Title: The Influence of Emergent Life Events within the Context of an Individualized Mental Health Intervention for Children with Autism Spectrum Disorders

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Introduction: Community mental health providers often report significant challenges when applying evidence-based treatments (EBTs) in “routine care settings, particularly with environmental and life stressors (Chorpita et al., 2011; Southam-Gerow et al., 2008). These stressors are often referred to as “emergent life events (ELEs)” and have been found to negatively impact treatment fidelity in EBTs targeting childhood disorders including reduced clinician treatment adherence resulting in less EBT content in session (Reding et al., 2016; Chorpita, Korathu-Larson, Knowles, & Guan, 2014; Guan et al., 2015). Common types of ELEs include reports to child protective services, family violence, death or health problems among relatives or close friends, and marital conflict. ELEs are disproportionately reported among underserved groups with recent reports of 69% of low-income Hispanic families reporting an ELE (Chorpita et al., 2014). Many of the ELE studies to date, however, have often excluded youth with developmental diagnoses such as autism spectrum disorder (ASD), which limits the generalizability of findings. Given important role of mental health services in caring for this population and the potentially unique profile life stressors and complexities associated with this vulnerable population (Schieve et al., 2007), it is crucial to examine ELEs among children with ASD within the context of EBT implementation in community mental health services. The aim of this study was to characterize ELEs in early treatment sessions from clinicians trained to deliver An Individualized Mental Health Intervention for Children with Autism Spectrum Disorder (AIM HI; Brookman-Frazee & Drahota, 2010) in community mental health setting.

Method: Data were drawn from a large-scale, randomized community effectiveness trial of AIM HI designed to examine the impact of training mental health providers to deliver AIM HI on child, family, and clinician outcomes. Participants in the current study were a subset of 43 client-clinician dyads enrolled in the trial. A team of nine coders reliably coded 117 recorded early (within the first 2 months of AIM HI initiation) sessions in which caregivers were present for in-session process challenges including ELE’s. An ELE was operationalized as a discrete stressful life event that happened outside of therapy, was disclosed by a caregiver during session, and had at least a mild negative impact on the child or caregiver. Caregivers completed a survey with demographic information and completed parent-report child behavioral measures (Social Responsiveness Scale; Eyberg Child Behavior Inventory) at the beginning of the study.

Results: ELE’s were observed to be disclosed by caregivers in 34% of early AIM HI sessions. Multi-level model analyses revealed a number of predictors associated with ELE occurrence. Caregivers were less likely to report ELEs for children who were older ($\beta = -0.22, p = 0.011$), who had more severe ASD symptoms rated on the Social Responsiveness Scale ($\beta = -0.25, p = 0.024$), or who had a comorbid diagnosis of attention-deficit/hyperactivity disorder (ADHD; $\beta = -1.32, p = 0.032$). ELEs were also less likely to arise in sessions with Hispanic compared to Non-Hispanic White caregivers (NHW; $\beta = -1.01, p = 0.007$), and when the primary treatment setting was school rather than the clinic ($\beta = -1.77, p < 0.001$), and in sessions with more experienced therapists ($\beta = -0.09, p = 0.022$). Caregivers were more likely to report on ELEs with children with a comorbid anxiety disorder diagnosis ($\beta = 0.91, p = 0.001$).

Discussion: The finding that ELEs were less likely to occur in therapists with more clinical experience may provide indirect evidence that novice therapists require additional support in structuring EBP sessions with caregivers of children with ASD. The findings that greater ASD severity and psychiatric comorbidity and setting were associated with ELE may be related to the structure or focus of therapy. Contrary to evidence that Hispanic families endure significant life stressors (Crouch et al., 2000), Hispanic caregivers reported fewer ELEs than NHW caregivers. It is plausible that Hispanic caregivers may be less likely to raise these topics in session due to language barriers, trust concerns, or treatment expectancies (Zuckerman et al., 2014). The findings from the present study point to client, therapist and contextual factors that may affect the likelihood of ELEs that have the potential to affect EBP implementation for youth with ASD.
References/Citations:


