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## THE SATISFACTION OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS WITH THE SPECIALIST SUPPORT FOR CHILD AND FAMILY\*

**Introduction:** There is a significant increase in the number of children and adolescents diagnosed with autism spectrum disorder (ASD). The principle of collaboration with parents is one of the basic elements of comprehensive support provided to both children with ASD and their families.

**Research Aim:** The aim of the research was a multi-faceted approach to the level of satisfaction of parents of children with ASD with the professional support and a search for personal traits and dispositions related to the level and various aspects of parents' satisfaction with collaboration with specialists supporting their children and families.

**Method:** The research was carried out in a group of 204 parents of children with ASD. The following measures were used: Family-Professional Partnership Scale (FPPS), Enabling Practices Scale (EPS), Ten Item Personality Inventory (TIPI) – TIPI-PL; Psychological Entitlement Scale (PES), and Gratitude Questionnaire (GQ-6).

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**Results:** The obtained results show an above-average satisfaction of parents with the support they receive. Significant predictors of the satisfaction of surveyed parents with the specialist support were the following personal characteristics and dispositions: gratitude, agreeableness, conscientiousness and openness.

**Conclusions:** The results enable an initial assessment of satisfaction with formal support among parents of children with ASD. They also indicate selected personal dispositions related to a high level of satisfaction with the support received.

**Keywords:** autism spectrum disorders, parenting, personality, support, parent-therapist cooperation

## INTRODUCTION

Facing the increasing number of children and adolescents diagnosed with autism spectrum disorder (ASD) (Maenner et al., 2020), the comprehensive psychological and pedagogical support provided to them and their families is becoming a key issue. Early diagnosis, followed by individually selected therapy and tailored educational interventions are essential for the proper development of a child with ASD (Peacock and Lin, 2012; Woods and Wetherby, 2003). The diagnosis of ASD usually causes a need for a wide range of therapeutic, educational and medical services, both because of its very specificity and the fact that children and adolescents with ASD may have comorbid problems, such as, *inter alia*, anxiety and depressive disorders, attention deficit hyperactivity disorder, sleep disorders, obsessive-compulsive disorder, tics and others (Abdallah et al., 2011; Allik et al., 2006; Bitterman et al., 2008; Carlier et al., 2020; Liptak et al., 2006; Mandell, 2008; Mattila et al., 2010; Mukaddes et al., 2010).

Family systems theory assumes that the family can be understood best by seeing it as a system (Olson, 2000). The family-centred approach refers to a particular way of conducting interventions that is designed to strengthen the family's position and functioning in society. In line with this approach, it should be assumed that all therapeutic and supportive interactions towards individuals with ASD should be considered in the context of the family, which is reflected in the legal acts regulating the provision of support. The shift from the specialist-centred to the family-centred model has significantly changed the perception of the therapy process (Bamm and Rosenbaum, 2008; Rosenbaum and Novak-Pavlic, 2021).

Parents of children with ASD experience significant challenges in dealing with the demanding aspects of childcare. This includes, but is not limited to, the coordination of multiple therapies and their role of professionals' partners (Kurzrok et al., 2021). Many parents experience significant levels of stress, affecting their well-being and family dynamics, as well as draining their emotional, physical, and financial resources (Meirsschaut et al., 2010; Schieve et al., 2011; Webster et al., 2017; Zablotsky, Bramlett, et al., 2015). The quality of the functioning of the family

and collaboration with the therapy and school community in which a child resides, determines the developmental and, consequently, life possibilities of individuals with ASD. The collaboration of parents with specialists increases the effectiveness of assistance interventions towards the child and their family and contributes to the development of autonomy and empowerment of the members of the support process (Hsiao et al., 2017). Therefore, it becomes necessary to support parents in the process of empowerment (Pisula and Banasiak, 2020). Collaboration and partnership is the optimal context for the relationship between parents and professionals. An important condition for parents' satisfaction with collaboration is adaptation to the emotional needs of the family (Brotherson et al., 2010), moreover, the factors strengthening positive partnership between families and professionals are: mutual respect, taking into account value systems, decisions and family choices, accepting beliefs and involvement in the support process (Dempsey and Keen, 2008; Dunst, 1997; Epley et al., 2010). Assistance provided by professionals, which is based on the inclusion and empowerment of parents, contributes to the reduction of stress, improving the well-being of parents, better functioning of the family and increasing their satisfaction with the assistance received (Dempsey et al., 2009; Dunst et al., 2007; Law et al., 2003; Raff et al., 2021). In the case of families with children with ASD, the family-centred approach is particularly important due to the specificity of autism symptoms, which strongly affect the functioning of the family system. Promoting parental self-confidence and providing adequate emotional support in daily life can strengthen the empowerment of parents, thereby increasing their capacity to cope and improving their access to the services and support they need in a timely manner (Vuorenmaa et al., 2016).

In its education, health and social policy, Poland is primarily guided by the provisions of the Convention on the Rights of Persons with Disabilities, which obliges countries ratifying it to provide pupils with disabilities at all stages of education with access to inclusive education, and adults with disabilities with assistance in finding, obtaining and maintaining employment. On July 12, 2013, the Sejm of the Republic of Poland adopted the Charter of the Rights of Individuals with Autism. This document draws attention to the specific needs of individuals with ASD and imposes the requirement to take them into account in all solutions regulating the support system (Otapowicz, 2021).

Individuals with ASD in Poland can benefit from various forms of assistance. The support system covers medical, educational and social services. Support from the health service is provided in early intervention centres, autism clinics and mental health clinics. Individuals with ASD can participate in psychological, speech, pedagogical and exercise therapies, as well as consult a psychiatrist. The support covers both the child and their family (Szymańska, 2016). Within educational institutions (kindergartens as well as public, integration and special schools), early development support classes and special education are carried out, and in collab-

oration with the family, psychological and pedagogical assistance is provided (Płatos and Pisula, 2019). Support provided on the basis of individual educational and therapy programs is provided mainly by pedagogues, speech therapists and psychologists (Zaborniak-Sobczak, 2021). The social welfare system offers specialist care services as well as material and financial support. Assistance and support can also be obtained from non-governmental organisations – associations and foundations, most often run by parents of children with disabilities and implementing various assistance programs. In addition, support is provided by private treatment centres and clinics (Banasiak and Niezabitowska, 2020; Gazda, 2021; Płatos and Pisula, 2019; Szymańska, 2016).

Despite the development of various forms of therapy and educational solutions, still a significant percentage of parents of children with ASD signal that the needs of their child, as well as the whole family, are not being met (Florian and Krulik, 1991; Jacobs et al., 2016; Sloper and Turner, 1992; Zablotsky, Pringle, et al., 2015). This entails the need to diagnose and evaluate the support received using psychometrically verified research measures, and then to better understand the difficulties in this area (Dunst et al., 2006). They may result from both institutional and organisational deficiencies as well as individual factors of the parent. As has been shown, personality traits and dispositions are important for the way in which parents of children with various disabilities cope with stress, and for their mental resilience and development (Alsharaydeh et al., 2019; Vermaes et al., 2008). The inclusion in the research of both variables directly related to the assistance received and the general personality dispositions of the parents will allow for an in-depth analysis of the correlates and determinants of their satisfaction with the assistance received.

## RESEARCH AIM AND QUESTION

The research objectives of the project were as follows:

- a multi-faceted approach to the level of satisfaction of parents of children with ASD with the psychological and pedagogical assistance provided to their children and families (taking into account such aspects as: competence, communication, respect and equality, respect for values and trust),
- measurement of applied practices that support and strengthen parents of children with ASD,
- searching for general personal traits and dispositions related to the level and various aspects of parents' satisfaction with collaboration with professionals providing support for their children and families.

The research problem were expressed in the following question: Which personal characteristics, socio-demographic variables (data from the questionnaire)

are predictors of the level of satisfaction (low/high) among parents with regard to their cooperation with professionals?

## RESEARCH METHOD AND SAMPLE CHARACTERISTICS

An important initial stage for this study was the preparation of a Polish adaptation of two scales: the Family-Professional Partnership Scale (FPPS) (Summers et al., 2005b) and the Enabling Practices Scale (EPS) (Dempsey, 1995), which allow for accurate and reliable measurement of parental satisfaction with the essential aspects of collaboration with their children's therapists and educators. The aforementioned and similar scales and questionnaires are used internationally (Dunst et al., 2006), while so far there has been a lack of such measures in Poland.

Prior to the commencement of the research, the approval of the Bioethics Committee of the University of Rzeszów was obtained (No. 5/12/2020). The research was anonymous and participation was fully voluntary. It was carried out both in direct contact and by means of an on-line questionnaire. The set of research measures were distributed to parents by therapists working with their children. A link to the study was sent to foundations, associations, autism clinics, special and integration schools in all voivodeships in Poland. The respondents had the full right to withdraw from participation at any stage of completing the questionnaire.

The set of research measures included the following scales and questionnaires:

1. The Family-Professional Partnership Scale (FPPS) developed by Summers with the Beach Centre on Disability team, University of Kansas (Summers et al., 2005b), in the Polish adaptation by Gosztyła et al. (2021). The scale is used to diagnose the partnership and collaboration between parents of children with disabilities and specialists working with their children (such as: behavior therapist, physical therapist, speech therapist, vocational counsellor, doctor, social worker, psychologist, special education teacher). It enables the assessment of important aspects of the specialist's relationship with the child and their family, such as: competence, communication, respect and equality, respect for values, trust. The scale consists of 18 items and two subscales: Child-Focused Relationship and Family-Focused Relationship. Cronbach's alpha reliability coefficients in adaptive studies were – in the case of Child-Focused Relationship: alpha = 0.97; for Family-Focused Relationship: alpha = 0.97. The total score is the sum of the values marked for each item and can range from 18 to 90 points.
2. The Enabling Practices Scale (EPS) by Dempsey (1995), in the Polish adaptation by Gosztyła et al. (2022). It was developed to measure applied practices that support and strengthen parents of children with intellectual disabilities, but it can be successfully used in studies involving parents of

children with other neurodevelopmental disorders. EPS refers to parents' comfort and influence on the therapy process, while respecting parental autonomy, in relation to the entire team of professionals. The scale consists of 24 items and has a three-factor structure, the first is Comfort with relationship, the second is Collaboration, the third is Parental autonomy. In adaptive studies, Cronbach's alpha reliability coefficients were – in the case of Comfort:  $\alpha = 0.965$ ; for Collaboration:  $\alpha = 0.897$ ; for Parental autonomy:  $\alpha = 0.816$ . The overall EPS score is the sum of the numbers marked for each item and can range from 24 to 120 points.

3. Polish adaptation of the Ten Item Personality Inventory (TIPI) – TIPI-PL (Sorokowska et al., 2014), in order to measure personality traits included in the Big Five model (Costa and McCrae, 1992): extraversion, emotional stability (neuroticism), agreeableness, conscientiousness and openness. Due to the satisfactory psychometric parameters of the TIPI-PL, it is possible to obtain a model of personality with sufficient precision for scientific applications. In addition, the content of the inventory enables examination of a personality in a very short time. The measure consists of 10 items, two for each trait. The respondents answer them on a 7-point scale, from 1 – *I strongly disagree* to 7 – *I strongly agree*.
4. The Psychological Entitlement Scale by Campbell et al. (2004): in the Polish adaptation: PolPES (Żemojtel-Piotrowska et al., 2016). A one-dimensional nine-item scale for examining entitlement understood as the belief that one deserves more or is entitled to more than others are. The Polish version of the PES scale shows internal and external validity, high time stability and good internal consistency. Reliability indices (Cronbach's alpha) for PolPES in particular samples were as follows: 0.86 in the student sample and 0.86 in the sample of young adults. The respondents provide answers using a 7-point scale (1 – *definitely not*; 7 – *definitely yes*).
5. Polish adaptation of the Gratitude Questionnaire – Six Item Form (GQ-6) (Kossakowska and Kwiatek, 2014). The GQ-6 is a one-dimensional measure, consisting of six items, to which the respondent answers using a seven-point Likert scale. A confirmatory analysis performed on 511 respondents confirmed the relative goodness of fit of the Polish data to the original one-factor structure of the questionnaire. The psychometric values of the questionnaire are acceptable and Cronbach's alpha reliability coefficient is satisfactory (0.72). The higher the result obtained by the respondent, the higher the level of gratitude understood as a personal disposition which involves awareness of good things that happen, a sense of appreciation for life and thankfulness for other people's benevolence (McCullough et al., 2002).

The material was collected with the participation of 204 parents of children with ASD (180 women and 24 men), through therapy centres, schools and as-

sociations working for individuals with neurodevelopmental disorders from all over Poland.

In the study sample, 4 participants had primary or incomplete primary education, 18 had basic vocational education, 79 respondents had secondary education, and 101 respondents had higher education. Two failed to provide this information. 69 lived in rural areas, 32 lived in a town with up to 50,000 inhabitants, 12 in a town with 50,000 to 100,000 inhabitants, 58 respondents in a city with 100,000–250,000 inhabitants, 21 participants in a city with 250,000 to 500,000 inhabitants, and 11 participants in a city of 500,000 and more inhabitants. One person failed to provide this information. The marital status of the respondents was as follows: 165 of the respondents were married, 23 were divorced or separated, 11 of the respondents declared themselves unmarried, 3 were widowed. Two participants failed to provide this information. 124 respondents were professionally active, 3 were retired or on a disability pension, 23 described themselves as unemployed (but looking for a job), and the remaining 51 respondents as caring for a child with disability. 31 participants assessed their financial situation as very good, 90 participants as good, 77 participants as average, and 6 participants as bad. The questionnaires were completed by 138 parents of boys and 65 parents of girls. One person failed to provide information on the child's gender. The respondents were raising preschool children – 46 participants, younger school age children – 43 participants, older primary school grades – 64 participants, secondary school adolescents – 26 participants, offspring over 20 years of age – 14 participants. 11 participants failed to provide information on the child's age. Due to the overall nature of ASD, it is necessary to include the child in multidisciplinary interventions. Parents were asked to indicate on the questionnaire which professionals currently support them in their children's therapy process. Respondents had the opportunity to indicate several professions. The surveyed parents used the assistance of various service providers, the most common of whom were psychologists (81.07%), speech therapists (80.58%), teachers (77.18%), psychiatrists (58.74%), sensory integration (SI) therapists (52.43%) and physical therapists (49.51%). They used the services of neurologists (40.29%) and other specialists (12.14%) less frequently.

## RESULTS. STATISTICAL DATA ANALYSIS PROCEDURE

The results of the respondents in the Family-Professional Partnership Scale (both overall and sub-scales) concerning various service providers are summarised in Table 1.

Table 1.

*Results of surveyed parents (N = 194) in the Family-Professional Partnership Scale (FPPS) in relation to individual professionals*

Specialist	FPPS (overall score)		FPPS (Child-focused Relationship)		FPPS (Family-focused Relationship)	
	Mean	SD	Mean	SD	Mean	SD
Teacher	77.66	11.00	39.25	5.29	38.42	6.35
Speech therapist	79.67	11.34	40.41	5.44	39.26	6.32
Behavioral therapist	77.79	10.38	39.65	5.25	38.60	5.70
Psychologist	79.42	8.13	40.21	4.50	39.21	4.29
Occupational therapist	83.23	6.44	41.85	3.23	41.38	3.66
Physical therapist	75.33	11.02	40.00	4.36	35.33	6.66
Social worker	89	0.00	44.5	0.71	44.5	0.71
Other	80.25	13.67	40.25	7.63	40	6.27

Source: Authors' own study.

The relatively highest average ratings on the Family-Professional Partnership Scale (above 80 points) were given to: social workers (noting that they were indicated by only two respondents), occupational therapists and others (a support teacher and a special educator were mentioned here). Physical therapists received the lowest scores.

The results obtained by the surveyed parents on the Enabling Practices Scale are shown in Table 2.

Table 2.

*Results of the respondents (N = 191) in the Enabling Practices Scale (EPS)*

EPS	Mean	SD	Median	Dominant
EPS (overall score)	93.30	13.69	95	92
EPS (Comfort)	59.71	8.84	61	63
EPS (Collaboration)	18.52	3.99	19	19
EPS (Parental autonomy)	15.07	2.93	15	16

Source: Authors' own study.

Table 3 presents statistics summarising the fit of the analysed models to the data. All the analysed models were statistically significant, which indicates an acceptable fit of the data to the model. However, due to the low values of the coefficient of determination, the results should be treated with caution.

Table 4 presents the regression coefficients for the discussed models explaining the dimensions of The Family-Professional Partnership Scale. The analysis shows



that significant predictors of the overall assessment of partnership were gratitude, agreeableness and conscientiousness. The regression coefficient values were positive, which indicates that the higher the level of gratitude, agreeableness and conscientiousness, the higher the overall assessment of partnership.

The predictors of Child-Focused Relationship turned out to be the same variables – gratitude, agreeableness and conscientiousness. The higher the values for these variables, the higher the level of relations concentrated on the child.

The predictors of Family-Focused Relationship were gratitude, conscientiousness and PolPES (entitlement). The regression coefficient values for gratitude and conscientiousness were positive, while for PolPES (entitlement) they were negative, which means that the higher the level of gratitude and conscientiousness, and the lower the level of PolPES (a lower level of entitlement), the higher the level of relations concentrated on the family.

Table 3.

*Regression analysis: Dataset for the Family-Professional Partnership Scale (FPPS) and the Gratitude Questionnaire (GQ-6), TIPI-PL and PolPES (results in bold are statistically significant at the level of  $p < 0.05$ )*

Item/questionnaire scale	Independent variables	<i>b</i>	Standard error	<i>t</i> -statistic	<i>p</i>
FPPS (overall score)	Absolute term	48.635	5.956	8.165	<b>0.000</b>
	Gratitude (GQ-6)	0.490	0.116	4.216	<b>0.000</b>
	TIPI-PL (Extraversion)	-0.737	0.665	-1.108	0.269
	TIPI-PL (Agreeableness)	1.532	0.714	2.144	<b>0.033</b>
	TIPI-PL (Conscientiousness)	1.936	0.665	2.912	<b>0.004</b>
	TIPI-PL (Emotional stability)	-0.103	0.528	-0.194	0.846
	TIPI-PL (Openness)	0.428	0.663	0.645	0.520
	PolPES	-0.099	0.066	-1.512	0.132
FPPS (Child-focused Relationship)	Absolute term	25.038	2.948	8.493	<b>0.000</b>
	Gratitude (GQ-6)	0.222	0.057	3.866	<b>0.000</b>
	TIPI-PL (Extraversion)	-0.335	0.329	-1.018	0.310
	TIPI-PL (Agreeableness)	0.755	0.354	2.136	<b>0.034</b>
	TIPI-PL (Conscientiousness)	0.900	0.329	2.735	<b>0.007</b>
	TIPI-PL (Emotional stability)	-0.009	0.262	-0.034	0.973
	TIPI-PL (Openness)	0.099	0.328	0.301	0.763
	PolPES	-0.017	0.032	-0.535	0.594

FPPS (Family-focused Relationship)	Absolute term	23.597	3.411	6.918	<b>0.000</b>
	Gratitude (GQ-6)	0.267	0.067	4.019	<b>0.000</b>
	TIPI-PL (Extraversion)	-0.402	0.381	-1.055	0.293
	TIPI-PL (Agreeableness)	0.776	0.409	1.898	0.059
	TIPI-PL (Conscientiousness)	1.036	0.381	2.722	<b>0.007</b>
	TIPI-PL (Emotional stability)	-0.094	0.303	-0.310	0.757
	TIPI-PL (Openness)	0.329	0.380	0.866	0.388
	PolPES	-0.082	0.038	-2.177	<b>0.031</b>

Source: Authors' own study.

Table 4.

*Summarising statistics: Dataset for the Family-Professional Partnership Scale(FPPS) and the Gratitude Questionnaire (GQ-6), TIPI-PL and PolPES (results in bold are statistically significant at the level of  $p < 0.05$ )*

Item/questionnaire scale	Summarising statistics	
FPPS (overall score)	R <sup>2</sup>	0.1789
	F (7, 191)	7.1609
	<i>p</i>	<b>0.000</b>
	Standard estimation error	9.5607
FPPS (Child-focused Relationships)	R <sup>2</sup>	0.1473
	F (7, 191)	5.8843
	<i>p</i>	<b>0.000</b>
	Standard estimation error	4.7321
FPPS (Family-focused Relationships)	R <sup>2</sup>	0.1718
	F (7, 191)	6.8694
	<i>p</i>	<b>0.000</b>
	Standard estimation error	5.476

Source: Authors' own study.

Table 5 presents statistics summarising the fit of the models explaining the assessment of the Family-Specialist partnership on the basis of sociodemographic variables – gender, education, marital status, place of residence and material situation. As can be seen in the table, none of the analysed models fit well to the data. As a result, these models were not subject to further interpretation.

Table 5.

*Summarising statistics: Dataset for the Family-Professional Partnership Scale (FPPS) with respondents' gender, education, marital status, place of residence and material situation (results in bold are statistically significant at the level of  $p < 0.05$ )*

Item/questionnaire scale	Summarising statistics	
FPPS (overall score)	$R^2$	0.0215
	F (5, 189)	1.8553
	$p$	0.104
	Standard estimation error	10.376
FPPS (Child-focused Relationships)	$R^2$	0.0306
	F (5, 189)	2.2233
	$p$	0.054
	Standard estimation error	5.046
FPPS (Family-focused Relationships)	$R^2$	0.0174
	F (5, 189)	1.6875
	$p$	0.139
	Standard estimation error	5.884

Source: Authors' own study.

Table 6 presents the regression coefficient for the significant models. Significant predictors of the general EPS result turned out to be gratitude and openness. Both these variables had positive coefficient values, which means that the higher the level of gratitude and openness, the higher the general EPS result.

Significant predictors of Comfort as a dimension of EPS were found to be gratitude and conscientiousness. The higher the level of gratitude and conscientiousness, the higher the level of comfort.

Gratitude, personality traits and entitlement (PolPES) were not significant predictors of collaboration as a dimension of EPS.

Table 7 presents statistics summarising the fit of the models explaining EPS (result on the Enabling Practices Scale) on the basis of gratitude, personality dimensions and entitlement. The analysis showed that a satisfactory level of fit was noted for the result of general EPS, Comfort and Collaboration, while the determination coefficient values suggest that the results should be treated with caution as they explain only a small percentage of the variance of the explained variable. For Parental Autonomy as a dimension of EPS, the model was not a sufficiently good fit to the data. As a result, it was not subject to analysis.

Table 6.

Regression analysis: Dataset for the Enabling Practices Scale (EPS) and the Gratitude Questionnaire (GQ-6), TIPI-PL and PolPES (results in bold are statistically significant at the level of  $p < 0.05$ )

Item/questionnaire scale	Regression statistics	<i>b</i>	Standard error	<i>t</i> -statistic	<i>p</i>
EPS (overall score)	Absolute term	63.984	8.566	7.469	<b>0.000</b>
	Gratitude (GQ-6)	0.389	0.162	2.398	<b>0.018</b>
	TIPI-PL (Extraversion)	-0.611	0.934	-0.654	0.514
	TIPI-PL (Agreeableness)	0.182	1.013	0.180	0.858
	TIPI-PL (Conscientiousness)	1.764	0.920	1.917	0.057
	TIPI-PL (Emotional stability)	0.784	0.752	1.043	0.299
	TIPI-PL (Openness)	1.985	0.946	2.097	<b>0.037</b>
	PolPES	-0.107	0.094	-1.146	0.253
EPS (Comfort)	Absolute term	38.980	5.458	7.141	<b>0.000</b>
	Gratitude (GQ-6)	0.211	0.106	1.984	<b>0.049</b>
	TIPI-PL (Extraversion)	-0.221	0.608	-0.364	0.716
	TIPI-PL (Agreeableness)	0.256	0.655	0.391	0.696
	TIPI-PL (Conscientiousness)	1.261	0.607	2.078	<b>0.039</b>
	TIPI-PL (Emotional stability)	0.670	0.480	1.396	0.164
	TIPI-PL (Openness)	1.004	0.603	1.664	0.098
	PolPES	-0.049	0.060	-0.810	0.419
EPS (Collaboration)	Absolute term	12.642	2.548	4.961	<b>0.000</b>
	Gratitude (GQ-6)	0.066	0.050	1.332	0.184
	TIPI-PL (Extraversion)	-0.250	0.284	-0.882	0.379
	TIPI-PL (Agreeableness)	-0.123	0.306	-0.403	0.688
	TIPI-PL (Conscientiousness)	0.443	0.283	1.562	0.120
	TIPI-PL (Emotional stability)	0.436	0.224	1.946	0.053
	TIPI-PL (Openness)	0.529	0.281	1.878	0.062
	PolPES	-0.037	0.028	-1.313	0.191

EPS (Parental autonomy)	Absolute term	14.241	1.996	7.136	0.000
	Gratitude (GQ-6)	0.031	0.039	0.800	0.425
	TIPI-PL (Extraversion)	-0.167	0.222	-0.750	0.454
	TIPI-PL (Agreeableness)	0.011	0.239	0.045	0.964
	TIPI-PL (Conscientiousness)	-0.109	0.222	-0.490	0.625
	TIPI-PL (Emotional stability)	-0.076	0.176	-0.435	0.664
	TIPI-PL (Openness)	0.158	0.220	0.718	0.474
	PolPES	0.018	0.022	0.840	0.402

Source: Authors' own study.

Table 7.

*Summarising statistics: Dataset for the Enabling Practices Scale (EPS) and the Gratitude Questionnaire (GQ-6), TIPI-PL and PolPES (results in bold are statistically significant at the level of  $p < 0.05$ )*

Item/questionnaire scale	Summarising statistics	
EPS (overall score)	R <sup>2</sup>	0.0912
	F (7, 178)	3.6527
	<i>p</i>	<b>0.001</b>
	Standard estimation error	13.183
EPS (Comfort)	R <sup>2</sup>	0.0810
	F (7, 192)	3.5064
	<i>p</i>	<b>0.001</b>
	Standard estimation error	8.762
EPS (Collaboration)	R <sup>2</sup>	0.0521
	F (7, 192)	2.5619
	<i>p</i>	<b>0.015</b>
	Standard estimation error	4.0906
EPS (Parental autonomy)	R <sup>2</sup>	0.0138
	F (7, 192)	0.3848
	<i>p</i>	0.9105
	Standard estimation error	3.2040

Source: Authors' own study.

Table 8 presents statistics summarising the fit of models explaining the results on the Enabling Practices Scale and its dimensions on the basis of sociodemographic variables – gender, education, marital status, place of residence and mate-

rial situation. As can be seen in the table, none of the analysed models fit well to the data. As a result, these models were not subject to further interpretation.

Table 8.

*Summarising statistics: Dataset for the Enabling Practices Scale (EPS) and respondents' gender, education, marital status, place of residence and material situation (results in bold are statistically significant at the level of  $p < 0.05$ )*

Item/questionnaire scale	Summarising statistics	
EPS (overall score)	$R^2$	0.0200
	$F(5, 177)$	1.7434
	$p$	0.127
	Standard estimation error	13.544
EPS (Comfort)	$R^2$	0.0238
	$F(5, 190)$	1.9510
	$p$	0.088
	Standard estimation error	8.925
EPS (Collaboration)	$R^2$	0.0213
	$F(5, 190)$	0.8274
	$p$	0.532
	Standard estimation error	4.166
EPS (Parental autonomy)	$R^2$	0.0217
	$F(5, 190)$	1.8644
	$p$	0.102
	Standard estimation error	2.996

Source: Authors' own study.

## DISCUSSION

The results on the Family-Professional Partnership Scale (FPPS) allow the level of parental satisfaction to be assessed, along with the important dimensions of the relationship with the child's leading therapist, i.e. the specialist with whom the child and the family have worked most often during the last six months, that is: competence, communication, respect and equality, respect for values, and trust. The average FPPS score obtained by the respondents was 79.4 points, which, with a possible range of 18 to 90 points, can be considered a good result, indicating a high level of satisfaction. Slightly higher results were obtained by Summers et al. (2005a), which can be explained both by the diverse research group in terms of the type of disability (ASD is one of the most burdensome neurodevelopmental

disorders), as well as by the specific nature of support organizations in Poland. In turn, the Enabling Practices Scale (EPS) allowed satisfaction with cooperation with the entire team of specialists to be assessed in terms of comfort, impact on the therapy process and respect for parental autonomy. The average EPS result obtained by the respondents was 93.30 points, where the possible scores range from 24 to 120 points, which also indicates an above-average level of satisfaction. The conclusions of the study confirm analyses by other authors in Poland. Parents' satisfaction with the professional support provided at schools was also studied by Ćwirynkało et al. (2015). Most of the studied parents of children with disabilities (83.3%) were satisfied with the specialized support they received at school. Similar trends were seen in a study by Barłóg (2018). The results of this study indicate that most parents (68.9%) were satisfied with the partnership with teachers and specialists in the educational system. The meaning of professional support is discussed in a study by Kędziora (2017). Her research showed that parents of people with intellectual disabilities rate the level of perceived social support (both emotional, informational, instrumental and material) as average or high. The results of qualitative research conducted by Lichtańska (2019) showed both positive and negative experiences of parents of children with disabilities in terms of the support they receive from professionals. The qualitative responses indicate that more needs to be done to make parents feel as if they are partners in their relationship with specialists.

Due to the relatively small representation of men in the study group, no comparisons were made between mothers and fathers. This issue needs further investigation. According to the findings of Kayfitz et al. (2010), in comparison to mothers, fathers declare fewer positive experiences related to raising a child with ASD. Research also shows that men tend to be more critical and confrontational than women (Bresnahan et al., 2002), which may be important in assessing the work of professionals. This observed difference may also result from the fact that it is mainly mothers who contact the child's therapists and teachers when seeking social support (Bozkurt et al., 2019). Meanwhile, men, who do not have such regular and in-depth relationships with professionals, do not have such an insight into the therapy and education of the child, or the opportunity to discuss with the specialists, ask questions and receive feedback. Ćwirynkało et al. (2015) presented opposite results. The findings of their research conducted among parents of children with disabilities showed that the level of satisfaction was similar in both mothers and fathers.

Significant predictors of the general assessment of partnership in the relationship with the leading therapist, recognized in FPPS, were the following personal characteristics and dispositions: gratitude, agreeableness and conscientiousness (positive relationship). The predictors of the Child-Focused Relationship Subscale turned out to be the same variables. The predictors of the second subscale: Fami-

ly-Focused Relationship, were gratitude and conscientiousness (positive relationship), and entitlement (negative relationship).

Conscientiousness has been identified as a predictor of seeking social support, as seen in studies involving various groups (Connor-Smith and Flachsbart, 2007; Watson and Hubbard, 1996). Agreeableness combined with conscientiousness is beneficial for cooperation with others, and thus also for professionals working with children and families, and for undertaking and implementing tasks in the therapeutic process (Bętkowska-Korpała, 2012). People with a higher level of agreeableness, empathy and cooperation, when faced with demanding or unpleasant stimuli and experiences, try to regulate negative emotional states and stimulate themselves to actions of a pro-social rather than an aggressive nature (Dam et al., 2021). It was also noted that agreeableness and conscientiousness may be protective factors against parental burnout (Vigouroux and Scola, 2018). Research shows that people with a high level of gratitude are aware of the impact of others on their own well-being (McCullough et al., 2002; Portocarrero et al., 2020; Watkins et al., 2003), have positive social relationships (Wood et al., 2009), focus on seeking instrumental and emotional support, use active stress coping strategies (Wood et al., 2007), and experience fewer symptoms of depression and negative emotions (Lambert et al., 2012; Lin, 2015). Their “management” of support can therefore be more conscious and mature. The role of gratitude in empowering mothers of children with ASD is also emphasized by other researchers (Manor-Binyamini, 2014; Martin et al., 2019; Timmons et al., 2017; Timmons and Ekas, 2018). Psychological entitlement is associated with greater susceptibility to a sense of vulnerability with regard to unmet expectations, disappointment, subjectively perceived injustice (sense of perceived injustice), threat to the ego, dissatisfaction across multiple life domains, less empathy, and weaker perspective-taking and negative feedback (Campbell et al., 2004; Grubbs and Exline, 2016). These features make it much more difficult to cooperate with the child’s therapist, and as a result of experiencing such feelings, parents become even more demanding, thus, re-initiating the cycle (circular dependence).

Significant predictors of the overall EPS score were: gratitude and openness (positive relationship). The higher the level of gratitude and openness among the respondents, the higher the overall score on the scale. Significant predictors of comfort as a dimension of EPS were gratitude and conscientiousness (positive relationship). These results should be treated with caution as they explain a small percentage of the variance of the dependent variable. The role of gratitude has been discussed above. Openness, as a personality trait, positively correlates with seeking social support (Morales et al., 2021) which included school closures that may have potentially serious consequences for people with disabilities or special educational needs, disrupted an ongoing adapted judo training intervention in children with Autism Spectrum Disorder (ASD, and is also responsible for a more flexible, cre-



ative approach to problems and challenges (Watson and Hubbard, 1996), which may be important when a parent cooperates with a whole team of specialists and decides to choose specific therapies from a broad spectrum of possibilities.

## STUDY LIMITATIONS

This research is an initial exploration of the issue. The research sample, although nationwide, was not representative, and the selection was purposeful, with mothers predominating among the participants. Nevertheless, this is one of the first attempts using standardized research tools to capture the satisfaction of parents of children with ASD living in Poland with the support provided to their children and families. The issue requires further exploration because parents' cooperation with professionals, a key therapeutic alliance for the child, is associated with better treatment and therapy outcomes for children with autism spectrum disorders (Klebanoff et al., 2019).

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## ZADOWOLENIE RODZICÓW DZIECI Z ZABURZENIAMI ZE SPEKTRUM AUTYZMU ZE SPECJALISTYCZNEGO WSPARCIA DZIECKA I RODZINY

**Wprowadzenie:** Współcześnie obserwuje się znaczący wzrost liczby dzieci i młodzieży z diagnozą zaburzeń ze spektrum autyzmu (ASD). Zasada współpracy z rodzicami jest jedną z podstawowych reguł kompleksowego wsparcia świadczonego zarówno dzieciom z ASD, jak i ich rodzinom.

**Cel badań:** Celem badań było wieloaspektowe ujęcie poziomu zadowolenia rodziców dzieci z ASD ze specjalistycznego wsparcia oraz poszukiwanie dyspozycji osobowych, związanych z poziomem i różnymi aspektami zadowolenia rodziców ze współpracy ze specjalistami wspierającymi ich dzieci i rodziny.

**Metoda badań:** Badania przeprowadzono w grupie 204 rodziców dzieci z ASD. Wykorzystano następujące narzędzia badawcze: Rodzina–Specjalista. Skala Oceny Partnerstwa (FPPS), Skalę Praktyk Włączających (EPS), polską adaptację testu Ten Item Personality Inventory (TIPI) – TIPI-PL, Skalę Roszczeniowości Psychologicznej (PES) oraz kwestionariusz do badania wdzięczności (GQ-6).

**Wyniki:** Uzyskane wyniki wskazują na ponadprzeciętne zadowolenie rodziców z otrzymywanego wsparcia. Istotnymi predyktorami zadowolenia badanych ze specjalistycznego wsparcia były następujące cechy i dyspozycje osobowościowe: wdzięczność, ugodowość, sumienność i otwartość na doświadczenie.

**Wnioski:** Uzyskane wyniki pozwalają na wstępną ocenę satysfakcji z formalnego wsparcia wśród rodziców dzieci z ASD, a także wskazują na wybrane dyspozycje osobowościowe związane z wysokim poziomem satysfakcji z otrzymywanego wsparcia.

**Słowa kluczowe:** zaburzenia ze spektrum autyzmu, rodzicielstwo, osobowość, wsparcie, współpraca rodzic-terapeuta