

Examining the Efficacy of Couples Therapy with a Cognitive-Behavioral Approach on Marital Satisfaction of Parents and Externalized Behavioral Problems of Students Aged 10 – 15 with Autism Spectrum Disorder

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ABSTRACT

Objective: Autism spectrum disorders, being neurodevelopmental, present with serious difficulties in social interactions, verbal and non-verbal communication, repetitive behaviors, and restricted interests. This research aimed to investigate the efficacy of couples therapy with a cognitive-behavioral approach on the marital satisfaction of parents and the externalized behavioral problems of students with autism spectrum disorder.

Methods and Materials: The current research design was quasi-experimental, utilizing a pre-test, post-test, and follow-up with a control group. The population for this study consisted of all parents of male students aged 10 to 15 with autism in Mashhad in the year 2023. Sampling was conducted through a convenience method, including 58 qualified parents of children with internalized behavioral problems, selected from the parents at the Tabbasum public center and the Mehr Amin private clinic, and were divided into experimental and control groups. Data were collected using the Spouses' Marital Satisfaction Questionnaire, the Child Behavior Checklist, and the Gilliam Autism Rating Scale-2, and analyzed using repeated measures ANOVA with SPSS software version 22.

Findings: The results indicated that implementing couples therapy with a cognitive-behavioral approach significantly affected mothers' marital satisfaction ($F=38.98$, $P<0.001$), fathers' marital satisfaction ($F=65.25$, $P<0.001$), and the externalized behavioral problems ($F=61.80$, $P<0.001$) of children with autism spectrum disorder.

Conclusion: It can be concluded that couples therapy with a cognitive-behavioral approach is effective in enhancing the marital satisfaction of parents and addressing the externalized behavioral problems of children with autism spectrum disorder. This approach can be utilized to reduce the psychological issues of children with autism spectrum disorder.

Keywords: Couples therapy, cognitive-behavioral approach, behavioral problems, autism.

1. Introduction

Autism spectrum disorders, as neurodevelopmental conditions, are characterized by serious challenges in social interactions, verbal and non-verbal communication, repetitive behaviors, and limited interests in individuals. Unusual responses to sensory stimuli and an individual's insistence on maintaining stability and specific routines in life are also common signs of these disorders (Baio et al., 2018). These disorders are among the most complex and controversial in psychiatry, with no uniform symptoms or signs. The symptoms appear early in the developmental period, but milder cases may not become apparent until later in life (Sadock et al., 2015). Current estimates suggest that autism affects between 1 to 3 percent of the population (Byrne et al., 2023; Kim & Jeon, 2013).

Like typical children, the externalized behavioral problems of autistic children and adolescents also manifest externally. Some research has investigated the relationship of externalized behaviors to the physiological structure in autistic children and adolescents. Additionally, other studies have examined their interpersonal communication skills and social interactions in external situations like schools, parties, peer gatherings, etc., including a meta-analysis that indicated autistic adolescents are particularly vulnerable to certain behavioral problems, such as dropping out of school; and findings from other research (Drahota et al., 2011; Hallett et al., 2013) have also pointed to conflicts with peers among autistic students.

Due to their communication deficits, children with autism are often pressured by their parents, and the parent-child communication model cannot proceed appropriately and normally. This abnormal escalation contributes to an increase in their problems. Moreover, concurrent with these challenges, the collective unawareness and anonymity of autism and the vague perception of this disorder in the public mind can negatively affect both the individuals with autism and their parents (Byrne et al., 2023; Creswell et al., 2019). As such, these parents have less opportunity to focus on their relationship with their spouse. Undoubtedly, the crucial and decisive matter of parental marital satisfaction in this vicious cycle will suffer the hardest hits; therefore, it can be boldly stated that the root of many child-related issues lies in the quality of the parents' relationship, and the main path for treating children with autism generally goes through improving the quality of the parents' relationship, specifically, through their marital satisfaction (Bearss et al., 2013; Drahota et al., 2011). Hence, according to the

researcher's belief and considering the unparalleled role of marital satisfaction, the time has come to significantly shift our perspective on autism spectrum disorder and take fundamental therapeutic steps to reduce the behavioral problems of autistic children through improving the quality of the parents' relationship, especially their marital satisfaction. Addressing this issue became the primary concern and starting point of this research.

Marital satisfaction is a significant component affecting physical and psychological health, life satisfaction, social interactions, serving as a protection against psychological and physiological harms, and being a primary source of social support for couples (Kim & Jeon, 2013; Mohammadi et al., 2021). Some research findings consider marital satisfaction an effective factor in optimal growth and parent-child communication interaction (Mello et al., 2022). Many studies indicate the low quality of marital satisfaction among parents of children with autism. Some research results show that, on one hand, the emotional problems and aggressive behaviors of children with autism are the most significant predictors of parental distress, and on the other hand, these variables, along with the symptoms of autism, are related to the stress of "parent-child interactions." These studies deem comprehensive interventions focusing on behavior and symptoms of the disorder and the quality and adaptability of the parent's relationship as necessary (Mello et al., 2022). Moreover, according to some researchers, the marital dissatisfaction of these parents leads to negative psychological well-being and stress for them and has a significant association with the low quality of parent-child relationships (Dong et al., 2022; Hasson-Ohayon et al., 2019).

Cognitive-behavioral therapy based on parent engagement and education may be an effective method in treating the behavioral problems of children with autism (Creswell et al., 2019; Rodgers et al., 2018). According to research by Kolko et al. (2011), cognitive-behavioral therapy approach reduces parents' anxiety and conflict and decreases the externalized behavioral problems of the child (Kolko et al., 2011). Despite numerous studies demonstrating the efficacy of cognitive-behavioral therapy based on increasing parental involvement and reducing the behavioral problems of children with autism, as well as enhancing their social skills and improving repetitive behaviors, few studies have focused on the potential of cognitive-behavioral therapy by parents for children (Byrne et al., 2023); and also on parent-implemented approaches for autistic children with externalized behavioral problems

(Driscoll et al., 2020). Therefore, the present research was conducted to examine the efficacy of couples therapy with a cognitive-behavioral approach on the marital satisfaction of parents and the externalized behavioral problems of students with autism spectrum disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design, utilizing a pre-test, post-test, and follow-up with a control group. The population included parents of all male students aged 10 to 15 with autism spectrum disorder who were enrolled at the Tabbasum public educational center in the academic year 2023-2024 and were benefiting from the educational and rehabilitation services of the Mehr Amin counseling and psychological services center. According to a psychiatrist or neurologist's opinion, based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), the presence of autism disorder in these students was diagnosed. It is worth mentioning that the severity of autism in these students was assessed as moderate according to the Gilliam Autism Rating Scale (GARS-2). The sample for the current study was a convenience sample of 56 couples with autistic children, split into 28 mothers and 28 fathers who met the defined criteria for the research, selected from parents belonging to the study population; initially, all autistic students at the Tabbasum educational and rehabilitation center and Mehr Amin clinic were observed for several weeks. Subsequently, with the researcher's implicit observation around externalized behavioral problems in students' behaviors, 28 students whose parents met the necessary conditions for participation in the study were selected. It should be noted that the autism students were also diagnosed with externalized behavioral problems based on the Child Behavior Checklist (CBCL). Following this, 28 mothers and 28 fathers were chosen, and thus the sample members were divided into experimental and control groups to evaluate and implement the intervention, to examine the effect of couples therapy with a cognitive-behavioral approach on the marital satisfaction of parents and the reduction of externalized behavioral problems in the students of the experimental group, in the current study.

The inclusion criteria for parents to participate in the study included not having a specific illness or drug use, possessing a minimum education level of a high school diploma or higher, and the necessity for both parents to

attend the sessions. The exclusion criteria for parents from the study included absence from more than two sessions, attendance of one parent alone without their spouse for more than two sessions, and the occurrence of significant events affecting the study's outcome, such as the death of close relatives or a crisis like bankruptcy. The inclusion criteria for students participating in the study included all students participating in the current study, diagnosed with autism spectrum disorder based on a psychiatrist's or neurologist's opinion and according to the DSM-5, with the severity of their autism disorder assessed as moderate based on the GARS-2 scale. The presence of externalized behavioral problems in the participating students confirmed by the CBCL, students being within the age range of the study (10 to 15 years), and students not having a predominant problem other than autism spectrum disorder.

2.2. Measures

2.2.1. Marital Satisfaction

This marital satisfaction questionnaire was developed by Dr. Gholamali Afrouz in 2010. It consists of 51 items aimed at assessing the level of marital satisfaction among spouses. Participants are asked to respond on a four-point Likert scale (Strongly Disagree 1, Disagree 2, Agree 3, Strongly Agree 4) regarding their marital satisfaction. Higher scores indicate greater marital satisfaction. Scores between 51 to 102 indicate low marital satisfaction, scores between 102 to 128 indicate moderate marital satisfaction, and scores above 128 indicate high marital satisfaction. Each item of this scale has been developed based on theoretical and research literature reviews and years of clinical and counseling experience in the fields of marital satisfaction, marriage, and family. The correlation between Afrouz's Marital Satisfaction Scale and the Enrich Marital Satisfaction Questionnaire was 0.431, significant at the $P < 0.001$ level. The test-retest reliability coefficient of the scale over a 20-day interval with 60 couples was 0.79 (Afrooz & Ghodrati, 2010; Javadi et al., 2021).

2.2.2. Behavioral Problems

Child Behavior Checklist (CBCL) assesses emotional-behavioral problems and academic and social competencies of children aged 6-18 years from the parents' perspective and is typically completed in 20 to 25 minutes. It comprises 113 questions about various child behavioral states. Responses to these questions are rated on a three-point Likert scale from

0 to 2, where a score of 0 indicates the behavior never occurs, 1 indicates the behavior sometimes occurs, and 2 indicates the behavior often or always occurs (Tehrani et al., 2011). The overall reliability coefficients for CBCL forms using Cronbach's alpha were 0.97, and test-retest reliability was reported as 0.94 (Achenbach & Rescorla, 2004). In Minaei's study (2005), the internal consistency coefficients ranged from 0.63 to 0.95 using Cronbach's alpha formula (Aghaziarati et al., 2023).

2.2.3. Autism Symptoms

Gilliam Autism Rating Scale-2 (GARS-2), standardized by Gilliam in 1994, is a screening checklist for diagnosing individuals with autism, comprising four subscales, each with 14 items, with each question rated from 0 to 3. The first subscale addresses stereotypical behaviors; the second, communication, includes items 15 to 28, describing verbal and non-verbal behaviors indicative of autism. The third subscale, social interaction, includes items 29 to 42. Studies have shown Cronbach's alpha coefficients of 0.90 for stereotypical behaviors, 0.89 for communication, and 0.93 for social interaction. This test consists of three sets of 14 questions, with scores ranging from 0 to 3 for each question. The maximum score for each of the three subgroups - stereotypical behaviors, communication, and social interaction - is 42, and the minimum is zero. A child's total score can range from a maximum of 126 to a minimum of zero, with higher scores indicating more severe disorder and lower scores indicating mildness (Gorji et al., 2020). This

test was used in this research solely to determine the level of autism in students.

2.3. Interventions

2.3.1. Cognitive-Behavioral Couple Therapy

The couples therapy program was based on a cognitive-behavioral approach and included twelve 100-minute sessions conducted in a group format. The process began with counseling sessions for preliminary acquaintance with each couple, covering personal history, individual damages, early childhood and adolescence experiences, marital history, among other aspects. To design and develop the intervention protocol based on cognitive-behavioral couples therapy, the comprehensive guide for therapists, "Cognitive-Behavioral Therapy with Couples and Families" by Dattilio (2009), was utilized (Dattilio, 2009).

2.4. Data analysis

The raw data analysis from the questionnaires of the present study was performed using the Statistical Package for the Social Sciences (SPSS) software, version 25.

3. Findings and Results

The mean (standard deviation) age of participants was 44.5 (9.7) for the experimental group and 46.1 (8.6) for the control group. In terms of education, the majority of participants (60%) held a high school diploma or associate degree.

Table 1

Statistical Indices of Variables at Pre-test, Post-test, and Follow-up Stages

| Variable | Stage | Group | N | Mean | SD | Min | Max |
|-------------------------------|-----------|--------------|----|--------|-------|-----|-----|
| Maternal Marital Satisfaction | Pre-test | Experimental | 14 | 87.43 | 15.05 | 65 | 109 |
| | | Control | 14 | 84.50 | 12.90 | 66 | 107 |
| | Post-test | Experimental | 14 | 113.00 | 14.34 | 92 | 137 |
| | | Control | 14 | 87.57 | 13.20 | 61 | 110 |
| | Follow-up | Experimental | 14 | 112.66 | 14.24 | 93 | 138 |
| | | Control | 14 | 87.42 | 13.10 | 60 | 109 |
| Paternal Marital Satisfaction | Pre-test | Experimental | 14 | 89.50 | 13.95 | 68 | 110 |
| | | Control | 14 | 89.43 | 13.92 | 69 | 109 |
| | Post-test | Experimental | 14 | 119.57 | 13.40 | 99 | 138 |
| | | Control | 14 | 87.00 | 14.13 | 60 | 110 |
| | Follow-up | Experimental | 14 | 118.02 | 13.21 | 98 | 137 |
| | | Control | 14 | 86.55 | 14.10 | 59 | 111 |
| Externalization | Pre-test | Experimental | 14 | 34.36 | 23.35 | 11 | 62 |
| | | Control | 14 | 36.71 | 22.16 | 12 | 62 |
| | Post-test | Experimental | 14 | 29.36 | 18.60 | 10 | 52 |
| | | Control | 14 | 34.71 | 22.66 | 11 | 62 |

| | | | | | | |
|-----------|--------------|----|-------|-------|----|----|
| Follow-up | Experimental | 14 | 29.10 | 18.42 | 10 | 53 |
| | Control | 14 | 34.13 | 22.04 | 11 | 63 |

Table 1 displays the statistical indices of the study variables at three stages: pre-test, post-test, and follow-up.

Prior to conducting the primary analyses, we carefully examined and confirmed the assumptions underlying the statistical tests used in our study. Specifically, we verified the assumption of normality by observing Shapiro-Wilk test values, which were within acceptable ranges for all key variables ($p > .05$), indicating a normal distribution. The assumption of homogeneity of variances was confirmed through Levene's test, with results showing no significant deviations across groups ($p > .05$), ensuring equal variances. Additionally, the assumption of sphericity was assessed using Mauchly's test for our repeated measures ANOVA, where no significant violation was found ($p > .05$). Multicollinearity was checked and found not to be a concern, as indicated by Variance Inflation Factors (VIFs) below 5 for all predictors. Lastly, independence of observations was

ensured by the study design, and outliers were addressed through robust statistical techniques, contributing to the reliability and validity of our findings. These precautionary steps ensured that the statistical inferences drawn from our analyses were based on solid foundational assumptions, enhancing the overall integrity of our research conclusions.

The results of the multivariate repeated measures ANOVA among the study groups for the variables of marital satisfaction and externalization showed that the between-subjects effect (group) is significant, meaning that at least one of the groups differs from the others in at least one of the variables of marital satisfaction and externalization. The within-subject effect (time) for the study variables was also significant, indicating that there has been a change over time from the pre-test to the follow-up in at least one of the variables.

Table 2

Repeated Measures ANOVA for Comparing Pre-test, Post-test, and Follow-up of Marital Satisfaction and Externalization in Experimental and Control Groups

| Measure | Source of Effect | Sum of Squares | df | Mean Square | F | Significance | Eta Squared |
|-------------------------------|------------------|----------------|------|-------------|--------|--------------|-------------|
| Maternal Marital Satisfaction | Time | 230.46 | 1.43 | 160.14 | 79.16 | .001 | .73 |
| | Time * Group | 150.02 | 1.43 | 104.24 | 51.53 | .001 | .64 |
| | Group | 4526.84 | 1 | 4526.84 | 38.98 | .001 | .60 |
| Paternal Marital Satisfaction | Time | 87.62 | 2 | 43.81 | 164.78 | .001 | .85 |
| | Time * Group | 37.48 | 2 | 18.74 | 70.50 | .001 | .71 |
| | Group | 113.61 | 1 | 113.61 | 65.25 | .001 | .63 |
| Externalization | Time | 170.60 | 1.45 | 117.57 | 175.61 | .001 | .86 |
| | Time * Group | 116.86 | 1.45 | 80.54 | 120.30 | .001 | .81 |
| | Group | 7406.08 | 1 | 7406.08 | 61.80 | .001 | .71 |

The results in Table 2 indicate that the analysis of variance for the within-group factor (time) and the between-group factor is significant. This means that considering the group effect, the time effect is also significant on its own.

Additionally, the interaction between group and time is significant. The Bonferroni post-hoc test was used for pairwise comparisons between groups.

Table 3

Bonferroni Post Hoc Within-Group Results for Cognitive-Behavioral Training on the Dimensions of Marital Satisfaction and Externalization in the Experimental Group

| Variable | Time | Mean Difference | Standard Error | P-value |
|-------------------------------|--------------------|-----------------|----------------|---------|
| Maternal Marital Satisfaction | Pre vs. Post | -25.96 | 1.25 | < .001 |
| | Pre vs. Follow-up | -26.86 | 1.25 | < .001 |
| | Post vs. Follow-up | -0.92 | 1.22 | .175 |
| Paternal Marital Satisfaction | Pre vs. Post | 29.96 | 1.25 | < .001 |
| | Pre vs. Follow-up | -28.90 | 1.31 | < .001 |

| | | | | |
|-----------------|--------------------|-------|------|--------|
| Externalization | Post vs. Follow-up | -0.44 | 1.29 | .425 |
| | Pre vs. Post | 5.14 | 1.25 | < .001 |
| | Pre vs. Follow-up | 5.75 | 1.31 | < .001 |
| | Post vs. Follow-up | 0.78 | 1.29 | .214 |

Changes over time in the experimental group, as shown in Table 3, indicate that the dimensions of marital satisfaction and externalization in the experimental group were significantly improved in the post-test compared to the pre-test ($P < 0.001$). Also, a significant difference was observed in the follow-up compared to the pre-test ($P < 0.001$). However, no significant difference was observed in the follow-up compared to the post-test ($P < 0.01$).

4. Discussion and Conclusion

The present study aimed to investigate the efficacy of couples therapy with a cognitive-behavioral approach on the marital satisfaction of parents and the externalized behavioral problems of students with autism spectrum disorder. The results indicate that the implementation of couples therapy with a cognitive-behavioral approach significantly increased parental marital satisfaction and significantly reduced the externalized behavioral problems of autistic students. These findings are consistent with prior research by (Hayes, 2004; Peterson et al., 2009).

Explaining the effect of couples therapy, the first step to increasing marital satisfaction involves ensuring that couples are ready to modify cognitions, change behaviors, and resolve conflicts. The therapist teaches parents to first identify commonalities, agreements, and similarities in their relationship, and concurrently, their differences and distinctions from their partner. With the therapist's help, they achieve new cognitions, attitudes, and insights into their communication system. This new perspective helps parents evaluate and reconstruct their behaviors and emotional responses towards their spouse, preparing them for fundamental changes in thoughts, feelings, and behaviors (ZafarAl-Hayari et al., 2022); therefore, it can be said that the prominent outcome of modifying parents' cognitions and attitudes was significant changes in their behavior, leading to increased marital satisfaction and a reduction in their autistic child's externalized behaviors. Explaining the therapeutic program's effect on reducing the externalized behaviors of autistic children, it's notable that this program specifically addresses parenting styles. Research has shown that parents of autistic children face more challenges and disabilities in parenting skills compared to parents of neurotypical children (Bearss et al., 2013). A crucial and

contemplative point witnessed often by the current study's researcher is that confronting problems with an autistic child can be so challenging for parents that it escalates beyond a problem or challenge into a crisis, where they are often incapable of implementing educational strategies and dealing with their child's misbehaviors. In this tumultuous and critical atmosphere, the potential for arguments, conflicts, or self-blame and isolation increases. To prevent this, the therapist assists parents in achieving consensus through collaboration, setting aside personal opinions on child-rearing and trusting experts' educational strategies and recommendations. By introducing and recommending valuable educational resources, the therapist helps parents discuss educational strategies together in the therapist's presence, ultimately reaching a unified agreement on parenting styles. This consensus leads them to trust the therapist's recommendations and respond more harmoniously and appropriately to their child's disruptive behaviors. Likely, the parents' agreement on educational strategies and coordinated implementation of parenting methods result in positive behaviors and reduce anger, disobedience, annoying movements, and helpless behavior in their autistic child.

5. Limitations & Suggestions

Research limitations included convenience sampling, which necessitates caution in generalizing the results. There was a lack of sufficient similar research on the impact of cognitive-behavioral couples therapy on parental marital satisfaction and externalized behavioral problems in autistic children. Also, the possibility of individual characteristics, economic conditions, and subthreshold features affecting the results and statistical analysis existed. It is suggested that cognitive-behavioral couples therapy workshops be conducted for young parents of exceptional children to manage their cognitions, attitudes, conflict resolution, and marital communication quality and to take preventative and fundamental actions to reduce behavioral problems in exceptional children.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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