Title: Examining Caregiver Strain Within Community Mental Health Services for Children with Autism Spectrum Disorder

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Introduction: Many caregivers of children with mental health conditions experience significant strain related to caregiving (Wang & Anderson, 2016). Caregiver strain may be exacerbated for caregivers of children with autism spectrum disorder (ASD) who often experience co-occurring mental health and behavioral challenges (Ingersoll & Hambrick, 2011). Previous research has evaluated the effectiveness of parent mediated evidence-based interventions (EBIs) for ASD and subsequent changes in caregiver strain (Iadarola et al., 2018). Minimal research, however, has examined what factors are associated with caregiver strain amongst caregivers of school-age children with ASD with co-occurring psychiatric conditions. The current study examined caregiver demographics and child clinical characteristics as predictors of caregiver strain in children receiving publicly-funded mental health services.

Methods: Data were extracted from a community effectiveness trial of AIM HI (An Individualized Mental Health Intervention for ASD), an evidence-based intervention to reduce challenging behaviors in children with ASD designed specifically for delivery in publicly funded mental health services. Participants included 202 caregivers (93.6% female, 51.5% Latinx) of children with ASD (84.2% male, M= 9.13 years of age). Caregiver strain was assessed at baseline via self-report using the Caregiver Strain Questionnaire (CGSQ), which yields a score on three subscales: (1) objective strain, (2) internalized subjective strain, and (3) externalized subjective strain. Caregivers also reported on caregiver demographics, child autism symptom severity (SRS), and child behavior problems (ECBI) at baseline.

Results: In preliminary bivariate analyses, caregiver ethnicity, greater autism severity, and higher frequency of child behavior problems were significantly associated with higher levels of caregiver strain. No significant associations were found between caregiver strain and maternal education, maternal occupation, marital status or household income. In final multiple linear regression models for each CGSQ subscale including significant bivariate predictors, higher frequency of child behavior problems, higher autism severity, and Non-Hispanic White ethnicity (vs. Hispanic) were significantly (p <.05) associated with higher Objective caregiver strain. Higher frequency of child behavior problems and autism severity were associated with higher Internalizing caregiver strain. Lastly, only frequency of child behavior problems was positively associated with Externalizing caregiver strain.

Discussion: Results showed that caregiver ethnicity, child autism severity, and child behavior problems contribute to caregiver strain among school-age children with ASD receiving publicly-funded mental health services. Importantly, predictors differed depending on the type of caregiver strain. The current study highlights the need for child mental health interventions to address caregiver strain, especially for families with children who have more severe autism symptoms and a higher frequency of child behavior problems. Additionally, more research is needed to understand differences in caregiver strain by ethnicity in order to inform adaptations to parent-mediated interventions.
References:


1University of California, San Diego
2Child and Adolescent Services Research Center (CASRC)
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