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Effect of the severity of autism on parental marital satisfaction

Georganna Hemingway Jesser

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EFFECT OF THE SEVERITY OF AUTISM ON
PARENTAL MARITAL SATISFACTION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Georganna Hemingway Jesser
June 2003
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ABSTRACT

Parents soon find out that having a child creates many changes in their lives. Unfortunately, when that child happens to be developmentally disabled, the changes are much more difficult. The hypothesis of this study is that as the severity of autism goes up (as measured by the Gilliam Autism Rating Scale) the level of marital satisfaction goes down (as measured by the Dyadic Adjustment Scale). This was a quantitative research project whose goal was to compare the level of autism and its affect on the parental relationship. Further, it sought to look at different family attributes of the subject child to see how they affected the marital satisfaction as well. The findings indicate that the hypothesis was correct, that the level of severity of autism, does negatively affect the parental marital satisfaction. Therefore, these findings indicate that social workers and other researchers must make studying the effects that a developmentally disabled child has on the marriage and the ways to best support these families a priority.
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To my family, thanks for everything, I love you all.
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CHAPTER ONE

INTRODUCTION

Problem Statement

When a couple is faced with the arrival of their first child they expect that their lives will be changed. However, few parents are prepared for the extent of those changes and the effects that they will have on their lives and specifically their marriage. In a classic study Lemasters (1957) found that fully 80% of parents felt that the changes brought on by the birth of a child were of "crisis" proportions. Add to this the diagnosis of a developmental disability and many parents are pushed beyond their limits.

When a parent is given the diagnosis of autism for their child they often do not fully comprehend the full scope of what this means. As the child grows and they are faced with the lack of developmental progress they must eventually come to terms with the fact that their child is disabled and will never fully function normally.

Gray and Holden depict autism as a disorder that encompasses many behaviors that are difficult for parents to cope with.

Autism is difficult for parents to cope with for several reasons. The behaviors associated with
autism are often extremely anti-social and disruptive. Obsessional behavior, tantrums, self-destructive acts and problems with language all make parenting extremely difficult and may preclude a normal family life. Second, the difficulties in obtaining an accurate diagnosis and proper treatment are often considerable. (1992, p. 83)

As a research assistant at the University Center for Developmental Disabilities (UCDD), this researcher has had the opportunity to sit in on several parenting support groups. There seems to be many themes at these groups. The parents speak of the difficulties they have with their disabled child. They speak of how difficult it is to know that their child is in extreme pain because he or she refuses to defecate. They are sad because there seems to be no connection with their child. They also have problems with their other children that they are not sure how to handle.

After sitting in on a couple of groups, this researcher was in awe of the parents and how much more difficult and challenging it must be to be the parent of a disabled child. The stress of parenting non-disabled children is, in itself very difficult and may strain even the healthiest of marriages. It is the hypothesis of this researcher that parenting a disabled child has an adverse affect on the marital satisfaction of the parents.
There has been a lack of research on the well being of the families and the parents of autistic children (Gray, & Holden, 1992). In recent years there have been more studies done and it has become apparent that a child with autism does have serious effects on parents (DeMyer, 1979; Howard, 1978; Powers, 2000). These effects are anger, depression, guilt, and doubts about their ability to parent (DeMeyer, 1979; Kazak, & Marvin, 1984). Moreover, Harris (1984) asserts that problems with the family as a result of the effects of autism include divorce, problems with the parents and their non-disabled children, and financial problems.

In comparing the parents of children with developmental disabilities and the parents of children without disabilities, Bristol, Gallagher, and Schopler (1988) found that the parents of developmentally disabled children did have greater marital difficulties. However, they did not find differences in the level of depression between the two groups of parents. This conflicting finding is further evidence of the need for further research.

Social workers are interested in studying disabilities as well as mental health issues because much of the profession’s focus is on working with people who
are affected by these disorders. In fact, Mechanic (1989) asserts that social workers are core mental health professionals. Moreover, social workers have an ethical responsibility to advocate for those who are unable to protect their own rights. The National Association of Social Workers (NASW) (2000-2003) claims that they are willing to fight for the rights of people with disabilities. Additionally, they assert that the disabled have a right to fully participate in their future, as well as their communities, to the best of their abilities. It is therefore one of NASW's goals to work toward equal opportunities for all people, not only those without disabilities (NASW, 2000-2003).

Purpose of the Study

The purpose of this study is to look at the ways that a developmentally disabled child, specifically, a child with autism affects the parents' marital satisfaction. When parents are faced with the fact that they have a disabled child, they respond in fairly predictable ways. These include actions stemming from depression, guilt, denial, anger, shock, and anxiety (DeMeyer, 1979; Kazak, & Marvin, 1984). After a period of time the emotional reactions tend to lessen only to be renewed each time.
their child has obviously missed a developmental milestone. This cycle tends to repeat throughout the child’s lifespan, wreaking havoc on the lives of their families (Howard, 1978; Kazak, & Marvin, 1984; Liwag, 1989; Taanila et al., 1996; Yau, & Li-Tsang, 1999).

**Practice Problems**

The topic of parenting a developmentally disabled child and the effects that it has on the parents’ marital satisfaction is one that has not been thoroughly researched. Fisman, Wolf, and Noh (1989) have found that researchers are beginning to look at the importance of viewing the family as an environmental system, with each member of the system influencing each other and the family as a whole (Bronfrenbrenner, 1986; Lerner, 1996; Minuchin, 1988). This growing body of research, as of yet, has many conflicting outcomes, with some researchers (Kazak & Marvin, 1984; Lerner & Spanier, 1978; Milgram & Atzil, 1988) finding that marriages are not affected by a disabled child and others (DeMyer, 1979; Liwag, 1989; Yau & Li-Tsang, 1999) finding that it affects the marriage in negatively and yet still others (Taanila et al., 1996) finding that it may strengthen the marriage.

It is important that social workers understand how disabilities affect the disabled as well as their
families, and these conflicting findings are a problem for
social work to sort out. Likewise, agencies rely on the
findings of such research studies to design their
programs. Looking at these studies helps them to
understand the effects that disabilities have on the
families of the disabled and therefore understand what the
families may need in order to design successful and
helpful programs.

Needs or Issues to be Addressed

This study looked at the different attributes that
the participant’s possess. These attributes include
education level of parents, and income level, number of
children in the home, and the age of the subject child.

The results of this study will have a bearing on how
social work can improve the lives of these families, and
how to reduce the general effects of a child with autism
on the well being of the family as well as the marriage in
particular.

General Rationale for Addressing the Issue Through
a Particular Research Method

This study was conducted using a quantitative
approach and as a correlational study that looked at the
effects of autism on the marital satisfaction of the
parents. More specifically, it compared the severity of
autism as measured on the Gilliam Autism Rating Scale (GARS) with the level of marital satisfaction as measured by the Dyadic Adjustment Scale (DAS).

This study used family systems theory, which looks at the family as a whole with many different subsystems that interact, thus influencing the child’s development. This system also looks at the family as the primary source of a child’s development (Lerner, 1996).

The research methods that were employed in this study were developed using information that was collected at California State University San Bernardino’s UCDD. When a parent brings their child to the center for help they are offered a chance to participate in research that will hopefully, one day, improve the quality of life for children with developmental disabilities and their families. As this is something that most parents hope, most parents at the center agree to be part of the study. Parents are then given a series of questionnaires by a researcher, and this information is included in the data that the center studies.

Using these data as well as past and present research, the proposed study will attempt to add to existing knowledge of autism and how it affects parents’ marital satisfaction.
Significance of the Project for Social Work

The proposed study is needed, because of insufficient research on the topic. Because the integrity of the marriage is believed to have an impact on the well being on the entire family, including the child with autism, it is important that this issue is fully understood.

This study will contribute to the profession of social work in many beneficial ways. First, it will help social workers to understand the impact on the family of raising a child with a developmental disability. Second, it will help social workers to understand the stress that having a child with autism creates and in turn help develop programs that will help lesson this stress. Third, it will provide an impetus for developing marital therapy practices that can improve the marriage of the parents and thus strengthen the family unit as a whole. And fourth, it will help social workers understand what services are still needed. Because it was determined that as the scores on the GARS scale increase so too does the level of marital dissatisfaction, it is important to look at how best, the practice of social work can help alleviate the negative aspects of raising a disabled child.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter looks at the theories that guide this research as well as the historical aspects of autism. Further, using an overview of available research, it addresses the effect of the child with autism on families, the parents' marriage, as well as the parents as individuals.

Theories Guiding Conceptualization

The problem of the effects of a developmentally disabled, and specifically a child with autism on the family is one that is, as of yet, under researched. As a result of this lack of research, the implications are not fully understood. Because autism has such a devastating effect on families (Kazak, & Marvin, 1984) it is very important that researchers begin looking more seriously at this disorder.

For the purpose of this study systems theory is used from the ecological point of view, which is often called ecosystems theory. According to Zastrow and Kirst-Ashman, this blended theory can be described as follows.
In such a perspective, people are thought of as being involved in constant interaction with various systems in the environment. These include family, friends, work, social service, political, employment, religious, goods and services, and educational systems. Systems theories portray people as dynamically involved with each system. (2001, p. 5)

Autism Historically

Historically, the treatment for those with disabilities was horrifying. Those with mental illnesses were warehoused in sanitariums in inhumane conditions. Over the decades there have been gradual changes made that have improved the lives of the mentally ill as well as those with disabilities. In 1946, the Mental Health Act was established, helping implement the community mental health movement, which ultimately led to enormous changes in the way that the disabled were cared for. Today, although things have greatly improved, social workers are still needed to continue seeking justice for those who are unable to protect themselves (NASW, 2000-2003).

Before 1943, not much was known about autism. Families were perplexed by the strange symptoms that their child exhibited and they did their best to adjust to the difficulties. They often felt confused and alone with nobody to turn to for help. After all, the disorder had
not been studied and therefore was not understood by the professionals themselves.

In 1943, the diagnosis of autism was first added to the literature by psychiatrist Leo Kanner (Liwag, 1989). In the past sixty years, this diagnosis has been revised many times. Since that time the research base has become broader, and has helped researchers develop an understanding about what autism is. However, the etiology has, as of yet, not been found (Freeman, 1993).

Freeman (1993) states, "Autism is considered to be a syndrome which is diagnosed by the appearance of characteristic symptoms and developmental delays early in life, usually prior to thirty months of age." The National Institute of Mental Health (2002) defines autism as, "a brain disorder that begins in early childhood and impairs thinking, feeling, language, and the ability to relate to others." Similarly, the American Psychiatric Association (1994) states, "the essential features of autism are markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests."

According to the California Department of Developmental Disabilities (DDS) (1999) there seems to be an epidemic in autism. In California alone there has been
a 273% increase in autism, which far outweighs the increase in population growth. Conversely, Stokstad (2001) has refuted this evidence saying that there are far too many inconsistencies in the study. He claims that one theory for the increase is a higher awareness as well as a more definitive idea of what autism is.

Whichever, version is correct, it is apparent that having a child with autism is very often exhausting. For a parent, finding out that your child has autism can be devastating. Gray and Holden (1992) claim that autism is a disorder that has the capacity to wreak havoc on the psychological well being of parents. For many families the strain of the disability stretches their coping skills beyond their limit. It is however, important to note that it is not impossible to deal with, in fact many families have been able to successfully navigate their way through, intact (Powers, 2000).

The General Effects of Autistic Children on their Families

First and foremost, it is important to remember that a family with a child with autism, is still a family. As in all families, adjustments need to be constantly made that will help the family cope and or adapt to what is demanded of them. It is very important for parents to
remember that a child with autism is only one part of the family, and the other siblings have needs that cannot be overlooked.

Researchers have looked at how having an autistic sibling affects children and there seems to be agreement that having an autistic sibling will have a definite effect on the other children (Powers, 2000). In fact, it is likely just as stressful for the sibling to have a sister or brother with autism than it is for a parent to have a child with autism. Very often the sibling feels abandoned and unloved because the parents spend so much time caring for their sibling with autism (Powers, 2000).

Researchers Fisman, Wolf, Ellison, Gillis, Freeman, and Szatmari (1996) have looked at the emotional problems of the siblings of children with autism and have found that there is an increased risk for emotional and behavioral problems. According to Powell-Smith & Stollar (1997) the siblings of a disabled child need to be educated about their sibling’s disabilities. Further, they need to be educated on coping skills that will help them deal with the lack of parental attention that is inevitable in the family of a disabled child.
Effects on Parents as Individuals

Historically the prime focus of research queries was on the mother of children with autism. Mothers have long been looked at as a factor in their child’s autism. This is not surprising, as traditionally mothers have carried the burden of the blame when a disabled child is born (Powell-Smith & Stollar, 1997). Freud’s psychoanalytic theory also helped to solidify the blame against mothers. Fortunately, this archaic view is slowly beginning to fade and researchers are beginning to look at the family as a cohesive unit.

As a result of the cultural tradition that the mother is the primary caretaker of the children, the effects of having a child with autism seem to have a direct effect on them (DeMyer, 1979). They have a lack of interest in sex, higher levels of depression, higher levels of anxiety, a high level of preoccupation with the autistic child, and consequently, spend less time with their spouses. Gray and Holden (1992) further explain the increased pressure on mothers. They state that it is customarily the mother’s responsibility to “present” their families to the community. The autistic child and all their behavioral problems make it very difficult to present what looks like a “normal” family.
Fathers are also affected by a child with autism but tend to have more outlets than the mothers (i.e., outside work). The fathers of disabled children also showed an increase in depression, less enjoyment of the disabled child, lower self-esteem, and decreased sense of satisfaction with their wives (Howard, 1978; Liwag, 1989). Furthermore, fathers also tended to be affected by the reactions of their child's mother. Indeed, the fact that many mothers had a tendency to focus primarily on the disabled child had a tendency to increase the fathers concern for their spouse (DeMyer, 1979).

The General Effect of Autistic Children on Their Parents' Marriage

It is clear that autism puts parents under a large amount of stress. Because parents are human beings with all the usual trappings, they do not always do what is best for their child, as well as their family. Consequently, parenting a child with autism is extremely demanding, and as a result there are enormous difficulties and pressures that parents face. Researchers (Fisman et al., 1989; Yau & Li-Tsang, 1999) conclude that a strong marital bond helps to diminish the stress that is put on the family. It is important to look at the effects of a
disabled child on the marriage and to further study ways of strengthening that relationship.

There have been many contrasting studies done on the effects that disabled children have on their parents' marriage. Many researchers (Kazak & Marvin, 1984; Lerner & Spanier, 1978; Milgram & Atzil, 1988) report that a developmentally disabled child has no effect whatsoever on the marital relationship. Conversely, other researchers (DeMyer, 1979; Liwag, 1989; Yau & Li-Tsang, 1999) state that the levels of marital satisfaction between couples that had a child with autism versus those that did not were significantly different. However, DeMyer (1979) asserts that there are more extremely-unhappy or unhappy marriages among the couples with autistic children and more extremely-happy or happy marriages among the couples without autistic children. Furthermore, he found that problems related to raising a child with autism did tend to weaken the marital bond in over half the autistic marriages, while only approximately one fifth of the normal marriages were affected.

In contrast, Bristol et al. (1988) found that although there were no significant differences in overall depression, parenting quality, or adjustment, there were significant differences in marital satisfaction. They
found that the parents of children with autism had more problems in marital satisfaction and adjustment. Interestingly, some researchers found that having a child with autism actually strengthened the marriage (DeMyer 1979). This however, is a very rare finding with the bulk of the results reporting a significant impact on the level of marital satisfaction.

Researchers report (Fisman et al., 1989) that there are many ways parents can improve the quality of their marriage. Some of these include sharing in the child-care as well as household chores. Also, supporting each other through the difficult times helps to reduce depression and thus strengthens the relationship. In fact, many mothers reported that moral support from their child's father had a positive impact on them (DeMyer, 1979). Further, DeMyer (1979) found that many parents tried to keep their concerns to themselves to avoid increasing the pressure on their partner. Unfortunately, this had a negative effect on the marriage. When a parent does not communicate his or her feelings to the other, the communication that is so valuable for strengthening the marriage is cut off.

Finally, after reviewing the evidence Howard (1978) states that it is important for fathers as well as mothers to mourn the loss of the child that they had hoped for.
Attributes of Handicapped Children and Their Families

The present study looked at different attributes of the participants. These variables include the education level of parents, number of other children in the family, and income level.

Summary

The literature important to the project was presented in chapter two. It shows that autism is a disorder that leaves many families stressed. The family as a whole is affected as well as each individual family member. Unfortunately, it often has an effect on the level of marital satisfaction of the parents, which, in turn then impacts the family unit as well.

Using an ecologically based systems theory approach, this study looked at the different attributes that have an effect on the level of marital satisfaction between of the parents. Further, this study determined that there was a correlation between the score on the GARS scale and the level of the parents' marital satisfaction.
CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in developing the project. Specifically, this study looked at the associations among variables collected at UCDD. The participants are family members of the subject child. The data collected was the autistic child's scores on the GARS and the level of parental marital satisfaction as measured by the DAS along with family characteristics. UCDD staff collected the data and the family's privacy was protected by not using identifying information. Data was analyzed using univariate, bivariate, and multivariate analysis.

Study Design

The purpose of this study is to explore the relationship between parenting a disabled child, specifically, a child with autism, and the effects it has on parental marital satisfaction. This study was conducted using a quantitative approach and as a correlational study that looked at the effects of autism on the marital satisfaction of the parents. More specifically, it compared the severity of autism as measured by the GARS.
with the level of marital satisfaction as measured by the DAS.

Limitations

The usual researcher bias and the participants' honesty will limit this study. It was the objective of this researcher that the data was collected from a sample that is representative of the surrounding community. However, the present study cannot control for the lack of data from certain subsections of the population.

Hypothesis

It is the hypothesis of this study that as the severity of the child's autism goes up, as measured by the GARS, the level of marital satisfaction will go down as measured by the DAS.

Sampling

Data were obtained from the files of UCDD consumer's. This includes children with autism and their families. These data were collected from an ongoing program, conducted by UCDD. The following has been adapted from program materials. Currently UCDD has 129 consumers who range from 3 to 17 years. 31% of participating consumers are under the age of 6, 47% are between the ages of 7 and 11 and 22% are 12 years or older. 101 of the consumers are
male and 28 are female. The consumers represent a diversified range of both ethnicity and socioeconomic status (SES) that is similar to the surrounding community. In this sample, African American, 13%; American Indian, 2%; Asian, 13%; Caucasian, 35%; Hispanic, 18%; Other/mixed, 16%; Pacific Islander, 4%.

Consumers are referred to UCDD by Inland Regional Center (IRC), which is a part of DDS. DDS contracts with 21 non-profit agencies called Regional Centers (DDS, 2002). Regional Centers are community-based, private, non-profit agencies that provide life-long case management and assist people with developmental disabilities in obtaining services and supports that enhance the quality of life and increase independence, inclusion, and normalization. The IRC serves the San Bernardino and Riverside county areas covering close to 28,000 miles of geography and serving roughly 15,800 individuals (p. 1).

For the present study 129 open case files were utilized. The time period began from the time that the center first opened in 1999 to the present time. These cases were selected based on the following criteria: the parents are married, both parents participated in the DAS survey, and the autistic child is between the ages of 3 and 17.
Data Collection and Instruments

When a child is brought into the UCDD program, they are initially assessed. Their parents and siblings over eight are asked to complete various evaluation instruments (Hoffman, Sweeney, Gilliam, McDonald, & Palafox, 2002). The instruments to be used in this study are The DAS, and the GARS.

Measures

The following descriptions have been adapted from UCDD program materials (Hoffman et al., 2002).

**Gilliam Autism Rating Scale (GARS).** The GARS (1995), completed by the parents, is a standardized test designed for screening and assessment for autistic disorder and other severe behavioral disorders. It provides norm-referenced information that can assist in the diagnosis of autism. The GARS consists of four subtests including Stereotyped Behaviors, Communication, and Communication and Developmental Disturbances. Internal consistency of the GARS was determined using the Cronbach’s alpha and revealed coefficients alphas ranging from .88 to .96 (Gilliam, 1995).

The GARS is scored by computing raw scores, converting raw scores, and calculating an overall score for the four subscales. The final scores range from 1 to
100. This is a percentile; for example, if a child scores 72% then 72% of the subjects fall below that score. A person without autism will have a low percentile score (Gilliam, 2002).

**Dyadic Adjustment Scale (DAS).** The DAS (Spanier, 1976), administered to parents, is a 32-item scale used to assess marital and relationship satisfaction in cohabiting couples. The questionnaire is divided into four subscales, which include Satisfaction and Commitment, Expression and Affection and Sexuality, Consensus on Matters of Importance, and Cohesion or Shared Activities. A total satisfaction score is derived by a sum of the total scale. The reliability of the dyadic cohesion subscale is reported to be .86 and .96 (Belsky, Spanier, & Rovine, 1983; Hetherington, 1991). The validity of the DAS has also proven to be satisfactory, as scores on the DAS correlate well with scores on the Locke-Wallace Marital Adjustment Scale (Spanier, 1976).

A total score ranges from 0 to 150. This is determined by adding up the four subscales. This is a Likert-type scale. Reversal of some of the answers is necessary before scoring. Scores below 101 are believed to be distressed while those scoring above 102 are not (Prouty, Markowski, & Barnes, 2000).
Independent and Dependent Variables

The independent variables for this study include, the child’s score on the GARS, which is a continuous level of measurement.

The dependent variable for this study is the level of marital satisfaction, as measured on the DAS, which is an ordinal measure.

Procedures

The data files were accessed by requesting the information from UCDD staff (Hoffman et al., 2002). These data were then collected from a database, which is stored on the Center’s computer. The data were then transferred to a disk. There was no identifying information included.

Protection of Human Subjects

Data were initially collected by UCDD staff members. These data were then stored in a locked file cabinet in a secure room. Participants’ confidentiality was maintained by precluding the use of any identifying information. Further, all families were given a five-digit code for all further aspects of the study. The present researcher had no access to identifying information.
Data Analysis

A quantitative approach was used to test the relationship between the independent variable and the level of parental marital satisfaction as scored by the DAS.

Concepts, Constructs and Variables to be Used

Systems theory was used to guide this study. This theory looks at the family as a system. The variables that were used include, number of siblings in the family, parent income, and parent education.

Gilliam Autism Rating Scale and Dyadic Adjustment Scale

These variables were examined to see if a relationship existed between them.

Analysis

Univariate Analysis. Frequencies were computed on the categorical variables to see if there were any trends among the data. Descriptive statistics were used to ascertain information about the distribution, central tendency, and variability of the continuous variables.

Bivariate and Multivariate Analysis. The data was also analyzed using statistical tests to look at associations between variables. These tests included
independent t-tests, correlations, and regression analysis.

Summary

This study was conducted using a quantitative research approach. Data was collected from UCDD consumers (developmentally disabled children) and their families. Data was collected from materials that parents completed, with the help of trained volunteers. The instruments used were the GARS and the DAS. The participants' confidentiality was maintained by precluding the use of any names and indexing the research material by a five-digit code. Data was analyzed to look for any associations among the variables.
CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the results. One hundred twenty nine children took the GARS, which measured their level of severity of autism. These children were clients of UCDD and were between the ages of 3 and 17. Their parents each individually completed the DAS, which measured their level of marital satisfaction.

Presentation of the Findings

This study used 129 consumers who ranged from 3 to 17 years. 31% of participating consumers were under the age of 6, 47% between the ages of 7 and 11 and 22% were 12 years or older. 101 of the consumers were male and 28 female. The mean age was 8 years old. The consumers represented a diversified range of both ethnicity and socioeconomic status (SES) that is similar to the surrounding community. In this sample, African American, 13%; American Indian, 2%; Asian, 13%; Caucasian, 35%; Hispanic, 18%; Other/mixed, 16%; Pacific Islander, 4%.

The data presented in Table 1 shows the significant (p < .05) results for correlations among the measures of severity of autism by parental marital satisfaction and
stereotypical behaviors by parental marital satisfaction. These data show that as the severity of autism increases the level of parental marital satisfaction decreases (n = 74, r = -.290, p = .012). They also show that as the stereotyped behavior of the child with autism increases the marital satisfaction decreases (n = 85, r = -.262, p = .016).

Table 1. Correlations

<table>
<thead>
<tr>
<th></th>
<th>Dyadic Consensus</th>
<th>Dyadic Satisfaction</th>
<th>Affectional Expression</th>
<th>Dyadic Cohesion</th>
<th>Dyadic Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Subscale</td>
<td>-.047</td>
<td>-.189</td>
<td>-.018</td>
<td>.049</td>
<td>-.149</td>
</tr>
<tr>
<td>Developmental Subscale</td>
<td>-.122</td>
<td>-.057</td>
<td>.025</td>
<td>-.051</td>
<td>-.070</td>
</tr>
<tr>
<td>Stereotypical Behaviors Subscale</td>
<td>-.074</td>
<td>-.262*</td>
<td>-.172</td>
<td>-.074</td>
<td>-.072</td>
</tr>
<tr>
<td>Communication Subscale</td>
<td>.035</td>
<td>-.075</td>
<td>-.001</td>
<td>.056</td>
<td>.020</td>
</tr>
<tr>
<td>Autism Quotient</td>
<td>-.169</td>
<td>-.290*</td>
<td>-.103</td>
<td>-.27</td>
<td>-.156</td>
</tr>
</tbody>
</table>

*p < .05

In order to further examine the relationship between autism and dyadic satisfaction, a two-step hierarchal regression analysis was carried out. As Dyadic Satisfaction was the only subscale found to be correlated with the autism scale and subscale scores, it was used as the dependent variable in this analysis. The demographic
variables entered on step 1 (date of birth, parent education, and parent one income) did not account for a significant amount of variance in this analysis. On step 2, however, the overall level of autism (assessed by the Autism Quotient) was found to account for a significant amount of variance (R² change = 0.077, F (1,49) = 4.32, p < .043, B = -.33, t = -2.08).

Bivariate analyses were also conducted to assess differences among subsamples. Autism generally strikes males however, an independent samples test of mean GARS score by gender showed that when it did affect females it affected them to a much higher degree (t (70) = -2.198, p < .031). The mean for females was 99.00 and for males 91.58.

The data presented in Table 2 shows the significant (p < .05) results for correlations among the measures of parental income by parental cohesiveness, affectional expression, dyadic satisfaction, and the severity of the child’s autism.
Table 2. Parental Income

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCOh T Score</td>
<td>67</td>
<td>-.353(**)</td>
<td>.003</td>
</tr>
<tr>
<td>AE T Score</td>
<td>67</td>
<td>-.317(**)</td>
<td>.009</td>
</tr>
<tr>
<td>DA T Score</td>
<td>67</td>
<td>-.261(*)</td>
<td>.033</td>
</tr>
<tr>
<td>Autism Quot.</td>
<td>66</td>
<td>-.410(**)</td>
<td>.001</td>
</tr>
<tr>
<td>GARS Social SS</td>
<td>73</td>
<td>-.197</td>
<td>.095</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>77</td>
<td>.249*</td>
<td>.029</td>
</tr>
</tbody>
</table>

* sig at .05  
** sig at .001

**Summary**

Chapter Four reviewed the results extracted from the project. As hypothesized, the level of severity of autism did have an affect on parental marital satisfaction. Further, the subject child’s rate of stereotypical behaviors also had an effect on the marital satisfaction.
CHAPTER FIVE

DISCUSSION

Introduction

Included in Chapter Five is a presentation of the conclusions gleaned as a result of completing the project. Further, the recommendations extracted from the project are presented. Last, the chapter concludes with a summary.

Discussion

The conclusions extracted from the project follow. The data supported the hypothesis that the level of severity of autism did adversely affect the level of parental marital satisfaction.

These results are consistent with many of the studies listed in Chapter Two (DeMyer, 1979; Liwag, 1989; Yau & Li-Tsang, 1999) because they show that the level of autism has a direct negative effect on the marital satisfaction of the parents.

Interestingly, there were many unexpected findings. For example, the results also showed that as the child’s level of stereotypical behaviors increased the parental marital satisfaction decreased. This is most likely due to the fact that the stereotypical behaviors associated with autism increases parental stress.
The demographic variable of parental income was significantly negatively correlated with parental cohesiveness, affectional emotional satisfaction, dyadic satisfaction, and the level of severity of autism.

These findings suggest that the income level of the parents may affect the parental marital satisfaction in multiple ways. For example, as the parental income increases, the cohesiveness, dyadic satisfaction, and affectional emotional satisfaction between the parents decreases. Further, as the income decreases the level of severity of autism increases.

These findings seemed to contradict conventional wisdom that says as one's income goes up their happiness should increase. These data suggest the opposite of this showing that as income increases parental cohesiveness decreases. The DAS reports that dyadic cohesion is the level of common interests and activities shared by the couple. It is possible that as parental income increases the amount of time that they have to spend with their spouse decreases, thus limiting the cohesion of the couple.

Similarly, parental income was negatively correlated with the affectional expression of the couple. The DAS affectional expression segment of the scale measures the
individual's satisfaction with the expression of affection and sex in the relationship. Again, this is most likely due to the increased amount of time the partners spend working.

Dyadic satisfaction was also negatively correlated with parental income. The DAS dyadic satisfaction scale is the measure of the amount of tension in the relationship, as well as the extent to which the individual has considered ending the relationship. Again, this is most likely due to the limited amount of time that the couple spends together.

The level of severity of autism was also negatively correlated with parental income. As the level of income decreases the level of severity of autism increases. This is possibly due to the fact that when a child is severely affected by autism the parents have less time to work and have an increased level of stress, which may further affect their work performance.

Limitations

This study was limited by the fact that the children were all participants at UCDD. Families of children with autism who are undiagnosed or those families with an autistic child who are not receiving services are not
represented in the present study. Therefore, the inferences cannot be generalized to the population of families of children with autism. Further, this study is limited by the fact that the DAS is a self-reporting measure and therefore it cannot control for the truthfulness of the participant.

Recommendations for Social Work Practice, Policy and Research

NASW's policy on families is described as follows.

NASW advocates a full range of comprehensive services to families from primary prevention to rehabilitation across the life cycle. Strengthening families also necessitates the creation of policies that recognize the family as an intergenerational system that includes biological, social, and psychological ties. (2000, p. 119)

It is on this context that future social work programs and research needs to focus.

It is important to educate those who work with the families of children with autism to ensure that the entire family is treated as a partner to the professional. The creation of these partnerships will help to strengthen the family unit as a whole thus promoting the creation of successful coping skills as well as the competence and well being of the family.
There is a lack of research on the effect of a child’s developmental disability on the parents’ marriage. Therefore, future research should focus on the long-term relationship between these two factors.

Conclusions

This study reviewed literature on the association between having a child with autism and it’s effect on the parental marital satisfaction. The findings show that there is a direct correlation between these two factors, as well as several unexpected findings.

These findings suggest that because there is a correlation between autism and marital satisfaction, it is important to help these families to get the support they need so that they will be able to weather the highs and lows that they will surely encounter while raising their child.
APPENDIX A

APPROVAL LETTER
Dear Georgie Jesser

Following review of your application to serve as a Research Assistant, I am happy to inform you of your acceptance as a member of the UCDD Research Team.

As a valued member of our Team, you are expected to adhere to the Guidelines associated with this position, as in those articulated in the forms you signed, "Criteria for Student Involvement in UCDD Research Program," and "Access to Data, Research Involvement, and Authorship for the UCDD Research Program."

If you have any questions regarding your role at the Center, the requirements associated with your continued participation as a member of the Team, or any other facet of the Program please be certain to contact me.

Congratulations, and welcome aboard! I look forward to working with you.

Sincerely,

[Signature]
Charles D. Hoffman, Ph.D.
Director of Research,
University Center for Developmental Disabilities

Cc: Dwight Sweeney, Ph.D., Director, UCDD
    Kimberly McDonald, M.S.W., UCDD

California State University, College of Education
5500 University Parkway
San Bernardino, CA 92407-2397

Phone: (909) 880-5495   fax: (909) 880-7002
APPENDIX B

GILLIAM AUTISM RATING SCALE
<table>
<thead>
<tr>
<th>State</th>
<th>Zip code of student's primary residence</th>
<th>Date of Rating</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MD.</td>
<td>DAY</td>
<td>YR.</td>
<td>MD.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE INDICATE THE APPROPRIATE CATEGORY THAT DESCRIBES THE PERSON THIS RATING REFERS TO (Please select only one. If more than one apply, select the primary diagnosis):**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mentally Retarded</td>
</tr>
<tr>
<td></td>
<td>Blind, Partially Sighted</td>
</tr>
<tr>
<td></td>
<td>Deaf, Hearing Impaired</td>
</tr>
<tr>
<td></td>
<td>Articulation Disorder</td>
</tr>
<tr>
<td></td>
<td>Autistic Disorder</td>
</tr>
<tr>
<td></td>
<td>Physically or Health Impaired</td>
</tr>
<tr>
<td></td>
<td>Language Impaired</td>
</tr>
<tr>
<td></td>
<td>Other (Please specify)</td>
</tr>
</tbody>
</table>

**Individual was diagnosed by:**

- [ ] Not officially diagnosed
- [ ] Private Psychologist or Psychologist
- [ ] Physician
- [ ] School Psychologist
- [ ] Educational Diagnostician
- [ ] Other, please specify

**Rater's relationship to individual:**

- [ ] Parent
- [ ] Teacher
- [ ] Speech Clinician
- [ ] Teaching Assistant
- [ ] Private Psychologist or Psychologist
- [ ] Other

**If in school, does the child receive:**

- [ ] Free Lunch
- [ ] Reduced price lunch
- [ ] Pays for lunch

**If the individual is not in school, please estimate their parent's or the individual's social economic level:**

- [ ] Low
- [ ] Below average
- [ ] Average
- [ ] Above average
- [ ] High

**Thank you for agreeing to participate in this norming project. The information you provide will be treated confidentially.**

**PLEASE DO NOT WRITE IN THIS AREA**
### Gilliam Autism Rating Scale – Second Edition (GARS-2)

#### Professional and Parent Form

II. Items for the GARS-R

Rate the following items according to the frequency of occurrence. Use the following guidelines: (0) Never Observed; you have never seen the individual behave in this manner. (1) Seldom Observed, the individual behaves in this manner 1-2 times per 6 hour period. (2) Sometimes Observed, the individual behaves in this manner 3-4 times per 6 hour period. (3) Frequently Observed, the individual behaves in this manner at least 5 times per 6 hour period. Please complete every item.

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency Observed</th>
<th>Scale to use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Avoids establishing eye contact (i.e., looks away when eye contact is made or refuses to look at speaker when requested to do so).</td>
<td>3 (Frequently Observed)</td>
<td>Never Observed (0)</td>
</tr>
<tr>
<td>2. Stares at hands, objects, or items in the environment for at least 5 seconds.</td>
<td>2 (Sometimes Observed)</td>
<td>Seldom Observed (1)</td>
</tr>
<tr>
<td>3. Flicks fingers rapidly in front of eyes for periods of 5 seconds or more.</td>
<td>1 (Seldom Observed)</td>
<td>Sometimes Observed (2)</td>
</tr>
<tr>
<td>4. Eats specific foods and refuses to eat what most people will usually eat.</td>
<td>0 (Never Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>5. Licks, tastes, or attempts to eat inedible objects (person's hand, toys, books, etc.).</td>
<td>1 (Seldom Observed)</td>
<td>Never Observed (0)</td>
</tr>
<tr>
<td>6. Smells or sniffs objects (e.g., toys, person's hand, hair, etc.)</td>
<td>2 (Sometimes Observed)</td>
<td>Seldom Observed (1)</td>
</tr>
<tr>
<td>7. Whirls, turns in circles.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>8. Spins objects not designed for spinning (e.g., saucers, cups, glasses, etc.).</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>9. Rocks back and forth when seated or standing.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>10. Makes rapid lunging, darting movements when moving from place to place.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>11. Flaps hands or fingers in front of face or at sides.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>12. Makes high-pitched sounds (e.g., eee-eee-eee-eee) or other vocalizations for self-stimulation.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
<tr>
<td>13. Slaps, hits, or bites self or in other ways attempts to injure self.</td>
<td>3 (Frequently Observed)</td>
<td>Frequently Observed (3)</td>
</tr>
</tbody>
</table>

How does this person communicate?

- ☐ Talks
- ☐ Signs
- ☐ Other form of communication
- ☐ Doesn't talk or sign or use any other form of communication
If the subject does not talk, sign, or use any other form of communication, SKIT items 15 to 28:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Repeats (echoes) words verbally or with signs.</td>
<td>Freq. Observed</td>
</tr>
<tr>
<td>16.</td>
<td>Repeats words out of context (i.e., repeats words heard at an earlier time; e.g., repeats words heard more than 1 minute earlier).</td>
<td>Seldom Observed</td>
</tr>
<tr>
<td>17.</td>
<td>Repeats words or phrases over and over.</td>
<td>Never Observed</td>
</tr>
<tr>
<td>18.</td>
<td>Speaks (or signs) with flat tone, affect, or dysrhythmic patterns.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>19.</td>
<td>Responds inappropriately to simple commands (e.g., sit down, stand up, etc.).</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>20.</td>
<td>Looks away or avoids looking at speaker when name is called.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>21.</td>
<td>Doesn’t ask for things he or she wants.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>22.</td>
<td>Doesn’t initiate conversations with peers or adults.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>23.</td>
<td>Uses “yes” and “no” inappropriately. Says “yes” when asked if he or she wants an aversive stimulus, or says “no” when asked if he or she wants a favorite toy or treat.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>24.</td>
<td>Uses pronouns inappropriately (refers to self as he, you, she, etc.).</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>25.</td>
<td>Uses the word “I” inappropriately (does not say “I” to refer to self).</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>26.</td>
<td>Repeats unintelligible sounds (babbles) over and over.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>27.</td>
<td>Uses gestures instead of speech or signs to obtain objects.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>28.</td>
<td>Inappropriately asks questions about a statement or brief story.</td>
<td>Rarely Observed</td>
</tr>
<tr>
<td>29.</td>
<td>Avoids eye contact (looks away when someone looks at him or her).</td>
<td>Frequently Observed</td>
</tr>
<tr>
<td>30.</td>
<td>Stares or looks unhappy when praised, humored, or entertained.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>31.</td>
<td>Resists physical contact from others (hugs, pats, strokes, being held affectionately, etc.).</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>32.</td>
<td>Doesn’t imitate other people when imitation is required or desirable such as games or learning activities.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>33.</td>
<td>In group situations, the person withdraws or remains aloof or standoffish.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>34.</td>
<td>Behaves in an unnecessarily fearful, frightened manner.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>35.</td>
<td>Is unaffectionate: doesn’t readily give affectionate responses (e.g., hugs and kisses).</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>36.</td>
<td>Shows no recognition that a person is present (i.e., looks through people).</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>37.</td>
<td>Laughs, giggles, cries inappropriately.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>38.</td>
<td>Uses toys or objects inappropriately (e.g., spins toy cars, takes action toys apart, etc.).</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>39.</td>
<td>Does certain things repetitively, ritualistically.</td>
<td>Sometimes Observed</td>
</tr>
<tr>
<td>40.</td>
<td>Becomes upset when routines are changed.</td>
<td>Occasionally Observed</td>
</tr>
<tr>
<td>41.</td>
<td>Responds negatively or with temper tantrums when given commands, requests, or directions.</td>
<td>Occasionally Observed</td>
</tr>
<tr>
<td>42.</td>
<td>Lines up objects in precise, orderly fashion and becomes upset when the order is disturbed.</td>
<td>Occasionally Observed</td>
</tr>
</tbody>
</table>

PROFESSIONALS STOP HERE.
THANK YOU FOR PARTICIPATING IN THIS RESEARCH.
PARENTS PLEASE COMPLETE THE FOLLOWING SECTION
This section should be completed only by parents and/or other caregivers who had direct sustained contact with the child during the child's first 36 months of age. Parent and caregiver interviews are acceptable. Answer each question by darkening in the bubble. Complete every item.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Did the child sit up, stand and walk in that sequence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Did the child walk within the first 15 months of life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Did the child develop a skill (e.g., walking) and then regress (e.g., stop walking and return to crawling)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Did the child spend a great amount of time rocking when awake (i.e., did the child rock for 5 minutes or more, several times a day)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Did the child exhibit or was the child diagnosed as having any developmental delays before 36 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Did the child reach out or prepare to be picked up when the parent attempted to lift the child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Did the child smile at parents or siblings when played with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Did the child cry when approached by unfamiliar persons during the first year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Did the child imitate another person before age 3 (e.g., played pat-a-cake, peek-a-boo, made imitative sounds, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Did the child show pleasure when hugged, held, or caressed during the first 36 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Did the child use speech to communicate within the first 36 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Did the child appear to be deaf to some sounds but hear others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Did the child follow simple commands (e.g., stand up, sit down, come here, etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Did the child remember things (e.g., where a favorite toy or object was kept or what happened in certain places, such as visits to the doctor)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for participating in this research.
APPENDIX C

DYADIC ADJUSTMENT SCALE
Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Circle the star under one answer for each item.

<table>
<thead>
<tr>
<th>Item</th>
<th>Always Agree</th>
<th>Almost Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Handling family finances...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
</tr>
<tr>
<td>2. Matters of recreation...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
</tr>
<tr>
<td>3. Religious matters...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
</tr>
<tr>
<td>4. Demonstrations of affection...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
</tr>
<tr>
<td>5. Friends...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
</tr>
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<td>6. Sex relations...</td>
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<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>16. How often do you discuss or have you considered divorce, separation, or termination of your relationship?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>17. How often do you or your mate leave the house after a fight?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>18. In general, how often do you think that things between you and your partner are going well?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>19. Do you criticize your mate?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
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<td>20. Do you ever regret that you married (or lived together)?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>21. How often do you and your partner quarrel?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>22. How often do you and your mate get on each other's nerves?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>23. Do you kiss your mate?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>24. Do you and your mate engage in outside interests together?</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>25. Have a stimulating exchange of ideas...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
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<td>26. Laugh together...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>27. Gaily discuss something...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
<td>&lt;br&gt;Always Always</td>
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<td>28. Work together on a project...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
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<td>29. Being too tired for sex...</td>
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<td>&lt;br&gt;Almost Always</td>
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<td>30. Not showing love...</td>
<td>&lt;br&gt;Never</td>
<td>&lt;br&gt;Almost Never</td>
<td>&lt;br&gt;Occasionally</td>
<td>&lt;br&gt;Frequently</td>
<td>&lt;br&gt;Almost Always</td>
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</table>

These are some things about which couples sometimes agree or disagree. Indicate if either item caused differences of opinion or were problems in the past few weeks.

31. The stars on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Circle the star above the phrase which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Unhappy</th>
<th>A Little Unhappy</th>
<th>Happy</th>
<th>Very Happy</th>
<th>Extremely Happy</th>
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32. Which of the following statements best describes how you feel about the future of your relationship? Circle the letter for one statement.

A. I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
B. I want very much for my relationship to succeed, and will do all I can to see that it does.
C. I would be happy if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.
D. It would be nice if my relationship succeeded, but I refuse to do anything more than I am doing now to keep the relationship going.
E. My relationship can never succeed, and there is no more that I can do to keep the relationship going.
Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Circle the star under one answer for each item.

<table>
<thead>
<tr>
<th>Item</th>
<th>Always Agree</th>
<th>Almost Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Disagree</th>
<th>Always Disagree</th>
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<tbody>
<tr>
<td>1. Handling family finances</td>
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<td>2. Matters of recreation</td>
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<td>3. Religious matters</td>
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<td>4. Demonstrations of affection</td>
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<td>5. Friends</td>
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<td>6. Sex relations</td>
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16. How often do you discuss or have you considered divorce, separation, or termination of your relationship?

17. How often do you or your mate leave the house after a fight?

18. In general, how often do you think that things between you and your partner are going well?

19. Do you confide in your mate?

20. Do you ever regret that you married (or lived together)?

21. How often do you and your partner quarrel?

22. How often do you and your mate get on each other's nerves?

23. Do you kiss your mate?

24. Do you and your mate engage in outside interests together?

25. Have a stimulating exchange of ideas?

26. Laugh together?

27. Calmly discuss something?

28. Work together on a project?

These are some things about which couples sometimes agree or disagree. Indicate if either item caused differences of opinions or were problems in the past few weeks.

29. Being too tired for sex

30. Not showing love

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<th>Degree of Happiness</th>
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B. I want very much for my relationship to succeed, and will do all I can to see that it does.

C. I want very much for my relationship to succeed, and will do my fair share to see that it does.

D. It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.

E. It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

F. My relationship can never succeed, and there is no more that I can do to keep the relationship going.
APPENDIX D
KEY FOR TERMS ON CORRELATION TABLES
Key

Dyadic Adjustment Scale

DA T Score- Total dyadic adjustment

DS T Score- Dyadic satisfaction- measures the amount of tension in the relationship, as well as the extent to which the individual has considered ending the relationship.

AE Score- Affectional expression- measures the individual’s satisfaction with the expression of affection and sex in the relationship.

DCoh T Score- Dyadic cohesion- assesses the common interests and activities shared by the couple.

DCon T Score- Dyadic consensus- assesses the extent of agreement between partners on money matters important to the relationship, such as money, religion, recreation, friends, household tasks, and time spent together.

Gilliam Autism Rating Scale

GARS Social SS- Social interaction- perceived social interaction under ordinary circumstances.

GARS Dev SS- Development- developmental history during the first 36 months of age.

GARS Stereo SS- Stereotypical behaviors- perceived stereotyped behaviors under ordinary circumstances.

GARS Comm SS- Communication- perceived communication ability, both receptive and expressive under ordinary circumstances.

Autism Quot.- Total autism score

Demographics

P1INC- The family’s income. This is the combined income from both parents.
REFERENCES


