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Brief report: Does “healthy” family functioning look different for families who have a child with autism?

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Abstract

Background: For families of typically developing children, extremes of family cohesion (enmeshed and disengaged) and flexibility (rigid and chaotic) are associated with negative outcomes (Olson, 2011). Some work suggests that this may not be true for families of children with autism spectrum disorder (ASD; Altieri & von Kluge 2009). Specifically, regimented daily routines (increased rigidity) and highly involved caregivers (increased enmeshment) might theoretically be associated with positive outcomes.

Objectives: This study examined whether families who have a child with ASD report different family dynamics than families with typically developing children, and if these dynamics are equally predictive of outcomes for both groups.

Method: Regression-based interaction analyses using data from an online survey (n = 235) were used to examine how diagnostic group (typically-developing child or child with ASD) affected the relationships between elements of family functioning and parent outcomes of happiness, depression, and satisfaction with family life.

Results: Higher parent-reported enmeshment was associated with decreased parent-reported happiness in typical families only; these variables were unrelated in families with a child with ASD. In addition, the relationship between disengagement and parent happiness was marginally weaker in the ASD group. Other scales (rigid and chaotic) exhibited similar relationships with family outcomes across both diagnostic groups.

Conclusion: In alignment with previous findings (Altieri & von Kluge 2009), elevated levels of enmeshment were not predictive of poorer outcomes in families of children with ASD. There is a need to critically consider whether behaviors traditionally thought of as “enmeshed” may represent different, more adaptive support strategies for families who have a child with ASD.

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CRedit Statement

Katherine Walton: Conceptualization, Methodology, Formal analysis, Investigation, Writing-Original draft, Writing-Review & Editing, Supervision; **Gabrielle Tiede:** Conceptualization, Formal analysis, Writing-Original draft

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Conflict of Interest Statement

All authors declare that they have no conflict of interests.

Keywords

enmeshment; family functioning; parents; ASD

Introduction

Healthy family relationships lay the groundwork for positive social, interpersonal, and psychological functioning later in life. Positive family functioning relates to better interpersonal relationship quality (Robinson, Garthoeffner, & Henry, 1995), self-concept (Wilson & Constantine, 1999), and psychological health (Amerikaner, Monks, Wolfe, & Thomas, 1994) in typically developing adults. Healthy family functioning may also serve as a protective factor for families and individuals experiencing a variety of challenges and stressors (Carris, Sheeber, & Howe, 1998; O'Brien et al., 2006). Several models have been proposed to explain both normal and problematic variations in family interaction patterns; these models frequently include elements such as family roles, communication, warmth, and engagement.

The Olson circumplex model (Olson, 2000) focuses on three dimensions of family functioning: cohesion, flexibility, and communication. Cohesion is “the emotional bonding that family members have toward one another” (Olson, 2000, p. 145) and flexibility is the “amount of change in [a family’s] leadership, role relationships and relationship rules” (Olson, 2000, p. 147). Cohesion and flexibility are seen as the two core dimensions and are orthogonal to one another. The third dimension, communication, is facilitative and allows appropriate movement and balance within the other two dimensions (Olson, 2000). Moderate levels of cohesion and flexibility are viewed as ideal, whereas extremes on either end (i.e., disengaged or enmeshed patterns of cohesion; rigid or chaotic patterns of flexibility) are viewed as unhealthy. Previous research indicates that these “unbalanced” patterns of cohesion and flexibility relate to psychopathology and other negative outcomes (e.g., Berryhill, Hayes, & Lloyd, 2018; Friedman, Utada, & Morrissey, 1987; Kluck, Dallesasse, & English, 2017). The circumplex model, and its accompanying measurement tool, the Family Adaptability and Cohesion Evaluation System (FACES-IV; Olson, Gorall, & Tiesel, 2004), were designed to be useful in marital and family therapy and research, and can be used with families facing severe mental illness or stressors (e.g., schizophrenia, sexual offending), as well as families facing more typical life stressors (e.g., a physical health problem in a family member; Olson, 2000). Since 1979 when the model was first proposed (Olson, Sprenkle, & Russell, 1979), more than 1200 research articles and dissertations have used the measures associated with this model, and it has been applied to a wide variety of clinical and non-clinical populations in different cultural groups around the world (Olson, 2000).

A substantial body of research indicates that families of children with autism spectrum disorder (ASD) experience elevated family stressors, including increased parenting stress, higher divorce rates, and lower family well-being (see Karst & Van Hecke, 2012 for review). However, findings are mixed; while some families of children with ASD experience significant challenges, many also demonstrate substantial resilience (Bayat, 2007). In

previous qualitative studies, parents report positive impacts of their child with a disability, including family closeness, increased tolerance and understanding from family members, and re-aligned family priorities (Bayat, 2007; Stainton & Besser, 1998). Positive perception of the role of the child with ASD to family life also relates to lower parenting stress (Kayfitz, Gragg, & Robert Orr, 2010). Several studies have used the circumplex model to compare family functioning in families with a child with ASD and families with typically developing (TD) children. Gau et al. (2012) found lower levels of adaptability and cohesion in Taiwanese families of children with autism (aged 3–15) compared to families with typical children. Similarly, a study conducted in Australia found lower cohesion and adaptability (as well as lower marital happiness) in families with a child with ASD (mean child age 10.8 years), as compared to norm groups. Rodrigue, Geffken, and Morgan (1990) also found lower adaptability in families of children with autism (mean age 10.7 years) compared to those with typical development or Down Syndrome; however, in contrast to other findings, mothers in Rodrigue et al.'s sample actually reported higher cohesion compared to other families. Variability may relate to small samples and/or differences in control groups in these studies. Elements of family functioning may also predict outcomes over time in families of children with ASD; one study found that family adaptability predicted both mother's depressive symptoms and child behavior problems over time in families of children with ASD (Baker, Seltzer, & Greenberg, 2011).

Critically, these studies assume that patterns of family functioning considered “healthy” in typical families (i.e., moderate levels of adaptability and cohesion; avoiding enmeshed, disengaged, rigid, or chaotic patterns) will also be ideal for families who have a child with ASD, and that the concepts and measures used apply equally well to these families. Some literature has challenged this assumption. Altieri and von Kluge (2009) found that enmeshed patterns of family functioning were associated with *greater* use of healthy coping mechanisms in families of children with ASD—the opposite of what is theoretically prescribed. This finding may make sense when closely considering the needs of children with ASD. Children with ASD and their families may benefit from structures in which parents provide a level of support and guidance that would be “too much” for TD children; this calls into question whether this variable truly represents “enmeshment” for families with ASD, or simply represents a healthy and appropriate level of support. Similarly, increases in family structure and routine that might reach excessive levels in typical families could be adaptive for children with ASD, who often struggle with even small changes in their environment.

It is therefore important to critically examine what constitutes a “healthy” family with ASD, allowing for the possibility that they benefit from different family functioning patterns than typical families. To address this, the present study examined four “extreme” dimensions of family functioning (enmeshment, disengagement, rigidity, and chaos) in both typical families and families who have a child with ASD. We tested whether each of these four extremes were related to parent-reported happiness, depression, and satisfaction with family life (SWFL), and whether these relationships differed by group (ASD vs. TD). We hypothesized that, for typical families, all four extreme patterns would be related to negative outcomes. However, we anticipated that, for families with a child with ASD, enmeshment

and rigidity would be less strongly related to negative outcomes, and may be related to positive outcomes.

Methods

Procedures

Data used in this report comes from a larger project examining leisure satisfaction and participation in families with and without a child with ASD (described in Walton, 2019). Parents were invited to participate via email, and anonymously completed all study procedures through an online survey. Informed consent was obtained from all participants prior to participation; all study procedures were reviewed by an Institutional Review Board and determined exempt.

Participants

Participants in the final sample were parents of a child with ASD (n=112) or TD (n=123) between the ages of 4 and 18 years old. See Table 1 for demographics. Parents were recruited from the Research Match¹ database (n = 24 ASD, n = 42 TD) or through Qualtrics Online Panels² (n=88 ASD, n = 81 TD). If parents had more than one TD child within the specified age range, they were instructed to choose one child in their family to focus on when completing the questionnaire, but were not given specific instruction about which child in the family to select. ASD group participants were excluded if the child did not score 12 on the Social Communication Questionnaire, Lifetime Version (cut-off score based on recommendations in Corsello et al. 2007). Because the goal of the TD control group was to compare families of children with ASD to families who have children *without* substantial emotional, behavioral, and/or developmental problems, TD participants were excluded if parents reported attendance at a school specialized for children with disabilities, or having a school-age child who spent significant portion of their school day (>20%) away from typically developing peers. Thirty-two participants (n=20 ASD; n=12 TD) did not complete the survey and 21 participants did not meet the inclusion criteria described above (n=5 ASD; n=16 TD); these participants were excluded case-wise. See Walton (2019) for additional details.

Measures

Family Adaptability and Cohesion Evaluation System (FACES-IV).—The FACES-IV (Olson, Gorall, & Tiesel, 2004) is a 62-item questionnaire using Likert-scale ratings which produces subscale scores describing family flexibility, cohesion, communication, and satisfaction with family life (SWFL). It can be completed by any (or all) family members over the age of 12, and questions probe each person's view of family interactions as a whole

¹Research Match is a national health volunteer registry that was created by several academic institutions and supported by the US National Institutes of Health as part of the Clinical Translational Science Award (CTSA) program. Research Match has a large population of volunteers from 169 institutions around the United States who have consented to be contacted by researchers about health studies for which they may be eligible. Approximately 24% of ResearchMatch volunteers identify as non-white, and 8.5% identify as Hispanic or Latino.

²Qualtrics recruits individuals from targeted groups using a variety of general and targeted market research panels. Because of Qualtrics' concern for privacy of individuals on these panels and the proprietary nature of this information, additional details regarding specific recruitment sources and methods are not provided directly to researchers.

using general language such as “we” or “family members,” rather than probing interactions between specific family members. The FACES assessments have been used with families with children of all ages (e.g., Williams et al., 2012; O’Brien et al., 2006), couples without children (Chang et al., 1994), as well as single adults reporting on their family of origin (Olson, 2011). The measure is scored without regard to age of family members or family size. The FACES-IV has strong internal consistency and a theoretically compatible factor structure within a college student sample (Olson, 2011) and a clinically-referred adolescent sample (Franklin, Streeter, & Springer, 2001), among others. In the areas of family communication and SWFL, lower scores indicate poorer functioning. For flexibility and cohesion, two “balanced” scales and four “unbalanced” scales (representing low and high extremes of flexibility and cohesion) exist. These scales can be combined and scored in a number of ways. While traditional FACES-IV scoring assumes that lower scores on the unbalanced scales and higher scores on the balanced scales are optimal, this study specifically sought to test these assumptions. Therefore, raw scores on the four unbalanced scales (rigidity, chaos, enmeshment, disengagement) were used in all analyses. Rigidity items probe highly controlled or rule-driven family patterns (e.g., “Our family has a rule for almost every possible situation”). Chaos items probe disorganized family structures (e.g., “Our family feels hectic and disorganized”). Enmeshment items probe overly close family patterns or those that may limit outside relationships (e.g., “Family members feel pressured to spend most free time together.”). Finally, disengagement items reflect family patterns that suggest a lack of closeness or family togetherness (e.g., “Family members are on their own when there is a problem to be solved”).

Internal consistency for the chaos ($\alpha = .877$), enmeshment ($\alpha = .811$), and disengagement ($\alpha = .863$) scales was strong in this sample. However, internal consistency for the rigidity scale was somewhat lower than optimal ($\alpha = .693$), with consistency being slightly lower for the TD group ($\alpha = .681$) than the ASD group ($\alpha = .715$). Removing the two items with low item-total correlations improved internal consistency only modestly ($\alpha = .749$); however, given the relatively small number of items (7) on the scale and the modest improvement when reducing to five items, all items were retained for analyses, but results from the rigidity scale will be interpreted with caution.

Neuro-QOL happiness and depression scales.—The Depression-Short Form and Happiness-Short Form from the Neuro-QOL Item Bank v1.0 (Cella et al., 2012) were used to examine parent outcomes. These forms each include eight Likert-scale questions probing self-reported happiness and depression. This instrument has demonstrated good evidence of reliability and validity (Cella et al., 2012). T-scores normed on a typical population sample were used in the present analyses. Internal consistency (Cronbach’s alpha) for these measures was strong in the current sample, .947 for depression and .949 for happiness.

Analyses

Descriptive statistics and correlations were used to examine relationships among variables. Independent samples t-tests were used to compare across groups (ASD v. TD) for each of the four unbalanced scales: enmeshment, disengaged, rigid, and chaotic. To examine the relationship between family functioning and outcomes, separate regressions (12 in total)

were run using each of the four unbalanced scales as predictors for the outcomes of parent-rated depression, happiness and SWFL. To examine how relationships vary by diagnostic group, an interaction term (group x unbalanced scale) was used to predict happiness, depression, and/or SWFL outcomes. All predictors were entered in a single step. Standardized regression weights (β) are provided. Given multiple comparisons and for transparency of interpretation, exact p-values will be reported for values greater than .001, and p-values between .05 and .004 (threshold for significance using a Bonferroni correction with 12 models) will be reported as “marginally significant.”

Results

Independent-samples t-tests indicated that parents of children with ASD reported higher depression ($t(233) = 4.602, p < .001$), lower happiness ($t(233) = -4.121, p < .001$), and lower SWFL ($t(233) = -3.675, p < .001$) compared to TD parents. In addition, t-tests (corrected for unequal variances) indicated that scores on the disengaged ($t(233) = 4.543, p < .001$), enmeshed ($t(233) = 4.171, p < .001$), and chaotic ($t(233) = 4.573, p < .001$) scales were higher for ASD families compared to TD families, while scores on the rigid subscale did not significantly differ between groups ($t(233) = 1.045, p = .297$). Correlations among the unbalanced scales were generally significant and of small to moderate in magnitude (r 's of .34 to .71), with the exception of rigidity, which was significantly correlated only with enmeshment. Although a wide range of scores were reported, the majority of families across both groups fell in the “low” to “very low” range for the unbalanced scales relative to typical population norms. See Table 2.

Regression models³ indicated that enmeshment was related to both greater depression ($\beta = .338, p = .001$) and lower happiness ($\beta = -.307, p = .002$), but was unrelated to SWFL ($\beta = -.116, p = .247$). However, the relationship between enmeshment and happiness was moderated by group (interaction term $\beta = .581, p = .008$). Greater enmeshment was associated with lower happiness *only* for families of typical children ($\beta = -.260, p = .004$); this relationship was not present for families of children with ASD ($\beta = .048, p = .612$). The regression model for disengagement indicated that disengagement was related to negative outcomes in all three areas—depression ($\beta = .365, p < .001$), happiness ($\beta = -.452, p < .001$), and SWFL ($\beta = -.479, p < .001$). There was also a marginally significant disengagement x group interaction for happiness (interaction term $\beta = .431, p = .041$). For families of children with ASD ($\beta = -.230, p = .015$), the relationship between disengagement and parent happiness was marginally weaker than in the TD group ($\beta = -.359, p < .001$). This was not the case for depression or SWFL for either enmeshment or disengagement.

When examining extremes of family flexibility, regression analyses indicated that rigidity was not significantly predictive of happiness or depression, and was actually weakly *positively* related to SWFL ($\beta = .194, p = .028$). The group x rigidity interaction was also non-significant for all models, indicating similar relationships across ASD and TD samples.

³Because there were differences in gender and age across group, we also examined all regression models with gender and age added as covariates. There were no significant main effects of gender or age in any analysis, and changes in coefficients were marginal and did not impact interpretation; therefore, these covariates were not included in the final models in the interest of model parsimony.

In contrast, regressions for family chaos indicated that chaos was related to increased parent depression ($\beta = .428, p < .001$), lower parent happiness ($\beta = -.407, p < .001$), and lower SWFL ($\beta = -.546, p < .001$). Interaction terms in these models were not significant, indicating that these relationships were similar for ASD and TD families.

Discussion

This study examined the extent to which “extremes” of family functioning were differentially related to negative outcomes for families with versus without a child with ASD. Families of children with ASD reported higher levels of disengagement, enmeshment, and chaos (although, somewhat surprisingly, not rigidity). However, it is notable that the majority of families (61% of TD families and 51% of ASD families) had scores at or below the 50th percentile in all four areas, and very few families scored at the extreme ends of the scales, suggesting that most families in this sample were functioning relatively well. Families in this sample were primarily from a relatively highly educated and wealthy sample; this relative lack of systems-level stressors may account for the positive family functioning observed. Additionally, norms for FACES-IV provided by the measure’s authors are based upon data voluntarily contributed by researchers using the FACES-IV; it is possible that researchers using this instrument have sampled families with disproportionately poor family functioning, given that the measure is often in studies with families facing substantial stressors. While we expected to see higher rigidity of families of children with ASD, questions on the FACES-IV more closely tap overall family organization and rule structures rather than rigidity in specific routines that may be more characteristic of ASD; in addition, the rigidity scale did show somewhat low internal consistency, so challenges with measurement of the construct in this sample may have also contributed to this unexpected finding.

In theoretical alignment with the circumplex model, extreme patterns of family functioning were generally related to poorer outcomes in the areas of parent depression, happiness, and SWFL. In some areas (i.e., chaos), these relationships were consistent across groups, suggesting that certain family patterns are equally detrimental for parents with and without a child with ASD. However, some suggestions of different patterns across groups emerged, particularly for family cohesion and parent-reported happiness. While high levels of enmeshment and/or disengagement predicted lower happiness scores for TD parents, this was less true for ASD parents, especially in the area of enmeshment. Importantly, this finding is consistent with Altieri and von Kluge’s (2009) study indicating that enmeshment was unexpectedly related to positive coping for families with ASD. Given these two convergent findings, further examination is warranted regarding the best way to interpret elevations on measures of family enmeshment for families of children with ASD.

Questions probing enmeshment on the FACES-IV questionnaire include items such as “family members are too dependent on each other,” and “we resent family members doing things outside the family.” Therefore, parents who endorse these items perceive their family’s dynamic as at least somewhat unusual, not ideal, or leading to negative feelings. While the circumplex model assumes that such patterns are a result of family members being overly intertwined in each other’s lives in an unhealthy way, the questions do not probe the

reasons that family members interact in this way, or take into account the amount of social, emotional, or practical support needed by each family member. It is possible that, due to the high support needs of youth with ASD, parental answers that might lead to moderate elevations on the enmeshment scale (e.g., their family members being “too dependent” or “too close”) accurately reflects the child’s high support needs, as well as the parent’s wish for the child to become more independent. For example, in one study about the college transition for students with ASD, parents indicated that they knew their children needed significant practical support (e.g., sitting beside the student while they made phone calls) and therefore they provided this support; however, the same parents also realized this was “too much” and actively sought ways to help their child become more independent (Peña & Kocur, 2013). This suggests that some parents of children with ASD simultaneously (and conflictingly) feel appropriately supportive and over-involved. This may result in modest elevations on measures of enmeshment, but nonetheless begs the question of whether this type of support pattern represents a markedly different construct than is typically called to mind in the enmeshment literature. Given that both the current study and Altieri and Von Kluge’s (2009) work suggest that “enmeshment” is not related to the expected negative family outcomes in ASD families, there is a need to closely consider whether the traditional definition of enmeshment can be appropriately applied to these families. Even if additional work suggests that the concept still applies at more extreme levels, it is also important to examine whether the desirable “set point” for family cohesion may be higher as family members’ support needs rise.

Limitations

The current study collected data only from parents and at a single time point, collected all data online, and did not independently confirm ASD diagnoses. Collecting information using multiple methods and from multiple family members will allow for greater characterization of the impact of different family functioning patterns on the entire family, as well as combating the potential impact of common method variance inherent to surveys using a single reporter of multiple inter-related constructs. Because this study collected data at a single time point and is correlational in nature, we are unable to determine the direction of relationships; it is possible that parent happiness or depression impacts family functioning rather than vice versa, or that this relationship is bidirectional. While this study suggested that elevated enmeshment was not detrimental to *parents’* happiness, it did not examine the impact of enmeshment on the *children* in the family. It is possible that increased enmeshment is related to negative child outcomes, such as decreased independence or resentment; future studies should examine this possibility

Future Directions and Clinical Implications

While several research groups have used the circumplex model and the FACES-IV measure to describe family functioning in families who have children with ASD and other disabilities, it is also important to consider that the FACES-IV measure has not been systematically validated with this population, and in the current study, internal consistency for the rigidity scale was somewhat lower than desirable. Further, the results of this research raise important questions about the extent to which the construct of enmeshment differs in families who have children with ASD. Therefore, additional work is needed to examine

whether the circumplex model and FACES-IV measure are equally valid for families of children with ASD.

Because this study included few families who were functioning at extreme levels of cohesion or flexibility, and examined a limited set of variables that may impact family functioning, it is difficult to determine whether enmeshment (1) looks different for families who have a child with ASD, (2) has a different (perhaps higher) ideal “set point” in these families, or (3) is not a useful construct for this group. Future studies should recruit families who report a range of enmeshment levels, and explore a wider range of variables in order to explore the extent to which the concept of “enmeshment” appropriately applies to these families, and to determine what level of cohesion is ideal for families of children with greater support needs. It is possible that a curvilinear relationship exists between enmeshment and other indices of family functioning, such that levels of “enmeshment” that are too high or too low are both detrimental; however, the limited range of scores in this sample precluded testing directly for these relationships. It is also likely that a variety of other personal and contextual factors not examined in this study (e.g., income strain, social support, coping styles, etc.) also impact family functioning and may interact with the variables examined in this study. In addition to quantitative work, using qualitative or mixed-methods research would also contribute a more detailed understanding regarding why and when more cohesive interaction patterns may be adaptive or maladaptive for families, and how to best support families in a range of family structures.

Many traditional family therapy models (e.g., structural family therapy) focus on identifying and modifying “maladaptive” family structures (including enmeshment), and work under the assumption creating more balanced family patterns will lead to downstream psychological benefits for all family members. However, the current findings suggest that family structures that may flag as maladaptive on traditional measurement tools are potentially less problematic within the ASD population, indicating that at least some adaptations to these family therapy models may be needed. Several recent narrative reviews on family therapy for ASD cite opinion pieces, case reports, and a handful of small studies suggesting that family therapy models can be adapted for the ASD population; however, they also note that virtually no systematic research has been conducted to test the efficacy of family therapy for families who have a child with ASD or to examine what (if any) modifications to family therapy are needed for these families (Goepfert et al., 2015; Helps, 2016). More work in this area is needed in order to determine what types of family therapy may be most beneficial for families of children with ASD who are experiencing family discord.

Conclusions

Parents of children with ASD report higher levels of “extreme” functioning compared to typical families in the areas of disengagement, enmeshment, and chaos. Some of these patterns (i.e., chaos) are related to negative family outcomes across groups. However, enmeshment appears less strongly related to negative outcomes for families with ASD compared to typical families. There is a need to examine the extent to which the construct of enmeshment is equally useful for families of children with ASD in order to develop or adapt family therapy methods that most appropriately meet the needs of this group.

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Highlights

- Parents of children with ASD reported more family chaos, enmeshment, and disengagement compared to families of typically developing children.
- Across groups, family chaos was related to lower parent happiness, higher parent depression, and lower satisfaction with family life.
- High levels of enmeshment were related to decreased parent happiness *only* for parents of children with typical development; enmeshment and happiness were not related in families with a child with ASD.
- There is a need to critically consider whether behaviors traditionally thought of as “enmeshed” may represent different, more adaptive support strategies for families who have a child with ASD.

Table 1

Participant Characteristics

	Families Living w/ASD			Typical Families		
	N	Mean (SD) or %	Range	N	Mean (SD) or %	Range
Caregiver Age (Years)	110	40.02 (9.29)	26–68	119	39.47 (9.13)	21–67
Caregiver Relationship to Child	112			123		
Mother		76.8%			86.2%	
Father		17.0%			8.9%	
Other		6.3%			4.9%	
Caregiver Race	112			123		
American Indian/Alaskan		3.6%			0%	
Asian		2.7%			3.3%	
Black or African American		6.3%			4.9%	
Native Hawaiian/Pacific Is.		0.9%			0%	
White		84.8%			88.6%	
Other		1.8%			3.3%	
Caregiver Ethnicity (% Hispanic)	112	14.3%		123	8.1%	
Caregiver Highest Education **	112			123		
Less than High School		0.9%			1.6%	
High School Graduate		19.6%			19.5%	
Partial College		33.0%			14.6%	
College Graduate		32.1%			35.8%	
Graduate/Professional		14.3%			28.5%	
Child Age (Years) **	112	10.71 (3.80)	4.0–18.83	123	9.08 (4.03)	4.17–18.0
Child Gender (% Male) **	112	78.6%		123	48.8%	
SCQ Score	112	21.68 (5.84)	13–34	--	--	--
Child Educational Placement **	112			123		
School for Children with DD		23.2%			0%	
Homeschooled		9.8%			8.9%	
0% of Day with TD Peers		2.7%			1.6%	
1–39% of Day with TD Peers		14.3%			7.3%	
40–79% of Day with TD Peers		14.3%			0.8%	
80–99% of Day with TD Peers		8.0%			5.7%	
100% of Day with TD Peers		27.7%			75.6%	
Number of Children in Family	112	2.54 (1.23)	1–6	123	2.28 (1.11)	1–6
Number of Adults in Home	112	2.06 (.88)	1–5	123	1.96 (.59)	1–5
Annual Household Income *	110			120		
Less than \$20,000		11.8%			7.5%	
\$21,000-\$40,000		26.4%			11.7%	
\$40,001-\$60,000		20.9%			20.8%	
\$60,001-\$90,000		17.3%			22.5%	

	Families Living w/ASD			Typical Families		
	N	Mean (SD) or %	Range	N	Mean (SD) or %	Range
Over \$90,000		23.6%			37.5%	

* Significantly different between groups at $p < .05$;

** $p < .01$;

ASD=Autism Spectrum Disorder; DD=Developmental Disabilities; SCQ=Social Communication Questionnaire; TD=Typically developing

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Table 2

Descriptive Statistics

	ASD Group			Typical Group		
	N	Mean (SD) or %	Range	N	Mean (SD) or %	Range
Caregiver Depression (T-Score)**	112	51.34 (7.90)	37–75	123	46.75 (7.38)	37–64
Caregiver Happiness (T-Score)**	112	49.77 (6.74)	30–68	123	53.76 (7.97)	26–68
FACES-IV Scales ^a	112			123		
Satisfaction with Family Life**		3.42 (.94)	1.00–5.00		3.84 (.80)	1.00–5.00
Enmeshed**		2.39 (.83)	1.14–4.86		1.97 (.70)	1.00–4.71
Disengaged**		2.49 (.94)	1.00–5.00		1.99 (.72)	1.00–4.57
Chaotic**		2.52 (.94)	1.00–5.00		2.01 (.77)	.00–4.43
Rigid		3.17 (.68)	1.43–4.86		3.08 (.65)	1.57–4.71

** Significantly different between groups at $p < .01$; ASD=Autism Spectrum Disorder; FACES-IV=Family Adaptability and Cohesion Scales, 4th Edition;

^a Reported on 1–5 Likert-type scale, where higher numbers indicate higher levels of the measured variable