Encouraging the Siblings of Children with Autism Spectrum Disorder

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Abstract

Studies have mixed findings as it relates to the impact children with autism spectrum disorder (ASD) have on their typically developing siblings’ functioning (Howlin, Moss, Savage, Bolton, & Rutter, 2015; Tsao, Davenport, & Schmiege, 2012; Ward, Tanner, Mandleco, Dyches, and Freeborn, 2016). However, even with mixed findings, researchers agree that interventions supporting the healthy development of the family system are critical to the success of the typically developing siblings’ functioning (Tsao et al., 2012; Ward et al., 2016). In this paper, the research regarding the impact children with ASD have on their family systems, including parental functioning, sibling relationships, and the typically developing siblings’ functioning is thoroughly reviewed. Additionally, interventions supporting the healthy development of the family system, with a primary focus on the siblings’ functioning, are discussed. In addition, an educational resource for parents and caregivers (i.e. PowerPoint presentation) developed from an individual psychology perspective, by this author, to encourage the siblings of children with ASD is examined.

Keywords: autism spectrum disorder, siblings, individual psychology, interventions
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Encouraging the Siblings of Children with Autism Spectrum Disorder

**Introduction**

Autism spectrum disorder (ASD) is a complex developmental disability that can pose many challenges for families with children with ASD. According to the Centers for Disease Control and Prevention (CDC; 2016), ASD can cause “significant social, communication and behavioral challenges” as children with ASD may “communicate, interact, behave, and learn in ways that are different than most other people” (para. 1). Therefore, children with ASD may have trouble relating to others and expressing their needs and feelings (CDC, 2016). Additionally, they may prefer to be alone, avoid eye contact or physical touch, display odd play patterns and rigidity in routines or interests, repeat or echo words and phrases, and have unusual sensory reactions. Some children with ASD require more assistance with daily living tasks while others require less (CDC, 2016).

The impact a child with ASD may have on his or her family system’s functioning has been extensively researched in recent years. Researchers have studied the impact on parental functioning, sibling relationships, and typically developing siblings’ functioning (Tsao, Davenport, & Schmiege, 2012). However, even with all of the research that has been done, studies have mixed findings as it relates to how a child with ASD may impact his or her typically developing siblings’ functioning (Howlin, Moss, Savage, Bolton, & Rutter, 2015; Tsao et al., 2012; Ward, Tanner, Mandleco, Dyches, and Freeborn, 2016). Some studies have found positive impacts while others have found negative or neutral impacts to the sibling’s functioning. Additionally, parental functioning and sibling relationships have been cited as impacting the sibling’s functioning (Fairfield, 1983; Tsao et al., 2012).
Even with mixed findings, researchers agree that interventions that support the healthy development of the family system are critical to the success of the family system’s functioning, and therefore, the sibling’s functioning (Tsao et al., 2012; Ward et al., 2016). These interventions should include education to parents and caregivers about the impact a child with ASD may have on his or her family system and how this affects the sibling (Tsao et al., 2012). Therefore, from an individual psychology perspective, it is helpful to educate parents and caregivers about how these affects may influence the development of the sibling’s lifestyle. An individual psychology perspective is based on the psychology of an individual’s relationship to the problems of the outside world and lifestyle is his or her unique pattern of coping with these problems (Adler, 1935a). Additionally, practical parenting solutions and interventions that encourage the sibling and address misbehavior as well as promote social interest within the family system are effective in the healthy development of the sibling’s mental health.

**Statement of Problem**

A child diagnosed with ASD may impact his or her typically developing siblings’ mental health if parents and caregivers are uneducated about the effects of this disorder on the family system’s functioning and effective interventions.

**Purpose of Project**

The purpose of this project is to educate parents and caregivers about the possible impacts children with ASD may have on their family systems’ functioning as it relates to the typically developing siblings’ functioning. Additionally, this project aims to provide practical parenting solutions and interventions that promote the healthy development of these family systems and the siblings’ mental health.
Significance of Project

According to the most recent statistics from the CDC (2016), 1 in 68 children has been identified with having ASD. This number has increased significantly over the years with 1 in 150 children being identified with ASD in the year 2000 and 1 in 100 in 2006. Given the large number of children and families impacted and the growth in the number of children identified with ASD over the years, it is critical to understand how children diagnosed with ASD may impact their families’ functioning, including their siblings’ functioning, and identify interventions that support the healthy development of these family systems.

Definition of Terms

**Autism spectrum disorder.** According to the diagnostic criteria for ASD in the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5), individuals with ASD have persistent deficits in multiple contexts including “social-emotional reciprocity,” “nonverbal communicative behaviors,” and in “developing, maintaining, and understanding relationships” (American Psychiatric Association, 2013, p. 50). Additionally, individuals with ASD display “restricted, repetitive patterns of behavior, interests, or activities” (p. 50). These symptoms are present in early childhood development; however, they could be masked until social demands expose deficits. Furthermore, symptoms cause “significant impairment in social, occupational, or other important areas of functioning” (p. 50). Severity level of deficits in communication and patterns of behavior are specified in the diagnosis.

**Typically developing sibling.** The term *typically developing sibling* is used throughout the paper and refers to a sibling of a child diagnosed with ASD. The typically developing sibling has no known developmental disabilities.
ENCOURAGING SIBLINGS OF AUTISM

Literature Review

To identify how best to encourage the siblings of children with ASD, it is first helpful to thoroughly review current research regarding the impact children with ASD may have on their family systems’ functioning. Several researchers have noted the importance of considering the context of the entire family system in the treatment of typically developing siblings of children with ASD or other disabilities (Fairfield, 1983; Goudie et al., 2013; Tsao et al., 2012). Therefore, this review will include the impacts to parental functioning and sibling relationships as they relate to the typically developing siblings’ functioning. Then, the development of lifestyle and how a child with ASD may influence his or her sibling’s lifestyle will be thoroughly discussed. Next, practical parenting solutions and interventions that encourage the sibling, address misbehavior, and promote the healthy development of the entire family system will be highlighted. Then, a summary of the literature review as it relates to encouraging the siblings of children with ASD will be presented.

Impact to Family System

**Parental functioning.** Parents of children with ASD have been found to experience higher levels of stress and depression in comparison to parents of typically developing children as well as parents of children with other developmental disabilities (Hastings et al., 2005; Solomon & Chung, 2012; Tsao et al., 2012). Additionally, according to Hartley et al. (2010), parents of children with ASD are almost twice as likely to divorce compared to parents of children without disabilities. Given these findings, researchers have attempted to identify contributing factors of having a child with ASD that may impact parents’ stress, depression, or likelihood of divorce.
Researchers have examined the behaviors of children with ASD to determine if these behaviors contribute to parental stress. Hall and Graff (2011) studied 75 parents of children with ASD and identified low adaptive behaviors (i.e. ability to function in life with limited assistance from others) in children with ASD as a source of parental stress. Additionally, Hall and Graff noted that low adaptive behaviors can contribute to behavior problems in children with ASD. Hastings et al. (2005) found that behavior problems in children with ASD increased maternal stress.

In addition to the challenging behaviors that may present in children with ASD, researchers have identified other contributing factors to parental functioning as it relates to the child’s diagnosis of ASD. Nealy, O'Hare, Powers, and Swick (2012) and Solomon and Chung (2012) highlighted the feelings of grief and loss parents may feel when they learn of their child’s diagnosis. According to Solomon and Chung, some parents experience grief as an internal struggle between accepting the diagnosis and fighting the diagnosis while others feel the loss of the dreams they had regarding their child. Parental functioning may also be impacted by responsibilities such as caring for or finding child care for their child with ASD and covering the costs of care (Nealy et al., 2012; Roper, Allred, Mandleco, Freeborn, & Dyches, 2014). These responsibilities can lead parents to make lifestyle changes such as changes to employment (Nealy et al., 2012). Additional factors that may impact parental functioning include changes to familial and social relationships (i.e. time with other children, spouse, and friends) and the feelings of guilt and isolation that may relate to these changes (Nealy et al., 2012).

**Sibling relationships.** The relationship between the child with ASD and his or her typically developing siblings may experience stress due to differences in social interaction, emotional regulation, and play patterns. According to Ward et al. (2016), having a sibling with
ASD presents more challenges than having a sibling with other disabilities. This may be due to behaviors attributable to ASD such as antisocial and disruptive behaviors and obsessive rituals and routines (Ward et al., 2016). Additionally, as cited by Beyer (2009), deficits in emotional understanding, lack of reciprocity in communications, aggressive behaviors, and capacity to initiate play also contribute to challenges in the sibling relationship.

However, even with these challenges, researchers have reported mixed findings as it relates to the success of these sibling relationships with some reporting positive sibling relationships and others negative relationships (Beyer, 2009). Walton and Ingersoll (2015) found that while these relationships may not be better or worse in comparison to typically developing sibling relationships, the relational patterns may be different. The relationship between a child with ASD and his or her sibling may be less involved or more avoidant.

**Siblings’ functioning.** As mentioned previously, the impacts a child with ASD may have on his or her typically developing sibling’s functioning has been researched somewhat extensively in recent years, but with mixed findings. Howlin et al. (2015), Tsao et al. (2012) and Ward et al. (2016) all stated that previous research has had mixed findings with some reporting positive impacts, negative impacts, as well as relatively neutral impacts on typically developing siblings’ functioning. Some of the positive impacts on a siblings’ functioning include a healthy self-concept and acceptance and compassion for others (Tsao et al., 2012; Ward et al., 2016). Tsao et al. (2012) also noted healthy academic performance as a positive impact. Tsao et al. also highlighted that these positive findings show that some siblings adjust well to their family environment and at times, may even perform better than siblings of children without developmental disabilities.
Negative impacts to the sibling’s functioning include feelings of caretaker burden (Ward et al., 2016) and perceived parental favoritism (Fairfield, 1983). When siblings were asked about the most challenging thing about having a sibling with ASD in a video by Bologna (2016, May 5), they echoed the feelings of caretaker burden (worry about the sibling’s care in later life) and noted less attention from parents. These challenges may affect the success of parent-child relationships and the sibling relationship as well (Beyer, 2009; Fairfield, 1983; Tsao et al., 2012).

According to Fairfield (1983), extreme involvement of parents with the child with special needs can be felt as neglect and abandonment to the typically developing sibling. From an individual psychology perspective, the typically developing sibling may try to compensate for these feelings with problematic behaviors. These behaviors may be attention-seeking in which the child attempts to draw attention from parents by being responsible and “good” or by becoming needy, or the sibling may respond with resentful behaviors to get back at his or her parents for the perceived unfairness (Fairfield, 1983).

Several studies support this premise, that siblings of children with ASD and other disabilities may display problematic behaviors. Additionally, studies have found that these siblings are often more likely to have mental illnesses such as anxiety and depression. Goudie, Havercamp, Jamieson, and Sahr (2013), conducted the largest known empirical study to date on this topic and found siblings of a child with a disability were more likely to have impairments in functioning than siblings of typically developing children. These impairments included problems with “interpersonal relationships, psychopathological functioning, functioning at school, and use of leisure time” (p. 476). A study by Barnett and Hunter (2012) revealed similar findings with higher rates of psychopathology in siblings of children with mental health disorders in comparison to siblings of typically developing children. In reviewing outcomes in
adult siblings of persons with ASD, O’Neill and Murray (2016) found that siblings of ASD reported higher levels of anxiety and depression than siblings of typically developing siblings.

Additionally, researchers have attempted to identify typically developing siblings that may be at greatest risk of developing mental health concerns. Characteristics such as the birth order, gender, and the severity of behaviors of the child with ASD, family size, and family functioning have been researched. However, many studies have had mixed or inconclusive findings as it relates to these characteristics or predictive factors (O’Neill & Murray, 2016; Tomeny, Barry, & Bader, 2014). Though, Tomeny et al. (2014) found that when the child with ASD has behavior problems and is older than his or her typically developing sibling, the sibling is more likely to have behavior problems too. In contrast, Walton and Ingersoll (2015) found that when the sibling is male and older than the child with ASD, the sibling is more likely to have behavioral and emotional difficulties. When considering family functioning as a predictive factor, Barnett and Hunter (2012) found poor family functioning to have the greatest impact on the siblings’ functioning.

While it is useful to review the research regarding the impact a child with ASD has on his or her siblings, the wide range of outcomes across studies may be attributed to limitations in research methodology (Goudie et al., 2013). Many of the studies conducted had small sample sizes (Goudie et al., 2013; Walton & Ingersoll, 2015). Additionally, Goudie et al. (2013) cited no control or comparison groups in studies and lack of consideration of individual responses in living with persons with disabilities. Also, whether the family or sibling was currently utilizing interventions that aid in their healthy functioning was not considered.
The Development of Lifestyle

According to Adler (1935a), lifestyle is an individual’s unique pattern of coping with life stressors and interacting with the world; it is the individual’s unique personality or “attitude towards life” (p. 5). An individual’s lifestyle is developed within the first few years of life (Adler, 1935b) and is created within each individual as a result of the unity of his or her “thinking, feeling, and acting” (Adler, 1935a, p. 7). The health of an individual’s lifestyle or mental health is tied to his or her level of social interest (Adler, 1935a, 1935b). Social interest is an individual’s inherent ability to cooperate and contribute to society (Adler, 1935a). Individuals with high levels of social interest tend to be mentally healthy; they consider the needs of others and participate in activities that are socially useful and beneficial to others. Individuals who lack social interest are more likely to display problematic behaviors and develop neurosis or psychosis (Adler, 1935a, 1935b).

The development of an individual’s lifestyle begins with the need to belong which leads to the creation of private logic and thus, lifestyle (Gfroerer, Nelsen, & Kern, 2013). Every child is born with the fundamental need to belong and feel connected to others. Therefore, in infancy, the child begins to look for ways to belong within his or her family (Dreikurs & Soltz, 1964). From his or her observations and experiences, the child draws conclusions about how he or she belongs and finds significance. The conclusions the child draws are unique to the child in that any other child in the same environment may draw different conclusions. According to Adler (1935a, 1935b), each individual interprets the world differently as each individual creates his or her own unique perceptions of his or her environment. Adler referred to this phenomenon as “the creative power of the individual” (Adler, 1935b, p. 5).
As the child creates his or her unique perceptions, the child also creates his or her private logic (Gfroerer et al., 2013). The child’s private logic is often unconscious to the child and may be mistaken or faulty; however, the child’s private logic is goal-directed and purposeful in that it serves as the motivation of the child’s behaviors (Dreikurs & Soltz, 1964). The child behaves in ways that he or she believes create movement towards his or her goal. If the child feels discouraged, he or she may misbehave to attain a sense of belonging and find significance in his or her environment (Dreikurs & Soltz, 1964; Gfroerer et al., 2013). When the child’s logic regarding how to cope with problems and interact with the world becomes a pattern, the child’s lifestyle has been formed.

**Environmental influences.** Throughout the development of the child’s lifestyle, the child makes observations and interpretations in relation to his or her inner and outer environments. According to Dreikurs and Soltz (1964), the child’s inner environment is the child’s inherited attributes and qualities such as physical abilities, appearance, and intelligence. The child’s outer environments are his or her family atmosphere and family constellation. Family atmosphere includes the family’s values and beliefs (regarding gender roles, religion, money, etc.) as well as how the parents in the family relate to one another. Family constellation is “the characteristic relationship of each member of the family to each other” (Dreikurs & Soltz, 1964, p. 20). Within the family constellation, different personalities or roles emerge as a result of the interactions between family members. These roles are influenced by position in the family or birth order position. However, the role a child adopts within his or her family is related to his or her interpretation of the environments to which he or she was born (Adler, 1937) and may evolve as changes within the family occur (new baby, divorce, etc.).
Birth order characteristics. There are personality traits or characteristics that have been identified as unique to each birth order position in the family. Eckstein et al. (2010) reviewed 200 birth order studies to identify these characteristics. The findings from this study were summarized by Eckstein and Kaufman (2012) and included characteristics for oldest, middle, youngest, and only children. Characteristics of oldest children include being high achievers and leaders. Characteristics of middle children include seeking belonging, being sociable and relating well to others, and being competitive in areas not attempted by their oldest sibling. Youngest children have the highest level of social interest and tend to be more rebellious and empathetic than their siblings. Only children feel a high need for achievement and they are more likely to misbehave when compared to children with siblings.

As mentioned previously, the child’s role in his or her family is based on his or her interpretation of the environments to which he or she is born. Therefore, the birth order position the child adopts is psychological and may or may not be the same as his or her ordinal position of birth (Adler, 1937; Carlson, Watts, & Maniaci, 2006; Eckstein et al., 2010). The child’s psychological birth order position may be influenced by a number of factors including age differences, gender, family size, and siblings with disabilities (Kiracofe & Kiracofe, 1990). Also, Carlson et al. (2006) noted that an age difference of five or more years to the nearest sibling in age creates a new subgroup of psychological birth order positions.

The sibling’s lifestyle. Having a sibling with ASD likely influences the typically developing sibling’s environment and therefore, his or her lifestyle. Carlson et al. (2006) stated that “a sibling with autism can radically alter the family atmosphere” (p. 53). The impact to the family atmosphere is largely the parents’ response to their child’s diagnosis of ASD, which, interestingly, relates to their own lifestyles (Fairfield, 1983). Also, a sibling with ASD may
influence psychological birth order positions. For example, if the first born child has ASD, he or she may psychologically take on the role of the youngest child and the second born child may psychologically take on the role of the oldest child (Carlson et al., 2006).

In addition, children look at the sibling they perceive to be most different from themselves as a reference point to their lifestyle development (Fairfield, 1983). Therefore, in most cases, the typically developing sibling will look at his or her brother or sister with ASD as a point of reference in the context of family interrelationships and how to belong and feel significant within the family. According to Fairfield, the extent of the parents’ preoccupation with the child with ASD will be interpreted by the sibling and from this unique interpretation; the sibling will draw conclusions about his or her own value (i.e. private logic).

**Mistaken goals of misbehavior.** If the typically developing sibling of a child with ASD feels unvalued and discouraged, he or she may misbehave to accomplish his or her goal of belonging and feeling significant. Dreikurs and Soltz (1964) stated that “a misbehaving child is a discouraged child” (p. 36). A discouraged child believes he or she is not capable and as a result, his or her sense of belonging becomes distorted and he or she moves from useful behaviors to misbehavior. According to Dreikurs and Soltz, a discouraged child may pursue one of four common mistaken goals of misbehavior. The first goal of misbehavior is *attention* in which the child seeks constant and undue attention. This child believes that he or she matters only when he or she is the center of attention. The second goal is *power* in which the child engages in power struggles with parents. This child believes that he or she matters when he or she is in control. The third goal is *revenge* in which the child feels hurt and seeks retaliation for this hurt. This child believes he or she counts when he or she hurts others or is hurt by others. The fourth and final goal is inadequacy or *avoidance*. This child gives up and becomes helpless
and believes he or she cannot succeed. Information regarding how to identify and address the child’s mistaken goals of misbehavior will be discussed later in the paper.

**Interventions**

**Encourage the sibling.** Ensuring the typically developing sibling of a child with ASD feels encouraged is key to his or her healthy development of lifestyle and therefore, mental health. An encouraged child feels a genuine and healthy sense of belonging, social support, and self-respect (Gfroerer et al., 2013). Additionally, an encouraged child develops healthy coping strategies such as positive self-talk, an internal locus of control, and social interest.

The meaning of the word *encourage* is to give courage, to inspire with hope, and to make strong (“Encourage,” n.d.). To build courage within a child, a parent or caregiver must understand how to encourage the child and then create an environment of encouragement. To encourage is to promote the child’s effort and hard work instead of the outcomes of the hard work (i.e. studies instead of grades; Gfroerer et al., 2013). Encouragement must be frequent and continuous meaning it starts at birth and continues throughout the child’s life (Dreikurs & Soltz, 1964). Additionally, encouragement should be given outside times of misbehavior to ensure the child’s goal of misbehavior is not reinforced.

Some simple ways to encourage a child are to share words of encouragement such as “you can do it” or “I am proud of you.” Also, sharing a warm smile, loving hug, or high five, or using a friendly tone of voice encourages a child. Additionally, spending private or special one-on-one time with the child helps to make him or her feel encouraged (Beyer, 2009). Given parents are often short on time, this special time could be spent doing household tasks with the child such as cooking, grocery shopping, or yardwork. Parents should make this experience fun
and memorable; it is about the quality of the time instead of the quantity of time (S. Brokaw, personal communication, September 9, 2016).

Dreikurs and Soltz (1964) noted several important aspects of an encouraging environment. An encouraging environment is one where there is an atmosphere of mutual respect. In this environment, the child has “equal claims to dignity and respect” (Dreikurs & Soltz, 1964, p. 8). The parents enlist the child’s help rather than command his or her service or obedience. In addition, the parents have healthy expectations of the child and avoid unnecessary pressures on the child. Beyer (2009) noted that placing too much responsibility on the typically developing sibling for the care of his or her sibling with ASD should be avoided.

Another aspect of an encouraging environment is that the parents stimulate the child’s independence (Dreikurs & Soltz, 1964). According to Dreikurs and Soltz, parents should “never do for a child, what he can do for himself” (p. 193) and avoid pampering and overprotection of the child. These behaviors deprive the child the opportunity to discover his or her capabilities and strengths and deny the child his or her right to be self-sufficient. Parents should let the child learn through experience and natural consequences.

Additionally, Dreikurs and Soltz (1964) noted an encouraging environment for the child is one where parents eliminate criticism and minimize the child’s mistakes. Children’s mistakes are usually a result of discouragement, inexperience, or faulty judgement. Therefore, parents should address mistakes by separating the behavior from the child and promoting the positives of the experience. Additionally, parents should look for teaching opportunities and provide guidance to the child as well as allow the child “the courage to be imperfect” (p. 108).

**Address misbehavior.** To address a child’s misbehavior, parents and caregivers should first identify the child’s mistaken goal of misbehavior. Once the child’s goal has been identified,
parents and caregivers can help guide the child into making correct observations and interpretations (Dreikurs & Soltz, 1964). To identify the child’s goal, parents and caregivers can examine their own response to the child’s goal of misbehavior. The parent’s response to each goal is noted in the Mistaken Goal Chart by Chadima (n.d.1.; see Appendix A for chart). In this chart, the parent’s response is listed in the fifth and sixth columns and the corresponding child’s goal is listed in the first column. For example, when the parent feels annoyed (fifth column) and reacts by coaxing or nagging the child to stop the behavior (sixth column), the child’s goal is attention (first column).

Once the child’s mistaken goal has been identified, parents can address the goal by discouraging the child’s misbehavior and encouraging his or her useful behavior. For example, when the child’s mistaken goal is attention, Dreikurs and Soltz (1964) noted that parents should avoid giving undue attention (i.e. ignore the child when he or she is attention-seeking) and instead give the child attention when he or she is behaving in a cooperative manner. Additionally, parents can guide the child in a more useful direction or towards a more positive goal. The positive goal for each mistaken goal is listed in the Positive Goal Chart by Chadima (n.d.2.; see Appendix B for chart). The second column in the chart provides information to parents and caregivers on how to address each mistaken goal and turn it into a positive goal. For example, the positive goal for attention is involvement. The attention-seeking child is really looking to be noticed and involved with others and therefore, this child can be encouraged to seek involvement or contribution in positive ways (i.e. social interest).

**Promote the healthy development of the family system.** Given the impact children with ASD have on their entire family systems’ functioning, interventions that promote the healthy development of the family system will help to encourage the sibling. In particular,
family-based interventions that improve parental functioning and parenting skills and strengthen family communication and problem solving are important (Goudie et al., 2013). As noted earlier, parents with a child with ASD are more likely to experience stress and depression as well as divorce. Parental functioning influences the typically developing sibling’s functioning as well as his or her sibling with ASD’s. Yura (1983) stated that “it is critical that parents make a suitable adjustment to their child’s condition” (p. 370). This is because the child’s attitude about him or herself is influenced by how the child’s parents react to his or her diagnosis. Yura stated that “although heredity may set certain boundaries within which a child can operate, it is the child's attitude about his or her capabilities that defines the absolute limits” (p. 370).

To improve parental functioning, parents may need emotional support and coping strategies. Interventions that promote courage in parents are helpful. Parents need to be encouraged too! Parents make mistakes and instead of dwelling on these mistakes, parents need to have “the courage to be imperfect” (Dreikurs & Soltz, 1964, p. 56). Additionally, parents may benefit from support groups with other parents of children with ASD (Beyer, 2009), couples therapy (Solomon & Chung, 2012), or individual therapy. Within therapy, it may be helpful to explore the parents’ lifestyles and help parents to discover how their lifestyles influence the family system’s functioning as well as help parents to build their self-esteem (Fairfield, 1983).

Improving parenting skills by promoting education to parents and caregivers regarding the impact a child with ASD has on his or her typically developing siblings’ functioning is helpful. This education should be practical and include interventions from an individual psychology perspective. The development of the sibling’s lifestyle must be understood by parents in order for them to influence the healthy development of the sibling’s lifestyle. To ensure siblings develop a healthy lifestyle, parents must be educated about the importance of
encouragement and how to encourage the sibling. Additionally, parents would benefit from education on how to address the child’s mistaken goals of misbehavior as well as interventions that foster the sibling relationship and family communication and problem solving.

Interventions fostering sibling relationships are crucial to the successful functioning of the child with ASD and his or her typically developing sibling (Fairfield, 1983; Granat, Nordgren, Rein, & Sonnander, 2012; Tsao et al., 2012; Ward et al., 2016). Beyer (2009) noted the importance of sibling relationships to the healthy development of children’s functioning in the areas of “emotional understanding, self-regulation, and a sense of belonging and comfort” (p. 444). Furthermore, Tsao et al. (2012) stated that “siblings with positive perceptions and experiences related to their sibling with a disability are likely to adapt successfully to the impact of having a disability on the family” (p. 48).

According to Granat et al. (2012), interventions providing age-appropriate education about ASD and problem solving skills to the typically developing sibling may foster the sibling relationship. Additionally, Tsao et al. (2012) discussed strategies and interventions that provide sibling support and coping strategies. Some of the interventions highlighted by Tsao et al. include play therapy with siblings, sibling support groups, and professional counseling. Beyer (2009) and Walton and Ingersoll (2015) and also highlighted the importance of education to typically developing siblings on how to engage their sibling with ASD in play in order to foster more successful interactions between siblings. Beyer (2009) noted starting with simple games that the siblings can play together such as rolling a ball or playing catch and then, gradually increasing skills and introducing new games over time. Siblings may also benefit from a positive time-out space of which they create to help them calm down when needed (Gfroerer et al., 2013).
Family communication and problem solving can be improved through the use of routine family meetings as well as family play time. A family meeting is “a meeting of all members of the family in which problems are discussed and solutions sought” (Dreikurs & Soltz, 1964, p. 301). Every family member has the right to bring up a problem and be heard during the meeting. The family discusses the problem and works cooperatively towards a solution. Family members must demonstrate mutual respect and show a genuine interest in the contributions of each member as this creates a climate of participation and cooperation. Routine play time for the family is also helpful in improving communication in the family (Dreikurs & Soltz, 1964). For example, parents can use a tea party with dolls to educate children about table manners.

Summary

Based on the research presented in this literature review, typically developing siblings of children with ASD may be impacted positively or negatively by having a sibling with ASD. The positive or negative impacts to the sibling may be influenced by how the child’s diagnosis of ASD is felt by the entire family system. As noted earlier, a child with ASD likely has an impact to his or her parents’ functioning as well as to the health of his or her sibling relationships. Perhaps, the best understanding of how the typically developing sibling is impacted is by understanding how his or her lifestyle has developed and how best to encourage the healthy development of his or her lifestyle. This includes the consideration of environmental influences such as the family atmosphere (i.e. parental functioning) and family constellation and birth order (i.e. parent-child and sibling relationships).

If the sibling’s lifestyle is healthy, the sibling has likely adapted to having a sibling with ASD in a positive manner. This sibling has a sense of belonging and value in his or her family. He or she is likely encouraged and has high levels of social interest. If the sibling’s lifestyle is
unhealthy, the sibling is likely discouraged, lacks social interest, and is looking for unhealthy ways to belong in his or her family. This child uses one of the four mistaken goals of misbehavior to belong and find significance. Thankfully, parents and caregivers can influence the child’s lifestyle and help correct any faulty private logic the child has about him or herself and how to belong. Parents and caregivers can do this by utilizing interventions that encourage the sibling, address misbehavior, and promote the healthy development of the family system.

Methodology

Design of the Project

The project was designed as an educational resource for parents and caregivers of typically developing siblings of children with ASD. This educational resource is in the form of a PowerPoint presentation. The presentation includes background information on ASD including the impacts a child with ASD may have on his or her typically developing siblings’ functioning. However, the primary focus of the presentation is to educate parents and caregivers about the sibling’s development of lifestyle and provide practical parenting solutions and family-based interventions that encourage the siblings of children with ASD. These solutions and interventions are primarily derived from an individual psychology perspective.

Target Population

The target population for the presentation is parents and caregivers of typically developing siblings of children with ASD. The presentation was given to mental health professionals of a day treatment program for children with ASD between the ages of 2 and 6 years old. Treatment for these children includes in-home family therapy services of which the child with ASD, the child’s parents, and the child’s siblings are included. Therefore, mental health professionals were encouraged to utilize interventions provided in the presentation during
in-home sessions as well as share the presentation with the parents of the children they work with given many of these parents have typically developing children as well.

**Project Development**

In this author’s in-home therapy work with children with ASD and their families, the siblings of children with ASD seemed to misbehave to gain attention during in-home sessions. The siblings’ misbehavior aligned with the individual psychology perspective that these siblings were discouraged. Should the siblings’ discouragement become a pattern and therefore, part of their lifestyles, these siblings could develop neurosis. Furthermore, this author’s father, a sibling of a child with ASD, has struggled with neurosis throughout his life.

Given these considerations, this author became very interested in exploring if having a brother or sister with ASD impacts a typically developing sibling’s mental health. Additionally, this author wanted to identify ways to properly support and encourage the siblings of children with ASD to ensure they would develop healthy lifestyles. Therefore, this author began to do research on the topic and found that researchers had mixed findings as to the impact children with ASD had on their siblings’ mental health. These mixed findings made sense when considered in the context of individual psychology and the development of lifestyle; each sibling creates his or her own unique perceptions of his or her environment and therefore, may be impacted by a sibling with ASD differently. From this discovery, it became clear that the project needed to include education to parents and caregivers about the development of lifestyle and how best to encourage the healthy development of the sibling’s lifestyle.

Therefore, the presentation focuses on three main objectives for parents and caregivers in which they can better understand and therefore, support and encourage the siblings of children with ASD. The first objective is to gain an understanding of the child’s lifestyle and mistaken
goals. This section of the presentation includes a thorough review of the development of
lifestyle including environmental influences, the characteristics of birth order, and the child’s
mistaken goals of misbehavior. The second objective is to encourage the child. This section
includes information on the importance of encouragement as well as how to encourage the child
and address misbehavior. The final objective is to promote the healthy development of the
family system. This section includes family-based interventions that strengthen the family
system and therefore, encourage the sibling.

**Description of Project Implemented**

The presentation titled “Encouraging the Siblings of Children with Autism” was given to
mental health professionals of the Autism Day Treatment (ADT) program at St. David’s Center
for Child and Family Development in Minnetonka, Minnesota on Friday, September 16th at
11:00am. There were 12 mental health practitioners, one program coordinator, and two clinical
supervisors in attendance all of whom work with children with ASD and their families. The
selected date and time of the presentation was during the practitioners’ monthly staff meeting to
ensure maximum attendance. Attendees were given a printed copy of the presentation slides as
well as handouts with supplementary information regarding family meetings (Dreikurs & Soltz,
1964) and examples of words of encouragement.

**Summary of Outcome**

**Personal Evaluation of the Project**

The project itself is one that I am personally and professionally proud of. Parents and
caregivers of children with ASD are often pressed for time and face a lot of stressors related to
having a child with special needs. Therefore, I wanted to give them an educational resource that
was informative, but mostly practical and useful and I believe I accomplished that. Additionally,
I chose to do this master’s project as an experiential project because I felt that in order to accomplish my goal of encouraging the siblings of children with ASD, this information needed to be presented and shared. Other than some minor technical difficulties, the presentation at St. David’s went very well, and I was encouraged by the feedback I received from attendees.

**Participants’ Evaluation of the Project**

Of the 15 attendees, 11 completed an evaluation form about the presentation. From these evaluations, attendees provided very positive feedback. Attendees strongly agreed that the presenter, this author, was well prepared, organized, and demonstrated a thorough knowledge and understanding of the topic. Comments provided by attendees about the presenter included “very well spoken,” “passion and confidence was evident,” and “appeared to be very knowledgeable in this topic.” Additionally, attendees found the presentation to be informative and liked that the presentation included two exercises of which attendees were able to apply content from the presentation to the children and families they work with. Comments about the presentation included “very helpful and useful information” and “could relate with a lot of the families I work with.” No constructive criticism or suggested improvements to the presentation were provided by the attendees.

**Future Plans for Use of the Project, Summary, & Conclusion**

As it relates to the future use of the project, this author’s plans to continue to share the presentation with mental health professionals and other caregivers, including teachers, of typically developing siblings of children with ASD. Additionally, this author will look for ways to share the presentation with parents of siblings of children with ASD directly. Sue Brokaw, the chairperson for this master’s project, suggested presenting at local school districts to reach both teachers and parents (personal communication, September 9, 2016).
In summary, a thorough review of the literature regarding the impact a child with ASD may have on his or her typically developing siblings’ mental health was conducted. This review included the impact a child with ASD may have to his or her family system including parental functioning and sibling relationships as these relate to the siblings’ functioning. In addition, the development of lifestyle and how a child with ASD may affect the siblings’ lifestyle were examined. Most importantly, information regarding practical parenting solutions and interventions that encourage the sibling, address misbehavior, and promote the healthy development of the family system were provided.

In conclusion, the purpose of this project was accomplished. An educational resource (PowerPoint presentation) covering the information in the literature review was created and shared with parents and caregivers of typically developing siblings of children with ASD. When shared, this resource ensures parents and caregivers better understand the siblings of children with ASD as well as how to encourage these siblings. With frequent and constant encouragement, the siblings of children with ASD will develop a healthy lifestyle. They will feel valued and capable and most importantly, encouraged.
References


Bologna, C. (2016, May 5). What these people don’t want you to assume about their siblings with autism [Video file]. Retrieved from http://www.huffingtonpost.com/entry/what-it's-like-to-have-a-sibling-with-autism_us_57238ef6e4b0f309baf0b537


The chart above lists the child’s four common mistaken goals of misbehavior by Dreikurs and Soltz (1964). The chart provides insight into each goal such that the reader understands the child’s mistaken beliefs, feelings, and passive and active misbehaviors, as well as the corresponding responses to the goals by parents and caregivers. The chart was created by Jodi Chadima for Adler Graduate School in Richfield, Minnesota. Sources used in the creation of the chart are noted at the bottom of the chart. Date the chart was created is unknown.
### Appendix B

#### Positive Goal Chart

<table>
<thead>
<tr>
<th>CHILD’S POSITIVE GOAL</th>
<th>WHAT ADULTS NEED TO UNDERSTAND AND CAN DO TO ENCOURAGE POSITIVE BEHAVIOR</th>
<th>CHILD’S POSITIVE BEHAVIOR</th>
<th>CHILD FEELS</th>
<th>CHILD’S BELIEF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involvement</strong></td>
<td>Really feels insignificant&lt;br&gt;Really saying, “Notes Me/Involve Me”&lt;br&gt;Set up routines. Take time for training. Use natural consequences. Encourage. Touch without words. Ignore. Set up nonverbal signals. Use family/class meetings</td>
<td>Contribution&lt;br&gt;Reach out to and establishes contact with others in positive, constructive, helpful ways. Volunteers</td>
<td>significant</td>
<td>“I belong” (Lovable)</td>
</tr>
<tr>
<td><strong>Independence</strong></td>
<td>Really feels incompetent&lt;br&gt;Really saying, “Let Me Help/Give Me Choices”&lt;br&gt;Acknowledge that you can’t make him/her, and ask for his/her help. Don’t fight and don’t give in. Withdraw from conflict. Do the unexpected. Be firm and kind. Act, don’t talk. Decide what you will do. Let routines be the boss. Leave and calm down. Develop mutual respect. Offer a limited choice. Set reasonable and few limits. Practice follow through. Encourage. Redirect to positive power. Use family/class meetings.</td>
<td>Self-Reliance&lt;br&gt;Participates in and accomplishes tasks successfully; Makes own decisions and solves problems resourcefully; Resolves conflicts respectfully.</td>
<td>competent</td>
<td>“I can do it” (Capable)</td>
</tr>
<tr>
<td><strong>Justice</strong></td>
<td>Really feels inferior and worthless&lt;br&gt;Really saying, “Help Me/I’m Hurting”&lt;br&gt;Deal with the hurt feelings. Avoid feeling hurt. Avoid punishment and retaliation. Build trust. Use reflective listening. Share your feelings. Make amends. Show you care. Act, don’t talk. Encouragement of individual assets and strengths. Use family/class meetings.</td>
<td>Cooperation&lt;br&gt;Seeks own rights responsibly and respectfully; Treats others with compassion and respect</td>
<td>equal valuable</td>
<td>“I matter” (Worthwhile)</td>
</tr>
<tr>
<td><strong>Skill</strong></td>
<td>Really feels inadequate&lt;br&gt;Really saying, “Have Faith/Don’t Give Up On Me”&lt;br&gt;Show faith. Take small steps. Step all criticisms. Encourage any positive attempt, no matter how small. Focus on assets. Don’t give up. Set up opportunities for success. Teach skills/teach how. Stay back. Enjoy the child. Build on his/her interests/strengths. Encourage, encourage, encourage! Use family/class meetings.</td>
<td>Resiliency&lt;br&gt;Faces life-challenges, tries and even when fails, tries again; Accepts constructive feedback, support and encouragement, from others</td>
<td>adequate</td>
<td>“I can handle what comes” (Not Alone)</td>
</tr>
</tbody>
</table>

Original information by: Lynn Lott and Jane Nelson; Teaching Parenting. Don Dinkmeyer and Gary McKay; Systematic Training for Effective Parenting of Teens. Amy Lew and Betty Lou Bitner; Responsibility in the Classroom. The Crucial C’s and 4 Short Range Goals of Misbehavior (Dreikurs). Compiled and revised by Jodi Chadima, LMFT.

The chart above lists the child’s positive goals as they relate to the child’s four common mistaken goals of misbehavior by Dreikurs and Soltz (1964). The chart provides insight into each goal such that the reader understands how to encourage the child’s positive behavior, feelings, and beliefs. The chart was created by Jodi Chadima for Adler Graduate School in Richfield, Minnesota. Sources used in the creation of the chart are noted at the bottom of the chart. Date the chart was created is unknown.