**ASSOCIATIONS BETWEEN TRANSDIAGNOSTIC SYMPTOMS AND PARENT-CHILD RELATIONSHIP QUALITY IN FAMILIES OF CHILDREN WITH NEURODEVELOPMENTAL DISABILITIES**

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**Objective:** Parent-child relationship quality is related to outcomes in children with and without neurodevelopmental disabilities (NDDs; Branje et al., 2010; Dennis et al., 2018). Few studies have examined how this relationship is influenced by child symptoms across various NDDs. As these children demonstrate both clinical symptoms (e.g., anxiety), and core symptoms of specific conditions (e.g., social impairments), research is needed to examine whether transdiagnostic symptoms affect parent-child relationship quality in this population. The current study examines these relations between child symptoms and parent-child relationship quality within the context of treatment-seeking families whose children have mental health needs.

**Method:** 68 parent-child dyads participated in cognitive-behavioural therapy for child mental health problems. Children with an intellectual disability were excluded. Parents were aged 29 to 54 years (85% Female; *M* = 43.8 years, *SD* = 5.7), and children were aged 8 to 13 years (80% Male; *M* = 9.8 years, *SD* = 1.5). Diagnoses included autism spectrum disorder, attention-deficit/hyperactivity disorder, learning disability, and cerebral palsy. Parent-child relationship quality was assessed with the Positive Affect Index (PAI; Bengtson & Schrader, 1982), with higher scores reflecting more positive relationship quality. Child symptoms assessed at baseline included social impairments assessed with the Social Responsiveness Scale – 2nd Edition (SRS-2; Constantino & Gruber, 2012), academic difficulties assessed with the Wide Range Achievement Test – 4th Edition (WRAT-4; Wilkinson & Robertson, 2006), internalizing and externalizing problems assessed with the Behaviour Assessment System for Children – 3rd Edition (BASC-3; Reynolds & Kamphaus, 2015), IQ assessed with the Weschler Abbreviated Scale of Intelligence – 2nd Edition (WASI-II; Weschler, 2011), executive functioning assessed with the Behaviour Rating Inventory of Executive Function – 2 (BRIEF-2; Gioia et al., 2015), and attention problems assessed with the Swanson, Nolan, and Pelham Questionnaire – 4th Edition (SNAP-IV; Swanson et al., 2001).

**Results:** Baseline PAI scores were negatively correlated with child IQ (*r* = -.32, *p* = .01), SRS-2 social communication (*r* = -.38, *p* = .002) and total scores (*r* = -.37, *p* = .003), and BASC-3 externalizing problems scores (*r* = -.41, *p* = .001). A follow-up simultaneous regression revealed that only child IQ, *t*(56) = -2.13, *p* = .04, and BASC-3 externalizing problems, *t*(56) = -2.30, *p* = .03, uniquely predicted variance in baseline PAI scores. SNAP-IV hyperactivity scores were negatively correlated with positive changes in PAI scores, *r* = -.29, *p* = .03. Children with severe social impairments (SRS-2 total) had lower baseline PAI scores than children with none to moderate social impairments, *t*(61) = 2.30, *p* = .03. Similar patterns were seen for the SRS-2 social communication subscale. Children with clinically significant BASC-3 externalizing problems had lower baseline PAI scores, *t*(61) = 2.36, *p* = .02, whereas children with clinically significant academic difficulties had higher baseline PAI scores, *t*(61) = 2.53, *p* = .01.

**Discussion/Conclusion:** Children with lower cognitive abilities and fewer clinical symptoms experienced more positive parent-child relationship quality. Future research will explore interactions between cognitive factors (e.g., IQ) and clinical symptoms (e.g., externalizing problems), and their links with parent-child relationship quality in this population.

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