The Role of Family Support in Resilience among Indonesian Parents of Neurotypical and Autistic Children

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For this scientific paper, I made use of ChatGPT as a tool for guidance and assistance in both grammar and organization of the paper. Hypotheses, analyses, and conclusions are product of the author.

Abstract

Autism is a neurodevelopmental disorder that not only affects the autistic person, but also their families. For the parents of autistic children, there are many challenges for which they have to be resilient. The present study investigates whether family support is either a protective or a risk factor with respect to parental resilience. Family support is represented by having a partner (civil status), having household support, and grandparent's involvement. To measure parental resilience, the Walsh Resilience Questionnaire (WFRQ) was used. Results indicated that among parents of autistic children, none of the variables were significant contributors to the resilience score. Among parents of neurotypical children, civil status was significant, while household support and grandparent's involvement were non significant. Moreover, there was no significant difference in resilience between the parents of neurotypical children sample and the parents of the autistic children sample. There might have been an effect which could not be perceived, since the sample sizes were unequal at different categories of the variables. For example, most people were married, did not have household support, and did not have the grandparents involved. Nevertheless, this study can be used as a baseline for future research addressing parental resilience in the context of child autism.

Keywords: Resilience, civil status, househelp, grandparent's role

The Role of Family Support in Resilience among Indonesian Parents of Neurotypical and Autistic Children

Aidah is a little girl who rarely responds to her name and avoids eye contact. She detests the smell of gasoline when her mother refuels the car, and dislikes it when her father cooks strongly scented foods. Her parents, initially confused and hopeless, sought help, and eventually learned that Aidah has autism.

Autism, a neurodevelopmental disorder, affects around 1 in 100 people worldwide, according to the World Health Organization (WHO, 2023). It is a disorder characterized by social interaction deficits, such as little eye contact or impaired language development, along with other symptoms like extreme reactions to changes in routines or performing ritualized and repetitive behaviours.

Even though it is important to highlight the perspectives of children with autism, it is as important to consider the difficulties faced by their families, especially their parents. Compared to neurotypical children's parents, autistic children's parents require more information, services, referrals, and practical support, while also experiencing higher levels of stress, reduced psychological well-being, and greater challenges in parent-child interactions (Al-Jadiri, 2021). However, being resilient helps parents tackle the adversities associated with rearing a child with autism.

Resilience refers to one's capacity to quickly recover from difficulties (Immink, 2018). Even though there is an ongoing debate on how to define resilience and despite many articles and authors using different definitions, for the purpose of this paper, it will be defined as the process that involves positive adaptation in a context that causes significant adversity (Luthar et al., 2000). It is crucial for parents with autistic children to be resilient in order to bounce back from any hardships. According to Al-Jadiri et al. (2021), several factors influence family resilience. The first factor is parent factors,

including the support available to parents on a family level. This includes, for example, whether the grandparents have an active role in providing care for the autistic child. Another factor involves financial challenges, as parents who are forced to reduce or stop working tend to experience lower resilience. Other sociodemographic factors such as the number of siblings, child age and child sex can help determine the degree of parental resilience. Overall, resilience is a fundamental factor to take into consideration, as it is influenced by various protective and risk factors that determine how well parents of autistic children cope with their situation.

To this date, access to information and research on resilience remains abundant in developed countries, particularly in the United Kingdom and the United States (Samadi & McConkey, 2011), where the understanding of autism and resilience mechanisms is well-developed. In contrast, studies on parental resilience in developing countries are still limited. Despite the extensive research on autism and resilience in developed countries, a significant gap remains in understanding how resilience is manifested in developing nations, particularly in Indonesia. Studying resilience in Indonesia is essential to addressing this research gap and enhancing knowledge of its unique dynamics, mainly so that parents can receive more support and resources while facing the difficulties of rearing children with autism (Sari., 2024).

An interesting study carried out by Santoso et al. (2015) on resilience in daily occupations of Indonesian mothers of children with autism, showed that conditions such as practical and emotional support from the family was a protective factor of resilience. In their study, they recruited fourteen mothers of children with autism to examine several factors that influence resilience during everyday living. They discovered that, especially important to the mothers, was the active involvement of the father in the child’s care. Also, the understanding of the condition by the rest of the family members

contributed to resilience. Accordingly, family support is important for bouncing back from adversities or being resilient (Santoso et al., 2015).

Family support is essential for overcoming adversities, and this is particularly relevant in understanding parenting styles. Riany et al. (2018) studied parenting styles in Indonesia of parents of children with autism. Like Santoso et al. (2015), they studied informal support received from the family (e.g., from the partner or grandparents), and found that it is a very important factor contributing to resilience. Thus, for Indonesian parents, high levels of family support encouraged resilience. However, there is a clear distinction to be made between resilience in mothers and in fathers. According to Boyd (2002), family support acts as a stress mediator, but only in mothers. This is because the caring burden of children mostly lays on the mother, which is why she should eventually benefit more from family support, which in turn enhances their resilience.

Another factor that contributes to family support towards mothers involves the husband's role. A study conducted in Bandung (Indonesia) by Saragih (2021), showed that there is a positive correlation between the resilience of mothers with autistic children and the support from their spouses. Mothers were more resilient when fathers had a fundamental role in making decisions for the child, an active participation in their child's daily life, and when they were happily married. Hence, for all mothers they studied, the most important aspect of support derived from their spouses. This further highlights the role of family support in fostering resilience.

In this study, we hypothesize that there is a significant difference in the resilience score between the parents of autistic children and parents of neurotypical children. Next, we will explore whether family support (having a partner, household support, and grandparent's involvement), is positively associated with parental resilience.

Methods

Participants and Procedure

The study was approved by the ethical review board of the Faculty Behavioral of Social Sciences of the University of Groningen, with project code number PSY-2324-S-0025. The study design is cross sectional with data collected from December 2023 until March 2024. Recruited participants are parents residing in Indonesia; 213 parents of autistic children, and 218 parents of neurotypical children. Parents of autistic children were recruited through the Family Resilience webinar, organized by the Indonesian Autism Foundation (Yayasan MPATI Indonesia). To be eligible for the study, parents of autistic children needed to meet the following criteria: (1) residing in Indonesia, (2) have children under 18 years of age, and (3) children have a formal autism diagnosis from a specialist, psychiatrist, or pediatrician. For the parents of neurotypical children, the criteria were: (1) residing in Indonesia, (2) having children under 18 years of age, and (3) children have no neurodevelopmental conditions. Participants completed an online questionnaire via Qualtrics. Parents of autistic children were compensated with 5 euros via GoPay for their 60-minute participation due to additional questions regarding their autistic children's condition, while parents of neurotypical children received 2 euros for their 30-minute participation.

Measures

Sociodemographic variables were collected through a questionnaire related to their age, marital status, education, and living conditions.

Family support was measured by civil status, by asking questions about whether they are married or divorced, widowed, or other, the involvement of the grandparents in taking care of the child with autism, and whether or not they receive any household support.

Family Resilience. The Walsh Family Resilience Questionnaire (WFRQ) was utilized to measure family resilience (Walsh, 1996, 2003), employing a validated 32-item Likert-scale ranging from 1 (very little) to 5 (very much). This questionnaire assesses three components of the family resilience framework (Duncan et al., 2021), which include belief systems, communication processes, and organizational resources. The total score was obtained by summing all items in the questionnaire. Example items evaluating shared family beliefs include statements like "We draw on spiritual resources (religious or non-religious) to help us cope well." These 13 items have a Cronbach's alpha of 0.88. The organization of the family system is assessed through items such as "We are flexible in adapting to new changes" or "we are reliant on family members". This set of items have a Cronbach's alpha of 0.85. Communication processes are captured by items like "We can share positive feelings, appreciation, humor, and fun and find relief from our grief." Participants respond to these items by rating "how much this is true for their family" and whether they are able to share their feelings (whether they are positive or negative) on a Likert scale ranging from 0 (rarely or never) to 5 (almost always). Higher scores suggest that an individual perceives their family as utilizing a broader range and higher frequency of resilience strategies. The general scale demonstrated strong reliability, with a Cronbach's alpha of 0.93 (Everri et al., 2022).

Data Analysis

Statistical analysis was conducted using SPSS 29.0. Descriptive statistics summarized means, standard deviations, and ranges for sociodemographic, family support, and family resilience. To answer the first hypothesis, an independent samples t-test was carried out to study whether there is a significant difference in resilience between parents of neurotypical children and parents of autistic children. To answer the second hypothesis, a multiple regression analysis was used to predict family resilience

from family support. Important contributors to family support included in the regression model involve civil status, household support, and the grandparent's involvement. All three variables will be included as dummy variables for the purpose of the regression analysis. For civil status, the coding was 1 for married and 0 for divorced, widowed, or other. For the coding of household support, 1 was for receiving support, and 0 for not receiving support. For grandparent's involvement, 1 was for having an active role, and 0 was for no involvement.

Results

Firstly, before proceeding to the analysis, assumption checks were conducted to make sure that the analysis could take place without potential interpretation errors. Assumptions concerning dummy variables in a multiple regression analysis were checked, including independence of observations, homoscedasticity, normality of residuals, and multicollinearity. Variance inflation factors (*VIF*s) values for all variables were below 4, indicating no severe multicollinearity issues. All steps of the analysis can be found in Appendix A.

In the current study, 213 parents of autistic children and 218 parents of neurotypical children met the criteria to participate in our research. Among the parents of autistic children, we found a mean resilience score of 120.0 (*SD* = 16.80), while among parents of neurotypical children, the mean resilience score was 123.02 (*SD* = 19.60). To study our initial hypothesis, we carried out an independent samples t-test to observe whether there is a significant difference in the mean resilience score of parents of autistic and neurotypical children. The difference was found to be non-significant at an $\alpha = 0.05$ level, $t(212) = 1.72$. This means, the two groups of parents do not significantly differ from each other in terms of resilience in both samples. The effect size between the two samples of parents was also small ($d = 0.16$), indicating a small effect of the independent variables on the dependent variable.

In addition, we calculated some correlations for both the autism and the neurotypical samples, obtained from a total of 417 participants (Tables 1 and 2). Civil status appears to have a significant correlation with resilience in parents of neurotypical children ($r = 0.282$; $p < 0.001$), indicating that married couples scored higher on the family resilience scale. In contrast, househelp displayed a weak correlation with resilience ($r = 0.006$; $p = 0.936$), as well as grandparent's involvement ($r = -0.061$; $p =$

0.107). Furthermore, the correlation between civil status and grandparent's involvement is negative and significant. Variance inflation factors were studied to ensure no interpretation errors in the subsequent analysis, and they were all found to be below the cut-off score of 4 (Mason et al., 2003), meaning that none of the independent variables correlated significantly with each other.

On the other hand, among parents of children with autism, the correlations were neither strong nor significant, showing that none of the variables were significantly correlated with resilience, and neither were they correlated to each other.

Table 1

Correlations among parents of neurotypical children

Variable		Resilience score	Civil status	Househelp	Grandparents
Pearson correlation	Resilience score	-	.282	.006	-.074
	Civil Status	.282	-	.002	-.139
	Househelp	.006	.002	-	.054
	Grandparents	-.074	-.139	.054	-

Table 2

Correlations among parents of children with autism

Variable		Resilience score	Civil Status	Househelp	Grandparents
Pearson correlation	Resilience score	-	.063	.005	-.064
	Civil Status	.063	-	.002	.093

Househelp	.005	.002	-	.045
Grandparents	-.064	.093	.045	-

The second hypothesis was tested by carrying out a multiple regression analysis to study the predicted coefficient on resilience when family support variables are added to the model (civil status, household support and grandparent's involvement). To investigate the significance of the model, an ANOVA table was studied for the neurotypical sample in the first instance (Table 3). Table 4 shows the corresponding coefficients table for the neurotypical sample.

Table 3

ANOVA among parents of neurotypical children

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	6296.672	3	2098.891	5.858	<.001
Residual	71663.250	200	358.316		
Total	77959.922	203			

The results of the ANOVA analysis revealed that there is a significant difference in means in one of the three groups ($F = 5.858$; $p < .001$), indicating that at least one group differs significantly from the others. To identify the variable(s) that potentially have a significant effect on resilience, a multiple linear regression analysis was carried out (Table 4).

Table 4

Coefficients among parents of neurotypical children

	Unstandardized coefficients		Standardized coefficients		
Model	B	Std. Error	Beta	t	Sig.
(Constant)	104.964	5.049		20.789	<.001
Civil Status	20.142	4.978	.277	4.046	<.001
Househelp	.409	3.980	.007	.103	.918
Grandparents	-1.424	2.745	-.036	-.519	.604

Table 4 showed the variable's regression coefficients, their standard errors, and the t values along with their corresponding significant levels among parents of neurotypical children. Civil status is significant ($t(203) = 4.046$; $p < .001$), showing that civil status is a significant predictor of resilience among parents of neurotypical children. The predicted mean resilience score increases by 20.142 units when individuals are married, as compared to when divorced, widowed, or other. Household support ($t(203) = 0.103$; $p = 0.918$) and grandparent's involvement ($t(203) = -.519$; $p = 0.604$) were not significant predictors of resilience in this sample.

Next, we investigated whether the same effects found for the neurotypical sample also applied to the parents of children with autism. The ANOVA table for this sample is shown below (Table 5).

Table 5

ANOVA among parents of children with autism

Model	Sum of Squares	df	MS	F	Sig.

Regression	535.295	3	178.432	.629	0.597
Residual	59291.700	209	283.692		
Total	59826.995	212			

Table 5 indicates that there is no significant effect of any of the three variables on the predicted resilience score. There is too much variance unaccounted for that does not explain the variance in the dependent variable (mean square of the residual = 59291.7). In addition, the F-test score is very low and nonsignificant (F = .629; p = 0.597). These findings reveal that neither civil status, household support, nor even grandparent's involvement predict parental resilience. Table 6 shows the corresponding multiple linear regression analysis for parents of children with autism. Again, no effect was found to be significant, since the three predictors of family resilience did not explain their effect on parental resilience in the sample of parents of autistic children.

Table 6

Coefficients among parents of children with autism

	Unstandardized coefficients		Standardized coefficients		
Model	B	Std. Error	Beta	t	Sig.
(Constant)	116.313	4.538		25.629	<.001
CS_D	4.722	4.678	.070	1.009	.314
HH_D	.375	3.276	.008	.114	.909
GR_D	-2.568	2.520	-.071	-1.019	.309

Discussion

This study aims to explore whether family support is associated to the parental resilience score. We computed a t-test to observe if there were any significant differences between the mean resilience scores of parents of neurotypical children and parents of children with autism. We also carried out a multiple linear regression analysis for both the parents of neurotypical and parents of autistic children samples individually to investigate whether the variables of family support predict the family resilience score.

Firstly, we studied whether there is a difference in the resilience score between parents of neurotypical children and parents of autistic children. When comparing both parental groups, they did not particularly vary when it comes to resilience. This was contrary to our expectations, since our initial hypothesis was that there would be a significant difference, due to the major challenges in rearing a child with autism as opposed to a neurotypical child. For instance, some difficulties include more time to be spent on the autistic child, having to reorganize one's daily life activities around the child, and the lack of information and public acceptance available on autism, particularly in Indonesia (Santoso et al., 2015). According to Santoso et al. (2015), these factors have the potential to become a threat to the parent's mental and physical health as a consequence of deficient sleep, fatigue, or stress, which in turn affects resilience. One plausible reason why we did not find a significant effect between the parents of neurotypical children sample and the parents of children with autism sample, might be due to a small effect size. A small effect size might occur as a consequence of weak relationships or correlations between family support variables, which was the case in our study.

Second, we found that, among parents of neurotypical children, civil status was a significant predictor for the resilience score. In other words, when a person has a

partner, the predicted resilience score increases compared to those who do not have a partner (e.g., divorced, widowed, or other). This is mostly the case for the mothers, as they are usually responsible for household duties and providing care for the child. Having a partner led women to ask their husbands for information more frequently when needed, since they are commonly the closest and most trusted person to them. In addition, husband's family support in the form of appreciation towards the caring role of the mother also increases mother's resilience (Saragih., 2021). Also, feelings of shared responsibilities, the decreased loneliness, and the sense of connectedness that is accompanied by having a partner are important contributors of resilience (Weitzel et al., 2022). Thus, having a partner generally leads to increased resilience.

Lastly, in the sample of parent's of autistic children, all three variables of family support (civil status, household support, and grandparent's involvement) were found to be nonsignificant. One possible explanation for the non-occurrence of this effect is that, within all three of the categorical variables, most of the individuals belonged to one category, and very few belonged to the other. For example, most people were married, had no household support, and did not have grandparent's involvement. Consequently, a bias might arise due to this imbalance, favoring predictions towards the majority categories and underestimating true effects in the minority categories.

Next, with regard to civil status, Santoso et al. (2015) discovered that parental resilience (especially in mothers) increased when their husbands were able to provide enough support to them. In contrast, when their husbands did not provide any support, the caregiving strain for the mothers increased. Moreover, Saragih et al. (2021) found that, for the mothers of autistic children, the most valuable source of support came from their spouses, who helped become more resilient. Therefore, even though our hypotheses are not in line with the findings of the current study, we still suspect that

there is a relationship between civil status and resilience. It is important to mention that, in the sample of parents of children with autism, most of the individuals were married. This leaves a small gap for individuals who were not married to explain enough variance in the resilience score.

The second variable included in the study is household support. As with civil status, this variable did not have a significant relationship with the resilience score. Even though we did not find a significant relationship, research carried out by Santoso et al. (2015) shows contrary results. In their study, mothers that made use of household management systems could help them have improved time management for their daily routines, and could share the burden caused by the care of the child. This regulation of daily activities allows for increased resources of resilience (Santoso et al., 2015). The fact that there is existing research supporting the relationship between househelp and resilience, makes us suspect that the reason why we did not find a significant relationship was because our sample was not balanced. As with civil status, there was a true difference in sample size between individuals who did receive househelp in comparison to individuals who did not.

The third variable included in this study is the involvement of the grandparent's. It was shown to be a nonsignificant predictor of resilience in parents of children with autism. Just as with civil status and househelp, we have found several sources that, in fact, do show that the grandparent's involvement has an important part in determining the degree of resilience. Weiss et al. (2014) argued that the mothers' capacity to bounce back of complicated situations was influenced by the amount of support they received from extended family (including the grandparents). Similarly, Hillman et al. (2016), studied grandparent's involvement when taking care of their autistic grandchildren.

They found that the involvement of grandparents is fundamental to supporting the family system, especially the parents, which in turn increases parental resilience.

Strengths, limitations, and future directions

The present study had several strengths. First of all, in order to examine the various differences between the sample of parents of neurotypical children and the sample of parents of children with autism, we used a control group. Many studies addressing parental resilience in the context of autism did not involve a control sample, in such a way that baseline comparisons are not possible, making it difficult to determine whether civil status, household support, and grandparent's involvement truly had an effect on resilience in the sample of parents with autistic children.

However, there are also various limitations to the study. Firstly, even though the three social support factors studied during this research seemed sufficient for measuring resilience at first glance, we believe there could be a larger system of factors that interact with each other to affect it. In other words, it could be possible that civil status, household support, and grandparent's involvement altogether might not be sufficient to explain resilience, and that other factors should also be taken into account. Therefore, it is advisable for future research to investigate these, as they also might have a prominent role in predicting resilience. For example, studying religion or spirituality, socioeconomic status, or the parent's education might also be relevant to the current research question. A multivariate analysis addressing these predictors might be adequate in this case.

Secondly, for all three of our dummy variables, and especially for civil status and household support, the majority of the subjects corresponded to one category, and very few to the other. In the specific case of civil status, 93% of the subjects reported to be married, whereas 7% did not. Also, for household support, 85% of the individuals

did not receive support, and 15% did. In this way, it makes it more complicated to produce accurate estimates and interpretations, especially for those who are not married and do receive household support. For future research, it is fundamental to strive for balanced designs, so that the results and conclusions become more precise. This can be achieved by, for example, carrying out research on a purposive sample, selecting half of the participants that will pertain to one category, and the other half to the other.

Lastly, it might be of interest for future studies to investigate whether resilience is a characteristic that naturally exists in a person, or whether it is learned. The non-occurrence of the expected effects in this study could potentially be due to the fact that resilience does not emerge spontaneously, but that it emerges when adequate treatment is available. According to Jessica et al. (2021), when parents of autistic children received resilience treatment, they became more and more resilient when compared to the parents that received no treatment. This is probably beyond the scope of this topic, but it can be relevant to study it further in future research, especially in Indonesia, where a large research gap still exists to this day.

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Appendix A

Syntax

```
DATASET ACTIVATE Resilience Neurotypical.

COMPUTE Resilience_total_score=Q88_1 + Q88_2 + Q88_3 + Q88_4 + Q88_5 +
Q88_6 + Q88_7 + Q88_8 + Q88_9 + Q88_10 + Q88_11 + Q88_12 + Q88_13 +
Q88_14 + Q88_15 + Q88_16 + Q88_17 + Q88_18 + Q88_19 + Q88_20 + Q88_21 +
Q88_22 + Q88_23 + Q88_24 + Q88_25 + Q88_26 + Q88_27 + Q88_28 + Q88_29 +
Q88_30 + Q88_31 + Q88_32.

*Total resilience score for the neurotypical dataset.

EXECUTE.


RECODE civil_status (1=1) (ELSE=0) INTO CivilStatus_D.

VARIABLE LABELS  CivilStatus_D 'CivilStatus_D'.

*Civil Status recoded for the neurotypical dataset.

EXECUTE.


RECODE househelp_role (1=1) (ELSE=0) INTO Househelp_D.

VARIABLE LABELS  Househelp_D 'Househelp_D'.

*Household support recoded for the neurotypical dataset.

EXECUTE.


RECODE grandparents_role (1=1) (ELSE=0) INTO Grandparents_D.
```

```
VARIABLE LABELS  Grandparents_D 'Grandparents_D'.

*Grandparent's role recoded for the neurotypical dataset.

EXECUTE.


CORRELATIONS

/VARIABLES=Resilience_score CS_Dummy HH_Dummy GR_Dummy

/PRINT=TWOTAIL NOSIG FULL

/STATISTICS DESCRIPTIVES  /CI CILEVEL(95)

/MISSING=PAIRWISE.

*Bivariate correlations for the neurotypical sample. CS_Dummy = dummy variable
civil status, HH_Dummy = dummy variable household support, GR_Dummy = dummy
variable grandparent's involvement.


REGRESSION

/DESCRIPTIVES MEAN STDDEV CORR SIG N

/MISSING LISTWISE

/STATISTICS COEFF OUTS CI(95) R ANOVA COLLIN TOL ZPP

/CRITERIA=PIN(.05) POUT(.10) TOLERANCE(.0001)

/NOORIGIN

/DEPENDENT Resilience_score

/METHOD=ENTER CS_Dummy HH_Dummy GR_Dummy.
```

```
*Regression analysis for the neurotypical sample.


DATASET ACTIVATE Resilience Autism.

COMPUTE Resilience_total_score=Q88_1 + Q88_2 + Q88_3 + Q88_4 + Q88_5 +
Q88_6 + Q88_7 + Q88_8 + Q88_9 + Q88_10 + Q88_11 + Q88_12 + Q88_13 +
Q88_14 + Q88_15 + Q88_16 + Q88_17 + Q88_18 + Q88_19 + Q88_20 + Q88_21 +
Q88_22 + Q88_23 + Q88_24 + Q88_25 + Q88_26 + Q88_27 + Q88_28 + Q88_29 +
Q88_30 + Q88_31 + Q88_32.

*Total resilience score for the autism dataset.

EXECUTE.


RECODE civil_status (1=1) (ELSE=0) INTO CS_D.

VARIABLE LABELS  CS_D 'CS_Dummy'.

*Civil Status recoded for the autism dataset.

EXECUTE.


RECODE househelp_role (1=1) (ELSE=0) INTO HH_D.

VARIABLE LABELS  HH_D 'HH_Dummy'.

* Household support recoded for the neurotypical dataset.

EXECUTE.


RECODE grandparents_role (1=1) (ELSE=0) INTO GR_D.
```

```
VARIABLE LABELS  GR_D 'GR_Dummy'.

*Gradparent's involvement recoded for the autism dataset.

EXECUTE.


CORRELATIONS

/VARIABLES=Resilience_score CS_Dummy HH_Dummy GR_Dummy

/PRINT=TWOTAIL NOSIG FULL

/STATISTICS DESCRIPTIVES  /CI CILEVEL(95)

/MISSING=PAIRWISE.

*Bivariate correlations for the autism sample.


REGRESSION

/DESCRIPTIVES MEAN STDDEV CORR SIG N

/MISSING LISTWISE

/STATISTICS COEFF OUTS CI(95) R ANOVA COLLIN TOL CHANGE ZPP

/CRITERIA=PIN(.05) POUT(.10) TOLERANCE(.0001)

/NOORIGIN

/DEPENDENT Resilience_score

/METHOD=ENTER CS_Dummy HH_Dummy GR_Dummy

/SCATTERPLOT=(*ZRESID ,*ZPRED).

*Regression analysis for the autism sample.
```