
# The Role of Parental Locus of Control in Quality of Life of Parents of Children with Autism

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## Abstract

The present study aimed to examine the relationship between the parental locus of control and quality of life of parents of children with autism in Hong Kong. It was hypothesized that parents with external perceived parental control would be associated with poorer quality of life, especially for the aspects of psychological health and social relationships. A total of fifty parents of children with autism participated in the questionnaire survey. Multiple regression method was employed to analyze the data. The results of the present study indicated that parents of children with autism had moderate external control orientation and their perceived child control of parental life was consistently inversely associated with the psychological health and social relationships dimensions. It implied that helping parents of children with autism maintain a more balanced life could be a critical direction for the future intervention programmes.

## 撮要

是次研究旨在探討香港自閉症兒童家長的感受控制點與生活質素的關係，研究假定外控性格家長的生活質素較差，尤是在精神健康和人際關係方面。合共 50 位家長參與是次問卷研究，其數據以多重回歸方法進行分析。研究結果顯示自閉症兒童家長靠向外控性格，同時發現其「感受子女操控父母生活」的變數與「精神健康」和「人際關係」變數持續反相關。這結果意味未來指導措施的發展方向關鍵可能在於協助自閉症兒童家長保持生活平衡。

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## List of Tables

## List of Figures

## Table of Contents

# Appendices

# CHAPTER ONE

## The Role of Parental Locus of Control in Quality of Life of Parents of Children with Autism

Autism (National Institute of Children Health and Human Development [NICHD], 2005) is a complex developmental disability that causes problems with social interaction, communication and repetitive behaviors, and lasts throughout a person's life. According to the Special Topics Report No. 28 (Hong Kong Census and Statistics Department, 2001), the estimated number of persons with autism under age 15 was around 1200 in 2000. It was reported by the Education Bureau (2007) that there were 2597 students with autistic disorder. The figures revealed the population of children and adolescents with autistic disorder in Hong Kong has kept rising. In a survey conducted during April and June, 2007 (Hong Kong Census and Statistics Department, 2008), the percentage of Hong Kong public giving correct answers to the statements on the disorder varied from 28.7% to 74.2%. It showed that public knowledge of autism is inadequate. The growing population of children with autism but little knowledge about them and their families' characteristics and needs may further drag down their well-being in the future. Thus, it is important to enhance the understanding of these special needs families with a view to provide better care for them.

**Research Rationale**

A study about the impact on families of preschoolers with autism in the United Kingdom conducted by Cassidy, McConkey, Truesdale-Kennedy and Slevin (2008) indicated that the most difficult problems dealt with by the parents of children with autism were speech and communication, temper tantrums and aggressive behaviors of the child. Moreover, chronic stress and strain, and social limitations were the commonly mentioned effects on them and their families (Cassidy et al., 2008; Twoy, Connolly, & Novak, 2007). It is not hard to imagine that quality of life is tremendously reduced in families of children with autism. A comparison study on perceived health of Croatian parents of children with autism (Benjak, Mavrinac, & Simetin, 2009) showed that parents of children with autism considered all health dimensions in the past year (role physical, role emotional, social functioning, mental health, bodily pain, vitality and energy and general health), except physical functioning, as seriously worse than those parents of typically developing children. Moreover, numerous studies have found that higher levels of stress is involved in parenting a child with autism than with typically developing child (Fishman & Wolf, 1991; Rodrigue, Morgan & Geffken, 1990, as cited in Baker-Ericzen, Brookman-Frazee, & Stahmer, 2005) or child with Down's Syndrome (Pisula, 2007).

The challenges and hardships faced by parents of children with autism have

driven scientists to study coping strategies from different perspectives. According to Twoy et al. (2007), many parents of children with autism use passive appraisal in coping with stress. There is no doubt that the strategy can reduce stress in the short term. However, it fails to help parents to directly tackle the issue. Another study (Tunali & Power, 2002) demonstrated that the effect of problem-appraisal strategies may help parents of children with autism to cope with chronic, uncontrollable stress, and even gain greater life satisfaction. In Hong Kong, a research from Mak, Ho and Law (2007) revealed that sense of coherence, parenting confidence and child acceptance alleviate stress in mothers of children with autism.

Besides sense of coherence, locus of control is other construct associated with positive coping. The idea of control can be traced back to Frankl's (1963, as cited in Sullivan, 1993) concept of "will to meaning". In Man's Search for Meaning, Frankl said, "…everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way." (1963, p.104, as cited in Boeree, 2006) Frankl emphasized on people's active role in choice making and creating meaning in their lives (Sullivan, 1993). Julian Rotter studied this sense of perceived control in a systematic manner. According to the framework of social learning theory developed by Rotter (1966, as cited in Sullivan, 1993), people's beliefs or expectancies in the causal attribution of

their behaviors to event consequences might affect a spectrum of behavioral choices in a variety of life events. When people perceive the event outcomes synchronize with their behaviors, people are considered as having an internal locus of control, whereas people regard the event outcomes and their behaviors are independent, people are said as having an external locus of control (Sullivan, 1993).

Considerable research has been conducted to investigate how locus of control affects people's behaviors and its implications for interventions. Bryan and Pearl (1979) studied the self-concept and locus of control of children with learning disabilities. The results indicated that this group of special children had an external locus of control. They tended to attribute their success to luck or other people as well as consider their failure as unchangeable. Bryan and Pearl suggested it was critical for children with learning difficulties to participate in attribution training in which they would learn that they actually had control over outcomes. In the study conducted by Bugental, Collins, Collins, & Chaney (1978, as cited in Bryan et al., 1979), it was found that the effect of this attribution intervention persisted for six months and there was improvement in children's behavior. Research has consistently demonstrated that in general, individuals with internal locus of control are less vulnerable to stress and anxiety (Anderson, 1977; Benassi, Sweeney, & Dufour, 1988, as cited in Lloyd & Hastings, 2009; Sandler & Lakey, 1982). In the study from Hassall, Rose and

McDonald (2005), parents of children with intelligence disabilities with more internality tended to have lower levels of stress. Research also found that parents with non-autism children were more likely to use self-control, social support and problem solving when dealing with stressful situations (Sivberg, 2002, as cited in Twoy et al., 2007). In contrast, parents of children with autism appeared to employ distancing and escaping coping behaviors.

**Research Objectives**

Current research evidence might imply that locus of control can be one of the influential protective factors that help families of children with autism stand strong against daily stressful events and thus improve adaptation in life. In view of its prospective importance, the present study aims to investigate the relationship between parental locus of control and quality of life in parents of children with autism. The Parental Locus of Control (PLOC) Scale developed by Campis, Lyman and Prentice-Dunn (1986) and the quality of life assessment instrument – brief version (WHOQOL - BREF) from the World Health Organization (WHO, 1998) would be used. Both of the scales are composed of a specific group of elements. The PLOC Scale (Campis et al., 1986) consists of five subscales. They are parental efficacy (PE), parental responsibility (PR), child control of parents' life (CC), parental belief in fate/chance (Fate) and parental control of child's behavior (PC). The WHOQOL -

BREF (WHO, 1998) covers four domains - physical health (PHY), psychological state (PSY), social relationships (SOC) and environment (ENV). Thus, in addition to examining whether parental locus of control has an association with quality of life in parents of children with autism, the study is going to further identify which variable(s) in the PLOC Scale is/are most relevant to the four components of the quality of life in the WHOQOL – BREF scale.

# CHAPTER TWO

## Literature Review

Locus of control is an individual's perception of his/her self-mastery over life events. Scientists have long been interested in this construct's effects on individuals' adaptability in life, especially when individuals have to deal with negative situations. Past research has revealed that the locus of control of those parents of children with behavioral problems can affect their parenting style and psychological health as well as their children's treatments (Bugental & Shennum, 1984; Jassens, 1994, as cited in Morrissey-Kane & Prinz, 1999; Duchovic, Gerkensmeyer, & Wu, 2009). If they have higher locus of control, they are more likely to bring benefits to their own health and their children's improvement in behavioral problems. Although there are few studies of the parental locus of control of parents of children with autism, considerable research has been conducted and has indicated that parents of children with autism tend to suffer from continual stress and strain, which as a result has bad influences on their quality of life (Allik, Larsson, & Smedje, 2006; Benjak et al., 2009; Cassidy et al., 2008; Twoy et al., 2007). Because various research has demonstrated locus of control is one of the important traits that support individuals to withstand the hardships of life (Bugental & Shennum, 1984, as cited in Morrissey-Kane et al., 1999; Stuart, Anson, & Joseph, 1998; Taylor, 1983). It is worthy to investigate whether this

construct has an effect on parents of children with autism.

**Theoretical Framework**

Locus of control was studied in a systematic formulation in Julian Rotter's social learning theory. The construction of the concept was represented by a general formula as NP = f(FM & NV). The abbreviations NP, FM and NV stand for need potential, freedom of movement and need value respectively. The potential development of a set of behaviors to satisfy some need (need potential) is a function of both the perceived beliefs that these behaviors will lead to behavior-outcome sequences (freedom of movement) and the strength or value of behavior-outcome sequences (need value) (Lefcourt, 1976). The concept of locus of control pertains to the variable, freedom of movement which was defined as "the mean expectancy of obtaining positive satisfactions as a result of a set of related behaviors directed towards the accomplishment of a group of functionally related reinforcements. A person's freedom of movement is low if he has a high expectancy of failure or punishment as a result of the behaviors with which he tries to obtain the reinforcements that constitute a particular need." (Rotter, 1954, p.194, as cited in Lefcourt, 1976, p.27) Perceived control refers to the generalized expectancy for internal and external control of behavior-outcome sequences. The difference between freedom of movement and perceived control is that freedom of movement stresses on

the possibility of success, whereas perceived control is about the causal attribution of a sequence of success and failure experiences. In other words, perceived control is independent from the success or failure outcomes. Regardless of the outcomes, if the experiences are perceived as the consequence of external determinant which is beyond the individual's control, they are not potent for changing the individual's views of things and directing toward the ultimate goal.

In the review of research with the locus of control, Rotter indicated that if reinforcements are perceived as non-contingent, an individual is considered as being unable to absorb new learning (Lefcourt, 1976). It means an individual fails to learn from experiences unless he/she perceives the experiences as the result of his/her own behaviors. If an individual believes the outcomes are random events, he/she will have little motive to learn.

**The Influence of Locus of Control in Parenting Difficult Children**

Because the locus of control construct helps understand the complex human characteristics, scientists have been initiating considerable research on the perception of control from different perspectives such as social influence, cognitive processing and psychopathology. One of the popular themes is to investigate the role of perceived control in parenting difficult children.

Bugental et al. (1984, as cited in Morrissey-Kane et al., 1999) found that

parents with an internal locus of control are confident in managing children's behaviors, thereby adjusting their behaviors according to the severity of children's behavioral problem. In contrast, parents who display higher external control not only have a greater likelihood to have children with more behavioral difficulties (Hagekull, Bohlin, & Hammarberg, 2001, as cited in Hassall et al., 2005), but also doubt their parenting abilities, and as a result, may rely on an apathetic approach when dealing with their difficult children. According to Janssens (1994, as cited in Morrissey-Kane et al., 1999), such parents may even employ authoritarian parenting style. These findings are in line with other past research. For example, some parents, who perceive their children's behavioral issues as outside their control, withdraw from their children with an aim to avoid further failure experience (Barkley & Cunningham, 1979, as cited in Morrissey-Kane et al., 1999), whereas other parents implement more harsh and punitive method (Baden & Howe, 1992; Day, Factor, & Sukiba-Day, 1994; Johnston, 1996; Johnston & Patenaude, 1994, as cited in Morrissey-Kane et al., 1999).

Apart from parenting style, parental locus of control also affect parents' mental health and treatments for problematic children. In the study of factors associated with distress in parents of children with mental health problems, Duchovic et al. (2009) found that parents with lower levels of perceived personal control exhibited higher levels of subjective distress such as fear, worry or guilt related to their children's

mental health problems, even when their children had less severe internalizing behavioral problems which refer to symptoms of anxiety and depression, fearfulness, loneliness, social withdrawal, and compulsive or suicidal thoughts. However, it does not imply that parents with high levels of locus of control will not suffer from distress. The study also evidenced that when children had severe internalizing behavioral problems, a significant increase in subjective distress could occur no matter how high the levels of perceived control the parents had. It reflects that the locus of control construct is not simply an instance of internal or external but is about the causal interpretation of the situation.

Clinical studies have demonstrated that when parents of children with behavioral disorders attribute their children's problem to external reasons and beyond their control, they perceive lower levels of parental competence and higher parental distress (Morrissey-Kane et al., 1999). Furthermore, the avoidance attitude and denial of responsibility can hamper parents' engagement in solving children's behavioral problems (Himelstein, Graham, & Weiner, 1991; Hinshaw, Henker, & Whalen, 1984, as cited in Morrissey-Kane et al., 1999). Such parents may believe their children's problem as stable and unchangeable, which consequently may lead them not to seek any treatment for their children (Roberts, Joe, & Hallbert-Rowe, 1992, as cited in Morrissey-Kane et al., 1999). Even they seek professional services to solve their

children's problems (Baden & Howe, 1992; Johnston & Patenaude, 1994; Mouton & Tuma, 1992; Roberts et al., 1992, as cited in Morrissey-Kane et al., 1999), the outcome of treatment may not be favorable because they seek help out of desperation and have little expectations for children's improvement, which in turn may lead to discontinuation of treatment (Morrissey-Kane et al., 1999).

**Locus of Control is Fixed or Changeable**

In fact, the perceptions of low in control, which induce the feeling of powerlessness are not as powerful as one may perceive. There is always hope. Although locus of control is a relatively stable and enduring construct, it is possible to change to a certain extent. Roberts, Joe and Rowe-Hallbert (1992, as cited in Hassall, et al., 2005) found that mothers of children with behavioral difficulties showed a stronger sense of personal control after the completion of a parent training programme. Gaining perceived personal control can also be achieved by other indirect efforts. In a study of parents of children with a rare chromosome disorder (Lipinski, Lipinski, Biesecker, & Biesecker, 2006), the genetic counseling services which attempt to provide information about the rare disease helped the participating parents feel more in control. The study by Hassall et al. (2005) evidenced that locus of parenting control serves as a mediating factor between parental stress in mothers of children with intellectual disability and family support. Family support appears to improve the

internality of parental locus of control which, as a result, leads to a reduction of parental stress.

**Quality of Life in Parents of Children with Autism**

Regarding parents of children with autism, extensive studies of their quality of life and parenting stress have been undertaken but few have studied their parental locus of control. In the definition provided by WHO (1998), quality of life is referred to as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (p.3)." The broad concept incorporates the individuals' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to important features of the environment. Numerous studies have shown that parents of children with autism experience impaired quality of life, health status or well-being. In a comparison study of quality of life in parents (Mungo, Ruta, D'Arrigo, & Mazzone, 2007), little differences were found among parents of typical children, of children with mental retardation, and of children with cerebral palsy, but worse overall quality of life was reported by parents of children with pervasive development disorders. As compared with parents of children with other pervasive development disorders, parents of children with Asperger syndrome or high-functioning autism had higher levels of stress. Another study conducted by Allik

et al. (2006) found that mothers of children with Asperger syndrome or high-functioning autism were more likely to experience distressed health-related quality of life. The result seemed to be related to children's behavioral characteristics such as hyperactivity and conduct problems. The findings are consistent with Lecavalier, Leone and Wiltz's (2006) research which demonstrated behavior problems of children with autism spectrum disorders are strongly associated with the stress of parents. Phetrasuwan and Miles (2009) suggested that the sources of overall parenting stress mainly come from children's behaviors, upset feeling and discipline. It can be even more stressful in managing children's behaviors in public places.

In view of the substantial evidence of the impaired well-being of parents of children with autism, does it imply a high likelihood that parents of children with autism will perceive little control in life as those above mentioned parents of children with behavioral problems, rare genetic disease or intellectual disability? If it is true, it will be even more crucial to investigate whether there is any difference in the sense of control over life events between the well-adjusted parents of children with autism and those intensely frustrated parents, and what factors make such differences if any. The information may help formulate effective interventions for improving the lives of those parents who feel helpless, and consequently, benefit the children with autism.

**Locus of Control and Aversive Events**

It is not uncommon to see people live the beautiful life after tragedies. Thus there is no doubt that such encouraging true life stories can also be found in families with disabled children. While being fascinated by the amazing power of human will, scientists have tried to unlock the key to withstand adversity. Consistent research has revealed that internal locus of control associates with positive long-term adjustment after spinal cord injury (Stuart et al., 1998). In the study by Athelstan and Crewe (1979, as cited in Stuart et al., 1998), the participating patients who believed their spinal cord injury was directly caused by their own behaviors adapted better than those who considered themselves as innocent victims. Shadish, Hickman and Arrick (1981, as cited in Stuart et al., 1998) found that external locus of control and recency of injury are effective predictors of the distress in individuals with spinal cord injury as individuals with an external locus of control suffer more distress than those with an internal locus of control.

According to Shelly Taylor's (1983) theory of cognitive adaptation, while dealing with tragedies, individuals undergo a readjustment process which is composed of three elements: a search for meaning in the experience, an attempt to regain mastery over the event as well as one's life, and an effort to strengthen one's self-esteem. The element of mastery concerns about gaining control over the event

and life. It is pertinent to one's beliefs about personal control. It leads individuals to seek answers to the questions like "How can I prevent the reoccurrence of the event?" and "What can I do to control it now?" In Taylor's study, two thirds of the interviewed cancer patients believed they had some control over the course of or the recurrence of their cancer, and 37% believed they had a lot of control. Some of the patients believed though they had no control over their life-threatening disease, their doctor or their treatments had the ability. Taylor stated that no matter the control is direct or indirect, it contributes to positive re-adaptation, and both together work even better.

However, learned helplessness theory and reactance theory illustrated that the individuals will feel more inferior behaviorally, emotionally, cognitively and motivationally than those who have not repeatedly attempted to gain personal control in the situation where no control exists. Both learned helplessness and reactance theories investigate people's behavior in the uncontrollable outcomes (Reeve, 2005). But the two theories work in opposite direction.

Learned helplessness theory suggests that individuals possess a negative, hopeless psychological state when they expect they have no or little control over life outcomes (Mikulincer, 1994; Seligman, 1975, as cited in Reeve, 2005). The theory is composed of three components: contingency, cognition and behavior (Peterson, Maier, & Seligman, 1993, as cited in Reeve, 2005). Contingency is related to the objective

relationship between an individual's behavior and the environment's outcome (Reeve, 2005). It characterizes with a continuum state from random, uncontrollable outcomes to perfectly controllable outcomes that synchronize with an individual's voluntary behavior. Cognition refers to an individual's subjective interpretation of personal control in the objective environments (Reeve, 2005). It can distort the objective underlying truth of contingencies because of biases, attributions and expectancies, which are affected by the subjective personal control beliefs from past experience. Behavior is the voluntary coping behavior which varies from very passive to very active (Reeve, 2005). A helpless individual will exhibit a passive, listless and give-up behavior.

Furthermore, the above said helpless behavior is acquired through its affect on three kinds of deficits: motivational, learning and emotional (Alloy & Seligman, 1979, as cited in Reeve, 2005). Motivational deficit takes place when an individual gradually becomes unwilling to make voluntary coping behavior. Learning deficit is that an individual's learned pessimistic behavior hinders his or her ability to learn new response-outcome contingencies. Emotional deficit refers to an individual's active coping behavior being interrupted by his or her negative affect.

For reactance theory, reactance means an individual's attempt at counteracting an eliminated or threatened freedom (Reeve, 2005). The theory suggests people's

reactance behavior will be extinguished when they finally believe their opposing effort has no effect on the uncontrollable environment. At this point, reactance behavior gives place to the learned helplessness behavior (Reeve, 2005).

Taylor (1983) argued that as the learned helplessness and reactance theories were developed from laboratory-based investigations, the manipulated experimental environment only offered limited controlling actions such as a bar press or verbalized choice, whereas a range of options are available to individuals in reality. Thus the findings of the two theories may be interpreted with caution when generalizing the two theories to the real world. Taylor further explained that the two theories focus on the controlling responses which were actually blocked in the experiments, instead of the goal that orients the controlling responses. Only when the goal is blocked, individuals will feel frustrated as the result of loss of control. After all, individuals may look for a goal or value replacement in real life (Schank & Abelson, 1977; Wilensky, 1981, as cited in Taylor, 1983). Aspinwall and Richter (1999, as cited in Paczkowski & Baker, 2007) found that participants with higher perceived control withdrew from unmanageable tasks earlier than those with lower perceived control and reallocated their efforts to manageable tasks. These findings may indicate that in the pursuit of goals, people with a strong sense of control are able to keep their perseverance by wisely allocating their effort.

## Research Questions

**The relationship between parental locus of control and quality of life.** To understand how parents of children with autism adapt to life's setbacks, the present study attempts to identify the relationship between parental locus of control and the quality of life of parents of children with autism. When parents of children with autism believe effective parenting and children's behaviors are not a matter of chance and parents take responsibilities for them, they will be reinforced to take a series of actions to guide and nurture their children. They perceive their life is more in control, and the gap between their expectations and their experiences is narrower, which indicates an improvement of quality of life. The present study is going to explore whether parental locus of control of parents of children with autism positively associates with their quality of life. That is will parents of children with autism who have a stronger sense of control over parental life feel a better quality of life?

In the present study, the Parental Locus of Control (PLOC) Scale (Campis et al., 1986) would be used to measure the perceived parental locus of control of parents of children with autism and the quality of life assessment instrument – brief version (WHOQOL - BREF) from WHO (1998) would be used to assess their quality of life. The PLOC Scale is constituted with five subscales: parental efficacy (PE), parental responsibility (PR), child control of parents' life (CC), parental belief in fate/chance

(Fate) and parental control of child's behavior (PC). The WHOQOL – BREF covers four domains - physical health (PHY), psychological state (PSY), social relationships (SOC) and environment (ENV). Multiple regression analysis would be used to explore the relative strengths of each of the five variables in the PLOC Scale in predicting the four domains of quality of life.

**The strength of the parental efficacy predictor.** Parental efficacy (PE) refers to the degree to which parents' beliefs in their competence in handling various parenting tasks and situations (Gross & Rocissano, 1988, as cited in Sanders & Woolley, 2004; Campis et al., 1986; Johnston & Mash, 1989). Several studies have demonstrated that parental efficacy is related to the mental health and social relationships aspect of parents of difficult children. Mash and Johnson (1983, as cited in Harty, Alant, & Uys, 2006) stated that parents of children with behavior problems who had low parental efficacy perceived less value and comfortable from their parenting roles than parents of typical children. Moreover, the chronic parenting stress arising from children's behavior problems might inversely influence their competence. It was congruent with the point of view made by Bandura (1982, as cited in Johnston et al., 1989) which proposed low perceived efficacy would bring about poor persistence, depression and self-blaming attribution. In the study by Scheel and Rieckmann (1998), parents of children with psychological disorders tended to

perceive themselves with low parental efficacy to effect control over their interactions with their children, larger counseling agencies and community or political systems. They were also more likely to experience high levels of internal stress and perceive themselves as being less adaptive and cohesive in family relationships. Thus it is plausible to infer that parents of children with autism who perceive higher parental efficacy (PE) will be better off in terms of psychological health (PSY) and social relationships (SOC).

**The strength of the parental control of child's behavior.** According to Reiss (2004), people have sixteen basic desires which give reasons for individuals to initiate and perform voluntary behavior as well as affect their perception, cognition and emotion. Each person has different intensity and priority order for the sixteen desires (Reiss, 2000, as cited in Allen & Patrick, 2010; Reiss, 2004). If the desires are not satisfied, people will feel frustrated and sad (Reiss, 2000, as cited in Allen et al., 2010). Social contact, order and tranquility are three of the sixteen basic desires in Reiss's theory. Social contact refers to the desire for peer companionship (Reiss, 2004). People are motivated to spend time with others to gain joy and happiness (Reiss, 2000, as cited in Allen et al., 2010). This desire may also be fulfilled in family life. Order is about the desire to organize (Reiss, 2004). Disruption in family schedule can reduce the satisfaction of the desire for order (Allen et al., 2010). Tranquility

indicates the desire to avoid fear and anxiety (Reiss, 2004). Stressful events can disturb people's tranquility. The results of numerous studies have shown that parents of children with autism expose to a higher risk of impaired quality of life in the dimensions of both psychological health and social relationships. It may imply that the parents' desires for social contact, order and tranquility have not been fulfilled. And the core root cause of the non-fulfillment may be related to their children's behavior problem. As mentioned, various studies have demonstrated the temper tantrums and aggressive behaviors of children with autism were two of the most painful issues encountered by parent of children with autism (Allik et al, 2006; Cassidy et al., 2008; Lecavalier et al., 2006; Phetrasuwan et al., 2009). Moreover, the studies indicated that this behavioral problem had a close relationship with the mental distress of parents of children with autism. The behavior problem of children with autism might also restrict their parents' social lives. In the study by Cassidy et al. (2008), parents of children with autism indicated they were unable to take their children with autism to shopping and other people's homes and could not enjoy family outings. Phetrasuwan et al. (2009) suggested that parents of children with autism felt even more stress when they needed to deal with their children's misbehavior in public. Hence, it is speculated that parents of children with autism who feel more parental control of child's behavior (PC) will connect with healthier

psychological state (PSY) and better social relationships (SOC).

**The strength of the parental belief in fate/chance predictor.** Studies have consistently demonstrated there is a relationship between perceived personal control and parental distress of parents of difficult children (Dechovic et al., 2009; Morrissey-Kane et al., 1999). Taylor's (1983) theory of cognitive adaptation suggests perceived personal control is one of the elements that help people positively re-adapt to their situation during time of hardships in life. Thus it is hypothesized that parents of children with autism tending to believe in fate/chance (Fate) will not only experience poorer psychological state (PSY), but also be less likely to maintain a normal social life (SOC).

In sum, the second attempt of the present study is to investigate whether parental efficacy (PE), parental control of child's behavior (PC) and parental belief in fate/chance (Fate) will be positively (inverse relationship for the Fate variable) and highly associated with the psychological state (PSY) and social relationships (SOC) of parents of children with autism.

# CHAPTER THREE

## Methodology

### Participants

A convenient sample was used in the present study. The sample comprised 112 parents of children with autism studying from primary one to form six at a special school. The special school offers primary (P1 – 6), junior high (F1 – 3) and senior high school education (F4 – 6) for children with mild learning disabilities. All admitted students had been assessed by a doctor or a clinical psychologist to ascertain the abilities and service needs and then referred by the Education Bureau. The students have different types of disabilities such as Down's syndrome, dyslexia, emotional and behavioral disorders and autism, etc. Among a total of 259 students, 129 students had been identified with autistic problem.

### Procedure

The informed consent forms and questionnaires were distributed to the parents through the administrative staff of the school. The informed consent form and questionnaire can be found in Appendix A and B respectively. The reasons for collecting the information were specified and assurances of confidentiality were given. The agreed participants completed the self-reported questionnaires at home and were requested to return the completed research materials to school within two weeks. The

return rate was about 51%. Seven responses were disqualified due to incompletion. Among the fifty completed questionnaires, 82% of the parents were mothers and 18% were fathers. Sixty percent of their children were aged between 6 and 12. The rest (40%) were aged between 13 and 19.5. Eighty-four percent of the parents had one or two children and 16% had three or more. Two parents (4%) completed primary education. Fifty-eight percent of the parents had received secondary education. Thirty-eight percent of parents had post-secondary or college/university education. Thus, respondents were mainly educated mothers with one to two children.

**Materials**

The questionnaire mainly consisted of two sections. The first section aimed at studying the parental control of parents of children with autism. The Parental Locus of Control (PLOC) Scale developed by Campis et al (1986) was used in this study. To ensure conceptual equivalence, an English version of the questionnaire was translated into Chinese, followed by an independent back translation of the Chinese version into English again. The original English version, the translated Chinese version and the back-translated English version can be found in Appendix C. The second section was intended to investigate the quality of life of this group of parents. The quality of life assessment instrument – brief version (WHOQOL - BREF) from WHO (1998) was employed for this assessing purpose. The Chinese version of the questionnaire

developed by WHO was adopted in the present study. Demographic information covering the identity of caregiver, the highest level of education attained, number of children, age of the child with autism was stated in the third section of the questionnaire.

**The Parental Locus of Control (PLOC) Scale.** The scale was in a 5-point Likert scale format ranging from strongly disagree (1) to strongly agree (5). It contains 47 items which are categorized in five subscales labeled parental efficacy (PE), parental responsibility (PR), child control of parents' life (CC), parental belief in fate/chance (Fate) and parental control of child's behavior (PC) respectively. The Cronbach alpha reliability coefficients of the five factors were .75 for PE, .77 for PR, .67 for CC, .75 for Fate and .65 for PC, and the total scale reliability was .92 (Campis et al., 1986). Good construct and discriminant validity were indicated with parents who had difficulties in parenting role and those reported no parental problems (Campis et al., 1986).

**The quality of life assessment instrument - brief version (WHOQOL – BREF).** The quality of life assessment instrument developed by WHO (1998) can be used to evaluate variation in quality of life across different cultural contexts. It has two versions – WHOQOL – 100 and WHOQOL – BREF. WHOQOL – 100 was produced based on the refinement of WHOQOL pilot assessment and contains six

domains, whereas WHOQOL – BREF is a brief version of WHOQOL – 100 and comprises 26 items in which there are 2 individual general items and the rest 24 items are under four domains: physical (PHY), psychological (PSY), social relationships (SOC) and environment (ENV). The 26 items are scaled in a positive direction, with a score scale from 1 to 5. Higher scores denote higher quality of life. Cronbach alpha values for each of the four domain scores ranged from .66 to .84 (WHO, 1998). It demonstrated good internal consistency. Good discriminant validity was obtained with ill and well groups (WHO, 1998).

**Statistical Analysis**

The raw data from the questionnaire were transformed into scores according to authors' algorithm. To analyze the relationship between multiple explanatory variables and quality of life of parents of children with autism, linear regressions were applied with quality of life variables as dependent variables and parental locus of control variables as predictor variables. It was intended to explore the independent contribution of the five subscales of parental locus of control to the prediction of quality of life of parents of children with autism. The analysis was performed using SPSS Statistics 17.0 software.

# CHAPTER FOUR

## Results

### Internal Reliability Evaluation

Internal reliability analyses were carried out using Cronbach's Alpha for each sub-scale of The Parental Locus of Control (PLOC) Scale and the quality of life assessment instrument – brief version (WHOQOL – BREF) respectively. Parental efficacy (PE), parental responsibility (PR), child control of parent's life (CC), parental belief in fate/chance (Fate) and parental control of child's behavior (PC) of the PLOC Scale demonstrated satisfactory levels of internal reliability. Table 1 shows the Cronbach's Alpha reliability coefficients ranged from .62 to .79. It also displays that all the four domains of the WHOQOL – BREF, which are physical health (PHY), psychological health (PSY), social relationships (SOC) and environment (ENV), reflected good levels of internal reliability. The Cronbach's Alpha reliability coefficients ranged from .78 to .88.

Table 1

*Internal Reliability Analysis on the Variables of the PLOC Scale and WHOQOL – BREF*

| Variables | Cronbach's Alpha | No. of Items |
|---|---|---|
| PLOC Scale | | |
| PE | .67 | 10 |
| PR | .79 | 10 |
| CC | .75 | 7 |
| Fate | .62 | 9 |
| PC | .77 | 10 |
| WHOQOL – BREF | | |
| PHY | .78 | 7 |
| PSY | .88 | 6 |
| SOC | .78 | 3 |
| ENV | .87 | 8 |

**Descriptive Analysis**

According to the recommended judgment of the PLOC Scale (Campis et al., 1986), high scores on each subscale indicate a lower perceived control over a specific quality of parenting. In the parental efficacy (PE) subscale, high scoring reflects parents do not feel effective in the parenting role. As for the parental responsibility (PR) subscale, it represents parents do not feel responsible for their child's behavior. If high score rating is found on the child control of parent's life (CC) subscale, it shows parents feel their child's needs and demands dominate their life. Parents tend to believe parenting and child behavior are influenced by external factors such as fate or chance when producing high scores on the parental beliefs in fate/chance (Fate)

subscale, whereas parents feel unable to control their child's behavior for the parental control of child's behavior (PC) subscale. Thus, the higher the total scores, the more external locus of control perceived by parents. Table 2 reveals that the mean scores of all the five sub-scales of the PLOC Scale were slightly over 2.5 (midpoint on the scale). The result of the present study indicated parents of children with autism moderately skewed to the external direction. Among the five variables, parents of children with autism showed lowest levels of perceived control in parental responsibility (PR) (M = 3.07, SD = .52) and parental control of child's behavior (PC) (M = 3.08, SD = .52) aspects. The mean scores for the WHOQOL – BREF displayed in Table 2 revealed Hong Kong parents of children with autism fell between 3 and 4 points across all the four domains. As compared with the research conducted by Mungo et al. (2007) and Shu and Lung (2005), it was found that the mean scores of quality of life of Hong Kong parents of children with autism were in the similar range as those of the Italian and Taiwan parents of children with autism. Furthermore, the results demonstrated a relatively wide range of variations along the scale for the variables of psychological health (M = 3.28, SD = .68; range: 1.33 – 4.83), social relationships (M = 3.4, SD = .67; range: 1.67 – 5.00) and environment (M = 3.26, SD = .65; range: 1.88 – 5.00).

Table 2

*Means and Standard Deviations for the PLOC Scale and WHOQOL – BREF (N = 50)*

| Variables | M | SD |
|---|---|---|
| PLOC Scale | | |
| PE | 2.52 | .49 |
| PR | 3.07 | .52 |
| CC | 2.79 | .53 |
| Fate | 2.55 | .38 |
| PC | 3.08 | .52 |
| WHOQOL – BREF | | |
| PHY | 3.60 | .58 |
| PSY | 3.28 | .68 |
| SOC | 3.40 | .67 |
| ENV | 3.26 | .65 |

*Note.* Scoring range: 1 – 5 with higher scores indicating more external orientation for the PLOC Scale, 1 – 5 with higher scores indicating higher quality of life for the WHOQOL - BREF.

**Multicollinearity Identification**

Correlation method and collinerarity diagnostics were applied to identify multicollinearity among the five independent variables. Because Table 3 shows all correlations were below .7 (see Pallant, 2007), and Table 4 also states all tolerance values were above .1 and the VIF values were all less than 10 (see Pallant, 2007), there was no multicollienarity problem in the present study.

Table 3

*Correlation Matrix for the Predictors of the Regression Analysis*

| Variables | PE | PR | CC | Fate | PC |
|---|---|---|---|---|---|
| PE | -- | -- | -- | -- | -- |
| PR | -.44 | -- | -- | -- | -- |
| CC | .47** | -.17 | -- | -- | -- |
| Fate | .35* | -.26 | .53** | -- | -- |
| PC | .46** | -.11 | .67** | .46** | -- |

*Note.* *$p$<.05; **$p$<.01.

Table 4

*Collinearity Analysis on the Predictors of the Regression Analysis*

| Model 1 | Tolerance | VIF |
|---|---|---|
| PE | .73 | 1.37 |
| PR | .93 | 1.08 |
| CC | .47 | 2.13 |
| Fate | .66 | 1.52 |
| PC | .52 | 1.93 |

*Note.* Dependent variable: PHY (physical health).

| Model 2 | Tolerance | VIF |
|---|---|---|
| PE | .73 | 1.37 |
| PR | .93 | 1.08 |
| CC | .47 | 2.13 |
| Fate | .66 | 1.52 |
| PC | .52 | 1.93 |

*Note.* Dependent variable: PSY (psychological health).

| Model 3 | Tolerance | VIF |
|---|---|---|
| PE | .73 | 1.37 |
| PR | .93 | 1.08 |
| CC | .47 | 2.13 |
| Fate | .66 | 1.52 |
| PC | .52 | 1.93 |

*Note.* Dependent variable: SOC (social relationships).

| Model 4 | Tolerance | VIF |
|---|---|---|
| PE | .73 | 1.37 |
| PR | .93 | 1.08 |
| CC | .47 | 2.13 |
| Fate | .66 | 1.52 |
| PC | .52 | 1.93 |

*Note.* Dependent variable: ENV (environment).

**Detection of Outliers**

Outliers test was performed for the four models. In the four Normal P-P Plots (Figures 1, 2, 3, 4), it was found that all the points lied in a reasonably straight diagonal line from bottom left to top right in each plot. It indicated that there was no major deviation from normality for all the four models. Moreover, in the four Scatterplots (Figures 5, 6, 7, 8), there was no standardised residual of more than 3.3 or less than -3.3 (see Pallant, 2007). It suggested all the four models were absence of outlier.

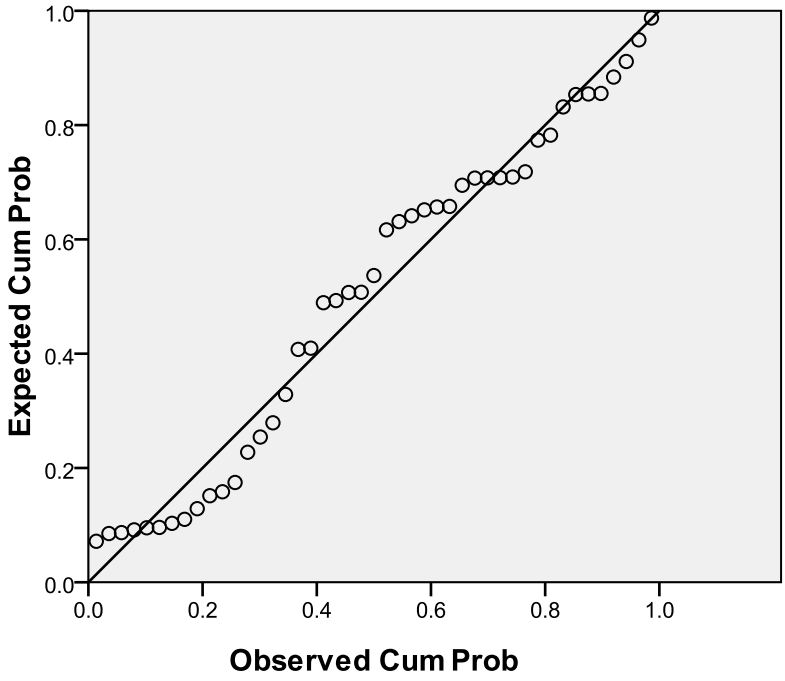


*Figure 1.* Normal P-P plot of model 1 – physical health as dependent variable.

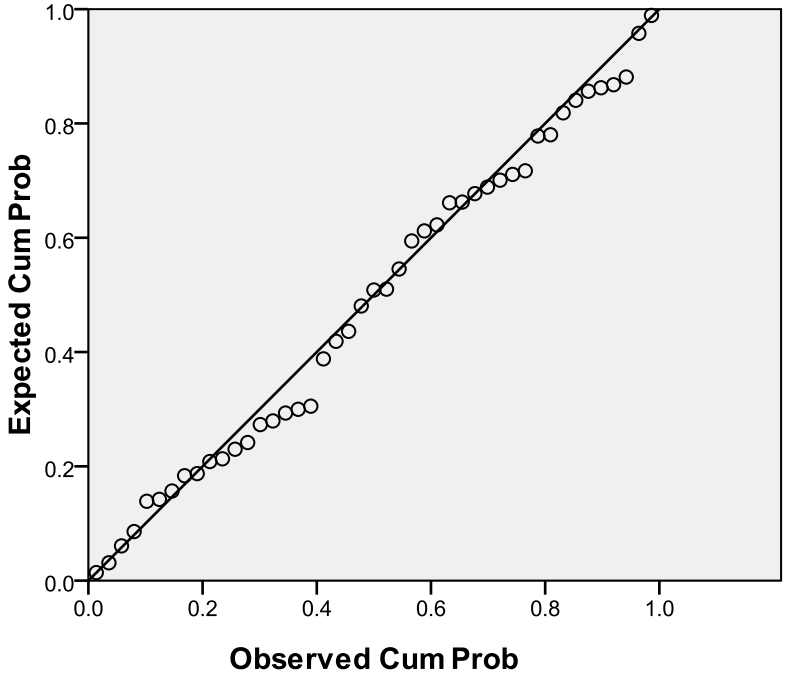


*Figure 2.* Normal P-P plot of model 2 – psychological health as dependent variable.

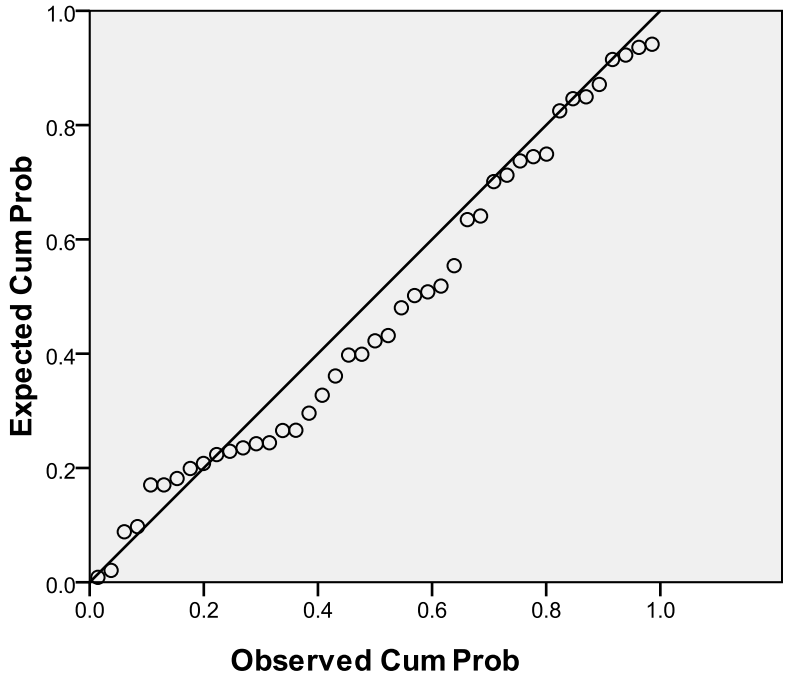


*Figure 3.* Normal P-P plot of model 3 – social relationships as dependent variable.

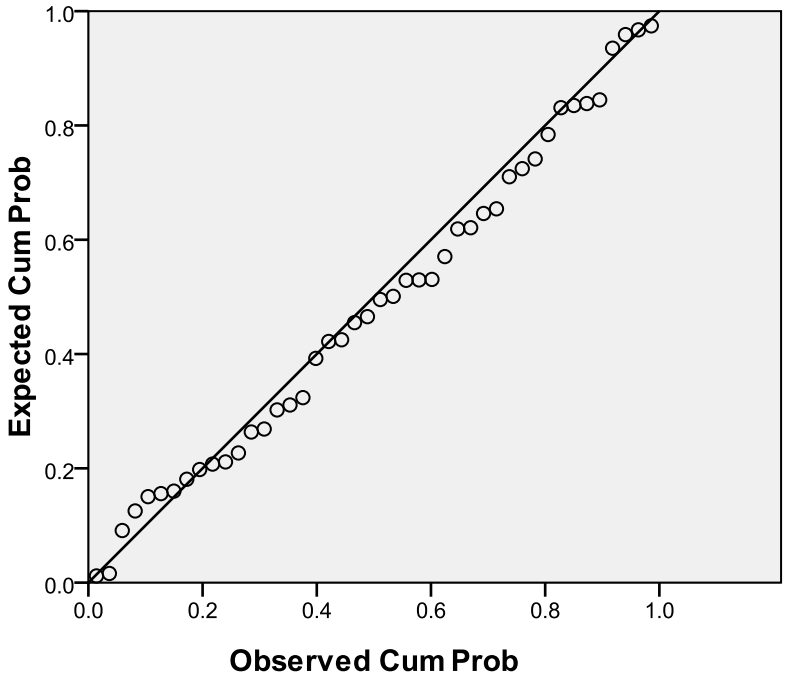


*Figure 4.* Normal P-P plot of model 4 – environment as dependent variable.

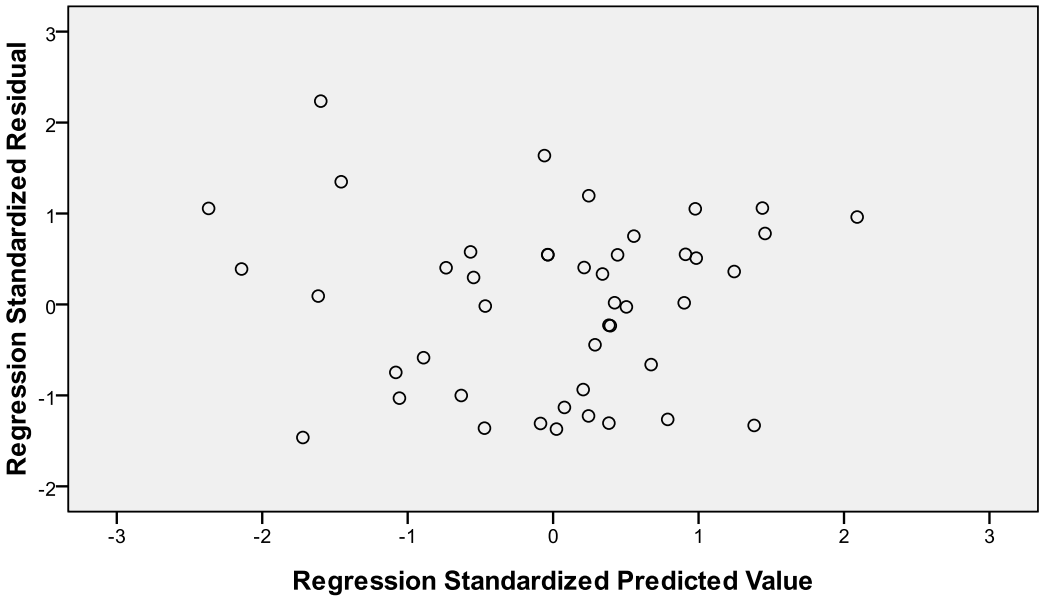


*Figure 5.* Scatterplot of model 1 – physical health as dependent variable.

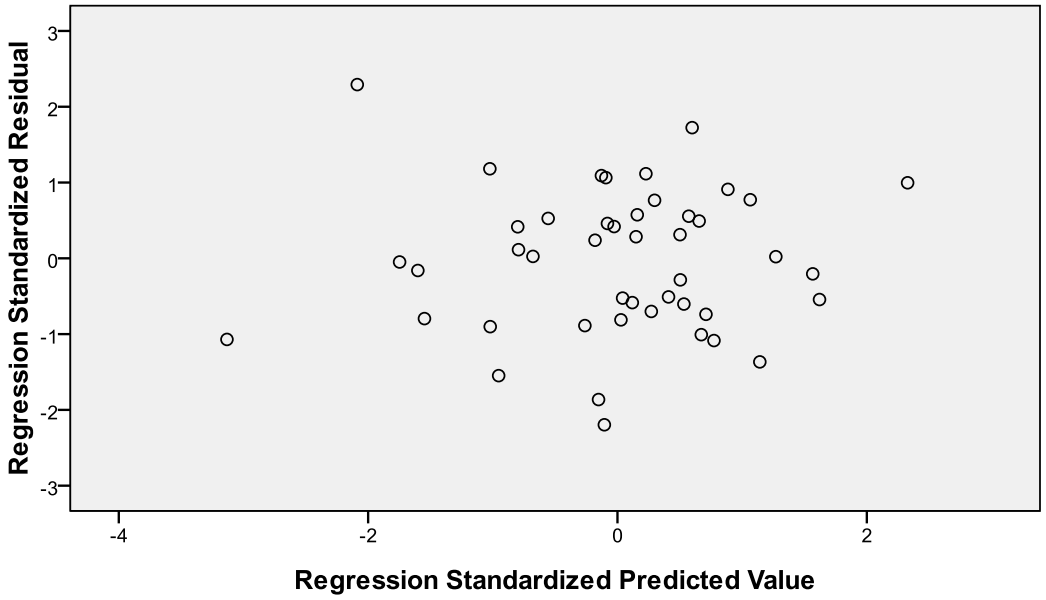


*Figure 6.* Scatterplot of model 2 – psychological health as dependent variable.

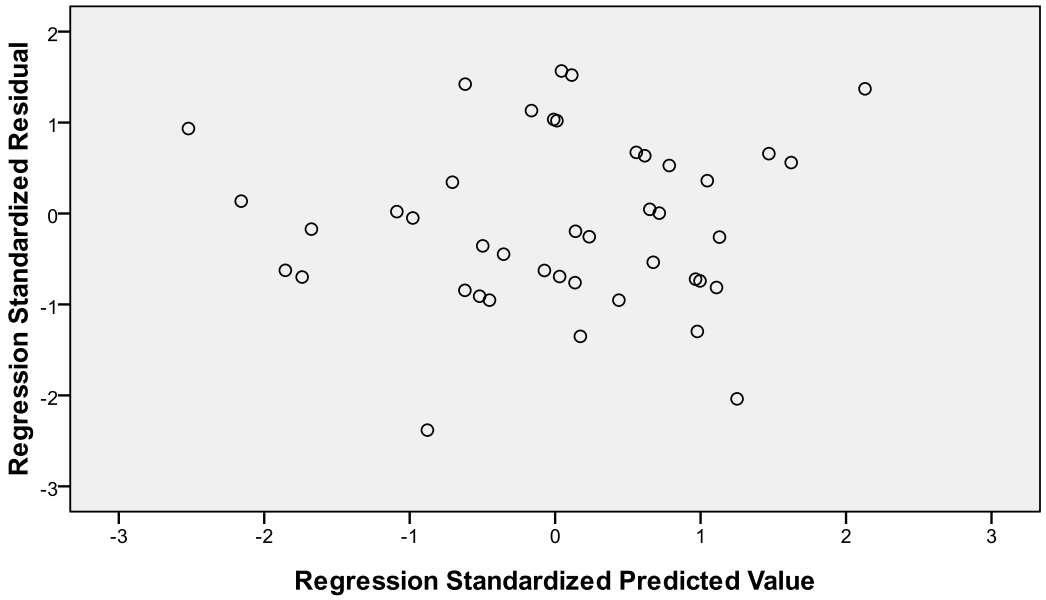


*Figure 7.* Scatterplot of model 3 – social relationships as dependent variable.

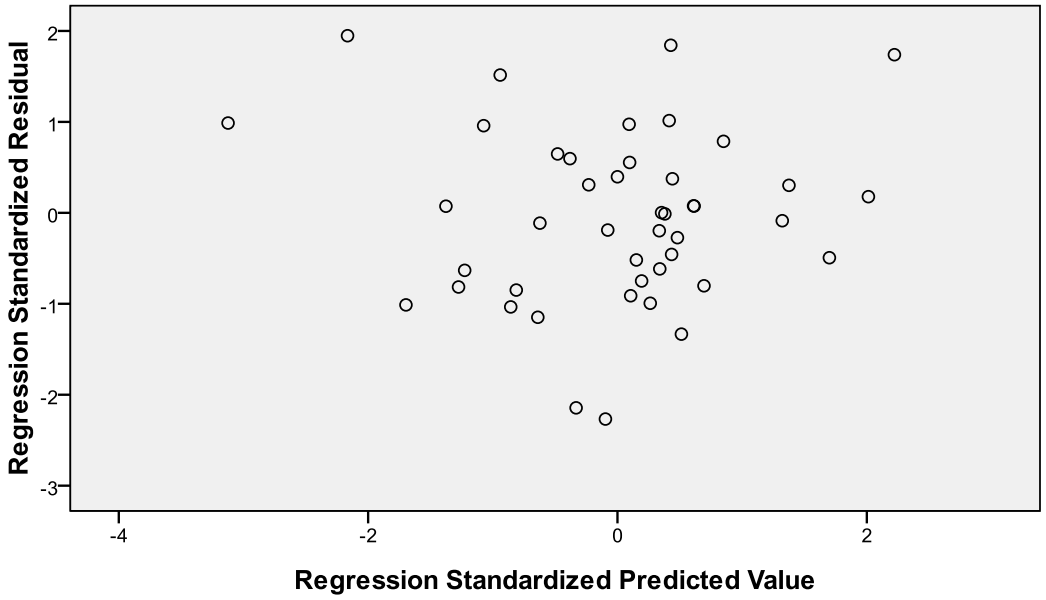


*Figure 8.* Scatterplot of model 4 – environment as dependent variable.

**Predictors of Quality of Life**

Multiple regression analysis was employed to explore the relationship between the quality of life of parents of children with autism and the five predictors in the PLOC Scale: parental efficacy (PE), parental responsibility (PR), child control of parent's life (CC), parental belief in fate/chance (Fate), parental control of child's behavior (PC). Four models were established. The result findings are summarized in Table 5. In the first model, the five predictors were regressed on the physical health dimension of quality of life. The predictors only accounted for 23% of the variance in this dimension ($F(5, 40)=2.41$, $p=.053$). All the five predictors did not make statistically significant contribution. The second model was intended to investigate how well the same set of variables predicts the psychological health dimension. The model reached statistical significance and the predictors explained 40% of variance in this dimension ($F(5, 40) = 5.27$, $p= .001$). However, the result indicated only the CC variable ($b = -.54$, $t = -3.01$, $p = .005$) statistically significant predicted the psychological health. The third model in which the five predictors were regressed on the social relationships dimension reached statistical significance. It was found that the five predictors contributed 31% to the explanation of variance in social relationships ($F (5, 40) = 3.66$, $p = .008$). Same as the second model, only the CC variable ($b = -.59$, $t = -3.09$, $p = .004$) statistically significant predicted the social

relationships. The five predictors were regressed on the environment dimension in the fourth model. The model reached statistical significance and the five predictors accounted for 24% of variance in the environment dimension (F(5, 40) = 2.50, p=.049). Although all the predictors were not statistical significance in this model, it was found that the CC predictor again were the best predictor (b = -25, t = -1.22, p = .228).

Table 5

*Summary of the Multiple Regression Analysis for Variables Predicting Quality of Life (N = 50)*

| | Beta | | | |
|---|---|---|---|---|
| Predictors | Model 1 - PHY | Model 2 - PSY | Model 3 - SOC | Model 4 - ENV |
| PE | .16 | .01 | .03 | .01 |
| PR | .04 | .10 | .03 | .10 |
| CC | -.24 | -.54** | -.60** | -.25 |
| Fate | -.14 | .03 | .19 | -.08 |
| PC | -.25 | -.12 | -.08 | -.21 |
| $R^2$ | .23 | .40** | .31** | .24* |

*Note.* *$p \leq .05$; ** $p < .01$; Model 1 – PHY: Physical health domain; Model 2 – PSY: Psychological health domain; Model 3 – SOC: Social relationships domain; Model 4 – ENV: Environment domain.

# CHAPTER FIVE

## Discussion

### Implications and Applications

The mean scores of the five predictors, which were parental efficacy (PE), parental responsibility (PR), child control of parent's life (CC), parental belief in fate/chance (Fate) and parental control of child's behavior (PC), indicated that the parental locus of control of parents of children with autism slightly tended to external. The parental responsibility (PR), parental control of child's behavior (PC) and child control of parent's life (CC) showed the highest externalities among the five variables. Children with autism usually exhibit serious behavioral problems (Cassidy et al., 2008; NICHD, 2005). Thus, it justified that parents of children with autism felt relatively low responsibility for their children's behavior, less able to control it as well as lived a life dominated by their children.

The correlation matrix for the five predictors reflected child control of parent's life (CC) had strong and statistically significant ($p<.01$) positive associations with parental belief in fate/chance (Fate) and parental control of child's behavior (PC) respectively. Because the most recognizable cause for autism is genetic factors (NICHD, 2005). It might explain why the stronger the parents of children with autism believed in fate/chance (Fate), the more they perceived their children controlled their

lives (CC), or vice versa. Moreover, the common severe tantrums displayed by children with autism (Cassidy et al., 2008; NICHD, 2005) might lead parents to feel they are unable to control their children's behavior. This might be the reason why the more the parents of children with autism perceived their children's behavior was out of their control (PC), the more they felt their lives were dominated by their children (CC), or vice versa.

In the present study, there was no strong evidence indicating the five predictors: parental efficacy (PE), parental responsibility (PR), child control of parent's life (CC), parental belief in fate/chance (Fate) and parental control of child's behavior (PC) explained the overall variance in the physical health domain. It might be because the physical health component of quality of life could also be influenced by some socio-economic factors such as age, sex and original physical condition. On the contrary, the results demonstrated the five variables of interest had moderately strong relationship with the psychological health, social relationship and environment aspects of parents of children with autism. It implied that, to a certain extent, parental locus of control had a relevance to the psychological health, social life and salient features of the environment of parents of children with autism.

In consideration of the strength of specific predictor, the results did not confirm the preliminary speculation that parental efficacy (PE), parental belief in fate/chance

(Fate) and parental control of child's behavior (PC) would largely contribute to the variance in the psychological health and social life of parents of children with autism. The low relevance of the parental efficacy variable might be due to its role in the process of forming perception of quality of life, especially for the psychological health and social relationships domains. According to Bandura (1993), self-efficacy is a pervasive personal agency that is related to people's beliefs about their capabilities to exercise control over their life events and their own level of functioning. In other words, it is a domain specific psychological construct which influences people's cognitive functioning. If people possess high sense of self-efficacy, they will be more likely to set achievable goals, direct their effort toward attainment of goals, stay resilient and persistent, and explore ways to exercise some control in the face of obstacles and failures. Thus, Bandura further suggested that perceived self-efficacy both encourages acceptance of social support and mediates its beneficial effect on psychological well-being and functioning. This theoretical viewpoint in self-efficacy provides a possible explanation for the parental efficacy variable's failure in directly predicting the quality of life of parents of children with autism in the present study. Parental efficacy might play a mediating role on psychological health and social relationships dimensions, instead of having a direct effect on them. Research by Hastings and Brown (2002) might also help support this notion. Hastings and Brown

attempted to investigate the intervening function of self-efficacy in the relationship between behavior problems of children with autism and parenting well being. Their study revealed that self-efficacy acted as a mediator of maternal perception of child behavior problem and mothers' mental health state, whereas it functioned as a moderating variable to alleviate fathers' anxiety caused by difficult children. Furthermore, the study conducted by Coleman (1998, as cited in Harty et al., 2006) indicated that maternal efficacy performed as a mediator between perception of toddler temperament and parental stress and satisfaction.

Various research (Duchovic et al., 2009; Harrison & Sofronoff, 2002; Morrissey-Kane et al., 1999) has suggested that perceived personal control or parental perceived control over children's behavior of parents of difficult children independently predicted parental distress. It is not consistent with the results of the present study in which neither parental beliefs in fate/chance (Fate), nor parental control of child's behavior (PC) associated with the psychological health of parents of children with autism. The interpretation of fate by Chinese might be different from the West, thereby leading to possible differences in psychological reactions and motivational behavior. Wong and Chan (2005) conducted a qualitative survey to study the coping experiences of Hong Kong parents of children diagnosed with cancer. Although there were commonalities of human experience shared between Western and

Chinese, some subjective psychological distress commonly reported in Western studies such as anger, depression and guilt was not found in the Hong Kong parents in the study. This group of Hong Kong parents regarded their child's life-threatening illness as their fate. Moreover, their attitude toward this shocking life event was similar to the Buddhist belief of "yuan" ("緣", predetermined affinity) which proposes everything is predetermined by external and invisible forces such as fate and former life, and thus people should accept and face the unchangeable situations with courage (Lee, 1995, as cited in Wong et al., 2005). Furthermore, Tsung, Lu and Yin (1995, as cited in Wong et al., 2005) suggested that "yuan" motivated people to work and gave them hope in the future. The Chinese concept of fate may not be a kind of fatalistic attitude as considered by Western culture. Instead it can be an active agent to encounter life hardships. Wong and Chan further explained that "yuan" might help defend parents' ego by providing them a ready answer to life changes, so prevented them from feeling guilty, depressed and interpersonal hostility. In account of the cultural differences, the relationship between parental belief in fate/chance (Fate) and psychological health of Hong Kong parents of children with autism might not be same as those of the Western parents in terms of both direction and mechanism model. Empirical research in both qualitative and quantitative approaches will be required to explore the cultural difference in this aspect.

Parental control of child's behavior (PC) did not account for substantial portions of variance in all the four models. However, it could be said as the variable following child control of parent's life (CC) that made highest contribution to predict the dependent variables including physiological health, psychological health and environment. Considerable studies (Weiss, 2002, as cited in Duchovic et al., 2009; Allik et al., 2006; Cassidy et al, 2008; Lecavalier et al, 2006; Phetrasuwan et al., 2009) has demonstrated the behavioral problems of children with autism strongly influence the mental health of parents, especially for the parental stress. Thus, the relatively obvious contribution of the parental control of child's behavior (PC) did not contradict the past research. However, because the PC variable did not reach statistically significance in the present study, it is important to revisit this variable with a larger and more heterogeneous sample in the future study.

In the present study, child control of parent's life (CC) was the predictor that made the strongest unique contribution to explain across all four elements constituting the quality of life, yet with statistically significance in both elements of psychological health and social relationships. It was a preliminary evidence to show that the more the parents of children with autism feel their lives were dominated by their children's needs and demands, the less mentally healthy they perceive and the worse they feel their social relationships. The child-dominated life was also observed in a

cross-cultural study by Ney, Lieh-mak, Cheng and Collins (1979, as cited in Bond, 1996). The finding indicated that as compared with the United States counterparts, Hong Kong parents of children with autism appeared to be more involved with their children and the children with them. Bond (1996) suggested that there was greater social interdependence of Chinese patients with psychiatric problems, both child and adult, and their families. In addition to the cultural factor, there could be other possible reasons behind the child-dominated perception in parents of children with autism. Even today, there is still little knowledge about the causes and treatments of autism (NICHD, 2005). Hence, parents may be more likely to engage themselves in searching and accessing to the latest information about the disease. Shu et al. (2005) stated that the caregiving experiences for children with autism can be more complicated because parents need to deal with their children's interpersonal irresponsiveness, communication deficits and repetitive stereotypical behaviors. Owing to the social withdrawal, weak language skills and inappropriate behaviors of children with autism, parents will probably stretch to the limit to make sure they understand what their children need and how they feel. Such involved and over-committed parenting jeopardizes parents' mental health and social lives. Consequently, both parents and children with autism will suffer. Thus, it may be worthy to develop some social support programs that help parents of children with

autism to maintain a more balanced life. In addition to training their interaction skills with children with autism, parents will get opportunities to learn time management in parenting special needs children, achievable goal setting skills and relaxation techniques. Another idea is to have the government or reputable NGO to provide a reliable web-based platform for parents to get the latest knowledge of autistic disorders, and helpful services and resources. For those families without domestic helpers, basic special care-giving skills workshop can be provided for the members of extended families who are willing to share caregiving duties.

**Limitations**

The sample size of the present study was 50 parents of children with autism. A larger sample would have been more likely to perform data segmentation, generate statistically significant results, and hence increase the precision in generalisation. The participating parents were from one of the creditable special schools in Hong Kong. Moreover, they were mainly educated mothers. Thus, the homogeneity of the sample cannot enable generalization to undereducated caregivers and the group whose children do not receive quality intervention and education.

**Future Direction**

To explore the relevant predictors for the quality of life of Hong Kong parents of children with autism in a more precise discipline, it is proposed to conduct

open-ended interviews with parents of children with autism. The qualitative data based on the actual experiences of parents of children with autism will be used for identifying pattern and generating hypothesis. After this bottom up approach, a top down strategy will then be employed to justify the hypothesis by using quantitative data. Because the study conducted by Xiang, Luk and Lai (2009) indicated that educational level, household monthly income and major medical conditions affected the quality of life in Hong Kong parents of children with attention deficit hyperactivity disorder. Thus, with an aim of developing appropriate intervention programs for the most needy families of children with autism, it is proposed to manipulate both educational level and major medical conditions of the parents and conduct the quantitative research with four comparison groups: the parent group below poverty line participating in intervention programs, the parent group below poverty line without participating in intervention programs, the parent group above poverty line participating in intervention programs and the parent group above poverty line without participating in intervention programs.

Parental efficacy (PE) and parental belief in fate/chance (Fate) will be two variables of particular interest. As stated above, substantial research (Coleman,1998, as cited in Harty et al., 2006; Bandura, 1993; Bandura, Barbaranelli, Caprara, & Pastorelli, 2001; Hastings et al., 2002; Sanders et al., 2004) has demonstrated the

essential role of self-efficacy in human motivation and action, and specific-domain efficacy's both meditating and moderating effects on the psychological well-being of parents of children with special needs. It deserves to further investigate the mechanisms of parental efficacy acting in the quality of life in Hong Kong parents of children with autism which, as a consequent, may help inspire the policy maker to design effective intervention programs. Furthermore, Wong and Chan's qualitative study (2005) mentioned in the discussion revealed the unique interpretation of fate by the Chinese parents, who confronted the tragedies of their children's life-threatening illnesses, might provide a positive rather than negative energy to them. Therefore, conducting research to identify the meaning of fate to Chinese parents of children with autism as well as the mechanisms underlying the influence of their beliefs in fate on their quality of life and coping strategies will also benefit the development of appropriate social support to this group of special parents in Hong Kong.

In Chinese society, mothers still assume the daily responsibilities of parenting. But given the growing importance of father involvement in caregiving and the differences in parental practices between fathers and mothers, it is recommended to study both groups in the future research.

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# Appendix A

香港浸會大學
HONG KONG BAPTIST UNIVERSITY

敬啓者：

你好。本人周靜華爲香港浸會大學心理學系三年級學生，現正進行一項學術研究調查。是次研究旨在探討有特殊需要家長的育兒觀及其日常生活概況，並已獲沙田公立學校許可於校內展開，調研以問卷方式進行，問卷完成時間約爲 10 – 15 分鐘，完成之問卷請於一星期內交回沙田公立學校。所收集的一切資料將絕對保密，只作爲學術研究之用，且於六個月內銷毀。

本人誠邀閣下參與是項學術研究。如同意參與，請簽署並交回下列調研同意書。若有任何疑問或查詢，歡迎與本人（研究員）、其導師或沙田公立學校社工聯絡。

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此致
貴家長

香港浸會大學心理學系學生

周靜華

二零一零年十一月二十四日

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## 調研同意書

本人已閱畢以上參與是項學術研究調查之邀請信函，並完全明白其內容及願意成爲參與者。

參與者簽署：_____ 日期：_____

# Appendix B

**第一部分**

**請你對以下問題選擇最適當的答案。如果你暫時不能確定，則頭腦中的第一反應往往是最正確的。**

| | | 非常不同意 | 不同意 | 中立 | 同意 | 非常同意 |
|---|---|---|---|---|---|---|
| 1 | 我所做的對我孩子的行爲起不了什麼作用。 | | | | | |
| 2 | 當要改善我與孩子之間的問題時，我所能做的實在不多。 | | | | | |
| 3 | 家長應處理孩子的毛病，皆因對此視而不見並不能解決問題。 | | | | | |
| 4 | 若孩子突然大發脾氣，盡管你千方百計平復其情緒，你最終仍是放棄。 | | | | | |
| 5 | 我的孩子最終仍是按自己的意思行事，那我沒必要嘗試去管他／她。 | | | | | |
| 6 | 無論家長如何用心良苦，有些孩子總是不領會其父母的用意。 | | | | | |
| 7 | 我經常預料到自己孩子在不同情況下的相應行爲。 | | | | | |
| 8 | 對孩子抱太大期望並不是明智之舉，原因是很多事情的結果均取決於運氣。 | | | | | |
| 9 | 當我的孩子憤怒時，而我能保持冷靜的話，我多可以應付他／她。 | | | | | |
| 10 | 我幾乎肯定自己能助孩子達成我對他／她所定下的期望。 | | | | | |

| | | 非常不同意 | 不同意 | 中立 | 同意 | 非常同意 |
|---|---|---|---|---|---|---|
| 11 | 沒有好或不好孩子之分,只有好或不好的父母。 | | | | | |
| 12 | 我孩子乖的時候，全因他／她聽我教導。 | | | | | |
| 13 | 不能令孩子聽教聽話的父母通常不懂與孩子相處。 | | | | | |
| 14 | 我孩子有行爲問題全因我的錯。 | | | | | |
| 15 | 有能力勝任爲好父母最終卻失敗的人，全在於他們沒有在得到機會以後持之以恆。 | | | | | |
| 16 | 孩子的行爲出現問題很多時是父母的錯誤所致。 | | | | | |
| 17 | 孩子令父母感到無助，全在於父母沒有運用最好的管教技巧。 | | | | | |
| 18 | 假使父母掌握更好的管教技巧，孩子的大多數行爲問題是可以避免的。 | | | | | |
| 19 | 我要爲孩子的行爲負責。 | | | | | |
| 20 | 貴爲父母，當中所經歷的成功和不幸，全歸因於自己的行爲表現。 | | | | | |
| 21 | 我的生活極受我孩子支配。 | | | | | |
| 22 | 我的孩子沒有支配我的生活。 | | | | | |
| 23 | 我孩子影響我的社交圈子。 | | | | | |

| | | 非常不同意 | 不同意 | 中立 | 同意 | 非常同意 |
|---|---|---|---|---|---|---|
| 24 | 我覺得自己生活中發生的一切，大多取決於我孩子的情況。 | | | | | |
| 25 | 我易於處事獨立，避免受孩子的支配。 | | | | | |
| 26 | 當我在處理孩子的事情上犯錯，我通常能夠糾正過來。 | | | | | |
| 27 | 就算孩子經常大發脾氣，身爲父母不應輕易放棄。 | | | | | |
| 28 | 做好的父母，很多時候視乎是否幸運地擁有一個好的孩子。 | | | | | |
| 29 | 我就是其中一個能擁有好孩子的幸運父母。 | | | | | |
| 30 | 我經常發現一切有關我孩子的事情，要發生的總會發生。 | | | | | |
| 31 | 命運非常眷顧我。假如我有一個不好的孩子，真不知如何是好。 | | | | | |
| 32 | 能成功處理孩子的問題與自己的處理方式沒太大關係，而是更視乎當時孩子的情緒表現和心情。 | | | | | |
| 33 | 無論是我的孩子，還是我均無須對他／她的行爲負責。 | | | | | |
| 34 | 要各項計劃均有效進行的話，我得確保它們能配合我孩子的所想所要。 | | | | | |
| 35 | 大多數父母均沒有意識到孩子的表現很大程度上是受一些無法預計的事情所影響。 | | | | | |

| | | 非常不同意 | 不同意 | 中立 | 同意 | 非常同意 |
|---|---|---|---|---|---|---|
| 36 | 有關孩子的性格形成，遺傳扮演著很重要的角色。 | | | | | |
| 37 | 沒有時運的幫助，一個人並不能成爲好的父母。 | | | | | |
| 38 | 我經常覺得孩子的事情都在我掌握之內。 | | | | | |
| 39 | 有時候，在處理孩子的行爲，我力有不逮。 | | | | | |
| 40 | 有時候，我會感到自己孩子的行爲無藥可救。 | | | | | |
| 41 | 對孩子採取放任態度往往比忍受他／她因不順意而發脾氣來得輕鬆。 | | | | | |
| 42 | 有時候，孩子能指使我做一些我不願意做的事情。 | | | | | |
| 43 | 我孩子的行爲表現往往與我所希望的背道而馳。 | | | | | |
| 44 | 當我疲累時，有時候我會容許孩子做一些平時不獲批准的事情。 | | | | | |
| 45 | 有時候，我感到自己未能充分掌握孩子的成長方向。 | | | | | |
| 46 | 我容許我孩子逃避責任與懲罰。 | | | | | |
| 47 | 要改變我孩子的一些固有想法並不太難。 | | | | | |

**第二部分**

**所有問題都請你按照自己的標準、願望或自己的感覺來回答，從而選擇最適當的答案。**

**如果你暫時不能確定，則頭腦中的第一反應往往是最正確的。**

注意所有問題都是你**最近４週內的情況**。

| | | 很差 | 差 | 一般 | 好 | 很好 |
|---|---|---|---|---|---|---|
| 1 | 你如何評價你的生活素質？ | | | | | |

| | | 非常不滿意 | 不滿意 | 一般 | 滿意 | 很滿意 |
|---|---|---|---|---|---|---|
| 2 | 你對自己健康狀況滿意嗎？ | | | | | |

下列問題是有關你在**過去４週中**經歷某些事情的感覺。

| | | 根本沒有 | 有點 | 中等 | 很大 | 極其 |
|---|---|---|---|---|---|---|
| 3 | 你因身體疼痛而妨礙你去做需要做的事感到有多煩惱？ | | | | | |
| 4 | 你需要多大程度的醫藥治療來幫助維持日常生活運作？ | | | | | |
| 5 | 你覺得生活有樂趣嗎？ | | | | | |
| 6 | 你覺得自己的生活有意義嗎？ | | | | | |

| | | 根本不 | 有點 | 中等 | 很大 | 極其 |
|---|---|---|---|---|---|---|
| 7 | 你能集中注意力嗎？ | | | | | |
| 8 | 日常生活中你感覺安全嗎？ | | | | | |
| 9 | 你的生活環境對健康好嗎？ | | | | | |

下列問題有關你在**過去４週中**做某些事情的能力。

| | | 根本沒有 | 有點 | 中等 | 多數有（能） | 完全有（能） |
|---|---|---|---|---|---|---|
| 10 | 你有充沛的精力去應付日常生活嗎？ | | | | | |
| 11 | 你認爲自己的外形過得去嗎？ | | | | | |
| 12 | 你有足夠的錢來滿足你的需要嗎？ | | | | | |
| 13 | 在日常生活中，你需要的資訊都能得到嗎？ | | | | | |
| 14 | 你有機會進行休閒活動嗎？ | | | | | |

| | | 很差 | 差 | 一般 | 好 | 很好 |
|---|---|---|---|---|---|---|
| 15 | 你的活動能力如何？ | | | | | |

下列問題有關你在**過去４週中**做某些事情的能力。

| | | 非不常滿意 | 不滿意 | 一般 | 滿意 | 很滿意 |
|---|---|---|---|---|---|---|
| 16 | 你對自己的睡眠情況滿意嗎？ | | | | | |
| 17 | 你對自己處理日常生活事情的能力滿意嗎？ | | | | | |
| 18 | 你對自己的工作能力滿意嗎？ | | | | | |
| 19 | 你對自己滿意嗎？ | | | | | |
| 20 | 你對自己的人際關係滿意嗎？ | | | | | |
| 21 | 你對自的性生活滿意嗎？ | | | | | |
| 22 | 你對自己從朋友那裏得到的支持滿意嗎？ | | | | | |
| 23 | 你對自己居住地的條件滿意嗎？ | | | | | |

| | | 非不常滿意 | 不滿意 | 一般 | 滿意 | 很滿意 |
|---|---|---|---|---|---|---|
| 24 | 你對你能享受到的保健服務滿意嗎？ | | | | | |
| 25 | 你對日常往來的交通便捷情況滿意嗎？ | | | | | |

下列問題有關你在**過去４週中**經歷某些事情的頻繁程度。

| | | 從不 | 很少 | 有時 | 經常 | 總是 |
|---|---|---|---|---|---|---|
| 26 | 你有消極感受嗎？如情緒低落、絕望、焦慮、憂鬱 | | | | | |

**第三部分**

**基本資料**

你是一位：父親 □ 母親 □

你的最高學歷程度是：小學□ 中學□ 大專□ 大學□ 其他：_____

你有多少名子女？ 1 □ 2 □ 3 □ 3 名以上 □

你其中一名子女患有：自閉症 □ 唐氏綜合症 □ 讀寫障礙 □ 其他發展障礙：_____

你這名有發展障礙的子女多大？_____歲

# Appendix C

*Translated Chinese Version and Back-translated English version of the PLOC Scale*

| | Original English version | Translated Chinese version | Back-translated English version |
|---|---|---|---|
| 1. | What I do has little effect on my child's behavior. | 我所做的對我孩子的行爲起不了什麼作用。 | My behavior doesn't have much impact to my children. |
| 2. | When something goes wrong between me and my child, there's little I can do to correct it. | 當要改善我與孩子之間的問題時，我所能做的實在不多。 | I can't do much to rectify the problem with my children. |
| 3. | Parents should address problems with their children because ignoring them won't make them go away. | 家長應處理孩子的毛病，皆因對此視而不見並不能解決問題。 | Parent should rectify the children's problem. It didn't help solve the problem if you don't try to understand it. |
| 4. | If your child tantrums no matter what you try, you might as well give up. | 若孩子突然大發脾氣，盡管你千方百計平復其情緒，你最終仍是放棄。 | If your children's emotion is suddenly out of your control although you have tried so many ways to calm him/her down, you will give up at the end. |
| 5. | My child usually ends up getting his/her own way, so why try. | 我的孩子最終仍是按自己的意思行事，那我沒必要嘗試去管他／她。 | Our children will act accordingly to his/her own desire. There is no point I try to control him/her. |
| 6. | No matter how hard a parent tries, some children will never learn to mind. | 無論家長如何用心良苦，有些孩子總是不領會其父母的用意。 | No matter how hard the parents try, their children may not see it eye to eye. |
| 7. | I'm often able to predict my child's behavior in situations. | 我經常能夠預料我孩子在不同情況下所作出的相應行爲。 | I can usually predict my children's respective behavior under different circumstances. |

| | | | |
|---|---|---|---|
| 8. | It's not always wise to expect too much from my child because many things turn out to be a matter of good or bad luck anyway. | 對孩子抱太大期望並不是明智之舉，原因是很多事情的結果均取決於運氣。 | It is not wise to have too high expectation for our children since it is destiny that rules at the end. |
| 9. | When my child gets angry, I can usually deal with him/her if I stay calm. | 當我的孩子憤怒時，而我能保持冷靜的話，我多可以應付他／她。 | When my child is furious, and while I could remain calm, I could be more able to handle him/her. |
| 10 | When I set expectations for my child, I'm almost certain that I can help him/her meet them. | 當我對孩子定下期望時，我幾乎肯定自己能幫助他／她達成我的所望。 | When I set my child's expectation, I can almost surely able to help him/her reach it. |
| 11 | There's no such thing as good or bad children – just good or bad parents. | 沒有好或不好孩子之分,只有好或不好的父母。 | There is no good or bad child; there is only good or bad parent. |
| 12 | When my child is well-behaved, it's because he/she is responding to my efforts. | 我孩子乖的時候，全因他／她聽我教導。 | When my child is acting good, it is because he/she listens to me. |
| 13 | Parents who can't get their children to listen to them don't understand how to get along with their children. | 不能令孩子聽教聽話的父母通常不懂與孩子相處。 | General speaking, parent who can't make their children listen don't know how to cope with them. |
| 14 | My child's behavior problems are no one's fault but my own. | 我孩子有行爲問題全因我的錯。 | The problem with my children's behavior is all because of my mistake. |
| 15 | Capable people who fail to become good parents have not followed through on their opportunities. | 有能力勝任爲好父母最終卻失敗的人，全在於他們沒有在得到機會以後持之以恆。 | People fail to be capable parents is all because they are not persistent enough. |
| 16 | Children's behavior problems are often due to mistakes their parents made. | 孩子的行爲出現問題很多時是父母的錯誤所致。 | When there is problem with a child's behavior, it is usually resulted from the parent's fault. |

| | | | |
|---|---|---|---|
| 17 | Parents whose children make them feel helpless just aren't using the best parenting techniques. | 那些被孩子弄得產生無助感的父母，全在於他們沒有運用最好的管教技巧。 | Those parents who feel like they are helpless in front of their children simply because they don't use the best parenting technique. |
| 18 | Most children's behavior problems wouldn't have developed if their parents had had better parenting skills | 假使父母掌握更好的管教技巧，孩子的大多數行爲問題是可以避免的。 | If parents are able to attain better skills to nurture and teach their children, most of the problems caused by their children can be prevented. |
| 19 | I'm responsible for my child's behavior. | 我要爲孩子的行爲負責。 | I am responsible for my children's behavior. |
| 20 | The misfortunes and successes I have had as a parent are the direct result of my own behavior. | 貴爲父母，當中所經歷的成功和不幸，全歸因於自己的行爲表現。 | All the parental success and adversity are related to parents' behavior and performance. |
| 21 | My life is chiefly controlled by my child. | 我的生活極受我孩子支配。 | My life is pretty much manipulated by my children. |
| 22 | My child doesn't control my life. | 我的孩子沒有支配我的生活。 | My child has not ruled my life. |
| 23 | My children influence the number of friends I have. | 我孩子影響我的社交圈子。 | My children effect my social life. |
| 24 | I feel like what happen in my life is mostly determined by my child. | 我覺得自己生活中發生的一切，大多取決於我孩子的情況。 | What happen to my life is heavily dependent on what happen to my children. |
| 25 | It's easy for me to avoid and function independently of my child's attempts to have control over me. | 我易於處事獨立，避免受孩子的支配。 | I work things independently to avoid the influence from my children. |
| 26 | When I make a mistake with my child I'm usually able to correct it. | 當我在處理孩子的事情上犯錯，我通常能夠糾正過來。 | When I make mistake for handling my children, I usually can rectify it. |
| 27 | Even if your child frequently tantrums, a parent should not give up. | 就算孩子經常大發脾氣，身爲父母不應輕易放棄。 | Don't give up easily on your child even they often have bad temper. |

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| 28 | Being a good parent often depends on being lucky enough to have a good child. | 做好的父母，很多時候視乎是否幸運地擁有一個好的孩子。 | Being a good parent, it all depends on whether you have a good child. |
| 29 | I'm just one of those lucky parents who happened to have a good child. | 我就是其中一個能擁有好孩子的幸運父母。 | I am one of the lucky parents who has a good child. |
| 30 | I've often found that when it comes to my children, what is going to happen will happen. | 我經常發現一切有關我孩子的事情，要發生的總會發生。 | I often realize that for all the things that would have happened to my child, it will happen. |
| 31 | Fate was kind to me – if I had had a bad child I don't know what I would have done. | 命運非常眷顧我。假如我有一個不好的孩子，真不知如何是好。 | I am really a lucky one. If I had had a bad kid, I wouldn't know what to do. |
| 32 | Success in dealing with children seems to be more a matter of the child's moods and feelings at the time rather than one's own actions. | 能成功處理孩子的問題與自己的處理方式沒太大關係，而是更視乎當時孩子的情緒表現和心情。 | Solving problems of my children is not really related to my problem solving skills but the emotions and mood of my children when problems arise. |
| 33 | Neither my child nor myself is responsible for his/her behavior. | 無論是我的孩子，還是我均無須對他／她的行爲負責。 | No matter it is my children or myself, we both are not responsible for his/her behavior. |
| 34 | In order to have my plans work, I make sure they fit with the desires of my child. | 要各項計劃均有效進行的話，我得確保它們能配合我孩子的所想所要。 | I have to make sure that all my plans can fit in the needs of my children to ensure that my plans can be effectively actualized. |
| 35 | Most parents don't realize the extent to which how their children turn out is influenced by accidental happenings. | 大多數父母均沒有意識到孩子的表現很大程度上是受一些無法預計的事情所影響。 | Most often parent did not realize that the child's behavior is mostly effected by things that are unexpected. |
| 36 | Heredity plays the major role in determining a child personality. | 有關孩子的性格形成，遺傳扮演著很重要的角色。 | The formation of my children's character is mostly related to gene. |

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| 37 | Without the right breaks one cannot be an effective parent. | 沒有時運的幫助，一個人並不能成爲好的父母。 | Without the leap of fate, one cannot become a good parent. |
| 38 | I always feel in control when it comes to my child. | 我經常覺得孩子的事情都在我掌握之內。 | I often feel I am able to handle my children. |
| 39 | My child's behavior is sometimes more than I can handle. | 有時候，在處理孩子的行爲，我力有不逮。 | Sometimes, I am incapable when handling my child's behavior. |
| 40 | Sometimes I feel that my child's behavior is hopeless. | 有時候，我會感到自己孩子的行爲無藥可救。 | Sometimes I feel there is no solution to my child's behavior problem. |
| 41 | It's often easier to let my child have his/her way than to put up with a tantrum. | 對孩子採取放任態度往往比忍受他／她因不順意而發脾氣來得輕鬆。 | It is easier to indulge my children than tolerating their hot temper when things are against them. |
| 42 | I find that sometimes my child can get me to do things I really did not want to do. | 有時候，孩子能指使我做一些我不願意做的事情。 | Sometimes, my children make me do things that I am unwilling to do. |
| 43 | My child often behaves in a manner very different from the way I would want him/her to behave. | 我孩子的行爲表現往往與我所希望的背道而馳。 | My child's behavior is often in conflict with my expectation. |
| 44 | Sometimes when I'm tired I let my children to do things I normally wouldn't. | 當我疲累時，有時候我會容許孩子做一些平時不獲批准的事情。 | When I am tired, I would sometimes let my children do things that I normally would not let them do. |
| 45 | Sometimes I feel that I don't have enough control over the direction my child's life is taking. | 有時候，我感到自己對孩子的成長方向欠缺足夠掌握。 | At times, I feel out of hand in regards to my children's growth. |
| 46 | I allow my child to get away with things. | 我容許我的孩子逃避責任與懲罰。 | I let my children to get away from responsibility and punishment. |
| 47 | It's not too difficult to change my child's mind about something. | 要改變我孩子對一些事情的想法並不太難。 | It is not difficult to change my children's attitude in regards to certain things. |