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Behavior problems among school-aged children with autism spectrum disorder: Associations with children's communication difficulties and parenting behaviors



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ABSTRACT

Research has clearly demonstrated that behavior problems are common among children with ASD. These co-occurring behavior problems place children with ASD and their families at risk for a range of negative outcomes. This questionnaire study aimed to investigate whether and how age, gender, and communication difficulties at the child level and parenting behaviors at the family level are associated with externalizing and internalizing problems among children with ASD ($n = 206$) and without ASD ($n = 187$) aged 6–12 years. Results indicated that pragmatic language difficulties of the child and negative controlling parenting behaviors both made a significant and unique contribution to externalizing behavior problems for the ASD group. In the control group, chronological age and pragmatic language difficulties were the most robust concurrent predictors of externalizing problems. With regard to internalizing problems, pragmatic language difficulties and ASD adapted parenting behaviors were significant predictors for both the ASD and control group.

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1. Introduction

Autism spectrum disorders (ASD) are characterized by persistent impairments in reciprocal social interaction and communication across multiple contexts, along with the presence of restricted, repetitive and stereotyped behaviors and interests (American Psychiatric Association, 2013). Current evidence suggests that children with ASD often exhibit high levels of co-occurring behavior problems (Bauminger, Solomon, & Rogers, 2010; Gray, Keating, Taffe, & Brereton, 2012; Hartley, Sikora, & McCoy, 2008; Kanne & Mazurek, 2011; Mazurek & Kanne, 2010). Both internalizing (e.g., depressed/anxious affect, somatic complaints, and withdrawal) and externalizing (e.g., aggression, hyperactivity, and property destruction) problems are frequently present in children with ASD. Bauminger, Solomon, and Rogers (2010), for example,

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found that children with ASD aged between 8 and 12 years showed higher levels of externalizing and internalizing behaviors measured through the Child Behavior Checklist compared to typically developing children, with 21% of the ASD group meeting the clinical criteria for externalizing behaviors and 26% for internalizing behaviors. Prevalence figures vary, depending on the population, definition, and methods used to measure behavior problems.

These co-occurring behavior problems place children with ASD and their families at risk for a range of negative outcomes. Behavior problems can interfere with the child's daily functioning, instruction, and intervention outcomes, thereby hindering improvement across various developmental domains (Kanne & Mazurek, 2011; Matson & Wilkins, 2007; Taylor & Seltzer, 2011). Moreover, behavior problems among children with ASD can affect parents' psychological well-being, possibly contributing to elevated levels of parenting stress (Estes et al., 2013; Hastings et al., 2005; Lecavalier, Leone, & Wiltz, 2006; McStay, Dissanayake, Scheeren, Koot, & Begeer 2013; Tomanik, Harris, & Hawkins, 2004), depression and anxiety (Carter, Martínez-Pedranza, & Gray, 2009; Herring et al., 2006), beyond and above the effect of the core ASD symptoms. Furthermore, research has indicated that externalizing problems are associated with poorer family functioning, particularly with increased negativity in parenting perceptions and poorer social functioning (Sikora et al., 2013). Given the significant impact of behavior problems on the functioning and well-being of children with ASD and their families, it is important to understand which factors contribute to the emergence and maintenance of such difficulties. This knowledge can inform health care providers in the development and delivery of prevention programs and effective interventions. The present study aims to investigate whether externalizing and internalizing problems among school-aged children with ASD are associated with children's communication difficulties and parenting behaviors.

There is a large body of empirical literature on the presence and the various functions that behavior problems or challenging behaviors can fulfill among children with ASD (Gavidia-Payne & Hudson, 2002; Repp & Horner, 1999). By contrast, only a small amount of studies have investigated risk factors for the development and maintenance of such difficulties. From a developmental psychopathology framework, it is recognized that there are multiple possible pathways in the development of behavior problems, and that multiple factors may contribute to these pathways. Therefore, researchers have examined the role of various risk and protective factors in predicting trajectories of behavior problems among children and adolescents from the general population. Several factors that can influence the risk for adaptive or maladaptive outcomes are identified at the child, family and contextual level (Calkins, Blandon, Williford, & Keane, 2007). At the *individual child level*, for example, the temperamental dimension of negative emotionality and early deficits in self-regulatory processes have been found to predict both internalizing and externalizing behavior problems (Calkins & Fox, 2002; Calkins et al., 2007). Moreover, early language delays have been shown to increase the risk for aggression, especially when combined with impulse control and emotion regulation difficulties (Calkins, 1994; Dionne, Tremblay, Boivin, Laplante, & Pérusse, 2003). Gender is also identified as an important child characteristic, with boys in general being at greater risk for the development of externalizing behavior problems (Lahey et al., 2000; Tremblay, 2000). Regarding age of the child, research has indicated that aggressive behaviors show a significant decline across childhood for most children (Tremblay, 2000). At the *family level*, a large amount of research has focused on the effect of different aspects of the parent-child relationship on the development and maintenance of child behavior problems. Specific parenting behaviors, such as harsh, inconsistent, or negative parental control strategies (Kawabata, Alink, Tseng, Van IJzendoorn, & Crick, 2011; Smith, Calkins, Keane, Anastopoulos, & Shelton, 2004), love withdrawal or guilt induction (Barber, Stolz, & Olsen, 2005; Finkenauer, Engels, & Baumeister, 2005), or limited positive involvement (Caron, Weiss, Harris, & Catron, 2006; Pettit, Bates, & Dodge, 1993) have been identified as risk factors for the development of externalizing problems in children. With regard to internalizing problems, studies have indicated that excessive parental control (Caron et al., 2006; Wood, McLeod, Sigman, Hwang, & Chu, 2003) or love withdrawal (Barber et al., 2005) are associated with internalizing problems among children. Research has shown that parenting behaviors can serve not only as a risk factor, but also as a protective factor in the development of behavior problems. Positive parenting behaviors, such as parental involvement and support, may protect children from developing maladaptive behavior outcomes (Barber et al., 2005; Finkenauer et al., 2005; Kawabata et al., 2011). At the *contextual level* a range of socio-economic risk factors are identified, such as family income, maternal education and parental employment (Hartas, 2011).

In the autism field, studies investigating risk factors for the development and maintenance of behavior problems have mainly focused on individual child characteristics, such as age, gender, cognitive functioning, adaptive behaviors, receptive and expressive language, and severity of ASD symptoms. Lower cognitive and adaptive functioning and more severe ASD symptomatology have been identified as important predictors for maladaptive behavior outcomes (Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007; Hartley et al., 2008; McTiernan, Leader, Healy, & Mannion, 2011). With regard to language ability, receptive and expressive language levels have been shown to be negatively associated with behavior problems (Dominick et al., 2007; McTiernan et al., 2011; Park, Yelland, Taffe, & Gray, 2012). However, Kanne and Mazurek (2011) found that level of intellectual functioning and language ability were not predictive of aggressive behaviors in children and adolescents with ASD. Park and colleagues (2012) also found no significant association between structural language skills and behavior problems. Concerning age effects, mixed findings have been reported. For example, Kanne and Mazurek (2011) highlighted age-related changes in aggressive behaviors, with aggression being reported more often in younger children with ASD. Matson, Mahan, Hess, Fodstad, and Neal (2010), however, found no significant differences between young children (3–6 year olds), school-aged children (7–10 year olds), and young adolescents (11–14 year olds) with ASD in challenging behaviors such as physical aggression and property destruction. Discrepancies in the findings of some of these studies can be due to methodological differences, such as varying developmental levels and chronological ages, and the inclusion or exclusion of children with a co-occurring intellectual disability.

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