interaction between the couple, there is optimism that this therapy can be used to positively help couples identify their negative interactions and begin to develop more sustainable and positive patterns that benefit their relationship.

In a study conducted by Lee et al., (2017), when EFT was used in their study, “couples reported increased marital intimacy through treatment and this trend continued for wives at follow-up” (p. 670). In addition, researchers also reported that there was a significant reduction in attachment related anxiety for couples who achieved blamer softening in the process of treatment in addition to significant reduction of attachment avoidance when using EFT treatment (Lee et al., 2017). This means that EFT is successful in decreasing anxiety for couples.

As EFT is focused on the emotions of the couple, it allows couples to look at three primary motivational systems that support human emotions and how couples understand, relate and feel safe with one another. This is through attachment, identity, attraction and liking (Woldarsky & McKinnon, 2019). As stated by Woldarsky & McKinnon (2019), “attachment refers to the sense of security and closeness one experiences with a close other, and it includes the needs for availability and responsiveness from one’s partner” (p. 449). For couples who have

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a child with Autism parents are constantly in a state of stress and anxiousness as discussed above and when stress is high parents tend to resort to disengaging from their partner. EFT therefore can help these parents to work towards responding to their partner in ways that help to ease the anxiety by finding strategies to encourage more closeness as oppose to disengagement. “EFT can help couples to build this attachment by feeling increasing connectedness with their partner by building affect regulation which will help lead to better attachment closeness” (Woldarsky & McKinnon, 2019, p. 449).

In addition, EFT also helps couples to maintain and recognize that “satisfaction and pleasure come from having our thoughts and feelings recognized and validated by our partner” (Woldarsky & McKinnon, 2019, p. 449). For parents who have a child diagnosed with Autism it is often the case that parents sense of identity can be unrecognized especially when stress of parenting gets in the way. Often times, parents’ emotions and feelings are invalidated especially when the focus might be on the child. EFT can help parents to recognize that each parent in the relationship has their own thoughts and feelings about raising a child with autism.

EFT also helps parents to find satisfaction in their relationships by helping couples to create a sense of attraction and liking. Especially for couples who have a child diagnosed with Autism, “without positive feelings a relationship may function, but if it lacks excitement, joy, and expansion, its longevity is questionable” (Woldarsky & McKinnon, 2019, p. 449). This is an exceptionally important point in that couples raising a child with Autism need opportunities to focus on their relationship and the reasons as to why they continue to be in a relationship with one another.

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Most importantly, EFT can help couples who have a child with Autism create harmony in their relationship (Woldarsky & McKinnon, 2019). Harmony allows partners to “be aware of their emotions, know how to express these emotions and their corresponding needs adaptively to their partners, and have the skills to soothe their emotions when their partner is unable to respond in the way they would hope or wish for” (Woldarsky & McKinnon, 2019, p. 450). For those couples raising a child with Autism, emotions can be unpredictable, therefore finding ways to understand and soothe their partner’s emotions as well as their own can make a huge difference in the couple’s relationship.

Solution-Focused Brief Therapy

According to Choi (2019), SFBT (Solution-focused brief therapy), is an effective therapy that can be used with families and with a diverse population (Choi, 2019). SFBT is an effective treatment model for parents who have a child diagnosed with Autism as it can be used “to help clients build a story about the solution” (Choi, 2019, p. 197). Couples who have a child diagnosed with Autism need practical and tangible solutions to many of the daily problems and concerns that come up when parenting a child with Autism. The most important aspect of SFBT is that “SFBT assumes that change is inevitable and always occurs, and that small changes lead to greater systemic and structural changes (Choi, 2019, p.197). This is an important point to make, in that couples raising a child with Autism need short and specific goals in order to create longer lasting change. Especially when parenting a child with Autism it is important that families can achieve success and in order to do so, it is about focusing on what parents need in the moment. For example, a tangible solution-focused goal might be that the couple focus on what they hope would be different in their relationship. This type of question can help the couple to

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envision how the couple themselves interact with one another. This simple question can help the couple to brainstorm ideas about things they could do differently in their relationship.

SFBT also helps families to focus on their strengths of the family and each individual family member (Choi, 2019). This is so important when working with parents who have a child diagnosed with Autism as it can help the couple to turn “problem-talk” into “solution talk” (Choi, 2019). Often times, parents who have a child diagnosed with Autism see everything in their lives as being a problem because everyday tasks can be that much more difficult. For example, getting their child to brush their teeth can seem like a never ending battle. In this particular case, the therapist might try to help the couple notice when their child can brush their teeth successfully (is it when the parents are calm, when the child has visuals or maybe it’s when the parents take turns alternating days with who supports teeth brushing for the child). The therapist can help the parents to notice where the child can brush his or her teeth or maybe focus on places where the child shows more positive behaviours in other life skills. Instead of just focusing on teeth brushing where the child might struggle more, the therapist can help the parents focus on other life skills where the child succeeds. Within the couple’s relationship maybe the SFBT therapist can ask what the strengths are of each individual parent and where do they notice their specific strengths. This could be that the couple show strengths in putting the child to bed and to notice that even though the child struggles with teeth brushing, the child is successful at going to bed.

The therapist might also explore the strengths and environments where the couple themselves function well and support each other emotionally (Choi, 2019). Does the couple complement each other daily? Do the partner’s give words of encouragement when things are not going well? The therapist will help the couple to notice the strengths in these interactions. This

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can help the couple as a whole navigate the strengths and tools that they have as an effective and supportive partner in the relationship.

The next step in SFBT for families is for the therapist to set the goals for the therapy. According to Choi (2019), “goal setting is one of the most important activities in SFBT” (p. 201). At this point in the therapy the therapist can ask very specific questions that help the couple to really focus on what needs to change or be different. This can help the couple really hone in on what needs to change immediately. The therapist can really target specific areas that need change.

According to Choi (2019), the last specific technique in SFBT is for the therapist to ask the miracle question (p. 203). This technique is still a component of goal setting but helps the family to paint a picture of what could be possible. This can help the family to visualize and think about ways to make this idea a reality. For example, in the couple’s relationship, the parent might say that they wish their partner helped them with more tasks around the home. As the therapist working with this couple, the goal might be then to explore how they could make this miracle happen. As Choi (2019) states, “inviting the family to imagine what the family might look like when the problem disappears and to converse about the problem-free future that they had never imagined” (p. 205), can help to make these ideas a reality.

Solution Focused Brief Couples Therapy

Solution-focused brief therapy for couples is an important therapy that can be used with couples who have a child diagnosed with Autism. There is not a significant amount of research that has been documented with couples (Turns et al., 2019) considering that it is an effective therapy for many other populations. In the study by Turns et al., (2019), SFBCT was generally

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supported as an effective treatment for parents of children with Autism, especially for mothers (p. 272). Although this program was only delivered once per week for a total of 6 weeks, it proved to be an effective treatment option (Turns et al. 2019).

Handley et al. (2020), states that understanding the process of change is extremely important in helping couples to find interventions and elicit conversation that lead to change (p. 155). In the SFBCT model, it is important that the therapist identify the behavioural and psychological markers that can be crucial for client's improvement (Handley et al., 2020). In one study it was observed that when client's received treatment they noticed improvements in their affect, communication, and cognition (Handley et al., 2020). This model can be effective for couples who have a child diagnosed with Autism and in the research done with couples who had a child diagnosed with Autism there was a study that found that change was created for these couples when therapists' characteristics and actions were demonstrated (Handley et al., 2020). When participants noticed that the solution-focused therapists engaged in the use of compliments and mentioned the client's strengths and then directing them to do small steps (Handley et al., 2020) this helped to create change. A second component of change for couples who have a child diagnosed with Autism was the use of suggestions and homework (Handley et al., 2020). This was reported as successful as parents were able to focus on "their preferred future and ideal outcomes rather than focusing on their problems and struggles" (Handley et. al, 2020, p. 166). Lastly, participants reported seeing changes in their communication, behaviours and perceptions (Handley et al., 2020). This particular study is significant because when couples first see that communication patterns change between them and their partner there is a domino effect which then changes their behaviours which then alter their perceptions of their partner or the situation. This is significant as this domino effect has not been seen in any other study. Ultimately, it is

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important that for SFBT to be successful with couples raising a child with Autism it is about working through the communication challenges first which then lead to behaviour and perception changes (Handley et al. 2020).

Gaps in the Literature

Within the research, there were a number of limitations which must be noted. First when it came to studying couples who have a child with Autism, most of the studies only focused on heterosexual married couples. This was the most noticeable limitation across all the studies in the research. For couples who are raising a child with Autism who identify as gay or lesbian, trans, gender non-confirming or non-binary there was no research or any mention of these individuals in the literature. Most studies looking at couples only used couples in their study who were married. It would have been interesting to see how couples raising a child with Autism perceive their relationship satisfaction when they are not married. I would be curious to know if they would have better results in terms of their relationship satisfaction or not. It would make sense that married couples might already be committed to their partners therefore they have more incentive to work through issues and concerns in their relationship rather than couples who are already divorced or separated. Therefore the outcome in the data might have been more optimistic than if the researchers studied separated or divorced couples. More research needs to be gathered that embraces a wider scope of relationship possibilities for parents raising a child with Autism.

Another concern in most of the studies that were looked at, is the participants that were studied were also homogeneous. In other words, the couples who were studied had similar race and ethnicities (were mostly white Caucasian) and were from the same religious affiliation and

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class system (mostly middle class). It would seem that couples who participated in this study were not as highly influenced by contextual factors in comparison to other groups. Especially groups where poverty or racial discrimination are more prevalent, this might have an effect on couple's relationship satisfaction. This was not looked at in majority of the studies.

In the study by Johnson & Piercy (2017), the results are limited. Not only did the study exclude non heterosexual couples but it also failed to include diversity in the gender of the child with Autism. This can also skew results in the data collection as well. It is possible that children who are male or female have different behavioural challenges and it would have been interesting to note this in the research.

When it came to studying and analyzing romantic relationships in parents raising a child with Autism there were also some limitations in certain studies. In the study by Hirsch and Paquin (2019), they also used a strictly homogenous group of participants similar to studies mentioned above, however in this study they used a technique called "snowball sampling" (p. 2687) which is where the researchers recruit those who would be most helpful or useful in proving results that the researcher would like to see. There is the potential for bias in this type of sampling so it's possible that the results in this study are heavily biased. It should be noted that this study was not the only one that had a very small sample size. Unfortunately, having small sample sizes creates a limited number of data to pull from so this could have skewed results as well.

When looking at the parenting programs that are available to couples raising a child with Autism, the limitations were that there was no control group for participants who did not take any of the parenting programs. The reason for this is that in order to have a control group the

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researchers would need to accumulate more participants which would require more funding. Unfortunately, at this time it was not possible for these researchers to sample a larger sample size. In the study by Seyed et al. (2018), where examination looked into the effectiveness of a group parenting program for mothers, unfortunately, the study does not include research into how Fathers would benefit from a group parenting program. Gender differences are important in studying this demographic and therefore when the study lacks accountability for these differences it can lose some of its validity. This needs to be expressed as a limitation in the research.

In the study by Turns et al. (2019), the sample sizes were quite small and when it came to analyzing if SFBT worked with couples raising a child with Autism, there were limitations in the fact that researchers did not assess the child's symptomology (Turns et al., 2019). When looking at couple's relationships if the child's behaviours are more extreme SFBT might not actually work for these couples.

Chapter Summary

In this chapter I reviewed the literature on different strategies and inventions that can be used to help improve relationship satisfaction in parent's raising a child with Autism. When couples learn how to work together and navigate difficult situations there is less burnout and stress within the family as a whole. Therapists should use a family centered approach when working with this demographic as it is proven to be most successful. Couples raising a child with Autism need different modalities and interventions to work on their relationship especially when they are parenting very high needs children. It is essential that parents are also receiving support

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in accessing outside services in the community like other parenting and couple focused programs.

In the next chapter I will propose a group therapy program that incorporates the interventions and modalities discussed in the literature. Through consistent group sessions held over a period of time, the hope is that parents can feel supported in a group dynamic where other couples similar to one another can learn and work through relationship and parenting concerns that come up while raising a child with Autism.

Chapter 3: Proposal

Summary and Recommendations

Summary

In chapter one, I highlighted the concerns and issues regarding couples raising a child with Autism and how this affects their relationship satisfaction. There are many reasons as to why these parents experience more stress individually and in their relationship. When they are struggling to adhere to challenging and behaviours that their child experiences on a daily basis it can be overwhelming and taxing on one's mental and physical health (Hartley et al., 2017). In addition, mothers and fathers experience stress and relationship satisfaction in different ways. My literature review found differences in terms of how mothers and fathers deal with stress in raising a child with Autism. These differences also affect how these parents experience and navigate stressful situations with their partner which ultimately affects how they view their relationship (Hartley et al., 2017).

I also reviewed the literature on parenting strategies and interventions that can be used with couples raising a child with Autism and how these strategies and interventions can be successful in improving relationship satisfaction for these couples. As one can see there is not one solution to working with this population but in fact there are many ways that professionals can work with these parents. It is important that therapists specifically are not using just one model or solely relying on just one modality. It is important that the therapist is being eclectic in how they work with couples raising a child with Autism as certain models focus on what parents need in various moments depending on what they are dealing with. It is important that therapists look at the actions, meanings and emotions that couples raising a child with Autism are dealing

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with at any given moment in time. Dyadic coping strategies can be used with couples to help parents support one another in terms of more tangible supports. However, the research indicates, common dyadic coping is most successful in terms of providing the coping strategies that couples need to work together to raise a child with Autism and support their relationship satisfaction. As well, the research indicated that Narrative Therapy, Emotion Focused Therapy and Solution-Focused Brief Therapy can be used interchangeably as modalities that are evidence-based. The benefit of many of these modalities is that they all blend nicely together. In addition, it is important that the therapist not just focus on modalities being used but that they also focus on networking and resourcing these parents to other programs and trainings in the community. These parents need a wide range of supports that they can access that also goes beyond the therapy room. That is why focusing on educational opportunities and support groups for these parents is also important.

Next Steps – Group Program Proposal

As the research in chapters one and two indicated, parents who are raising a child with Autism have more stress in their general lives (Yu et al., 2019). When these couples also have to overcome these challenges in their relationship as a result of stressful parenting this can have detrimental effects for the couple themselves which also effects the child. Therefore the purpose of this capstone was to provide parents who have a child with ASD with interventions that will help to improve their relationship satisfaction and improve overall quality of life for both the couple and the child. The questions raised in this research were:

Can child behaviour (in ASD children) improve if interventions focus on parents? Will marital satisfaction improve in parents who have a child with ASD when interventions focus on couples' relationships? What interventions are most effective in reducing stress/caregiver strain in parents who have a child with ASD and what interventions can be used to improve marital satisfaction?

In this section, I will propose a unique group program that spans 12 sessions for couples parenting a child with Autism. This main focus of the program will be to help these couples create intimacy in their relationship while at the same time build healthier communication skills and strategies within the relationship. The program will use elements of narrative therapy, emotion-focused therapy and solution-focused-brief therapy to work with these parents as well. In addition, we will spend time focusing on resources and programs in the community that can also be supportive to these parents even after this program finishes. It is preferable that the couples who are wanting to participate in the program are committed to their relationship (couples do not need to be married and can be parents who are separated but are maintaining a

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co-parenting relationship). It is ideal that couples be referred by another professional although this does not have to be the case.

Setting

This program will need to be run in person therefore the location of the program will need to be in a setting where there is enough room for at least 5-6 couples to be present. It could be run from a community agency office or in the general community and we could also rent out a room at the local community centre.

Group Design

As stated above, the group will run for 12 sessions (one day per week for two hour sessions). For the group to run successfully and with enough dialogue and content there will need to be at least 5-6 couples (12 participants) with a maximum of 7 couples (14 participants). If this group cannot be run in a group format for various reasons, this model could be presented to couples who are coming for more couples therapy and could be delivered in an alternative way. The group will have one main facilitator who is a counsellor/therapist and has experience in working with parents who have a child with Autism. The other person can be a trained counsellor/therapist but if this individual is not available the support facilitator can be a counsellor in training or who has some experience in working with parents and children with Autism.

Group membership is important and there will be a referral process for all couples who are interested in the program. As stated above, clinicians can refer but couples can also self-refer. Participants will then be screened through video or phone conversations before being accepted into the group to make sure the group is a good fit for them. Couples will be screened for

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domestic violence and suicidality. Unfortunately at this time, those couples where DV or suicidality are a factor will not be admitted to this group for safety reasons. Other resources will be given to these couples. This might require that referrals are made to other resources for these parents.

Activity Design – Intervention Sessions

First Session- Introductions

The first session will be an introductory session where couples can introduce one another and get to know couples in the group. In order to make everyone feel comfortable, we will start off with an ice-breaker where each partner says one thing that they love and value in their partner with who they are sitting next to. We will then go around and each couple will highlight some of their concerns with their child and the stresses they experience on a regular basis. They will then be asked to go around the circle again and discuss some of the concerns or issues that are occurring within their relationship. The facilitators will also outline how the sessions are going to run for the next eleven weeks.

If there is time, the facilitator will go around the room again and ask each person individually what they are hoping for and what they would like to achieve by the end of the 12 weeks.

Ethical Components

In order to create a safe space for everyone, confidentiality will be discussed at the first group session, and again at the last group session. We will create a “group rules” sheet that everyone in the group will agree to.

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Second Session – Fostering Intimacy

In this session we will specifically discuss what it means for parents once they get an autism diagnosis for their child and how this effects their relationship. The facilitators will ask questions that facilitate this conversation such as: Since you received a diagnosis for your child how has this affected your relationship with your partner? The facilitators will then define two key terms as stated by Johnson and Piercy (2017) in their article regarding maintaining intimacy. There terms they used were: *cognitive shifts* and *relational shifts*. The facilitators will speak to the importance of how couples who have a child with Autism need to make cognitive and relational shifts in their relationship in order to experience relationship satisfaction. The facilitators will then go around the room and ask each couple to think about the following questions:

- How did the two of you decide that you wanted to be married/in a relationship with one another?
- What is important in your marriage/relationship?
- How do you both negotiate what is important in your marriage/relationship?
- What does intimacy mean to you and how do you express this with one another?
- When it comes to raising a child with Autism how has intimacy been altered or changed?
What would you like more of from your partner?

The objective of these questions is to help facilitate a dialogue about what is important in each couple's marriage/relationship and to determine how each couple maintains intimacy in their relationship and what each couple would like to see moving forward.

Third/Fourth Session – Dyadic Coping Strategies & Navigating Stressors

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In this session, the facilitators will highlight and define supportive, delegated and common dyadic coping and explain the difference between the three terms as cited by Brown (2020). The facilitators will emphasize how common dyadic coping is the most effective strategy in helping couples to navigate problems and concerns within their relationship especially when it comes to parenting a child with Autism. When parents work together to solve problems both people benefit both practically and emotionally (Garcia-Lopez, 2016). The focus of the conversation will be looking at common dyadic coping. Questions that will facilitate the discussion will be:

- How do you and your partner already practice common dyadic coping strategies in your relationship?
- What are the stressors in your relationship that you would like more support from your partner in dealing with? How can you work together to navigate these relationship stressors? Both practically and emotionally?
- What are the stressors that occur when parenting your child and how can you as a couple work together to navigate these stressors? Both practically and emotionally?
- What barriers might be in the way and how can you tackle these concerns?

Fifth/Sixth Session – Creating New Narratives

This session will focus on helping parents to create a new narrative about their child and their relationship with their partner. By helping parents to break down social norms about what it means “to do family” this can help couples to create a space with others where they talk about how they are the experts of their own lives and how they define what it means to be a family and

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a couple navigating their own unique relationship. With the facilitator and the other couples in the room we will focus on these specific questions:

- How has society labelled the way you see your child and relationship?
- What effect has your child's Autism had on your life?
- What does your child's Autism do to your identity as parents?

Questions to create Change:

- What successes have you had in parenting your child with ASD? What stories do you have that share times where both you and your partner navigated a really difficult situation?
- What do people who know you best say about you as parents?
- What qualities do you have as parents that enable your child to be the best version of themselves?
- What does your relationship say about your intentions as parents?

Seventh/Eighth Session – Accepting and Validating Emotions

As stated by Woldarsky & McKinnon (2019), EFT can be helpful to couples by helping each individual to recognize that they are not the problem and that difficulties are understood and maintained by cycles of negative interactions that need to be changed. As we have seen in the literature, EFT helps couples to build healthier ways of communication by creating spaces where each partner feels validated and understood by their partner (Woldarsky & McKinnon, 2019). The key here is validation and encouraging the couple to have their thoughts and feelings heard without the other person trying to change them. From here, then couples can learn how to solve more concrete problems. It is at this point in the group that we will have couples each take turns

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sitting in the centre of the circle. The facilitator will ask each couple in the circle to communicate with their partner about how they are feeling in terms of their relationship with their partner or parenting stress they are experiencing. These are the steps that the therapist will take to interact EFT with the couple:

According to Bradley (2019), in step one, “the therapist in the session will ask the couple to express an internal or underlying pain that they are experiencing” (Bradley, 2019, p.504). This will help the therapist to identify the area of pain that is causing the couple stress and disconnection. The therapist will then validate what each couple is experiencing. In the second step “the therapist will identify the negative interactional cycle and each partner’s position in the cycle, and begin to externalize the cycle as the problem” (p.504). This will help each person to notice that the problem does not originate from “them” but that the problem has been created due to a breakdown in understanding from the other. In steps three and four “the therapist will then help the couple to access the primary emotions that are fueling negative interactions” (p.506). The therapist here will help the couple to notice what is really going on emotionally for one another and that although the partner might be presenting with anger it may be due to an underlying sadness. Finally, “the therapist will then help the couple to restructure their negative interactions to help soothe one another” (p. 506). The therapist will work with the couple here to find other ways to navigate these uncomfortable feelings through some problem solving and restructuring.

See Appendix A for what a script could look like when using EFT with a couple.

Ninth Session – Coming Up With Solutions

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In this session with the couples, I would highlight the importance of how EFT can complement today's session using SFBT strategies. I would focus this session on helping couples to do some personal goal setting with one another. I would have each couple spread themselves out in the room and have some alone where they can focus on specific goals that they would like to work on in their relationship or within their parenting. We would then have each couple share the goals that they would feel comfortable sharing with and why they chose these goals. Then as a group, the facilitators can ask each couple in the group, the miracle question to encourage hope for the future and ask couples to visualize what the future might look like for them.

Homework: At the end of this session there will be a small activity that couples will need to do. Based on the goals that were generated in this session, each couple will need to write down one idea about how they are going to support their partner in each goal that they came up with today. We will review in final sessions with group.

Tenth Session – Community Resources

This session will focus on connecting parents to community-based resources within their area. The facilitators will talk about how the following resources can be beneficial to the couples and what services they provide. See Appendix B for an example of resources.

Eleven/Twelfth Session – Summary, Reflections and Goodbyes

The last sessions will be an opportunity for couples to ask questions, celebrate their successes and determine next steps. We will also view the goals and how each couple will continue to support one another in their goals. The last session will be an opportunity to celebrate and have more of an informal session.

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Assessment

In order to determine if this group was successful, the facilitators will have each participant fill out a questionnaire or an online survey. We will also do a check in and check out at every sessions to see where couples are at every week.

Next Steps

The facilitators will recommend that couples continue with couple's therapy with a trained counsellor. This will help them to continue to work on goals that were focused on in the group.

Limitations to this Capstone

The limitations of this capstone as discussed in Chapter Two are that this capstone does not discuss couples who are in a non-heterosexual relationship or who are from unique and diverse racial or ethnic backgrounds. As the research is quite limited in this regard it was not possible to discuss relationship satisfaction in diverse couples raising a child with ASD. In addition, this capstone does not look at single parents raising a child with Autism either. This is a demographic that needs to be studied as they are a unique group. I would like to see more research on diverse and marginalized groups in the literature moving forward and I hope that more can be done to recognize that parents raising a child with Autism are from unique and diverse background not just white and heterosexual. More needs to be studied in regards to diverse families raising a child with Autism.

Final Conclusions

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Parents raising a child with Autism have an enormous amount of daily stressors that they must deal with on an ongoing basis. These stressors if not dealt with can lead to poor family functioning and negative outcomes for the parents and the child. My hope moving forward is that when therapists focus on the needs of the couple or parents raising a child with Autism that this will improve overall family functioning for everyone including the child. Unfortunately, there are not enough programs that focus on the needs of the couple and I hope that we can begin to have more conversations around how to support couples raising a child with Autism. The group program that I proposed for couples I hope to run at the family services agency that I work at alongside a parenting training course that I am also trained in. When the needs of the couple are met great opportunities can arise for these families. Most importantly, I feel that when the needs of the parents are met so are the child's needs.

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Appendix A

Example of EFT-C Script

Step 1 and 2: Therapist asks each partner to identify a concern or emotional pain that is occurring for them. The therapist will then validate the partner's position:

Suzie: *I'm so annoyed and angry that Joe never plays with Cole (5-year-old son). Cole is non-verbal and doesn't really play with toys in the way that most kids his age would. I'm sad that Cole doesn't feel connected to his dad.*

Joe: *That's so not true Suzie! I play with Cole. He just doesn't like to play with me and besides you are much better at "getting into his world" than I am.*

Therapist: *Joe, is it sometimes hard for you to engage with Cole?*

Joe: *Yes, I don't always know what to do or say sometimes. It can be really hard for me to know what to do with Cole sometimes because he doesn't respond to what I say or do (tearing up a bit when speaking).*

Therapist: *Suzie did you know that this is something that Joe thinks about?*

Suzie: *Yes, I mean I get it but sometimes as a parent you just need to get over it and do what is best for you kid!*

Therapist: *I wonder if we can try to understand what is really going on here for Joe and see if we work through this...*

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Step 3 and 4: The therapist here will then help Joe to access his primary emotions (506) and then help the couple to restructure their negative interactions (506).

Therapist: *It seems that you are feeling a lot of sadness in terms of how you thought your relationship with your son would be Joe?*

Joe: *Yes, I mean... Most kids Cole's age are learning how to play sports or build lego towers with their dad. I love Cole but he only likes to play with his blue car and all he does with it is move it up and down the perimeter of the table*

Therapist: *It sounds like the expectations that you had for you and your son are not what you had hoped for.*

Joe: *Yes, I mean I worry about what this means for my son as he grows up. I know that his Autism will always be a part of him but I don't think I've actually accepted that this is who my kid is.*

Therapist: *It sounds like you are still grieving and processing what it means to have a son with Autism. Suzie, what is it like to hear your husband say this?*

Suzie: *I get it. I'm hurting too...*

Therapist: *It sounds like you both are in a lot of pain. Joe, what do you need from Suzie at this time?*

Joe: *I need her to understand that it's not that I don't want to play with Cole, it's just that it's still emotionally difficult for me to accept that my son is different than other kids his age. We have talked about this before but saying this out loud is helpful.*

Therapist: *What else do you need from Suzie?*

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Step 5: In this step the therapist will work with the couple to integrate and restructure some new interaction patterns (508):

Joe: *I think I just need Suzie to give me a hug when I'm telling her how I feel. I also think that I might need her support when it comes to playing with Cole. She has some really cool ideas to get him more engaged and I just need her there with me sometimes.*

Suzie: *That sounds like an interesting idea. Let's try that out. I also will try to give you more hugs and physical touch when we are having conversations about Cole. I didn't realize that this helps you...*

Therapist: *It sounds like we have a good plan to start with here...*

Appendix B

Autism BC

<https://www.autismbc.ca/>

RASP

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/autism-spectrum-disorder>

ACT

<https://www.actcommunity.ca/bcresources>

Autism Support Network

<https://www.autismsupportbc.ca/>

Autism Society of BC

<https://www.cdcfsj.ca/resources/98-autism-society-of-british-columbia>

Family Support Institute

<https://familysupportbc.com/>

Incredible Years – Hollyburn Family Services

<https://www.hollyburn.ca/services/parent-training/incredible-years-program-asd/>