Perceptions of the Parenting Experience among Caregivers of Toddlers: Comparison of ASD Risk and Non-risk Groups

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BACKGROUND

- Parenting a child with a disability is a tremendous responsibility that often results in caregiver burden and elevated stress levels (Rasna et al., 2004).
- Previous studies have demonstrated that caregivers of children with autism spectrum disorder (ASD) typically report high levels of stress (e.g., Bitten & Sharpley, 2004; Montes & Haltcumber, 2007), even when compared to caregivers of children with other developmental and medical disorders (Estes et al., 2013; Hayes & Watson, 2013).
- Parenting a child with ASD may be especially challenging due to the specific symptoms of ASD and the associated problems (e.g., regulation during daily living tasks; externalizing behaviors; Davis & Carter, 2008; Ming, Birmacome, Chaaben, Zimmerman-Bier, & Wagner, 2008).

OBJECTIVES

- The present study compared perceptions of parenting among caregivers of two groups of children—those above and those below the cut-score consistent with an ASD diagnosis on the Modified Checklist for Autism in Toddlers (M-CHAT).
- Understanding more about parents’ perceptions of both difficulties and strengths can inform interventions to reduce difficulties and build upon strengths with a goal of reducing parenting stress.

METHODS

Participants

- Participants included caregivers with a child aged 16 to 30 months (M = 1.30 years; SD = 1.85).
- The majority of children were identified as European-American (67.8%) and African-American (32.2%).

Measures

- Caregivers completed several assessments including:
  - The M-CHAT (Robins, Fein, Barton, & Green, 2001), a 23-item, validated parent-report for screening toddlers for ASD.
  - The 20 corresponding items from the M-CHAT-R were used for the purposes of this study.
  - Failed (i.e., endorsed) items were totaled. Children with an M-CHAT score < 8 were considered at risk for ASD (Robins et al., 2014).

- Caregivers were also asked to choose one or two items from 12 choices representing the best parts of parenting (“1 or 2 very best parts of taking care of your child”) and one or two items from 16 choices representing the hardest parts of parenting (“the very hardest parts of taking care of your child”).
- There was also an option for a text response to “other.”

Best and hardest choices were theoretically and clinically derived.

RESULTS

- A total of 44 children scored ≥ 8 on the M-CHAT (a score of ≥ 8 on the M-CHAT-R has a specificity of 0.99 and PPV of 1.0 for ASD or DD); this sample base rate (0.77%) is somewhat lower than the general population base rate of ASD (APA, 2013).
- Group comparisons (M-CHAT ≤ 8 vs. ≥ 8) for items endorsed as the best and hardest parts of parenting are presented in Figures 1 and 2, respectively.
- Overall, caregivers most frequently endorsed playing with the child, the way the child smiles, and watching the child’s interactions with siblings among the best parts of parenting.
- Caregivers most frequently endorsed crying/tears/tantrums, nothing is really hard, and managing other stress among the hardest parts of parenting.
- Chi-square analyses indicated the same pattern regardless of M-CHAT scores for most choices (p < .05).
- However, two statistically significant differences were found among the hardest parts of parenting options.
- Nothing is really hard, χ² (1, N = 43) = 4.815, p = 0.029, and Too much/not enough help/advice, χ² (1, N = 509) = 9.683, p = .002, were endorsed significantly more by caregivers with M-CHAT ≥ 8 (at risk) compared to M-CHAT ≤ 8 (low risk).

CONCLUSION

- Even among caregivers of children with a significant M-CHAT score, the parts of parenting identified as best included social (i.e., interactions with family) and early communicative (i.e., smiling) behaviors.
- Likewise, these caregivers endorsed struggling with the same child behavior problems and other stress as other caregivers, with few differences that were significant: more the child is hyperactive or restless, M = 8.819, p = 0.004, and more the child is very hard to soothe, M = 9.37, p = 0.012.
- Parents of at-risk children may have been more likely to endorse nothing is really hard because the children with these symptoms may be more self-absorbed and less demanding at this age.
- These results underscore the commonalities in the experience of caregivers of toddlers, regardless of level of child ASD symptoms.

In particular, these findings highlight the importance of targeting social skills and communication in early interventions with at-risk children as well as assisting caregivers to build skills to address stress and get the desired amount of advice.

Future research should consider evaluating the best and hardest parts of parenting for caregivers of children formally diagnosed with ASD. These toddlers may have recently emerging symptoms and are not yet dealing with societal expectations. Follow up data will be interesting as the hard parts of parenting may be yet to come.

Note: This project was funded by Grant # NICHHD R44HD098785. Drs. Howard and Sturner have a financial interest in CHADIS, the online system used to collect data. The conflict was managed by the MedStar IRB.