**Title**: Maternal Depression, Negative Parenting, and Child Emotion Dysregulation in Families of Children with Autism Spectrum Disorder: The Moderating Role of Social Support

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**Introduction**: Mothers who have a child with autism report higher levels of depression compared to mothers of neurotypical (NT) children (Weiss 2002). Among parents who have a child with autism, increases in depression and anxiety symptoms were correlated with harsh/disengaged parenting (McRae et al., 2018). Harsh and inconsistent parenting behaviors are concerning as they have been associated with negative child outcomes, including child emotion dysregulation (Chang et al., 2003). On average, autistic children have greater difficulty regulating their emotions compared to NT children (Samson et al., 2014). Past research has suggested a positive relationship between maternal depression and emotion dysregulation in families impacted by autism (Greenlee et al., 2021). It is also important to consider the role of social support as it has been associated with lower depression (Benson, 2012) in mothers who have a child with autism. In the current study, we sought to determine if negative parenting mediates the relationship between maternal depression and child emotional dysregulation among families of children with ASD, and whether social support serves as a buffer between maternal depression and negative parenting in families of children with ASD.

**Method**: The current study used data from the PRO-Parenting Project, a longitudinal study that examined the efficacy of parent stress reduction and behavioral parent training interventions for parents of children with DD. The current sample included 262 mothers of children, ages 3-5 years, with DD (*M* = 3.84, *SD* = .83). Out of 262 families, 126 children were reported to have an autism diagnosis (*M* = 3.95, *SD* = .81). Research staff obtained parental consent, demographic and service utilization information, and questionnaire measures about maternal depression, parenting behavior, child emotion dysregulation, and social support. Maternal depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Higher scores indicate greater depressive symptoms. Parenting behavior was measured using the Parenting Practices Inventory(PPI; Webster-Stratton, 1998), developed by The Incredible Years research group. Specifically, the “harsh and inconsistent” subscale was used to measure negative parenting. Higher scores indicate more negative parenting behaviors. Child emotion dysregulation was measured using the Emotion Regulation Checklist(ERC; Shields & Cicchetti, 1997). The “emotional lability/negativity” subscale was used. Higher scores indicated increased emotional dysregulation. Social support was measured using the Family Support Scale (FSS; Dunst et al., 2007). Higher scores indicate more social support.

**Results**: Mediations and moderated mediations were carried out using the PROCESS macro for SPSS (Hayes, 2022). In the full sample, negative parenting did not mediate the relationship between maternal depression and child emotion dysregulation (*p* > .05). However, in the autism sub-sample, negative parenting significantly mediated the relationship between maternal depression and child emotion dysregulation (*ab* = .07, 95% CI [.01, .15], *p* < .05). As maternal depression increased by one point on the CES-D, child emotion dysregulation increased by .07 points on the ERC via the effect of negative parenting. In the full sample and autistic sub- sample, the moderated mediation model was not significant (*p* > .05), as social support did not moderate the relationship between maternal depression and negative parenting. In the full sample and autistic sub-sample, greater maternal depression symptoms were associated with increased child emotion dysregulation (*b* = .11, *p* = .02; *b* = .14, *p* = .02, respectively).

**Discussion:** As expected, greater maternal depressive symptoms were associated with increased child emotion dysregulation. In line with the literature with neurotypical (NT) children, mothers who report higher levels of depression are more likely to report more emotional dysregulation in their children (Maughan et al., 2007). Interestingly, negative parenting mediated the relationship between maternal depression and child emotion dysregulation in the autism sample, but not the full sample. In past research, compared to children with DD, children with autism had more difficulties regulating their behavior when frustrations occur in their environment (Desombre et al. 2006). Autistic children may be more prone to emotion dysregulation due to the impact of harsh parenting practices. Last, the moderated mediation model did not support our hypothesis for the full sample or autistic sub-sample. It is possible that the type of social support received may not align with the specific needs of a mother raising a child with autism. Future research should 1) investigate how paternal depression and negative parenting contribute to child outcomes to provide a more comprehensive view and 2) identify protective factors in children with autism that may buffer against the effects of maternal depression and negative parenting. These findings underscore the significance of providing services and resources for parents of children with autism who display symptoms of depression. By addressing these concerns early on, there may be beneficial effects on their children, helping to lower rates of their emotion dysregulation.

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