Title: Family Conflict Resolution Styles and Mental Health Problems in Adolescents and Young Adults with ASD

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Introduction: Studies have consistently found that adolescents and young adults with autism spectrum disorder (ASD) are at risk for developing co-morbid internalizing and externalizing problems (Howlin, 2000; Simonoff et al., 2008) and it is critical to identify predictors of internalizing and externalizing problems throughout this important age transition. Literature has described how positive and negative conflict resolution styles (how families behave during arguments and disagreements) are meaningful predictors of both internalizing and externalizing problems in typically developing (TYP) children, adolescents, and adults (Starr & Davila, 2008; Yap et al., 2013). Currently, there is a major gap in our understanding of family conflict resolution styles and their relations to mental health in individuals with ASD. Here, we test the associations between four types of parent and self-rated conflict styles and internalizing and externalizing problems.

Method: The current study includes 102 adolescents and adults—49 with ASD and 53 with TYP—matched on age (12 to 23 years; M = 17.06 years) and full scale IQ (73 to 143; M = 105.3). We assessed parent and self-ratings of their conflict resolution styles with each other using the Conflict Resolution Styles Inventory (CRSI; Kurdek, 1994). The CRSI consists of four subscales: Positive Problem Solving, Conflict Engagement, Withdrawal, and Compliance. Parents also reported on their child’s internalizing and externalizing problems on the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) or the Adult Behavior Checklist (ABCL; Achenbach & Rescorla, 2003), depending on the age of the participant. To correct for potential differences in levels of internalizing and externalizing problems captured by these different questionnaires, we included a covariate that indicated the form that was used. We first looked at mean differences between diagnostic groups on each of the four CRSI subscales. We then used a series of hierarchical regressions to examine whether the four parent and child-rated resolution styles were significant independent predictors of internalizing or externalizing problems. Age, sex, form, and diagnosis were entered as covariates in step 1 and parent and self-ratings on each of the four subscales on the CRSI were entered at step 2 for the dependent variables of internalizing and externalizing problems.

Results: Comparisons between diagnostic groups on self-rated CRSI subscales revealed individuals with ASD reported using more withdrawal (t(100) = 2.29, p = .03) and compliance (t(100) = 3.05, p = .002) than TYP individuals. There were no significant diagnostic group differences between parents on the four subscales of the CRSI. In the regression models, we found that only self-rated Positive Problem Solving was a negative predictor of internalizing symptoms (β = -.29, SE = .08, p < .001; full model R² = .37) after accounting for the influence of covariates. We found that both self-rated (β = .32, SE = .08, p < .001) and parent-rated conflict engagement (β = .28, SE = .08, p < .001; full model R² = .35) and parent-rated withdrawal (β = .25, SE = .10, p = .009; full model R² = .22) were significant positive predictors of externalizing problems after accounting for the influence of covariates. Finally, self-rated positive problem solving was also a significant negative predictor of externalizing problems (β = -.24, SE = .09, p = .009; full model R² = .23).

Discussion: This study illustrates how conflict resolution styles of families of individuals with ASD can be robust predictors of child internalizing and externalizing problems and has important implications for interventions targeting families. Specifically, teaching adolescents and adults with ASD positive problem solving (i.e. by trying to constructively resolve arguments or compromising) during disagreements may lead to reductions in their internalizing and externalizing problems. In addition, it is important to inform parents how engaging in further conflict and withdrawal during arguments may be associated with higher levels of externalizing symptoms in their children.
References/Citations: