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Decreasing Bystanders' Negative Judgments of Parents of Children with Autism

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Abstract

Although parents of children with autism often feel stigmatized or judged by bystanders in public situations, the present research attempted to translate these individual reports into empirical data. Ninety-nine students from the John Carroll University Psychology pool participated in this 2 x 2 between subjects design that manipulated whether an individual was informed or uninformed of a diagnosis of autism when observing a child with autism having a temper-tantrum. Then, all the participants rated the parent and child using The Parenting Scale: a measure of dysfunctional parenting in discipline situations and The Eyberg Child Behavior Inventory. Next, all the participants were informed of the autism diagnosis and watched an educational video that was either from the perspective of a family or of a professional. Finally, the participants responded to the same set of scales in addition to a brief demographic survey.

Participants rated the mother and child more negatively at pre-test when they were uninformed of the autism diagnosis. Additionally, the researcher found that both educational videos diminished participants' negative judgments of both the parent and the child compared to their initial responses. This study suggests that bystanders do indeed judge parents more harshly when they are uninformed of an autism spectrum diagnosis. However, education decreases these judgments.

Keywords: autism, bystander judgments, parenting, educational intervention

The Centers for Disease Control and Prevention (CDC) estimate that one in every 68 children has an autism spectrum disorder (ASD) diagnosis in the United States (CDC, 2014). The parents/guardians caring for these children have heightened stress due to the complexity of the symptoms associated with ASD (Ingersoll & Hambrick, 2010). Along with persistent deficits in social communication and social interaction, such as trouble making eye contact, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-V; American Psychiatric Association, 2013) diagnostic criteria also includes restricted, repetitive patterns of behavior that could include extreme distress at small changes, difficulty transitioning between activities, or adverse responses to specific sounds they hear or textures they feel. Given the pervasive nature and variability of this diagnosis, numerous child-related issues contribute to heightened parental stress, such as frequent tantrums due to sensory over/under-stimulation and poor communication skills leading to social isolation.

The associated symptoms of autistic disorder can often lead to difficult behaviors, such as aggression and severe tantrums. Aggression is a very common feature in children with autism with a prevalence rate of 53% and has been described as the most common behavioral symptom of children with ASD (Mazurek, Kanne, & Wodka, 2013). Aggressive behaviors can be targeted towards others or can be self-injurious in nature. Moreover, tantrums in children with autism spectrum disorders are often more severe and maladaptive than those of typically developing children (Matson, Sipes, Fodstad, & Fitzgerald, 2011); specifically, behavioral outbursts in individuals with ASD tend to be more violent, more frequent, and of longer duration than those seen in typically developing children. One study found that approximately 70% of children with autism had, either currently or in their history, experienced a period of severe tantrums (Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007).

Children with autism often experience challenging behaviors when they experience change, which often occurs when they are in public situations (Dunlap, Dylor, and Koegel,

1983). Dunlap and colleagues (2011) found that this difficulty in new environments often results in parents feeling fearful of taking their children out in public. According to Ludlow and colleagues (2011), most parents agreed that dealing with the reactions of bystanders in the midst of a public tantrum was the most difficult aspect of dealing with challenging behavior. The reactions of bystanders ranged from negative facial expressions to rude comments about the child or parent. A study by Gray (1993) found that most parents perceived themselves to be stigmatized during public tantrums, which greatly added to parenting stress. Not only do parents of children with autism report greater stress than parents of typical children, but they also have lower ratings of overall well-being and higher ratings of concerns about their own mental health (Rao & Beidel, 2009; Ekas et al., 2010). Divorce rates for parents of children with autism are almost double the rates of parents with typical children, and this is thought to be associated with the stress of raising a child with ASD (Hartley et al., 2010). It is important to understand the factors that contribute to parenting stress in ASD and begin to unravel ways to educate society about the negative perceptions that commonly impact parents of children with autism.

In addition to the behavioral problems associated with autism, the parenting styles used to intervene with children with autism have also been found to be different than those used with typical children (Maljaars, Boonen, Lambrechts, Leeuwen, & Noens, 2013). For instance, because many individuals with autism struggle with communication, simple verbal commands often do not work when attempting to correct behaviors for children with autism. Interventions that are often successful, on the other hand, may be less familiar and even appear harsh and unusual to the bystander.

As a classic example, Applied Behavioral Analysis (ABA) is the most widely utilized empirically supported treatment with ASD in improving social communication, joint attention, imitation, and language, (Mohammadzaheri, Koegel, Rezaee, & Rafiee, 2014; MacDonald, Parry-Cruwyz, Dupere, & Ahearn, 2014). In general, ABA can appear formal and strict to

bystanders who are not familiar with the intervention (Autism Speaks, 2014). As an example, in a component of ABA, an individual will receive a single command. If the child follows the command, positive reinforcement is given. If, however, the individual does not respond or responds incorrectly, the adult will direct the child in performing the action. If the child is seeking attention, the parent employs an intervention to stop the unwanted behavior by putting it on an extinction plan. Extinction often requires that the caregiver ignore any challenging behaviors (that are not dangerous to the child or others) until the child has calmed down and has started to comply with the directive. Although this may often seem harsh or cruel to bystanders, it is an essential tool that works to eliminate tantrums (Autism Speaks, 2015). Similarly, because of the communication and sensory challenges of individuals with ASD, traditional parenting strategies involving verbal praise and /or physical affection may not be as effective in this population.

Unlike many disabilities, children with autism frequently have the appearance of a typically developing child. In other words, there is no consistent physical marker that alerts bystanders that a person has autism. A study by Chambres and colleagues (2008) found that when people judged individuals with disabilities without knowledge of their diagnosis, they judged them much more severely than if they knew the diagnosis. The current research attempts to replicate these findings for people with autism. Because people with autism often look “typical,” they are judged by people in comparison to other typically developing people. As a result, parents often feel the need to defend themselves by revealing and disclosing personal information to bystanders that their child has an autism spectrum diagnosis. The Chambres study also noted that when bystanders were informed of the autism diagnosis, they judged children with autism more positively than when they were uninformed of the diagnosis.

The current research examined whether people judge a child with autism and a mother of a child with autism more negatively when they were unaware of the autism diagnosis.

Additionally, the current study explored whether educational videos could decrease this negative judgment, with emphasis on the type of educational video.

Method

Ninety-nine students from the John Carroll University Psychology Pool participated in this 30-minute study. The John Carroll University Psychology Pool is made up of predominantly Psychology 101 students who participate in research in order to receive credit for their Psychology class. The students are offered an alternate assignment so that no student feels coerced into participating in research. This study was approved by the John Carroll University Institutional Review Board and is consistent with the American Psychological Association's (APA) ethical guidelines. Participants were randomly assigned to one of the four experimental conditions by Qualtrics, a survey creation and distribution program. The experimental design and implementation was completed using Qualtrics and data analysis was completed using SPSS (Qualtrics, Provo, UT). Participants gave their informed consent to participate in the study.

This study was a 2 (informed vs. uninformed) x 2 (perspective of the video: family vs. professional) between subjects design. All participants watched the same two-minute video of a female child having a tantrum at the grocery store. This video was chosen because there were no markers that alerted the audience that the child had a diagnosis of autism (Appendix A). In two of the conditions, the participants were informed before watching the video that the child had an autism spectrum disorder. In the other two conditions, the participants were uninformed of the child's autism diagnosis until after they take the first survey. All participants then answered a series of questions that were adapted from "The Parenting Scale: A Measure of Dysfunctional Parenting in Discipline Situations" and the "The Eyberg Child Behavior Inventory," which were chosen due to their high reliability and validity when used by professionals in the field (Lorber, Xu, Slep, Bulling, & O'Leary, 2014; Axberg, Hanse, & Broberg, 2008). Salari, Terreros, and Sarkadi (2012) found that "The Parenting Scale" had high internal consistency (.67-.78), high

test-retest reliability (.80-.91), and high discriminant validity (.10-.34). Axberg, Hanse, and Broberg (2008) demonstrated that the ECBI had high levels of internal consistency (.92), high ratings of test-retest reliability (.88), and adequate discriminant validity (.38-.60). Finally, participants were asked general questions about their perceptions of the situation, such as their comfort with the way the mother had handled the situation (Appendix B).

After completing the survey, the two groups who were unaware of the autism diagnosis were then told that the child in the previous video has a diagnosis of autism. Next, all four conditions were presented with an informative video about autism that is either from the perspective of a family of a child with autism or from the perspective of a professional in the autism field. These videos were chosen because they are similar in length and are generally informative about behavioral issues associated with raising a child with autism (Appendix C). The participant answered the surveys again, including a few additional questions about the participant's prior exposure to autism and general demographics (Appendix D). The participants were debriefed in order to inform them of the general purpose of the research (Appendix E).

Results

Presence of Negative Judgments

A one-way ANOVA was conducted on the Parenting Scale, which is a measure of dysfunctional parenting. The results showed a significant difference between those who were uninformed compared to those who were informed based on the Parenting Scale at pre-test, $F(1,98) = 3.91, p = .05, \eta_p^2 = .039$. Those participants who were uninformed of the autism diagnosis rated the parent more negatively ($M = 3.68, SD = .77$) compared to those participants who were initially informed of the autism diagnosis ($M = 3.40, SD = .60$).

Similarly, a one-way ANOVA was conducted on the first completion of the adapted Eyberg Child Behavior Inventory. These results demonstrated a significant difference between

those who were informed ($M = 124.96$, $SD = 12.45$) and uninformed ($M = 132.56$, $SD = 17.42$) of the autism diagnosis, $F(1,93) = 5.89$, $p = .017$, $n_p^2 = .06$.

Educational Video Efficacy

A repeated measures ANOVA demonstrated a significant decrease in mean scores on The Parenting Scale from pretest to posttest, $F(1, 98) = 22.205$, $p < .001$, $n_p^2 = .185$. The overall rating of dysfunctional parenting decreased significantly from pretest, before the participants watched the informational video, ($M = 3.54$, $SD = .70$) compared to posttest, after the participants had watched the informational videos ($M = 3.19$, $SD = .70$). This result was translated to the adapted ECBI, which showed a significant decrease in mean scores from pre-test to post-test, $F(1, 76) = 15.49$, $p < .001$, $n_p^2 = .17$. The participants rated the child much more negatively before watching the informational video ($M = 129.53$, $SD = 14.72$) than after watching the informational video ($M = 120.39$, $SD = 18.03$). A two-way ANOVA was performed to explore whether there was an interaction. However, there was not an interaction between knowledge of diagnosis and educational video type, $F(1, 94) = .89$, $p > .05$, $n_p^2 = .02$.

Perspective of Educational Video

The one-way ANOVA on the post-test ratings from The Parenting Scale showed no difference between the informational video from the perspective of the family compared to the informational video that was from the perspective of a professional, $F(1, 100) = 1.193$, $p = .277$, $n_p^2 = .012$. Similarly, there was no difference in post-test ratings on the adapted ECBI depending on the differing perspective, $F(1, 82) = .539$, $p = .477$, $n_p^2 = .007$.

Discussion

The current study sought to explore whether participants judged a mother of a child with autism more negatively when they were unaware of the diagnosis. Additionally, the researcher questioned whether informational videos, either from the perspective of a family or a

professional in the field, would help to decrease these negative judgments. It was hypothesized that those uninformed of the autism diagnosis would rate the mother and child more negatively on The Parenting Scale and the ECBI compared to those who were initially informed of the diagnosis. Additionally, the researcher believed that these negative judgments would decrease after watching either of the informational videos.

Participants did, in fact, rate the mother and the child more negatively when they were uninformed of the diagnosis of autism compared to those participants who were informed of the diagnosis. This result supports the findings of Chambres and colleagues (2008), which found that since children with autism bear no “physical” marker to alert of their diagnosis, parents often feel that they must disclose their child’s diagnosis in order to decrease judgments in public. The current research supported this finding and demonstrated that educational videos can be used to decrease these negative judgments of children with autism and their parents. The perspective of the educational video, whether it was of a family or of a professional, did not matter. Both educational videos were successful in decreasing negative judgments towards both the child and the mother in the video.

Limitations

There were several limitations in this study. First of all, this was a relatively small sample size and utilized a rather homogenous population of John Carroll University students. John Carroll University Psychology students may be more educated than lay people in the public about ASD. Therefore, the negative judgments shown in this study may be even more exaggerated in the public setting. Additionally, although this experiment did utilize videos to keep the participants engaged, it was not an in vivo experience of a public tantrum. Lastly, these participants decreased their negative judgments in a time span of less than an hour. This study

did not include a follow-up assessment to determine whether this decrease in negative judgments had a long-term effect.

Future Directions

After the present research, it is clear that parents of children are often judged negatively because of their child's behaviors. Because of the prevalence of autism, and the critical need expressed by parents for additional understanding, this is an important area to continue researching. In the future, the researcher plans to address whether different ages of participants may affect how judgmental the participants are of the parent. The investigator believes that when parents of children with autism participate in a future study, they would be less likely to judge the mother harshly, since they have experienced tantrums from their own children.

Future studies should also attempt to determine whether commonly broadcasted videos could have long-term effects on decreasing negative judgments. In this study, the participant rated the mother and child minutes after they had watched the tantrum. However, research could examine whether these participants would judge a parent less negatively the next time they encounter a parent handling a temper-tantrum in public. Furthermore, future research could determine whether educational videos allow the participants to be more understanding the next time they encounter an individual with autism spectrum disorder in everyday life.

Figure 1

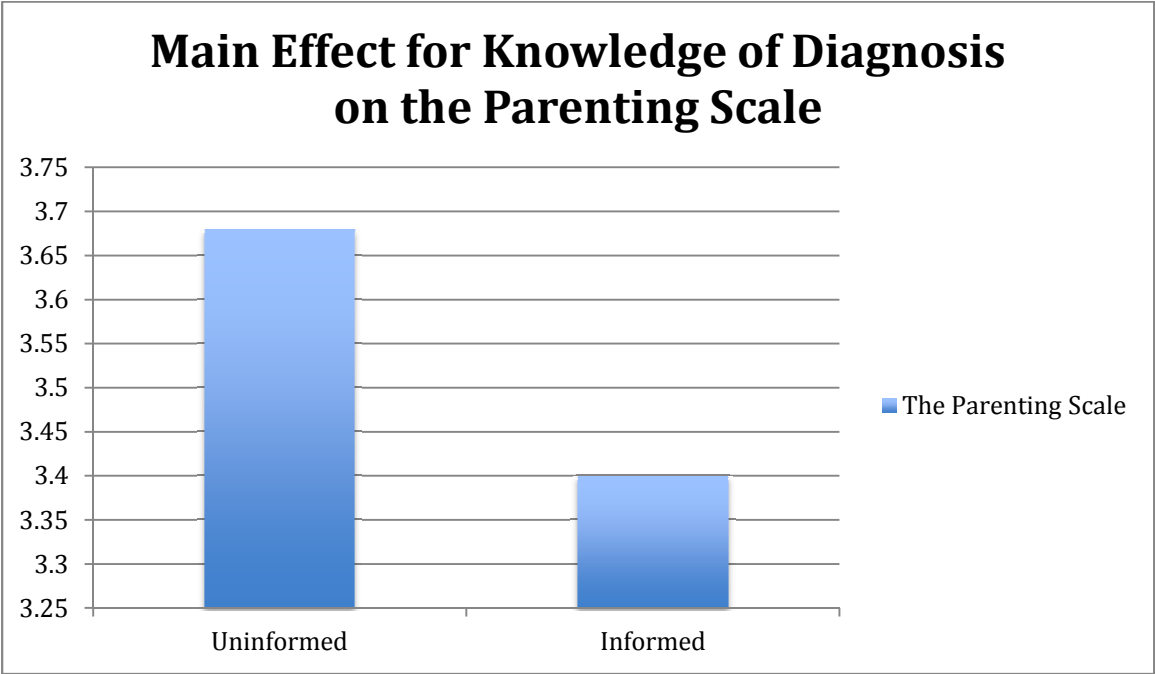


Figure 2

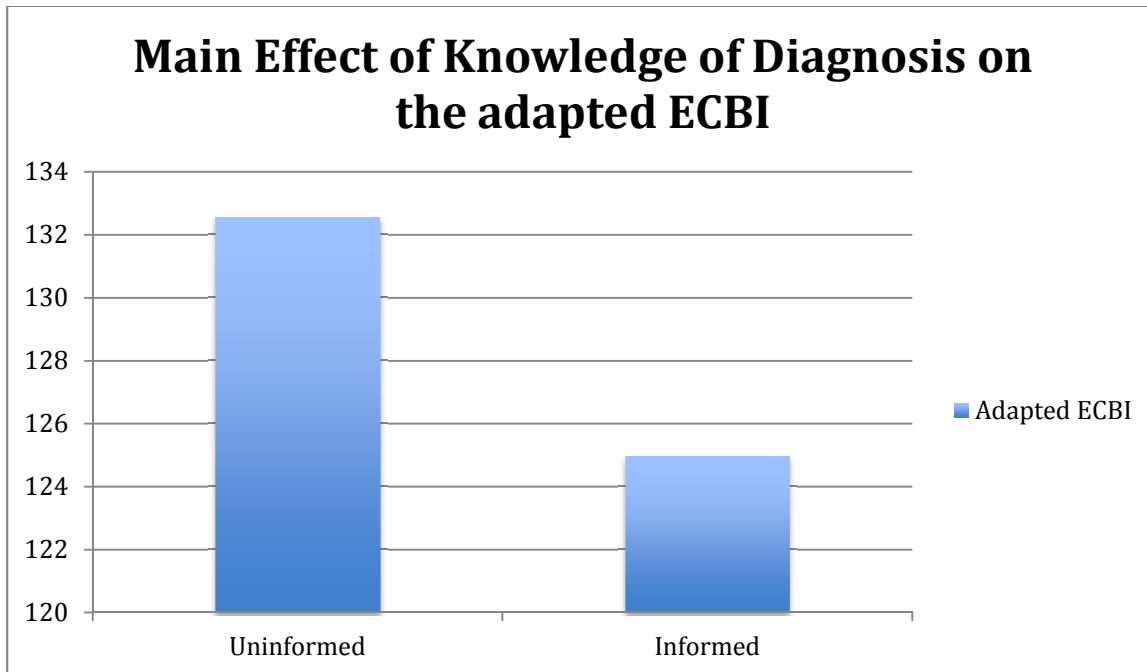


Figure 3

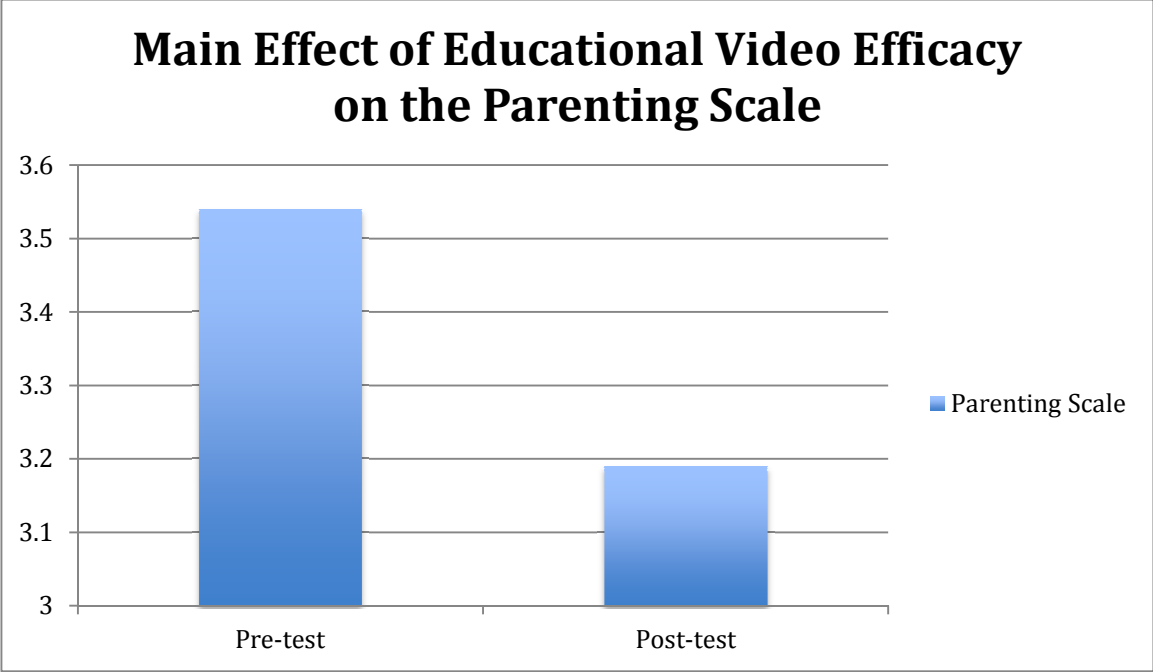
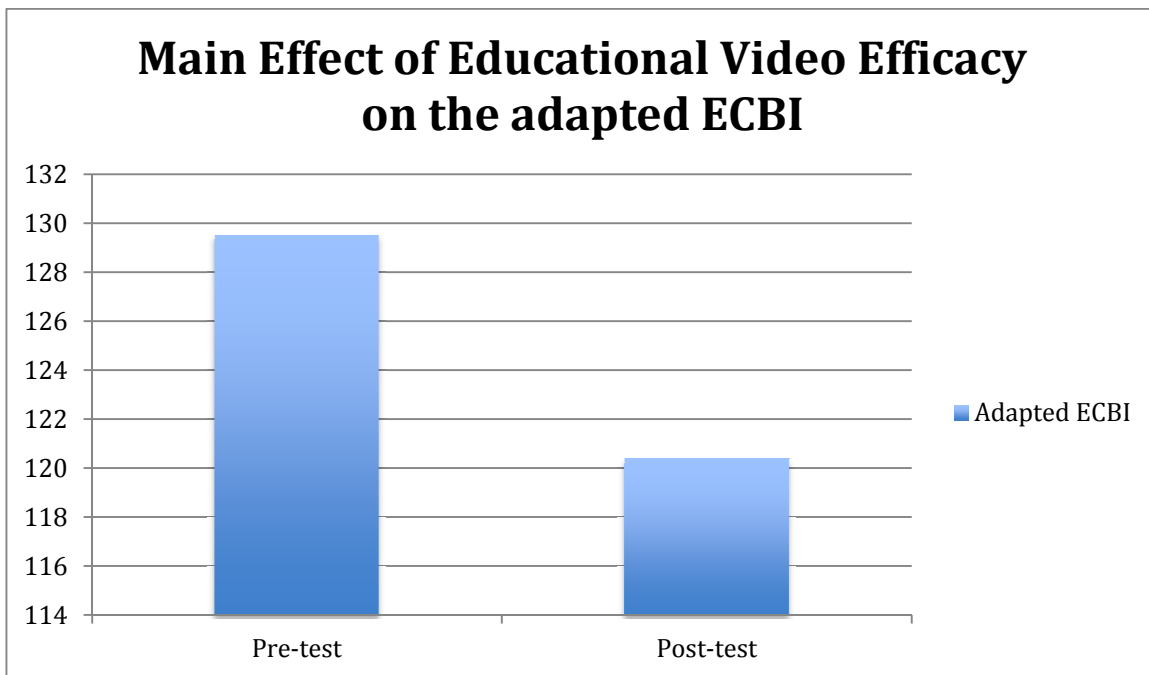


Figure 4



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Appendix A: The Video (Insideout, 2007)

Condition 1:

You are about to watch a video involving a child with autism and her mother. Please watch the video carefully, as you will be asked questions about your perception of the video.

<https://www.youtube.com/watch?v=W756K2maKJ0>

Condition 2:

You are about to watch a video involving a child with autism and her mother. Please watch the video carefully, as you will be asked about your perception of the video.

<https://www.youtube.com/watch?v=W756K2maKJ0>

Condition 3:

You are about to watch a video involving a child and her mother. Please watch the video carefully, as you will be asked questions about your perception of the video.

<https://www.youtube.com/watch?v=W756K2maKJ0>

Condition 4:

You are about to watch a video involving a child and her mother. Please watch the video carefully, as you will be asked about your perception of the video.

<https://www.youtube.com/watch?v=W756K2maKJ0>

Appendix B: Dependent Measures adapted from “The Parenting Scale: A Measure of Dysfunctional Parenting In Discipline Situations” and the “The Eyberg Child Behavior Inventory” as well as miscellaneous questions provided below.

After watching the previous video, you will be answering a number of questions about the parent and the child on the following scale:

Survey about the Parent

- 1. When this child misbehaves...
 The mother does something right away The mother does something about it later
 1 2 3 4 5 6 7

- 2. Before the mother does something about a problem...
 She gives her child several. She uses only one reminder or warning.
 Reminders or warnings.
 1 2 3 4 5 6 7

- 3. When this mother is upset or under stress...
 She is picky and on She is no more picky than usual.
 Her child’s back.
 1 2 3 4 5 6 7

- 4. When she tells her child not to do something...
 She says very little She says a lot.
 1 2 3 4 5 6 7

- 5. When her child pesters her...
 I can ignore the pestering. I can’t ignore the pestering.
 1 2 3 4 5 6 7

- 6. When her child misbehaves...
 She usually gets into a long She doesn’t get into a long
 Argument with the child. Argument.
 1 2 3 4 5 6 7

- 7. She threaten to do things that...

She is sure she can carry out.				She knows she won't actually do.		
1	2	3	4	5	6	7

8. She is the kind of parent that...						
Sets limits on what her child is allowed to do.				Lets her child do whatever she wants to do.		
1	2	3	4	5	6	7

9. When my child misbehaves...						
She gives her child a long lecture.				She keeps her talks short and to the point.		
1	2	3	4	5	6	7

10. When my child misbehaves...						
She raises her voice or yells				She speaks to her child calmly.		
1	2	3	4	5	6	7

11. If saying no doesn't work right away...						
She takes some other kind of action.				She keeps talking and tries to get through to her child.		
1	2	3	4	5	6	7

12. When she wants her child to stop doing something...						
She firmly tells her child to stop.				She coaxes or begs her child.		
1	2	3	4	5	6	7

13. When her child is out of her sight...						
She often doesn't know what her child is doing.				She always has a good idea of what her child is doing.		
1	2	3	4	5	6	7

14. After there's been a problem with her child...						
She often holds a grudge.				Things get back to normal quickly.		
1	2	3	4	5	6	7

15. When they are not at home...						
She handles her child the way she does at home.				She lets her child get away with a lot more.		
1	2	3	4	5	6	7

16. When her child does something she doesn't like...						
She does something about it every time it happens.				She often lets it go.		
1	2	3	4	5	6	7

17. When there's a problem with her child...						
Things build up and she does things she doesn't mean to				Things don't get out of hand.		
1	2	3	4	5	6	7

18. When her child misbehaves, she spansks, slaps, grabs, or hits her child...						
never or rarely.				most of the time.		

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. When her child doesn't do what she asks...
She often lets it go or ends up doing it herself. | | | | She takes some other action. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. When she gives a fair threat or warning...
She often doesn't carry it out. | | | | She always does what she said she will. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. If saying "No" doesn't work...
She takes some other kind of action. | | | | She offers her child something nice
so that she will behave. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. When her child misbehaves...
She handles it without getting upset. | | | | She gets so frustrated or angry that
her child can tell she's upset. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. When her child misbehaves...
She makes her child tell her why she did it. | | | | She says no or takes some other action. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. If her child misbehaves and then acts sorry...
She handles the problem the way she usually would. | | | | She lets it go that time. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. When her child misbehaves...
She rarely uses bad language or curses. | | | | She almost always uses bad language or curses. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. When she says her child can't do something...
She lets her child do it anyway. | | | | She sticks to what she said. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. When she has to handle a problem...
She tells her child she is sorry about it. | | | | She doesn't say she is sorry. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. When her child does something she doesn't like, she insults her child, says mean things, or
calls her child names...
never or rarely. | | | | most of the time. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. If her child talks back or complains when she handles a problem...
She ignores the complaining and sticks to what she said. | | | | She gives her child a talk
about not complaining. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

30. If her child gets upset when she says “No”...
 She backs down and gives in to her child. 1 2 3 4 5 6 7
 She sticks to what she said.

Survey about the Child

Never Seldom Sometimes Often Always
 1 2 3 4 5

- Would you expect the child to
1. Dawdle while getting dressed
 2. Dawdle or linger at mealtime
 3. Have poor table manners
 4. Refuse to eat food that is presented
 5. Refuse to do chores when asked
 6. Be slow in getting ready for bed
 7. Refuse to go to bed on time
 8. Not obey house rules on her own
 9. Refuse to obey until threatened with punishment
 10. Act defiant when told to do something
 11. Argue with parents about rules
 12. Get angry when she doesn't get her way
 13. Have temper tantrums
 14. Sass adults
 15. Whine
 16. Cry easily
 17. Yell or scream
 18. Hit her parents
 19. Destroy toys and other objects
 20. Be careless with toys and other objects
 21. Steal
 22. Lie
 23. Tease or provoke children
 24. Verbally fight with friends her own age
 25. Verbally fight with sisters or brothers
 26. Physically fight with friends her own age
 27. Physically fight with sisters or brothers
 28. Constantly seek attention
 29. Interrupt
 30. Be easily distracted
 31. Have a short attention span
 32. Fail to finish tasks or projects
 33. Have difficulty entertaining herself alone
 34. Have difficulty concentrating on one thing
 35. Be overactive or restless
 36. Wet the bed

General Questions about the Child-Parent Interaction

To what extent do you think this mother’s parenting style was appropriate for the given situation?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

How comfortable did you feel with the parenting style used by the mother?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

To what extent do you think the mother’s reaction was overly strict?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

To what extent do you think the mother’s reaction was overly lenient?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

To what extent do you think the mother’s reaction was negligent?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

Would you have responded in the same way as the mother?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

Empathy is the ability to understand and share the feelings of another. Do you feel empathy for the mother?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

Do you feel empathy for the child?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

To what extent do you think the mother is selfish?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

To what extent do you think the mother is caring?

Not at all 1 2 3 4 5 6 7 8 9 Yes, Completely 10 11

Which diagnosis, if any, was provided in the previous scenario?

- A. ADHD
- B. No Diagnosis was provided
- C. Autism

D. Obsessive-Compulsive Disorder

To what extent do you believe that children with disabilities should be parented in the same ways as typically developing children?

Not at all											Yes, Completely
1	2	3	4	5	6	7	8	9	10	11	

Appendix C: Informational Videos

Family perspective: (*Living with Autism*, 2013)

<https://www.youtube.com/watch?v=Q4p3e3JNPkw>

Professional perspective: (*Understanding the Diagnosis of Autism Spectrum Disorder*, 2014)

<https://www.youtube.com/watch?v=9S4Y4V0Oe4c>

Appendix D: Dependent Measures adapted from “The Parenting Scale: A Measure of Dysfunctional Parenting In Discipline Situations” and the “The Eyberg Child Behavior Inventory” as well as miscellaneous questions provided below.

After watching the previous video, you will be answering a number of questions about the parent and the child on the following scale:

Survey about the Parent

1. When this child misbehaves...

The mother does something right away				The mother does something about it later		
1	2	3	4	5	6	7

2. Before the mother does something about a problem...

She gives her child several. Reminders or warnings.				She uses only one reminder or warning.		
1	2	3	4	5	6	7

3. When this mother is upset or under stress...

She is picky and on Her child's back.				She is no more picky than usual.		
1	2	3	4	5	6	7

4. When she tells her child not to do something...

She says very little				She says a lot.		
1	2	3	4	5	6	7

5. When her child pesters her...

I can ignore the pestering.				I can't ignore the pestering.		
1	2	3	4	5	6	7

6. When her child misbehaves...

She usually gets into a long Argument with the child.				She doesn't get into a long Argument.		
1	2	3	4	5	6	7

7. She threaten to do things that...

She is sure she can carry out.				She knows she won't actually do.		
1	2	3	4	5	6	7

8. She is the kind of parent that...

Sets limits on what her child is allowed to do.				Lets her child do whatever she wants to do.		
1	2	3	4	5	6	7

9. When my child misbehaves...

She gives her child a long lecture.				She keeps her talks short and to the point.		
1	2	3	4	5	6	7

10. When my child misbehaves...
 She raises her voice or yells
 1 2 3 4 5 6 7
 She speaks to her child calmly.

11. If saying no doesn't work right away...
 She takes some other kind of action.
 1 2 3 4 5 6 7
 She keeps talking and tries to get through to her child.

12. When she wants her child to stop doing something...
 She firmly tells her child to stop.
 1 2 3 4 5 6 7
 She coaxes or begs her child.

13. When her child is out of her sight...
 She often doesn't know what her child is doing.
 1 2 3 4 5 6 7
 She always has a good idea of what her child is doing.

14. After there's been a problem with her child...
 She often holds a grudge.
 1 2 3 4 5 6 7
 Things get back to normal quickly.

15. When they are not at home...
 She handles her child the way she does at home.
 1 2 3 4 5 6 7
 She lets her child get away with a lot more.

16. When her child does something she doesn't like...
 She does something about it every time it happens.
 1 2 3 4 5 6 7
 She often lets it go.

17. When there's a problem with her child...
 Things build up and she does things she doesn't mean to
 1 2 3 4 5 6 7
 Things don't get out of hand.

18. When her child misbehaves, she spansks, slaps, grabs, or hits her child...
 never or rarely.
 1 2 3 4 5 6 7
 most of the time.

19. When her child doesn't do what she asks...
 She often lets it go or ends up doing it herself.
 1 2 3 4 5 6 7
 She takes some other action.

20. When she gives a fair threat or warning...
 She often doesn't carry it out.
 1 2 3 4 5 6 7
 She always does what she said she will.

- | | | | | | |
|-------------------------------|-----|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Would you expect the child to | | | | | |
| | 1. | Dawdle while getting dressed | | | |
| | 2. | Dawdle or linger at mealtime | | | |
| | 3. | Have poor table manners | | | |
| | 4. | Refuse to eat food that is presented | | | |
| | 5. | Refuse to do chores when asked | | | |
| | 6. | Be slow in getting ready for bed | | | |
| | 7. | Refuse to go to bed on time | | | |
| | 8. | Not obey house rules on her own | | | |
| | 9. | Refuse to obey until threatened with punishment | | | |
| | 10. | Act defiant when told to do something | | | |
| | 11. | Argue with parents about rules | | | |
| | 12. | Get angry when she doesn't get her way | | | |
| | 13. | Have temper tantrums | | | |
| | 14. | Sass adults | | | |
| | 15. | Whine | | | |
| | 16. | Cry easily | | | |
| | 17. | Yell or scream | | | |
| | 18. | Hit her parents | | | |
| | 19. | Destroy toys and other objects | | | |
| | 20. | Be careless with toys and other objects | | | |
| | 21. | Steal | | | |
| | 22. | Lie | | | |
| | 23. | Tease or provoke children | | | |
| | 24. | Verbally fight with friends her own age | | | |
| | 25. | Verbally fight with sisters or brothers | | | |
| | 26. | Physically fight with friends her own age | | | |
| | 27. | Physically fight with sisters or brothers | | | |
| | 28. | Constantly seek attention | | | |
| | 29. | Interrupt | | | |
| | 30. | Be easily distracted | | | |
| | 31. | Have a short attention span | | | |
| | 32. | Fail to finish tasks or projects | | | |
| | 33. | Have difficulty entertaining herself alone | | | |
| | 34. | Have difficulty concentrating on one thing | | | |
| | 35. | Be overactive or restless | | | |
| | 36. | Wet the bed | | | |

General Survey about Parent-Child Interaction

To what extent do you think this mother's parenting style was appropriate for the given situation?

	1	2	3	4	5	6	7	8	9	10	11
Not at all										Yes, Completely	

How comfortable did you feel with the parenting style used by the mother?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you think the mother's reaction was overly strict?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you think the mother's reaction was overly lenient?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you think the mother's reaction was negligent?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

Would you have responded in the same way as the mother?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

Empathy is the ability to understand and share the feelings of another. Do you feel empathy for the mother?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

Empathy is the ability to understand and share the feelings of another. Do you feel empathy for the child?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you think the mother is selfish?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you think the mother is caring?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

To what extent do you believe that children with disabilities should be parented in the same ways as typically developing children?

Not at all
 1 2 3 4 5 6 7 8 9 Yes, Completely
 10 11

Demographics

Do you know someone with an Autism Spectrum Disorder?

Yes

No

Do you have any children?

Yes

No

How would you describe your age?

18-19

20-24

25-34

35 +

How would you describe your gender?

Male

Female

Prefer not to answer

Appendix E: Debriefing Statement

Thank you for your participation in this study. You just read a scenario about a child that was acting out in public. Then, you answered some questions about the parenting style used to intervene with the misbehaving child. The current research is interested in how people view parenting styles depending on whether or not external factors are present. Then, you were provided with informational materials about autism that were either emotional or unemotional in nature. The researcher hopes to determine which reading materials more effectively decrease negative judgments of parents of children with autism when their child is having a public tantrum.

If you have any questions regarding this study or this study’s results, you can contact the researcher at mlutter15@jcu.edu. If you need to talk to a counselor after participating in this study, you can call the John Carroll Counseling Center at 216-397-4283. If you have any questions about your rights and welfare as a participant in this study you may contact the John Carroll University Institutional Review Board at 216-397-1527.

APPENDIX F – SONA SYSTEMS, STUDY INFORMATION PAGE

Study Name	What would you do?
Description	Participants will watch a video of a child and mother interacting in a grocery store. Participants will answer a number of questions about what they observed.

Eligibility Requirements	18 years or older
Prescreen Restrictions	No Restrictions -[View/Modify Restrictions]
Duration	30 minutes
Credits	1.0 Credits
Researcher	Lutter, Mary•Email: Mlutter15@jcu.edu
Participant Sign-Up Deadline	24 hours before the study is to occur
Study Status	Not visible to participants (not approved)•Inactive study (does not appear on list of available studies)
IRB Approval Code	