**LIFE SATISFACTION IN 3 GROUPS OF FAMILIES**

**Adrienne Perry Jonathan Weiss**

**York University**

**Objective**

Previous research has tended to focus on negative aspects of the experience of parents of children with Intellectual Disabilities (ID) and, especially, Autism Spectrum Disorder (ASD), relative to those whose children are typically developing (TD). More recent research includes positive impacts as well, sometimes broadened to be thought of as parent well-being, although this is conceptualized quite differently by different researchers (Blacher & Bromley, 2007; Tint & Weiss, 2015). Further research is needed to investigate processes and pathways of how child and parent factors may influence particular patterns of positive impacts, such as parents' Life Satisfaction.

In this study, we addressed four questions: 1. What is the overall Life Satisfaction of three parent groups: of TD children, of children with ID only, and of children with ASD (with or without ID)? 2. How do the groups differ on child and parent factors? 3. How is Life Satisfaction related to these child and parent factors? and 4. What child and parent variables mediate the relationship between group status and Life Satisfaction?

**Methods**

Great Outcomes for Kids Impacted by Severe Developmental Disabilities (GO4KIDDS) was a CIHR-funded program of research on the health, wellbeing and social inclusion of children with severe DD and that of their families. The current study was based on the following information from the GO4KIDDS Basic Survey (Perry & Weiss, 2008): Life Satisfaction (measured on a 5-point Likert scale), child's adaptive and maladaptive behaviour (GO4KIDDS Brief Adaptive Scale; Perry et al., 2015), parent health (5-point Likert scale), mental health problems (Kessler-6), parents' socialization (constructed for GO4KIDDS), negative experience of the child (Caregiver Burden Scale), and positive experience of the child (Positive Gain Scale).

The sample consisted of 618 parents, n=225 with a child with ASD, n=185 with a child with ID only, and n=210 with a TD child. Children were aged 4 to 19 years (M = approximately 11 years in each group).

**Results**

Life Satisfaction differed significantly across groups (*p*<.0001) with TD>ID>ASD. To explore why these differences between groups occurred, we conducted two analyses using Hayes' (2013) procedure for Multiple Mediation analysis, with Life Satisfaction as the dependent variable. Comparing ASD to TD groups, we found a pattern of partial mediation, with five significant mediators: child's adaptive level, parent health, mental health problems, socialization, and sense of burden. The second analysis, comparing ASD to ID groups, revealed a full mediation of the relationship to Life Satisfaction, with three significant predictors: parent health, mental health problems, and sense of burden.

**Discussion/Conclusion**

Though associated with child factors, it was parent health, mental health, and perception of burden (not child factors directly) that accounted for the relationship between group status and overall Life Satisfaction. Although the study has the usual limitations associated with online surveys, the analytic method is rigorous and the findings robust. There are clear clinical implications for prevention and support of parents to enhance health, mental health, and reduce sense of burden. These might include: respite care, mindfulness, acceptance, parent support groups, supportive counselling, and generally enhancing social support for families.

**Correspondence**

Adrienne Perry, Ph.D., C. Psych., BCBA-D

York University

perry@yorku.ca

Jonathan Weiss, Ph.D., C. Psych.

York University

jonweiss@yorku.ca