



Associations between child behavior problems, family management, and depressive symptoms for mothers of children with autism spectrum disorder



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ABSTRACT

Purpose: The purpose of the current study was to examine the relationships between child behavior problems and mothers' depressive symptoms and to determine whether family management mediates this relationship.

Methods: We conducted a cross-sectional survey of parents in a southeastern state. Mothers of children with ASD (n=234) completed self-reported measures of child behavior problems, depressive symptoms, and family management using ad-hoc questions, CES-D-Boston short form, and family management measure (FaMM), respectively. We used a parallel multiple mediator model to address the study hypotheses.

Results: Children's behavior problems were significantly associated with mothers' depressive symptoms and with all five subscales of the FaMM. However, only the Family Life Difficulty subscale was a significant predictor of parent depressive symptoms, suggesting that Family Life Difficulty was the only mediator of the association between child behavior problems and mothers' depressive symptoms. After accounting for the mediators, the direct effect of child behavior problems on parent depressive symptoms was non-significant.

Conclusion: As the severity of child behavior problems increased, mothers of children with ASD perceived a greater impact of ASD on their family life, which in turn increased the levels of the mothers' depressive symptoms. Family Life Difficulty assesses parent perceptions of the extent to which their child with ASD influences family relationships and routines, suggesting a need for family-centered services that assist the family in maintaining or adapting to their routines.

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1. Introduction

The prevalence of autism spectrum disorder (ASD) among children has been characterized as an urgent public health concern (Baio, 2012), which in turn has significant implications for family life and culture in general. The overall prevalence of children diagnosed with ASD has increased over the past decade (CDC, 2014). The Center for Disease Control and Prevention (CDC) recently reported that 1 in every 68 children is born with ASD (CDC, 2014). ASD is a neurodevelopmental

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disorder that impairs social interaction and communication. Individuals with ASD display traits such as restrictive and repetitive behaviors, and they may also experience behavior problems, such as hyperactivity, impulsivity, aggressiveness, self-injurious behaviors, and temper tantrums (Lyons, Leon, Roecker Phelps, & Dunleavy, 2010).

Having a child with ASD has a significant impact on parents' psychological well-being and family functioning. Research has demonstrated that the parents of children with ASD are at a higher risk of developing depression and less adaptive family functioning than the parents of children with other types of disabilities and parents of typically developing children (Gau et al., 2012; Higgins, Bailey, & Pearce, 2005; Hastings & Johnson, 2001; Olsson & Hwang, 2001). Mothers of children with ASD generally experience higher levels of depression than fathers (Falk, Norris, & Quinn, 2014; Ozturk, Riccadonna, & Venuti, 2014).

A growing body of research suggests that child behavior problems significantly predict maternal depressive symptoms. For instance, one study found that behavior problems were more strongly associated with depressive symptoms than ASD symptom severity and adaptive skills (Falk et al., 2014). Although managing the child's ASD symptoms and behavior problems generates unique challenges, a study found that behavior problems were more difficult for families to manage than the child's ASD symptom severity (Herring et al., 2006). Evidence suggests that behavior problems increased caregiver burdens, which was the strongest predictor of parents' mental health (Khanna et al., 2011). Given these findings, an important next step for researchers is to identify whether there are factors that mediate the relationship between child behavior problems and parent depressive symptoms. In particular, the way families respond to and manage their child's ASD may determine this relationship.

The family management style framework (FMSF) is a well-established framework that is designed to increase understanding of parents' perceptions of the family's management efforts (Fig. 1) (Knafl, Deatrick, & Havil, 2012; Knafl, Deatrick, & Gallo, 2008; Knafl & Deatrick, 2003). As depicted in Fig. 1, it conceptualizes the major components of families' responses to a child's chronic condition care and how families incorporate condition management into their everyday life; this is a key concept in the FMSF which is called "family management" (Zhang, Wei, Shen, & Zhang, 2015; Knafl et al., 2008). The FMSF shows that contextual influence contributes to the ease or difficulty of family management, and variations across components of family management result in a unique family management style. Family management style (FMS), in turn, influences the outcomes of individual and family unit functioning. The FMS is conceptualized as mediating between contextual factors and family/child outcomes (Knafl et al., 2008).

The FMSF focuses on internal family processes, beliefs, and behaviors as families incorporate condition management into everyday life, but it also acknowledges effects of sociocultural factors on families (Knafl et al., 2012). Family management is comprised of three main conceptual components and eight specific dimensions that compose each component (Table 1). The FMSF emphasizes the interplay of the dimensions including the definition of the situation, management behaviors, and perceived consequences. The definition of the situation is the subjective meaning of having a child with a chronic condition. Management behaviors are efforts or behaviors family members make to manage the condition. The perceived consequences dimension is defined as the family members' perceptions of the consequence of the condition for family life (Knafl et al., 2012).

The eight dimensions of family management became a conceptual underpinning of the development of the Family Management Measure (FaMM) (Knafl et al., 2011). The FaMM measures six different aspects: Child's Daily Life, Condition Management Ability, Condition Management Effort, Family Life Difficulty, View of Condition Impact, and Parental Mutuality (Knafl et al., 2011). Although the FaMM items were developed based on the eight dimensions of the FMSF, not all subscales of the FaMM are identical with each dimension of family management. All of the items of the Child's Daily Life scale came from the child identity dimension of family management. The Condition Management Effort scale includes three items out of four from the view of illness dimension. On the other hand, items for Family Life Difficulty and the View of Condition Impact scale

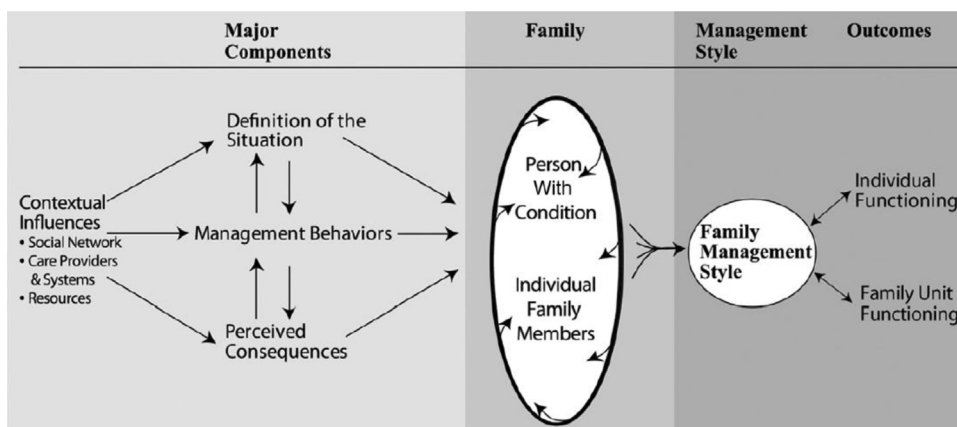


Fig. 1. Family management framework adopted by Knafl et al. (2012).

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