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Influence on parenting styles in children with Autism Spectrum Disorder (ASD) who exhibit disruptive behavior

Influencia en los estilos de crianza en niñas y niños con Trastorno del Espectro Autista (TEA) que presentan conductas disruptivas

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Abstract:

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by difficulties in social communication and the presence of repetitive and restrictive patterns of behavior (APA, 2013). In recent years, the increase in diagnoses has generated interest in understanding not only its clinical aspects, but also the contextual factors that influence the development and well-being of children with this condition (WHO, 2022). Among these factors, parenting styles are decisive, as parenting practices affect emotional regulation, social skills, and the management of disruptive behaviors (Baumrind, 1991; Darling & Steinberg, 1993). Such behaviors, such as aggression or emotional outbursts, tend to intensify in children with ASD due to difficulties in communication, cognitive flexibility, and emotional self-regulation (Emerson, 2001; Matson et al., 2009). Although most studies are quantitative, qualitative approaches allow for a better understanding of family experiences and dynamics (Hernández-Sampieri & Mendoza, 2018). This qualitative research was based on direct observation of interactions between parents and children with ASD, identifying parenting strategies and behavioral regulation in real contexts. The results show that parenting styles directly influence children's behavior, highlighting the importance of empathetic, structured, and emotionally regulated parenting. In conclusion, understanding family dynamics in the upbringing of children with ASD allows for the design of more effective interventions that promote their social-emotional development, strengthen family bonds, and contribute to reducing problematic behaviors.

Keywords:

Autism Spectrum Disorder, Autism, Parenting Styles, Disruptive Behavior

Resumen:

El Trastorno del Espectro Autista (TEA) es una condición del neurodesarrollo caracterizada por dificultades en la comunicación social y la presencia de patrones repetitivos y restrictivos de comportamiento (APA, 2013). En los últimos años, el aumento en los diagnósticos ha generado interés por comprender no solo sus aspectos clínicos, sino también los factores contextuales que influyen en el desarrollo y bienestar de las niñas y niños con esta condición (OMS, 2022). Entre estos factores, los estilos de crianza son determinantes, pues las prácticas parentales inciden en la regulación emocional, las habilidades sociales y el manejo de conductas disruptivas (Baumrind, 1991; Darling & Steinberg, 1993). Dichas conductas, como la agresividad o los estallidos emocionales, suelen intensificarse en menores con TEA debido a dificultades en la comunicación, la flexibilidad cognitiva y la autorregulación emocional (Emerson, 2001; Matson et al., 2009). Aunque la mayoría de los estudios son cuantitativos, los enfoques cualitativos permiten comprender mejor las experiencias y dinámicas familiares (Hernández-Sampieri & Mendoza, 2018). Esta investigación cualitativa se basó en la observación directa de las interacciones entre padres e hijos con TEA, identificando estrategias de crianza y regulación conductual en contextos reales. Los resultados evidencian que los estilos parentales influyen directamente en la conducta infantil, resaltando la importancia de una crianza empática, estructurada y emocionalmente regulada. En conclusión, comprender las dinámicas familiares en la crianza de niñas y niños con TEA permite diseñar intervenciones más efectivas que favorezcan su desarrollo socioemocional, fortalezcan los vínculos familiares y contribuyan a disminuir las conductas problemáticas.

Palabras Clave:
Trastorno del Espectro Autista, Autismo, Estilos de crianza, Conducta disruptiva

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INTRODUCTION

Autism Spectrum Disorder (ASD) affects many children in Mexico, and early detection is essential for appropriate intervention (INEGI, 2020). One of the major difficulties for health and education professionals is regulating the disruptive behaviors that accompany this neurodevelopmental disorder. Disruptive behaviors, including tantrums, low frustration tolerance, aggression, self-harm, and difficulty following instructions, are common manifestations in most children with this diagnosis and can seriously interfere with learning and social integration. According to Ruiz (2017), these behaviors not only affect the child's daily life, but also generate tension within the home, as well as in the educational environment, leading to the need for effective strategies for their management and better development in different areas of their lives.

Parenting style plays a fundamental role in childhood development, as the way parents address their children's behavior and emotional needs significantly influences their short- and long-term development (Álvarez, 2019). Authoritative parenting styles, which combine appropriate control with a high level of emotional support, have been shown to be the most effective in promoting healthy development and adaptive behaviors in children (Baumrind, 1991). However, authoritarian parenting, characterized by strict control with little or no emotional support, and permissive parenting, in which parents do not set clear boundaries, can contribute to the development of problematic and disruptive behaviors, particularly in children diagnosed with ASD (Rodríguez & Herrera, 2018).

Despite the information available on parenting styles for typically developing children, few studies have focused on how these styles affect children diagnosed with ASD, especially in terms of disruptive behaviors. In the Mexican context, studies that specifically address this relationship and provide practical tools for parents and educators are limited. It is of utmost importance to understand that children with ASD vary widely in their response to different parenting styles, their family environment, and their socio-educational environment, which makes interventions essential for reducing disruptive behaviors (García, 2020).

The importance of the study lies in the fact that, by identifying the relationship between parenting styles and disruptive behaviors, practical recommendations and more effective personalized intervention strategies can be generated for families and professionals working with children with ASD. By understanding the styles they use, the occurrence of disruptive behaviors can be increased or reduced, and the quality of life of children can be improved for greater independence, promoting their social inclusion and optimizing their academic performance (García, 2020).

METHOD

Participants

- Female minor aged 4 years and 8 months
- Male minor aged 4 years and 6 months
- Male minor aged 4 years and 2 months

Procedure

According to Yin (2009), this study adopted a comparative multiple-case design with a qualitative approach, aimed at analyzing the relationship between parenting styles and disruptive behaviors in children with Autism Spectrum Disorder (ASD). The population consisted of children between the ages of 3 and 6 with a confirmed diagnosis of ASD who exhibited disruptive behaviors. The sample consisted of one girl and two boys with a confirmed diagnosis, selected through availability sampling and recommendations from institutions, schools, and specialized centers, considering the following inclusion criteria: 1) confirmed diagnosis of ASD, 2) evaluation and diagnosis issued by a specialist, 3) presence of disruptive behaviors, 4) both sexes, 5) age between 3 and 6 years, and 6) informed consent from parents or guardians. As an exclusion criterion, cases with comorbidities (e.g., intellectual disability or ADHD) that could interfere with participation were excluded. Data collection was carried out through face-to-face interviews administered by the researcher, with the informed consent of the parents or caregivers and under the supervision of a professional. The interviews were conducted in individual or group sessions, depending on the availability of the participants and their families, ensuring at all times the confidentiality and anonymity of the information, to which only the researcher had access. Data analysis was performed using a qualitative approach, applying a thematic analysis of the interviews and observations to identify relevant categories and patterns, in order to compare the results between cases and highlight differences and similarities. Finally, relevant ethical considerations were addressed, ensuring the informed consent of caregivers, the confidentiality of data, and the possibility for participants to withdraw from the study at any time without penalty.

RESULTS

This section reviews the data collected through medical records and semi-structured interviews, with the aim of establishing certain regularities in the parenting patterns of children with ASD. The cases studied are presented, using only the first letter of the child's name to protect the data of the children who were part of the research. Next, the data obtained through the interview and observation will be analyzed.

CASE 1: M

Male child, currently 4 years and 2 months old. The pregnancy was uncomplicated, and it is reported that the child was born naturally, with weight and height within the expected ranges. His APGAR score was adequate. The mother, aged 27, reports that she experienced stress upon learning of the pregnancy, as she was studying and working at the time. Even so, she decided to continue with the pregnancy and rely on the support of her partner (the child's father).

Motor development was typical: he held his head up between 2 and 3 months, sat up at 6 months, crawled at 8 months, walked at 1 year, and gained bladder and bowel control at around 3½ years. In the sensory area, he showed sensitivity to certain loud sounds and some textures, but without clinically significant indicators. In terms of language, development was slow, beginning with babbling at 7 months, first words at 18 months, and short sentences around age 3. To date, he uses brief language and has difficulty constructing complete sentences. He follows simple instructions and has shown progress since beginning therapy.

In terms of behavior, he has tantrums, screams, and mild physical aggression both at home and at school, especially when he is frustrated or when his routine is changed. He has difficulty tolerating waiting and is sometimes irritable. Behavioral

problems are reported in new environments or around strangers. He has difficulty socializing: he does not initiate play with his peers and prefers solitary activities such as watching television, sorting objects, or playing with water.

Currently, the child receives occupational, speech, and psychological therapy, showing progress mainly in self-regulation. He attends regular preschool with minimal accommodations. The mother reports that the child sleeps irregularly and often resists going to bed early.

The mother is primarily responsible for his care and describes herself as patient, affectionate, and committed. She receives partial support from the father and maternal grandmother. No relevant family medical history has been reported. The mother recognizes the importance of intervention and is actively involved in the therapeutic process.

CASE 2: E

Male child currently aged 4 years and 6 months. The pregnancy presented complications at 4 months, with a diagnosis of threatened miscarriage, for which the mother was prescribed complete bed rest for several weeks. The birth was full-term, vaginal delivery. The APGAR score was adequate, with no need for prolonged hospitalization.

His motor development was within the expected range: he held his head up at 3 months, sat up at 6 months, crawled at 7 months, and walked at 12 months. In the sensory area, he showed reactivity to sounds and bright lights. Regarding language, his first words appeared around 2½ years of age. At 4 years of age, he began to construct basic sentences, but he still has difficulties with verbal expression. He communicates using short sentences and tends to become frustrated when he is unable to express himself, which often triggers behavioral crises.

Significant disruptive behaviors are observed, including intense tantrums, screaming, physical aggression toward other children (hitting, pushing, biting), and self-injurious behaviors (hitting his head and scratching). These behaviors occur both at home and at school, and increase when faced with frustration or imposed limits. He has difficulty following rules and sharing. At school, it is reported that the child has been isolated on several occasions due to his behavior, which has caused concern among teachers and his mother.

He was diagnosed with ASD level 1 six months ago and is currently receiving speech and occupational therapy. He recently began psychological therapy with one formal session. Therapists have reported difficulties in maintaining his attention and cooperation. The child started school for the first time this year. He attends a regular preschool. The family is involved in the therapeutic process, mainly the paternal grandmother, who provides great support to the mother, a 30-year-old woman who works and admits to feeling overwhelmed at times. The father is not present. The family has requested guidance on behavioral management for the child and has expressed interest in acquiring effective tools. There is no relevant family history.

CASE 3: C

Female child currently aged 4 years and 8 months. She was diagnosed with ASD level 1 two months ago. The pregnancy was the result of an unplanned relationship, and after informing the father of the news, he decided to leave permanently. The mother, aged 37, illiterate and a housewife, has raised the child alone with occasional support from a sister.

The pregnancy proceeded without serious complications. The delivery was normal, with no need for prolonged hospitalization. Motor development was as expected: she sat up at 6 months, crawled at 9 months, and walked at 1 year. Toilet training is not yet fully established.

Language development was delayed. She currently uses single words and two- to three-word phrases. She is in speech and occupational therapy and is on the waiting list for psychology. The girl does not follow instructions, mocks when given a command, hits, bites, and assaults other people. These behaviors occur both at home and in public and school settings. She also has difficulty expressing her needs verbally, which increases frustration and aggression.

At home, the mother's parenting style is permissive and unstructured: frequent use of material rewards for any behavior has been identified, with few limits set. The mother reports that she resorts to promises of rewards to get the girl to cooperate. She expresses ignorance about other educational strategies and is emotionally exhausted.

In social settings, the girl does not engage in meaningful interactions with other children, avoids contact, and becomes aggressive when she feels invaded. Her eating habits are regular, but she refuses certain foods such as fruit. Her sleep patterns are irregular; she goes to bed late and wakes up several times during the night. The mother reports financial and emotional difficulties that have limited her ongoing access to health services. She is willing to receive guidance, although she requires constant support to understand and properly apply therapeutic instructions.

DISCUSSION

This qualitative study, based on direct observation of cases and semi-structured interviews with mothers of children diagnosed with Level 1 Autism Spectrum Disorder (ASD), identified key aspects of parenting styles and the emergence of disruptive behaviors in different contexts. The findings are consistent with current literature, which recognizes that parenting styles and family context significantly influence the regulation of challenging behaviors in children with autism (Valicenti-McDermott et al., 2021).

First, it was observed that the parenting styles adopted by mothers directly influence the frequency and intensity of disruptive behaviors. The mother in CASE 1, with a participatory parenting style, showed a greater ability to set limits, apply emotional containment strategies, and promote her son's autonomy. These findings are consistent with those described by Baumrind (2020), who argues that a democratic style is associated with better levels of behavioral and emotional adjustment in childhood. In contrast, in CASE 3, where the mother adopts a permissive style, more disorganized and aggressive behaviors with less emotional regulation were observed. This supports the findings of García-Linares et al. (2022), who argue that parental permissiveness, especially without consistent structure or limits, is associated with greater behavioral difficulties.

Likewise, protective factors such as family support were identified, particularly in CASE 2, where the paternal grandmother played a key role. Recent studies highlight that a support network can alleviate parental stress and improve the quality of interactions with children (Hastings et al., 2020). However, it was also evident that, even when support is present, if clear and consistent limits are not established—avoiding permissiveness and rewards, and providing appropriate guidance on behavioral management—the strategies employed may not be effective or may even reinforce inappropriate

behaviors, as occurred with the use of non-contingent material rewards observed in CASE 3.

In relation to disruptive behaviors, all three cases presented behaviors such as tantrums, self-harm, aggression towards others, disobedience, and low tolerance for frustration. These behaviors are common in children with ASD, especially when there are difficulties in functional communication and language. In all the cases analyzed, a direct relationship was observed between difficulties in expressive language and the intensity of disruptive behaviors, which coincides with the findings of Koegel et al. (2021), who emphasize the importance of developing communication skills as a way to reduce problematic behaviors. In this regard, structured interventions such as the TEACCH program, which focuses on organizing the environment and using visual supports, and Applied Behavior Analysis (ABA), aimed at reinforcing adaptive behaviors and reducing disruptive behaviors through behavioral principles, have established themselves as effective tools for working with children with this neurodevelopmental disorder, promoting both behavioral regulation and the development of communication and social skills.

From Emerson's perspective (2001), disruptive behaviors should not be understood solely as individual symptoms, but as responses influenced by contextual factors such as family environment, social demands, and opportunities for participation. In this study, the findings support this view: disruptive behaviors increased in contexts with less structure and inconsistent boundaries, while they decreased when there was consistent management and clearer communication with the child.

In the school setting, all children faced difficulties adapting. This was due to a lack of understanding of the diagnosis and the absence of accommodations by school staff, resulting in practices of exclusion or isolation, as evidenced in CASE 2. This phenomenon has been extensively discussed by Rodríguez et al. (2023), who note that many schools are still not sufficiently prepared to include children with autism in mainstream settings, which affects their social-emotional development and reinforces disruptive behavior patterns. They recommend training and guidance to provide better support by effectively applying strategies to improve behavior.

In terms of therapeutic services, although all three participants receive at least two types of therapy, only one has established psychological care. Recent research highlights the importance of comprehensive, multidisciplinary interventions from an early age to generate improvements in behavior, language, and social skills (Lord et al., 2022). In this sense, therapeutic intervention, coupled with active family participation, is an essential foundation for promoting child development in children with ASD. Among these interventions, Applied Behavior Analysis (ABA) has demonstrated extensive evidence of effectiveness by focusing on the systematic teaching of adaptive and communication skills, as well as the reduction of problematic behaviors through positive reinforcement and individualized strategies. Its early and intensive application not only promotes the acquisition of social and cognitive skills, but also enhances the active participation of caregivers as key agents in the intervention process.

Finally, it was found that mothers with greater access to information, professional support, and support networks demonstrate better coping skills, greater participation in therapy, and more structured parenting strategies. In contrast, when conditions of educational, emotional, or social vulnerability exist, as in CASE 3, inappropriate parenting practices increase, creating a more disorganized and challenging environment. This situation coincides with the findings of López and Cruz (2021), who emphasize that the empowerment and training of primary caregivers should be central objectives in any psychoeducational intervention.

In summary, the findings of this qualitative study underscore the importance of understanding parenting experiences from a contextual and comprehensive perspective, where individual, family, and environmental factors directly influence the manifestation of disruptive behaviors. Thus, intervention strategies should consider not only the child with the diagnosis, but also the conditions, knowledge, and resources of their primary caregiver, promoting more structured, affective, and functional parenting styles that favor adaptation, behavioral regulation, and a better quality of life.

CONCLUSION

This qualitative study provided insight into the relationship between parenting styles and the manifestation of disruptive behaviors in children with Level 1 Autism Spectrum Disorder (ASD). The findings highlight that the permissive parenting style—characterized by a lack of clear boundaries and inconsistent rules—is the one most likely to contribute to the emergence and persistence of disruptive behaviors. Adopting a democratic or participatory parenting style, based on a combination of affection, open communication, and the establishment of clear rules, proved to be the most effective in reducing the frequency and intensity of such behaviors, while promoting children's autonomy and emotional adjustment.

Likewise, it was evident that the level of involvement of parental figures has a decisive influence. The active participation of parents or guardians, as well as the existence of family support networks, contribute to better behavioral management and reduce the emotional burden on caregivers. When parenting falls exclusively on one parent, greater vulnerability to stress is observed, which affects the quality of interactions and increases problematic behaviors.

In this regard, the findings confirm that addressing disruptive behaviors in children with ASD should not be limited solely to individual interventions, but rather requires a comprehensive approach that takes into account parenting styles, shared responsibility among caregivers, and the development of strong support networks. Implementing evidence-based strategies such as Applied Behavior Analysis (ABA), which focuses on teaching adaptive skills and reducing problem behaviors through positive reinforcement, and the TEACCH program, which focuses on structuring the environment and using visual supports to promote autonomy, have shown significant progress in behavioral regulation, communication, and the socio-emotional development of children with autism. Promoting structured and affectionate parenting styles, in conjunction with the implementation of these therapeutic approaches, is essential for fostering adaptation, social participation, and a better quality of life in children with ASD.

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