The University of Bath run a final year course for Psychology students called Developmental Disorders.

As part of this course the students prepare a lay summary for the public, summarising a very recent journal article.

The hope is that cutting edge research will be disseminated to those who may be interested in autism-related research but may not have access to journals.

In this edition there are four papers that are summarized on the topic of:

Challenging behaviours
Introduction

Parents of children with ASD face specific challenges in raising their child. The nature of ASD is such that impairments in social interaction and communication complicate the parent-child relationship. Evidence has shown that variation in parenting behaviour affects the development of children with ASD and can play a role in the development of behavioural problems. As yet the study of specific parenting behaviours in relation to these child behavioral problems has received little attention. In addition it is unclear how parenting behaviours change as children grow up.

The Study

This study looked at parenting behavior in mothers of children with ASD and mothers of children without ASD in 989 families. Questionnaires were used to assess parenting behaviour and child behaviour problems.

Findings

Findings suggest that mothers of children with ASD show different parenting behaviours across several domains compared to mothers of children without ASD. Mothers of children with ASD reported lower scores on ‘Rules’ and ‘Discipline’ than the controls and scored higher on ‘Positive Parenting’, ‘Stimulating Development’ and ‘Adapting the Environment’.

Conclusion

This study is one the first to concentrate on specific parenting behaviours among mothers of children with ASD and the link between parenting behaviour and behaviour problems. Findings could be especially helpful for designing more comprehensive interventions that include parent training. More support is needed for parents of children with ASD.
INTRODUCTION
The stresses and hassles of day to day life have been linked to behaviour and emotional problems. For adolescents with High Functioning Autism Spectrum Disorder (HFASD) their difficulties with communication, social interaction and emotion make such hassles more frequent and more stressful. In the typically developing population, the use of coping strategies has been found to influence the impact of such hassles, with those that that engage with the sources of the stress proving particularly effective. However, research into coping in adolescents with HFASD has found that adaptive coping styles may not protect against psychological difficulties in the same way. Teaching adolescents with HFASD to use more effective strategies could be a way to reduce such stresses but first more needs to be understood about the impact of various coping strategies within this population.

THE STUDY
Thirty one adolescents aged 12-18 with HFASD and their parents completed retrospective reports of coping strategies at the start of the study, and again after a two-week period, using the Responses to Stress Questionnaire (RSQ). This is a 57-item measure assessing five coping styles: primary control engagement (e.g. problem solving), secondary control engagement (e.g. distraction), disengagement (e.g. avoidance), involuntary engagement (e.g. intrusive thoughts), and involuntary disengagement (e.g. emotional numbing). Behaviour and emotional problems were reported by both the parent using the Developmental Behaviour Checklist – Parent version, and the adolescent using the Strengths and Difficulties Questionnaire. In the two-week period between assessments, adolescents used Ecological Momentary Assessment (EMA), a mobile phone based programme, to report on mood, daily hassles and coping. Adolescents were contacted by text-message four times daily and asked to complete questions for the time that had passed since the previous text message.

FINDINGS
According to the RSQ, increased disengagement coping, involuntary engagement and involuntary disengagement were associated with increased self- and parent-reported behaviour and emotional problems. However, when using the EMA, only disengagement coping was associated with increased behaviour and emotional problems. Unlike previous research in typically developing adolescents, increased use of strategies which engaged with the source (primary and secondary control engagement coping) were not associated with decreased emotional and behavioural problems.

CONCLUSION
The lack of relationship between primary and secondary control engagement and behaviour and emotional problems is consistent with the literature for HFASD, where previous research found no relationship between adaptive coping strategies and internalising symptoms. However coping styles employed by adolescents with HFASD, particular disengagement coping, may be a valuable target for future interventions.
INTRODUCTION

Restrictive and repetitive behaviors (RRBs) are part of the core criteria for Autism Spectrum Disorder (ASD). RRBs are split into two classes; Repetitive motor and Sensory Behaviors (RSM) (e.g. repetitive hand or finger movements) and Insistence on Sameness (IS) (e.g. narrow interests, rigid routines / rituals). Evidence shows that RRBs are used to maintain a constant state of arousal in the individual.

Anxiety is common among ASD individuals, with co-occurrence estimated between 42-55%. Little is known about the way children’s reactions to sensory stimuli contribute to the relationship between anxiety and RRBs. One study found a relationship between total anxiety score and IS, and RSM behaviors did not specifically link to anxiety.

An individual can be characterized in terms of their sensory profile; they have either high or low neurological threshold and high or low behavioral response.

THE STUDY

The first part of the study assessed a new scale for measuring RRBs, the Repetitive Behavior Questionnaire 2 (RBQ-2) on a sample of children with ASD.

For the second half of the study, 49 children (aged 3-18) with ASD were assessed using the RBQ-2, The Sensory Profile, the Spence Anxiety Scale and a language questionnaire.

All participants had a clinical diagnosis of an ASD, using a psychiatric manual (DSM-IV-TR).

The aim of the study was to show that children with high anxiety scores would have more RRBs, and this relationship could potentially be mediated by the participant’s sensory profile.

FINDINGS

The RBQ-2 was found to be a suitable measure of RRBs, for ASD and typically developing children.

Anxiety was shown to be related to IS but not to repetitive motor behaviors. Only the sensory profile of low neurological threshold and high behavioral response was shown to mediate this relationship.

CONCLUSION

Anxiety was shown to be related to IS but not the repetitive motor behaviors in children with ASD. The authors point out that the lack of correlation between anxiety and repetitive motor behaviors may be due to the low number of children participating.

It was shown that for a subset of participants, their sensory profile mediated the relationship between anxiety and IS.

When creating interventions, it is important to consider the subtype of RRB, as only IS is accompanied by anxiety, and therefore only children with this RRB need to be screened for anxiety.

INTRODUCTION

Research has suggested that ODD (Oppositional Defiant Disorder) commonly occurs in individuals with ASD. This disorder is characterised by defiant, disobedient or hostile behavior. Specifically, it has been defined by the diagnostic and statistical manual (DSM) using a ‘tripartite model’ which identifies 3 features: Anger and Irritability symptoms, Argumentative and Defiant behaviour and Vindictiveness.

There is some uncertainty as to whether these symptoms of ODD in ASD are in fact different from non-ASD individuals, or whether they may just be a by-product of ASD itself.

It is important for improving treatment outcomes to understand whether ODD is a valid diagnoses in ASD. If it is valid, then treatments shown to be successful for treating ODD in non-ASD populations may also be useful in ASD individuals.

Therefore, this study aimed to investigate whether the ‘tripartite model’ could be applied to individuals with ASD.

THE STUDY

This study looked at ODD symptoms in children and adolescents with ASD. In total 216 young people were included, most of whom were boys. All had fluent language and attended mainstream schools. Parents and teachers completed a questionnaire about their child’s behaviour (the SDQ). A parent interview (the 3Di) was used to produce diagnoses of ASD and ODD or CD.

FINDINGS

This study found a number of ODD symptoms present in ASD children. 87% of children with ASD had at least one definite symptom of ODD reported by their parents. Teacher reports showed a lower percentage but still found over 50% of the children demonstrated at least one ODD symptom in school. These results show the high prevalence of ODD behaviours being displayed alongside ASD ones.

CONCLUSION

This study found that the use of the DSM-V tripartite model of ODD, which has been validated for other disorders, can be applied to ASD populations. Due to the similarities observed in behaviour of ASD and ODD individuals, treatments for ODD could protect against the development of anxiety and mood disorders in adolescence and adulthood. Therefore routine assessments should be carried out for ASD individuals to prevent the development of associated long-term risks.