RESEARCH PAPER

"Parental Stress Associated with Impulsive Behaviour in Children with Autism Spectrum Disorder: The Role of Social Support and Parent Preparedness"

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Abstract
Parents of children with Autism Spectrum Disorder (ASD) often have to respond to behavioural difficulties while managing the ordinary demands of family life, work, education and therapy. Impulsive or difficult-to-anticipate behaviour may be especially demanding because caregivers have little time to prepare. This study examined parental stress, psychological functioning, occupational circumstances, gender and perceived social support among 28 parents of children with moderate to severe ASD. Seventy per cent of parents reported moderate stress and a further 12% reported high stress. Parental stress was strongly associated with psychological functioning, and significant differences were observed across occupational groups. Self-employed parents and homemakers showed greater strain, whereas mothers and fathers did not differ significantly. Perceived social support was associated with lower stress and better psychological functioning. These findings support a shift from purely reactive behavioural management towards parent preparedness. Although the present study did not measure impulsive behaviour or meteorological variables directly, it provides a family-level rationale for research that identifies reliable antecedents and contextual conditions associated with periods of increased behavioural risk. Advance information may allow parents to adjust routines, organise support and use preventive strategies before behavioural escalation.

Keywords: autism spectrum disorder; parental stress; impulsive behaviour; psychological well-being; social support; parent preparedness
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1. Introduction

Parenting a child with ASD often involves a form of vigilance that is difficult to capture through service schedules alone. Therapy appointments, school communication and daily care are visible demands; less visible is the uncertainty that accompanies behaviour that can change quickly or emerge with little warning. For many families, the strain lies not only in managing a difficult episode but also in not knowing when the next one may occur.

Behavioural difficulties in ASD are diverse. Communication demands, sensory sensitivities, changes in routine, sleep disturbance and problems with emotional regulation may all shape how a child responds in a particular situation. When behaviour becomes impulsive, the parent may have only a brief opportunity to intervene. This can disrupt work, travel, family routines and participation in ordinary community activities.

Preparedness therefore deserves attention alongside behavioural management. If caregivers can recognise circumstances in which behavioural difficulty is more likely, they may be able to reduce unnecessary demands, prepare communication or calming strategies, arrange additional supervision, or simply approach the situation with greater psychological readiness. Prediction need not be perfect to be useful; even a reliable indication of increased risk may help families plan more effectively.

Parental stress in ASD has been widely reported, but stress is not experienced in isolation. It is shaped by the resources available to the family, the parent's occupational circumstances, the availability of respite and the degree of support offered by relatives, professionals and schools. Social support may be particularly important because it can change how manageable a demanding situation feels even when the child's underlying support needs remain unchanged.

The present study examines parental stress and psychological functioning in parents of children with ASD, with particular attention to perceived social support, occupation and gender. Impulsive behaviour is treated here as an important caregiving context rather than as a measured independent variable. The study therefore does not test predictors of impulsive behaviour. Instead, it asks a prior family-centred question: why might greater behavioural predictability matter to parents?

2. Theoretical framework

2.1 Stress-buffering hypothesis

Cohen and Wills' (1985) stress-buffering hypothesis proposes that social support can lessen the psychological impact of stressful experiences. For parents of children with ASD, support may be emotional, practical, informational or relational. It may not remove the child's behavioural needs, but it can increase the parent's

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capacity to respond without feeling solely responsible for every difficult situation.

2.2 Role strain

Role Strain Theory (Goode, 1960) is also relevant. Parents may simultaneously function as caregivers, employees, spouses, household managers, educational advocates and coordinators of therapy. An unexpected behavioural episode can immediately displace these competing responsibilities. Advance awareness of periods of greater behavioural difficulty could therefore have practical value by giving parents time to reorganise demands.

2.3 Ecological perspective

Bronfenbrenner's ecological perspective places family well-being within interconnected settings that include home, school, workplace, services and community. From this perspective, behavioural support should not be restricted to the child. The parent's social environment and access to timely information are also part of the system in which behaviour is managed.

3. Method

3.1 Participants

Participants were 28 parents of children with ASD: 14 mothers and 14 fathers. Their children were 9–16 years old, with a mean age of approximately 13 years. Fourteen children had moderate ASD and 14 had severe ASD.

Table 1. Occupational distribution of participating parents.

Occupational group	n
Government employees	7
Private-sector employees	6
Self-employed parents	7
Homemakers	8

3.2 Measures

Autism Parenting Stress Index (APSI). The APSI (Silva & Schalock, 2012) was used to assess autism-related parenting stress.

General Health Questionnaire-28 (GHQ-28). The GHQ-28 (Goldberg & Hillier, 1979) was used to assess psychological functioning, including somatic symptoms, anxiety and sleep difficulties, social functioning and psychological distress.

Social Provisions Scale (SPS). Perceived social support was assessed with the Social Provisions Scale (Cutrona & Russell, 1987), which examines whether interpersonal and relational support needs are being met.

3.3 Data analysis

Descriptive statistics were used to examine stress and psychological functioning. Gender differences and associations among parental stress, psychological functioning and perceived social support were examined. One-way analysis of variance was used for occupational-group comparisons. Mediation analysis explored whether perceived social support could help account for the association between parental stress and psychological functioning. Given the small sample, large effects were interpreted cautiously.

3.4 Ethical considerations

The study received approval from the university ethics committee. Written informed consent was obtained from all participants. Confidentiality, voluntary participation and the right to withdraw were explained before participation.

4. Results

4.1 Parental stress

Moderate or high parenting stress was common. Seventy per cent of participants reported moderate stress and 12% reported high stress, meaning that approximately 82% of the sample fell within the moderate-to-high range. Somatic symptoms were reported by approximately 32% of participants and anxiety-related difficulties by approximately 28%.

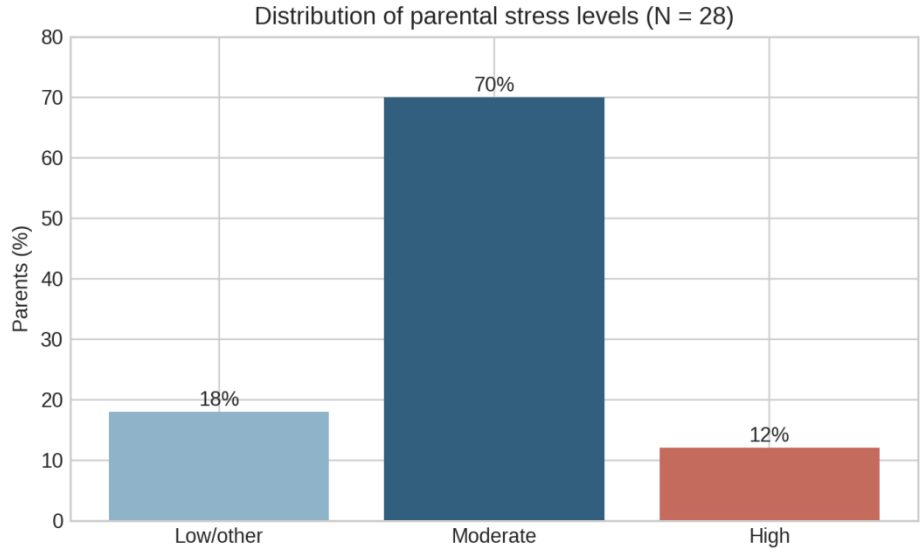

Figure 1. Distribution of reported parental stress levels (N = 28). The residual 18% represents participants outside the reported moderate and high categories.

4.2 Gender differences

No statistically significant difference in APSI scores was reported between mothers and fathers. GHQ-28 scores likewise showed no significant gender difference. The result suggests that parent-support services should not assume that substantial caregiving strain is confined to mothers.

4.3 Parental stress and psychological functioning

Parental stress and GHQ-28 scores were strongly associated ($r = -.90$, $p < .001$; $r^2 = .81$). Because the study was cross-sectional and involved a small sample, this relationship should be read as an association rather than evidence that one variable caused the other.

4.4 Occupational differences

Stress and psychological functioning differed significantly across occupational groups. Self-employed parents and homemakers were reported as experiencing comparatively greater strain.

Table 2. One-way ANOVA results for occupational-group differences.

Outcome	F	df	p	η^2
Parental stress (APSI)	19.20	3, 24	< .001	.71
Psychological functioning (GHQ-28)	8.91	3, 24	< .001	.53

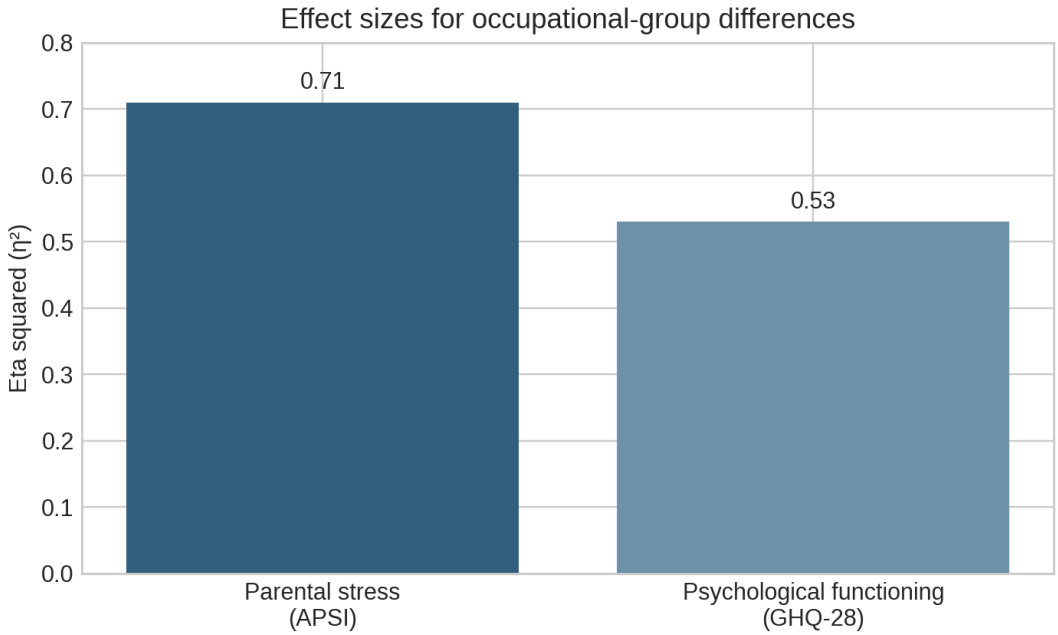

Figure 2. Reported eta-squared effect sizes for occupational-group differences.

4.5 Perceived social support

Parents who perceived stronger social support tended to report lower stress and better psychological functioning. In the mediation analysis, the association between parental stress and psychological functioning became weaker after perceived social support was taken into account. The pattern is consistent with a buffering role for support, but the cross-sectional design does not establish temporal mediation or causation.

5. Discussion

The findings portray parental stress as part of an everyday caregiving system rather than as an isolated emotional response. More than four-fifths of the sample reported moderate or high stress, and stress was closely associated with psychological functioning. Occupational differences further suggest that the practical structure of a parent's day matters.

This becomes particularly relevant when a child shows impulsive or difficult-to-anticipate behaviour. An episode may last only a short time, yet its consequences can extend into work, travel, family routines and the parent's sense of control. Repeated uncertainty may therefore be important even when it is not captured as a separate score.

Social support appears to offer a useful protective resource. Its value is not limited to comfort after a difficult event. Support may also make preparation possible: another adult can be available, a school can share observations, a professional can help identify antecedents, or a family can alter plans before demands become unmanageable.

This suggests a useful distinction between reactive management and preventive preparedness. Reactive management asks what should be done when behaviour occurs. Preparedness asks whether enough can be learned about behavioural patterns to act earlier. For parents, that difference may translate into more time, more choice and less uncertainty.

The present study cannot determine when impulsive behaviour will occur. It did not measure impulsive behaviour directly, nor did it collect humidity, atmospheric pressure or other meteorological variables. Those questions require prospective behavioural and environmental data. What this study contributes is the family-level rationale for asking them.

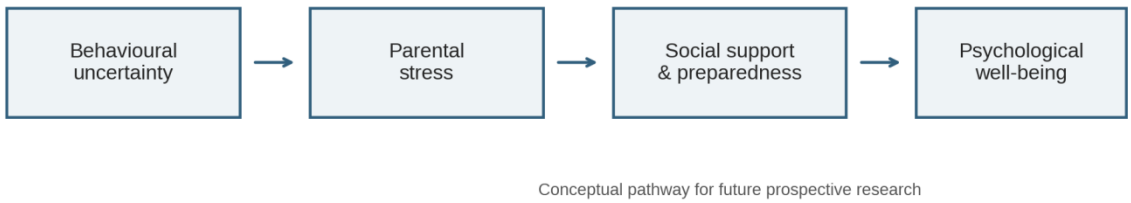

Figure 3. Conceptual pathway linking behavioural uncertainty, parental stress, social support and preparedness. This is a conceptual model for future research, not a tested path model.

6. Implications for practice

Parent support should include routine attention to caregiver well-being, particularly when children have substantial behavioural support needs.

Schools and professionals can strengthen preparedness by sharing consistent observations about antecedents, routines and circumstances associated with behavioural escalation.

Support plans should be flexible enough to reflect occupational realities. Employed and self-employed parents may need scheduling flexibility, whereas parents engaged in continuous home-based caregiving may particularly benefit from respite and social connection.

Both mothers and fathers should be actively included in behavioural planning and parent-support programmes.

7. Limitations and future directions

The study is limited by its small sample (N = 28), cross-sectional design and restricted clinical context. The strong correlation between parental stress and GHQ-28 scores should therefore be interpreted cautiously. The study also did not independently quantify impulsive behaviour, so the results cannot demonstrate that impulsive behaviour caused parental stress. Likewise, atmospheric pressure and relative humidity were not measured.

Future research should prospectively record behavioural frequency, duration and intensity alongside relevant antecedents and contextual conditions. Where environmental variables are of interest, they should be objectively measured and temporally aligned with behavioural observations. The practical test of such work should be whether advance information improves parent preparedness, reduces uncertainty, or supports earlier use of preventive strategies.

8. Conclusion

Parents of children with ASD in this study experienced substantial stress, and that stress was closely associated with psychological functioning. Perceived social support appeared to be protective, while occupational circumstances shaped the level of strain experienced by families. These findings point towards a broader understanding of behavioural support: parents may need not only strategies for responding to difficult behaviour, but also information and support that help them prepare for periods when behavioural difficulty is more likely. The present study does not identify such periods; rather, it establishes why doing so could matter. A preventive, family-centred approach would treat behavioural predictability as a practical resource—one that may give parents time to organise support, adapt routines and respond before escalation rather than only after it.

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