Title: Multi-Informant Mental Health Screening for Adolescents with Autism Spectrum Disorder

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Introduction: It is currently estimated that up to 70% of adolescents with autism spectrum disorder (ASD) have a co-occurring mental health condition (Simonoff et al., 2008). Internalizing mental health disorders, such as anxiety (40%-84%; van Steensel, Bugels, & Perrin, 2011; White et al., 2009) and depression (2%-30%; Matson & Nebel-Schwalm, 2007), are especially common in the ASD population. However, true prevalence rates are likely underestimated, as adolescents with ASD are not regularly screened for mental health conditions. Instead mental health symptoms are often undiagnosed and/or attributed to ASD. In typically developing populations, mental health screening has been shown to be an effective method for early identification and intervention of mental health disorders (Levitt et al., 2006). Given high prevalence rates, there is a critical need to identify effective screening methods for mental health problems in adolescents with ASD. Understanding how ratings differ across multiple informants is an important aspect of establishing effective screening tools. In this study, we compared ratings of internalizing mental health problems on the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) from mothers, fathers, teachers, and adolescents with ASD. We also compared CBCL ratings to the presence of depressive and anxiety disorders based on a structured clinical interview.

Method: Sixty-eight adolescents with ASD (aged 12-18 years) were involved in analyses, for whom we obtained 68 mother-reported, 64 father-reported, and 45 teacher-reported CBCL scores. In addition, self-report was obtained from 14 adolescents with ASD, all of whom had IQs in the typical range. The majority of adolescents were male (86.7%) and had a mean age of 14 years (SD = 1.5). The CBCL Anxious/Depressed, Withdrawn/Depressed, Internalizing, Affective Problems, and Anxiety subscales were analyzed. The Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children (K-SADS – PL DSM-5; Kaufman et al., 2016) was administered to mothers and took 45-90 minutes. A licensed psychologist and at least one MS level psychology graduate student reviewed all K-SADS to determine if diagnostic criteria was met for DSM-5 depressive and anxiety disorders.

Results: Mothers, fathers, and teachers reported that 10-49%, 9-30%, and 2-26% of adolescents with ASD fell at or above the clinical cut-off score (T-score: ≥70) across subscales. Significant moderate correlations (rs = .45 to .63) were found between mother and father report on all subscales except Anxious/Depressed. Significant moderate correlations (rs = .44 to .69) were also found between mother, teacher, and self-reports. However, no associations were found between father and teacher ratings. Based on clinical cut-off scores, the CBCL had good sensitivity (.82 to .92) for detecting K-SAD depressive and anxiety disorders, but low specificity.

Discussion: Consistent with previous research, 20-49% of adolescents with ASD fell in the clinically significant range for anxiety, while 7-27% met the clinical cut-off for depression across informants. Mother and self-report, followed by teacher report, were most strongly associated the presence of K-SADS depressive and anxiety disorders. These findings suggest that the CBCL ratings vary across informants, with fathers and teachers most discrepant from each other, but generally there was modest agreement among informants. The CBCL may be a valuable brief screening tool for internalizing mental health disorders in adolescents with ASD; however, there is a need for additional research on this measure using a larger and more diverse sample.

References:


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