

Özgün Araştırma

Otizm Spektrum Bozukluğu Olan Çocuğa Sahip Ailelerin Aile İşlevselliği ve Sosyal Destek Düzeylerinin İncelenmesi

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Öz

Amaç: Otizm Spektrum Bozukluğu (OSB) sosyal etkileşimi etkileyen nörogelişimsel bir bozukluktur. OSB, ailelerin stres düzeyini, aile yaşantısını ve sosyal destek sistemlerini etkilemektedir. Bu çalışmanın amacı erken çocukluk döneminde nispeten yeni tanılanan OSB sahip çocuğa olan ailelerin aile işlevselliğini ve sosyal destek düzeyini belirlemek ve aile işlevselliği ile sosyal destek algıları arasındaki ilişkiyi incelemektir.

Gereç ve Yöntem: Betimsel tarama yöntemi kullanılmıştır. Çalışmamız 2022- 2023 tarihleri arasında OSB tanısı alan (OSB grup) ve tipik gelişim gösteren (kontrol grup) toplam 60 çocuğun annesi ile yapılmıştır. İki grubun hem annelerine hem de çocuklarına ait yaş, cinsiyet, eğitim bilgilerini içeren demografik bilgiler ile Aile Değerlendirme Ölçeği (ADÖ) ve Çok Yönlü Algılanan Sosyal Destek Ölçeği (ÇYASDÖ) uygulanmıştır. Çalışma ve kontrol grubun verileri ADÖ ve ÇYASDÖ açısından karşılaştırılmış ve bu ölçekler arasındaki ilişkiye bakılmıştır.

Bulgular: OSB grubunun çok yönlü algılan sosyal destek ölçeğinin alt boyutlarında kontrol grubuna göre düşük puanlar elde etmiş olup, sadece "aile" alt boyut alanında iki grup arasında istatistiksel olarak anlamlı fark elde edilmiştir ($p= 0.045$). OSB ve kontrol grubu arasında ADÖ'nin "Genel İşlevler " alt boyutunda istatistiksel olarak anlamlılık saptanmıştır ($p= 0.033$). ÇYASDÖ ve ADÖ arasındaki ilişkide ise, algılanan sosyal destek düzeyi ile aile işlevselliğinin ilişkili olduğunu görülmüştür.

Sonuç: OSB’li çocuğa sahip olan ailelerde algılanan sosyal destek düzeyi ve aile işlevselliği etkilenmektedir. Ayrıca algılanan sosyal destek sistemi arttıkça ailelerin uyumu ve aile işlevselliği de arttığı görülmüştür.

Anahtar kelimeler: otizm spektrum bozukluğu, aile işlevleri, sosyal destek





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Investigation of Family Functioning and Social Support Levels in Families with a Child with Autism Spectrum Disorder

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Abstract

Objectives: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that affects social interaction. ASD affects family stress levels, family life, and social support systems. It was aimed at determining the family functionality and social support level of families with a child with ASD, who was diagnosed relatively recently in early childhood, and examining the relationship between family functionality and perceptions of social support.

Materials and Methods: The descriptive survey method was used. Our study was conducted with a total of 60 mothers of children diagnosed with ASD (ASD group) and typically developing children (control group) between 2022-2023. Demographic information, including age, gender, and education information of both mothers and children of the two groups, as well as the Family Assessment Scale (FAS) and the Multidimensional Perceived Social Support Scale (MPSSS), were applied. The data of the ASD groups and control groups were compared in terms of the FAS and MPSSS, and the relationship between these scales was examined.

Results: The ASD group had lower sub-dimension scores on the MPSSS than the control group, with only the "family" sub-dimension showing a statistically significant difference ($p=0.045$). Statistical significance was found in the "General Functioning" sub-dimension of the FAD between the ASD and control groups ($p= 0.033$). In the relationship between the MPSSS and FAD, it was seen that the level of perceived social support was related to family functionality.

Conclusion: In families with children with ASD, perceptions of social support and family functionality are impacted. It seems that family harmony and functionality improve as the perceived social support system of families expands.

Keywords: *autism spectrum disorders, family function, social support*

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Introduction

According to the American Psychiatric Association (APA), autism spectrum disorder (ASD) is a disorder that generally emerges in the preschool years, brings with it difficulties in social communication and social interaction, and is characterized by restricted and repetitive behaviors in interests and activities (American Psychiatric Association, 2013). These symptoms can vary from child to child and can range from mild to severe (Benedetto et al., 2021; Horlin et al., 2014). Additionally, ASD is the fastest growing developmental disorder (Wang et al., 2022). According to data published by the Centers for Disease Control and Prevention in 2023, ASD is seen in one in every 36 children (Maenner et al., 2023).

In line with this information, a child being diagnosed with ASD affects not only the child but also the family members and immediate environment that provides care for the child (Ünlü & Gökler, 2021). When a special needs child is born, parents try to accept a baby who is not what they imagined. Although they experience the joy of being able to embrace and love their baby, their lives change suddenly and drastically (Hooymann et al., 2021). As life changes, the family also begins the process of adapting to a new lifestyle. Daily routines have become more complex, and the family can no longer do what it could do before. This is because both the family dynamics change and the knowledge that the child has ASD brings new emotional processes for the parents (Hartmann, 2012). This situation impacts the family's familial functions and highlights the importance of social support. Because families play a critical role in the lives of children with ASD, primarily in supporting their development and participation in life (Özkan et al., 2016). Therefore, every individual within a family impacts the progress and development of every other member and holds an essential role in ensuring the effective functioning of the social structure. The functioning of a family is constrained by its unique attributes and is contingent upon societal needs. According to the theory of family functions, family functioning includes emotional responses, involvement, behavioral control, family values and rules, problem-solving abilities, communication, and roles (Dai & Wang, 2015). When a family's child is diagnosed with ASD affects many areas, such as the duties and responsibilities undertaken by the family (Ünlü & Gökler, 2021), family relationships, social life, economic status, and daily life (Akkuş et al., 2021), and quality of life (Mello et al., 2019). Most studies show that families with children with special needs, such as ASD, experience higher parenting stress than families with children with typical development (Dabrowska & Pisula, 2010; Giovagnoli et al., 2015; Pastor-Cerezuela et al., 2021). Permanent occurrences of ASD, developmental delays, difficulties gaining access to an appropriate education, and

financial hardships increase families' stress levels (Hutchison et al., 2016; Meadan et al., 2010). Sullivan et al. (2012) reported in their study that families with children with ASD have more flexible family functionality, which will result in less satisfaction and a greater need for family elders (e.g., grandparents). The study conducted by Bora & Özkardeş (2021) investigated the social support levels and family functionality of families with children ages 1-11 and above who have autism or down syndrome. The study's findings indicate that higher levels of social support and family functionality are associated with better psychological well-being in families. Chan and Leung (2020) state that autistic symptoms of children with ASD cause higher stress and co-parenting conflicts in their parents, which may lead to increased family conflicts and decreased marital love among parents of children with ASD. One of these distinct aspects is the need for social support for families.

An individual's perception of the general support or current/displayed supportive behaviors from individuals in their social network is referred to as perceived social support. This perception has the potential to improve an individual's performance or protect them from adverse consequences (Malecki & Demary, 2002). Social support can impact family functioning, as many families with children with ASD can seek social support and resources to cope with these difficulties (Lei & Kantor, 2021). Social support encompasses the entire support process of the individual from their environment, which includes material, spiritual, emotional, and psychological support (Ünlü & Gökler, 2021). Kakabaraei et al. (2012) found that social support from family, one of the three dimensions of social support (family, friends, and significant other), significantly influences the stress of parents of children with ASD. Additionally, it is underscored that widely perceived social support can function as a resource to enhance family relationships and potentially mitigate family conflict as a risk to women's mental health (Qadir et al., 2013). Lu et al. (2021) state that perceived social support and loneliness have a significant predictive effect on families' life satisfaction, and improving perceived social support and reducing loneliness can significantly increase family life satisfaction. According to studies, social support is an important protective factor against parental stress and its associated problems (Halstead et al., 2017; Fallahchai & Fallahi, 2022). It is thought that determining the level of family functionality and social support in families with children with ASD will contribute to a closer understanding of the characteristics of families of children with ASD, family education, early intervention studies, therapy processes, and especially supporting their development. For these reasons, it was thought that it would be crucial to investigate the family functions and perceived social support of a family with a child

with ASD in our study.

The aims of the research are to determine the family functionality and social support levels of families with a child with ASD diagnosed relatively recently in early childhood and to examine the relationship between family functionality and perceptions of social support. This study examined both family functioning and social support systems in the context of early diagnosis, and the relationship between family functioning and social support systems has been extensively reported in the literature.

Materials and Methods

Our study was ethically approved with decision number 33 of the Health Sciences Ethics Committee of Ankara Yıldırım Beyazıt University on December 9, 2021.

Model

In this study, a descriptive survey model was used to examine the perceptions of family functionality and social support of families with children with ASD (Karasar, 2012).

Participants

The study's sample consisted of 60 mothers of children with ASD aged between 24 and 72 months (ASD group: 30) and normally developing children (control group: 30) who received an education in independent kindergartens and special education and rehabilitation centers in the city center of Ankara. Looking at the gender distribution of children in the ASD group, 20% are girls (n=6), 80% are boys (n=24), and the mean age (in months) was 52.20 ± 12.175 (range: 36–71 months). In the control group, 36.67% (n=11) were girls, 63.33% (n=19) were boys, and the mean age (in months) was 54.13 ± 10.932 (range: 36-70 months). The mean age of the mothers of the ASD group participating in the study was 33.30 ± 4.886 , and that of the mothers of the control group was 36.00 ± 6.154 . As for the education levels of the mothers, 46.7% of the mothers of the ASD group are high school and below, 53.3% are undergraduate and associate degrees, 83.3% of the mothers of the control group are undergraduate and associate degrees, and 16.7% are high school and below. The family structure of all participants in both the ASD group and the control group is a nuclear family.

The study inclusion criteria were determined as follows: 1) diagnosis of "Autism Spectrum Disorder" or "Autism" for the ASD group; 2) the child had no hearing or visual impairment; 3) the child had no additional neurological, chromosomal anomaly, or genetic disease; 4) the child's chronological age was between 24 months and 72 months; 5) the control

group had normal developmental areas; and 6) the parents volunteered to participate in the study. Participants who did not meet these criteria were excluded from the study.

Data Collection Tools

In this study, demographic information form, Family Assessment Scale (FAS) and Multidimensional Perceived Social Support Scale (MPSSS) were applied.

The Demographic Information Form

The demographic information form includes questions about the age, gender, educational status, and social security of mothers, as well as questions about the age and gender of the child.

The Family Assessment Scale (FAS)

This scale was created in 1983 by Epstein et al. as part of the Family Research Program. The scale defines in which areas the family can or cannot function according to their perceptions (Epstein et al., 1983). Bulut carried out a validity and reliability study of FAS in our nation in 1990. The scale consists of seven subscales, namely; 1) problem-solving (6 healthy items), 2) communication (5 healthy, 4 unhealthy items), 3) roles (3 healthy items), 4) emotional responsiveness (2 healthy, 4 unhealthy items), 5) showing due care (7 unhealthy items), 6) behavioral control (3 healthy, 6 unhealthy items) and 7) general functions (6 healthy, 6 unhealthy items), and a total of 60 items. Problem-solving is the ability to solve problems that concern the family in a way that does not disrupt the family's functionality. Communication is defined as the exchange of information between family members. Roles are the skills of creating and maintaining behavioral models regarding how the family handles its responsibilities and how they are distributed and fulfilled. Emotional responsiveness means that each family member can show the most appropriate response to any stimulus. Showing due care includes the interest, care, and love that family members show to each other. Behavioral control evaluates how a family member sets and maintains their standards of behavior. General functions include the functionality of the family in all other sub-dimensions. In each subscale, some items show "healthy" and "unhealthy" family functions. The scale is a 4-point Likert-type scale, and each item is scored between 1 and 4. An additional 4 points on the scale represent unhealthy family functions (Bulut, 1990). The Cronbach alpha coefficient was employed to evaluate the reliability coefficients of each subscale in our investigation. The Cronbach alpha coefficient for problem-solving was .84, for communication .81, for roles .84, for emotional responsiveness .83, for showing due care .88, for behavioral control .85, and for general functions .82.

The Multidirectional Perceived Social Support Scale (MPSSS)

The Multidirectional Perceived Social Support Scale (MPSSS), created by Zimet et al. in 1988, was introduced to our country by Eker and Arkar in 1995. This scale is an easy-to-use likert-type assessment tool that subjectively evaluates the adequacy of social support received from three different sources. It comprises three subscales: "family (mother, father, sibling, spouse, children)," "friend," and "special person (fiancé, neighbour, flirt, doctor)" and the support the individual has received. It comprises a total of 12 items, with four queries in each subscale. Each query item is assigned a score between 1 and 7. Perceived social support increases as the scores rise. In the reliability coefficients of the original study, the Cronbach alpha coefficient was found to be between 0.80 and 0.95 (Eker et al., 2001). The reliability coefficients were investigated within the context of our investigation. The values of the Cronbach alpha coefficients for the family, friend, and special person subscales were as follows: .81 for the family, .92 for the friend, and .75 for the special person.

Data Collection Process

Our research was carried out between January 2022 and January 2023 after the required permits were received from the ethics committee before the start of the investigation. Relevant institution managers were contacted during the data collection stage of our investigation, and the content of the study was explained, followed by institutional authorization acquisition. The mothers were then informed of the study's goal and signed informed consent. During the interview with the mothers, demographic information was filled in, and the mothers were asked to fill out the scales. Applying the data-collecting tool takes about twenty minutes.

Data Analysis

Our study's statistical analysis was conducted using the IBM SPSS 28.00 utility program. The Shapiro-Wilk test was used to determine whether the quantitative data showed a normal distribution. While the findings obtained from the scales were analyzed with the independent t-test for normally distributed data, the Mann-Whitney U test was used for data that did not show a normal distribution. The relationship between MPSSS and FAS was analyzed using Spearman's correlation test. In the tables, "mean and SD values" are displayed for data with a normal distribution, whereas "median and quarterly span values" are displayed.

Results

A total of 60 mothers of children with ASD and a control group participated in our study. The findings of the ASD and control groups from the MPSSS are shown in Table I. When Table

It is examined, the ASD group had lower scores in the "family, friend, and special person" sub-dimensions of the MPSSS compared to the control group, and a statistically significant difference was observed between the two groups only in the family sub-dimension ($U = 0.317$, $p = 0.045$).

Table 1. Findings of the MPSSS of the Groups

Sub-Scale	Group	Min-Max.	Median/Mean	QS/Sd	Test Value	p
Family	ASD	17-18	25.50	4		
	Control	18-28	27.00	3	317.00 ^a	0.045*
Friend	ASD	11-28	24.00	4		
	Control	16-28	25.00	6	416.50 ^a	0.617
Special Person	ASD	22-28	25.50	3		
	Control	19-28	27.00	3	331.00 ^a	0.074

Note: The abbreviation of ASD is used for the “Autism Spectrum Disorders”, MPSSS: Multidimensional Perceived Social Support Scale, * $p < 0.05$, QS: Quarterly Span, Sd: Standard deviation, a: Mann Whitney U Test

The findings of the ASD and control groups from the family behavior scale are shown in Table II. Looking at Table II, although mothers in the ASD group scored slightly higher than the control group, a significant difference was found between the two groups only in the "General Functions" subscale ($U = 306$, $p = 0.033$). There was no significant difference between ASD and control groups in other sub-fields of ADS ($p > 0.05$).

Table 2. Findings of the FAS Sub-scales of the Groups

FAS	Group	Min-Max.	Median	QS/Sd	Test Value	p
Problem-solving	ASD	1.00-2.50	1.83	0.600		
	Control	1.00-2.67	1.67	0.875	400.50 ^a	0.460
Communication	ASD	1.11-2.80	1.76	0.417		
	Control	1.00-2.44	1.65	0.439	1.049 ^b	0.533
Roles	ASD	1.03-2.63	1.91	0.592		
	Control	1.09-2.91	1.87	0.489	0.38 ^b	0.273
Emotional Responsiveness	ASD	1.00-2.50	1.60	0.712		
	Control	1.00-2.83	1.50	0.543	399.00 ^a	0.448
Showing due Care	ASD	1.42-2.85	2.00	0.617		
	Control	1.33-3.57	2.14	0.471	398.50 ^a	0.443
Behavior Control	ASD	1.33-2.88	2.07	0.294		
	Control	1.33-2.55	1.97	0.286	1.387 ^b	0.785
General Functions	ASD	1.00-2.75	1.67	0.432		
	Control	1.00-2.50	1.37	0.610	306.00 ^a	0.033

Note: The abbreviation of FAS is used for the “Family Assessment Scale.” The abbreviation of ASD is used for the “Autism Spectrum Disorders” * $p < 0.05$, QS: Quarterly Span, Sd: Standard deviation, a: Mann Whitney U Test b: Independent sample t test

The relationship between the FAS of the group with ASD and the MPSSS is shown in Table III. Examination of Table III revealed a low negative correlation between the Problem-Solving and MPSSS-Family subscale ($r = -0.386$) a low negative correlation between the

Communication and the MPSSS-Special Person subscale ($r=-0.377$), a moderate negative correlation between the Roles and MPSSS-Family subscale ($r=-0.452$) and the Special Person subscale ($r=-0.450$) and a low negative correlation between the Emotional Responsiveness and the MPSSS-Specific Person ($R=-0.381$). There was a moderate negative correlation between showing due care and the MPSSS-Friend ($r=-0.543$) and Special person subscale ($r=-0.405$), a moderate negative correlation in the General Function and MPSSS-Family subscale ($r=-0.445$) and a low negative correlation in the MPSSS- Friend subscale ($r=-0.388$).

Table 3. Correlation Findings Between the ASD Group's FAS and the MPSSS

FAS	ASD Group	MPSSS-Family	MPSSS-Friend	MPSSS-Special Person
Problem-Solving	r	-0.386	-0.128	-0.243
	p	0.035*	0.500	0.196
Communication	r	-0.341	-0.338	-0.377
	p	0.065	0.067	0.040*
Roles	r	-0.452	-0.358	-0.450
	p	0.012*	0.052	0.013*
Emotional Responsiveness	r	-0.298	-0.318	-0.381
	p	0.110	0.087	0.038*
Showing due Care	r	-0.075	-0.543	-0.405
	p	0.694	0.002**	0.026*
Behavior Control	r	0.001	-0.303	-0.297
	p	0.996	0.104	0.111
General Functions	r	-0.445	-0.388	-0.324
	p	0.014*	0.034*	0.080

Note: The abbreviation of FAS is used for the “Family Assessment Scale.” The abbreviation of ASD is used for the “Autism Spectrum Disorders”. The abbreviation of MPSS is used for the “The Multidimensional Perception Social Support Scale” ** $p<0.01$, * $p<0.05$ r: correlation analysis coefficient

Discussion and Conclusion

In this study, the linkages between the social support system and family functions in children with ASD who are in early childhood and relatively newly diagnosed were investigated. Our study's findings showed that families with children with ASD reported less apparent social support in the "family" section than those with usually developing children. Furthermore, the general family functioning sub-dimension of families with children with ASD is more affected. At last, in certain areas of the ASD group, a correlation was found between the FAS and the MPSSS. These results are discussed in this section.

The participation of a baby in a family has a significant impact on existing family dynamics and lives. Family members enter the process of adapting to this new member. Especially if the baby has special needs, the adaptation process in the family can be difficult and stressful for all family members, especially the mother (Hallahan et al., 2014). As the

severity of the problems due to the nature of ASD increases, it affects the family's adaptation process more and increases stress levels (Benson, 2006). In addition, situations such as disruptions in the family's daily routines (Hallahan et al., 2014), financial difficulties, family conflicts, and concerns about the future, as well as the age and gender of the child with special needs, increase the stress level of the family (Kaner, 2009a; Kaner, 2009b). For this reason, social support systems are one of the most essential factors in meeting the requirements of a child with ASD and their family, grappling with problems encountered, and reducing family stress (Özkubat et al., 2014). Social support is always one of the strongest predictors of psychological adjustment. Studies indicate that getting more social support reduces the depressive mood of the family (Benson, 2012). Benson (2012) thinks that maternal perceptions of the availability and quality of social support are associated with reduced distress among mothers of children with ASD (Benson, 2012). In our study, mothers of children with ASD had significantly lower scores on the multidimensional perceived social support scale than mothers of children with typical development, only in the family sub-dimension. Even if they scored poorly on subdimensions like other special persons and friends, no significance was found. These results indicate that mothers with ASD children have less social support within the family and are more socially and psychologically affected. It is also stated in studies that there are difficulties in the perceived social support systems of families with children with ASD (Lu et al., 2015). Lu et al. (2015) found that the social support systems of parents of children with ASD had lower levels of life satisfaction, self-esteem, and social support compared to those of parents of children with typical development (Lu et al., 2015). Altieri & Von Kluge (2009) found that mothers were more likely to report seeking social support from family during times of crisis. They also noted that mothers reported a significantly higher perceived social support from friends and family. In our country, Özkubat et al. (2014) conducted a study with the parents of 50 children diagnosed with ASD between the ages of 2 and 12, and reported that the number of individuals with whom parents interact in the social environment and the frequency of visiting close relatives decreased. According to these findings, having a child with ASD has a negative impact on the social lives of parents. According to another study, the social support levels of the parents of children with ASD did not differ from the average. Therefore, this result shows that the social environment of families with children with ASD is not insensitive and supports them (Kuru & Piyal, 2018). Although studies show that having a child with ASD affects family members, similar effects are not experienced in all family members (Meadan et al., 2010).

In the literature, it is stated that mothers who have children with special needs (Down syndrome) show similar characteristics in terms of friends and special people in their comparisons in terms of age, education level, type of family, and number of children (Kırbaş & Özkan, 2013). Akkuş et al. (2021), in line with the information they obtained from families diagnosed with ASD at the age of 3–6, stated that eleven parents that their visits to relatives and friends decreased; five parents that they distanced themselves from people; and two parents that people distanced themselves from them; while four parents stated that their relations with relatives and friends were unaffected. In our study, it was seen that the social support of mothers with children with ASD in the sub-fields of friends and special people was similar to that of mothers with healthy children.

The family function consists of how family members interact, react, and conduct with one another, as well as the pledge to support family functions such as economics, security, childrearing, care, and communication (Johnson et al., 2011; Lei & Kantor, 2021). Changes occur in family functions and parents' lifestyles with a special needs child (Özşenol et al., 2003). Among these special needs children, ASD is characterized by deficient social communication, repetitive behaviors, relatively limited interests, and/or sensory behaviors that begin in the early stages of life (Lord et al., 2020). The complexity of this disorder inevitably affects the family context and parenting skills in dealing with this special need. Due to the nature of the disorder, the family has to face more problems than families of typically developing children. These problems are: a) lack of interaction with the child, b) behavioral, and c) social misunderstanding. For all these reasons, it can turn into a constant tension and stress situation that can disrupt the mental and physical health of parents and children (Saccà et al., 2019). The stress of having a child with special needs such as ASD brings with it problems such as deterioration in relationships within and outside the family, economic problems, increased anxiety levels in parents, depression, problems in marital relationships, and decreased harmony between family members (Özşenol et al., 2003). Obtaining significantly lower scores in the general functions dimension for mothers with ASD in our study indicates that mothers have a more unhealthy function in terms of general functions. In the literature, it is stated that parents of children with ASD have more psychopathology and less adjustment than parents of children with typical development. They also found that the mothers of these children perceived less marital satisfaction, expression of love, family harmony, and commitment in family relationships (Gau et al., 2012). Higgins et al. (2005) emphasize that parents with ASD have healthy self-esteem and the need for support programs targeting ASD children and behaviors,

as well as family and relationship variables, in order to maintain the family unit and improve the quality of life for parents and children with ASD (Higgins et al., 2005). According to the literature, mothers who are 46 years of age or older and have children with special needs are deficient in the sub-dimension of demonstrating the requisite attention from family functions (Kırbaş & Özkan, 2013). A similar study states that families with children with hearing loss and cochlear implants have more unhealthy family functions, especially in paying attention and controlling behavior (Şahlı et al., 2011). On the other hand, our study showed similar characteristics with mothers of healthy children in other sub-areas of family functions, except for general functions. We can say that these mothers are able to solve their problems in the family, that the parents provide each other with the necessary attention, love, and care, and that they share their responsibilities. The reason for this is thought to be effective in the early intervention of their children, depending on the age and education level of the mothers. However, we think that the responsibilities (care, education, finances, etc.) brought by having a child with ASD affect the general functions of the family.

Studies examining the relationship between family functionality and perceived social support systems in children with ASD are limited in the literature. Our study findings were compatible with the findings of the literature (Ji et al., 2013; Lei & Kantor, 2021). Our study found that social support was positively related to family functions. We can expect an increase in the social support system to lead to an increase in family functioning. Studies have shown that with an increase in social support, the depressive mood in the family decreases, the stress level of the mother decreases, family harmony increases, and problem-solving skills improve (Lei & Kantor, 2021; Lin et al., 2011). Similarly, Weiss et al. (2013) showed in their study that the increase in the social support system perceived by the families of children with ASD also increases family resilience. All these results prove the importance of the social support system in the family (Weiss et al., 2013). The provision of effective social support will alleviate the stress and anxiety levels of families by ensuring that they feel less isolated and helpless, thereby facilitating the resolution of the challenges that their ASD children may have to confront (Ersoy & Çürük, 2009).

Limitations

There are several limitations to our study. One of them is that fathers did not participate in the study. In future studies, examining the family functions and social support of fathers who have a child with ASD in more detail and examining the influences on fathers will provide important findings in the literature. The second limitation is that the ASD level (mild, moderate,

or severe) of these children, who were diagnosed and intervened with relatively early, is not specified.

Conclusion

In our study, it was observed that family functions and social support systems were affected in the families of children with ASD who were diagnosed at a relatively early period and included in the intervention program. Specialists working with ASD should define the problems experienced by families in the field of social support and changes in family functions and guide these families correctly because it is thought that studies to increase the perceived social support of these families will be beneficial in terms of family functionality. In future studies, the effects of families' social support systems and family functionality on the developmental areas of the child (such as language development) should be examined. Examining the effects of social support systems and family functionality on developmental areas and including them in the intervention program will strengthen the intervention program in children with ASD and contribute to their interventions.

An increase in the stress level of families with ASD, decreased family functionality, and decreased access to social support may affect the intervention programs for children with ASD. Therefore, we think that extra social support services that can be provided to families of children with ASD can contribute positively to family life, stress levels in families, and intervention programs for children with ASD. In further studies, it should be investigated whether different social support services and projects contribute to the intervention programs for children with ASD.

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Conflict of interest

The authors declare that they have no conflict of interest.

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