

EMPLOYMENT DECISIONS IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM  
DISORDER

by

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### **Abstract**

Mothers disproportionately quit their jobs compared to fathers to care for a child with ASD and the mothers who continue their professional career face issues at work such as working fewer hours, having to change jobs, and not accepting promotions (Baker & Drapela, 2010). Thus, the first goal of this current study was to determine the factors underlying the reason mothers of children with ASD decide to quit their job versus continuing to work outside of the home. Due to the array of difficulties mothers face in caring for a child with ASD, these mothers face several mental health challenges (Herring et al., 2006; Pisula, 2007; Yamada et al., 2007). Thus, the second goal of this research was to determine the effects of quitting a job to care for a child with ASD versus staying in a career on a mother's mental health. Participants (43 working mothers and 24 mothers who quit their job) completed an online survey that included mental health and employment decision measures. This study found that working mothers experienced higher levels of meaning in life but also higher levels of stress and anxiety whereas the mothers who quit their job to care for their child with ASD experienced higher levels of depressive symptoms. The single biggest factor in a mother's decision to remain in the professional workforce was financial needs while the single biggest factor in a mother's decision to quit her job to care for her child with ASD was child's needs.

## **Employment Decisions in Mothers of Children with Autism Spectrum Disorder**

Autism spectrum disorder (ASD) is defined as a developmental disorder that affects communication, behavior, and several other aspects of the life of children with ASD and their families (Mohammadi et al., 2019). The number of children with ASD is increasing dramatically (Matson & Kozlowski, 2011). Children with ASD are at risk for having more intense behavior problems than other children (Baltaxe, 2001; Prizant & Meyer, 1993). Thus, there are many challenges in raising a child with ASD. For example, unemployment of mothers of children with ASD is common (Baker & Drapela, 2010; Cidav et al., 2012). However, the reasons underlying a mother's decision to stay home to care for a child with ASD are largely unknown. The mental health effects of staying home to care for a child with ASD and the mental health effects of continuing to work outside the home while caring for a child with ASD are also unknown. Thus, the main goals of this study are to discover the factors that lead to a mother's decision to quit her job to stay home and care for her child with ASD versus a mother's decision to continue working outside of the home while caring for a child with ASD and to examine the mental health outcomes of both groups of mothers.

There are several challenges associated with having a child with special needs. Parents of children with special needs may have to offer not only more time, energy, and resources for their child's well-being but also for a longer period (Seltzer, et al., 2001). The added time, energy, and resources spent by parents caring for a child with special needs is added to the already stressful and difficult responsibility of being a parent in general. Parents of children with disabilities have higher levels of depression than parents of typically developing children (Olsson & Hwang, 2001; Singer, 2006). Although parenting children with special needs is challenging for both

mothers and fathers (Pelchat et al., 2003), mothers may face additional burdens as they are typically the primary caregiver.

Prior research suggests that parents of a child with ASD face unique challenges that not all parents of children with a disability face. For example, parenting a child with ASD can create certain unique challenges such as experiencing social isolation from other parents of typically developing children, spending large amounts of time and money to find therapy and treatments for their children with ASD, and experiencing embarrassment from a public outburst because the behaviors of a child with ASD can include destructive, self-injurious, and violent behavior (AAP, 2007; Schwartz, 2001; Siklos & Kerns, 2006). Similarly, parents of children with ASD face unique challenges in that children with ASD do not have a physical marker, so their children may look like other children but do not behave in the same manner and thus the public is more likely to believe the child's issues are due to bad parenting, not the behaviors of ASD (Kalash, 2009; Neeley-Barnes, 2001).

All of these unique challenges can add increased stress and family conflict (Woodgate et al., 2008). Symptoms and characteristics of a child's ASD impose physical, psychological, and social pressures on parents who are raising a child with ASD, including worse health and well-being compared to parents of typically developing individuals, increased stress, and less free and leisure time to be social resulting in social isolation (Ooi et al., 2016; Safe et al., 2012; Samadi & McConkey, 2011; Sarabi et al., 2011). Raising a child with ASD is hard work. Thus, parents of a child with ASD reported more parental stress and greater trouble with child behavior problems in addition to reporting somewhat lower social support and relationship satisfaction than did parents in the comparison group (Brobst et al., 2009). Social support and good relationship satisfaction

with a partner are important as they allow parents to cope with the difficulty of parenting. When these are reduced, it is plausible that parents of a child with ASD might experience poor mental health. Additionally, parents of a child with ASD are more likely to experience higher levels of aggravation than parents of children with developmental problems other than ASD and parents of children with special health care needs (Schieve et al., 2007). In addition to the aforementioned challenges, a final challenge to parenting a child with ASD is that households experience a loss in income associated with costs of caring for a child with ASD (Montes & Halterman, 2008).

There are several career implications for parenting a child with disabilities. A loss in income resulting from caring for a child with a disability or special needs can occur because of reduced hours the parents work outside of the home, a parent who is let go of a job because they could not adequately balance the demands of work and caring for a child with a disability, or because one parent quits their job to stay home and care for their child with a disability. For parents who both work prior to having a child with a disability, it is typical that one parent will have to disrupt or end their care while the other parent continues their paid career (Rosenzweig et al., 2002). One reason that parents of children with a disability quit their jobs so often is because finding childcare for children with disabilities that is affordable and allows both parents to continue employment is very difficult (Rosenzweig et al., 2008).

Just as many parents of a child with a disability quit their jobs to care for their child, there are also several career implications for parents of a child with ASD. Of eight families studied, all but one family had at least one parent who quit their job to care for their child with ASD (Stoner & Stoner, 2016). Some research suggests that parents of a child with ASD are four times as

likely to quit, change, or not take a job compared to parents with typically developing children (Montes & Halterman, 2008). These high rates of career disruption can have effects on both the parent quitting their career and the one continuing their career.

Typically, it is mothers of children with ASD whose careers are impacted the most. Mothers disproportionately quit their jobs compared to fathers to care for a child with ASD and the mothers who continue their professional career face issues at work such as working fewer hours, having to change jobs, and not accepting promotions (Baker & Drapela, 2010). More specifically, mothers of children with ASD are 6% less likely to be employed than mothers of children without health limitations, worked less hours per week, and earned 56% less than mothers of children with no health limitations and 35% less than mothers of children with other health limitations besides ASD while fathers' work seems to be less affected (Cidav et al., 2012). Clearly, the careers of mothers caring for a child with ASD are disproportionately affected.

In parents of children with developmental disabilities, there are several reasons why a parent makes the decision to quit their job as opposed to continuing work outside the home. First, career and job flexibility are central to the decision to retain or cease outside employment for parents of children with varying disabilities (Rosenzweig et al., 2002). Parents of a child with developmental disabilities need numerous types of flexibility from their job and career path and if they do not have this flexibility, then it is very difficult to remain working outside the home and caring for a child with a developmental disability. Specifically, children with developmental or learning disabilities often need extra treatment and therapy that typically developing children do not require and in addition to professional therapy, parents also need to provide treatment interventions to their children themselves as well (Mahoney et al., 2004; Majnemer, 1998;

Matson, 2007; Matson & Smith, 2008). Therefore, mothers, as they tend to be the primary caregivers, need some flexibility in their job in order to transport their children to these therapy sessions and to do the at-home therapeutic interventions with their children with a developmental disability. Thus, many women report they do not work due to the lack of flexibility present in jobs when flexibility is needed to meet needs of their children with developmental or learning disabilities (Freedman et al., 1995; Todd & Shearn, 1996).

There is a dearth of prior research that examines why parents of children with ASD decide to quit their jobs or remain working outside the home after their child's diagnosis. One study suggests that the decision of which parent stops working is based on their level of pay, consistency of employment, and access to benefits that the employed parent receives (Stoner & Stoner, 2014). However, this study used very few participants and is the only research to focus on identifying factors contributing to the decision to quit a job or remain in the workforce outside the home while parenting a child with ASD. Additionally, this study does not address the reasons why mothers of children with ASD disproportionately disrupt or end their careers and the fathers' careers remain less impacted. Thus, the first goal of this current study is to determine the factors underlying the reason mothers of children with ASD decide to quit their job versus continuing to work outside of the home. I hypothesized that factors such as a mother's income and the need for job benefits will lead some mothers to remain in the professional workforce while raising a child with ASD while factors such as a child's various therapy appointments will lead some mothers to quit their job to care for their child with ASD.

Due to the array of difficulties mothers face in caring for a child with ASD, these mothers face several mental health challenges. In general, research suggests that mothers of children with

ASD experience more stress, less self-efficacy and parental competence, and lower overall health ratings than parents of typically developing children and children with other special needs (Herring et al., 2006; Pisula, 2007; Yamada et al., 2007). However, there is a dearth of research on the effects staying in a career versus quitting work to care for a child with ASD have on a mother of a child with ASD's mental health. Thus, the second goal of this research is to compare the mental health outcomes of mothers who quit their job to care for their child with ASD versus mothers who remained in the workforce while raising a child with ASD. I hypothesized that the mothers who remain working outside of the home will have worse psychological well-being than the mothers who quit their job since these working mothers are now facing pressures at work and pressures at home.

## **Methods**

### **Participants**

Sixty-seven mothers of children with ASD between the ages of 10 and 17 (Child  $M_{\text{age}} = 12.6$  years,  $SD = 4.4$ ) participated in this study. Forty-three mothers remained in the professional workforce while raising their child with ASD and 24 mothers made the decision to quit their job to care for their child with ASD. All mothers were married and reside in the United States. Participants were recruited by contacting families who participated in past studies in the Families, Autism, and Child Emotion Studies (FACES) lab at Texas Christian University, through Facebook postings, and by reaching out to various ABA therapy centers, autism support groups, psychologists, and other autism-related businesses.

The average ages for working mothers and mothers who quit their job to care for their child with ASD who participated in this study were 42.65 ( $SD = 7.30$ ) and 42.13 ( $SD = 4.79$ ),

respectively. The working mothers in this study were predominantly White/European American (81.4%), 4.7% were Black/African American, and 14.0% were Hispanic/Latino/Spanish American. The mothers who quit their job to care for their child with ASD in this study were mostly White/European American (83.3%), 4.2% were Black/African American, and 12.5% were Hispanic/Latino/Spanish American. The majority of working mothers (74.4%) in this study had a total annual household income over \$60,000 while 78% of mothers who quit their job to care for their child with ASD had a total annual household income of over \$60,000. Similarly, 72.1% of working mothers had obtained at least a college degree and 75% of mothers who quit their job to care for their child with ASD had at least a college degree.

## **Procedure**

Mothers interested in this study reached out to us via email and were then sent a link to a Qualtrics screener that ensured that they qualified for the study. If they qualified, that Qualtrics link continued into the online study that consisted of a variety of surveys that are listed in the following measures section. All participants completed these surveys in the same order and the study took around 45-60 minutes to complete. At the completion of the online study, participants were compensated with a \$15 Amazon gift card that was emailed to them.

## **Measures**

### ***Demographics***

Demographic information was collected on the participants' age, ethnicity, length of marriage to their current spouse, geographic location, personal diagnosis with ASD, educational attainment, annual household income, biological relationship with the child, gender of the child, type of school their child attends, how many children they have, birth order of their child, and the types of therapy their child receives.

### ***Mental Health Measures***

The State Trait Anxiety Inventory (STAI; Spielberger et al., 1983) was used to measure mothers' current levels of anxiety symptoms. This anxiety measure contains 40 questions and has a 4-point Likert scale (1=Not at all to 4=Very Much So) that instructed mothers to rate their feelings at the time of completing the survey. Some sample items from this survey are "I am tense," "I feel steady," and "I am calm, cool, and collected. The scale was reliable (Cronbach's alpha = .78).

Maternal depressive symptoms were measured using the Center for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977). Mothers completed 20 questions using a 4-point Likert scale (1=Rarely to 4=Most of the time) and were asked to rate their experiences during the previous week. Some sample items from the scale include "I felt fearful" and "I could not get 'going.'" The scale was reliable in the current sample (Cronbach's alpha = .72).

The next mental health measure is the Perceived Stress Scale (PSS; Cohen et al., 1983). This measure of perceived stress contains 10 questions and has a 5-point Likert scale (1=Never to 5=Very Often). Two sample items from this survey are "In the last month, how often have you felt that you were on top of things?" and "In the last month, how often have you felt confident about your ability to handle your personal problems?" The scale was reliable in the current sample (Cronbach's alpha = .71). The next mental health measure is the Meaning in Life Scale and Satisfaction in Life Scale (Steger et al., 2006). This measure of satisfaction of life contains five questions and has a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree). Two sample items from this survey are "In most ways, my life is close to ideal" and "If I could live my life over, I would change almost nothing." The scale was reliable in the current sample (Cronbach's alpha = .86).

### ***Employment Decisions Measure***

The employment decisions measure is self-created and asks questions pertaining to the factors that led to a mom's decision to remain in the workforce or her decision to quit the workforce to care for her child with ASD and the outcomes of that decision. The measure for moms who have quit the workforce to care for their child with ASD contains 15 questions. The measure for moms remaining in the workforce contains 16 questions. One question asked what job each mother currently had or had prior to quitting to care for their child with ASD. The responses to these questions were classified into two categories: jobs requiring a college degree and jobs not typically requiring a college degree. An example of a job requiring a college degree is an accountant and an example of a job not typically requiring a college degree is an administrative assistant. Another question asked what the single biggest factor in a mother's decision to continue work outside the home or to quit a job to care for their child with ASD was. I categorized the responses to this question into three categories. The first category was financial needs. Some responses in the financial needs category included needing a second income to pay for therapy for their child, needing a second income to cover basic needs, needing insurance, and needing an additional income to put their children into certain schools. The next category was child's needs. Some responses in the child's need category included needing to take their child to therapy appointments and not being able to find adequate care for their child. The final category was personal development. Some responses in the personal development category included the desire to focus on building a solid relationship with their child, wanting to retain independence outside of motherhood, and finding their professional work rewarding.

### **Data Analysis**

The primary goal in analyzing data from this study is to determine the factors underlying the reason mothers of children with ASD decide to quit their job versus continuing to work outside of the home. The next goal in analyzing data from this study is to compare the mental health and well-being of mothers of children with ASD who have quit their job to care for their child to mothers of children with ASD who have decided to remain in the professional workforce. Thus, we utilized SPSS to perform a one-way analysis of variance (ANOVA) and to do a chi-square analysis.

### Results

A chi-square analysis was conducted to determine whether there were differences in the job prestige (jobs requiring a 4-year college degree v. jobs that do not) of the mother between working mothers and mothers who quit their job to stay home with their child with ASD. This analysis found that there was no significant association between mother employment status and job prestige when these mothers were deciding whether to stay in or leave their job,  $X^2 (1, N = 65) = 0.423, p = 0.516$ . Next, a chi-square analysis was conducted to determine whether there were differences in the factors that led to employment decisions between these two groups of mothers. This analysis found that the mothers who quit their job to care for their child with ASD were more likely to report leaving their job due to their child's needs while working mothers reported staying in their professional career due to financial needs,  $X^2 (2, N = 61) = 27.81, p < 0.001$ .

Several ANOVA tests were conducted to determine whether differences existed in the psychological well-being between working mothers and mothers who quit their job to care for their child with ASD. First, an ANOVA test was conducted to determine whether there were

differences in meaning in life between these two groups of mothers, controlling for household income. This test found that working mothers reported higher meaning in life than the mothers who quit their job to care for their child with ASD,  $F(2)=3.40, p= 0.039, d= 0.62$ . The next ANOVA test was conducted to determine whether there were differences in self-reported levels of depressive symptoms between these two groups of mothers, controlling for household income and maternal age. This test found that mothers who quit their job to care for their child with ASD reported higher levels of depressive symptoms than working mothers,  $F(3) = 5.71, p= 0.002, d=0.94$ . Next, an ANOVA test was conducted to determine whether there were differences in state anxiety between these two groups of mothers, controlling for maternal age. This test found that working mothers report more state anxiety than mothers who quit their job to care for their child with ASD,  $F(2) = 3.53, p = 0.035, d = 0.64$ . Finally, an ANOVA test was conducted to determine whether there were differences in self-reported levels of perceived stress between these two groups of mothers, controlling for maternal age. This test found that working mothers have higher levels of perceived stress than mothers who quit their job to care for their child with ASD,  $F(2) = 3.81, p = 0.027, d = 0.67$ .

### **Discussion**

Overall, the main goal of this research was to determine the factors responsible for the decision to quit versus stay in a job for a mother whose child was diagnosed with ASD. I found that the main factor that led mothers to remain in the professional workforce while raising a child with ASD was financial needs. The main factor that led mothers to quit their job to care for their child with ASD was child's needs. There was no statistically significant association between mother employment status and job prestige when deciding whether to leave or stay in the

professional workforce. Next, I compared the mental health and psychological well-being of the mothers who quit their job to care for their child with ASD to mothers who worked outside of the home while raising a child with ASD. I found that working mothers experienced higher levels of meaning in their life than the mothers who quit their job to care for their child with ASD.

Mothers who quit their job to care for their child with ASD experienced higher levels of depressive symptoms than working mothers of a child with ASD. Finally, working mothers experienced higher levels of both state anxiety and perceived stress than mothers who quit their job to care for their child with ASD.

This study found that mothers who quit their job to care for their child with ASD were more likely to report leaving their job due to their child's needs while working mothers reported staying in their professional career due to financial needs. These findings align well with my hypothesis that factors such as a mother's income and the need for job benefits will lead some mothers to remain in the professional workforce while raising a child with ASD while factors such as a child's various therapy appointments will lead some mothers to quit their job to care for their child with ASD. The finding that mothers who quit their job to care for their child with ASD were more likely to report making this decision due to their child's needs is consistent with prior research that states one reason that parents of children with a disability quit their jobs so often is because finding childcare for children with disabilities that is affordable and allows both parents to continue employment is very difficult (Rosenzweig et al, 2008).

Additionally, this study found that working mothers reported more meaning in their lives than mothers who quit their job to stay home with their child with ASD. As previously discussed, many working mothers reported wanting to retain independence outside of motherhood and a

passion for their careers as reasons they chose to remain in their professional career after the diagnosis of their child with ASD. These responses imply that working outside of the home can create meaning for the lives of mothers of children with ASD. Mothers who quit their job to care for their child with ASD reported feeling that they “aren’t accomplishing anything,” “are missing their job,” and experiencing “identity loss” as some of the biggest challenges of quitting their job. These responses demonstrate how mothers who quit their job to stay home with their child with ASD experience feelings of a lack of meaning in their life after quitting their professional career to stay home with their child with ASD. The finding that working mothers of a child with ASD report more meaning in life than mothers who quit their job to care for their child with ASD is consistent with prior research. First, research states that multiple roles in life (e.g., being a parent, spouse, and worker in the professional workforce) can provide more happiness and satisfaction in life (Super, 1980). Additionally, prior research states that multiple roles in life can provide increased feelings of personal worth and an increased sense of meaning in life (Marks, 1977; Sieber, 1974; Thoits, 1983; Tiedje et al., 1990).

Next, this study found that mothers who quit their job to stay home with their child with ASD reported higher rates of depressive symptoms than working mothers of children with ASD did. Mothers listed “no me time,” “no mental escape from my child and their issues,” “loneliness,” “boredom,” and “lack of interaction with other adults” as the most challenging aspects of quitting their job to stay home with their child with ASD. These responses demonstrate how mothers who quit their job to stay home with their child with ASD tend to experience elevated rates of depressive symptoms. Additionally, these responses surrounding loneliness and findings about the stay at home mothers having higher rates of depressive

symptoms than working mothers of a child with ASD are consistent with prior research. First, loneliness is associated with a variety of negative outcomes (Chang et al., 2010; Conroy & Smith, 1983; Heinrich & Gullone, 2006; Stravynski & Boyer, 2001). More specifically, there are numerous studies that show the link between loneliness, or a low sense of belonging to a social network, and depression (Bragg, 1979; Hagerty et al., 1996; Hagerty & Williams, 1999; Weiss, 1974). Many of these mothers do not have a network to turn their home problems off or an outlet for relief, so they might develop depressive symptoms as a result. The finding that moms who quit their job to care for their child with ASD report higher depressive symptoms than working mothers of a child with ASD is similar to prior research that states that parents of children with ASD report lower social support and relationship satisfaction than did parents who do not have children with ASD (Brobst et al., 2009). Prior research also suggests that in general, parents of children with disabilities have higher levels of depression than parents of typically developing children (Olsson & Hwang, 2001; Singer, 2006). Overall, the higher depressive symptoms found in mothers who quit their job confirms similar trends that are seen in parents of children with ASD and in prior research regarding parents of children with disabilities.

Working mothers of children with ASD reported both higher rates of state anxiety and perceived stress than mothers who quit their job to stay home with their child with ASD. Mothers reported “being criticized for taking off of work too much to care for [their] child,” receiving “calls from school that their child is misbehaving,” having “less time with their husband and for personal relaxation,” “lack of flexibility in their job making it hard to balance work and home life,” and “worrying about what will happen to their child if they have a meltdown while she is at work” as some of their biggest challenges of being a working mother.

These responses demonstrate how working mothers' balance between work and home life creates increased stress and anxiety. These findings are similar to prior research that states that parents of children with ASD reported higher levels of parental stress (Brobst et al., 2009). Additionally, these findings support the concept of role overload in working mothers. Though multiple roles (e.g., parenting, being a spouse, and working outside the home) are associated with some positive meaning in life benefits, role overload can also lead to stress and other negative psychological health due to the demands of balancing so many roles (Danes, 1998; Pearson, 2011). Parenting a child with ASD or a disability is potentially another role added and thus these working mothers of a child with ASD are even more overloaded since they have an additional role, which leads to more stress and negative psychological health factors (Goode, 1960; Pearson, 2011).

Taken together, these results suggest that there is a trade off in the psychological well-being that working mothers of children with ASD experience. These mothers derive more meaning from their lives because they can have experiences outside of their role as a mother. On the other hand, because they are also working outside of the home while raising a child with ASD, they report more perceived stress and state anxiety than mothers who quit their job to care for their child with ASD do. Thus, my hypothesis was partially correct in that I hypothesized that working mothers of children with ASD would have negative psychological effects of balancing work and home life. However, working mothers of a child with ASD do not experience worse psychological well-being overall since the mothers who quit their job to care for their child with ASD reported higher depressive symptoms. Overall, the findings of this study fill in some prior research gaps to determine the reasons underlying a mother of a child with ASD's employment

decision as well as gaps to determine and compare the effects quitting a job to care for a child with ASD has on a mother's mental health and the effects of staying in a career while parenting a child with ASD have on a mother's mental health.

### **Limitations**

This research was subject to three major limitations and thus the findings should be interpreted with some caution. First, there was difficulty in recruiting mothers who quit their job to care for their child with ASD. This limitation could suggest a few potential things. First, our difficulty in recruiting mothers who quit their job to care for their child with ASD could suggest that these mothers are not as connected to support networks. Most of our recruitment efforts were conducted via Facebook and general autism mother support groups; if these mothers are not connected to these groups then they would be harder to find. This limitation could also potentially suggest that there are not as many mothers that exist who met this criterion of having quit their career to care for their child with ASD. As prior research suggests, the financial costs of raising a child with ASD are very high (Seltzer, et al., 2001). Thus, many families might not be able to afford to have one parent quit their career to stay home with their child, making the population pool of these mothers smaller than the pool of working mothers of children with ASD. However, I will note that this assumption contrasts with prior research that states that unemployment or career disruption of mothers of children with ASD is common (Baker & Drapela, 2010; Cidav et al., 2012; Rosenzweig et al., 2002). One possible reconciliation of these opposing issues is that it is common for mothers of children with ASD to be unemployed, but these mothers are not unemployed because they want to stay home to care for their child with ASD. Another possible explanation is that these mothers were unemployed at one time but had to

go back to work and thus these mothers would not qualify for this study. Additionally, we excluded mothers who were working part-time from this study. It is possible that there are numerous part-time working mothers of children with ASD. Future research could be done in this area to add part-time working mothers of a child with ASD into the comparison between full-time working mothers of a child with ASD and moms who quit their job to care for their child with ASD. Finally, in future studies, I believe that additional time to complete this research and better connections with mothers who quit their job to care for their child with ASD would aid in recruiting of these mothers, thus strengthening the results of this study.

Next, the demographics for this study were skewed. Most participants in this study were Caucasian, college-educated, and had total annual family household incomes of above \$55,000. These types of mothers have different life experiences than mothers who are ethnic/racial minorities, are not college educated, and live below the poverty line. Thus, these results might not be entirely applicable to all types of mothers of a child with ASD. Unfortunately, this limitation is common in many research studies. My suggestion for future research would be to perform this same research on a subset of the population (e.g., only Hispanic, only Black, only non-college educated mothers) or to perform this research on only mothers who have annual total household incomes that are below the poverty line.

A final limitation of this study is self-reported data. All the data gathered from this study was self-reported by the participants. Self-reported data can be unreliable at times due to factors such as exaggeration of certain feelings and/or selective memory. For future research, I would suggest adding semi-structured participant interviews to the surveys for data collection. Adding semi-structured interviews would allow for more objective and in-depth information. It would

also be beneficial in future research to do a semi-structured interview with the spouse of the mothers to get their perspectives as well.

### **Implications**

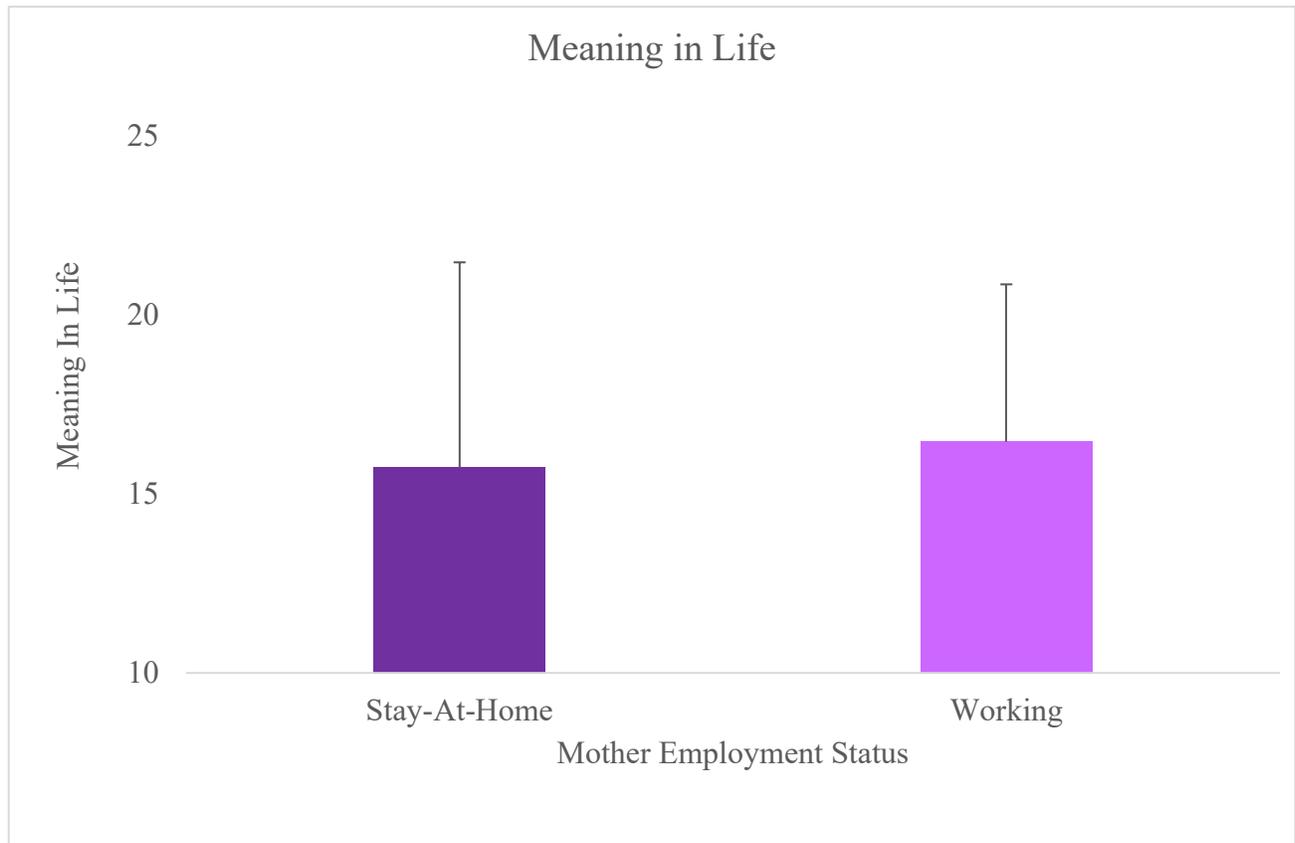
I suggest three policy implementations to improve the psychological well-being of mothers of children with ASD. First, more flexible leave time is needed for working mothers, especially mothers of children with ASD. My study found that working mothers of children with ASD have higher levels of perceived stress and state anxiety. Some of these mothers self-reported “being criticized for taking off unexpectedly,” “using vacation time to take their child to therapies,” and “lack of flexibility in their job that makes it hard to balance everything” as some of the biggest challenges of being a working mother while raising a child with ASD. Thus, more flexible leave time for working mothers would potentially alleviate some of the stress and anxiety that these mothers feel.

Better support groups are needed for mothers who quit their career to care for their child with ASD. This group of mothers faces unique challenges that are not necessarily the same as stay-at-home mothers in general. These mothers who quit their job to care for their child with ASD experienced higher levels of depressive symptoms. Some mothers self-reported “a lack of interaction with other adults,” “no me time or mental escape from my child,” and “having no outlets when you feel stressed out” as some of the biggest challenges of staying home to care for their child with ASD after quitting their career. Thus, I believe that better, more accessible support groups would provide these mothers with benefits such as having adult interaction, an escape from their home life, and having support from other mothers in similar situations. Finally, more respite care would benefit all mothers of children with ASD. Working mothers of a child

with ASD could benefit from more respite care for their child because this extra time would allow them the opportunity to spend time with their partner, spend time on themselves, and have more time to get their work done. I believe that these benefits would alleviate some of the stress and anxiety that these working mothers feel. Mothers who quit their job to care for their child with ASD could benefit from more respite care for their child because the extra time would allow them to do things for themselves and interact socially with other adults. I believe that these benefits would alleviate some of the depressive symptoms that these mothers who quit their job to care for their child with ASD face.

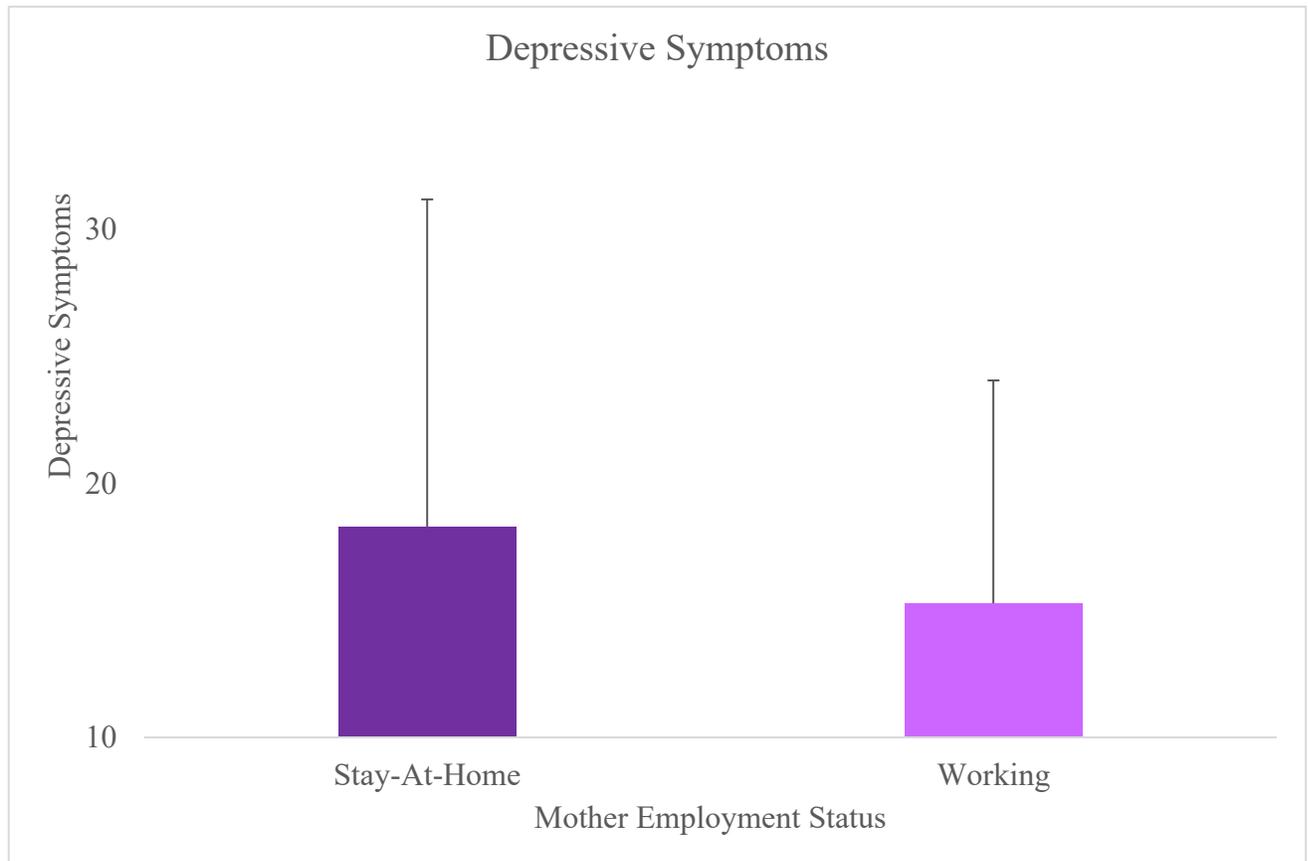
**Figure 1**

*Differences in Meaning in Life between Working and Stay-At-Home Mothers*



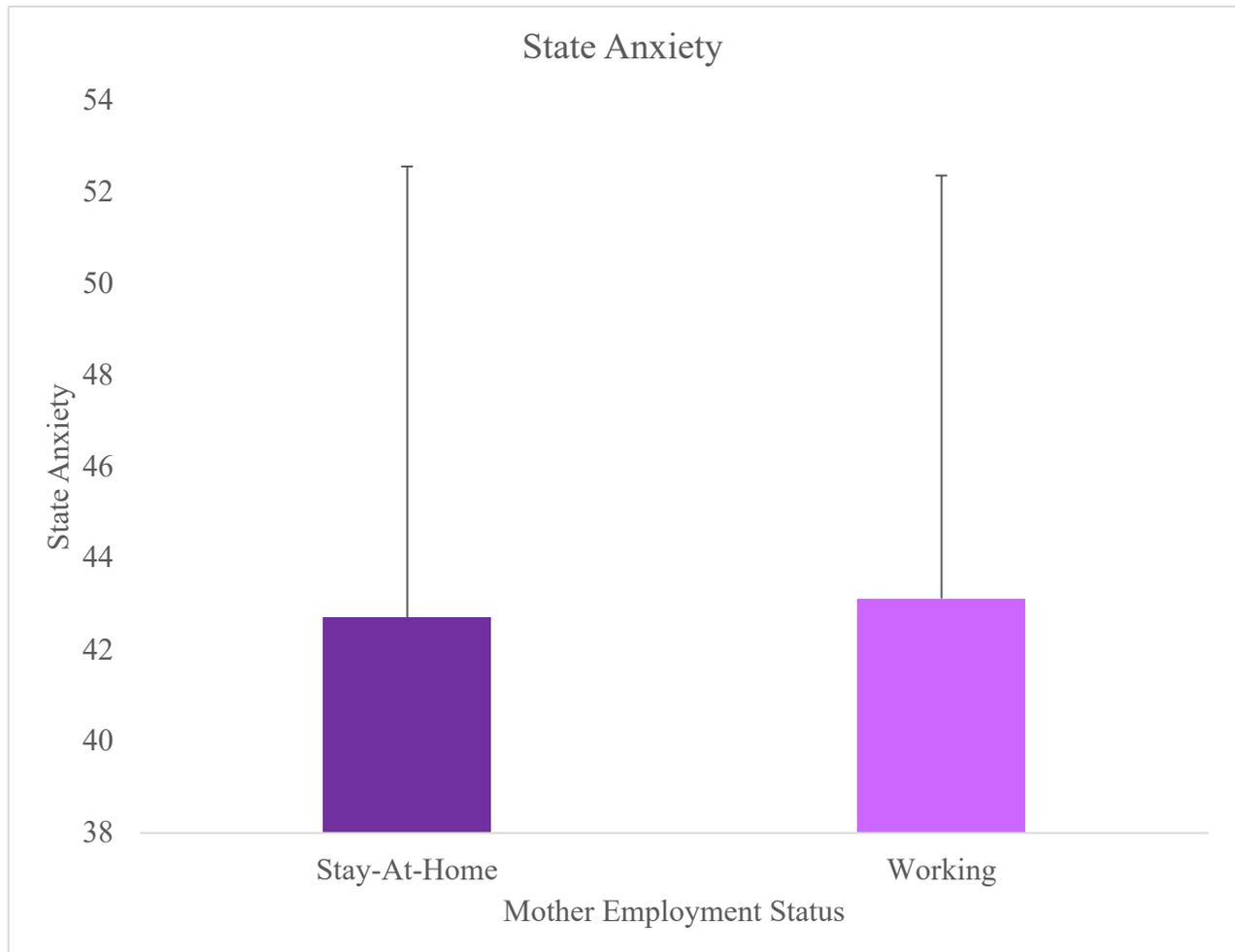
**Figure 2**

*Differences in Depressive Symptoms between Working and Stay-At-Home Mothers*



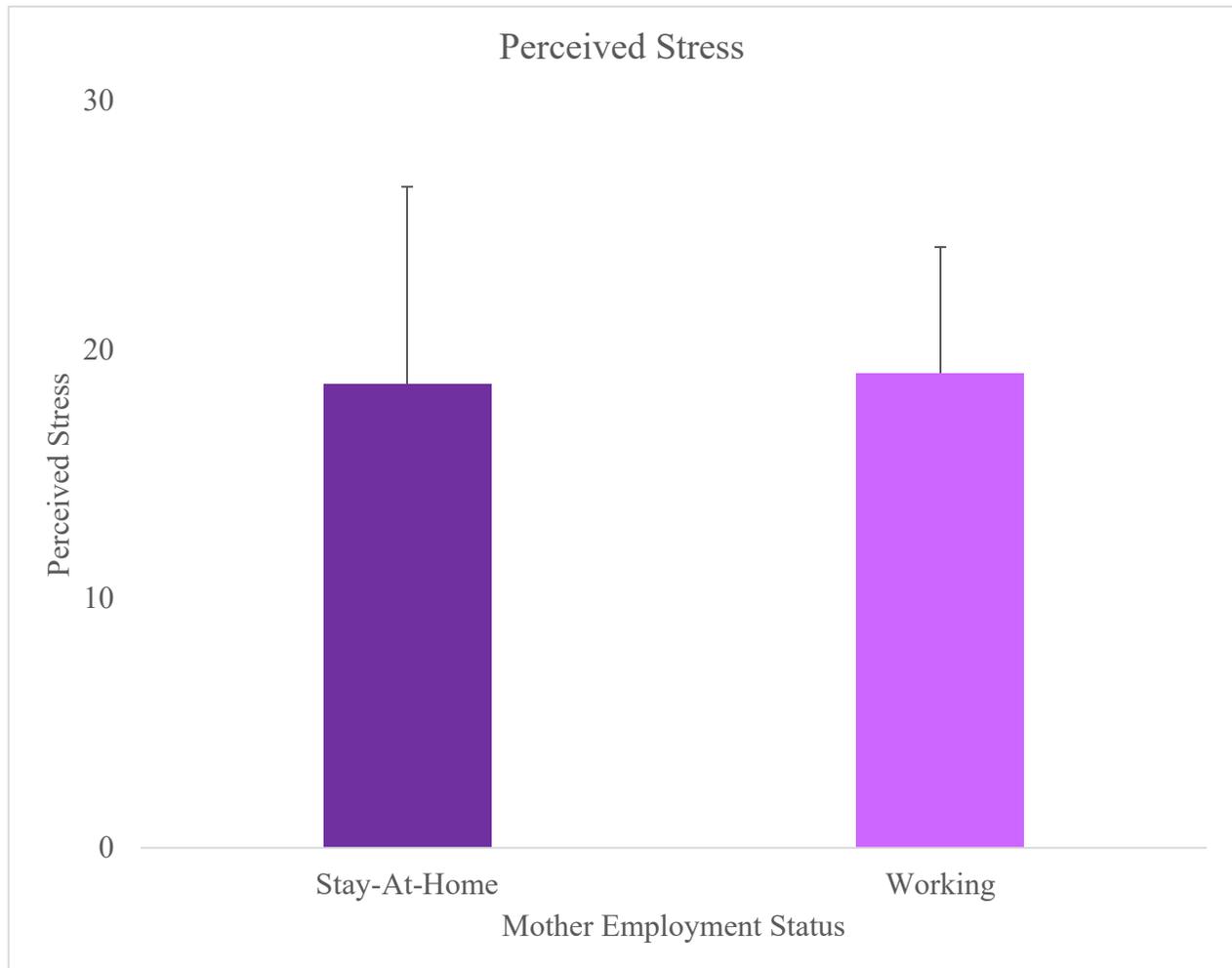
**Figure 3**

*Differences in State Anxiety between Working and Stay-At-Home Mothers*



**Figure 4**

*Differences in Perceived Stress between Working and Stay-At-Home Mothers*



## Appendix

### Stay at Home Mothers Questionnaire

1. What was your job prior to quitting to help care for your child with autism?
  
2. What was your salary for this job?
 

<input type="radio"/> \$0-\$5,000 <input type="radio"/> \$5,001-\$10,000 <input type="radio"/> \$10,001-\$15,000 <input type="radio"/> \$15,001-\$20,000 <input type="radio"/> \$20,001-\$30,000 <input type="radio"/> \$30,001-\$40,000	<input type="radio"/> \$40,001-\$50,000 <input type="radio"/> \$50,001-\$60,000 <input type="radio"/> \$60,001-\$80,000 <input type="radio"/> \$80,001-\$100,000 <input type="radio"/> \$100,001-\$150,000 <input type="radio"/> greater than \$150,000
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3. For how long did you hold your previous job?
  
4. On a scale of 1-5, how much did you enjoy your job?
 

1      2      3      4      5
  
5. What year did you end your full-time employment?
  
6. How did you and **your partner** come to the decision that you would quit your job?
  
7. Were you and your partner originally in agreement about you quitting your job?  
 Yes      Partially      No  
 If partially, please explain: \_\_\_\_\_
  
8. Was it ever considered that your partner would quit their job, not you?  
 Yes      Partially      No  
 If partially, please explain: \_\_\_\_\_
  
9. What was the **single biggest factor** in your decision to leave the professional workforce?
  
10. What were some additional factors that contributed to your decision to leave the professional workforce?
  
11. What have been the most challenging things about quitting your job?
  
12. How has quitting your job affected your relationship with **your partner**?
  
13. How has quitting your job affected your relationship with **your child with autism**?

14. Do you plan on seeking employment outside the home ever again? If yes, when and for what reason? If no, why not?

15. Is your partner supportive now of you not working outside of the home?

Yes      Partially      No

If partially, explain: \_\_\_\_\_

### **Mothers Continuing their Professional Careers Questionnaire**

1. What is your job?

2. What is your salary for this job?

\$0-\$5,000

\$5,001-\$10,000

\$10,001-\$15,000

\$15,001-\$20,000

\$20,001-\$30,000

\$30,001-\$40,000

\$40,001-\$50,000

\$50,001-\$60,000

\$60,001-\$80,000

\$80,001-\$100,000

\$100,001-\$150,000

greater than \$150,000

3. How long have you held this position for?

4. On a scale of 1-5, how much do you enjoy your job and career?

1      2      3      4      5

5. Did you and your partner ever consider **you** quitting your job after the diagnosis of your child with autism? If so, how long after the diagnosis did this discussion occur?

6. Did you and your partner ever consider **your partner** quitting their job after the diagnosis of your child with autism? If so, how long after the diagnosis did this discussion occur?

7. Explain how you and your partner made the decision for you to remain in the workforce after the diagnosis of your child with autism.

8. What was the **main factor** contributing to the decision for you to stay in the workforce after the diagnosis of your child with autism?

9. What were some other contributing factors in the decision for you to stay in the workforce after the diagnosis of your child with autism?

10. Who cares for your child while you are working?

11. What have been the most challenging things about working outside of the home while parenting a child with autism?

12. Do you plan on quitting working outside of the home in the future? If yes, when and for what reason? If no, why not?

13. Were you and your partner **originally** in agreement on your decision to remain working after the diagnosis of your child with autism?

Yes   Partially   No

If partially, explain: \_\_\_\_\_

14. Is your partner now supportive of your decision to work outside of the home?

Yes   Partially   No

If partially, explain: \_\_\_\_\_

15. How has remaining in your professional career after the diagnosis of your child with autism affected your relationship with **your partner**?

16. How has remaining in your professional career after the diagnosis of your child with autism affected your relationship with **your child with autism**?

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