

Supporting Siblings of Autistic Individuals

An autism diagnosis can have wide ranging impacts on families, including siblings. While there are positive impacts that can come from having an autistic sibling, typically developing individuals have an increased risk for developing emotional and internalizing problems. This can lead to diagnoses such as depression, anxiety, and separation anxiety. Below are some considerations for supporting the emotional, social, physical, and psychological needs of your typically developing child:



Develop or increase your network or “village” of support.

- ▶ Due to the increased demands of having an autistic child, parents may not have the time or bandwidth to provide the physical and emotional support to their typically developing child. This can lead to reduced abilities to take the child to extracurricular activities, help with homework, or be a support to discuss their emotional experiences.
- ▶ Having more people in your “village” can help support the typically developing child achieve those needs.
- ▶ Research has found that some typically developing siblings were grateful for the different types of support from friends and extended family members, when parents were unavailable (e.g. Cridland et al, 2016; Petalas et al., 2012).

Be aware of the demands placed on the typically developing child.

- ▶ Typically developing siblings sometimes are expected to participate in tasks and roles that may be outside of their comfort or ability. While this is not always a negative experience, it is important to be aware and ensure that responsibilities seem appropriate and within a reasonable amount.
- ▶ Show appreciation for their help as this reinforces the idea that they are going beyond what is typical for the situation.
- ▶ Have check ins with the typically developing child. This allows you to see what they feel comfortable taking responsibility for and creates a greater sense of autonomy. This can create more willingness for them to help with tasks.

Ensuring they get to have a childhood.

- ▶ It is important to remember that the typically developing child is not an additional parent.
- ▶ Ensure the child gets to participate in extracurricular activities and spends time with friends. If the child does not seek these activities out on their own, parents should regularly offer these opportunities. Remember that the “village” you create for your family can help with getting your child to these activities.

Consider therapy as an additional emotional support for the child.

- ▶ Having someone outside of the family to talk to about their experiences can be an excellent way to process the ongoing demands within their household.
- ▶ Being able to talk about their experiences to a professional can increase coping mechanisms, strengthen self-esteem, improve communication, and focus specifically on their needs.
- ▶ Support groups, extended family members, or close family friends can also be great outlets for emotional support if your child is not comfortable or resistant to attending therapy.

Consider therapy for yourself as the parent.

- ▶ Parents also can benefit from having their own space to process the demands of life. Again, working with a professional, who is an unbiased party, can help talk through difficulties and perhaps identify alternative sources of coping to ease life’s challenges.
- ▶ Support groups can also be a great way to connect with others and process the unique challenges of parenting a child with autism. Online support groups can provide an additional layer of flexibility and options for connecting with others.



Cridland, E. K., Jones, S. C., Stoyles, G., Caputi, P., & Magee, C. A. (2016). Families living with autism spectrum disorder: Roles and responsibilities of adolescent sisters. *Focus on Autism & Other Developmental Disabilities*, 31(3), 196–207.

Petalas, M. A., Hastings, R. P., Nash, S., Reilly, D., & Dowey, A. (2012). The perceptions and experiences of adolescent siblings who have a brother with autism spectrum disorder. *Journal of Intellectual & Developmental Disability*, 37(4), 303–314.