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Modeling the impact of social problem-solving deficits on depressive vulnerability in the broader autism phenotype



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ABSTRACT

The social communication and interaction deficits associated with the autism phenotype can have serious emotional consequences for individuals on the autism spectrum. This can be particularly true during young-adulthood, a period of increased social demands and expectations. The current study investigated the specific role of social problem-solving deficits as a mediator in the relationship between autism phenotype severity and depressive symptomology in young-adults. A sample of 230 university students (48% male) ranging in age from 18 to 30 ($M = 21.30$, $SD = 2.48$) were assessed on autism phenotype expression (Autism-Spectrum Quotient), social problem-solving ability (Social Problem-Solving Inventory, Revised) and depressive symptomology (Beck's Depression Inventory). Results indicated that deficient social problem-solving skills account for a significant portion of the depressive symptomology associated with increased autism phenotype expression. Path model analysis output suggested that increased expression of the social components of the autism phenotype are associated with both ineffective social problem-solving styles and attitudes, while increased detail orientation discourages the use of an impulsive problem-solving style. The findings of this investigation provide preliminary evidence suggesting that programs designed to improve social problem-solving skills could be beneficial in the reduction of depressive vulnerability for young-adults on the autism spectrum.

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1. Introduction

Based on current diagnostic criteria, Autism Spectrum Disorder (ASD) is characterized by a duo of core impairments: (i) deficits in social communication and social interaction, and (ii) restricted and repetitive behaviors, interests, and activities (American Psychiatric Association, 2013). Evidence suggests that beyond these core areas of deficit, approximately 65–80% of individuals with ASD are additionally diagnosed with at least one coexisting psychiatric condition (Sterling, Dawson, Estes, & Greenson, 2008). Investigations into this topic have found a variety of conditions to be commonly associated with an ASD diagnosis, including mood disorders, anxiety disorders, specific phobias, obsessive compulsive disorder, and attention deficit hyperactivity disorder (Leyfer et al., 2006; Lugnegård, Hallerbäck, & Gillberg, 2011). The presence of these coexisting conditions can cause additional impairment for the individual, and have serious detrimental effects on the quality of life for themselves and their loved ones (Gillberg & Billstedt, 2000; Matson & Nebel-Schwalm, 2007).

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Among the psychiatric concerns afflicting individuals with ASD, studies suggest the most commonly presented condition to be depression (Ghaziuddin, Ghaziuddin, & Greden, 2002; Lugnegård et al., 2011). However, as a result of assessment difficulties stemming from the emotional processing and communication deficiencies common to this population (Leyfer et al., 2006), as well as the overlap in some typical behavioral markers (i.e. social withdrawal) for depression and ASD related characteristics (Matson & Nebel-Schwalm, 2007) reported prevalence rates have been inconsistent across studies, ranging anywhere from 5–82% (Shtayermman, 2007). While investigations into the etiology of depression have produced myriad factors that can explain why an individual may become susceptible to a depressive episode (genetic, biological, environmental etc.), little information is currently available regarding why individuals with ASD appear to be particularly vulnerable to experiencing these episodes.

Available evidence on the presentation of depressive symptomology in ASD indicates that prevalence rates are highest among individuals with average or above-average levels of intelligence, a cohort referred to as having High-Functioning Autism Spectrum Disorder (HFASD) as well as among young adults (Ghaziuddin et al., 2002). In a recent study by Lugnegård et al. (2011), it was found that in a sample of 54 young-adults with HFASD, 70% had experienced at least one episode of major depression, and 50% suffered from reoccurring episodes. It is possible that distress resulting from struggles with the development and maintenance of social relationships during this age-span may be an important contributing factor to this pattern of increased incidence of depression (Fig. 1).

In discussing the apparent increased vulnerability to depression during this age-span for individuals with HFASD, Sterling et al. (2008) note that young-adulthood represents a period of increased personal and societal expectations to establish significant relationships with others; and while individuals with HFASD are likely to have the motivation to meet these expectations, they may lack some of the key social skills needed to do so and/or the insight necessary to appropriately modify their social strategies when they are unsuccessful. Resulting discrepancies (perceived or actual) between the quality or quantity of significant relationships held by the individual with HFASD and their neurotypical peers, can result in emotional distress by contributing to perceptions of personal and social inequality or inadequacy. In one of the earliest studies to address the topic of depression in young-adults with HFASD, Wing (1981) suggested that this population's increased susceptibility seemed to be the result of "a painful awareness of handicap and difference from other people" (p.118). The association between negative social comparisons and depression has long been recognized in neurotypical populations (Furnham & Brewin, 1988), but these perceptions of inequality have the potential to be particularly demoralizing for individuals with HFASD who can struggle to distinguish between their self-perception and their intrinsic worth (Hedley & Young, 2006; Tantam, 2000). Of additional concern are the findings relating these depressive struggles to elevated rates of suicide ideation and attempts in adults with HFASD. Though the literature on this subject is limited, recent examinations of this topic in clinical samples of adults with HFASD have reported prevalence rates of suicidal ideation at 66% and suicidal plans or attempts at 35% (Cassidy et al., 2014; Paquette-Smith, Weiss, & Lunsy, 2014). Across these studies, and others exploring this topic in children with ASD (e.g. Mayes, Gorman, Hillwig-Garcia, & Syed, 2013), a history of depression was one of the strongest predictors of suicide attempts, suggesting that efforts to reduce depressive vulnerability could help to alleviate this serious issue within the ASD population as well.

It has been suggested that psychosocial interventions could be of particular use for reducing the depressive vulnerability in this population resulting from poor social outcomes and comparisons (Ghaziuddin et al., 2002). However, further research is still needed to identify specific components of these social struggles in order to provide targets for focused treatments. One such component of daily social interaction that is worthy of further exploration as a potential area of target for interventions is social problem-solving.

Nezu and Ronan (1988) define social problem-solving as the cognitive and behavioral processes by which individuals develop and select effective strategies in response to problematic interpersonal situations encountered in their day-to-day life. The first studies to identify the key role that social problem-solving deficits play in depression occurred in the mid-to-late 1970s (Marx, Williams, & Claridge, 1992). Since that time, poor social problem-solving skills have consistently been shown to be a strong predictor of depression in a number of populations, including: adolescents (Becker-Weidman, Jacobs, Reinecke, Silva, & March, 2010), university students (Anderson, Goddard, & Powell, 2009), general psychiatric patients (D'Zurilla, Chang, Nottingham, & Faccini, 1998), individuals with anxiety disorder (Marx et al., 1992), and clinically depressed patients (Argus & Thompson, 2008). Additionally, depression treatment outcome studies have found that the presence of poor social problem-solving skills at baseline predicted poorer treatment response (Joiner, Gencoz, Faruk, & Rudd, 2001) and

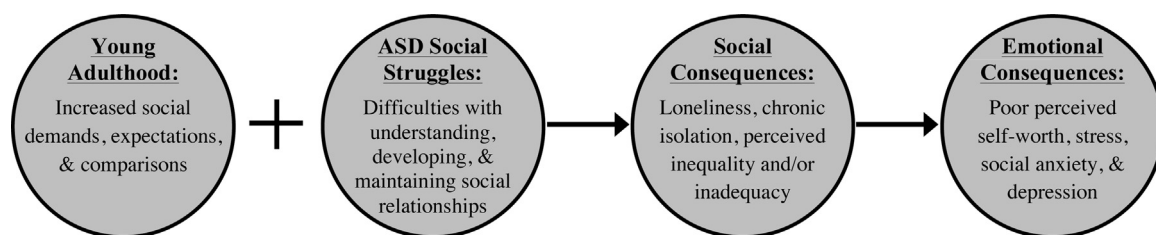


Fig. 1. Increased social demands of young adulthood may provide some of the answers to why this age-span is associated with increased susceptibility to depressive episodes for individuals with HFASD.

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