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The Experience of Coparenting Within the Parameters of Divorce: Perspectives from Parents of Children with Autism Spectrum Disorder

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The Experience of Coparenting Within the Parameters of Divorce: Perspectives from Parents of

Children with Autism Spectrum Disorder

by

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Abstract

Autism Spectrum Disorder (ASD) is a disorder that includes persistent impairment in verbal and nonverbal communication, social interaction, and restricted and repetitive patterns of behaviors, interests, or activities. The purpose of this study is to capture the perspectives and experiences of parents who are divorced but are still coparenting their child with ASD. Current literature gives insight into how ASD affects the family system, but there is no literature to date that examines how parents coparent their child when the family system is split. ASD is a lifelong and impactful disorder impacting not just the individual's adaptive functioning, but also all relationships within the family system. Often times, families with a child diagnosed with ASD have reported strained parental marital relationships due to the increased demands on the parents, which, at times, may lead to divorce (Cridland et al., 2014; DePape & Lindsey, 2015).

This study took take a qualitative interview approach to gain insight into parents' experiences with coparenting post divorce through the use of open-ended interviews. Inductive and deductive thematic analysis provided data to assist in understanding the experiences of parents raising a child with ASD within the context of divorce, what impact divorce has on themselves and their child, how parents work with their coparenting partner to share and divide responsibilities related to their child, how parents in a coparenting relationship work to minimize the impact of the divorce on their child diagnosed with ASD, as well as understanding what challenges persist in coparenting their child with ASD post divorce.

Chapter One

Introduction

Autism Spectrum Disorder is a disorder that is associated with considerable impairment for the diagnosed individual as well as for the family unit (Woodgate R.L., Ateah, C., Secco, L., 2008; Gau et al., 2012; DePape & Lindsay, 2015). Children diagnosed with ASD often have very challenging and costly needs that can cause families emotional and financial strain. Behaviorally, children with ASD are more likely than their peers to have specific behaviors that impact the family's ability to continue with "normal, everyday functioning" as they did prior to having a child with ASD. The degree to which the family system is impacted by this diagnosis likely depends on the severity of the child's needs. Diagnostically, the degree of support the child needs is labeled and described by a leveling system. A child with a diagnostic label of ASD Level One would need the least amount of support and a child with ASD Level Four would need the greatest amount of support (American Psychological Association, 2013).

Broadly speaking, caring for a child with ASD is often associated with many changes within the family's life to accommodate for the child's needs. These changes can be associated with considerable stress and can lead to considerable marital discord. In some cases, this marital discord may ultimately result in marital dissatisfaction, parental separation, and eventually divorce. Divorce itself is associated with many transitions and changes, which can be more difficult for children with ASD than for neurotypical children, as children with ASD characteristically have difficulty when there is a change in routine. The research on how

frequently divorce occurs in families raising a child with ASD is mixed, but at least one recent study (Hartley et al., 2010) found that divorce is more common among parents raising a child with ASD than among parents with neurotypical children. Given the increased risk of family dissolution in this population, and the greater likelihood of difficulty with transition among children with ASD compared to their neurotypical peers; it is important to understand how divorced parents who are raising a child with ASD manage and perceive their coparenting responsibilities.

Statement of the Problem

Although considerable research has examined the outcomes of divorce among families raising children who are typically developing, there are very few studies that specifically examine coparenting relationships and outcomes following divorce among families raising children with ASD. There are also few studies addressing how parents raising children with ASD work together as coparents post divorce.

Purpose of the Study

The current study focused on parents of children with ASD who are divorced. Children with ASD have many difficulties with transitions, insistence on sameness, strong adherence to routines, difficulty interpreting social cues, and at times, communication deficits. Due to these child characteristics, it is helpful to understand these parents' experiences coparenting their child when the system has been split. This information may provide a framework of understanding for these families and inform practice related to how to work with families that are raising at least one child with ASD in a split system.

The first aim of this study was to capture parents' descriptions of their experiences of how they have coparented their child with ASD. A second aim of the study is to understand the impact of the divorce on themselves and their child with ASD. The third aim of this study was to understand how parents share and divide responsibility related to coparenting their child with ASD. A fourth aim of this study was to explore how parents attempt to minimize the impact of coparenting challenges for their child with ASD. The final and fifth aim of this study was to understand the challenges that persist within the context of coparenting after a divorce. There are no studies to date that have captured the experience of coparenting in couples that have divorced and are raising a child with an ASD. This information is expected to be valuable both in terms of adding to the literature on family dynamics among families raising a child with an ASD and in terms of practice, as effective interventions must consider social validity (Wolf, 1978). Without knowledge as to how families navigate co-parenting their child with ASD post divorce, it is difficult to establish a framework for intervention.

Conceptual Theory of the Current Study

The framework used in the current study was Feinberg's model of coparenting (Feinberg, 2003). Feinberg suggests that family systems can best be served through the integration of understanding relationships between parents and parent-child relationships. Feinberg meets this need by providing an empirically based model of coparenting (Feinberg, 2003).

Feinberg's framework of coparenting includes four areas involved in the coparenting relationship. The four areas include: (a) Childrearing Agreement, (b) Division of Labor, (c) Support versus Undermining, and (c) Joint Family Management (Feinberg, 2003). Feinberg

proposes that all four of these components are linked, but the degree in which they are linked most likely varies depending on factors within the family system.

In the current study, Feinberg's model was one lens through which the data gathered from parents was examined. Secondary inductive analyses also allowed natural themes—which may or may not be directly related to Feinberg's model--to emerge from the data. Allowing for both inductive and deductive coding allowed the researcher to examine how parents' descriptions of their experiences fit within an existing model of coparenting as well as detect and report new themes or possible additions that did not fit within Feinberg's model. Participants who were currently divorced both reported about their current perspectives, but they also were free to choose to reflect on the events that brought them to their current perspective. The following research questions were posed.

Research Questions

The following research questions were posed:

1. How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?

2. How do parents raising a child with ASD describe the impact of their divorce on themselves and their child?

3. How do parents raising a child with ASD share or divide the responsibility of raising their child and work together to coparent in situations of divorce?

4. How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?

5. What challenges persist when coparenting a child with ASD in situations of divorce?

Definition of Key Terms

Autism Spectrum Disorder

Autism Spectrum Disorder is a disorder that presents in early development and includes persistent impairment in social communication (verbal and nonverbal) and social interaction, as well as restricted and repetitive patterns of behaviors, interest, or activity. These features impair a child's functioning in terms of his or her ability to engage in daily living (social impairment and occupational impairment) (American Psychological Association, 2013).

Divorce

Divorce, for the purpose of this study, is the legal separation of spouses. This may include physical and/or financial separation, division of assets, and division of timesharing and/or child responsibility. Parents in this study have completed the divorce process.

Children

For the purpose of this study, children are school-age dependents, meaning that the child is between the ages of 3 and 22 years of age, derives some amount of financial support from the parent, and the parent is/was their legal guardian.

Coparenting

Coparenting is defined as the way in which individuals relate to each other when parenting children together. This includes the quality and frequency of interactions, and the behaviors of each caregiver toward one another. Coparenting occurs when two people raise a child together and share responsibility related to the child and the child's wellbeing. Coparenting relationships include support and coordination provided to the other partner in helping raise the shared child (Feinberg, 2003).

Chapter 2

Literature Review

The purpose of this chapter is to review the literature on coparenting among couples raising children with Autism Spectrum Disorder (ASD) in situations of divorce. The chapter begins with an introduction to ASD, including diagnostic criteria and common behaviors, and then addresses how ASD impacts the family system, marital relationships, and coparenting relationships.

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a developmental disorder involving persistent impairment in social communication (verbal and nonverbal) and social interaction, as well as restricted and repetitive patterns of behaviors, interests, or activities. These behaviors significantly impair a child's functioning in everyday activities and must have had an onset that occurred early in the child's developmental history (American Psychological Association, 2013). Today in the United States, the Center for Disease Control's Autism and Developmental Disability Monitoring Network reports that 1 in 68 children have been diagnosed as having ASD (CDC, 2014). This number continues to increase. Children can be diagnosed as early as two years of age, but many are not diagnosed until four years of age or later (CDC, 2014).

In the United States, the most common diagnostic criterion used to diagnose ASD is the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychological Association, 2013). Previous diagnoses derived based on the criterion from the fourth edition of the DSM are still recognized, but criteria of classification and diagnosis have drastically changed with the new edition of the DSM. The International Statistical Classification of Diseases and Health Problems (ICD-10; WHO, 2003) classifies ASD under the umbrella term "Pervasive Developmental Disabilities" and the diagnostic criteria are much like the revised, fourth edition of the DSM (DSM-IV-R; American Psychological Association, 2000).

In the current DSM, Fifth Edition, ASD has been synthesized into one category with a new system of characterizing the severity by levels. Levels range from one to three with a level of one needing the least amount of support and level three indicating the individual needs the highest amount of support (American Psychological Association, 2013).

According to the current DSM-5 diagnostic criteria, ASD is characterized by deficits in two categories. The first category includes persistent deficits in social communication and social interaction such as "1) deficits in social-emotional reciprocity, 2) deficits in nonverbal communication communicative behaviors used for social interaction, 3) deficits in developing, maintaining, and understanding relationships" (American Psychological Association, 2013, p.50).

The second category is the presence of restricted, repetitive patterns of behavior, interest, or activities. This category is manifested manifests in at least two of the following; "1) stereotyped motor movements, use of objects, or speech, 2) insistence on sameness, inflexible adherence to routines, or ritualized vocal behaviors, 3) highly restricted, fixated interests that are

abnormal in intensity or focus, or 4) hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment" (American Psychological Association, 2013, p. 50).

In addition, the symptoms of ASD must have been present in early development and they must impair the individual's current daily adaptive functioning (i.e., cannot meet demands related to school, work, social demands, etc.). These symptoms must also not be better explained by the presence of an intellectual disability or overall developmental delay.

Implications of ASD for Families

ASD can be a severely debilitating diagnosis, and it can have major implications for the family unit and parents as a couple. ASD is described as a spectrum disorder meaning that no two children have the same strengths or deficits, creating a wide range of variability needs and presentation (DePape & Lindsey, 2015).

The levels of stress for parents of children with ASD tend to be extremely high and significantly higher than parents raising typically developing children (McStay et al., 2014). This is especially true for mothers when they are the child's primary support (Bromley et al., 2004). Stress is one factor that can lead to marital discontentment and the eventual dissolution of marriage (McStay et al., 2014). Stress amongst parents raising a child with ASD has shown to be greater when the child has difficulty with self-regulation and high levels of hyperactivity, both of which are common characteristics of children with ASD. In addition, stress is likely to increase when a parent perceives there are quality of life variables outside of their control, such as managing problem behaviors (McStay et al., 2014).

When the family system is split such as in the case of divorce, there is likely to be an impact on all members of the family system (Beal, 1979; Bronfenbrenner, 1979). The

interactions and the individual relationships within the system impact the wellbeing of all members within the system. In addition, supporting a child diagnosed with ASD also impacts each member of the family system (Bloch & Weinstein, 2009). Stable family systems that engage in healthy coparenting are associated with better child outcomes (Anderson, 2014), making it important to explore how parents coparent when faced with the challenges associated with ASD when paired with the experience of divorce.

ASD and the parenting experience. When a child receives a diagnosis of ASD, parents often experience a range of changes, both individually and as a couple. For example, Altiere and Von Kluge (2009) examined the struggles and successes associated with having a child with ASD. This qualitative study included 52 parents. Parents were asked semi-structured, non-leading questions to allow them to tell their stories. Their data collection and analysis method utilized grounded theory, and their findings suggest that parents experience many changes, including altered expectations for their child, confusion about what the diagnosis means long term, and confusion regarding what treatment options are available. Parents in this study described experiencing despair, sadness, denial, confusion, and anger at the time of initial diagnosis. Some parents likened receiving news of the diagnosis to that of a death in the family. In terms of day-to-day living, many parents reported loss of time for their spouse, friends, and their other children.

Similar findings were reported by Woodgate, Ateah and Secco (2008) in a study of twenty-one Canadian parents raising a child with ASD. These authors used a phenomenological approach to understand parents' experiences raising their child with ASD. They found an overall essence of isolation reported by parents. Participants reported feeling isolated from society, missing out on normal everyday experiences, experiencing disconnection from family members,

and lacking support from social systems. Notably, parents reported feeling shut out from their child's world as well as feeling distanced from their spouse. Feelings of isolation required them to develop coping mechanisms and change their behavior to meet the demands of their child diagnosed with ASD, such as becoming heightened to their child's needs, trying to sustain themselves and their family, and learning to become advocates for their child (Woodgate et al., 2008). While this study does not provide direct insight as to how parents worked together to parent their child with ASD, it does provide insight as to how parents with a child with ASD may struggle with the demands and added stressors of raising their child.

It has been well documented that parents' experiences of receiving the news that their child has ASD is an emotional and impactful event. DePape and Lindsay (2015) reviewed the literature on parenting experiences of those raising a child with ASD and found many common themes among parents. Their analysis indicated that the initial diagnosis tends to create feelings of both relief and devastation as some reported feeling relieved that they now had a label and with the label could come a plan of action. However, many reported also feelings of devastation when they considered the lifetime of challenges that come with a diagnosis of ASD. Many parents also reported the loss of typical expectations and hopes for traditional milestones as being particularly painful, whereas others described the uncertainty of what their child's future would look like as very painful. DePape and Lindsay's (2015) thematic analysis also indicated that the initial diagnosis may bring forth feelings guilt and self-blame when they considered the causal factors associated with ASD.

Following the diagnosis of ASD, many parents report financial and career strain (DePape & Lindsay, 2015). The cost associated with the therapies may cause some parents to work more, while the need for specialized childcare may cause one parent to work less (Altiere & von Kluge,

2009). Daily life often is not the same for parents raising a child with ASD compared to those raising typically developing children (Meirsschaut et al., 2010). Common themes found in the literature include feelings of isolation, high stress, overwhelming exhaustion, and uncertainty as to how to manage their child's challenging behaviors (Altiere & von Kludge, 2009; DePape & Lindsay, 2015).

Individually, parents with children diagnosed with ASD have much higher rates of depression, anxiety, stress and exhaustion compared to parents of neurotypical children (Bursnall, Kennedy, Senior & Violet, 2009; Meirsschaut et al., 2010). Often times this is thought to be a result of the intensive caretaking many children with ASD need and the grief associated with the loss of typical expectations parents had for their child prior to the ASD diagnosis (Bursnall, Kennedy, Senior & Violet, 2009). Similar effects are seen in international samples as well, such as Gau et al.'s quantitative study looking at the effect of parenting a child with ASD and outcomes such as parent mental health, marital maladjustment and family function in parents in Taiwan (2012). Their findings suggest that parenting a child with ASD is associated with decreased marital satisfaction, increased parent psychopathology, and lower partnership agreement. Outcomes in these areas were found to be more negatively impacted for mothers than for fathers (Gau et al., 2012).

ASD and family relationships. There has been a moderate amount of research done that evaluates the impact of having a child with ASD and the associated challenges that impact the family system. In particular, there is a great deal of impact on the relationships within the family system, as well as an individual's ability to function as they would if their child lacked associated impairments that accompany ASD. Families with a child diagnosed with ASD are

called to face unique challenges and circumstances, as the behaviors associated with ASD can be challenging to manage well (DePape & Lindsey, 2015).

Receiving a diagnosis of ASD changes the dynamics of the family system, which impacts other aspects of the family system as suggested in Family Systems Theory (Bloch & Weinstein, 2009). When a sibling receives a diagnosis of ASD, the other children's' reaction are typically not addressed early on because parents are coping with the diagnosis themselves (Bloch & Weinstein, 2009). The impact on the sibling can range depending on the child, their age, and the parent response to the diagnosis. Some siblings voice embarrassment regarding the child with ASD's associated behaviors, and others may assume the burden of achievement given their sibling's with ASD's needs (Bloch & Weinstein, 2009).

Extended family may see the nuclear family with the child with ASD less often, as a diagnosis of ASD can often accompany challenging behaviors (Rao & Beidel, 2009). Parents at time report the loss of relationships with extended family due to their child's diagnosis (Altiere & Von Kluge, 2009). Grandparents often experience their own loss and pain of their grandchild's' diagnosis, but they also experience the associated pain of seeing their own children cope with their child's diagnosis (Blotch & Weinstein, 2009).

Going out in public can also prove to be a challenging experience for families with a child with ASD. For example, a trip to the grocery store may become distressing for a child with ASD if he or she becomes over-stimulated. The child with ASD may display inappropriate behaviors and members of the public may stare or freely comment or criticize the parent's parenting practices (Blotch & Weinstein, 2009). Parents have reported stress that reduces the family's participation in leisure activities due to the fear of their child with ASD engaging in challenging behaviors (Rao & Beidel, 2009).

ASD and marital relationships. Contextual influences and external stressors of life have been found to influence intimate relationships and overall ratings of marital satisfaction (Bodenmann, Ledermann & Bradbury, 2007). Parents of children with ASD experience great amounts of stress, which can often lead to marital discord, which has been shown to be a possible precursor to divorce. The high levels of care that is needed for a child with ASD can leave little time for couples to focus on their own relationship (Bursnall, Kennedy, Senior & Violet, 2009). It has been noted that there is a high correlation with parent marriages breaking down when the child with ASD reaches age twelve (Bursnall, Kennedy, Senior & Violet, 2009). The experience of raising a child with ASD is noted as the "never-ending story" because a child with ASD is ongoing and intense, particularly when the child's behavior is highly affected by the disability (Bursnall, Kennedy, Senior & Violet, 2009).

Freedman, Kalb, Zalbotsky and Stuart examined the current research available regarding parent responses to relationship adversity in families that have children with ASD (2012). They hoped to understand parental relationship dissolution and termination by examining a nationally representative sample of families with a child diagnosed with ASD. Data used in this study came from a population cross-sectional telephone survey. They obtained information regarding the family structure; child-related variables, such as diagnosis; and parent-related predictor variables, such as mother's mental health (Freedman, Kalb, Zalbotsky, & Stuart, 2012). Their findings suggest that children with ASD are slightly more likely to live in a two-parent than a one-parent home, but they note that there is a higher likelihood of decreased marital satisfaction between couples with a child with ASD when compared to couples raising a typically developing child. These authors noted the importance of future examination of couple relationships within families that have a child with ASD. It should be noted that this study asked for participants who lived in

the household and did not ask for marital status. Some families during separation or after divorce may continue to live in the family home due to the specific needs of their child with ASD.

Hartley et al. (2010) has found that while parents of children with ASD have higher rates of divorce until their child entered early adulthood; yet comparison groups with children that are typically developing have a decrease in divorce rates after their child was 8-years-old. Hartley et al.'s (2010) longitudinal findings indicated that younger maternal age at birth and birth order of their child with ASD both posed as factors that were positively predictive of divorce. Hartley noted that parents of children with ASD may have a greater vulnerability of divorce because of high demands associated with parenting, which may cause increase stress for parents. In addition, parents of children with ASD fail to experience the empty nest as soon as parents of children with neurotypical children, and often the transition for children with ASD from school into community is facilitated with help from one or both parents.

The Importance of Coparenting in Child Outcomes

Marital dissatisfaction and marital conflict are variables that can lead to difficult outcomes and many transitions for the family unit, including increased stress on the child diagnosed with ASD (Kelly, Garnett, Attwood & Peterson, 2008). Divorce is a difficult transition for families and the quality of behaviors associated with coparenting can be impacted by the couple relationship.

When faced with a divorce, there are many different ways coparents can handle the change in the family system. Maccoby, Depner and Mnookin (1990) sought to compare coparenting across three custodial arrangements and to determine if the initial conflict between the couple impacted how they coparented. The authors interviewed at least one parent from

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1,128 families on two separate occasions. Child attributes (i.e., age, development or diagnoses) were not sampled. Results indicated that the majority of families engaged in "parallel" parenting, meaning that the household of each parent operated with little to no input from the other parent. Coparenting appeared to be better in families that had a dual residency arrangement, meaning that the child went from one home to the other (Maccoby, Depner & Mnookin, 1990).

There is limited research on the topic of how divorced parents coparent, regardless of their child's developmental needs or diagnosis. Ahrons (1981) looked at how families reorganized themselves post-divorce through interviewing and providing measures assessing relationship and contextual attributes of 54 divorced couples who were officially divorced about one year. Each family had shared court-awarded custody where the mother was the primary caretaker. Specifics regarding the children of the participants were not provided, aside from the mean number of children in the household being two years of age. The findings of this study suggested that couples that endorsed high levels of engagement from their ex-spouse (i.e., high levels of childrearing and high levels of interaction) reported that they felt more supported in their coparenting relationship (Ahrons, 1981). Participants also reported that topics such as financial concerns and how the divorce is impacting their child(ren) generated the highest amount of conflict between coparents in this sample. In response, many parents reported avoiding having to speak with their coparent about these topics (Ahrons, 1981). Given the unique demands present when raising a child with ASD, it would be helpful to examine how families with a child with ASD coparent over similar issues in the event of a divorce.

Coparenting Among Families with Children with ASD

There is very little research on how parents with children who are diagnosed with ASD coparent, regardless of marital status. There appears to be a gap in the literature identifying how these families work together to parent.

One of the few studies in the literature was conducted by Raffaele Mendez, Fefer, Loker, Wolgemuth and Mann (2015), who completed a qualitative study that looked at how parents raising children with challenging behaviors worked together in their roles as parents. This study interviewed couples of children with an assortment of diagnoses; six of the nine couples interviewed had a child with a diagnosis on the Autism Spectrum. Raffaele Mendez et al. found that some couples shared information that indicated supportive coparenting and others indicated division within coparenting. Themes regarding coparenting division included "Good cop, Bad cop", "Separate tracks", and "Call me if you need me" (Raffaele Mendez, et al., 2015). Parents who expressed presence of the "Good cop, Bad cop" theme indicated a great deal of disagreement regarding discipline practices. Parents who relayed information regarding the "Separate tracks" theme indicated that they shared disagreement around parenting style as well as difficulty handing interparental conflict. In the theme "Call me if you need me," parents expressed disagreement regarding how they divided child and household responsibility. The authors indicated that few participants in their study shared information that indicated a division in coparenting (Raffaele Mendez et al., 2015). The authors reported that this may be due to the idea that couples with divided coparenting may get divorced or separated or that they may be less inclined to share regarding their challenges (Raffaele Mendez et al., 2015).

In terms of child outcomes, divorce has been shown to have a strong negative impact on children, both with ASD and typically developing children. Kelly et al. (2008) found that

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children with ASD are more sensitive to family conflict, as this increases anxiety/depression symptoms, which in turn exacerbates the ASD symptomology. In this study they propose that family conflict a.) may be perceived as a threat of security to the child, b.) behaviors associated with marital conflict (i.e., yelling, shouting) may be distressing due to sensory concern, and c.) adapting to disrupted routine may produce distress in the child with ASD. Furthermore, the participant group that was sampled in this study had moderate levels of family conflict but the children in the study had significant increases in anxiety/depression behaviors, as well as increased ASD symptomology. These findings suggest that children with ASD may have a heightened sensitivity to family conflict (Kelly, Garnett, Attwood & Peterson, 2008).

It is important to understand how couples who have divorced coparent, as major transitions can induce more stress on the family system and their child with ASD. As noted in Family Systems Theory and Feinberg's model of coparenting, the marital relationship and the coparent relationship can affect one another, and there are many external factors that impact coparenting and stress such as the age of the child and the level of communication among coparents (Fienberg, 2003). Understanding the experiences of these effects with families with a child diagnosed with ASD would inform best practice in helping these families during these transitional times. Interventions that take into account the variables of the family system have long been shown to be more effective (Bronfenbrenner, 1979). Furthermore, understanding parents' experiences informs practitioners regarding decisions that come up when during a divorce when the family has a child with ASD, such as living situation and timesharing.

Theoretical Framework

The theoretical framework that will be used to guide data collection, analysis, and interpretation will be Family Systems Theory (Kerr, 2000). Family Systems Theory views the family as an interconnected unit and identifies the complex relationship between how the individuals impact the unit.

Many studies illustrate the idea that when a change in the family system occurs, all members are impacted. Beal has used Family Systems theory to view how divorce impacts all members in the family unit when a divorce occurs (Beal, 1979). Amato and Keith (1991) conducted a meta-analysis to examine the effects of divorce on the child's well-being. Their findings suggest that children of divorce do experience lower levels of well-being compared to children that are continuously raised within intact family systems (Amato & Keith, 1991). During their review, three thematic explanations as to why children of divorce experience negative effects were found. The one that had most statistical support in the data was the Family Conflict theory. This theory was further examined by comparing effect sizes on well-being measures within intact family systems that were low-conflict verses high conflict. The high conflict families had children with the lower well-being measures (Amato & Keith, 1991). As such, it appears that it is the interactions within the parental relationship appear to have the greatest impact on children.

Almeida et al. (1999) further explored the idea of the interconnectedness of family systems. Their findings indicate that there is a predictable amount of "tension spillover" within the system. Parents are twice as likely to experience child-parent tension when they have experienced a tense interaction with their spouse the day before (Almeida et al., 1999). Fathers in particular have been found to be more likely to experience bidirectional tension spillover,

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meaning that conflict with their child can lead to conflict with their spouse and vice versa. This study illustrates how interconnected family systems are and how the interactions within spousal relationships can affect children within the system.

Family Systems Theory has previously been applied to families with a child with Autism Spectrum Disorder, as Cridland et al. (2014) have examined the use of this theory to look at how having a child with ASD changes the family system.

In the case of a child being diagnosed with ASD, the family system changes to accommodate for these needs, which affects the relationships within the family. Impacted relationships include the parent's marital relationship and the coparenting relationship between caregivers. Family Systems Theory is applicable to this study because it suggests that when there is a major disruption in one individual in the system, the whole system changes. This study will help clarify how coparenting and marital relationships are impacted when there is a child diagnosed with ASD within the family system. It will be helpful to gain further understanding as to how marital stress may impact parent's ability to coparent their child, especially when their child has a high need disability such as ASD.

In addition, Family Systems Theory is an appropriate lens to view Feinberg's model of coparenting within because each factor of Feinberg's current model are impacted by the quality of the relationship between parents. Hence, the relationship is impacted by the system, which changes when a child within the system is diagnosed with an ASD.

The Current Study

As discussed throughout this chapter, the literature examining how parents of children with ASD coparent after a divorce is quite minimal. The diagnostic implication of an ASD diagnosis has a significant impact on the family system and parenting decisions. To better serve these families, it is critical that research capture parent perspectives that are sharing the same experience. Research is needed to identify and evaluate how these parents describe their experience raising their child with ASD post divorce, how they feel divorce has impacted their child, and how they approach coparenting post divorce. In addition, it would be helpful to understand how families that are raising a child with ASD after divorce coparent through the lens of Feinberg model of coparenting (Feinberg, 2003).

This study examined how parents work together to minimize the impact of the divorce on their child with ASD. It may be possible to identify protective factors that families have found to decrease the impact of the divorce on their child with ASD. Further, by understanding the challenges that persist after a divorce when coparenting their child with ASD, practitioners can create interventions that have increased contextual fit given the family's unique circumstances.

Chapter 3

Method

Purpose

The purpose of this current study is to explore how parents who have experienced divorce coparent their child with an ASD. Specifically, this study aims to explore how parents describe their experience raising their child with ASD post-divorce, the impact of the divorce on themselves and their child with ASD, how coparents share and divide responsibilities. In addition, this study aims to examine how parents work together to minimize the impact of the divorce on their child with ASD and to understand the challenges that persist during after a divorce when coparenting their child with ASD. This study is designed to see how the Feinberg model of coparenting aligns with the experiences shared by participants (Feinberg, 2003). The themes that emerge may build upon this model and further indicate areas to consider when examining the separation of family systems, particularly those that include children with ASD or other special needs. The following research questions are guiding this study:

1. How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?

2. How do parents raising a child with ASD describe the impact of the divorce on themselves and their child?

3. How do parents raising a child with ASD share or divide the responsibility of raising their child and work together to coparent in situations of divorce?

4. How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?

5. What challenges persist when coparenting a child with ASD in situations of divorce?

Participants' Individual Textural Description

There were six participants in total that each participated in the interview process. Below is a textural description of each participant, as well as a table depicting descriptive data for each participant.

Participant 1: George

George (pseudonym) is a father of an 18-year old male adolescent with ASD. In completing the demographic information, he reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most severe, his son's level of functioning on the Autism Spectrum would be a 7-8 present day. Current concerns include social skills development and an ongoing concerns with anxiety. George was married to his coparent for 19-years and has been divorced from her for four years. Previous marital interventions included 2-weeks of marital counseling. George and his coparent each have not remarried and do not live with a partner presently. He currently has joint custody of his son and sees him each weekend and irregularly, but often, throughout the week.

George reports that while his son lives with his mother during the week, he often spends time with him throughout the week and will often take trips or vacations with his son. It was

indicated that the divorce decree states the shared custody agreement is structured as such due to logistical needs. George stated;

> I travel a lot [for work]. We thought it would be better for [My Son] to be able to go to school and get up everyday at the same place and make the same trip, and not be pulled here, there and everywhere or to have different people filling in and trying to get him there. This way is more solid.

Based on descriptive data on the Relationship Quality Index (RQI), George indicates that from his perspective his coparent and him do have a very stable relationship. Interview data reflects that he is satisfied with their communication and working together, and he reports this satisfaction as such;

> Depends on what angle you look at. If you talk about strictly my ability to coparent him through communications with her, and working together with her on certain things with him; I am satisfied with that. I am able to do that, but only by having made great effort to do that on my own part.

Participant 2: Stuart

Stuart (pseudonym) is the father of an 18-year old male with ASD. In completing the demographic information, he reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most severe, his son's level of functioning on the Autism Spectrum would be a 6 present day. Current concerns include daily living skills and concerns about his post-transition activities once high school is complete. Stuart was married to his coparent for 12-years and has been divorced from her for 14-years years. Both Stuart and his coparent, Samantha, participated in this study; which provides a unique perspective on the coparenting relationship. Previous marital

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interventions included 2-months of marital counseling, and previous family interventions included one day of family therapy. Stuart and his coparent have each been in live-in relationships post-divorce. Stuart is currently married, whereas his coparent is not currently in a relationship. Within the family home, Stuart lives with his second wife and their son, age 9. He currently has joint custody of his son with ASD and sees him on weekends and each Wednesday night. Within the coparent's home, Stuart's three older daughters (ages 27, 25 and 20) reside with their mother, in addition to their half-sibling from his coparent's partner post-divorce. His son with ASD primarily spends each week with his mother, but is often "receptive and interested" in visiting his father.

It was indicated that the divorce decree states the shared custody agreement is structured as such due to financial needs. Stuart stated;

> During divorce agreement our days were agreed upon because she didn't work and more
> would mean the less financial support she would get, as opposed to 50-50.

Based on descriptive data on the Relationship Quality Index (RQI), Stuart indicates that from his perspective he and his coparent have a good, stable, strong coparenting relationship. In addition, he indicated really feeling part of a team with his coparent and that he is overall happy within the coparenting relationship. Interview data reflects that he is satisfied with their communication, as he states, "I think the current coparenting system works well, and we communicate well."

Participant 3: Clara

Clara (pseudonym) is the mother of a 17-year old male with ASD. In completing the demographic information, she reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most severe, her son's level of functioning on the Autism Spectrum would be a 5 present

day. Current concerns include lack of self-help skills, no awareness of danger and that his social-emotional developmental age is that of a preschooler. Clara was married to her coparent for 17-years and has been divorced from him for 5- years. Previous marital interventions included "a few months" of marital counseling. Clara remarried post-divorce and it is believed that her coparent has not remarried or had a live-in relationship post-divorce. Within the family home, Clara lives with her second husband and her son with ASD. She has another child, a 19-year-old daughter, who resides at college and visits during breaks and holidays. Clara currently has joint custody of her son with ASD, and is the primary caretaker. Visitation occurs infrequently and inconsistently, which is contrary to the timeshare agreement.

It was indicated that the divorce decree states the shared custody agreement is structured with her as the primary caretaker, but with his father seeing him on weekends. Clara reported dissatisfaction with the current arrangement and stated;

> I forget the ratio, but it should be 8 nights a month, so 8 times 12 is 96 plus 21 days of vacation. So 115 some days, and he sees him 48 times a year. A third of what he is supposed to. I know some parents are strict with the schedule. I am the opposite. Anytime he wants to see him he can. If he wants to pick him up in the evening, I encourage the more he is involved the better. I would give more time. I would be very accommodating.

Based on descriptive data on the Relationship Quality Index (RQI), Clara indicates that from her perspective, her coparent and her have a less stable, fragile coparenting relationship. In addition, she indicated feeling less of a team with her coparent and that low levels of satisfaction and happiness within the coparenting relationship. Interview data reflects that she is indifferent to the current coparenting system and that the amount of autonomy she has in parenting is convenient, and therefore makes the relationship more satisfactory. Clara reports;

I guess I don't dwell on it. I guess I am so use to it, it is my reality and it is fine. It is
easier to have control, instead of entering arguments with disagreements so in that sense
it is easier. I guess I would say 80%.

Participant 4: Samantha

Samantha (pseudonym) is the mother of an 18-year old male with ASD. Samantha and
Stuart work together in coparenting their son with ASD. In completing the demographic
information, she reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most
severe, her son's level of functioning on the Autism Spectrum would be a 5 present day. Current
concerns include lack of communication, delayed learning and lack of independent skills.
Samantha was married to her coparent for 12-years and has been divorced from him for 14-years
years. Previous marital interventions and family-based interventions were not accessed to her
recollection. Samantha has not remarried post-divorce but has a daughter from a relationship
post-divorce. Her coparent, Stuart, has remarried since the divorce and also has a child with his
new partner. Within the family home, Samantha lives with her four daughters and her son with
ASD. Samantha currently has joint custody of her son with ASD, and is the primary caretaker.
Visitation occurs consistently each weekend and on Wednesday nights. It was indicated that the
divorce decree states the shared custody agreement is structured with her as the primary
caretaker, but with his father seeing him on weekends.

Based on descriptive data on the Relationship Quality Index (RQI), Samantha indicates
that from her perspective, she and her coparent have a stable, and strong coparenting relationship
that she is overall happy within. In addition, she indicated feeling like a team partner with her
coparent and high levels of satisfaction and happiness within the coparenting relationship.

Interview data reflects that she is satisfied with the current coparenting system with only a minimal number of issues resulting in disagreement. When asked about her levels of satisfaction, Samantha states;

> You know, like I said, I would like just a little bit more support with the [concerns my son has with sleeping through the night.] Other than that, I think I'm fairly happy.

Participant 5: John

John (pseudonym) is a father of a 12-year old female adolescent with ASD. In completing the demographic information, he reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most severe, his daughter's level of functioning on the Autism Spectrum would be a 7 present day. Current concerns include social skills development, poor peer relationships, "baby talk," shyness and an ongoing concern with anxiety. John was married to his coparent for 5-years and has been divorced from her for 8-years. Previous marital interventions included three visits to a marital therapist, but there have been no family-based interventions attempted. John has remarried since the divorce, and his coparent has not remarried. Within the family home, John lives with his current wife, three children from his wife's previous marriage, his 8-year old son (conceived in his current marriage) and his daughter with ASD during his timeshare. He currently has joint custody of his daughter and has a rotating timeshare schedule.

John reports that the coparenting relationship is contentious, and they each coparent their household independent of one another. He reports minimal coparenting agreement, and only having access to his daughter when it is his time as per the divorce decree.

Based on descriptive data on the Relationship Quality Index (RQI), John indicates that from his perspective he and his coparent do not have a very stable or strong relationship.

Interview data reflects that he is dissatisfied with their communication, their ability to working together as a team, and he reports this dissatisfaction as such;

> If it worked right, it would be pretty good. It doesn't work right. I guess what needs to change is for both of us to be on the same page. Or somewhat on the same page. If I say the sky is blue, she will tell me its not. It will not work if you can't come to a half-agreement on the thing you try to figure out or fix.

Participant 6: Tabitha

Tabitha (pseudonym) is the mother of a 22-year old male with ASD. In completing the demographic information, she reports that on a scale 1 to 10, with a 1 being least severe and a 10 being most severe, her son's level of functioning on the Autism Spectrum would be a 5 present day. Current concerns include lack of speech, comprehension, concerns with anxiety, and limited ability to request or label items. Tabitha was married to her coparent for 19-years and has been divorced from him for 9-years years. Previous marital interventions included one year of marital counseling, and no family-level interventions to date. Tabitha remarried post-divorce, and her coparent remarried and then divorced his second wife. Within the family home, Tabitha lives with her second husband and her son with ASD. Tabitha currently has joint custody of her son with ASD and is the primary caretaker. Visitation occurs consistently every other weekend, but she is always flexible and willing to provide him with more time with his son.

It was indicated that the divorce decree states the shared custody agreement is structured with her as the primary caretaker, but with his father seeing him every other weekend. Tabitha reported satisfaction with the current coparenting timeshare amount and procedures, reflected as stated;

The nice thing is, Wednesdays he gets dropped off from the transportation place at his

dad's house. Fridays he gets dropped off at his dad's from the transportation place, and

then I pick him up Saturday mornings. And then his dad has him every other weekend. So

he sees quite a bit of him.

Based on descriptive data on the Relationship Quality Index (RQI), Tabitha indicates that

from her perspective, she and her coparent have a strong coparenting relationship. In addition,

she indicated feeling like a team with her coparent. She reports moderate levels of satisfaction

and happiness within the coparenting relationship. Interview data reflects that she is satisfied

with the current coparenting system. Tabitha reports;

Oh, I think right now it's excellent now, after the bumpy beginning. Because no divorce

is sweet anyway. I would say the first two, three years was pretty much murder. You

know, dropping [my son] off like outside...you know, we would choose a place- a public

place- to drop him off and pick him up and that kind of thing. And then I would say in

year four, it started to get easier. Now I can drop him off at his house and have no fears or

anything like that. And we're very, very giving with each other. If he wants to keep him

an extra day, I have no problem. And it's the same the other way around. It was just very,

very nasty in the beginning.

Measures

Descriptive Data

Participants completed a demographic data questionnaire and a descriptive measure titled

the Relationship Quality Index (RQI). The RQI is a six-item, self-report measure of the quality

of couple relationships. It was used in the context of this study to allow for a self-report of the

quality of the relationship with the individual's coparenting partner (Norton, 1983), as well as their perception of their coparents' ratings. This allowed the researcher to gain insight as to their perception of the coparenting relationship, as well as their perception of their coparent's perspective of the coparenting relationship. Scores range from a minimum of 6 to a maximum of 45. Higher scores indicate a greater amount of satisfaction, perceived by the individual, within the couple's relationship.

Ratings of satisfaction/dissatisfaction were determined based on the individual's overall score. Participants completed the 6-item measure to rate their feelings of stability, satisfaction, inclusion and overall happiness in their couple relationship with their ex-spouse (Norton, 1983). For the purpose of this study, a score less than or equal to 29 (clinical range) on the Relationship Quality Index (RQI) measure, indicates they may be extremely dissatisfied in their co-parenting relationship with their ex-spouse. In addition, an additional question had been added to the RQI to gauge the participant's perceptions of the duration of their ratings. This question included asking participants how long they have felt this way. Below are a summary of participant ratings and their perception of their copartner's RQI ratings.

Table 1: *Relationship Quality Index (RQI) Coparenting Perceptions: Self & Partner View*

	Good Relationship	Stable Relationship	Strong Relationship	Happiness	Team	Overall Satisfaction	Perceived Longevity of Ratings
George							
Self Perceptions	Strongly Disagree (2)	Strongly Agree (6)	Strongly Disagree (2)	Very Strongly Disagree (1)	Strongly Disagree (2)	Unhappy (1)	12-years
Estimated Coparent View	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Agree (5)	Unhappy (1)	12-years
Stuart							
Self Perceptions	Strongly Agree (6)	Agree (5)	Agree (5)	Neither Agree nor Disagree (4)	Agree (5)	Happy (7)	12-18 Months
Estimated Coparent View	Strongly Agree (6)	Neither Agree nor Disagree (4)	Agree (5)	Neither Agree nor Disagree (4)	Agree (5)	Happy (6)	6-12 Months
Clara							
Self Perceptions	Neither Agree nor Disagree (4)	Disagree (3)	Very Strongly Disagree (1)	Strongly Disagree (2)	Very Strongly Disagree (1)	Unhappy (1)	5-7 years before the divorce
Estimated Coparent View	Disagree (3)	Strongly Disagree (2)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Unhappy (1)	3 years before the divorce
Samantha							
Self Perceptions	Strongly Agree (6)	Agree (5)	Agree (5)	Strongly Agree (6)	Strongly Agree (6)	Happy (5)	Last 4 years
Estimated Coparent View	Strongly Agree (6)	Strongly Agree (6)	Strongly Agree (6)	Agree (5)	Agree (5)	Happy (5)	Last 12 years
John							
Self Perceptions	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Very Strongly Disagree (1)	Unhappy (1)	Last 8 years
Estimated Coparent View	Agree (5)	Agree (5)	Disagree (3)	Disagree (3)	Disagree (3)	Unhappy-Happy (4)	Last 8 years
Tabitha							
Self Perceptions	Agree (5)	Neither Agree nor Disagree (4)	Agree (5)	Neither Agree nor Disagree (4)	Agree (5)	Happy (6)	Last 5 years
Estimated Coparent View	Strongly Agree (6)	Strongly Agree (6)	Strongly Agree (6)	Neither Agree nor Disagree (4)	Strongly Agree (6)	Happy (6)	Last 5 years

Summary of RQI Scores

In addition, a summary table of scores is included below. It is important to note that a score less than or equal to a score of 29 indicating clinical significance. A score of clinical significance would indicate that the coparenting relationship is rated to be of poor quality, with high levels of instability, and low levels of strength, happiness, or teaming. For the purpose of this study, these scores are used to provide context into the indicators of coparent relationship quality. It was of note that none of the participants rated their coparenting partner to have the same perception as themselves.

Table 2: *Relationship Quality Index (RQI) Score Summaries*

Rater	Raw Score	Descriptor
George		
Self-Perceptions	14	Clinically Significant
Coparent Perceptions	10	Clinically Significant
Stuart		
Self-Perceptions	32	Typical
Coparent Perceptions	30	Typical
Clara		
Self-Perceptions	12	Clinically Significant
Coparent Perceptions	9	Clinically Significant
Samantha		
Self-Perceptions	33	Typical
Coparent Perceptions	33	Typical
John		
Self-Perceptions	6	Clinically Significant
Coparent Perceptions	23	Clinically Significant
Tabitha		
Self-Perceptions	29	Clinically Significant
Coparent Perceptions	34	Typical

Demographic Questionnaire

Demographic questions were asked to better understand the family system and co-parenting relationship. They included asking the participant their gender, the education level of the participant, number of children total, how many of these children they have with their

copartner, the ages of the children, how many of these children have been diagnosed with ASD and the level of severity. Additional questions include if they have previously attended marital and/or family counseling, how long they were married, and how long they have been divorced. Please see the table below for a depiction of this data.

Table 3: *Summary of Demographic Data*

	George	**Stuart**	**Clara**	**Samantha**	**John**	**Tabitha**
Gender	Male	Male	Female	Female	Male	Female
Education Level	Juris Doctorate	BA in Economics	BA in Education	BS in Sociology	Some College	High School
Number of Children	1	5	2	5	5	5
Number of children coparenting with coparent partner	1	4	2	4	1	1
Ages & Gender of Child(ren) with ASD	18-year old; Male	18-year old; Male	17-year old; Male	18-year old; Male	12-year old; Female	22-year old; Male
Siblings in the Home	None	Female (27); Female (25); Female (20); Female (13)	Female (19)	Female (27); Female (25); Female (20); Female (13)	Male (16); Female (14); Male (12); Male (8)	None
ASD Severity Rating (1 being Least Severe to 10 being Most Severe)	7 to 8	6	5	5	7	5
Previous Marital Interventions	Marital Counseling (for 2-weeks)	Marital Counseling (for 2-months)	Marital Counseling (for a few months)	None	Marital Counseling (for 3 sessions)	Marital Counseling (for one year)
Previous Family-Level Interventions	None	Family Therapy for 1-Day	None	None	None	None
Length of Marriage to Previous Coparent	19-years	12-years	17-years	12-years	5-years	19-years
Length of Divorce	4-years	14-years	5-years	14-years	8-years	9-years

Procedure

Step 1: Pilot Study

The researcher first conducted a pilot interview to practice the protocol prior to implementation. Two participants (George and Stuart) were recruited to go through the consent process and proposed interview questions. This information allowed the researcher to see how the procedure went with actual participants and to make any necessary changes prior to implementation. No additional changes to the protocol were deemed necessary post-pilot study.

Step 2: Participant Recruitment

Six individuals were recruited to participate in this study. Participants were identified through the use of purposive and snowball sampling. Purposive sampling was used to identify individuals who are divorced, and they had to have at least one child (aged 3-22) with a current diagnosis of an ASD. Participants also had to be an active coparent of their child with an ASD, meaning they have shared custody of this child and timeshare with the other parent. Participants were biological parents, stepparents, adoptive parents, or legal guardians. If a parent had had multiple marriages, this study examined their current relationship with the person they are coparenting with at the present time. One coparenting partner also participated in the study (e.g., Stuart and Samantha), but this was not required for a parent to participate. All participants resided in the southeaster area of the United States. To participate in this study, parents already divorced their coparenting partner, as denoted by each participants' self-report of a completed divorce. Pre-measures to gather background and demographic information were gathered. Demographic information for participants is summarized in Table 3: Summary of Demographic

Data. Participants were recruited from a local Autism Center, a local clinic, and four local psychology practices.. Flyers were provided to staff at each location, which was disseminated to families that each project serves.

Step 3: Interview Data Collection

Semi-structured interviews were conducted to capture each participant's experience in a private location (e.g., at the participants home or place of business). The protocol was provided prior to the interview, as to allow participants time to consider the content and the questions that would be asked. Each participant was interviewed between one to two hours across one to two sessions to allow him or her to have ample time to share his or her story, as well as allow time to build rapport with the researcher. The goal of the interviewing process was to capture data for a qualitative analysis of the experiences of parents coparenting their child with an ASD.

The interview protocol with the questions used is included in Appendix A. Open ended questions were used to allow the participants to tell their story. The interviewer asked clarifying questions and provided follow up statements to encourage participant participation. In addition, throughout the interviewing process, member checks were completed throughout the interview process to ensure for accuracy. Specifically, the researcher provided summary statements and asked the participant if it was accurate or inaccurate, as well as if they would like to add anything.

Consent. Consent was collected both at the time of reviewing the formal informed consent during recruitment, and was reiterated prior to the start of the procedure. This study included individual parents, and one set of participants were coparents that both chose to participate. The RQI and demographic information questionnaires were administered at the time

of consent; prior to the start of the interviewing process. Prior to the start of the first interview, the interviewer reiterated the purpose of the study, explained how the interviews will be recorded and transcribed, explained the use of pseudonyms and their rights to confidentiality. Participants were provided with the formal consent form and questions were answered. Opportunity for discussing participant concerns was given and their signature was collected at the onset of the interview.

   Interviews. Interviews were completed by the primary researcher and were recorded. The interviews were transcribed verbatim by the researcher and checked for fidelity by a peer to ensure fidelity. The transcripts were analyzed and emergent inductive and deductive themes were described. Inter-rater reliability (IRR) was conducted as to ensure consistency between coding by multiple raters. A codebook was utilized to ensure consistency and to eliminate observer drift. The initial coding process was deductive, as it will be based on Feinberg's framework. The second coding process was inductive, as themes emerge based on the parent interview data. The coding was conducted using free coding.

   Confidentiality. The researcher ensured participant confidentiality by using pseudonyms when interviewing, transcribing and when writing about the participants. When coding, discussing or sharing the results; the participants were referred to by their pseudonym. All written information (i.e., consent forms) were kept locked in a file cabinet where no one else has access. Any electronic data or communication was encrypted and stored on an encrypted computer. The only individual that will have access to the computer and the filing cabinet was the researcher to ensure participant confidentiality.

   Incentives. The researcher provided each participant with a $25.00 Visa gift card for his or her time after the final interview.

Step 4: Data Analysis

A framework analysis was done as a primary analysis. The researcher transcribed the interviews with participants verbatim and entered the transcription data into an electronic document, then sorted and coded the data based on the framework by Feinberg (e.g, Joint Family Management, Support vs. Undermining, Division of Labor, and Childrearing Agreement).

Deductive coding allows the researcher to find support for pre-determined codes, which in this case, the domains within Feinberg's model of coparenting was used as the predetermined coding system. The four areas of Feinberg's framework of coparenting include: (a) Childrearing Agreement, (b) Division of Labor, (c) Support versus Undermining, and (c) Joint Family Management (Feinberg, 2003). Overall, this framework explains what components are present when parents work together to coparent their children.

The component of Childrearing Agreement speaks to the degree to which parents agree or disagree on child-related topics. Such topics include expectations for the child, discipline practices, the child's emotional needs, safety, the child's peer relationships, and educational standards.

The Division of Labor component encompasses how parents divide responsibilities related to the child. This component may include how parents decide who participates in the daily rearing of the child, as well as more distal factors such as child-related financial responsibilities, legal responsibilities, or medical responsibilities. Division of household tasks are also included in this domain but given the physical separation found in divorce, it was often presented in a non-traditional manner.

The Support versus Undermining component includes how parents relate their supportiveness to one another. This may include how a parent communicates or regards the other in terms of affirmation of their competency, acknowledgement of parental contributions, and relaying respect for their decisions and authority.

The final component, Joint Family Management, is related to how parents approach family interactions. This component captures the idea of the behaviors and communications they exhibit to one another, how their behaviors engage other members in their relationship with the other parent (i.e., having children involved when there is disagreement), and how each parent participates with the child in situations that include both coparents and the child.

Feinberg's model proposes that all four of these components are linked, but the degree in which they are linked most likely varies depending on factors within the family system. Through the deductive analysis, each four areas of this framework were present in the interview process across participants; but it is of note that not every component applies to each research question in this study. Thus, each question is listed and the support from Fienberg's framework is discussed across participants.

A secondary analysis examined the data for naturalistic themes that emerge based on what was shared by the participants during the interviews. The researcher coded significant items and sorted them into themes. The themes that emerged did slightly differ from the framework provided by Feinberg, thereby indicating possible expansion of this framework when applied to coparents of children with ASD in the process of divorce or that have already divorced. This data was summarized in a description of each theme, as it applied for each research question. Results were summarized based on the data from the themes across participants, as per each research question.

Chapter 4

Results

Overview

The purpose of this current study was to examine how parents who have experienced divorce coparent their child with an ASD. Feinberg's model of coparenting was used during a deductive analysis to view how it aligns with the experiences shared by participants (Feinberg, 2003). The themes that have emerged may further build upon this model, as well as further indicate areas to consider when examining the separation of family systems. In addition, an inductive analysis was completed to look at naturalistic themes that emerged from the data set. The following research questions have guided this study:

1. How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?

2. How do parents raising a child with ASD describe the impact of the divorce on themselves and their child?

3. How do parents raising a child with ASD share or divide the responsibility of raising their child and work together to coparent in situations of divorce?

4. How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?

5. What challenges persist when coparenting a child with ASD in situations of divorce?

Thematic Analysis Summary

Through the deductive and inductive analysis processes, themes emerged around each of the individual research questions.

Deductive Themes

In terms of deductive themes, Feinberg's coparenting model was used. The following themes were each supported within the interview data.

Childrearing Agreement

This theme encompasses the degree to which parents agree or disagree on child-related topics. Such topics include expectations for the child, discipline practices, the child's emotional needs, safety, the child's peer relationships, and educational standards.

Division of Labor

This theme encompasses how parents divide responsibilities related to the child. This component may include how parents decide who participates in the daily rearing of the child, as well as more distal factors such as child-related financial responsibilities, legal responsibilities, or medical responsibilities. Division of household tasks are also included in this domain but given the physical separation found in divorce, it was often presented in a non-traditional manner.

Support versus Undermining

This theme includes how parents relate their supportiveness to one another. This may include how a parent communicates or regards the other in terms of affirmation of their competency, acknowledgement of parental contributions, and relaying respect for their decisions and authority.

Joint Family Management

This theme is related to how parents approach family interactions. This component captures the idea of the behaviors and communications they exhibit to one another, how their behaviors engage other members in their relationship with the other parent, and how each parent participates with the child in situations that include both coparents and the child.

Inductive Themes

In terms of the inductive coding process, there were two themes that emerged. These two themes are as follows;

Our Child is Priority

This theme was found to have supported sampling across all participants (100%; *n*=6) in this study. This speaks to the idea that to have a successful coparenting relationship, one must perceive that the other parent has the same, shared, vested interest in their child. For coparents that reported an absence of this, it was also common for other areas of the relationship to be perceived and reported as poor quality.

Participant interview data appeared to indicate that the quality of the coparenting relationship was related to their perception of how vested the other coparent is within the coparenting relationship. Clara's interview data articulated the essence of this theme well; as she indicated that it was a component that was lacking, impacting all components of their coparenting. Overall, the thematic analysis indicated that an area of importance to each participant is a strong, vested interest in their child; which appears to be reported to impact the quality of their coparenting relationship.

In This for the Long-haul

This theme was found to have supported sampling across 83% of participants (*n*=5). The essence of this theme supports the idea that within the coparenting relationship there is a sense of commitment to the experience of raising their shared child. When this is lacking, participants reported lower levels of satisfaction within their coparenting relationship.

Thematic Analysis: Results

The following section details the themes that emerged for each research question via inductive and deductive analysis, along with a representative sampling of quotations to support each theme. Below is a summary of logistical information pertaining to the interviewing process; including the length of the interview time and length of the transcript for each participant.

Table 4: *Summary of Interview Data*

Participant	Total Length of Interview(s)	Length of Transcript
George	2 hours, 55minutes	32 pages
Stuart	2 hours, 37 minutes	26 pages
John	2 hours, 23 minutes	28 pages
Samantha	1 hour, 46 minutes	21 pages
Clara	1 hour, 32 minutes	18 pages
Tabitha	1 hour, 16 minutes	16 pages

While participant's individual experiences in coparenting their child within the context of divorce were found to be varied, there was much support of commonality within each theme, across participants. It is believed that saturation was met in this study, as similar themes became apparent and the data variation leveled off. Deductive thematic support for Fienberg's model during analysis provided support for the following components of Fienberg's Model of Coparenting.

Question 1

How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?

     Joint Family Management

All but one participant reported changes within their interactions and communication across time, with the more difficult interactions closer to the onset of the divorce and immediately preceding the divorce. For example, Stuart indicated that his interaction style and communication changed greatly over the course of the coparenting relationship;

> Now very well, during the separation and divorce it was hard. I think we always try to put the kids first if they had needs. There was bickering and stuff that went on and now we have come to a place where we communicate very well. We don't argue. We express "I disagree" or "this is my feeling on that." Now we talk our way through it and treat each other with a little more respect.

Tabitha indicated an improvement from how she and her coparent handled conflict previously. She indicated that they would previously "just be shouting on the phone, texting, or emailing, to be quite honest. And yes, it was ugly for quite some time there." Tabitha, like several other participants (e.g., George, Stuart, Samantha) indicated it has been a long time since she has experienced discord with her coparent. Tabitha indicated that she and her coparent "haven't shouted at each other for many, many years now. And I'm hoping to keep it that way."

     Modes of Communication & Interaction within The Experience. In terms of mode of communication, all participants indicated that they often communicate via text or email, on the phone and in person only as needed. For example, Stuart stated;

If I disagree, I will tell her. If I am skeptical of if I think something we are doing is

working, I will tell her. She does the same. If she thinks or if she disagreed about my

parenting style, she would just communicate via telling me, phone call, text, what have

you. It is successful.

Samantha also noted that communicating via text is extremely helpful for her. She said that "it

does give you time to stop and think about what the other person is saying instead of them being

on the phone or in front of you and overreacting to something" and that "It gives you a minute to

think about, you know, what you want to say back and all that...because it's not in the heat of the

moment."

Shared Experiences with their Child Since Divorce. Some participants (e.g., George,

Stuart, Samantha) made attempts to have shared times with their coparent and their child. For

George, attempts to spend time together with their son were less successful in the beginning,

immediately after the divorce. George attributed this to the fact that he was often just interacting

with his son, rather than engaging with his coparent. He reports:

I was going to put the nonsense from the litigation aside and help my son and keep things

normal. On holidays, we even all 3 went out to dinners so he could be with both of us,

and that stopped about a year into it. The reason being as I look back, I was more focused

on following the stupid agreement we reached in the divorce to the letter than I was in

anything else when she would be around. There was a provision in there about only

communicating about him, so I would keep it calm but I wouldn't get into anything with

her at all, I was just focused on [my son].

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Stuart and Samantha both have shared times with their child in the past. Both noted that they "sometimes" have shared times with their child, but that times when their child is with the other parent is respite. One example Stuart recalled was;

We did [My Son's] 18th birthday together. We have done graduations of the girls together. But we don't spend a lot of time together. Mostly when I have him, Samantha has time to herself. She enjoys that time.

Tabitha indicated that she and her coparent currently, on occasion, spend time together with her son at medical appointments. At times, this results in spending time together when waiting for their son to emerge from a procedure. One recent time she described was:

A year ago, we had to take him to the dentist. And he wouldn't sit still for his cleaning. So we had to find a specialist in [City]. And he had to be put under sedation in the hospital in order to get his fillings done and to get a proper cleaning on his teeth. And we both met there at the hospital and hung out four, five hours waiting for [Our Son] to come out of, you know, his sedation and all that. And we were just kind of talking about old times...about what [Our Son] used to get up to, and we had quite a good laugh, actually, for the four or five hours that we was waiting for him. See, stuff like that we can do now. Whereas in the beginning, we didn't want to be near each other to be quite honest with you.

When with their coparent, participants described their experiences in terms of how they interact with their coparent as "central to the child." George indicated that he will often "keep it professional" when he is with his coparent:

I just try to keep it professional that's it, since day one. I recognized even when we went out to dinners, for holidays, together for him; and I think somewhat for her. I didn't use

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those times to my advantage; I didn't talk to her. I kept it on him. I was focused on my son. In dealing with her, I try to keep it as if she was another lawyer and I was talking to someone on the other side. I keep it sterile, clinical, matter of fact, short and sweet and to the point. I don't put any negative emotion or any emotion at all.

Experiences in Communicating Agreements and Disagreements. Almost all participants indicated that disagreements are less frequent now than they were previously. In fact, many reported that times of discord occurred at much higher rates immediately thereafter the divorce. George reported:

We haven't really had a disagreement yet as far as how to proceed with him because we just talk about it. She is not entirely oblivious; she understands that it is for his welfare. If you present it like that, and if we talk about what is best for him, she is receptive. There is nothing about the relationship entering into it; the focus is on him from both of us. When we communicate like that, on the phone, texting or in person, it is not an issue.

Tabitha also reported changes in the frequency of disagreement since the onset of the divorce. She noted that:

You know what? We are pretty easy-going. Because anything that concerns [Our Son], I always share it with him. Like these day programs, I would meet him at the day program. We must have looked at four or five. But I always wanted him to be a part of [My Son's] future, and I always wanted him to know what was going on. So right now we really haven't had any disagreements in I don't know how long. We both just want the best for [Our Son]. And he's very happy at the place where he is now. And we both just want his happiness, and of course his health. His health is very important, as well.

When disagreements do occur, many participants indicated that they had worked out a successful way of addressing the concern. Currently, when George has a disagreement with his coparent, they "talk it out," as he stated;

I would just get her on the phone, and talk it out. She knows when I am upset or vice versa. You know from the tone. I try to maintain… I don't allow myself to become disrespectful, but if I think there is something I am taking issue with that is wrong, I am very literal. I tell her exactly what I think and feel, and vice versa.

In Stuart's case, he shared the idea that you must discuss and talk about the conflict:

There is the recognition of the conflict, the communication via text or phone call, and then there is a discussion. Then nine times out of ten there is a resolution about how we will handle it. I mean it sounds really simple but I don't know how else to say it.

Stuart also shared that conflict is inevitable, and that it will not always be resolved through discussion in his case. He placed emphasis on the fact that they resolve the issue and press forward:

They are infrequent; maybe a couple times a year. They look like Armageddon. Again, she will communicate something, we may have a heated discussion about it, and then there is a consolation, there is a give and take and then we resolve it. We press forward, there is not much avoiding conflict. We avoid at all cost, but once its there, we have to resolve it and move on.

Samantha, similar to Stuart, reported that arguments are often infrequent and more often resolved through direct communication.

If there's something I'm not happy with, I'll text him and say this is how I feel. You know? And we don't argue very much. We typically come to an understanding. We don't

really argue. I mean, I can basically communicate my feelings. Typically he tries to be

understanding and work with me.

Tabitha indicated that staying calm during a disagreement is part of her current

experience. She stated:

Well, we try and keep very calm about it. I can't remember really the last disagreement

we had. It's just been very smooth for the last five years. I can't remember the last

disagreement actually.

Tabitha indicated this is a big change in comparison from how she and her coparent handled

conflict previously. She indicated that they would previously "just be shouting on the phone,

texting, or emailing, to be quite honest. And yes, it was ugly for quite some time there."

As a result of rational, direct, calm communication; many participants indicate that the

issue is resolved and a compromise can be agreed upon. For example, Samantha indicated:

We either compromise in the middle, or I'll see his side and he'll see my side, and we'll

resolve it that way. You know, that's my understanding. We agree on some sort of

compromise, usually.

Tabitha reported that when they would agree or disagree on an issue, they would "let the

issue lie." There was "persistent tension" in the beginning. She stated:

We just...I think we kind of let it lie. We didn't talk for a little bit there. And it was just,

you know, we dropped him off at Bay Pines, at the hospital. And [My Son] would just get

out and go to his car, and the other way around. You know, he would get out of his car

and come to mine. And we really didn't talk for quite some time. We just kind of- as you

say- yeah, let it go for a little bit, just didn't talk for a while.

John and Clara both indicated that they respond to negative communication between their coparents and themselves by ejecting from the conversation once it escalated. Typically, the conflict "goes away" and then will not arise again for a while. For example, John stated;

It just goes away. I ignore it and it goes by the wayside. If she disagrees, she ignores it and does what she wants to do. It is not like it gets worse and worse and worse. Whatever the disagreement is, I will say, "Hey I don't agree because of X, and she will say something and then I tell her, "Well, this is how I am going to do it, and if you want to continue that at your house that's fine; but at mine this is what it is" and then we let it go. It is hard at two separate houses.

Changes Across Time. Rationale for the changes in their coparenting interactions and communication varied across participants. Stuart felt that maturity changed the interaction style and communication within his coparenting relationship. As he reflected on his experience in coparenting through the divorce, he stated:

At first it was a huge challenge, because I think our emotions got in the way and she didn't trust anything I said because she was mad at me. So while we were trying to coparent there was the questioning of motives, but as we have gotten through that we are better at it. There are not the raw emotions that were there early on. I think time and maturity changed that.

Samantha felt that changes in the coparenting relationship were due to direct changes in how her coparent viewed her child and her child's diagnosis of ASD. She attributed this change to be in part due to the environmental supports such as the school her son now attends. She reported:

I think the school had a major impact on [My Son's] father. And he... whereas before he was always trying to find a solution to fix [My Son], now he is more agreeable. Now he's more attuned to the person that he is, and working with him, and just loving him for the way he is instead of it always being a constant, you know...just a constant work about trying to fix him and fix these issues. So instead of being miserable everyday trying to come up with some type of solution about how you can fix this child, just love him for who he is and celebrate who he is. And that is what changed his father. It changed his whole attitude once we put him in this school. So he has been on board in the last four years. Prior to that, it was a different story. I do think he's trying to make the effort to do better and be better, which is important.

Samantha reports that her coparent saw "other families, the staff, and just them embracing these children and loving them and celebrating all their little triumphs" which led her coparent to understanding that "This child is a wonderful human being. He's not just this person that you need to fix."

Many participants indicated that there was growth in their coparenting relationship over time. Stuart indicated that throughout his experience that he learned a lot of what to do in the coparenting relationship through trial and error. He has recognized through his experience that:

Coparenting after a divorce is no different than any other relationship. It is so easy when you are emotionally involved with someone to get angry and hurt and have those feelings drive decisions. To remember to be respectful and to communicate constructively; not communicate angrily to hurt someone because you have been hurt. That goes a long way if you focus on what it is you are trying to resolve; rather than who's winning or who got hurt, why they got hurt or getting back at somebody.

Support vs. Undermining

The second component of Feinberg's theory through which the interviews were analyzed deductively was Support vs. Undermining. Overall, across participants, many highlighted how coparents relate their supportiveness to each other. In particular, themes that emerged around this component of Feinberg's theory included how parents communicate or affirm the coparents' competency as a parent, how they acknowledge their coparents' contributions to the family system and how they relay respect for their coparents' decisions and authority.

The majority of participants, with the exception of Clara and John, reported an overall sense of mutual support in the area of coparenting between themselves and their coparent. Each recognized that their coparent still relies on them within the context of the family system. George described himself as the "breadwinner despite the dissolution," indicating that he still provides for his coparent and his son. In addition, he stated numerous times that his coparent knows that if something is needed, he will provide it. When asked how he and his coparent work together, he stated;

> I would say very well because we are focused on his welfare and she knows I have that uppermost in my mind and I know that if someone relays a need to her, she will relay it to me. We still communicate with each other. I just got a text from her about college and vaccines and whether we want to have him vaccinated or if we want to fight it.

Stuart also indicated that his coparent still relies on him to provide for his son financially, as well as to be a shared partner in the area of parenting. Samantha reported similarly, but added, "I feel like he's very supportive, currently. And I can go to him with anything and he'll help." Tabitha indicated that she feels supported by her coparent as well. Tabitha reports that she

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believes her coparent trusts her based on their interactions, and she believes she provides her support in her decisions related to their son. She states;

> I think he trusts me to handle [My Son] because he knows that I love him and I wouldn't put him in harm's way and I would always find the best help for him. So I think that I get a lot of support from him in that way.

United Front. Several participants (e.g., George, Samantha and Stuart) noted that parenting decisions are made in a mutual fashion and that they are a united front for their sons. George indicated that when a decision is made in regard to his son, he and his coparent speak, make a decision, and then present it to their child together. Samantha and Stuart both indicated that they will often support a decision the other makes after a discussion and then will attempt to be consistent within their own homes. For example, when his son was washing his hands repetitively, both households removed access to soap.

Positive Events with the Child. Several participants indicated that they will communicate regarding positive things within the coparenting relationship or regarding their child. George indicated this by noting that they will often communicate about positive events that relate to their son, stating:

> That gives the other person a momentary uplift. I would say "He did this..." or "He went and interacted with this group and talked about that…"; any little victory because you have to stay motivated. But also I understand she is not around and she understands I am not around on our respective watches so the other person has to let the other know. She is good about that.

George reported that his coparent supports him in his role as a parent by communicating positive things related to their son and that he will often reciprocate this support. George shared that he

will often share positive experiences or milestones about his child. For example, he stated, "I will still share good things he does, as events warrant. I don't go out of my way to have any other types of conversations."

Quantity & Types of Support. In terms of the amount of support provided to each other, all participants (n=6) indicated that they believe they provide some amount of support to their coparent in the coparenting relationship. The type of support varied, but there were some areas of overlap in their current experience of coparenting.

George indicated that both he and his coparent provide the time for discussion and decision-making in regard to their son. George noted, "It goes both ways. It is mostly her getting support from me, but if I need to address something, she will make herself available every time." Despite his feelings about her, he still meets the needs of his family system and attempts to push past his personal thoughts and emotions. He noted that his motivation for supporting his coparent is often due to his recognition of the benefit to his son. For example, he stated: "I try to support her; in reality I am supporting him by supporting them."

Like George, Stuart indicated that he provides support to his coparent by accommodating his schedule to provide time for coparenting. He indicated:

> I think I provide as much support that she asks for, or inquires about. When she has a need, I provide it. When it is something that needs to be done, I accommodate my schedule for that.

Stuart also indicated that he feels supported by the time she provides to the coparenting relationship. For example, Stuart shared that Samantha will often "participate equally" such as when there are doctor's appointments, school events, or baseball games for her son.

Samantha indicated that she feels she provides support in way of communication "when he's having a hard time dealing with things or understanding why life is this way or that way." Samantha indicated:

We do get into discussions of, you know...I guess I take more of a counseling approach with him. I think it seems to help him, you know? I don't know how much, but... I mean, you know, I want the best for him because he's the father of my children.

In terms of the support she feels she receives from Stuart, she indicates that she feels as though he is "there" and that she can "go to him with anything and he will help."

Tabitha indicated she provides open communication as a support to her coparent. When asked about the amount of support they provide to each other, Tabitha stated that she felt she provided "a hundred percent because I let him know everything [about our son]. Tabitha reports that she and her coparent will often touch-base on concerns related to their child. In particularly, Tabitha and her coparent work to "keep the lines of communication open," and she reported:

More or less, and we'll just tell each other if something neat happened or if something not so good happened. You know? We swap notes, to put it like that. We talk. We talk at least twice a week.

As for Clara and John, both felt that their coparent did not provide support but that they provided support to their coparent. Specifically, John stated;

Quite a bit, but it doesn't go anywhere. I try to help her. I am not an expert, but I tell her to try this and you tell her to do something and it won't happen. We have even tried "hey let's try to do this" and it still doesn't change the way she is.

Clara indicated that she feels she provides a great deal of support to her coparent. She stated:

I think I am huge help in the sense that he is worry-free with his kids well-being. He feels

they are in good hands apparently. I guess in a way it is a relief for him. He is the one

who controls when he can be here and what time; it is all in his terms. I assume that is

much easier. You do life, do whatever you want when you want. He doesn't have to

worry about the responsibility of his children.

Indicating Positive Regard to their Coparent. Several participants reported that their

coparent affirmed their parenting skills. Several participants shared that this was an infrequent

but memorable occurrence that was nice to hear. George shared:

She has told me before that the one redeeming quality I have is that I am a good father. I

think she is fine with my parenting, and I thinks she also recognizes I try to have a good

healthy relationship and help him as much as I can.

Tabitha also stated she and her coparent often share support for one another by

communicating positive regard to one another. She stated:

He thinks I'm a great mom, and he's told me that. And I think he's a great dad. And to be

quite honest with you, he's never called me a bad mother. I think in the beginning,

because everything was so raw between us, that he called child services to have a dig

because I was with somebody else. It wasn't so much to do with [My Son]. It was because

I was with somebody else. And it was that.

Childrearing Agreement

In the area of Childrearing Agreement, participants indicated the degree to which they

agree or disagree on child-related topics. Such topics include expectations for the child,

discipline practices, the child's emotional needs, safety, the child's peer relationships, and educational standards.

George indicated that "99.999% of the time we agree. If we disagree, we talk about it and make our points and then decide from there. If we need to we will talk again. Whatever we need to do." George reported high agreement on school-related issues, therapeutic interventions, transportation to appointments, fidelity tracking, continuity between caretakers with interventions, and agreement regarding their child's future. In terms of discipline, he and his coparent come together to share the load. For example, George indicated,

> When it came to disciplining him after he hacked into someone's email,...we had a talk
> about it beforehand regarding the punishments, then I came over and we presented them
> together. That was it and then what we decided happened. We pulled the computer, the
> phone, all electronics, and Internet access…the whole 9 yards. We also initiated a
> therapist, so he could speak with a therapist that has a lot of experience with kids on the
> spectrum who helps him cope and understand why he is doing what he is doing.

Stuart also indicated high degrees of agreement between himself and his coparent. He was able to recall a time of agreement with ease:

> We wanted to take him to the pain management center at [Hospital] to see what could be
> done for cluster headaches there and came to an agreement about CBD oil to see how that
> affects his anxiety and calm him. I would say that is most recent.

In terms of his son's future, Stuart and his coparent, Samantha, indicated a shared vision and high agreement. For example, Stuart indicated:

> I think we both agree it's pretty nebulous that we don't have any illusions that he will be
> independent. He will be with one of us until we are both gone, and then he will stay with

one of his sisters. Unfortunately, we don't see independence. We are pretty much in

agreement on that. Not that we have given up on it, but we haven't found something that

would work yet. I am trying to come up with a business model that will work for kids that

are not capable of doing the Publix bag boy thing, where they need more supervision. We

are discussing different business ventures; either a shredding business or something to

create a future where he has the reward for a couple hours a day. I don't think anything

will happen unless we do something for them.

Stuart also indicated that he believed his coparent, Samantha, shared the same vision:

I think she sees the same thing; once he reaches the cliff at 22, anything that is there for

him we will have to carve that out and make that happen for him. We are in agreement

for that.

Samantha indicated a similar vision, and that she and her coparent, Stuart, have high rates of

agreement. Samantha said, "We share the same vision. We'd like to have him work and be a

functioning member of society."

Contrary to the experiences of the other participants, Clara indicated lower rates of

agreement. When asked about her son's future, she indicated:

That we have not discussed yet. I believe he assumes that he will be with me forever and

that is it. So I don't know how he feels about a group home in the future if we ever do

that, or I don't know. We haven't discussed it. I really think he believes I will always be

his caregiver.

In addition, Clara reported areas they had discussed as areas of disagreement. In

particular, concerns about medication are a reoccurring area of disagreement. Clara reported:

I keep going to the same one. He would really love to see my son without medicine, so

that we cannot come to agreement with. I feel like he is on medicine, his day is optimal

for learning and being in self-control. If you are all over and anxiety kicks in, he will be

less likely to learn.

Clara indicated that she does not believe and cannot see how they can compromise on this issue

given that they have polar desires related to medication. When this concern comes up, Clara

reported that they will often have a disagreement, she will disengage, her coparent may miss a

visit with their son, and then things resume as they were until the topic comes up again.

John indicated that areas of childrearing are discussed with his coparent via the court

mandated email system and at times via text. John indicated that there are few areas of

agreement. He noted:

I am trying to think. There are not very many. Honestly I can't think of something right

off the top of my head. We agreed on the school she goes to and that helped her out. That

went good because it is helping her out a lot. I tried to get her to switch something before

and we finally did. So that was the better of agreements. [My daughter] was at a regular

public school. The school didn't know how to handle her in regular classes. She would

have meltdowns and aggravated if things didn't go her way and she would throw her little

fits and stuff. The teachers didn't know what to do and they would try to remove her from

class because back then she would cry a lot when she got mad. They would remove her

and then it would be okay and then it would go back the next day. It was an ongoing

battle. They were not spending enough time with her trying to teach her the right way.

We finally agreed she needed to go somewhere else. Someone told us about the school,

we applied and they accepted her and she has been there since.

Similarly to Clara, John indicated that there were areas of childrearing that were not discussed. One example he cited was "I don't think we have ever talked about the future. I guess when done with high school, we have never gotten that far."

Overall, experiences in the area of Childrearing Agreement varied across participants. Four participants indicated areas of agreement that were discussed and decided upon; two participants shared that there is high disagreement and areas that have not been discussed.

Our Child is the Priority

Participants often described the fact that the experience of coparenting became about their child. The fallout from the marital relationship often impacted the quality of their coparenting interactions and behaviors towards each other, but it was notable that parents that shared a positive coparenting relationship indicated a shared, vested interest in the child they were coparenting. Samantha, Stuart, George and Tabitha all provided experiences to suggest that they perceive their coparent to have a strong, vested interest in the child they share. George indicated this well when he spoke about the transition to a coparenting relationship and noted:

I took what happened before the divorce and try to just work with her best as I can in order to do everything I can to help [My Son] get to the highest level he can. My goal was and still is that he become self-sufficient, self-supporting and live his life normally and happily and I didn't want to see anything jeopardize that. Even after the divorce, with her getting the most expensive lawyer she could find, they worked on depleting my bank accounts before they would even talk about any kind of settlement; it is just insane. I put all that aside and decided to do whatever is in his best interest. I let them know early on that we don't need to do this fighting and spending, and let's just figure it out. There is a

term in family law where you just sit down as rational people and try to come to an agreement, but no. We had to keep things stirred up and keep fighting until there is nothing left. That was the route she chose. Anyway, even with all that my goal was to work together with her just like I always have, and put all that aside.

Tabitha indicated that she felt her coparent's steady interest in their son helped improve their coparenting relationship over time. She reported: "We both know that we just love our boy, and we always say "our boy", and he always will be." Additionally, Samantha and Stuart both noted the fact that Stuart's increased participation and focus on his son in the last four years positively impacted their coparenting.

Contrary to this experience, Clara and John both indicated that they felt their coparent lacked a focus on their children; their children were not of priority to their coparent. Both expressed they felt their child was not the priority, which in turn impacted the quality of their coparenting relationship. Clara expressed this best when she shared:

He is supposed to see him every Wednesday night, every other weekend, but it is Friday night through Monday morning, but he brings him back Sunday around 4:00pm. Two weeks in the summer, he has never done that in 5 years. Then one week in Christmas which he has never done either. So I did that math for him when I was feeling resentful; in the 5 years we have been divorced you have missed what were supposed to be your days 350 days. That is almost a year lost, and you are 20-minutes away from him. I know you don't work 24/7. I resent that his child is not his priority.

John indicated similar concerns to Clara, noting that his coparent is not focused on [My Daughter], but is instead focused on her own priorities. One example he gave was his coparent's interest in relationships, regardless of the impact on her daughter. He stated:

It is what [My Daughter] has to deal with; this month it's this guy, now he's gone and it's another. Her mom denies she lets men live there; it is a revolving lie. I think she doesn't want me knowing. I have said it in email every time I hear about men spending night in the house. There is no filter of the people she brings in [My Daughter's] life. There are all these different people.

He indicated that he feels his daughter is not "a priority to her," which impacts his perception of her parenting and their coparenting.

In This for the Long-haul

The essence of this theme supports the idea that within the coparenting relationship there is a sense of commitment to the experience of raising their shared child. When this is lacking, participants reported lower levels of satisfaction within their coparenting relationship, as seen across participants.

Throughout George's interview data, it was seen that there were clear points where discord left him questioning the reliability of his coparent. This led him at times to question if his coparent was committed to the coparenting relationship. For example, one conflict regarding discord between his son and a new boyfriend of his coparent led him to one of these times. He stated:

So anyways, after the thing with the boyfriend, I decided at one point I wasn't going to work with her, not going to talk with her, not going to interact with her at all. I thought about the effect on the child and I know he has had a hard enough road; he doesn't need this on top of everything else. I recognized in taking the long view it is much better to

have a mother involved that cares as much as she can care than it is to have no one, especially if I am gone.

In addition to concerns of commitment, he voiced a concern of the long-term impact his coparent has on his son, and his concern with planning for when he is deceased. He indicated the importance of having security within the coparenting relationship when he said:

I have met parents before that want their kids to take sides, and I can't wrap my head around it. Maybe that goes to neurotypical kids, but I have to think about what will happen to him when I die. I have to think of who will be there for him after I am gone because he has no siblings; he has nobody to look out for him other than her. I wouldn't put her in charge of his trust or anything. I don't trust her as far as I can throw her, but I want her to be there for him as much as she can.

Stuart and Samantha also provided support for this idea. In discussing their plans for coparenting, they spoke about long-term parenting plans (e.g., well after high school) and connected this to the fact that their son will "never be completely independent." Samantha also indicated that she and Stuart had discussed plans for their son if/when they both are deceased during his lifetime. Tabitha shared that she and her coparent have had a similar discussion of long-term parenting and planning for if/when their son would be without either of them. Tabitha stated:

You need open communication; be patient, listen to each other, and just remember you're both always going to be parents to that kid, and that's never going to go away.

Question 2

How do parents raising a child with ASD describe the impact of the divorce on themselves and their child?

Joint Family Management

Participants described how the divorce and splitting of the family system impacted their child, themselves and at times their coparent.

Impact on Themselves. Participants unanimously described the splitting of the family system as a negative experience. The major factor that was found to be impacted was the their time with their child. Stuart, George, Clara and John all felt that they lost time spent with their child since the divorce. George reported:

> It has impacted the time I have had with my son. I haven't been there for the daily stuff from school, have not been there nearly as much as I would have been if I had not been divorced. It impacted me, and him on that perspective, I think adversely in that regard. I missed out with time with him and on some of his neediest years. That is what stands out to me, as far as impact. I don't miss her at all. I wish- well actually…if wishes were horses, beggars would ride. It is what it is and I have adjusted to it. I try to do the best that I can.

Similarly, Clara indicated that she misses out on one-on-one time with her son post-divorce due to having to return to her career. She indicated that her job is 9am to 5pm, Monday through Friday so she no longer can get her household tasks completed while her son is in school. She noted:

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I guess the biggest impact was I was always home with him, I didn't have to work. So I got everything done before school and when he was home from school I could dedicate my 100% time to him and now I don't. That brings a struggle. For me that has been hard. I feel like I am home from work with him at the same time, and then I have to take care of household things so I don't get as much one-on-one with him anymore. So I am watching myself, and ask is that impacting his development? People say it is not as critical now that he is older, but that is the biggest impact I would say.

Two mothers (Samantha and Tabitha) both described the divorce as a death and the grief that went along with it. They described having to re-evaluate their futures and grasping for stability in their lives. Samantha said:

Well, it was honestly the death of my family. So I guess that's how I dealt with it, like a death. And I just had to- you know, I had to deal with it over time. And it was hard. It was absolutely terrible. So you have to, you know... your future is not what thought it would be. You have to recalculate your life, have a whole different plan. [My Son] was diagnosed, and six months later he left. So having the diagnosis was very difficult, and then having him leave six months later was real difficult.

Tabitha likened the divorce to a death as well. In her case, she felt that the divorce was a choice she made to better the environment within the home for her son. She stated:

It was like a death. It was like a death in the family. It was terrible in the beginning because, you know, it breaks up the family unit. But I knew that I couldn't go on like that anymore with all the nastiness in the house, and it wasn't good for [My Son] to hear the arguments and stuff. It wasn't good for him to hear.

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Impact on their Child with ASD. In terms of how the divorce impacted their child with ASD; many parents provided details about what they felt their children lost. With the exception of one, all participants highlighted that their child lost time with the non-primary coparent, often to the detriment of the child. For example, George noted that his son lost the opportunity for growth and development when George exited the family home. He expressed that his son would have had the opportunity to have him there to model and teach skills. He stated:

> The bottom line, from that time to now, I just think he has missed out having my influence everyday to the degree that it could have been; however that would have manifested. It would have been more activities together, more times together, more talking together.

In addition, George expressed that having live-in access to his son would have afforded his son with more companionship and greater development of relationship-building skills. George said:

> The thing that stands out in my mind is how he occupies his time. He spends quite a bit of time alone on the computer. It is not all positive. Everyone needs alone time, but he has more than his share. I already know if I were there nine-tenths of that would have been wiped out. I would have had ways to include him, get him to be more active. It is a lot harder to do from far away with the majority of my time being weekends only and not all, but most. I think he would have had more socialization, more learning.

Four participants indicated that their child was "unaffected" or "appeared okay" with the transitions the divorce brought. Specifically, Clara, Samantha, Stuart, and John all indicated that their child appeared to be less affected by the divorce. Participants indicated that it was unclear if there was a relationship between the child's age of the onset of divorce, the child's level of functioning, the family's responses to minimize the impact on the child, or unidentified distal

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factors that minimized the behaviors exhibited in response to the divorce. For example, Samantha, Stuart, and Tabitha all indicated that there was neither an increase of problem behaviors nor an outward expression of grief from their child. Tabitha shared:

> He was very resilient. They're more resilient than you think. He accepted it extremely well- not that he could tell me how he felt or anything. But I didn't feel like there was any feel bad repercussions. You know? It was all good in the beginning because, you know, I stayed in the house for six months, his dad was living with his dad for six months until we could get affairs sorted out. But all I can say is what I saw is that [My Son] adapted very well, and I didn't see any bad outbursts, which I was surprised. He seemed to take it extremely well. And when it all went down, he was fourteen. He was about fourteen when we split up.

It is of note that Samantha, Stuart and Tabitha maintained a great deal of consistency during and post the transition. John maintained that he felt his daughter was too young to remember the transition but that the divorce itself did not impact his daughter. Instead, John shared that he feels that his coparent's response to the divorce has been detrimental to his child. Specifically, he feels as though his coparent "babies" his daughter, which impacts her independence.

One participant, Clara, indicated she "does not feel her son lost much" due to the fact that her coparent had little interaction with her son prior to the dissolution of the marriage. In fact, she went on to say that the quality of their relationship has not changed from pre to post-divorce. In her case, her coparent historically and currently travels for work Monday through Friday, so she said her son would only have access to her coparent on weekends regardless of the divorce. She indicated:

I would say not so much say the divorce [impacted him], because even without it he

would not have been as present. I would have like my son to have a better relationship

with his father. I don't think the divorce caused that.

Two participants voiced concern about the emotional response that their child has

exhibited since the onset of the divorce. Clara and George both indicate that their children were

aware and impacted by the separation of the family system. In terms of her son's awareness of

the divorce, Clara indicated that she initially did not believe her son knew of the divorce, but she

now feels he is aware, but that he cannot "reason what he is missing." When asked to provide

detail, she responded that;

> He will bring it up. He will ask if his dad loves him. That was heart wrenching when he
>
> started asking that. Then he would ask to see him. But now he does not ask to see him
>
> and he will even say, he keeps track and when it is his Dad's Friday he will say "No
>
> Daddy Friday, stay at Mommy's house," but when [his] Dad does come he goes willingly.
>
> He doesn't cry. He says it, but he goes willingly and sits in the car happily. So I don't see
>
> him distraught, so I allow him to keep going. He just verbalizes it that way.

George indicated that his son was thirteen at the time of the divorce and was highly aware of

what "divorce" meant for the family. In his words he stated:

> I don't think it has been good for him. I have to go back to the first day when I sat down
>
> with him at dinner with tears streaming down his face and asking "Why, why, why?" He
>
> was barely 13, just a baby.

Question 3

How do parents raising a child with ASD share or divide the responsibility of raising

their child and work together to coparent in situations of divorce?

Division of Labor

Perspectives on Responsibility. Each participant rated themselves as at least 50%

responsible for their child, including those who did not have primary responsibility of their child.

The mothers in this study (*n*=3) indicated a greater percentage, and often they expressed that the

greater amount of daily caretaking provides them with a greater percentage of responsibility.

Below is a summary of the perceived amount of responsibility each participant described as well

the amount of responsibility they described for their coparents.

Table 5: *Self-Reported Division of Responsibility*

Participant	Self-Rated Responsibility of their Child	Perception of Coparent's Responsibility of their Child
George	50%	50%
Stuart	50%	50%
John	52%	48%
Samantha	75%	25%
Clara	100%	0%
Tabitha	66%	33.3%

The male participants indicated it was more of a joint division of responsibilities whereas the

female participants indicated they have a slightly larger amount of responsibility than their male

coparents.

One mother, Clara, indicated that she is completely responsible for her son, despite

having joint custody with her coparent. When asked to provide detail regarding this, she

responded:

I feel bad saying this, but when he has my son, I don't see it as us co-parenting. I see it as babysitting, like "okay, I have a little break here and there". That's about… the way I see it. Like, he's a babysitter more than a parent. I mean, I try keeping him in the loop. I sign him up to get all the school news. I'll ask him, he didn't read it. I send him all the appointments for the doctors. I let him know when there are open houses and what not, to meet the teachers. But that's the same way he was with my daughter. It's not because his son has autism and he has an aversion to that.

Samantha and Tabitha were similar in their perspectives, as they indicated that they are with their children more, so they bear a greater responsibility for the day-to-day needs.

As for the male participants; they rated their coparenting responsibility more in accordance with their perspectives of the amount that they feel they contribute to the coparenting relationship. Stuart shared that:

When it comes to school events or doctor appointments, we both participate in those equally. We are a joint front; when it comes to going to a neurologist, an IEP meeting, attending parent night, orientation, what have you. He spends the lion share of his time, 65-70% of his time with her, and during that time she is mom and dad and when he is here I am mom and dad. From a responsibility standpoint, we are 50-50 when it comes to decisions or his needs, but he is with her more. So she is the more predominant parent. She does more of the heavy lifting because she is there more. I would be open to him spending more time here. I don't know how she would or would not feel about that. We participate in a constructive manner.

Like Stuart, George also indicated that he is active in the decision-making process with his son, despite not having as much physical time with his son. George indicated:

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I would say it is 50-50. Not based on time, but when you put in the "what is happening"

component. She gets more time with him than I do because of my work, but I would give

it 50-50.

John expressed that he feels the responsibility-factor related to their child was expressed by

financial contribution. He indicated;

We have 50-50. When I have her, I have her. I buy and pay whatever I have to do. When

she has her, she does. When it comes to school and sports we split it. I pay 52% and she

pays 48%. When she is with me, whatever she needs at my house, I pay for it. At hers,

she plays for hers. Then extracurricular and school functions we split. Doctor's visits and

copays--we split all that.

Each participant indicated that regardless of their perception of responsibility, they are happy

with the amount of responsibility they have for the labor and division of labor within the

coparenting relationship. Tabitha indicated:

Yes. I feel comfortable with it that way. Because I am the mom, you know. I am his

guardian. Although, as I said to you before, I don't keep anything from his dad.

In addition, four of the six participants indicated that they believe their coparenting partner

would rate their responsibility in a similar fashion. Two male participants (Stuart and George)

indicated that they felt their coparent would state that more of the childrearing and labor would

"fall on them" because they are "just with [my son] more."

Participants were interviewed regarding who takes the lead in specific areas of their

child's life. Each participant was able to identify at least one area where they jointly participate

or the coparent takes the lead; with the exception of one participant (Clara) who indicated she

leads in each area related to her child.

School Concerns. In terms of division of child related concerns, taking the lead on school concerns was reported to be the case for two participants (Tabitha and Clara); whereas the other four participants indicated that they all take equal effort in school concerns related to their child with ASD.

Tabitha and Clara both indicated that they take the lead with school concerns. Tabitha attributes this to the fact that her coparent approaches concerns in a more abrupt way. She states;

> Oh, I would say that it was me because [Coparent] was kind of known as a bit of a
> troublemaker at the school. He can have an attitude on him. He just can. And he doesn't
> have too much tact. Like he...where I would rather sit down and try and explain
> something, he would kind of go like a bull in a china shop and say, "Why are you doing
> this to my son?" Where I always think there's got to be a reason why something
> happened. So he had a bit of a reputation at the school.

Clara indicated that she is the lead on school concerns because she will often research placements. She also indicated that her coparent will not contest her decisions, but he does not contribute to the process.

The four other participants indicated that they all equally divide the responsibility related to school concerns. George shared that his coparent and him will both attend meetings, but she is often notified of concerns before him because she works part-time at their sons' school. Stuart and Samantha indicate that they both participate in their sons' school related concerns. Stuart shared;

> We both participate in his school. I head up the dad squad; I try to organize dads to
> participate with the kids. Last year I was the vice president in the PTO, and she was the

secretary. So she and I are both equally active in the school. I would not say more than

the other.

John indicates that his coparent and him take a "separate-but-equal" approach, as they both

attend meetings as often as they can; but they often attend separate meetings. For example,

teachers will have the same meeting twice; unless it is an IEP meeting, then they must attend

together.

Transportation. Participants were also asked to reflect on their experiences related to

dividing up transportation duties. Tabitha indicated that she is "a hundred percent on that"

because therapies are either in-home or at school. She indicates that she intentionally sets this up

to be the case, as her coparent "can have a bit of an attitude and scares people off. He's just that...

that's just him. He's always been like that." Whereas, George indicated it is his coparent that

transports his son to therapies and to doctor appointments because he cannot leave due to work.

One participant, Clara, indicated that she is the one who handles all transportation to

therapies and doctors. She stated, "Me. Everything is me." Whereas, the majority of participants

(n=3; Samantha, Stuart, and John) each indicated that they share the burden of transportation.

John indicated that it is "whoever has [their child] that day" takes her to appointments. Stuart and

Samantha both indicate that they will meet up at appointments, but at times they will carpool if it

is easier. Stuart indicates;

Most of the time we meet at the therapies, but there have been times I have picked her up

if it was convenient. If he is with me, then we meet; or if he is with her, then vice versa.

Financial. Participants also reported on the division of financial responsibility related to their child. Two participants, Stuart and George, indicate that they primarily provide financial support for their child. Samantha, Stuart's coparent, indicated that insurance covers some items but Stuart paid for much of their son's therapies when he was younger. John indicated that both parents split the bill. John indicates "It is a 52-48 split, of whatever the bill is," but that each party will pay for their daughters clothing, food and items during the respective time they are with her. Tabitha indicated that her son receives SSI now, so she does not need support from his father. She stated;

> Financially, neither of us are in each other's pocket so to speak. You know? [My Son] gets his SSI. And you know, he eats like a horse. I figure it covers his food- food and a little bit of boarding.

Clara indicated that she is supposed to share any financial expenses regarding medical or extracurricular with her coparent; but that "it has not happened since the first two years for medical and never for extracurricular expenses."

Therapies. Participants were also asked about their experience of dividing responsibilities related to their child's therapies. Participants disclosed that many times each coparent participates in the therapy-access in different ways. For example, George indicates;

> We talk to each other about that. Well, when I was initiating therapies I would identify one that I wanted to do, or an intervention that I wanted to try next and she would go along for the ride. She schedules it and she takes him there.

Similarly, Stuart indicates that his coparent finds the therapy and researches it; then they participate in an equal fashion. He indicates;

I would say she takes the lead on using Google to come up with avenues for us to

explore, then conveying those to me and then us deciding how to make those happen. If

she decides, she will say "Okay I think that this can help, because I read this, this and

this;" she takes the lead on that kind of stuff. She introduces the ideas and we participate

in the attendance together.

Samantha reported the experience and division of responsibilities related to therapy much like

Stuart; as she states "I scheduled all of them and we took him to all of them."

Tabitha and John both shared the experience of the therapies coming to their child; as

both report that their children access support in the school setting. Tabitha also indicated she set

up in-home speech therapy. Tabitha's coparent has the contact information and collaborates with

therapist as needed. Clara reports that historically her son participated in therapies, but does not

presently. When he did participate it was "all [her]."

Communication Regarding Doctors. Participants also indicated that they divide or

share the responsibility of doctor visits, communicating about the visit outcomes, and about

fidelity monitoring (e.g., treatment plans and/or medication). Tabitha and Clara indicate that they

are the primary coparent that is responsible for attending visits, communicating with the

physician, relaying the information to their coparent and for attempting to monitor treatment

fidelity. Clara and her coparent have a great deal of discord related to medication, as her coparent

does not agree with their son taking anti-anxiety medication; thus he will not adhere to

administering the medication consistently when their son is with him. Tabitha indicated that she

would share data sheets with her coparent and check in with him regarding treatment fidelity.

Contrary to this experience, George indicates that his coparent takes the lead with physician

appointments and communication due to work conflicts. He indicates;

She relays that. I will go when I can, but she primarily does that because of my work and my hours. I can't just take off any time. That is how it has been for the longest time because she wasn't working at all. She didn't work at all throughout the marriage and for a good part of the divorce she hasn't worked. Even when she has now, it is not that much. It does not make sense to take the guy with the money and create problems with his job.

Stuart and Samantha indicate that they approach it in a team-based approach. Stuart indicates;

Most of those things we attend together but there is a solid line of communication back and forth. If he goes to the chiropractor and he gets an adjustment, then we talk about my perception of how it worked, and vice versa. Most times we attend together; it is equal. Also, via text message each day we ask "how is [our son] doing?" and we stay into communication as to how it is going. When I take him or pick him up we kind of convey the same information as to how it is going. There are not parameters set out that we are tracking currently. Previously, she did because she was there with him the majority of the time. She had a more predominant role in that.

Samantha also indicated that the shared responsibility with doctor visits is new in the past few years, as prior to now she would take him and report back what the doctor said to do. Samantha states;

I would tell him what to do, but, you know, when he would go back to his house, I have no idea if he did it. He wouldn't really say if he did or didn't. But a lot of the times at that time there was just a lot of frustration on his father's part.

John reported a great deal of discord regarding the responsibility of physician visits. Often times, his coparent will schedule appointments for their child on days in which he is scheduled to have time with their daughter. John says;

We are supposed to agree together, but it doesn't work that way. She calls and tells me on

this day, without checking with me.

John also said that they often have to request specialist referrals from existing doctors so they

can agree on which specialist to bring their daughter to visit. Treatment fidelity is another area in

which they have a challenge tracking, as John indicates;

I don't know about meds. Only by what [My Daughter] said. [My Daughter] tells me all

the time, "Mommy didn't give my medicine."

Discipline. Participants were asked to share which coparent determines or takes the lead

on discipline for their child. John indicated that there is no agreement between coparents and that

discipline is an area of contempt between coparents. John indicates;

There is no agreement. In my house, every kid is the same for everyone. Whatever rule,

you lose your iPad you don't go outside or whatever. At mom's house there is no losing

anything.

Clara, Stuart and Samantha all indicate that they do not have a discipline lead, as their children

do not engage in behaviors that warrant discipline. Stuart indicates;

[Our son] doesn't do anything that needs to be discipline. If he has hands in pants, we tell

him "No hands in pants" and then they come out. It doesn't mean that 5-minutes later he

won't be doing it again. If he comes out here naked we tell him that he has to be naked in

his room. There is redirection to a small extent.

Tabitha indicated that her coparent and her rely on the guidance of their behavior therapist, and

they use data sheets to ensure fidelity across households. Tabitha shares;

Well, I always give him...he reads copies of his plans. We do have data sheets. His

therapist does them. I do them and keep them on the fridge. That's what his looks like,

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with all his behaviors, you know? The good, the bad, the ugly- that kind of thing. And his

dad does it, as well. So we do keep the data going.

George indicated that his coparent and him share the division of discipline. He shared that they

will come together to discuss the issue, come up with a consequence, meet with their son

together and then share it as a united front. They both implement the consequence across

households for consistency.

Daily Routines. All six participants indicate that daily routines are decided by whichever

household they are at, which may or may not look the same across coparents. George highlights

this, as he states routines are selected on a "pretty much as needed basis at each house."

Future View. Participants indicate that when dividing responsibility regarding their

child's future; some had not discussed it, whereas others had.

George, Clara, John, and Tabitha all indicate that they had not had a formal discussion

regarding their future responsibilities and vision for their child as they transition from high

school into life. George indicated;

> I don't think we have ever sat down to talk about that because we are hopeful he will take
>
> care of himself someday. Realistically I don't know if that is the case. The jury is still out.
>
> Especially if this social thing goes unaddressed. It is not something we have talked about.
>
> I want to send him to college and he will live at college. She is really focused on that, and
>
> she mentioned it, and I let it slide because I think he will need more support than that.

Clara too highlights this concern well, as she states;

> That we have not discussed yet. I believe he assumes that he will be with me forever and
>
> that is it. So I don't know how he feels about a group home in the future if we ever do

that, or I don't know. We haven't discussed it. I really think he believes I will always be

his caregiver.

Stuart and Samantha indicated they had discussed it and that they have a loose idea as to what it

would look like for their son, as he gets older. Stuart indicates;

I think we both agree it's pretty nebulous that we don't have any illusions that he will be

independent. He will be with one of us until we are both gone, and then he will stay with

one of his sisters. Unfortunately, we don't see independence. We are pretty much in

agreement on that.

Question 4

How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?

Our Child is Priority

Participants indicated that a large part of what was helpful for themselves and their child

through the transition of the divorce was keeping the child and their needs as the top priority.

One need that was cited by four participants (Clara, Samantha, Stuart and Tabitha) was a need

for consistency. Samantha indicates;

It was...Like I tried to carry on and keep the same routine going. The rest of his routine

was the same, you know. He still had his therapist, and he still had his school. It's just

that Mom and Dad wasn't living together.

Stuart also noted the consistency was a key to minimize the impact of the divorce, as he noted

"all coparent scheduling has been the same since the onset of the separation at age 2."

Additionally, several participants noted that outsides supports were helpful during this time. Tabitha noted that the support of her sons' therapist and caregiver was helpful. Tabitha shared;

> I would say the supports of all of his therapists, and at the time we had a wonderful, wonderful caregiver that looked after him after school when his dad and I were working. [Name]...she was wonderful support- her and her family. But unfortunately, she passed away probably about a year after my divorce. So we lost that support. But at the time she was like- I would say like the glue, because she was always there for us.

Question 5

What challenges persist when coparenting a child with ASD in situations of divorce?

Joint Family Management

In the area of Joint Family Management, there were a few concerns that participants shared were still lingering post-divorce. Effective communication with their coparent was an area that John indicated as a major concern and persistent challenge. John and his coparent often have poor communication and many disagreements, often in front of his daughter. John indicates he struggles to effectively communicate with his coparent, and he feels the measures he takes (e.g., communicating via written communication only, refraining from responding to conflict) are still not effective in creating a respectful and collaborative coparenting relationship. John indicates;

> Everything is through email from the courts. We have Family Wizard that we communicate through; we are not even supposed to talk to each other. It is through the

court system because we aren't supposed to speak or communicate verbally. But every time I call [My Daughter], she answers the phone. She knows, I have not called in 8 years for her and she still picks up the phone. I say "can I talk to [My Daughter]?" and she will start saying something that goes on and I tell her "[Coparent] just put [My Daughter] on the phone" and then she starts arguing and [My Daughter] is hearing her argue because she is trying to talk to me and I will not listen. I want to have it all documented. So then we hang up and do emails, but every single night and every single morning she answers the phone. That's her way of trying to talk to me through the telephone and not have anything in documentation. Or she will tell [My Daughter] to ask me, and I have to tell her that she is not supposed to have to ask me and that I will talk to her mom and that we will figure it out. The next day is a repeat.

Support vs. Undermining

In the area of Support vs. Undermining, John also has a persistent challenge with his coparent undermining his authority. John indicates;

If I don't go to a dentist cleaning, which I won't take work off for, she will say to [My Daughter] "Look daddy didn't come to your appointment." If it is a routine cleaning, I will not take work off for it. She is always telling her stuff that gets back to me.

John also gave an example of his coparent indicating that he is too busy for his daughter. He indicated that his current wife began picking his daughter up from school during his visitation days, as to avoid him missing work. He shared;

Her mom would say "Look Daddy doesn't even pick you up anymore." This is what she tells her all the time. So [My Daughter] would say "Are you going to pick me up or are

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you too busy?" and I have to tell [My Daughter] that [Step-Mom] will pick you up like she always does.

John indicates that he would like more support from his coparenting partner. He said;

If you can work things out and agree on things; try to do it together and not try to do it separate. Look at it from the view that we are in this, no matter if we don't want to be. It is a long road of raising kids.

Childrearing Agreement

In addition, John indicated concerns with the level of agreement between his coparenting partner and himself related to childrearing. In particular, John shared;

There is no agreement on any discipline anywhere. There is no consistency with bedtimes or anything over there. She will call at 9:30 at night on a school night, when she should be in bed by 7:30. She is in bed at 7:30 at my house each night, [baseball] games or no games. [My Current Wife] stays home, or I stay home. And she is calling at 9:30-9:45 at night, with my daughter still at the softball game. There is no consistency with sleep or homework or anything. She does homework at the softball field. We try to keep everything at our house the way it is supposed to be done.

John expresses that the disagreement over childrearing is one of the biggest challenges they currently face within his coparenting relationship. In his attempts to address the concern, he has given suggestions and tried to speak calmly with his coparent. He feels each strategy he has tried has been unsuccessful. In his words, John would like;

Discipline, and consistency in everyday life. Not just with sleeping, but how she communicates with people. Like not letting her talk like baby talk, [Coparent should be]

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correcting speech and stuff. Even when they are standing with me, she doesn't make her

say it right. She will catch herself at our house she will resay it until she says it right. If

you don't make a point to correct we are where she is saying words right now. I make her

say it right by saying "Repeat what you just said, make her say it right."

John notes that consistency between households would make it much easier for his daughter to

adjust to the transition between households. John indicates;

[We should] try to make each house the same, or as close to possible as you can. When

there is consistency, it is much better. When you are at the end of second week, she's like

a totally different kid. It does take a little work for her to adjust. If both houses were the

same there would be no change going back and forth.

Similarly to John, Clara indicates that the ongoing concerns in her coparenting relationship are

items related to childrearing agreement. She indicates;

Agreeing with certain things, like the medicine. Haircuts, or jeans [Our Son] wears [My

Coparent] doesn't like. It's superficial; that to me is not a big deal.

Our Child is Priority

This theme speaks to the idea that the basis of the coparenting relationship is a shared

perspective of a vested interest in the shared child. Throughout Clara's experience, she highlights

the need for her coparent to view their child as a priority. She describes this as the catalyst of

their conflict, and an ongoing challenge. Clara states;

I see advantages in raising and being a true co-parent. Going to school activities,

participate in the highlights of growing up and being amicable in that sense. How you

achieve it, I don't know. I think both people have to be in the right state of mind. When

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your kids are your priority for both its easier. Maybe it is how you prioritize your child. I feel like fathers are hands-on, but if he was not that way before why would he be that way after the divorce? I guess people don't really change.

In This for the Long-haul

When participants were asked about challenges that persist in coparenting, there were some participants that felt that the challenges remaining were not specifically pertinent to the coparenting relationship, but were concerns for coparenting their child through upcoming transitions. In particular, George, Stuart, Samantha, all voiced that they feel confident in where they are in their coparenting relationship, they are just concerned about parenting their child through pending transitions their children will face. For Stuart and Samantha, they are concerned with helping their son find employment post-school, and for George he wanted new options to assist his son in social skill development, as the ones they have attempted "were not a great fit," particularly as they are prepping for his son to leave to college. George shared;

> It is not the challenge of interacting with her. I don't try to make it traumatic or troublesome. I make it as easy as I can all around. My challenges are more with the ASD and the lack of socialization. The lack of social skills on his part and the anxiety; trying to get him to cope with anxiety more efficiently. Those are my biggest issues right now. We are trying to come up with a plan to address that in his last year of school. But him buying in is a whole other issue; he is the last person to admit his deficits.

All three participants indicated they are looking into the future and are unsure as to what specific details look like for their sons. In Stuart and Samantha's case, they both voiced that they feel their coparent shares the same commitment in continuing to parent their son. Stuart indicated

one concern he has as they move towards their son turning twenty-two is that he is unsure if his son will spend more time with him and his new wife, and if so, how the finances will look if his son spends more time with him given that his coparent will lose that support. He indicated:

The challenge of trying to figure out his future, trying to figure next steps, that is our biggest challenge right now. I don't see challenges in communication or the financial support or time that I get with him. I don't want to see him on his iPad. I don't see the financial support or time I get with him changing. I may get more time when there is no school. To determine that, we would sit down together. I think the financial impact of him spending more time here would be the hardest part to work out. We have to see where we are then.

George shared that he felt less like his coparent was a stable partner who will continue to coparent his son post-high school. George noted:

She is really dying to have her freedom. She is very focused on him going off to college and not having to be in charge of him anymore. Being away and apart from him. She wants to get on with her life and form another relationship and he has interfered for long enough is how I think she feels.

Tabitha indicated that she is completely satisfied with her coparenting relationship. She stated:

We've got everything pretty much fine-tuned. You know he's in his support program three days a week. We've got his speech, OT set up, and behavior program set up, and CDC set up. So right now everything's working very smoothly.

Chapter 5

Discussion

Overview

This chapter contains a summary of the findings of this qualitative interview study. The findings are reported in terms of the themes that emerged from the data and explained in relation to the current research questions. Subsequently, the conceptual theory of Feinberg's Model of Coparenting is explored in light of these findings. Lastly, the theoretical framework is discussed in detail to explain how this study adds to the current literature. There is also a description of the demarcations and limitations of this study, as well as implications for future research within this field of study.

Summary of Findings

This study sought to examine how parents who have experienced divorce coparent their child with an ASD. In particularly, the goal was to look at how parents describe the experience of raising their child with ASD post-divorce, how they approach coparenting, and how divorce impacts their child with ASD. Additionally, this study examined how parents work together to minimize the impact of the divorce on their child with ASD. Another goal was to understand the challenges that persist during after a divorce when coparenting their child with ASD.

Conceptual Theory: Feinberg's Model of Coparenting

In this study, Feinberg's empirically based model of coparenting was used to analyze interview data. Feinberg's framework of coparenting includes four areas involved in the coparenting relationship. The four areas include: (a) Childrearing Agreement, (b) Division of Labor, (c) Support versus Undermining, and (c) Joint Family Management (Feinberg, 2003). For the deductive analysis, interview data was coded into each of these areas within the framework in an effort to answer the following research questions.

Table 6: *Emergent Themes*

Research Question	Emergent Themes
1. How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?	Joint Family Management, Support vs. Undermining, Childrearing Agreement, Our Child is the Priority, and In This for the Long-haul
2. How do parents raising a child with ASD describe the impact of their divorce on themselves and their child?	Joint Family Management
3. How do parents raising a child with ASD share or divide the responsibility of raising their child and work together to coparent in situations of divorce?	Division of Labor
4. How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?	Our Child is the Priority
5. What challenges persist when coparenting a child with ASD in situations of divorce?	Joint Family Management, Support vs. Undermine, Childrearing Agreement, Our Child is the Priority, and In This for the Long-haul

Question 1

How do parents raising a child with ASD describe their experience of coparenting their child within the context of a divorce?

Participants each gave a rich description of their experience of coparenting their child with ASD within the context of divorce. For some participants (e.g., George, Stuart, Samantha, Tabitha) this was described as a highly positive experience. They indicated strengths within their coparenting relationship within the *Joint Family Management, Support vs. Undermining, Childrearing Agreement, Our Child is the Priority, and In This for the Long-haul* themes. Parents that endorse high levels of engagement from their ex-spouse (i.e., high levels of childrearing and high levels of interaction) typically feel more supported in their coparenting relationship (Ahrons, 1981). Two participants, John and Clara, indicated deficits in these same areas, which led to less overall coparenting satisfaction reported in their current experience.

All but one participant (e.g., John) indicated that disagreements are less frequent now than they were previously. In fact, many reported that times of discord occurred at much higher rates immediately thereafter the divorce. Arguments and disagreement appear to be satisfactorily addressed when resolved through calm, direct communication. As a result of rational, direct, calm communication, many participants indicate that the issue is resolved and a compromise can be agreed upon. John and Clara both indicated that they respond to negative communication between their coparents and themselves by ejecting from the conversation once it escalated; but both reported that the issue then often goes "unaddressed." Changes in how coparents interacted with one another appeared to be reported to be due to factors such as figuring out how to communicate, maturity, and in one case (e.g., Samantha), greater acceptance of their child's

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diagnosis via the coparent. Many participants (*n*=4) indicated that there was growth in their coparenting relationship over time.

Support, rather than undermining, appeared to be a factor of great importance for all participants. Two participants indicated the need for defined roles in navigating the support system, such as being the "breadwinner" or the "primary parent." Making parenting decisions together, and presenting them as a united front were indicated of importance when supporting one another in the context of coparenting. In addition, it appeared that high consistency (e.g., congruent rules, schedules and routines across households) was an area that led to participants indicating high support within their coparenting relationship. On the other side, participants that reported higher levels of undermining within their coparenting relationship reported higher levels of frustration and lower levels of satisfaction in their coparenting relationship.

Another facet of their experience that each participant described was the way in which they communicate with their coparent. All participants indicated that written communication (e.g., most often texting) and phone calls were the primary mode of communication. Face-to-face communication appeared to be reserved for concerns that were high intensity (e.g., George and his coparent problem-solving their son hacking into his school's grading system). Several participants expressed that their communication and interaction may be infrequent or only central to the concerns of their child. Much of the interview data appeared to reflect that interactions are more positive when they set their own feelings aside and focus on the task of coparenting.

Communicating positive experiences regarding their shared child appeared to be another way participants indicated that they felt support from their coparent, such as developmental growth or achievements. In terms of the amount of support provided to each other, all

participants (*n*=6) indicated that they believe they provide some amount of support to their coparent in the coparenting relationship.

The type of support received and provided varied across participants, as some indicated that they provide additional time to cultivate a positive coparenting relationship. Some participants indicate they expend additional time and energy in communicating with their coparent, whereas others indicated the time was spent accommodating their work schedule to make time to assist with childrearing demands. In addition, four participants indicated that positive recognition was an infrequent, but supportive factor within the context of their coparenting.

Four of the participants indicated that they have attempted to spend shared times with their coparent and child together. This was most often for events such as birthdays, medical procedures, or holidays. Three of these four participants indicated that spending time together was amicable, whereas one indicated that they discontinued this practice because of the conflict it brought (e.g., George going out to dinner with his coparent and son). The three that found success with this practice noted that it was much later in the coparenting relationship that they attempted this, whereas George and his coparent attempted to spend holidays together with their son immediately after the divorce.

Across participants there was evidence to suggest that when they felt their coparent perceived their child to be a priority (*Our Child is the Priority* theme), they perceived their coparenting relationship to function better, such as in the case of Stuart and Samantha's experience. In addition, participants that indicated that their coparent did not appear to make their child a priority indicated much lower levels of coparenting satisfaction, such in the case of Clara's experience. Poor communication and lack of follow through appeared to be behaviors

that led participants to indicate that their coparent did not prioritize their child, such in the experience of Clara and John. In addition, both John and Clara reported behaviors indicative of parallel parenting across their homes and their coparents' households (Maccoby, Depner & Mnookin, 1990).

The experiences for participants who identified having the "primary care taker" role appeared to influence how they felt their coparent received them. For example, in Samantha's case, she spends more physical time with her child and she feels her coparent respects her input more due to the role she has within the coparenting relationship. Therefore, communication with a coparent may be most effective when the coparent sees the role that the other parent plays within their child's week, and takes their opinion into consideration based on their experiences with the child.

Question 2

How do parents raising a child with ASD describe the impact of their divorce on themselves and their child?

In terms of how each participant described the impact of the divorce on themselves and their child; responses from participants indicate that the transition to a split-family system was difficult for themselves and their child. The degree of difficulty varied within each family. For the parents, it was often a lack of time with their child, and the grief associated with the loss of their family unit that was impactful. For the children, it was often the grief of the transition, and the impact of the loss of time with their coparent that was impactful. In addition, some participants indicated that this change in their child or themselves led to initial resentment towards their coparent (e.g., Clara, George).

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In terms of emotional impact, five of the six participants indicated that their child with ASD did not appear to have difficulty with the transition outwardly; which was perceived to be due to extra planning and consistency during the transition.

Question 3

How do parents raising a child with ASD share or divide the responsibility of raising their child and work together to coparent in situations of divorce?

Many (n=4) participants indicated that they "often" agree on issues related to their child. Areas that participants were asked about included school-related issues, therapeutic interventions, transportation to appointments, fidelity tracking, continuity between caretakers with interventions, discipline procedures, daily decisions, and agreement regarding their child's future.

George, Stuart, Samantha, and Tabitha all indicated high rates of agreement on child related issues. All four indicated that this was a strong area within their coparenting relationship. Clara and John both indicated lower rates of agreement on childrearing issues. Clara often reported she did not know about her coparent's stance on specific concerns; as due to lack of interaction between coparents, she is left to make decisions related to her son. Whereas, John reported that "everything is a conflict" related to his child, and there is a great deal of discord around discipline, division of child-related tasks, and around interparental conflict. John's coparenting relationship indicates high levels of coparenting division, as indicated by disagreement regarding discipline practices, disagreement around parenting style, difficulty handing interparental conflict, and disagreement regarding division of child responsibility (Raffaele Mendez, et al., 2015).

Question 4

How do parents raising a child with ASD in situations of divorce attempt to minimize the impact of coparenting challenges on their child?

In terms of minimizing the impact of coparenting challenges on their child, several participants shared that they did not feel their child understood the transition during the divorce, but that their child did notice changes.

In terms of minimizing the impact of the coparenting challenges, especially during the transition of the divorce and figuring out how to coparent, many participants report planning for the transition. Participants' report that in mitigating the risk, often times immediate family members, family friends and hired helpers were cited to be pulled into the daily routine. Two mothers, Samantha and Tabitha, both indicated that the additional help was respite for them during such a difficult time (e.g., divorce). It was of note that all three female participants indicated that they are the primary caretaker of their child with ASD, and that they are often responsible for the day-to-day care. Each female participant indicated that routines and extra helpers were essential during the transition; as two of the three participants transitioned back into their career field during the divorce due to financial needs. Participants reported an increase in stress, between meeting the needs of their child and mitigating the demands of the divorce and coparenting relationship; as supported by Bromley et al. (2004). It has been shown that when the caretaker perceives they are the primary source of support for their child with ASD, there are increased levels of stress (Bromley et al., 2004). Consistency and keeping routines the same were two factors cited across participants, which supports the diagnostic characteristics of children with ASD (American Psychological Association, 2013, p. 50).

Question 5

        What challenges persist when coparenting a child with ASD in situations of divorce?

        Persistent challenges when parenting a child with ASD post-divorce included items across several themes; *Joint Family Management, Support vs. Undermine, Childrearing Agreement, Our Child is the Priority,* and *In This for the Long-haul.* It was of note that two of the six participants indicated overall dissatisfaction that spanned across several themes due to concerns with ineffective communication. John and Clara both indicated concern of lack of communication and inconsistent follow through on their coparents' behalf. In addition, John shared indicators that his coparenting relationship is contentious due to behaviors of undermining from his coparent. Both Clara and John indicate low levels of *Childrearing Agreement* and both have concern that their coparents do not make their child a priority, nor do they feel like their coparent will be a long-term support for their child. Clara indicated that she wanted her coparent to increase involvement, but does not see it changing. This is a challenge of particular concern, as experience of raising a child with ASD can be a "never-ending story" because parenting a child with ASD is often ongoing and can be intense (Bursnall, Kennedy, Senior & Violet, 2009).

        Agreement on child-related factors such as future plans post-high school were voiced as a concern by George, Stuart, and Samantha as well. In their case, they feel as though they can work with their coparent to construct a plan, but they are uncertain as to what the plan will look like, or what impact it will have on the members within the family system; such as if one parent must relocate to support their child in post-high school education, such as in Georges' experience. Behaviors and characteristics that are present with a child diagnosed with ASD are pervasive, and often require a long duration of support, which has a strong impact on the family system (Woodgate R.L., Ateah, C., Secco, L., 2008; Gau et al., 2012; DePape & Lindsay, 2015).

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The results from this study indicate that families may need increased support in navigating the additional supports and long-term need for support within the context of a coparenting relationship.

Summary

Theoretical Framework: Family System's Theory

Through the lens of Family Systems Theory, participants supported this theoretical framework; as when there was a disruption to the family system, such as a divorce, there was a clear an impact on all members of the family system (Beal, 1979; Bronfenbrenner, 1979). Interview data suggests that the behaviors, interactions and individual relationships within the system impact the wellbeing of all members within the system, parents and children alike. In addition, participants indicated that working to support their child diagnosed with ASD was often a team effort and as seen in research, impacts each member of the family system (Bloch & Weinstein, 2009).

It would be of note that the family context and the textural descriptions provided by participants are important to consider when interpreting these results. For example, several participants (e.g., Clara, John, and Tabitha) remarried, and some participants had older siblings (e.g., Stuart, Clara, Samantha and John); which may indicate they have additional social supports to assist with coparenting needs. The level of social support and sources of respite varied among participants. Clara and Tabitha both indicated relying on outside sources (e.g., school, after school activities) to assist them in having times of respite. Additionally, Samantha, Clara, John and Stuart each indicated that having typically developing older siblings assists them with tasks

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associated with the division of labor and at times assist with providing opportunity of respite. Samantha and Stuart both report using one another as a source of social support and respite, as when one coparent has their son; the other can engage in self-care. John and Clara both indicated that they rely on their new spouse to assist with parenting rearing tasks and respite, largely due to the dissatisfactory coparenting relationship they share with their coparent.

Overall, each participant's experiences, as well as ongoing challenges within their coparenting relationship were individualized to the context of their family system, but fit well within Feinberg's Model of Coparenting, within the naturalistic themes that emerged and within the framework of Family System's Theory. Clara and John are struggling with childrearing agreement with their coparents whereas George, Stuart, and Samantha are looking towards the future and recognizing which contextual factors will change as their children transition into adulthood.

Limitations

Limitations of this study include that given the inclusion criteria only parents who lived in the southeastern area of the United States, with a school-aged child and were willing to participate in an interview style study were participants in this study. Due to the snowball sampling technique, it is of note that the majority of the participants were of similar age and socioeconomic status. This study can also not account for unreported contextual factors that may have impacted the coparenting relationship but were not solicited or shared. In addition, this study relied on the perspective of only one coparent for most participants. Although this was not an initial aim of this study, it would have been helpful to have both parents in the coparenting

relationship participate. Finally, it would have been helpful to have the researcher keep a reflective journal to control for any undue researcher influence.

Implications

The findings in this study have significance and use for theory and practice. In terms of a theoretical application, it is believed that Feinberg's Model of Coparenting may be modified to encapsulate the naturalist themes that emerged in this study. Feinberg's Model of Coparenting was initially designed via study of coparents with neurotypical children. Families with children that have a child with a developmental disability, namely ASD, have may have a greater likelihood of long-term parenting, as the transition to independence for children on the spectrum can at times be delayed compared to that of same age peers. The two naturalistic themes appeared to be perspectives that parents desire to see in their coparent when they are looking at long-term, vested coparenting. Given the importance of these perspectives, it may be useful to evaluate a way to encapsulate these aspects into a model of coparenting practices for parents that are working to coparent a child with a developmental disability, such as ASD. Below is a modified framework, based on Fienberg's Coparenting Model, but incorporating these two additional themes.
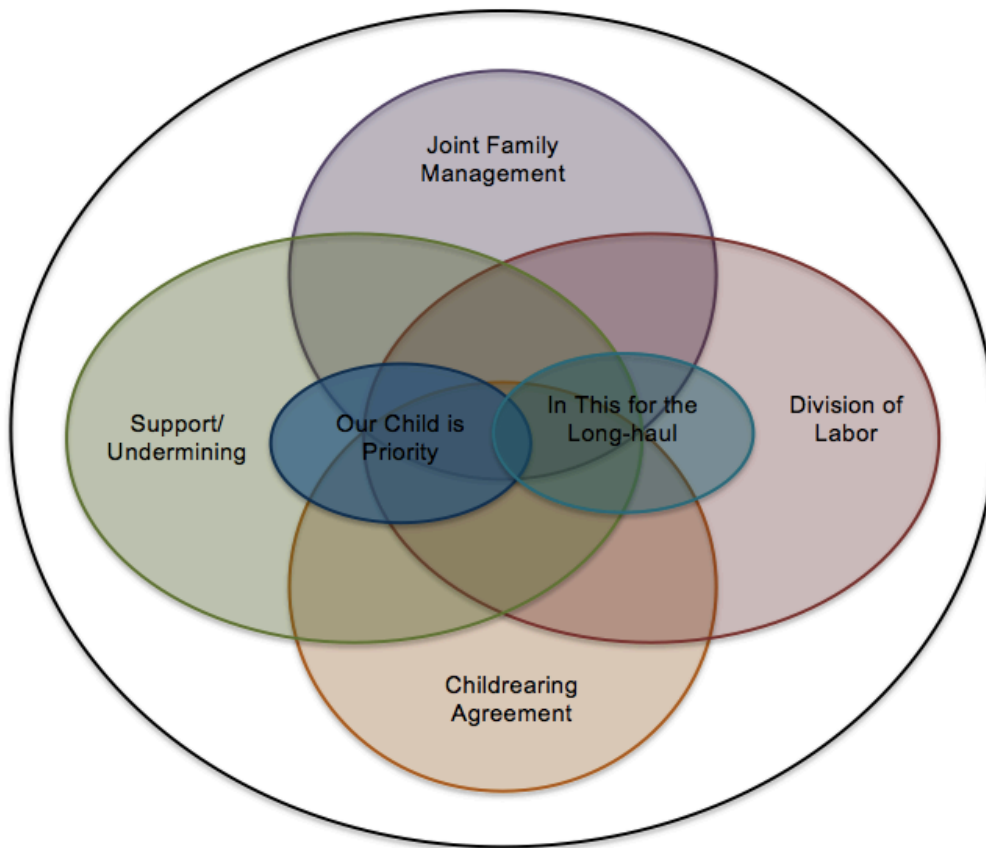
Figure 1. Proposed Coparenting Model for Families with Children Diagnosed with ASD

From the practice perspective, this study allows clinical practitioners to understand the underpinnings of the coparenting relationship from the perspective of parents working to coparent their child with ASD. There were a number of areas that practitioners could look to evaluate when working with families in similar situations.

The challenges that persisted post-divorce were most often related to Joint Family Management and Support vs. Undermine. The behaviors reported that led to these deficits within

these areas were poor communication (e.g., high frequency of arguments, ejecting from the conversation, etc.) and undermining the other parent, rather than working as a team post-divorce. It would be helpful for practitioners to assist parents of split-systems to preventively establish expectations for the relationship to encourage the coparents to work as a united front with their children.

In addition, when evaluating current practices for families that are divorced and working to coparent a child with ASD; it would be helpful to understand what behaviors within the coparenting relationship provide their partner with the perspective that they are invested and "in this" for as long as their child needs them. Participants shared a number of areas that could be areas for psychoeducation and prevention; such as effective communication within the context of a coparenting relationship, effective practices for managing child-rearing decisions, and effective problem solving and conflict management practices for when conflict does occur.

It is of note that two of the mothers in this study described the transition of the divorce as a "death" and they described the grief that went along with it. One of the mothers indicated it was one of the "lowest times." In knowing that parental, specifically maternal, depression is common in families with children with a child on the spectrum (Bursnall, Kennedy, Senior & Violet, 2009; Meirsschaut et al., 2010), it would be helpful to assist a splitting system in screening for parental depression and provide prevention strategies for social-emotional wellness.

Recommendations for Future Research

In terms of accessed interventions, it is of note that despite the challenges that parents reported in their coparent relationship, only one participant indicated previous access of services

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for the family system. Given that despite the split of the family system, the members stay interconnected, it would be helpful to provide evidence-based strategies at a more systemic level when parents decide to separate. The interaction effect of divorce and mitigating challenges related to their child's diagnosis appear to create a need for additional support. The literature on effective interventions for split-family systems is sparse. Effective interventions for families with children with developmental disabilities, such as ASD, would be an area that would be useful to further research.

In addition, the two naturalistic themes, *Our Child is the Priority* and *In this for the Long-haul* provide an understanding of the perspective and feelings that the participants felt they either shared or lacked from their coparent. It would be useful in future research to better understand what behaviors would assist in cultivating stronger feelings of commitment in the coparenting relationship.

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Appendix A

Interview Questions

Thank you so much for agreeing to meet with me. Today we will complete the first of two interviews. My goal for this first interview is to understand the big picture of how you and your coparenting partner are raising your child. As you know, my study is focused on couples who have divorced and are raising a child with an Autism Spectrum Disorder.

1. So I'd like to start out with a broad question. Tell me a little about your family; such as who the members are in the household, how often you see them and your role within your family. (Gain an understanding of the family system and coparenting logistics.)

2. You spoke about your child with ASD. Tell me about your child's diagnosis and the amount of support your child need of on an average day.

3. How well would you say that you and your coparenting partner work together as parents?
   a. Tell me how that goes.

4. If you have a disagreement with your coparent related to parenting, how do you usually try to address it? What typically happens as a result of the actions you take?
   a. How much of the time would you say you agree/disagree?
   b. Tell me about a time when you and your coparenting partner agreed on an issue related to your child. How about a time when you disagreed?

5. How do you divide parenting responsibilities? If your parenting responsibilities were a pie, what percentage of the pie is yours vs. what percentage is your partner's? Is this how you would like it to be? What do you think your partner would say if asked the same questions?
   a. Is there one of you who takes the lead on school-related issues or are you both equally involved? Tell me how that works.
   b. Is there one of you who takes on the lead on therapies or are you both equally involved? Tell me how that works (probe for financial contributions, transportation, schedules, learning new ways of doing things, communicating with each other, following through on treatment plans).
   c. How are discipline procedures determined for your child? Is there agreement?
   d. How are daily decisions (i.e., routines) decided for your child? Is there agreement?

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e. How much agreement is there between the two of you in terms of your child's future? What is your vision for the future? What is your partner's vision for the future?

6. How do you and your coparenting partner communicate?
    a. When you have a disagreement with each other regarding something impacting your child, how do you communicate this?
    b. Would you say this communication is successful?

7. What happens when there is disagreement or conflict between one another?
    a. What do you typically have conflict regarding?
    b. How often does this conflict occur?
    c. What does it look like?

8. How would your coparenting partner describe your parenting style and how would you describe your partner's parenting style?

9. How do you think your divorce has impacted you? What about your child? What about other members of the family?

10. Tell me about your experience in raising your child during this time of divorce.

11. Tell me what it has been like for you to coparent your child since/during the onset of the divorce.
    a. How much support do you feel you receive from your coparent?
    b. How much support do you feel you provide to your coparent?

12. What does your coparent think of you as a partner in parenting your child with ASD?

13. How satisfied are you with the current coparenting system?
    a. Do you spend time with the child together? If so when and what does this look like?
        i. If not, what is the timeshare percentage and drop off/pick up procedure?

14. How has the divorce impacted your child?
    a. What supports have helped your child with the transition during the divorce or through the changes in your marital relationship?
    b. What are the challenges that persist in raising your child with your coparent?

Appendix B

Demographic & Background Questionnaire

1. Participant's Pseudonym:

2. Participant's gender:

3. Completed Education Level:

4. Total Number of Children:

5. How may of these children do you co-parent with your co-partner?

6. Ages and gender of each child:

7. How many children do you have that have been formally diagnosed with ASD?

8. How severe would you rate your child's ASD to be (scale with 1 being least severe, 10 being most severe) and please describe:

9. Have you previously attended marital counseling? If so how long?

10. Have you previously attended family counseling? If so how long?

11. How long were you married to your co-parent?

12. How long have you been divorced?

RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

August 11, 2017

Nycole Kauk
Psychology
Tampa, FL 33612

RE: **Expedited Approval for Initial Review**
IRB#: Pro00029983
Title: The Experience of Coparenting Within the Parameters of Divorce: Perspectives from Parents of Children with Autism Spectrum Disorder

Study Approval Period: 8/11/2017 to 8/11/2018

Dear Ms. Kauk:

On 8/11/2017, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

Approved Item(s):
Protocol Document(s):
Thesis IRB Protocol.docx

Consent/Assent Document(s)*:
Adult, Version #1.pdf

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent documents are valid until the consent document is amended and approved.

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

John Schinka, Ph.D., Chairperson
USF Institutional Review Board

About the Author

Nycole Kauk, M.A. has utilized her education and experiences in the field of psychology and applied behavior analysis to serve families with children on the Autism Spectrum for the last ten years; beginning her work at the Center for Autism and Related Disabilities at the University of South Florida. At the Center for Autism and Related Disabilities, Nycole worked to assist families and adolescents with ASD through providing resources and skill development, both in-home and in the community. After serving families at CARD, Nycole began serving students and their families at the Interdisciplinary Center for Evaluation and Intervention, a FDLRS specialty clinic. Here, she provided parent training, education, evaluation, and intervention services for children with developmental and behavioral concerns. While serving families through the ICEI clinic, Nycole concurrently worked at several local private practices providing social, emotional and behavioral intervention and evaluation services to children with developmental disabilities. In terms of direct services within school settings, Nycole has served students at a local specialty school for students on the Autism Spectrum through the use of providing intervention, evaluation and counseling services.

Currently, Nycole is a doctoral student at the University of South Florida and serves families of children with developmental disabilities through a local grant funded project called the Positive Parenting Program (P^3). She works to provide evidence-based behavioral parent training, via the use of the Triple P curriculum, to families within the local community. In addition to applied experience, Nycole works on a research grant geared at assisting students on the Autism Spectrum to contact general education services, through the use of school-based intervention services. Nycole hopes to utilize research as a venue to capture the experiences of families with children on the Autism Spectrum as to inform the development of best practices for this population.