

Understanding and Supporting Families With Autism Spectrum Disorder (ASD)

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Abstract

Families that have a member with autism spectrum disorder (ASD) face considerable adversity. Although a large body of research already exists for ASD, more research is warranted in understanding how ASD impacts the family as a unit. This project investigates the challenges and impacts for families with children with ASD by examining the lived experiences of these families. General themes that emerged while undertaking this literature review include the burdens placed on caregivers of children with ASD and associated effects on family functioning, such as marital and sibling relations. Other themes drawn from the research include the systemic barriers and challenges families face while accessing mental health support, including how the global Covid-19 pandemic has affected these families. Further themes such as social stigma experienced by families were also inherent in the literature. Results of this review highlight the importance of considering ASD as a family endeavour, not just an experience of the child with ASD. This review aims to inform the mental health field of the benefits of approaching ASD through a family systems lens by providing support and treatment that addresses the entire family, such as family therapy, mindfulness, and celebrating the natural resiliency of families affected by ASD.

Keywords: ASD, families, lived experiences, Covid-19, stigma, resiliency

Understanding and Supporting Families With Autism Spectrum Disorder (ASD)

As classified in the *Diagnostic and Statistical Manual for Mental Disorders 5th edition* (DSM-5; American Psychiatric Association [APA], 2013), autism spectrum disorder (ASD) is a neurodevelopmental disorder (NDD). NDDs are classified as conditions that begin during the developmental stages (usually early development) and are represented by deficits that impede functioning within the personal, social, and academic domains (APA, 2013). Functional impairments include deficits in cognitive, motor, or sensory operations that typically change across developmental stages (APA, 2013). An individual's limitations can be particular to their control of executive functioning or, more broadly, impact their social skills development and overall functioning (APA, 2013). Further, the level of functional impairment for children diagnosed with a NDD may vary with the specific type of diagnosis (APA, 2013; Bailey et al., 2016). Due to the diagnostic umbrella of NDD that ASD falls under, some of the literature included in this review targeted NDDs in general, which include other disorders along the NDD spectrum such as attention deficit / hyperactivity disorder (ADHD), cerebral palsy (CP), obsessive compulsive disorder (OCD), and others. Individuals with such disorders that fit along the NDD spectrum are often referred to as “non-neurotypicals” (Canadian Autism Spectrum Disorder Alliance [CASDA], 2020). It is important to note that all disorders along the NDD spectrum (such as ASD) have the commonality of symptoms that presents as a disruption in physical, intellectual, emotional, behavioral, and cognitive functioning, typically first appearing during early childhood (APA, 2013). Additionally, along with NDD research, ASD literature is often found within the research of developmental disabilities in that it is a disorder that impacts development throughout childhood (Santrock, 2014). Consequently, this review includes

literature about families from categories of ASD specifically and contributory literature based on NDD studies, developmental disabilities studies, and the field of disability in general.

ASD is identified by a child's impairment in communication (both verbal and nonverbal) and social interactions, along with restricted and repetitive behaviour patterns (APA, 2013). Ranging in symptom severity, ASD is linked with considerable limitations in day-to-day functioning, manifesting in cognitive, behavioral, and medical challenges (APA, 2013; Nowell, 2019). The more pronounced the symptoms are in children with ASD, the more the symptoms impact the necessary level of care. If a child experiences severe symptoms of impairment, they often require strong clinical supports and extensive caregiving due to decreased functional ability (Hartley et al., 2017). Children with ASD experience different levels of symptoms, deficits, and abilities, hence, ASD is considered a "spectrum" disorder (Ofner et al., 2018). A child's abilities and deficits can fit anywhere within the spectrum, and knowing where a child fits on the spectrum helps professionals determine the necessary support required, which can range from minimal to extensive. As outlined by Ofner et al. (2018), "ASD is a complex life-long condition that impacts not only the person with ASD but their families, caregivers and communities" (p. 2).

The prevalence of diagnosed ASD in children and youth in Canada was approximately 1 in 66 (15.2 per 1,000) in 2015, which rose from 3 years earlier (Baxtor, 2017; Ofner et al., 2018). The National Autism Spectrum Disorder Surveillance System (NASS), which represents both federal and provincial governments working in conjunction to develop an extensive account of ASD in Canada, collected data from 2003–2015. Their data showed that provinces across the country have increased prevalence of ASD in children 5–14 years old (Ofner et al., 2018). As outlined by Ofner et al. (2018), ASD has increased from "6.0 per 1,000 to 19.6 per 1,000 in Newfoundland and Labrador; from 5.0 per 1,000 to 17.7 per 1,000 in Prince Edward Island; and,

from 3.5 per 1,000 to 15.7 per 1,000 in Quebec” (p. 1). What is also important to note is that boys are being diagnosed four times more often than girls (Ofner et al., 2018). NASS reported that 1 in 42 males and 1 in 165 females aged 5–17 years old were diagnosed with ASD (Ofner et al., 2018). Globally, ASD is also increasing in diagnosis as Baio et al. (2018) reported that 1 in 59 children will be are diagnosed with ASD. Congruent with Canadian statistics, boys show a much higher diagnosis rate than girls, reporting 1 in 42 versus 1 in 189 (McFayden et al., 2019). Baio et al. (2018) noted that the disparity between male and female diagnosis would likely begin to close as females have been underdiagnosed.

Considering the prevalence of ASD, there needs to be accessible and extensive support for families raising a child with ASD. Children and families living with ASD demand comprehensive services and support across all sectors, including mental health, education, and social services, as outlined in 2010 by Klassen’s systematic review of the improvement frameworks in health, education, and social services systems. Given the prevalence of ASD and the impacts ASD can have on family functioning (Hoffman et al., 2006), a more in-depth understanding of such disorders is warranted. By gaining a more profound understanding of such impacts, mental health professionals would be better positioned to support and provide meaningful interventions for these families.

This review will explore the lived experience of families affected by having a child with ASD. In referring to families, it must be noted that a considerable amount of autism research concerning families has been conducted within the dominant culture (Cascio, 2015; Fong et al., 2021; Norbury & Sparks, 2013), with the majority being extrapolated from the United States, Canada, the United Kingdom, and Australia (Cascio, 2015). Consequently, such a narrow focus on the dominant family culture has the ramifications of representing a culturally specific view of

family experiences, impacting assessment tools that can be deemed valid or reliable outside the Western world (Norbury & Sparks, 2013). Stating this limitation, this review is limited to families mainly represented as the nuclear family with two parents living within the same dwelling coming from the dominant culture. As such, I have included literature specifically about immigrant families to include how other cultures may experience ASD differently from the dominant culture.

While much attention has focused on identifying and treating the child with ASD, identifying the specific challenges faced by families of children with ASD can help mitigate adverse impacts on families as better support can be put in place. Families with children with ASD experience various challenges not experienced by families with neurotypical children (Hayes & Watson, 2013; Tilton, 2004). Such challenges include parents struggling to balance their time caring for the child with ASD and other family and career life responsibilities (Hayes & Watson, 2013; Hodgetts et al., 2016). Furthermore, the demands of parenting children with ASD can add marital, parental, and other stresses when managing a child's externalizing behaviours while effectively supporting the child's unique needs (Harper et al., 2013; Hartley et al., 2017). Other adversities faced by families with ASD include feelings of isolation due to a perceived lack of support and increased tension and stress within family dynamics (Leontine et al., 2020). Since March of 2020, the Covid-19 global pandemic has added another layer of challenge for these families, which has significant implications to a family's well-being.

There are many implications for mental health and social service providers to recognize the inherent and constant impact of these stresses on the health and well-being of Canadian families with ASD (Ofner et al., 2018). Nason (2014) suggested that mental health professionals must never lose sight that support begins with the parents and the family as a unit as they are the

fundamental layer of support towards positive change for children dealing with non-neurotypical functioning such as ASD. This review includes research that examines ways in which the mental health field can take a positive approach to ASD through advocacy for these families and by cultivating and fostering hope and resiliency within the family unit. Findings in this paper will inform the field of counselling and guide professionals supporting families managing the challenges of non-neurotypical children.

I will begin this paper with a self-positioning statement to identify and examine my biases as a researcher. I will present a review of the current literature regarding the impacts of ASD on families, including a review of treatment approaches such as mindfulness, parent training programs and using a strength-based resiliency model when counselling such families. Following my review, I will discuss the implications of the literature on the mental health field. Based on the findings, I will offer suggestions for future research and practice that focus on how the mental health field can support families with ASD. Lastly, the paper comes full circle with a self-reflective statement of the personal and professional process throughout this research endeavour. As part of this reflection, I will discuss my research journey, how I managed my biases, and what I learned about myself as a future counsellor.

Self-Positioning Statement

A family with physical and mental health, financial means, access to education, and ample social supports will still experience struggles. Raising children with NDDs such as ASD adds additional layers of challenge. I wonder, for these families, what are their experiences, and how do they manage their unique challenges? What does society perceive, and what are common areas of misinformation? How can the lives of these families be improved and better supported

by the mental health field? These were my burning questions as I embarked on this research topic.

Coming from the dominant culture, my family and I benefited from many opportunities. Our lifestyle is comfortable, with ample opportunity for travel and exploration. As a young couple, my husband and I had high hopes for our future, and our worldview was painted from the brush of privilege. Currently, our family of three boys belongs to the higher socioeconomic class. Our family is bilingual, and our boys have always lived near extended family who form part of their support system. That support system became vital to my husband and me as we began to face the challenges of raising our boys, particularly our youngest son, who was diagnosed with ADHD as well as along the spectrum of autism at 6 years of age. Although raising my youngest with severe ADHD has been challenging, I certainly have not experienced the hardships or social injustices faced by those in other cultural or socioeconomic groups. Although we faced adversity, such as trying to effectively manage my son's social behaviours in and outside the home and supporting his learning due to his challenges of staying focussed in class, my son and our family have been well supported. For example, I have been able to afford private counselling and parent training sessions, and medication costs have not created any barriers for my child or family. Furthermore, I have been able to advocate for my child at his school because, as a former teacher, I know the school system's ins and outs, and I was well-networked.

Sifting through the literature on ASD will undoubtedly be an emotional process for me. As I embark on this review, I must be aware of my possible triggers, particularly when reading the phenomenological studies based on families's lived experiences with ASD. As a thorough and competent researcher, I will need to constantly reflect on what is happening for me and identify when my biases are coming through. Such biases will include my optimistic view on

non-neurotypical children and how they can add so much light and love to a family unit. Often when I sift through the literature, I feel like too much emphasis is placed on the adversity of ASD, which informs me of my bias. This is a bias I must mitigate throughout the process by staying mindful of my personal sensitivities. Whenever this may occur, I must remember to include all the literature even if it does not fit my personal experiences or outlook. I must remain open and remind myself that I am wearing the researcher hat and not the mom hat.

Along that line, I also have biases as a former teacher who worked extensively with students with special needs, such as ASD. Such a bias would include a perspective that comes more from the teacher point of view. Perhaps when reading about a family with ASD experience in the school system, I will not be entirely open. I may allow my own experiences as a teacher to taint the way I read or interpret the literature. Again, this reminds me of the grave importance of wearing the researcher hat and not the teacher hat.

Lastly, another bias that I will need to be aware of and mitigate throughout this review will be my inclination to want to focus on the recommendations on how the counselling field can move forward and further enhance the lives of these families. I am an action-oriented person, and I also live in a family with a disability where solutions to behavioural problems are constantly being brainstormed and incorporated into our daily lives. This unveils a potential bias as a problem solver and not necessarily a researcher that wants to understand all angles. This could result in me focussing on research that offers a more solution-oriented approach than research that aims to understand a family's experiences. Again, to avoid such a biased point of view in this project, I must constantly be mindful of this and include the research that ignited any personal resistance. By doing so, I will reduce the chance that I omit the literature that does not

fit my personal agenda as a counsellor. Again, the theme is that I must wear the researcher hat and not just the counsellor hat to ensure that I produce a review with limited biases.

I will use strategies like keeping a running journal of times where I feel emotionally impacted throughout this endeavour. Doing so will inform me of my bias coming out, so it tips me off that I must be more open and be a researcher. Another strategy I will employ is to talk things out with colleagues. If I do not understand a particular study or feel that the study is biased, discussing it with someone else may help me recognize my own bias. Another strategy I will use to manage my biases throughout my research will be to present various methods and a large scope of studies with differing perspectives and objectives. In essence, I will approach this topic with the mindset that it is not personal but rather comprehensive, facilitating presenting the literature more objectively. It is crucial as a researcher that I manage and mitigate these personal biases to deliver and present objective research. Therefore, recognizing and regulating my triggers will be a mindful process throughout this research project.

The objectives of this section are to identify my professional and personal biases. In doing so, I need to acknowledge and anticipate that my own worldview will be challenged, and my biases will be unveiled throughout the process. My most defining biases stem from my privilege being from the dominant cultural membership (Arthur & Collins, 2010). In coming from a place of power and privilege, I approach issues through an optimistic lens with a solution focus and an action-ready attitude. I have always been in a position to make change, and as mentioned above, I have also had the resources available to me. In preparing myself for this research, I need to remind myself that not everyone possesses the same opportunities and optimism. Many families that surface in my research come from a disadvantage due to their social location and cultural membership (Arthur & Collins, 2010).

Literature Review

The purpose of this literature review is to explore the impacts and experiences of ASD on families. By using a concept mapping approach, which allows the researcher to visually stratify and represent connections within a comprehensive body of literature, specific themes and subthemes emerged (Efron & Ravid, 2018). Although a discussion of all possible themes is beyond the scope of this paper, two major themes and associated subthemes prevalent in the literature are discussed. The first theme considers the impact of ASD on the family, with subthemes highlighting ASD's effects on a marriage, the demands on caregivers, how ASD impacts sibling relationships, and the effect of ASD on family life in general. The second major theme surrounds common barriers that families with ASD encounter in society. Associated subthemes include challenges within the school system, social stigma, and the impact of culture. A further theme emerged highlighting the impact of the Covid-19 global pandemic on families with ASD. In addition to these themes and subthemes, I also review possible treatments and approaches used to help families of children with ASD, such as mindfulness approaches, parent training programs, and resiliency models.

The Impact of ASD on the Family Unit

Families are viewed as interactive, interconnected, and reactive—when something occurs for one family member, it will impact all other family members (Brown, 2016; Nichols & Davis, 2017; Seligman & Darling, 2017). As such, having a family member with ASD influences the primary caregiver(s) and other family members such as siblings (Hastings & Taunt, 2002). One of the most prominent themes highlighted in the literature on ASD is the impacts on parents, specifically, parents's perceived stress when raising a non-neurotypical child (Hodgetts et al., 2016). Topics within this domain include impacts upon parents's marital relations and caregiving

realities, including the time demands and the emotional stress experienced when managing family life (Dovgan & Mazurek, 2018). Moreover, interactional patterns between members, including the positive and negative impacts on siblings, are discussed (Schertz et al., 2016), as well as the dynamics within the family unit.

Impacts on Marriage

Experiencing marital strain and conflict is common for couples raising a child with ASD. The prevalence of divorce rates is higher among families with ASD than families without ASD (Hartley et al., 2017; Santamaria et al., 2012). Hartley et al. (2017) examined divorce rates among families who have a child with ASD. Their study concluded that these families were more at risk for divorce. Similarly, couples with a child with ASD are more at risk for a depleted sense of marital satisfaction and couples that raise a child with ASD continue to exhibit deterioration in marital satisfaction even once that child has transitioned into adulthood (Hartley et al., 2017). Although the statistics vary broadly, it is clear that having a child with any type of disability is associated with high divorce rates as 50 to 75 percent of marriages fail when there is a child with ASD (Tilton, 2004). Given high divorce and marital distress estimates, identifying and resolving modifiable factors may be important in maintaining a well-functioning family unit.

Hartley et al. (2016, 2018) conducted two separate studies examining how marriage is impacted by raising a child with ASD. In their first study, they examined the problem-solving interactions between couples raising a child with ASD. Couple problem-solving interactions were defined as interactions in which a compromise was needed between the couple. The study aimed to investigate possible contributing factors to the deterioration of marital fulfilment. The study concluded that most parents are resilient and effective in their ability to problem-solve together when experiencing a difficult day, for example, when their child's symptoms were

pronounced (Hartley et al., 2016). However, Hartley et al. (2018) subsequently examined the daily spillover between parenting stress and marital interactions when raising a child with ASD. “Same day spillover” referred to exhaustion and altered mood, which spilt over into having more negative marital interactions (Hartley et al., 2018). The authors concluded that there are strong associations between a parent’s level of stress and the amount of positive and negative marital interactions experienced. Moreover, the study concluded that spillover flowed in bidirectional ways. In comparing the two studies, it appears that parents raising a child with ASD are still effective problem solvers, regardless of their child’s symptom severity. Yet, the higher the stress levels experienced by parents in a single day, the more it could negatively impact their marital interactions. In essence, the two studies report that parents’s abilities to problem-solve are not impacted, even when the child with ASD has severe symptoms; however, the spillover interactions between the couple’s communication may be eroded. An implication of these studies outlines how improving marital relations when raising a child with ASD might be accomplished by couples practising alternative ways to interact and communicate when their child’s behaviour is particularly demanding (Hartley et al., 2018).

Caregiving Demands and Realities

Caregiver burden is defined as the perception of increased stress levels, including psychological distress, anxiety, depression, and the loss of freedom due to being a caregiver (Vogan et al., 2014). Extensive research conveys that parents of children and youth with ASD consistently disclose increased stress compared to typically developing children (Hayes & Watson, 2013; Schiltz et al., 2018). Stress and burden are commonly described by parents raising a child with functional impairments, such as those associated with ASD (Caicedo, 2014; Dovgan & Mazurek, 2018; Singer, 2006). Parents raising a child with ASD report decreased physical and

mental health and heightened levels of distress compared to parents who are not raising children with ASD (Hsiao et al., 2017). Moreover, parenting stress levels are higher among parents of children with behavioural difficulties stemming from ASD than any other developmental disorder (Golfenshtein et al., 2016; Hayes & Watson, 2013). Caregivers of children with ASD experience an elevated risk of physical and mental health problems; including stress, anxiety, and depression, compared to parents of children without ASD (De Andrés-García et al., 2012; Eapen & Guan, 2016; Falk et al., 2014; Leontine et al., 2020; Ruiz-Robledillo & Moya-Albiol, 2015).

Parents raising a child with ASD are at risk for increased personal stress (Kurowska et al., 2021; Plant & Sanders, 2007; Schiltz et al., 2018) because caring for their child frequently interferes with interpersonal relationships and social engagement (Hsiao, 2018; Hughes, 2003; Hughes et al., 2002; Tilton, 2004; Timmons et al., 2016). Parents often experience added pressure when fulfilling professional and social demands, such as needing to resign from work or not participating in social activities so as to devote time to their child (Goudie et al., 2014; Kurowska et al., 2021). Some parents have reported feeling more tired due to the added demands of taking care of their child with ASD and, therefore, cannot practice the self-care necessary to maintain their physical and mental health (Green, 2007; Tilton, 2004).

Furthermore, a child's level of functional impairment correlates with parental stress levels. Almogbel et al. (2017) examined self-reported survey responses of parents of children with various NDDs, including ASD. The data showed that parenting stress scores increased with increased functional impairment. This association occurred because parents who were dealing with more pronounced behavioural symptoms were more emotionally taxed and even physically exhausted when trying to manage their child's behaviour (Almogbel et al., 2017). Moreover,

Dovgan and Mazurek (2018) looked at types of family burdens (i.e., financial burden, need for respite, difficulties in accessing counselling, etc.) and how they impacted parental stress levels. Their study found that parents of children with ASD experience varying degrees of perceived stress and burdens, depending on the child's symptomatology. Their research suggests that parents of children with heightened behavioural difficulties experienced more significant burdens and increased levels of fatigue, irritability, and personal anxiety in trying to manage their child's behaviour (Dovgan & Mazurek, 2018).

Lastly, there is an increased risk of parental stress when the parents also suffer from a mental health condition (Almogbel et al., 2017). Levels of stress that parents feel regarding their adolescent's challenging behaviors are linked to increased depressive symptoms, which can impact the level of parental involvement (Schiltz et al., 2018). Studies that link parenting stress and parental mental health when raising a child with ASD have implications for mental health practitioners by highlighting the importance of approaching treatments for children with ASD and their parents from a family systems approach.

However, not all research points to parents experiencing more stress or burdens when raising a child with ASD. Many parents raising children with ASD describe and celebrate the benefits of having such children as part of the family unit. Green (2007) reported that the burden of care is much more likely to be tied to the families's socio-structural constraints than personal and emotional distresses. Many parents partaking in qualitative interviews about their lived experiences discussed how their partnerships and family life were enriched because of the compassion, acceptance, and patience required to raise children with neurodevelopmental challenges (Green, 2007). These parents reported that despite the adversity and barriers they

faced, they felt a sense of fulfilment and gratitude for the opportunity to raise a child with a disability (Leontine et al., 2020).

Another example of such parental fulfilment can be seen in a study conducted in 2020 by Marsack-Topolewski and colleagues. Their study examined older parents's perceived rewards concerning their experiences in parenting a child with ASD. Through one-on-one semi-structured interviews, these authors examined parents who were older than 50 years of age and currently had adult children with ASD. Their phenomenological study resulted in extracting several common themes. Such themes were parental pride when reflecting on their child's growth, a feeling of personal transformation, a more positive outlook on life, and experiencing more profound connections to others. These studies serve as a crucial reminder to mental health practitioners of the need to always consider the outlook and worldview of the family before making any assumptions of parental burden or stress.

Sibling Dynamics and Sibling Impact

Relationships are especially important among non-neurotypical and neurotypical siblings because typically developing children often become a central source of support throughout childhood and into adulthood for their non-neurotypical sibling (Dew et al., 2004; Holmes & Carr, 1991; Kryzak et al., 2015). Children who have siblings with developmental disabilities often have additional responsibilities bestowed on them, such as providing extra caregiver duties and needing to take on an advocacy role for their sibling (Harland & Cuskelly, 2000; Kryzak et al., 2015; Nixon & Cummings, 1999; Rye et al., 2018). Therefore, it is vital to consider the impacts on the typically developing siblings in how they manage and process having a sibling with a disability and how they cope with the additional expectations that can be placed on them. A growing body of evidence suggests that siblings face their own social-emotional

maladjustments when having a sibling with a developmental disability and that support groups for these typically developing children may be highly beneficial (Kryzak et al., 2015; Rye et al., 2018). In 2018, Rye and colleagues created a pilot group for children with siblings with developmental disabilities. The objectives of this study were to increase knowledge of the typically developing sibling about disability, create an opportunity for peers to support each other, and for these youth to apply particular skills to help themselves and their non-neurotypical siblings through challenging times (Rye et al., 2018). The study included semi-structured interviews throughout the 10-week program where the researchers used qualitative analysis to draw out particular themes about the youth's support group experiences. Five themes emerged from the analysis. The first theme highlighted the benefit the youth felt in meeting with people that had similar experiences. A second theme outlined how all the youth enjoyed getting away from home and coming to the group. Thirdly, the activities offered in the group were fun and pressure-free. The fourth theme outlined how the participants all felt their support group fostered higher self-esteem and confidence. Lastly, participants reported how it made them feel better to learn about and apply their knowledge in having more patience and positive interactions with their non-neurotypical siblings. One youth commented, "it did kind of change the way I thought about my brother. He's also a normal kid, and I am treating him a bit more like a younger brother rather than like I used to treat him" (Rye et al., 2018, p. 21).

Having a sibling with ASD does not necessarily negatively impact the quality of sibling relationships (Hastings, 2003; Mascha & Boucher, 2006). Neurotypical siblings of children with ASD often report growing up in an enriched environment (Hastings et al., 2005). Neurotypical siblings learn to be more compassionate and may play essential roles in their sibling's life, such as caregiver, teacher, and friend, thus increasing the bond between non-neurotypical siblings and

typically developing siblings (Hastings, 2003; Petalas et al., 2012). Bojanowski et al. (2020) compared the quality of sibling relationships in children and adolescents with ASD to age and gender-matched healthy controls. Findings suggested a bi-directional relationship of warmth and closeness felt by both neurotypical siblings and those siblings with developmental disorders. Warmth and closeness were characterized by bi-directional companionship, intimacy, admiration, and affection (Bojanowski et al., 2020). When warmth was put in relation to the experienced conflict with siblings, there was no difference between the children with ASD and the control group of children without ASD (Bojanowski et al., 2020).

Similarly, literature on how typically developing children view their role and experiences being raised with a sibling with a disability are largely positive (Mandleco & Webb, 2015; Powell & Gallagher, 1993; Strohm, 2014). Research supports the many positive aspects of sibling relationship quality, outlining the warmth between these siblings of non-neurotypical siblings, but also the protective qualities developed between siblings (Kersh, 2007). One account from a sibling about her close relationship with her brother with autism comments, “being a sibling of someone with a disability is hard, but it is also an honour. It has brought things into my life that I don’t think I would have ever had the chance of being a part of if it wasn’t for him” (Talhelm, 2015, p.18).

Family Dynamics

A family’s quality of life indicates the extent to which a family unit’s needs are being met and how family members are fulfilled as a unit (Hoffman et al., 2006). Family quality of life is characterized by family members feeling like they all have opportunities to participate in events and endeavours vital to them (Park et al., 2003). Sethi et al. (2019) suggested that families feel limitations due to the child's disability, such as restricted participation in regular family activities

such as going to restaurants, public events, or family vacations. For example, Sethi et al.'s (2019) qualitative study based on the lived experience of families raising a child with ASD highlighted how families describe their limitations when it comes to an outing like a restaurant. One mother described, "every time you go to a restaurant, it has to be Italian. It has to be—and so she's starting to have some interest, but she still has that—she still has a really hard time" (Sethi et al., 2019, p. 10). Sethi et al.'s study captured another parent's experience when describing family vacations:

It's very difficult for her to go to other situations. Even vacation, it's just not even worth it for us because then you're spending money, and the whole time you're more stressed out than if you were at home. It's just really not even worth it. (p. 10)

Overall, participants summed up their thoughts on family life by highlighting the social consequences: they often avoid social situations to protect their child with ASD from anxiety-provoking or uncertain situations. Along the same vein, there is a positive correlation between the symptom severity of the child with ASD and family cohesion (Lin et al., 2009). The more pronounced the child's symptoms, the more the symptoms intruded on a family's ability to function effectively.

Again, not all literature reports on the challenging effects of having a child with ASD on family life, as research also reports on the benefits and family enrichment children with ASD bring to the unit. One particular study by Hashimoto (2020) concerning family resiliency for families with ASD provided many quotes extracted from interviews with over 300 families who have a child with autism that suggest the benefits of ASD for families. One parent from Hashimoto's study describes, "he teaches me more it seems than I teach him and has made us better parents and brothers because of it" (p. 97). Other parents commented, "he gives us a new

appreciation for the differences each family struggles with but also inspires us to treat people with a greater amount of respect” (Hashimoto, 2020, p. 97). Finally, another family disclosed, “having an autistic child has opened our lives to the world of neurodiversity. We are much less judgmental and inclusive as a family” (Hashimoto, 2020, p. 98).

Similarly, Rafferty et al. (2020) explored the lived experiences of parenting, focusing on the father-child relationship for parents of children with ASD. Throughout several interviews with fathers, one dad commented on the enrichment that raising his son has added to his parenting style and family life: “I’ve had to learn how not to get so frustrated patience is definitely something that’s had to get better” (Rafferty et al., 2020, p. 469). Lastly, in a mixed-method study by Green (2007) which investigated the ignored elements of mothering children with disabilities, one parent’s comment from an interview highlighted how raising a child with a disability positively impacted her other children: “My children are so much more tolerant of people now, and I’m very thankful for that because it’s something you can’t teach them” (Green, 2007 p. 158). Scouring through the research on parents and families’s lived experiences when raising a child with ASD informs the mental health field of both the challenges that must be identified and honoured in order to support families but also the implications that mental health practitioners need to recognize and look for the positives for these families.

Experiencing ASD in the Community and Society

Another common theme that emerged from the literature is the systemic barriers experienced by families with children with ASD. Qualitative studies explored sociodemographic factors and challenges and the lack of clear direction in getting appropriate help within the public community services or mental health field (Brundisini et al., 2013; Li et al., 2014; Shepherd & Waddell, 2015). Other research investigated negative experiences within the school system, such

as the social stigma and discrimination felt by families with disabilities (Starr & Foy, 2012; Stoner & Angell, 2006). Some qualitative findings report that families feel a negative public perception about their children as their behaviours do not meet what is deemed socially acceptable (Green, 2007; Matson et al., 2009). Moreover, many of these studies discussed how families with NDDs, such as ASD, experienced a poorly coordinated delivery of services, which left them feeling exhausted and isolated (Gardiner & Iarocci, 2018; Green, 2007). Lastly, the global pandemic added another layer of challenge for families with ASD due to the disruption in support services for their children and family.

Socio-Demographics Factors

Raising a child in a resource-rich area, such as a large city, may impact a family's quality of life compared to those families where services may be more limited (Brundisini et al., 2013; Li et al., 2014). In 2015, Shepherd and Waddell examined Canada's ASD policy and reported that Canadian families with disabilities such as ASD are impacted by inequities associated with geographic and socioeconomic positions. Their study highlighted parents's experiences concerning the amount of self-advocacy required due to barriers, such as lack of transparency and lack of available resources and services for their children. Overall, findings indicated a considerable need for more public resources to sufficiently support all children with mental health and developmental challenges (Shepherd & Waddell, 2015). Families in Alberta raising a child with a disability such as ASD can apply for Family Support for Children with Disabilities (FSCD). This service is a provincial funded program that can support families based on the specific family's needs (Alberta Government, 2019). Such supports include occupational therapy, behavioural consulting, and access to counselling, community programs, and respite (Alberta Government, 2019; Shepherd & Waddell, 2015). Unfortunately, although Alberta families have

access to a wealth of support services through not-for-profit agencies and private service providers, waitlists range from months to several years (Penner et al., 2019; Young et al., 2019). Gardiner and Iarocci (2018) investigated families living with ASD utilizing services in British Columbia and their overall perception of their family quality of life. These families reflected on their experiences accessing and manoeuvring through the provincial services by outlining their strengths and weaknesses. The authors concluded that families in the study expressed a common theme of being heavily burdened in accessing funding and felt a lack of guidance in accessing the available services, which impacted their feelings of psychological distress (Gardiner & Iarocci, 2018).

Unfortunately, immigrant families raising children with ASD are at a further disadvantage, and there are layers of challenges for them in accessing supports and specialized services (Fontil & Harriet-Petrakos, 2015; Millau et al., 2019; Rivard et al., 2019). Children and families obtaining specialized services for ASD experience several challenges linked to their child's diagnosis and often the differences in cultural experiences such as the perceived needs, communication barriers, and overall beliefs and understanding concerning ASD (Khanlou et al., 2017; Millau et al., 2019). In a study on immigrant families of children with ASD, Millau et al. (2019) reported that immigrants experience heightened challenges due to a lack of access to external supports and difficulty advocating for themselves in a foreign system. Immigrant families often struggle with issues like decreased understanding of their host country's healthcare system, language deficits and translation issues, and varying cultural values and beliefs concerning how to treat and manage ASD within families (Families Special Interest Research Group of IASSIDD, 2014; Klingner et al., 2007; Magaña et al., 2013).

In 2019, Rivard and colleagues investigated the pertinent elements concerning Canadian immigrant families that contributed to a delayed diagnosis for their child with ASD. Their study concluded that immigrant families had prolonged diagnoses because they had more difficulty accessing the proper services. Their study posited that the delayed diagnosis stemmed from the differences in the family's cultural values and beliefs and motivation to access supports because of all the barriers such as communication and knowing how to navigate the system. Consequently, this impacted a parent's sense of agency in beginning the assessment procedure, contributing to a delayed diagnosis and treatment plans (Rivard et al., 2019). The implication of this study is for service providers, including mental health practitioners, to understand and acknowledge that families with different cultural values and experiences may have many adverse layers added to their lives in just being able to access appropriate supports. Such layers include an immigrant family's education about the disability, their perceptions and feelings of guilt or embarrassment they may be facing, and feelings of confidence that they can successfully access services (Fox et al., 2016; Rivard et al., 2019). In reviewing the literature, it becomes very evident that mental health service providers acknowledge the various cultural factors impacting immigrant families with children with ASD to appropriately support them and help access relevant treatment options in their host country (Fox et al., 2016; Millau et al., 2019; Rivard et al., 2019).

The Education System

Families with a child with a disability, such as ASD, often report negative and frustrating experiences regarding school (Starr & Foy, 2012). For example, the transition from preschool to elementary school is very challenging for children with ASD and their families because it adds many more layers of change and adaptation for everyone (Fontil & Harriet-Petrakos, 2015). In

2015, Fontil and Harriet-Petrakos aimed to investigate and explore the experiences of children with ASD in their transitions from preschool to elementary school in Quebec. This study analyzed the parents's perceptions of the available supports to their family and examined their relationships with preschool and elementary faculty. Parents in this study commonly felt that the quality of care their child had in preschool far outweighed the quality of care they encountered when entering elementary school. One parent in the study commented that her son's needs were no longer being met since moving to elementary school and therefore feels disconnected from her son's experience. She stated, "I don't really feel that I have a very strong relationship with my son's teacher. I think it's because I am disappointed, and I don't participate that much anymore because I don't find the service that great" (Fontil & Harriet-Petrakos, 2015, p. 780). Other parents from Fontil and Harriet-Petrakos' study commented, "the teacher meant well. The school doesn't spend the money on helping the kid from the start and instead utilizes a 'wait and see' approach" (p. 782). Reading such accounts makes it easy to understand parents's concerns as they know better than anyone their child's specific needs.

Similarly, in 2016 Ooi and colleagues conducted a metaanalysis of families's experiences with children with ASD and reported that only a few parents felt satisfied with their child's experience at school. Their scepticism primarily stemmed from the school's efforts and attitude in meeting their child's academic and social needs. Parents's common frustration and worry is a perceived lack of education and understanding of their child's disabilities, resulting in ineffective educational experiences (MacKintosh et al., 2012). Shepherd and Waddell (2015) pointed out a substantial disconnect between mental health and education. They highlighted that most parents reported an insufficient number of services offered (such as receiving only part-time aide support in the classroom) as well as difficulty collaborating with teachers (Stoner & Angell, 2006).

Despite the seemingly prevailing theme in the literature that parents feel dissatisfied with their child's experiences at school (Ooi et al., 2016), there are also optimistic findings. Hsiao et al. (2017) examined the interrelations among parental stress and family-teacher partnerships in families of children with ASD. Their study determined that positive family-teacher partnerships strengthened parents's support of teachers, which indirectly reduced stress for both teachers and parents. The more information and support the teacher was given from the parent, and vice-versa, the more each party felt confident that they provided a meaningful environment for the child with ASD (Hsiao et al., 2017). This study highlights the implication that there is a need for more collaboration among parents and teachers, given that working together benefits the parents, staff, and the child with ASD. Teachers, parents, and school support staff (such as counsellors) must seek to understand a family's values and beliefs so that genuine and mutual partnerships can be established upon transition to school (Fontil & Harriet-Petrakos, 2015; Shepherd & Waddell, 2015). Additionally, parents also need to acknowledge a teacher's perspective and support them in feeling that they are competent in teaching and supporting their child's ability to thrive. As stated by Fontil and Harriet-Petrakos (2015), "there is often tension between parents and professionals. These relationships are fragile, and teachers may perceive parents as overprotective. However, parents may be concerned about teachers' competence, particularly when their child has special needs" (p. 783).

Social Stigma

Social stigma is one of many stressors that families raising a child with ASD may encounter (Bos et al., 2013; Li et al., 2019; Nurullah, 2013). For parents raising a child with autism, a significant risk factor for suffering from poor mental health is social stigma (Divan et al., 2012; Harandi & Fischback, 2016; Kinnear et al., 2016). Ali et al.'s (2012) systematic review

of 20 studies that examined families with intellectual disabilities where ASD was included found persistent evidence that stigma increased the likelihood of parental stress and caregiver burden, which decreased a parent's sense of mental well-being. Similarly, Lodder et al. (2019) suggested that social stigma surrounding autism can greatly impact the mental well-being of parents of children with ASD, thereby causing families to be further isolated. In 2013, Nurullah examined the experience of parenting a child diagnosed with a developmental disability and reported that parents are exposed to the burden of caregiver duties and, more damaging, face social stigma due to their child's special needs. One parent expressed, "there's a lot of people who can just blame on the mother, you know. Like 'she's not a good mother,' 'she's doing this, she's not doing that'" (Nurullah, 2013, p. 432). Another parent explained, "I think prejudice is everywhere in the whole world. Especially in Chinese culture, because we believe that a child with a disability has something to do with the parents. Like there is something wrong with the parents" (Nurullah, 2013, p. 432).

Families with ASD report feeling public scrutiny that their family members are defiant, uncooperative, or too challenging to manage, so they are left out of social interactions (Kinnear et al., 2016; Nissenbaum et al., 2002; Ooi et al., 2016). To an extreme, some studies reported that parents of children with ASD feel condemnation and judgement from society for creating the mental disabilities of their children (Eaton et al., 2016; Mak & Cheung, 2010). These findings have implications on the mental health profession as there is a lack of knowledge and education in society concerning mental disabilities (Gray, 1993; Kinnear et al., 2016). Increasing knowledge and awareness of various mental disabilities (such as ASD) would promote more understanding and compassion, thereby producing more moral support for these families. Consequently, Lodder et al. (2019) looked at the lived experiences of parents and families within

the autism community and explored possible interventions in assisting parents in coping with social stigma. From this study, meaningful suggestions in the protection of social stigma for families were suggested. Such suggestions included building more self-esteem and self-compassion for families and parent support groups. Lodder and colleagues's study has implications for the mental field as it informs counsellors of possible effective interventions in helping families deal with the social stigma of autism.

Additionally, literature that examines the immigrant family's experience with children with ASD is also crucial. Cultures vary significantly on their understanding and perception of autism, with a steady theme that stigma can greatly affect how immigrant families seek support (Fox et al., 2016; Rivard et al., 2019; Wang & West, 2016). As previously reviewed, Fontil and Harriet-Petrakos (2015) explored the experiences of Canadian and immigrant parents who registered their children with ASD in specialized preschools. They determined that immigrant parents were less likely to communicate their needs and expectations to the school because of language deficiencies and the perception of the stigma they felt about their child's disability. This feeling of shame and stigma resulted in a low level of parent engagement with their child's programming (Fontil & Harriet-Petrakos, 2015). Again, cultural differences and counsellor awareness of such differences have implications for how mental health professionals must be open to learning about different cultural perspectives and identities if they wish to provide meaningful support to such families.

Impacts of the Global Pandemic

It is imperative to include the literature on how the Covid-19 global pandemic has impacted families with non-neurotypical children—especially considering many of these families rely on additional professional and service supports. Recent research shows that the

Covid-19 pandemic has added another layer of adversity for these parents raising a child with ASD, all of which has further exasperated the stress experienced by families (Bellomo et al., 2020; Kalb et al., 2021; Mutluer et al., 2020; Tokatly-Latzer et al, 2021). As reported by Kalb et al. (2021), many factors contributed to the heightened stress levels for parents, including the loss of services and supports for their child with ASD. Additionally, parents experienced intensified fears about the rates of infection and the drastic disruption of daily life routines within the family dynamic (Bellomo et al., 2020).

Mutluer and colleagues in early 2020 examined how children with ASD responded to the pandemic to understand what it was like for them and their families to adhere to the restrictions put in place. They also investigated the changes in behavioral difficulties for the child with ASD and how their parents's anxiety levels may have been affected and impacted due to such changes (Mutluer et al., 2020). The findings of Mutluer et al. were that parents and families experienced specific adversities which were classified into four subgroups. Firstly, children with ASD do not express the same level of understanding about the pandemic as their peers, which impacts the child's ability to follow the guidelines in keeping them safe. Secondly, a substantial part of caring for a child with ASD is providing predictable routines, and the pandemic served as a massive disruption to their routines (Mutluer et al., 2020). In changing their routines, such as school or going to special education activities at a specific time, these children and their parents experienced frustration and helplessness. The third theme that emerged for children with ASD concerned the increase of symptom severity and behavioral patterns due to the interruption of comprehensive behavioral and educational interventions that are widely used in fostering positive change (Mutluer et al., 2020; National Autism Center, 2015). Lastly, Mutluer et al. reported that parents of children with ASD experienced increased levels of stress and anxiety not

only due to the loss of services for their child and their child's increased behavioural challenges but also parents's stress levels were impacted by their own isolation from social support networks. Drogomyretska et al. (2020) reported that parents raising a child with ASD rely heavily on social support from friends and support services to serve as protective factors from stress.

Similarly, Asbury et al. (2021) investigated the impact of COVID-19 on the mental health of parents and children with developmental disabilities, including ASD. Their study concluded that both parents and children appeared to be suffering the sense of loss, increased levels of anxiety, and more severe behaviour and mood swings due to the intense social changes and lack of support throughout the pandemic. Many parents conveyed that they were overwhelmed in trying to help their child understand and adopt the restrictions due to Covid-19 (Asbury et al., 2021). One parent in the study described, the "lack of structure and the routine of school has meant my child is more anxious, hyper and lashing out. He will not attempt school work at home as home is home and school is school, and they do not mix" (Asbury et al., 2021, p. 1178). Other parents talked about how it impacted their mental well-being in stating that "working from home with a child with such special needs is affecting our mental health negatively. I have felt completely unprepared for the reality of dealing with her 24/7 without any support or respite" (Asbury et al., 2021, p. 1778). However, not all parents expressed negative impacts (Asbury et al., 2021). A small percentage of parents talked about how the pandemic made family life easier in that they felt less pressure to fight with their children about going places. One parent commenting, "she always finds these a struggle sensory and noise-wise and she doesn't like being near other people, so being isolated has taken away a lot of the stress"

(Asbury et al., 2021, p. 1779). Another parent echoed that “his anxiety is much less than normal as he no longer has the daily torture of going to school” (Asbury et al., 2021, p. 1779).

Much like the other studies discussed, Asbury et al. (2021) provided evidence that families with children with disabilities (such as ASD) were at greater risk of suffering from psychological distress due to the increased pressure placed on the family system. Considering such findings, there are implications for the mental health field to determine how to add meaningful supports for these families during the pandemic.

Counselling Families With Children With ASD

Mindfulness training, parent training, and resiliency models are common treatment practices for families with ASD. However, most counselling approaches focus on the parents or the children with ASD with little attention to treating the family as a unit.

Mindfulness

Over the last decade, mindfulness-based interventions (MBIs) have become visible as a nonpharmacological approach to facilitate self-control and emotional well-being in children and families living with NDDs such as ASD (Ruiz-Robledillo et al., 2015). Mindfulness can be described as intentionally attending to experiences in a present-centred way while suspending judgement (McCown et al., 2011). When applying mindfulness approaches to parents and families with ASD, there is a focus on encouraging parents to adjust their cognitive schemata, patterns, and reinforcement methods and approach their own behaviour more reflectively and compassionately (Cachia et al., 2016). Mindfulness training has been found to reduce stress among a myriad of clinical and nonclinical groups, including those caring for individuals with ASD and other developmental disorders (Grossman et al., 2004; Hwang et al., 2015; Keng et al. 2011; Lengacher et al., 2012; Minor et al., 2006; Ruiz-Robledillo et al., 2015). Within many

studies examining mindfulness training for parents, a common finding was that most parents who experienced reduced stress due to their mindfulness training also experienced a significant decrease in anxiety. In decreasing their anxiety levels, these parents also reported increasing their positive thoughts about their children and themselves as competent caregivers (Hwang et al., 2015).

Treatments that focus on mindfulness interventions for parents of children with ASD have been shown to reduce parental anxiety, depression, and reactivity issues and improve a parent's perception of how well they interact with all family members (Neece, 2014; Singh et al., 2007). By parents intentionally focussing on the here and now without judgment, they are better able to pay attention to the positive events and interactions unfolding in daily life with their child with ASD (Cachia et al., 2016; Hwang et al., 2015). Using an MBI approach, parents can adopt practices that enhance marital relations and co-parenting functionality (Cachia et al., 2016). Additionally, by utilizing mindfulness techniques, the externalizing behaviours coming from their child with ASD also decrease because the parents can use less reactive strategies and focus more on regulation strategies with their child (Hwang et al., 2015). Parents practising MBI techniques enhance communication and family function by providing a calmer and more accepting environment (Hwang et al., 2015; Neece, 2014). These findings suggest that using mindfulness strategies as a common approach to dealing with heightened emotions should also be considered among siblings, both neurotypical and non-neurotypical. In essence, MBI strategies could be used as a family practice where all members learn to apply mindfulness strategies in helping keep emotions manageable and the environment calmer.

Parent Training Programs

Various parent-training programs are designed to help parents manage behavioural issues in children with mental health disabilities, such as ASD. These programs are often based on foundations from behavioural psychological theories such as social learning theory, or the coercion model of family interaction (Skotarczak & Lee, 2015). These programs focus on training parents to identify and observe undesirable behaviours and educating parents to incorporate strategies to manage such complex behaviours (Ruane & Carr, 2019).

The Program for the Education and Enrichment of Relational Skills (PEERS) and Stepping Stones Triple P (SSTP) help parents and families more effectively manage their children's behaviours as well as their own reaction towards their child's symptoms (Ruane & Carr, 2019). PEERS is a manualized social skills intervention for children with ASD and is a parent-assisted program where parents attend a program with their child to learn strategies for social skill development (Corona et al., 2019). The PEERS program has been designed to decrease family turmoil by implementing enhanced structure and order to families, explicitly targeting social communication in the child with ASD (Karst et al., 2015). This is accomplished by promoting rote rules for engaging and cultivating friendships and developing strategies to cope with adverse or unexpected events. Additionally, PEERS aims to decrease stress for parents by teaching parents how to anticipate social challenges (Karst et al., 2015). Lastly, PEERS is designed to help strengthen parental self-efficacy through teaching them strategies to cope with problematic events such as conflict, teasing, and peer isolation (Karst et al., 2015). Corona et al. (2019) concluded that parents whose children participated in PEERS reported decreased parenting stress regarding their adolescent's social adjustment. Furthermore, Karst et al. (2015) suggested that participation in the PEERS program resulted in constructive outcomes for parents

by providing support, enhancing and building a healthier family structure, and advancing parent knowledge on implementing strategies that will be effective for their children.

Similarly, SSTP trains parents in working with their child with special needs to recognize, describe, and objectively observe their child's challenging behaviours, and teaches parents how to intervene more positively using strategies grounded in social learning principles (Ruane & Carr, 2019). SSTP works with parents through interactive discussion, role-play, individual and group feedback, and at-home practice methods (Sanders et al., 2016). SSTP is a combined prevention and treatment approach for parents in managing behavioral and emotional difficulties that their child may be experiencing. As described by Ruane and Carr (2019), SSTP uses “research-informed techniques and guiding principles to help parents create a safe, nurturing, positive learning environment for their children; adopt an assertive approach to discipline; adapt to their children’s disabilities; establish realistic expectations about their children’s development” (p. 233). In addition, SSTP aims to promote a more active community life for the child with special needs as well as the promotion of independent self-care (Ruane & Carr, 2019; Sanders et al., 2016).

In 2019, Ruane and Carr conducted a systematic review and meta-analysis on the outcomes of SSTP for parenting improvement in families of children with developmental disabilities. They concluded that such parent training programs benefit many children with disabilities and have reported broad positive effects, including decreasing behavioural issues in children with ASD. Schrott et al. (2019) conducted a study with a group of parents raising a child with ASD to explore the efficacy of the SSTP group parent training. Through assessment processes of self-reports, parent behavior and stress and parental self-efficacy were examined. These authors hypothesized that through the completion of the SSTP program, parents would report decreased

stress and more favourable parenting behavior as well as experience improvement in self-agency and parental capabilities. Similarly, parents reported decreasing the amount and frequency of over-reacting behaviours as well as experiencing a greater amount of self-efficacy (Schrott et al., 2019). These positive changes remained constant during follow-up evaluations, and other positive effects such as less overall parenting stress were noted (Schrott et al., 2019).

In 2019, O'Donovan and colleagues reviewed group-based training interventions for parents raising a child with ASD. They concluded that practitioner driven assessments and direct observation to evaluate and measure progress in families with ASD was very low and inadequate. These authors outline how the general quality of the studies inherent in their literature review was feeble because of the monopolization of practice-based research in the field (O'Donovan et al., 2019). As suggested by Postorino et al. (2017), meagre quality and heterogeneity of studies will restrict the capacity for researchers and practitioners to integrate data through more comprehensive methods like meta-analytic reviews that back evidence-based practice.

Resiliency Therapy Models

Concepts such as resiliency, compassion, openness, and heightened self-awareness can be uncovered in the face of adversity and, therefore, in families with disabilities such as ASD (Ekas et al., 2015). The notion of family resilience "refers to the family as a functional system, impacted by highly stressful events and social contexts, and in turn, facilitating the positive adaptation of all members and strengthening the family unit" (Walsh, 2016, p. 1). More recently, there has been momentum building towards focusing on human capabilities and tenacity rather than deficits, a concept known as positive psychology (Gunty, 2020; Seligman & Csikszentmihalyi, 2000).

In 2020, Hashimoto aimed to explore the leading factors in families' resiliency when raising a child with ASD by using qualitative and quantitative data extrapolation from over 300 family interviews and survey responses. Findings from this study suggested that fortified family relationships, positive and optimistic perspectives, and a focus on growth helped families deal with the added demands of ASD, all the while building resilience (Hashimoto, 2020).

Bayat (2007) examined family resilience in families with children with ASD using quantitative and qualitative methodologies. The author outlined that resiliency is experienced for these families by enhancing family connectedness by harnessing and creating positive meaning from the disability, promoting more profound spiritual growth for all members. This study suggests that many families of children with ASD or other disabilities possess resilience as they described becoming stronger and being more aware and thankful for a disability within the family (Bayat, 2007).

Literature also highlights the fortified bonds developed within a family affected by ASD as they are forced to rely on one another to manage challenging situations, such as externalizing behaviour (Kayfitz et al., 2010; Markoulakis et al., 2012; Potter, 2016). Deeper bonds also occur between family members in that their family circumstances create openness and acceptance of weathering life's challenges together as a family team (Prendeville & Kinsella, 2019). Additionally, there is a strengthened sense of unity and partnership in marriages when caring for a child with neurodevelopmental disabilities (Markoulakis et al., 2012).

Implications for Counselling Psychology

This review aimed to identify the challenges, impacts, and realities for families with children with ASD. In doing so, many implications for the mental health field were brought to light so as to inform clinicians and counsellors in providing relevant and meaningful support.

Implications that emerged in the literature pertain to (a) specific parental support; (b) marriage, sibling, and family counselling; (c) collaboration between parents, mental health professionals, schools, and teachers; (d) raising awareness through counsellor advocacy; and (e) celebrating resiliency and optimism for families with ASD.

Supporting the Specific Needs of Parents

There is a significant need for practitioners to provide practical supports that reduce stress and increase parental function for parents raising a child with ASD (Almogbel et al., 2017; Leontine et al., 2020; Petrenko et al., 2013). As discussed in the literature review, parents report experiencing high stress levels raising a child with ASD, particularly when compared to parents raising a neurotypical child (Almogbel et al., 2017; Schertz et al., 2016). For example, Heiman (2002) reported that parents's pronounced area of concern was anxious thoughts about their child's future prospects and opportunities. Common themes throughout the literature discuss how principal caregivers suffer from elevated levels of anxiety, frustration, and feelings of isolation (De Andrés-García et al., 2012; Leontine et al., 2020; Ruiz-Robledillo & Moya-Albiol, 2015). The resulting implication is that clinicians can and need to focus on helping alleviate and better manage caregiver distress.

Almogbel et al. (2017) suggested that early intervention strategies may lead to decreased parenting stress, which could help reduce the prevalence or frequency of negative impacts such as depression and anxiety for parents of children with a NDD such as ASD. Poslawsky et al. (2014) stated that when children first receive a diagnosis, parents are forced to deal with the loss of a typically developing child, which results in ambiguity and distress concerning the future for the child and their family. In 2012, Fosco and colleagues suggested that parents and clinicians need to identify potential problems such as relational quality and psychosocial factors with

children with ASD at the earliest point possible. If this can be accomplished, then clinicians can introduce strategies before the problems become complicated patterns and habits to break for these families. Thus, an emerging implication for clinicians is that it is necessary to educate and offer parents programs that target early interventions. Similarly, mental health practitioners could encourage parents to utilize and access supports available to them, such as FSCD in Alberta.

The knowledge that a child's level of impairment is directly linked to the amount of stress experienced by parents must be considered by clinicians (Almogbel et al., 2017; Dovgan & Mazurek, 2018). As stated in Ooi's (2016) meta-analysis, many parents report feeling that mental health professionals do not see parents as the experts on their child, and therefore, the program offered to them was too general. A resulting implication to combat such a general approach is that practitioners cater their treatments and interventions to the specific needs of the individual family (Almogbel et al., 2017; Hsiao, 2018; Ooi et al., 2016; Searing et al., 2015). If more specific interventions for each family's unique set of circumstances were implemented, parent distress levels could decrease (Searing et al., 2015). For example, respite care has been linked to decreasing parental stress (Harper et al., 2013). Respite can positively impact marriage and reduce parental stress because respite provides parents with time away for self-care and partner bonding, resulting in improved marital quality (Harper et al., 2013). If mental health professionals wish to help support and increase agency for parent functioning and stronger marital connections, then parents need to be informed of what is available to them and be more involved in developing a plan for the specific needs of the child and family (Ooi et al., 2016).

As discussed in the literature review, Covid-19 also has many implications to the mental health field in providing ongoing support to children with ASD and their parents. Covid-19 has brought on sudden changes that may be particularly challenging for children and families with

disabilities considering these families often rely heavily on carefully established routines and additional professional supports, including in-person counselling with the children and parents (Toseeb et al., 2020). Additionally, children with developmental disabilities such as ASD are more prone to have preexisting mental health conditions such as anxiety (van Steensel & Heeman, 2017). These conditions may be magnified and heightened by the abrupt changes in routine and fear of the unknown. Such added psychological distress likely impacts the entire family unit, thereby necessitating prompt and targeted support to these families, specifically, family counselling and family strategies to help families cope with the added stress (van Steensel & Heeman, 2017).

Asbury et al. (2021) investigated how parents of children with special education needs and developmental disabilities such as ASD describe the effects of the pandemic on the mental well-being of both themselves and their children. The authors reported that parents felt policymakers should prioritise the implementation of clear routines when returning to school and, more importantly, aim to make mental health support more readily available (Toseeb et al., 2020). Similarly, research suggests that mental health professionals need to provide support and guide parents on strengthening their coping strategies and resilience (Tokatly-Latzer et al., 2021).

Supporting Families Through Marriage and Family Counselling

Since divorce rates are high for parents of children with disabilities (Tilton, 2004), mental health practitioners need to encourage or offer marriage counselling for parents of children with ASD. Parents report high marital relational stresses, such as negative communication patterns, when raising a child with ASD (Dovgan & Mazurek, 2018; Harper et al., 2013). However, parents of children with ASD can also experience a strengthened sense of unity and teamwork

(Markoulaskis et al., 2012). Positive factors could be capitalized upon in helping parents increase their confidence, enhance family communication, and improve overall team functioning within the family system.

As highlighted throughout this literature review, ASD impacts the entire family (Ooi et al., 2016), emphasising the importance of family counselling as part of a treatment plan. It is not commonplace for siblings to be considered in the therapy process of children with disabilities (Bojanowski et al., 2020), which calls on clinicians to harness further the role of siblings in treatment (Ma, 2017). As highlighted in Ma's (2017) systematic review on the family impacts of living with a child with a NDD (such as ASD), clinicians must involve and gain the perspective of all family members to help the family function as a unit. Giving every family member a voice and allowing for varied viewpoints and opinions is essential because each member's experience differs depending on their position within the family system (Ma, 2017; Ooi et al., 2016). Family members need to be fully immersed in clinical decisions so that outcomes can reflect all the issues for everyone in the unit (Karst & Van Hecke, 2012). Therefore, taking on a family-centred approach and counselling all members individually and as a family unit must also be considered. Overall, family-centred practice is regarded as the gold standard when working with families and ASD (Bevan-Brown, 2010; Dunst et al., 2007; Ooi et al., 2016; Rosenbaum et al., 1998). Mental health professionals must not overlook the family dynamic; instead, they must incorporate the family as a unit when devising and considering treatment. Involving the entire family in treatment can positively impact the parent's marital relations, personal mental well-being, and a family's perception of their quality of life (Ooi et al., 2016).

Collaboration Among Professionals

More collaboration among parents, families, and professionals when addressing the needs of families raising children with ASD would be highly beneficial. Often these families experience a feeling of disconnect between parents, mental health professionals, and other community professionals, such as teachers (Fontil & Harriet-Petrakos, 2015; Hsiao et al., 2017; Pretenko, 2019; Starr & Foy, 2012; Stoner & Angell, 2006). In 2016, Ooi and colleagues explored the parental perspective and experiences of raising a child with ASD. The authors reported that many parents lack trust in their child's teacher's willingness to understand their child. Therefore, counsellors who encourage parents to reach out to teachers and discuss their fears of their child's experiences at school (e.g., bullying, future prospects, inclusion, etc.) could be highly beneficial. Doing so could help support the child and increase the parent's confidence and trust in their child's educational experience. In turn, a more genuine connection and relationship would be fostered between parents and professionals.

Specifically in Alberta, mental health professionals like school psychologists and counsellors can also connect with other professionals when working with a family with ASD as they are members of the multidisciplinary structure in Alberta (Alberta Government, 2019; Millau et al., 2019; Young et al., 2019). These professionals could foster and provide more opportunities for a team approach when supporting families by educating and collaborating with teachers and parents on the specific child's needs and relevant interventions, and offering counselling services. Approaching treatment through a comprehensive collaboration where parents, teachers, and clinicians share their experiences and work together can only better support all involved (Helkkula, 2020; Hsiao et al., 2017; Whitaker, 2007).

Raising Awareness – Counsellor Advocacy

Another critical implication that arose from this review is the need for more awareness and advocacy from the mental health field. Parents of children with ASD face systemic barriers and must continually advocate for their children, which leads to mental fatigue and frustration (Kinnear et al., 2016; Li et al., 2019). A study from Kinnear et al. (2016) looked at how families experience stigma when raising a child with autism; findings highlighted how a child's behaviour is associated with how society perceives a family. In essence, the more severe the behaviour, the more rejected the family will feel. Therefore, diminishing the stigma around such behaviours may be most beneficial in helping decrease family distress and social burdens (Kinnear et al., 2016). Lodder (2019) suggested that counsellors could advocate by challenging the myths and stereotypes concerning autism through more psychoeducational measures. This would be more relevant for mental health professionals such as school guidance counsellors, considering they are uniquely positioned to work with the public in schools where more awareness could be beneficial (Lodder et al., 2019). As outlined by the literature, families often face social stigma and are marginalized and discriminated against as they are not a typical family within society (Kinnear et al., 2016). Counsellors have a role in advocacy and an ethical obligation to promote social justice for these families.

Cultivating and Celebrating Family Resiliency

Another significant implication for the mental health field when considering families with ASD is being mindful of approaching and viewing the family optimistically. A common theme when looking through the lens of parents' lived experiences with children with ASD was the desire and necessity that the mental health field views the disability as not a burden but rather a gift (Green, 2007; Heiman, 2002; Ooi, 2020; Potter, 2016). These studies outline how parents

yearn and seek a mental health clinician to celebrate their child's strengths and build therapy treatment centered around such strengths. In 2016, Potter conducted a study on a father's positive experiences raising a child with ASD. The author claimed that strengths-based commentaries and treatment plans for children with ASD are rare among mental health clinicians and that a deficit model often governs mental health professionals. One father in the study said, "in the field of autism, there has been little exploration of the contribution fathers make to their children's lives. In particular, research focusing on positive experiences of fathers of children with autism is especially rare" (Potter, 2016, p. 5). Another father noted, "we have changed and developed as people as a result of our involvement with our daughter and the challenges that we have faced together. She is an added joy to our family life now" (Potter, 2016, p. 15). Potter's phenomenological study outlines how the mental health field must place a higher value on the positive experiences for families with ASD.

There is a demand for mental health practitioners to approach treatment from a positive and celebratory place where they recognize how families may be better served by building upon resiliency and the joy of their unique family system. It is essential that practitioners offer and deliver treatments based on the modalities that integrate a positive tone and philosophy. Nason (2014) wrote a book meant as a toolbox to help children and families feel more accepted and safer in the world. Throughout the book, the author stresses that how being "different" does not equate to being "bad." Nason stresses how society and the support system within society for families with ASD must resist the outlook that being different is negative or something that needs to be changed and managed. He states that one of the best agents of support we can provide for these children and their families is the notion of looking at differences as "potential

positives, as different perspectives in the world, that when supported can be developed into strengths and gifts” (Nason, 2014, p. 25).

There is a need for mental health practitioners to understand and recognize which methodologies and approaches utilize a strength-based approach in helping support families with disabilities. When treating families with ASD, offering a mindfulness-based approach where families focus on being present and not judging their thoughts may result in more beneficial outcomes (Cachia et al., 2016; Ruiz-Robledillo et al., 2015; Siebelink et al., 2018). Particular models like acceptance commitment therapy (ACT), where mindfulness is integrated, and a client's reality is accepted, could be invaluable for practitioners when working with families experiencing disabilities (Fung et al., 2018). In essence, a positive and mindful-based practice could be instrumental in practitioners building upon the positive gains that a family with ASD experiences (Blackledge & Hayes, 2006; Jones et al., 2014). Mental health clinicians that work towards a family's sense of acceptance, teamwork, and resiliency may be highly effective in cultivating hope and agency for families with ASD.

Fundamental Next Steps

Scholars can take several fundamental next steps to learn more about supporting families with ASD. One common theme that emerged in the literature was that families with disabilities such as ASD often report feeling like their mental health practitioner is not getting the complete sense of the specific needs and challenges experienced by the family. Bojanowski et al. (2020) suggested that more clinical interviewing for qualitative studies is necessary to support families with disabilities as these types of interviews effectively are geared towards understanding that family's particular experience. Additionally, qualitative research can provide more relevant answers that could enhance a practitioners understanding of critical elements such as variables of

parental stress effects, marital adjustment issues, and perceived family and community support (Bojanowski et al., 2020; Hsiao et al., 2017; Schreibman, 2000).

Another area of focus for future research concerning disabilities such as ASD lies in examining particular societal systems, such as schools. Qualitative studies based on the lived experiences of families with ASD often covered the barriers within the education system, and many parents reported feeling that all their child's complex educational, emotional, and psychosocial needs were not being met (Fontil & Harriet-Petrakos, 2015; Lodder et al., 2019; Whitaker, 2007). In further exploring this area, school mental health personnel such as the guidance counsellor or school psychologist may have a deeper insight into the types of barriers students, families, and teachers face trying to meet the emotional and mental health needs of the child with ASD (Lodder et al., 2019). Furthermore, there is a lack of research concerning the associations between parental and family satisfaction regarding family-professional partnerships (Hsiao et al., 2017). Further researching such interrelations may assist school guidance counsellors in better working with parents and families to improve confidence that their child's needs are being met.

A common theme articulated by scholars within this field is the lack of follow-up or a clear picture of how the developmental phases of family life change and adjust when raising a child with ASD (Boehm et al., 2015; Green, 2007). Boehm et al. (2015) investigated the family's quality of life during the child's transition from adolescence into adulthood with ASD. These authors acknowledged that as children and families with disabilities grow and change, researchers must examine and learn more about how families handle their children's transition into adulthood. As stated by Boehm et al. (2015), it would be beneficial for future studies to attain a broader picture of the types of supports utilized by families to understand better how

their quality of life is impacted and how it can be improved during the transition to adulthood. Therefore, there is a need for more longitudinal studies.

Researchers must continue examining and investigating the different cultural factors that impact families with ASD by increasing the research on immigrant families in Canada (Fox et al., 2016; Gardiner & Iarocci, 2018). Providing culturally sensitive and developmentally appropriate support and care is of grave importance within the mental health field (El-Ghoroury, 2012; Millau et al., 2019; Rivard et al., 2019). As Schreibman (2000) highlighted in their investigation of the best-implemented treatments in early childhood development for families with ASD, scholars need to understand better how a family's cultural beliefs and traditions influence the types of support needed. Doing so can help mental health practitioners provide treatments that best suit the various cultural values of families of different cultural groups. For example, research must consider the varying degrees that cultures place on child and family independence as they may be less likely to utilize or embrace particular treatment interventions (Schreibman, 2000). Research focusing on how different cultures feel about disability and what types of treatments might be relevant to their worldview would offer the mental health field a more informed perspective in helping families that may already experience marginalization within society (El-Ghoroury, 2012; Gardiner & Iarocci, 2018; Rivard et al., 2019).

The impacts of Covid-19 on families with ASD is also another much-needed area for future research. Studies have reflected that families with ASD have an added layer of vulnerability than families not needing additional supports throughout the pandemic (Asbury et al., 2021). Thus, highlighting the importance that policymakers and other social support services such as the mental health field must better understand and address particular issues that are impacting psychological distress in these families (Asbury et al., 2021; Bellomo et al., 2020;

Tokatly-Latzer et al., 2021). Therefore, more research must be poured into supporting families with ASD in times of crisis like Covid-19. In 2020, Cassidy and colleagues conducted a roundtable of adults with autism and their families, and practitioners and scholars across several domains (disability, public health, psychology, medicine, and mental health). This group of people came from all different parts of the world and, therefore, different contexts. The roundtable discussion aimed to better understand the core issues that need to be addressed regarding ASD and families in the pandemic and generate ideas for addressing such issues through recommendations for continued research, policy, and future practice (Cassidy et al., 2020). Recommendations for areas of future study that surfaced included the need for scholars to include more people with autism in their studies. For example, future phenomenological studies where interviews and surveys are conducted concerning the impacts of Covid-19 for children, adults, and families with ASD must include such individuals themselves. Such qualitative research primarily involves input and interviews from parents but rarely include the person with autism. Including these individuals in future studies could lead to a deeper understanding of the worldview of people with ASD and their families, therefore informing the mental health community how best to support them (Cassidy et al., 2020).

Lugo-Marín et al. (2019) suggested more longitudinal studies of families with ASD throughout and after the pandemic. Lockdown parameters changed throughout the pandemic, resulting in different phases and needs during different times of the crisis (Lugo-Marín et al., 2019). Quantitative and qualitative research that follows families throughout and after the crisis can lead to a more in-depth understanding of the effects of the crisis on the family as well as inform the mental health field of ways to prepare and support families in times of another crisis (Lugo-Marín et al., 2019).

Viewing family resilience as a construct could have immense promise to positively impact the well-being of children with ASD (Gunty, 2020). In 2020, Gunty conducted a meta-analysis on family resiliency for families with ASD and concluded that a specific methodology is needed to gain a broader, deeper, and more detailed understanding of family resilience and how it is experienced for families with ASD. "Communities and clinicians that can use information that enriches the strengths and wellbeing that already exists within these families also has the power to enhance positive outcomes for them" (Gunty, 2020, p. 14).

Finally, research that concentrates on how to best equip new counsellors to counsel families with disabilities such as ASD could prove very valuable. For example, research investigating the mentoring process of professors and supervisors to budding counsellors could offer useful insight into where the gaps exist and where mental health students feel unprepared or misinformed within the scope of ASD (El-Ghoroury, 2012). For example, as El-Ghoroury (2012) suggested, more extensive research in this area may demand more reflection and group collaboration between supervisors and students in developing strategies or practical approaches to support and treat families with NDDs like ASD.

Recommendations for Practice

When considering the various implications that result from a literature review regarding families with ASD, adaptation and evolution in therapeutic practices and the counsellor approach need to be considered. Understanding a family's lived experiences, needs, and overall worldview is of primary importance for mental health practitioners. Therefore, treatment, intervention, and therapy approaches should center around a family's unique set of circumstances and wishes (A-Tjak et al., 2015; Brown et al., 2014). This section will discuss the various ways that mental health practitioners can become stronger equipped and provide more meaningful and relevant

support to families with disabilities such as ASD. Recommendations include offering early intervention and parent training programs, counsellors taking on a more family-centred approach to treatment, and clinicians utilizing interventions that focus on mindfulness and resiliency. Additionally, it is recommended that mental health practitioners increase community programs and counsellor advocacy within the community. Lastly, mental health clinicians must consider an approach that focuses on a family's strengths, celebrates hope, and fosters optimism.

Accessing Early Interventions and Appropriate Supports

When parents and families learn of their child's diagnosis, they must be offered resources, professional guidance, and community support in decreasing the sense of isolation or devastation they may be experiencing (Ooi et al., 2016; Searing et al., 2015). Families should not feel a disconnect from the mental health field but rather feel that they will be held, protected, and even comforted by their practitioner in navigating what comes next and how to access more assistance. Therefore, there is a strong need for clinicians to inform, recommend, and urge families to utilize early intervention programs and parental support programs once learning of their child's diagnosis. Early intervention strategies used by clinicians may help comfort adverse reactions or reduce stress, thereby increasing healthy family functioning (Almogbel et al., 2017).

Additionally, clinicians should encourage parents to register and utilize the parent training programs specific to ASD available in their community. Parent training programs can help enhance the effectiveness of behavioural treatment and increase parental consistency and teamwork for families with disabilities such as ASD (Almogbel et al., 2017; Schreibman, 2000). If necessary, mental health providers need to educate parents about such programs and assist them in the referral process. At the very least, clinicians should be familiar with such agencies and advocate for their clients to access them. Moreover, due to the increase in the prevalence of

ASD, family mental health practitioners should consider getting trained in such areas as STTP to offer such services to parents and families.

Taking a Family-Centred Approach

The literature shows a strong recommendation for a family-centred care (FCC) approach for families with ASD (Nason, 2014). An FCC approach can be characterized as working with families to identify and respect their unique values and choices to incorporate more family-specific supports required to strengthen family functioning (Dunst et al., 2007). Family-centred practices are highly recommended in early childhood intervention programs, programs geared towards family services, and support services for persons with developmental disabilities (Duwa et al., 1993; Law et al., 2003; Weissbourd, 1991). With an FCC approach, parents, families, and service providers collaborate, and specific services are offered to meet each family's particular needs and priorities (Hodgetts et al., 2013). If appropriate FCC can be delivered by practising mental health clinicians, families would be given choices and exercise control over the types of treatments and interventions, allowing families to be included as the experts. Attending to the specific needs of the entire family with an FCC approach will fully engage families in decision-making, which may improve outcomes for everyone (Donovan & Mazurek, 2018; Karst & Van Hecke, 2012). Recognizing and using families as the primary source in determining how to best support the unique needs of each family with ASD could be highly productive (Woodside et al., 2001). For example, in 2020, Zeng and colleagues suggested that clinicians incorporate a personalized checklist system unique to each family to precisely assess what services would serve them best.

Taking an FCC approach would also encourage family counselling as part of the treatment plan. It is recommended that counsellors expand and evolve their practice to treating

ASD as a family experience, rather than focusing on the child with ASD or the parents (Donovan & Mazurek, 2018; Nason, 2014; Woodside et al., 2001). By doing so, family relationships can be enhanced, increasing the well-being of siblings, the child with ASD, and the family unit as a whole (Barrett et al., 2001; Lewis & Karen, 1990). Supportive and caring relationships among typically developing siblings and siblings with developmental disabilities can foster growth and enhance social skills for the sibling with the disability (Buist et al., 2013; Noller, 2005).

Including siblings in the treatment plan and encouraging them to model positive behaviours can help siblings with ASD learn to regulate their emotions as well (Bojanowski et al., 2020; Buist & Vermande, 2014; Noller, 2005).

Furthermore, an FCC approach to treatment does not necessarily involve only immediate family. Mello et al. (2019) conducted a study that examined the family quality of life with young children with ASD before receiving any early interventions. They concluded that external supports, such as extended family, could serve as a stabilizing resource. They suggested that clinicians consider integrating such external support systems into treatment plans, especially if they fit into the family's cultural values (Mello et al., 2019). In essence, research suggests that actions and programs that better support families to learn to work together and thrive could also build on a family's resilience as they endure the inevitable transitional challenges.

As discussed throughout my review, Covid-19 greatly impacts families with ASD due to the disruption of routine and interruptions in specialized services (Bellomo et al., 2020). One recommendation that the families studied suggested was for mental health professionals to reach out to these families and offer online professional advice or support services through one-to-one counselling or a support group where they are united with other families going through similar experiences (Toseeb et al., 2020). Another recommendation suggested to mental health

professionals concerning Covid-19 and families with ASD was to develop more immediate and long-term crisis management plans (Cassidy et al., 2020).

Utilizing Beneficial Interventions and Modalities

Specific approaches and modalities such as mindfulness-based interventions (MBI) should be considered by clinicians when working with families with ASD (Cachia et al., 2016). Mental health practitioners concentrating their efforts on helping parents manage anxieties and utilizing interventions that improve the ability to stay in the present moment (such as MBIs) could be beneficial in achieving more positive functioning (Cachia et al., 2016). In 2018, Siebelink and colleagues examined the effectiveness of family MBI interventions as a complementary treatment to other regular treatments such as behavioural interventions and medications for children with NDDs. They reported that MBIs are surfacing as a nonpharmacological method in helping enhance and increase emotion regulation and mental well-being for both children and parents (Siebelink et al., 2018). There is growing acknowledgement that treatment approaches that empower parents and strengthen their psychological health are instrumental in bringing about the most advantageous outcomes for their children with ASD (Keng et al., 2011; Neece, 2014; Siebelink et al., 2018).

Enhanced Community Education & Counsellor Advocacy

There is a need for more counsellor advocacy for families with ASD. It is recommended that the counselling field provide community education about disability in general (Hsiao et al., 2017). For example, one recommendation could be that mental health professionals such as school guidance counsellors could create more opportunities in schools to talk about mental health by providing workshops or seminars that they deliver to different classrooms. This example aligns with Hailes et al.'s (2021) study that discussed the need for ethical standards to

guide mental health clinicians in delivering a more socially just practice. One of their recommendations was for counsellors to develop closer working relationships with other systems within the community. These authors discussed how mental health care providers could devote time and service for the betterment of groups experiencing discrimination by funding or offering resources to serve as preventative measures. It is suggested that mental health professionals endorse and nurture human flourishing as they are "uniquely positioned to advocate for justice on behalf of and alongside individuals and communities" (Hailes et al., 2021, p. 8).

Another recommendation is to increase services, such as support groups or respite evenings. If counsellors cannot offer such programs, then at the very least, knowing and encouraging the various support programs available to families within their community, including online supports, is essential as many families may not be aware of the available supports (Harper et al., 2013). For example, practitioners could promote community programs such as "parent night out" that offer care for their children with ASD, allowing parents more time to focus on strengthening their relationships.

Counsellor Focus on Resiliency, Strengths, and Optimism

Ooi and colleagues (2016) meta-analysis of families with disabilities stated that families not only wanted mental health professionals to deliver forthright and transparent information about their child's disability but equally important, they needed and appreciated a sense of optimism and hope regarding their child and family life. This suggests that a counsellor's attitude and approach to treating a family is crucial in a family's sense of well-being.

The literature recommends that mental health clinicians understand and utilize a family's resiliency in their treatment plan for families with ASD. Family resiliency can be described as a family's ability to draw upon healthy family functioning during situations of challenges and

adversity (Walsh, 2003). Many families may adopt maladaptive ways of functioning due to chronic stress, such as having a child with ASD, whereas other families may be strengthened or adopt a more resourceful way of functioning (Cowan et al., 1996; Luthar et al., 2000; Walsh, 2003). What has been stated numerous times within the literature is that families respond better and thrive when resiliency is cultivated and celebrated in therapy and treatment planning (Gunty, 2020). A practitioner's awareness of such positive elements to family life and highlighting a family's strength and blessings may be crucial to developing additional resiliency and positive coping methods (Potter, 2016). For example, families often experience reinforced bonds within family relationships and dynamics, promoting feelings of resiliency towards taking on other challenges (Kayfitz et al., 2010; Markoulakis et al., 2012; Potter, 2016). Within a family counselling context, healthy sibling relationships can contribute to children attaining protective and emotional skills to help weather difficult social conditions (Buist et al., 2013; Davies et al., 2019), which creates a sense of resiliency (Zolkoski & Bullock, 2012). Additionally, as Markoulakis et al. (2012) suggested, the impact on marriages can also be positive when raising a child with ASD as it can strengthen the partnership between parents. Consequently, mental health practitioners must further tap into and reinforce the parent's partnership and team resiliency when counselling parents.

Moreover, practitioners must cultivate resiliency for these families and utilize a strength-based approach when working with families with ASD. Green's (1982) study concerning caregiver burden and benefits on mothering children with disabilities pointed out that working with families to identify their strengths is essential in building positive momentum and allowing therapists to cultivate growth and mental stability. In 2021, Hailes and colleagues stated that practitioners should dedicate their treatment efforts to focus on their clients' strengths to serve to

empower them. Mental health practitioners that view these families pathologically will undoubtedly miss the opportunity to highlight the strength and positive partnerships and teamwork that develop within families with ASD (Heiman, 2002). Bayat (2007) concluded that far too often, mental health practitioners or service providers target treatments centred on alleviating a family's problems when dealing with a child with ASD. In doing so, a family may not discover or utilize their inherent strengths when developing intervention plans with their counsellor (Blundo, 2001). He suggests that mental health practitioners need to capture all the family's experiences and not just the challenges. Staying focussed and harnessing the family's strengths when implementing strategies and utilizing interventions is highly recommended in having a family stay engaged and feel validated (Blundo, 2001).

Lastly, mental health practitioners must always draw upon or cultivate a family's sense of optimism and hope by focusing on the positive aspects or gifts experienced by families with a disability. By doing so, perhaps families will feel more motivated to concentrate their efforts on feelings of gratitude towards one another and family life in general (Peer & Hillman, 2014; Prendeville & Kinsella, 2019). The literature has often stated that it is more powerful for counsellors and families to harness and celebrate the positive relationships that develop within families with ASD to keep a positive outlook based on hope, optimism, and appreciation (Bayat, 2007; Heiman, 2002).

Reflexive Self-Statement

Currently, I am working at an agency specializing in supporting families with children with developmental disabilities, and I am raising a son with a NDD. I knew that choosing the topic of ASD under the purview of developmental disabilities and their impact on families might evoke many personal sensitivities and challenge my personal and professional biases.

Throughout the process, I experienced validation and inspiration as I read through many qualitative studies on the lived experiences of families with ASD. However, I also experienced many challenges in managing my biases, assumptions, and countertransference as I sifted through the literature. As a researcher, and in my future career as a counsellor, it is imperative to recognize my biases and not project them into my research. In order to mitigate such biases seeping into my research, I relied on strategies such as journal keeping when I was experiencing an emotional response and professional consultation with my professor, who was overseeing this review.

One example of my biases being uncovered occurred when I realized I was interpreting a tone to the literature. Quite often, I felt the literature was negative or pessimistic. My biases were unveiled because research is research; it is a neutral entity that is not pessimistic nor optimistic. However, because I hold an optimistic view of children and families with disabilities, I was biased. Specifically, when articles emphasized only the negative impacts on parents and families, I often felt annoyed by what I interpreted as a lack of vision from the research study. Admittedly, as a parent raising a child with a NDD, I sometimes felt overwhelmed, and life felt difficult due to the added demands of caring for his needs. Yet, I did not feel it was a burden or that my family quality of life decreased in any way. Instead, I felt the opposite. I felt my family was fortunate to have a child who offered our family unique gifts and personality. This bias needed to be recognized and managed as I presented the research throughout. I needed to remain conscious of my point of view and challenge myself to include all the research; otherwise, I would have not fairly represented the literature. In mitigating this bias, I was forced to think about the aim of the study and the participants it involved. I needed to ensure that I heard what the families were saying rather than making it about myself and my family. Although I feel that children with

NDDs such as ASD are gifts to parents, families, schools, and systems alike, my family may have a different perspective than other families. Therefore, all families's viewpoints needed to be represented.

Along that same vein, at times, I felt emotionally drained when reading the phenomenological studies on some families. When parents voiced their feelings of being misunderstood by society, this ignited anger, frustration, and sadness, as it felt unnecessary and unfair. This emotionality worked both ways. Other times I was filled with joy when reading the lived experiences of parents when they spoke about how their child's disability enhanced their family relationships and strengthened their ability to be patient and accept others. This is entirely natural as I could personally relate to many of the feelings and perspectives shared by parents; however, this made it more challenging for me to remain a neutral researcher. In managing such occurrences, I constantly reminded myself that I was wearing the researcher hat. Although it was difficult to always remain mindful of my bias, I knew that the research would be more meaningful and objective if I presented the literature as it was, not from my own experience. Another strategy I used to manage my emotional reactions was to keep a running journal as I went through the research and wrote down when and why I was triggered by what I was reading in the literature. Doing this helped provide a way for me to separately deal with my feelings and leave them out of the research.

Moreover, I also needed to consider my social location (Arthur & Collins, 2010). I needed to recognize the advantages of coming from the dominant culture, having a strong educational background, and living in an urban city. I have not faced the hardships or social injustices that many other cultural memberships raising children with disabilities have faced. I made a purposeful effort to see past my experiences and to include the realities of other families

who do not come from the same background or worldview. In mitigating such biases, I remained as open as possible and fought the instinct to omit the studies that did not fit my experience or worldview. In doing so, I took the most comprehensive approach possible to include studies that examined and reported the experiences for all families, regardless of their background or worldview.

In considering and reflecting on what the literature conveyed, I have come to identify, understand, and even take comfort in the vast differences and similarities of family experiences when raising a child with a developmental disability, such as ASD. In reading many of the studies based on these families's lived experiences, there were undeniable common themes, such as public school system barriers, social stigma, increased stress for parents when trying to manage their child's symptomology, and so forth. However, other elements were less obvious to me such as the lack of access to proper assessments and treatments. These realizations have undoubtedly influenced my view on approaching and supporting families with ASD, as I cannot assume their experience is similar to mine. I need to get their story first—I need to approach counselling and treatment to the unique and specific needs of their family.

I believe that "wearing many hats" (mother, teacher, and counsellor) strengthened my research in the field of ASD and families because I am guided by a desire to make the field better and more optimistic for these families. Most importantly, I wish to celebrate a family's resiliency (whatever that looks like to them) and build future treatments in collaboration with the family and the community. I wish to be a counsellor who can advocate, celebrate, and rejoice in the gifts of what ASD brings to families and society. As mentioned previously, I now work at an agency that works with children, adults, and families with developmental disabilities. I feel honoured to work with such families as I am very passionate about this field. Writing this research paper has

undoubtedly ignited a more profound desire to work and advocate for families with ASD or any developmental disability in general.

Conclusion

My research aimed to identify the lived experiences of families living with NDDs by investigating their challenges, examining how these challenges impact them, and, more importantly, identifying how the counselling field can better support those managing these challenges. The driving purpose of this research project was to gain a level of understanding of how mental health professionals can support and cultivate resilience and optimism for families with NDDs so they can overcome the barriers they face within their own family dynamic and surrounding systems such as health care providers, schools, and society in general.

As demonstrated in the literature, raising a child with ASD has a ripple effect on the family unit. Several common themes emerged concerning the challenges or layers of adversity these families face raising a child with ASD. Such challenges include the management of externalizing behaviours for parents, caregiver burden and stress such as time demands, added stress to a marriage, sibling and family functioning impacts, isolation and social stigma, disconnects between the mental health field and the school systems, and feeling a lack of support from professionals and society as a whole. Many studies focussed on the negative impacts and discussed systemic barriers, the need for policy changes, and the call on mental health professionals to offer a family-centred approach. Approaching families with ASD through an FCC lens would be highly beneficial in understanding exactly where a family needs support and validating their values. As outlined by Nason (2014), having the family unit determine the type of assistance they most require and desire will “respect the family’s values and empower them to meet their own vision of their family life” (p. 28). Moreover, having counsellors advocate in the

community through psychoeducational means such as mental health seminars or working more collaboratively and closely with the school system could also prove invaluable in helping families with disabilities. All of these points would be highly beneficial in making positive changes for families with ASD.

However, what I gleaned as being of utmost importance stems from the counsellor attitude and viewpoint when working with families with disabilities such as ASD. Professionals must understand how they can “help the family meet their needs and develop the strengths they already have, rather than focussing on the changes that professionals think they need to address” (Nasom, 2014, p. 27). This suggests a need for research to focus more on the gifts and benefits of ASD to more comprehensively support these families (Hastings & Taunt, 2002; Heiman, 2002). A vast majority of the phenomenological studies based on the lived experiences of families of ASD call for professionals (mental health care workers, politicians, teachers, etc.) to not only advocate for families but to support them in a way that sheds a positive light on their unique sense of being. Counsellors must be open to and aware of treatments that foster optimism and mindfulness and draw from the strengths each family possesses (Nason, 2014). Further research on the most effective modalities is required to better understand how to treat families with NDDs (Corti et al., 2018; Jones et al., 2014). Moreover, many studies highlighted that there was not a "one-size" fits all treatment approach (Donovan & Mazurek, 2018; Woodside et al., 2001). Working with families from a strength-based approach of resiliency, optimism, and hope could help family functioning and quality of life by recognizing the benefits many families experience in raising a child with a developmental disability.

I conclude with these questions. Suppose the mental health field could be more available and widely accessible to all and cater their approach and treatments to fit the needs of each

family? Suppose a future where the school system may be better equipped to support these children through mental health awareness and collaboration with other professionals? What if the mental health field could begin to offer more resources by creating support groups, parent training programs, or respite care? Lastly, what if the mental health field could further cultivate and celebrate the resiliency of families with developmental disabilities such as ASD by learning more about how non-neurotypical families experience the world? Answering these questions and how to achieve these goals could lead to better mental health supports and contribute to a more inclusive place for everyone to live.

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