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Emotional and behavioural problems in children and young people with autism spectrum disorder in specialist autism schools



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ABSTRACT

We investigated emotional and behavioural problems in a sample ($N = 615$) of children and young people with autism spectrum disorders (ASD), most of whom also had intellectual disability (ID), attending specialist autism schools. High rates of parent- and teacher-reported problems were recorded. Teacher-reported levels of hyperactivity were higher in younger children. Teacher- but not parent-reported levels of conduct problems and hyperactivity were highest in children without phrase speech. Greater use of mental health services was associated with higher levels of emotional and behavioural problems, but only a minority of participants had accessed mental health services in the previous 6 months.

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Outcome for children with autism spectrum disorders (ASDs) is affected by many factors, including the severity of the core autism features and levels of cognitive and language impairments (Howlin, Savage, Moss, Tempier, & Rutter, 2013; Szatmari, Bryson, Boyle, Streiner, & Duku, 2003). It is also well established that children with ASD are at high risk of behavioural and emotional problems and that difficulties in these areas can also have a significant impact on their lives and those of their families (Karst & Van Hecke, 2012).

1. Emotional and behavioural problems in children and adolescents with ASD

In children with ASD comorbidity with several psychiatric conditions is increased compared to rates in the general population and this is not necessarily related to the severity of ASD (Simonoff et al., 2008, 2013; Snow & Lecavalier, 2011; Totsika, Hastings, Emerson, Lancaster, & Berridge, 2011). Intellectual disability (ID), which occurs in approximately 50% of children with ASD (CDC, 2012; Charman et al., 2011), is also associated with increased mental and behavioural problems (for review see: Einfeld, Ellis, & Emerson, 2011). A recent study by Totsika et al. (2011) found that the presence of ASD and/or ID was associated with a greater risk for hyperactivity, conduct problems and emotional symptoms. Moreover, once the

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contribution of ID was controlled, the presence of ASD remained as a significant predictor of emotional and behavioural problems.

In [Simonoff et al. \(2008\)](#) population-based study, the prevalence of anxiety disorders (obtained via direct clinical assessments) in children and adolescents with ASD was 42% and a similar figure was reported in a recent meta-analysis of 31 studies, 18 of which had been conducted using screening cut offs of questionnaires such as the Child Behavior Checklist (CBCL, [Achenbach, 1991](#)) or the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS, [Kaufman et al., 1997](#)) to estimate prevalence ([van Steensel, Bögels, & Perrin, 2011](#)). Mood disorders are also common, although reported rates vary (from 5% to 24%; [de Bruin, Ferdinand, Meester, de Nijs, & Verheij, 2007](#); [Green, Gilchrist, Burton, & Cox, 2000](#); [Kim, Szatmari, Bryson, Streiner, & Wilson, 2000](#); [Leyfer et al., 2006](#)). Hyperactivity symptoms are also elevated in ASD, with a prevalence of 28% of ADHD diagnoses reported by [Simonoff et al. \(2008\)](#) and rates of hyperactivity symptoms ranging between 17 and 57% identified in clinically referred samples ([de Bruin et al., 2007](#); [Gadow, Devinent, Pomeroy, & Azizian, 2005](#); [Goldstein & Schwebach, 2004](#); [Kim et al., 2000](#); [Leyfer et al., 2006](#)). Similarly, using the parent version of the Strengths and Difficulties Questionnaire (SDQ), a prevalence of 60% of “abnormal” levels of hyperactivity was found in children with ID and ASD ([Hastings, Beck, Daley, & Hill, 2005](#)). A diagnosable Oppositional Defiant Disorder was found in 30% of the [Simonoff et al. \(2008\)](#) cohort, and similar elevated levels of symptoms have been noted in other clinically referred samples ([Gadow, DeVincent, & Drabick, 2008](#); [Gadow et al., 2005](#)) as well as in studies that employed parent and teacher rated questionnaires ([Gadow, DeVincent, & Schneider, 2009](#)).

2. Mental health service use

Evidence of high rates of emotional and behavioural problems in children and adolescents with ASD has led to the investigation of the mental health services available to them. Two studies have used databases from community mental health centres to examine the characteristics of patients with ASD in terms of service history, functioning, presenting problems, and psychosocial features. [Bryson, Corrigan, McDonald, and Holmes \(2008\)](#) found that mental health service systems served less than 15% of the population of children estimated to have any ASD. [Mandell, Walrath, Manteuffel, Sgro, and Pinto-Martin \(2005\)](#) reported that children with ASD were significantly more likely than children with other conditions to have received educational or school-based services, or other external services, rather than mental health services. One limitation of these surveys is their dependence on data from samples already in contact with mental health services, which might inflate the rates of service use. In the UK, and in a number of other countries, children with ASD and ID are often educated in special schools and surveys in these settings may provide a more representative picture of rates of emotional and behavioural problems. A Dutch study based on schools for children with ID found that 41% of students with ASD symptoms had a comorbid disorder, but only about a third of them received specialist care ([Dekker & Koot, 2003](#)). [Narendorf, Shattuck and Sterzing \(2011\)](#) also explored access to mental health services in a US nationally representative study of adolescents in special education in the USA. Nearly half of the students with an ASD had used a mental health service in the past year: of these, half were school-based services.

The present study aimed to describe levels of emotional and behavioural difficulties in a UK special school-based sample of children and adolescents with ASD, most of whom also had ID.

The specific aims of the present study are

- (i) To describe parent- and teacher-reported rates of emotional and behavioural problems in a sample of students with ASD and ID, attending specialist autism schools.
- (ii) To examine whether, as is found in the more general psychopathology literature, emotional and behavioural difficulties are associated with age, gender and verbal ability.
- (iii) Information on access to Child and Adolescent Mental Health Services (CAHMS) as reported by parents was also recorded to examine whether service use was associated with levels of emotional and behavioural difficulties.

3. Method

3.1. Participants

Teachers and parents of a total population of 759 students enrolled in 10 specialist ASD schools that were part of the Pan London Autism Schools Network (PLASN), all located in a variety of boroughs within the Greater London area, were invited to take part to the study. All the students in the schools had a Statement of Special Educational Needs (SEN)¹ with autism as their primary recognized need. Although no direct information on intellectual ability of the students was available for this study, the characteristics of the school intake meant that the vast majority would be considered to have ID. Levels of ID varied from severe through moderate to mild, but Headteachers confirmed that all children had significant learning problems that

¹ In the UK, many children with intellectual or other difficulties affecting their education are provided by their local education authorities with a formal “Statement of Special Educational Needs”. This describes the child’s diagnosis and needs and the arrangements that the school has to make in order to meet these needs.

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