Title: Exploring the Child and Adolescent Mindfulness Measure (CAMM) in Children and Adolescents with Autism

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Introduction: There is considerable evidence that youth with autism benefit from mindfulness-based programs by improving social communication skills (Ridderinkhof et al., 2018), quality of life (De Bruin et al., 2015) and emotion regulation (Salem-Guirgis et al., 2019). Several tools have been developed to measure mindfulness, although research has mainly focused on university student populations (Feldman et al., 2007; Van Dam et al., 2010). The Child and Adolescent Mindfulness Measure (CAMM) is a 10-item self-report tool designed to assess mindfulness skills such as present-centered awareness and non-judgmental acceptance (Greco et al., 2011). The CAMM has been investigated in a non-clinical adolescent sample (Kuby et al., 2015); however, more studies are needed to establish the use of this measure in clinical and treatment-seeking child and adolescent populations. This research aims to investigate associations between CAMM scores and child- and parent-reports of child emotion regulation and mental health in a treatment-seeking sample of children and youth with autism.

Method: Data were collected from 41 children with autism (85.4% male), who were seeking treatment in a randomized controlled trial of cognitive-behavioural therapy (CBT) targeting emotion regulation. Children were 8 to 13 years of age ($M = 9.86$, $SD = 1.53$) with at least average IQ ($M = 105.2$, $SD = 16.3$, Range: 79-147). Child mindfulness was assessed via the CAMM, with good internal consistency ($\alpha = .80$). Child and parent reports of child emotion regulation (CEM; Suveg & Zeman, 2004 & ERC; Shields & Cicchetti, 1997), and of emotional and behavioural problems (SDQ – child and parent versions; Goodman et al., 1998), along with parent reports of child executive function difficulties (BRIEF-2; Gioia et al., 2000). Additional child information collected included: autism symptom severity (SRS-2; Constantino, 2012), academic achievement (WRAT-4; Wilkinson & Robertson, 2006), and intellectual functioning (WASI-II; Wechsler, 2011).

Results: CAMM scores were negatively related to child-reported overall dysregulation scores (CEM; $r = -.41$, $p = .01$), child-reported emotional problems (SDQ – child version; $r = -.39$, $p = .01$), and child-reported conduct problems (SDQ – child version; $r = -.33$, $p = .03$). CAMM scores were negatively related to parent-report of child peer problems (SDQ— parent version; $r = -.42$, $p = .01$) and positively correlated with parent-report of externalizing behaviour (SDQ – parent version; $r = .31$, $p = .04$). CAMM scores were not associated with child age, autism symptoms, academic achievement, intellectual functioning or executive function difficulties.

Discussion: Mindfulness is associated with less emotional dysregulation, emotional problems and conduct problems, according to child reports of their own experience. Greater child mindfulness was also associated with fewer parent reports of child peer problems, but more externalizing difficulties. This poster suggests that there is use in inquiring about the mindfulness of children with autism, via their own self-perceptions. Future research is needed to validate the CAMM with more diverse populations and explore the directionality of the relationship between mindfulness and well-being.
References/Citations:


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