

EDUCATIONAL SCIENCES: THEORY & PRACTICE

Kuram ve Uygulamada Eğitim Bilimleri

ISSN: 1303-0485 / eISSN: 2148-7561

2016 October • Volume 16 • Number 5

16 | 5

AN INTERNATIONAL BIMONTHLY JOURNAL

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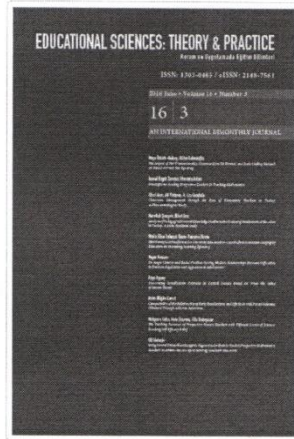
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Periyot: 6 Sayı / Yıl

ISSN: 1303-0485

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Received: February 1, 2016

Revision received: April 22, 2016

Accepted: June 5, 2016

OnlineFirst: August 10, 2016

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www.estp.com.tr

DOI 10.12738/estp.2016.5.0126 • October 2016 • 16(5) • 1457-1478

Research Article

Comparison of Social Engagement of Children Having Disabilities with Their Mothers and Fathers

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Abstract

This study examined differences between mothers' and fathers' style of interaction and engagement with their preschool-aged children with Down syndrome (DS) and autism. Data was collected from a sample of 27 mother-child and 27 father-child dyads in which all the children were diagnosed with DS or autism. Participants were both parents and their children from the same family, which allowed comparisons between the mother and father of the same child. Both parents with their children were video recorded during free-play time with a set of developmentally appropriate toys. All video recordings were analyzed with the Turkish versions of the Maternal Behavior Rating Scale and Child Behavior Rating Scale. Findings revealed that Turkish mothers of children with DS and autism are more responsive than fathers. Additionally, fathers of children with DS scored higher on responsiveness and affect as well as attention and initiation but scored lower on achievement/directive. Both mothers and fathers interact better with children with DS than children with autism in terms of responsiveness associated with the child's social engagement. Results also indicated that, regardless of whether the child had DS or autism, both the mother's and father's level of responsiveness was associated with the child's engagement.

Keywords

Autism • Down syndrome • Children's social engagement • Interaction of mother-child and father-child

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Citation: Karaaslan, O. (2016). Comparison of social engagement of children having disabilities with their mothers and fathers. *Educational Sciences: Theory & Practice*, 16, 1457-1478.



Parents play a key role in their children's remarkable development during the early years by supporting them in achieving their developmental potential (Heath, 2005). For years there has been interest in whether the manner in which parents interact with children with disabilities is associated with variability in their rate of cognitive and communication development. According to some researchers (e.g., Heath, 2005, p. 88; Kelly & Barnard, 2000; Spiker, Boyce, & Boyce, 2002), there is a significant relationship between parent-child interaction and the child's later social and cognitive development. Parent and child also play an important role by mutually shaping their interactions that may promote the social-emotional, physical, and cognitive development of infants and toddlers (Wilson & Durbin, 2013). Furthermore, parent-child interactions, which are mostly formed by culture, are the basic process for the development of motives and abilities in the child (Trommsdorff & Kornadt, 2002, p. 289). Consistent with this interpretation, it has been concluded that, because limited genetic or biological conditions jeopardize the abilities of learning and development in children with disabilities, the impact of parent-child interaction in the early years is more crucial for these children than for typically developing children (Landry, Smith, & Swank, 2006, as cited in Perales Mahoney, 2009).

Over thirty years, many studies have appeared in the United States and Western countries aimed at understanding how parents and other caregivers interact with their children without or with developmental disabilities, including Down syndrome (DS) and autism (Mahoney & Nam, 2011, as cited in Diken & Mahoney, 2013). Some of these research studies, which focused on mother-child versus father-child interaction (e.g., Chiarello, Huntington, & Bundy, 2006; Girolametto & Tannock, 1994; Kochanska & Aksan, 2004; Mendonça, Cossette, Strayer, & Gravel, 2011; Power, 1985; Wilson & Durbin, 2013), indicated that mothers play a more dominant role in promoting and supporting their children's development than do fathers. Similar findings reported by Wilson and Durbin (2013) revealed that mothers were more responsive to their child as well as more involved in social and emotional interaction with them, whereas fathers displayed more control and discipline in relation to their child's behavior. As shown in the work of Girolametto and Tannock (1994), although both mothers and fathers demonstrated similarities in terms of organizing turn-taking control and of response referents and responses to their child's participation, fathers differed from mothers by using more response control and topic control than did mothers. Similarly, Power (1985) suggested that mothers were more responsive to their infant's cues indicating interest and attention than were fathers.

Research on parent-child interaction has reported two main findings. The first finding is that mothers of children with disabilities tend to be more directive and less responsive to their children than are mothers of children without disabilities (e.g., Ceber-Bakkaloglu & Sucuoglu, 2000; Hanzlik & Stevenson, 1986; Kim & Mahoney,

2004; Mahoney & Robenalt, 1986). Additionally, measures of maternal directiveness for mothers of children with disabilities are also associated with the severity of their children's developmental problem, as indicated either by their level of development (i.e., Intelligence Quotient [IQ] or Developmental Quotient [DQ]) or the severity of their disability (i.e., DS versus autism) (Yoder & Warren, 2004). Consistent with the literature, Kim and Mahoney (2004) found that mothers of children with disabilities displayed less responsiveness and higher directive behaviors than did mothers of typically developing children. Studies with Turkish mothers of children with disabilities, including autism and DS, also revealed that, similar to mothers from Western countries, Turkish mothers were more directive and less responsive (Diken, 2009; Diken & Mahoney, 2013; Karaaslan, Diken, & Mahoney, 2011). Additionally, children's engagement was not linked with their mothers' directiveness, but only with their responsiveness. In response to the directive behavior of mothers, children were less actively involved in interaction with their mothers (Diken & Mahoney, 2013; Karaaslan & Mahoney, 2015). Similar results reported by Ceyhun, Ozdemir, Toret, and Ozkubat (2015) revealed that parents of children with autism exhibited less emotionally expressive and responsive behaviors than did mothers of typically developing children. Parallel findings reported in another study conducted by Ceber-Bakkaloglu and Sucuoglu (2000) demonstrated that interaction between mothers and their babies with typical development and that between mothers and their babies with intellectual disabilities differed significantly in terms of initiating, responding, maintaining interaction, and engaging in interactional play. Mothers of babies with intellectual disabilities exhibit less responsive and interested behaviors, whereas they display more initiation of interaction, positive effect, and insistent behaviors than do the mothers of normal children. Similarly, children with intellectual disabilities display less initiation, response, and maintenance of interaction in reaction to their mothers' behaviors.

According to Kelly and Barnard (2000, p. 260), each parent and child reflects their inherently unique characteristics that influence the parent-child relationship during their interactions. The second main finding of the previous research is that children's rates of cognitive and communication development are positively correlated with their mother's level of responsiveness (e.g., Karaaslan & Mahoney, 2013, 2015; Kim & Mahoney, 2005; Mahoney, 2009; Mahoney & Nam, 2011; Mahoney & Perales, 2003; Mahoney, Perales, Wiggers, & Herman, 2006; Yoder & Warren, 1998; Warren, Brady, Sterling, Fleming, & Marquis, 2010). These findings have not only been reported in descriptive research studies but also shown in experimental intervention studies (e.g., Karaaslan & Mahoney, 2013; Kim & Mahoney, 2005; Yoder & Warren, 1998) as well. This effect has been reported with children who have diverse etiologies such as DS or autism as well as with children who have different IQs or DQs. The effects of parental responsiveness have been reported with diverse populations of parents, including

parents from Turkey, North America, and continental Europe. For example, some studies conducted with diverse populations of parents in different countries (e.g., Karaaslan, Diken, & Mahoney, 2013; Karaaslan & Mahoney, 2013; Kim & Mahoney, 2004; 2005; Mahoney & Perales, 2005; Mahoney et al., 2006; Tamis-LeMonda, Bornstein, & Baumwell, 2001; Warren & Brady, 2007; Warren et al., 2010) indicated that highly responsive parenting styles might help improve a child's developmental domains, such as language, cognitive, and social-emotional functioning. A number of researchers (e.g., Karaaslan, Diken, & Mahoney, 2011; Kim & Mahoney, 2004, 2005; Mahoney & Perales, 2005) proposed also that increases in children's pivotal behavior and parental responsiveness were associated with children's developmental improvements.

There are a number of issues associated with the research findings outlined above, two of which are addressed by the present research study. The first issue concerns how responsiveness promotes children's development. Some studies (Mahoney & Perales, 2003, 2005) have illustrated that highly responsive parents do not emphasize direct teaching with their children, which many consider to be a necessary strategy for promoting children's developmental learning. Yet a series of studies (e.g., Karaaslan & Mahoney, 2015; Kim & Mahoney, 2005; Mahoney & Perales, 2003, 2005; Mahoney et al., 2006) conducted by Mahoney and colleagues suggests that the effects of responsiveness on children's development are mediated by the impact of responsiveness on children's social interactive engagement. That is, parental responsiveness has been shown to be highly effective at promoting children's spontaneous social interactive engagement. The association between responsiveness and children's development, whether measured concurrently as in descriptive studies or over time as in intervention studies, is mediated by children's social interactive engagement. Like maternal responsiveness, parental responsiveness also promotes those social interactive behaviors, which are the processes that underlie children's developmental learning (Kochanska & Aksan, 2004).

The second issue associated with these research findings (e.g., Girolametto & Tannock, 1994) is that fathers differ from mothers in the manner in which they interact with their children. As indicated previously, research on parent-child interaction has focused on mothers' interactions with their children based upon the premise that mothers are the most important influence, likely due to the greater amount of time they spend with their young children as compared to fathers. For example, some researchers (e.g., Darling-Fisher & Tiedje, 1990; Kreuder, 1996; Wilson & Durbin, 2013; Young & Roopnarine, 1994) argued that mothers of children with disabilities and mothers of children without disabilities are still the primary caregivers and nurturers because they spend more time with their children, while fathers of children with disabilities and fathers of nondisabled children still take a secondary role in

parenting by assuming less responsibility and spending less time with their children. However, in all societies fathers are currently playing a much more active role in their children's lives than they did in previous generations. This raises the possibility that parental influence is dependent on both parents interacting with their children.

Based on the previous research summarized above, there has not been any study that focused on Turkish mother-child and father-child interaction simultaneously. Specifically, the purpose of the present study (1) to compare how children with DS or autism interact with their mothers and their fathers; (2) to compare mothers' and fathers' style of interacting with their children; and (3) to determine whether there are differences in the interactive characteristics of mothers and fathers associated with the level of engagement exhibited by children with autism versus those with DS.

Purpose

In sum, the purpose of the current study was to investigate the differences between Turkish mother-child and father-child interactional behaviors. In order to achieve this aforementioned purpose, the following research hypotheses were tested:

1. There are differences in the way in which mothers and fathers interact with their children.
2. There are differences in the way in which mothers and fathers interact with children with autism versus DS.
3. Children who have DS or autism interact better with mothers than with fathers.
4. There is a significant relationship between mothers' and fathers' style of interaction with their children.
5. There is a significant relationship between children's interactive engagement with their mothers and fathers.
6. The characteristics of mothers' and fathers' interactive style are associated with the level of children's social engagement.

Method

Participants

The study consisted of a sample of 27 mother-child and 27 father-child dyads in which all the children had diagnoses of Down syndrome (DS) or autism. These participants were both parents and their child from the same family, which allowed for comparisons between the mother and father of the same child. Participants were

recruited from private special education and rehabilitation centers in the city of Istanbul, Turkey. As indicated in Table 1, the mothers' and fathers' average age was 39.67 years. Twenty-three had a high school degree, 18 a university degree, and 13 had completed elementary school. Therefore, most of the fathers (22.2%) and mothers (20.4%) had completed a high school degree. After the purpose of the study was explained to them, the mothers and fathers signed a letter of consent to participate. Sixty-three children were male and 37 were female. A total of 16 children had autism and 11 had DS. All the children with autism had received medical diagnoses by psychiatrists that were based upon the DSM-IV criteria. Of the children with autism, 48.2% were male, while of the children with DS, 14.8% were male. The age of both the children with autism and those with DS ranged from 40 to 68 months, with a mean of 56.3 months ($SD = 9.45$).

Table 1
Demographic Characteristics of Fathers, Mothers, and Their Children (Participant Demographics)

Variables	Father (N=27)		Mother (N=27)		Total (N=54)			
	f	%	f	%	f	%	M	SD
Parent's characteristics								
Parent's education (years)							3.85	1.14
Elementary school	6	11.1	7	13.0	13	24.1		
High school	12	22.2	11	20.4	23	42.6		
University (graduate)	9	16.7	9	16.7	18	33.3		
Parent's age (years)							39.67	5.53
26–30 age (years)	1	1.9	2	3.7	3	5.6		
31–35 age (years)	5	9.3	6	11.1	11	20.4		
36–40 age (years)	6	11.1	10	18.5	16	29.6		
41–45 age (years)	10	18.5	8	14.8	18	33.3		
46–50 age (years)	5	9.3	1	1.8	6	11.1		
Children's Disability Type								
	DS (N = 11)		Autism (N = 16)		Total (N = 27)			
	f	%	f	%	f	%	M	SD
Children's characteristics								
Children's age (months)							56.3	9.45
37–48 age (months)	8	29.6	10	37.0	18	66.6		
49–60 age (months)	6	22.2	10	37.0	16	59.2		
61–72 age (months)	8	29.6	12	44.4	20	74.0		
Gender								
Female %	7	25.9	3	11.1	10	37		
Male %	4	14.8	13	48.2	17	63		

DS: Down syndrome

Instruments

The mothers' and fathers' interactive style with their children and the children's interaction with their parents were assessed by using two observational scales: Maternal Behavior Rating Scale (MBRS) and Child Behavior Rating Scale (CBRS).

Mother–Child and Father–Child Interactions. Both the mothers' and the fathers' style of interaction was measured with the MBRS, which was originally developed by Mahoney (2008), and which includes 12 items: responsivity, sensitivity, effectiveness, acceptance, enjoyment, expressiveness, inventiveness, warmth, achievement, praise, directiveness, and pace. The MBRS is a 12-item scale that is rated on a 5-point Likert scale, with "1" reflecting a low incidence of the behavior and "5" indicating a high incidence of the behavior. The Turkish version of the MBRS (TV-MBRS) was initially translated from English to Turkish with 123 mother–child dyads. The validity and reliability of the TV-MBRS that was carried out by O. Diken (2009) indicated that the TV-MBRS has three subfactors. Internal consistency for the three subscales indicated by Cronbach's alpha for the "Responsivity/Sensitivity" subfactor was .87, for the "Expressiveness" subfactor was .86, and for the "Directiveness/Achievement" subfactor was .61. The Kaiser-Meyer-Olin (KMO) measure was .83. The version of the MBRS used in the study conducted by Karaaslan and Mahoney (2013) was retranslated and revalidated by the first author with 56 Turkish mothers of young children with various disabilities. Factor analysis indicated which nearly identical to factors reported for the English version, the MBRS has three factors: Responsiveness (responsivity, sensitivity, effectiveness, inventiveness), Affect (expressiveness, acceptance, enjoyment, warmth, praise), and Achievement/Directiveness (achievement, pace, and directiveness). The MBRS had high internal consistency. For the entire scale, Cronbach's alpha was .73, and the KMO was .80. Internal consistency for the three subscales was also high as indicated by Cronbach's alpha: the "Responsiveness" subfactor was .87, the "Affect" subfactor .86, and the "Achievement/Directiveness" subfactor .72 (Karaaslan & Mahoney, 2013).

Child Behavior Rating Scale. Children's interactive engagement with their mother and father was assessed with a Turkish translation of the CBRS from the video-recorded observation of mother–child and father–child play described above. The CBRS, which includes seven global items, was originally developed by Mahoney and Wheeden (1998) to assess the quality of preschool-aged children's engagement. The Turkish version of the CBRS (TV-CBRS) was initially translated from English to Turkish with 123 mother–child dyads by O. Diken (2009). The validity and reliability of the TV-CBRS that was carried out by O. Diken (2009) revealed that the TV-CBRS has two subfactors. Internal consistency for the two subfactors indicated by Cronbach's alpha for the "Initiation" subfactor was .91 and for the "Attention" subfactor was .79. The KMO was .82 (Diken, Topbaş, & Diken, 2009). The version of the CBRS used in the study conducted by Karaaslan and Mahoney (2013) was retranslated and revalidated by the first author with 56 Turkish mother–child dyads in which the children had various disabilities. Factor analysis indicated that, similar to the English version, the CBRS has two factors: Attention (attention, interest, persistence, and cooperation) and Initiation (initiation, joint attention, and affect).

The CBRS had high internal consistency. For the entire scale, Cronbach's alpha was .89, and the KMO was .82. Cronbach's alpha for the "Initiation" subfactor was .89, and for the "Attention" subfactor was .84 (Karaaslan & Mahoney, 2013).

Data Collection Procedures

Video recordings of the mother-child and father-child interaction assessment were conducted in a small room equipped with a table, chairs, and developmentally appropriate toys for the child during a center-based visit, which lasted approximately 20 minutes. Each mother-child and father-child dyad play session was video recorded separately while the parent and child played together with a set of toys. Developmentally appropriate toys consisted of stacking rings, crayons, dolls, a xylophone, nesting blocks, plastic animals, kitchen articles, a toy car, a toy airplane, a toy train, and picture books. During play sessions both mothers and fathers were asked to play with their children, as they typically do, using the toys provided. Additionally, parents and children had opportunities to play independently with toys freely accessible when they desired.

Coding and Reliability of Mother-Child and Father-Child Observation. Video recordings of the mother-child and father-child interaction were scored by two independent coders separately using a Turkish translation of the MBRS and the CBRS. Both coders had a master's degree in special education and had received approximately 40 hours of training on the MBRS and the CBRS. After they had attained interrater agreement of 80% on each of the two scales, they started to score data. Twenty percent of all observations were coded by a second rater to assess reliability. Reliability was computed based on interrater agreement for all of the observations using the formula $[(\text{agreements}/(\text{agreement} + \text{disagreement})) \times 100]$ (Tawney & Gast, 1984, as cited in Gursel, Tekin-Iftar, & Bozkurt, 2006).

Exact agreement between the raters calculated for all of the observations for the MBRS (82.4% for the responsivity subscale, 82.4% for the affect subscale, and 81.2% for the Achievement/Directiveness subscale) ranged from 81.2% to 85.2%, with an overall agreement of 82.2%; and for the CBRS (82.4% for the initiation subscale and 82.7% for the attention subscale) ranged from 81.5% to 83.3%, with an overall agreement of 82.5%. Intraclass correlation (ICC) values were also calculated to determine the interrater reliability of the MBRS and the CBRS. Interrater reliability was determined by Spearman correlation coefficients and Cohen's kappa. The Spearman correlation coefficient for interrater reliability for the total score of the MBRS was .96 ($p < .001$) and for the total score of the CBRS was .95 ($p < .001$), both of which indicate very high interrater reliability. Cohen's kappa was calculated for the MBRS subscales and the CBRS subscales. The kappa values for three subscales of the TV-MBRS varied between 0.62 and 0.71 (Cohen's kappa values of 0.71 for

Responsiveness, 0.62 for Affect, and 0.68 for Achievement/Directiveness), which indicates a moderate to substantial correlation for interrater reliability. The Cohen's kappa values for two subscales of the CBRS were 0.74 for Attention, and 0.64 for Initiation, respectively, which indicates substantial interrater reliability.

Findings

Findings related to the research hypotheses of this study have been summarized under three titles. Findings related to Hypothesis 1 (There are differences in the way in which mothers and fathers interact with their children), Hypothesis 2 (There are differences in the way in which mothers and fathers interact with children with autism versus DS), and Hypothesis 3 (Children who have DS or autism interact better with mothers than with fathers) have been summarized under the title of "Mothers' and Fathers' Interactive Style with Children's Social Engagement." Findings associated with Hypothesis 4 (There is a significant relationship between mothers' and fathers' style of interaction with their children) and Hypothesis 5 (There is a significant relationship between children's interactive engagement with their mothers and fathers) have been outlined under the title of "Relationship between Mothers' and Fathers' Interactive Style with Children's Interactive Engagement." Finally, findings relevant to Hypothesis 6 (The characteristics of mothers' and fathers' interactive style are associated with the level of children's social engagement) have been addressed under the title of "Predictors of Children's Engagement."

Mothers' and Fathers' Interactive Style and Children's Social Engagement

A MANOVA was computed to examine differences associated with mothers versus fathers, and children with DS versus children with autism in terms of its effect on Parent Interactive Style and Child Social Engagement. In other words, a multivariate analysis of variance was conducted to assess whether parent (fathers and mothers) and child's type of disability (DS and autism) have different Parent Interactive Style and Child Social Engagement scores, and whether there was not significant between parent and type of child's disability. Table 2 indicates the results of a multivariate analysis of variance. There was no statistically significant interaction effect between parent and type of child's disability on the combined dependent variables such as Parent Interactive Style ($F(3, 48) = 1.92, p > .05, \text{Wilks' } \lambda = .893, \eta^2 = 0.11$) and Child Social Engagement ($F(2, 49) = 0.41, P > .05, \text{Wilks' } \lambda = .984, \text{partial } \eta^2 = 0.02$). Therefore, In Table 2, MANOVA results show that independent variables (the parent and disability) and their interaction (the parent*disability) do not have a statistically significant effect on dependent variables such as Parent Interactive Style (Responsive, Affect and Achievement/Directive) and Child Social Engagement (Attention and Initiation).

In Table 2, follow-up Univariate ANOVAs indicate that there were statistically significant differences in mean Parent Interactive Style between parents ($F(3, 48) = 2.69, p < .05$, Wilks' $\lambda = .856$, partial $\eta^2 = 0.14$) and disability ($F(3, 48) = 2.92, p < .05$, Wilks' $\lambda = .846$, $\eta^2 = 0.15$). It is also indicated that main effects for parent differences were significant for two MBRS factors: Responsiveness, $F(3, 48) = 3.70, p < .05, \eta^2 = 0.07$ and Affect, $F(3, 48) = 6.73, p < .05, \eta^2 = 0.12$, whereas main effects for disability differences were significant for MBRS factor Achievement/Directive, $F(3, 48) = 6.44, p < .05, \eta^2 = 0.11$. Additionally, Univariate ANOVAs showed no significant main effects for parents ($F(2, 49) = 0.65, p > .05$, Wilks' $\lambda = .974$, partial $\eta^2 = 0.03$) and disability ($F(2, 49) = 2.40, p > .05$, Wilks' $\lambda = .920$, partial $\eta^2 = 0.08$) with respect to Child Social Engagement. They also indicated that main effects for parent and disability differences were not significant for two CBRS factors: Attention, $F(2, 49) = 0.99, p > .05, \eta^2 = 0.02$ and Initiation, $F(2, 49) = 0.43, p > .05, \eta^2 = 0.01$, whereas main effects for disability differences were significant for the CBRS factor Initiation $F(2, 49) = 3.84, p < .05, \eta^2 = 0.06$.

Table 2
Effects of Parent and Disability on Parents' Interactive Style and Children's Social Engagement

OUTCOME VARIABLES	Fathers			Mothers			F Parent	F Disability	F Parent x Disability
	DS N= 11	Autism N= 16	Total N= 27	DS N= 11	Autism N= 16	Total N= 27			
Parent Interactive Style ¹							2.69*	2.92*	1.92
Responsive	2.64 (.87)	2.0 (.43)	2.28 (.70)	2.61 (1.16)	3.03 (1.10)	2.86 (1.12)	3.70*	0.14	4.05*
Affect	2.53 (.96)	2.08 (.50)	2.26 (.75)	2.85 (1.08)	2.91 (.81)	2.89 (.91)	6.37*	0.73	1.22
Achievement/Di- rective	2.61 (.68)	3.06 (.80)	2.88 (.77)	2.88 (.93)	3.46 (.53)	3.22 (.76)	2.68	6.44*	0.91
Child Social Engagement ²							0.65	2.14	0.41
Attention	3.00 (1.15)	2.41 (.78)	2.65 (.97)	3.02 (1.08)	2.92 (.99)	2.96 (1.01)	0.99	1.83	0.81
Initiation	3.06 (1.07)	2.35 (.86)	2.64 (1.00)	3.00 (.99)	2.75 (.88)	2.85 (.92)	0.43	3.84*	0.79

¹Maternal Behavior Rating Scale; ²Child Behavior Rating Scale. * = $p < .05$.

To sum up, there were not many differences between mothers and fathers, with the exception of mothers being more responsive and affect than fathers. There are also no differences between mothers and fathers on ratings of achievement directive. Both mothers and fathers display more achievement directive with children with autism than with DS. The main difference in parent's interaction with autistic versus DS children is that parents are more directive with autistic children than with DS children. Children with autism have lower levels of initiation than do children with DS, although autistic children's differences on initiation are just below the significance level. Mothers scored higher on outcomes such as Parent Interactive Style (response,

affect, and Achievement/Directive) and Child Social Engagement (attention and initiation). Fathers of children with DS scored higher on both responsive and affect as well as attention and initiation, whereas they scored lower on Achievement/Directive. However, mothers of children with DS scored lower on responsive, affect, and Achievement/Directive, whereas they scored higher on attention and initiation.

Relationship between Mothers' and Fathers' Interactive Style and Children's Social Engagement

Table 3 shows the intercorrelations between the MBRS and CBRS variables, which were investigated using the Pearson product-moment correlation coefficient. There was a strong, positive correlation between responsive and attention [$r = .63$, $p < .00$] as well as between responsive and initiation [$r = .60$, $p < .00$]. Similarly, there was a strong, positive correlation between affect and attention [$r = .63$, $p < .00$] as well as between affect and initiation [$r = .59$, $p < .00$]. Therefore, both responsiveness and affect are correlated with both the attention and initiation CBRS subscales. Achievement/Directive is not correlated with Responsiveness [$r = .06$, $p > .05$] and Affect [$r = .13$, $p > .05$]. However, there is a very high level of correlation between responsiveness and affect [$r = .88$, $p > .00$]. This indicates that both of these variables cannot be used as independent variables in regression analysis because of problems associated with collinearity.

Table 3
Correlations of MBRS and CBRS Subscales

VARIABLES	Attention	Initiation	Responsiveness	Affect	Achievement/Directive
Responsiveness	.63**	.60**	—	.88**	.06
Affect	.63**	.59**		—	.13
Achievement/Directive	-.06	-.17			—

** $p < .00$.

Table 4 to address the problem of collinearity, factor analysis was computed. These results, which are shown in Table 4, indicate that there were two MBRS factors. These include responsive/affect and directive.

Results indicated a low pattern of correlation between mothers' and fathers' style of interacting, as shown in Table 5. The only correlation that is significant is mothers' and fathers' responsiveness [$r = .39$, $p < .05$] with their children. Even though mothers tend to be more responsive and affective than fathers, mothers and fathers have similar patterns of responsiveness with their children.

Table 4
Factor Structure Matrix of MBRS^{1, a}

MBRS Variables	Factors	
	Responsive/ Affect	Directive
Sensitivity	.92	
Warmth	.90	
Inventiveness	.90	
Effectiveness	.90	
Acceptance	.90	
Responsivity	.89	
Expressiveness	.85	
Enjoyment	.84	
Praise	.83	
Pace		.85
Directiveness		.77
Achievement		.54

¹ Maternal Behavior Rating Scale

^a Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization.

Table 5
Correlations between Mothers' and Fathers' Style of Interacting with Their Child

VARIABLE	Fathers		
	Responsiveness	Affect	Achievement/Directiveness
Mothers			
Responsiveness	.39*	.32	.04
Affect	.39*	.27	.02
Achievement/Directiveness	.08	.04	.33 ^{.09}

* = $p < .05$.

Table 6 shows that there is a significant pattern of moderate correlation between the way children interact with their mother and father [$r = .45$, $p < .05$]. This is consistent with the MANOVA data showing no overall differences in children's interactions with their mother versus their father.

Table 6
Correlations between Children's Interactive Engagement with Mother and Father

VARIABLE	Child with Father		
	Attention	Initiation	Total
Child with Mother			
Attention	.46*	.44*	.46*
Initiation	.43*	.40	.42*
Total	.45*	.43*	.45*

* = $p < .05$.

Predictors of Children's Engagement

A multiple regression was computed to examine the factors (type of disability, parent, directive, and Responsive/affect) that predict children's CBRS scores. A summary of the results of the regression analysis of children's disability type (autism versus DS), parents (mothers versus fathers, and the two MBRS factors on children's engagement, which include initiation and attention, are shown in Table 7. Even though the MBRS has three factors (Responsivity, Affect, and Directive), Affect was not included in this analysis because it has a high correlation with responsiveness ($r = .88$), which raised the likelihood of collinearity. Thus, both of these variables cannot be used as independent variables in a regression analysis. All variables were entered in four steps. Therefore, this output has four models listed: Model 1, Model 2, Model 3, and Model 4. The information in Model 1 is for Type of Disability predicting children's CBRS scores. Model 2 is for Type of Disability plus parent predicting children's CBRS scores. Model 3 for is Type of Disability plus parent and directive predicting children's CBRS scores. Model 4 is for Type of Disability plus parent, directive, and Responsive/Affect predicting children's CBRS scores. Results indicated that when type of disability is entered by itself, it results in nonsignificant R^2 changes ranging from 1% to 36% of the variability. Similarly, when the other factors along with type of disability that are predictors (type of disability, parent, directive and responsive/affect) are entered, they are not significant, except for the responsive/affect factor, which is associated with variability in children's CBRS scores. It can be seen from Table 5 that the R-square (R^2) figure indicated that 41% of the variance in CBRS scores is explained by Type of Disability, Parent, Directive, and Responsive/Affect. In other words, for the final model (type of disability, parent, directive and responsive and affect), its value is 0.41, which means that four variables account for 41% of the variation in children's engagement. However, only responsive/affect was a significant predictor of children's CBRS scores: initiation $\beta = .63$, $T = 5.59$, $p = .000$; attention, $\beta = .67$, $T = 5.99$, $p = .000$.

Consequently, Responsive/Affect was the only maternal behavioral style variable that was significantly related to children's engagement. Additionally, Responsive/Affect obtained the largest beta weights (initiation, $\beta = .63$, $p = .00$; attention, $\beta = .67$, $p = .00$), demonstrating that it made the largest contribution to the regression equation, while holding all other predictor variables constant. Results also indicated that Directive had a negative, nonsignificant association with children's engagement, such as initiation ($\beta = -.18$, $T = -1.58$, $p = .120$) and attention ($\beta = -.12$, $T = -1.02$, $p = .312$), while responsive/affect had a positive, significant association with children's engagement, which included initiation ($\beta = .63$, $T = 5.59$, $p = .000$) and attention ($\beta = .67$, $T = 5.99$, $p = .000$).

Table 7
Relationship of Child's Disability, Parent, and Parent's Interactive Style with Child's Social Engagement

Dependent Variable	Model	Beta	t-Value	Significance	R ²	R ² Change
Initiation ¹	Type of Disability	-.25	-1.85	.070	.04	
	Type of Disability	-.25	-1.85	.070	.04	
	Parent	.11	0.82	.824		
	Type of Disability	-.19	-1.36	.181	.05	.01
	Parent	.14	1.09	.282		
	Directive ²	-.19	-1.32	.194		
	Type of Disability	-.15	-0.13	.192	.41**	.36
	Parent	-.08	-0.69	.493		
	Directive ²	-.18	-1.58	.120		
Attention ¹	Responsive/Affect ²	.63	5.59	.000		
	Type of Disability	-.17	-1.27	.210	.04	
	Type of Disability	-.17	-1.27	.028	.04	
	Parent	.11	0.82	.414		
	Type of Disability	-.14	-0.94	.352	.05	.01
	Parent	.19	1.33	.191		
	Directive ²	-.13	-0.86	.396		
	Type of Disability	-.09	-0.80	.426	.41**	.36
	Parent	-.06	-0.50	.616		
	Directive ²	-.12	-1.02	.312		
	Responsive/Affect ²	.67	5.99	.000		

¹Child Behavior Rating Scale;

² Maternal Behavior Rating Scale Factors.

** p < .0, Oh 0.

Results from this analysis indicate that only the responsive/affect factor is associated with variability in children's CBRs scores. Children are more actively engaged as measured by attention when parents take part in interactions that are characterized by higher levels of Responsive/Affect. Directive does not appear to be effective interactive strategies for engaging children with either disability. Mothers are more directive than fathers, and this difference is most strongly reflected in mothers' interactions with children with autism versus DS.

Discussion

In the current study, data has been reported to examine differences associated with mothers versus fathers and children with DS versus children with autism. The study yields four main findings. A first finding showed that there were not many differences between mothers and fathers regarding ratings of achievement directive. However, mothers are more responsive and affect than fathers were. The results from the current study are consistent with the results of some previous studies (Chiarello et al., 2006; Kochanska & Aksan, 2004; Mendonça et al., 2011; Power, 1985; Wilson & Durbin, 2013) that indicated that mothers were rated as more responsive to their children than were fathers. For example, a study carried out by Kochanska and Aksan

(2004) concluded that, although children were equally responsive to and playful with both parents, mothers were more responsive than fathers during play sessions, whereas the results of both parents were similar in terms of achievement orientation, affect/animation, and directiveness (Chiarello et al., 2006). Another study conducted by Girolametto and Tannock (1994) also supported the finding of the current study and revealed that both fathers and mothers exhibited similar results in the context of turn-taking control, response referents, and responses to the child's participation. However, in terms of directiveness, fathers' use of response and topic control was higher as compared to that of mothers. The present study also concluded that mothers were more responsive to the child's focus when the child was uninvolved.

In another study (Schueler & Prinz, 2013) related to parents' responsiveness, it was found that both parents' ratings of contingent responsiveness were similar. However, the study showed that mothers exhibited slightly more contingent responding and less noncontingent or negative responding than did fathers. The study also supported the hypothesis that maternal and paternal contingent responsiveness can influence child compliance and child behavior in a later interaction, even when other aspects of parent behavior are taken into account. Accordingly, responsiveness reflected developmental changes in children, parents, and relationships (Kochanska & Aksan, 2004). Furthermore, some of the past literature may also give us an idea of how maternal characteristics and child characteristics can influence maternal responsiveness (Drake, Humenick, Amankwaa, Younger, & Roux, 2007).

In contrast to the results of previous studies, Russell and Russell (1987) reported that mothers were not more responsive to their children. Likewise, fathers were not more negative or restrictive. Moreover, mothers who interacted with their children were more directive and involved in caregiving, whereas fathers' interactions took place more frequently in the context of play.

A second finding is that fathers of children with DS scored higher on responsiveness and affect as well as attention and initiation, whereas they scored lower on Achievement/Directive. Additionally, mothers of children with DS scored lower on responsiveness, affect, and achievement/directive, whereas they scored higher on attention and initiation. The main difference in parents' interactions with autistic versus DS children is that parents are much more directive with autistic children than with children who have DS. This difference might occur because children with autism have lower levels of initiation as compared to children with DS, although autistic children's differences on initiation are just below the significance level. As a result, both mothers and fathers interact better with children with DS than children with autism in terms of responsiveness associated with children's pivotal behavior measures.

The literature on parent and child interaction mostly focuses on whether the interactional characteristics of disabled young children with their parents differ from those of nondisabled children, rather than comparing characteristics of interactional behaviors of parents and their children with DS and autism (Kim & Mahoney, 2004; Landry, Garner, Pirie, & Swank, 1994; Mahoney, 1988; Mahoney, Fors, & Wood, 1990; Mahoney & Robenalt, 1986; Roach, Barratt, Miller, & Leavitt, 1998; Sterling, 2007; Tannock, 1988a, 1988b; Töret, Ozdemir, & Ozkubat, 2015). These studies reported that the parents of children with disabilities, including DS and autism, displayed lower rates of responsive and affect, whereas they showed higher rates of directive as compared to the parents of nondisabled children. Additionally, interactional characteristics of typically developing children also differ from those of nondisabled children in terms of less positive affect. In other words, disabled infants or young children tend to demonstrate difficulties in turn-taking, readable cues, and positive affect to their parents as compared to nondisabled children.

Within the autism spectrum disorder (ASD) literature, it has been reported by Flippin and Watson (2011) that children with ASD are likely to engage in more relational play with mothers than with fathers. Their study showed that, although both mothers and fathers used similar proportions of responsive play behavior and use of both parents' verbal and play behaviors correlated significantly with higher-level child object play, the use of responsive play behavior was correlated with higher-level object play only for fathers. However, a follow-up study by Flippin and Watson (2015) indicated that mothers of children with ASD were more responsive than were fathers of children with ASD on the basis of both frequency of verbal responses and a proportion of child initiations. Furthermore, those children initiated more leads with their mothers than with their fathers during play interactions. In relation to Turkish mothers, Diken (2012) reported that mothers of children with autism had higher scores on verbal praise and pace than did mothers of children with MID and SLD.

Another study conducted by Töret et al. (2015) indicated that mothers of children with severe ASD demonstrated less sensitivity and responsiveness as well as more directive interaction styles with their children, whereas those children showed lower rates of attentiveness and social initiation behavior during their interactions with their mothers. Another study conducted by Watson (1998) revealed that mothers of children with autism provide their children with as much verbal input that is related to the child's focus of attention, as mothers of typically developing children. Results from this study also indicated that mothers of children with autism use more utterances that are directed at things outside the child's focus of attention, but that those mothers' directive verbalizations to their children with autism are not within their children's difficulties in attention and interaction than mothers of typically developing children.

Studies carried out with children with DS and nondisabled children indicated that mothers of children with DS dominated the communication during interaction (Mahoney & Robenalt, 1986) and exhibited more control in most aspects of interaction with their children (Tannock, 1988a). The findings from Tannock's (1988a) study reported that mothers of DS children were highly directive regarding topic control and turn-taking control; however, both groups of mothers were similar in terms of verbal responsiveness. The differences also observed in the use of child-initiated signals between children with DS and nonhandicapped children may partly be the result of maternal interaction style (Fisher, 1988). Furthermore, it has been reported that mothers of children with DS may not read their child's signals easily as well as not respond to their initiatives due to the child's disability. Accordingly, the wide range of individual differences in the developmental abilities of children with DS might have an impact on maternal responsiveness (Zhiyanova, 2005).

A third finding is that results from correlational analyses revealed that there was a low pattern of correlation between mothers' and fathers' style of interacting. The only correlation that is significant is mothers' and fathers' responsiveness with their children. The findings show that there is a significant pattern of moderate correlation between the way in which children interact with mothers and with their fathers. This might indicate that the way children interact with their parents is largely influenced by their intrinsic or perhaps genetic capabilities. It also reflects the fact that these parents had substantial similarity in their style of interacting with their children. This interpretation is also consistent with the finding of the regression analyses, which indicated that for both mothers and fathers, regardless of whether the child had DS or autism, the parents' level of responsiveness was associated with the child's level of engagement with their parents. Findings from a multiple regression analysis indicated that only the responsive/affect factor is associated with variability in children's CBRS scores. This finding accords with those of other studies (e.g., Karaaslan & Mahoney, 2015; Kim & Mahoney, 2004; Mahoney & Perales, 2008) that have found associations between parents' responsiveness and children's engagement or pivotal behavior. Likewise, some researchers (e.g., Karaaslan, Diken, & Mahoney, 2013; Karaaslan & Mahoney, 2015) found in all of their studies that children are more actively engaged either as measured by attention or initiation when parents engage in interactions that are characterized by higher levels of responsiveness/affect. Directiveness does not also appear to be an effective interactive strategy for engaging children with either disability. Interestingly, mothers are more directive than fathers, and this difference appears most strongly in mothers' interactions with children with autism as compared to those with DS.

For example, a study conducted by Kim and Mahoney (2004) concluded that mothers' responsiveness and affect were associated with their child's engagement. However,

mothers' directiveness and achievement orientation have not been found to be related to the engagement of their child. Studies that are focused on parent-child interaction (e.g., Karaaslan, Diken, & Mahoney, 2011; Mahoney, Boyce, Fewell, Spiker, & Wheeden, 1998; Mahoney, Powell, & Finger, 1985) also indicated that parents' interactional behaviors that are highly directive and relatively nonresponsive do not support an increase in the development of their child with disabilities (cited in Diken, 2012). Furthermore, a qualified parent-child interaction seems to decrease the disability of children with developmental delay, including DS and autism. It has been clearly established in the literature (e.g., Karaaslan & Mahoney, 2013; Mahoney, 2009; Mahoney & Nam, 2011; Mahoney & Perales, 2003; Mahoney et al., 2006; Tamis-LeMonda et al., 2001; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004; Warren et al., 2010) that during the early childhood years, parents promote the development of their children who have disabilities, including DS and ASD, by engaging in highly responsive interactions throughout their daily routines. Consistent with this interpretation, findings reported by the existing literature on parent-child interactions (e.g., Brady, Warren, & Sterling, 2009) revealed that responsiveness is also a primary influence on a child's development. A recent study by Yoder and Warren (2004) supported the notion of responsivity as a predictor for a child's development. In this study, it has been examined to determine predictor factors of language change of children with DS. In the current study, it was concluded that child's language development can be positively maximized by promoting their parents' responsivity, while the nature of the disability negatively affects the children's language development. Regardless of etiology, optimal parental responses predicted child's later language development.

Finally, based upon the findings from the current study, it is possible to claim that such results reflect that, similar to Western mothers, Turkish mothers of children with DS or autism are more responsive than are fathers and also that the characteristic interactional behaviors of these parents are correlated with their children's engagement. Accordingly, parents of children with autism are much more directive than are parents of children with DS.

Limitations of the study

There are a few major limitations of this study. One of the limitations is that the sample size was small and did not reflect the wide range of individual differences among parents and children with disabilities, including DS and autism. This small sample size limited the power of the analyses that were used in this study. Clearly, for enhancing the generalizability of the findings from this study, similar investigations with larger sample groups should be undertaken. The second limitation is that observations of the characteristics of interactional behaviors of parents and their children with DS or autism were video recorded at a single time. This situation is especially important for understanding the behavioral styles at different times.

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