

## Attachment Based Pilot Group Psychotherapy on Promoting Awareness and Coping Skills for Parents of Children with Autism

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### Abstract

*With a worldwide trend of an increasing number of children identified with Autism Spectrum Disorder (ASD), more families are faced with the demands of having to care for children with ASD [1]. Parents and caregivers of children with ASD are confronted with a more diverse and complex range of challenges [1-3] and face more stress (Weiss, 2002) than caregivers of typically developing children despite the severity of the ASD.*

*In highly stressful situations, individuals with insecure attachment were found to experience more distress and seem to be at risk of maladjustment [4]. Parents with insecure attachment styles were associated with less sensitive parenting and more negative support behaviours [5,6]. Given that parenting children with ASD is associated with increased stress, it is likely that parents with insecure attachment may experience greater distress than parents with secure attachment when caring for children with ASD. Such disposition, in turn, may further limit their abilities to care for their children with ASD.*

*As such, an 8-week psycho-group therapy was piloted to facilitate parents' acceptance of their children with ASD through increasing awareness of their attachment styles, their coping strategies and facts about ASD. Six participants participated in the group therapy. Preliminary analyses, based on their written and verbal responses, appear to suggest that parents with insecure attachment styles tended to use ineffective coping strategies (e.g. denial: "remain silent") as compared to more effective coping strategies (e.g. problem-focused "explain my thoughts"). There appears to be a shift in the perspective of their children and parenting from deficit focused (e.g. "Stay in his own world") to more acceptance statements (e.g. "Patience").*

### Introduction

#### ASD prevalence and challenges

Autism Spectrum Disorder (ASD) as defined by the American Psychiatric Association (2013) is characterised by a lack of social interaction together with an excess of recurring and restrictive stereotypical behaviours and interests [7]. The severity of ASD ranges from mild to severe. ASD is a neurodevelopmental disorder that impacts individuals throughout their lifetime.

There is a worldwide trend of an increasing number of children identified with ASD. Global estimates of ASD prevalence rates grew from four to a range of 30 to 60 in 10,000 children from the 1960s to 2000s [8]. More recently, the prevalence rate is estimated to be one in 160 children as of 2016 [9]. Similar incidence rate of one in 150 children was noted to be diagnosed with ASD in Singapore [10].

With the increased prevalence of ASD, more families are faced with the demands of having to care for children with ASD [1].

There is global consensus that parents and caregivers of children with ASD are confronted with a more diverse and complex range of parenting challenges when compared with caregivers of typically developing children; these challenges include poorer self-efficacy as well as psychological and physical well-being [1-3]. Furthermore, caregivers of children with ASD were not only found to demonstrate greater intensities of stress but they also showed more anxious attachment tendencies than caregivers of children without ASD [11].

#### Current intervention for children with ASD and their limitations

There is a huge range of interventions for ASD. These interventions might involve children, parents or both. These interventions include behavioural-based, medicine-based and alternative therapies. Some interventions may combine several approaches while others are varied to for the individual child. These approaches are summarised in the following section.

Behaviour based intervention approach focuses at teaching children with ASD new behaviours and skills with a structured

set of techniques. Methods in Applied Behaviour Analysis (ABA) have been utilized with children with ASD since the early 1960s. ABA is widely recognized as a helpful treatment for ASD. Interventionists teach children with ASD by breaking a target skill into smaller components, performing each part in isolation. Once criterion is reached for components, interventionists gradually add the components together to build a complex behaviour [12].

Other supported interventions for ASD include the Treatment and Education of Autistic and Communication related handicapped Children (TEACCH) program. In Goldstein and Naglieri's (2013) article, the TEACCH model conceptualised by Bourgondien and Coonrod (2012) emphasizes on building new skills as well as creating strategies to compensate for their difficulties [13, 14]. TEACCH is based on the following general components: physical structure, daily schedules, work systems, and task structure. Research studies utilizing the TEACCH program suggest children in the TEACCH program demonstrated greater improvements in development of cognitive, motor, and imitation skills [13].

Alternative interventions for ASD include a broad range of treatments not often used in the mainstream medical system. There are many contentious issues revolving about alternative treatments for ASD as there is insufficient concrete evidence to support their effectiveness. However, parents of children with ASD are more often than not willing to adopt alternative means in harbouring the glimmer of hope in improving or curing their child's condition. It was reported that an estimated 30 to 95 percent of children with an ASD have been given some type of complementary and alternative medicine treatment in a bid to treat overall health and potential behaviour problems manifested due to the diagnosis [15]. Some examples of alternative intervention for ASD include the 'autism diet', which is reducing or eliminating gluten and casein from the child's diet.

On one hand, while there is a need for behaviour strategies and intervention to benefit the learning of children with autism, there seem to be a dearth of research and literature to address the gaps of common interventions for autism - looking beyond strategies-based intervention and addressing the psychological needs for parents especially within Singapore, to better cope within the family system, which may hence translate to better utilising of intervention methods to help their children. Therefore, this paper aims to address this gap by exploring the means of psychological group therapy intervention for parents.

#### **Perception, acceptance and coping of parents of children with ASD**

Research suggests that care giving for children is generally stressful and demanding for parents and other caregivers [16]. Positive adjustments can still take place over time [17]. Factors ranging from existing belief systems (such as gender roles and flexibility to change), to cultural influences (such as the degree of individualism versus collectivism) and coping preferences (such as emotion-focused versus problem-focused strategies) have varying impact of how parents and other caregivers adapt to care for children with ASD over time [18].

From a Singaporean perspective and in comparison with parents of children without ASD, parents of children with ASD exhibited more signs of depression, stress and maladaptive coping approaches [1]. Beginning from diagnosis [19], to care-giving [20], then education [21] and subsequently adulthood [22], parents of children with

ASD reflected challenges faced in caring for their children with ASD. In contrast, there were also reports of parents having a sense of self-efficacy and attributing their ability to care for their children with ASD to factors such as being able to be responsive to their children's needs, remaining calm and patient, persevering through difficulties as well as recognising and accepting their children's circumstances [23].

Parents were found to require a period of time to move from denial to accepting the diagnosis of ASD in their children [24, 25]. Thus, in facilitating the transition, Foo, Yap and Sung (2015) suggested to assist parents in: (i) managing their own expectations, (ii) managing their children's behaviours, and (iii) supporting familial bonds [26].

#### **Adult attachment style and parenting**

Parents play an influencing role with regards to the relationships they have with their children [27]. As such, relation between self-reported parental attachment styles and parenting were explored by Rholes, Simpson and Blakely (1995) and they found that individuals with insecure attachment styles have: (i) a more negative orientation towards children and the parental role, (ii) ambivalence about having children, and (iii) doubts of their abilities to be good parents [28]. Collins and Feeney (2000) examined how support interactions were shaped by individuals' attachment styles and they found individuals who scored higher on attachment-related anxiety were poorer caregivers during the interaction where they provided less instrumental support, were less responsive, and displayed more negative support behaviours [5].

Specifically, as mothers, individuals with avoidant attachment styles felt less emotionally close to their children and behaved in a less positive and supportive manner [28]. In investigating the attitudes, values, and beliefs about children and parenthood of individuals with avoidant attachment styles, Rhodes et al. (1997) found that individuals with avoidant attachment styles were identified to: (i) have less desire to become parents, (ii) endorsed harsher disciplinary practices for young children, (iii) expected their children would be more independent emotionally and less affectionate, and (iv) anticipated more difficulty relating to their children [29]. Rholes, Simpson and Friedman (2006) further studied the perceptions of parenting stress as well as the satisfaction and personal fulfillment derived from parenting in individuals with avoidant attachment styles [30]. They found that individuals with avoidant attachment styles found parenting more stressful as well as less meaningful and satisfying when they become parents.

#### **Adult attachment style and coping**

In highly stressful situations, individuals with insecure attachment experience more distress and seem to be at risk of maladjustment [4]. Under stressful situations: (i) individuals with anxious-ambivalent attachment styles utilised more emotion-focused strategies and they appraised the situation to be of greater threat and themselves as being inadequate and helpless (ii) individuals with avoidant attachment styles used more distancing coping and experienced conflicting appraisal of the situation and their coping abilities where they appraised the situation to be threatening despite appraising themselves as being capable of managing the demands, while (iii) individuals with secure attachment styles reported more help-seeking behaviours and appraised the situation as being benign and themselves with inner strength to cope [31].

Lopez et al. (2001, as cited in Wei, Heppner & Mallinckrodt, 2003) found that individuals with anxious-ambivalent attachment styles tended to cope with distress by exaggerating the distress as threatening and uncontrollable, reacting with strong emotional responses and relying on others' reassurance to moderate affect while individuals with avoidant attachment styles tended to cope with distress by protecting themselves against others' rejection, inhibiting emotional displays, and denying negative affect [32]. Similar with the above findings, Collins and Feeney (2000) found that individuals who scored higher on attachment-related avoidance were less likely to seek support in response to increased stress and in addition, when they did seek support they were more likely to use indirect strategies (hinting and sulking) [5].

Adult attachment style, psychological distress, and parenting stress on maternal caregiving behaviours were investigated by Mill-Koonce et al. (2011) [6]. They found that insecure attachment styles to be associated with less sensitive parenting during stressful situations. Specifically, individuals with self-report of avoidant attachment was associated with greater parental distress and lower levels of sensitivity in response to child distress independent of general parental personality characteristics and of child temperamental factors during a stressful event [33]. Mill-Koonce et al. (2011) postulated that individuals with avoidant attachment styles may experience discomfort with expressions of emotion, vulnerability, and distress thus they may adopt distancing from others as a coping strategy under stressful conditions [6].

There is evidence to suggest that adult attachment is associated with stable ways in which individuals appraise and cope with distress [4, 32]. The coping strategies preferred by individuals with insecure attachment styles tend to be relatively ineffective and are likely to increase their distress [31]. Wei (2008), however, cautioned that while the coping strategies used by individuals with insecure attachment styles are associated with increased risk, individuals have acquired and continued the use of dysfunctional strategies as they have served an adaptive function by helping individuals meet their basic psychological needs [34]. Wei, Heppner and Mallinckrodt (2003) suggested, that given the strong association between attachment styles and perceived coping, individuals with insecure attachment styles to enhance their coping effectiveness in order to decrease psychological distress [32]. Wei (2008) added that clinicians can help individuals with insecure attachment styles understand how past experiences with caregivers or significant others have shaped their coping patterns and how these patterns work to protect them initially but later contribute to their experiences of distress [34].

### **Purpose and significance of study**

Parenting and care giving children with ASD has been associated with greater challenges and stress [1-3, 11]. With the increasing prevalence of ASD diagnosis [8-10], there is an increased need to support parents and caregivers in accepting the diagnosis and in managing related expectations [26]. Despite advances in ASD interventions, these interventions remained largely focused on supporting a behavioural change in the children with ASD.

Given that the study of attachment styles in adults is relatively new, there remains limited studies looking into the impact of adult attachment styles on parenting and much less on parenting children with ASD. As a whole, international research around

adult attachment styles and parenting suggests that individuals with insecure attachment styles are associated with more negative orientations towards parenting [5, 28, 29], experience of greater distress [4] and higher risk of maladaptive coping [4, 5, 31, 32]. Specifically, caregivers of children with ASD were found to demonstrate more anxious attachment tendencies than caregivers of children without ASD [11].

Parents are typically regarded to be most influential in managing their children's behaviour, thus Yirmiya, Seidman, Koren-Karie, Oppenheim & Dolev (2015) urged for greater examination of the variables affecting parents' mindsets and coping preferences [25]. As proposed by Goodman & Glenwick (2012), through exploring parents' attachment perspectives and related behaviours, parents may then better address and maintain their own and their children's well-being [27].

Much effort had been placed into examining the effectiveness of ASD interventions promoting behavioural changes in children with ASD yet the efforts in promoting changes in parental factors remain limited. Therefore, examining the relationship between parental attachment styles and coping with stressors related to parenting a child with ASD could shed light on a possible new area for ASD interventions that have yet to be included in the current repertoire of ASD interventions and aid in facilitating more comprehensive interventions for individuals with ASD. This study, as part of a psychotherapy group intervention aimed in bringing about awareness and coping related to the care of children with ASD, hypothesise that parents with insecure attachment styles utilise more ineffective than effective coping strategies while parents with secure attachment styles utilise more effective than ineffective coping strategies.

## **Method**

### **Research design**

The study is based on the case studies derived from a group psychotherapy. Qualitative approach was used to evaluate the association between attachment styles and coping strategies as well as to illustrate changes in the parental perspectives of their children with ASD.

### **Participants**

Participants were recruited via notice letters to all parents and caregivers of students with a diagnosis of suspected or confirmed diagnosis of ASD enrolled in an early intervention education programme.

The participants included five parents of children with ASD (n = 4; and men, n = 1). Two of the participants were a married couple. The average age of participants was 40.8 years (SD = 5.97). The nationality of the group of five participants included Singaporeans (n = 2), Malaysian (n = 1), American (n = 1) and Indonesian (n = 1). All participants were residing in Singapore at the point of the group psychotherapy.

### **Procedure and measures**

Data used for the purpose of this study was obtained from a psychotherapy group which was conducted on a weekly basis across eight sessions with each session lasting 120-minutes facilitated by a group leader and a co-facilitator. The group leader is a Singapore Registered Psychologist and Approved Supervisor with the Singapore

Psychological Society who received individual supervision with an psychologist experienced in group psychotherapy throughout the delivery of the group psychotherapy session. The co-facilitator is an associate psychologist with a Bachelor of Social Sciences in Psychology.

A pre-session that was conducted a week prior to the commencement of group psychotherapy sessions outlined the group psychotherapy objectives and expectations. Informed consent for the use of the information shared during the group psychotherapy session in an anonymous fashion were obtained in writing from all participants.

Experiences in Close Relationships - Revised (ECR-R) questionnaire [35] and an unstructured open ended coping style questionnaire were administered to all participants in assessment of their attachment and coping styles.

### Qualitative data collection and analyses

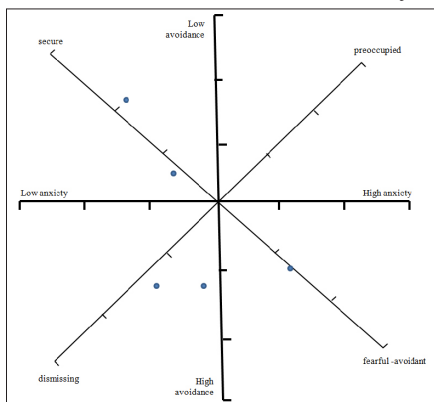
The information obtained through the unstructured open ended coping style questionnaires were coded and organised by two psychologists, who were independent of the psychotherapy group sessions, with reference to Hastings et al's (2005) brief factor structure of coping [36]. Both psychologists coded the data separately. Level of agreement between the raters was established at 70%. In the event of disagreements, the raters resolved through clarifications of each other's perspectives.

After the raters achieved a mutual agreement on the coping factor loading categories (Active avoidance coping, Problem-focused coping; Positive coping; Religious/denial coping), the participants' coping styles were analysed against their respective attachment style as obtained from the ECR-R questionnaire.

## Results

### Attachment style and related coping methods

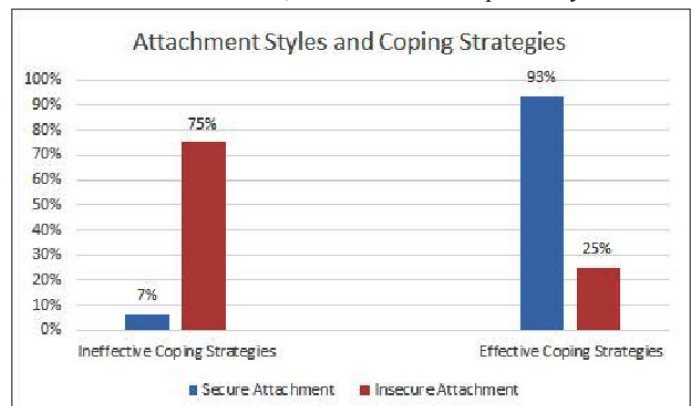
Based on replies gathered from the ECR-R questionnaire [35], two overall attachment styles were revealed from its anxiety and avoidance scales. Two out of five participants (40%) identified with a secure attachment style and the remaining three out of five (or 60%) participants reported an insecure attachment. Within the sub-categories of insecure attachment, two participants indicated a dismissing attachment style and one participant reflected a fearful attachment style. Details of participants' attachment profiles (as denoted by a dot each) are presented in **Figure 1**. However, as the sample size of this study is small, ensuing discussions of participants' attachment style will only focus on secure and insecure attachment styles.



**Figure 1:** Participant attachment style profiles

Subsequent to the mapping of participants' feedback of their coping behaviours in relation to their child with autism, themselves and their families to coping categories [36], four types of coping methods were recorded. Of the coping behaviours, 40%, corresponded to a religious / denial coping method, 35% related to a problem-focused coping method, 14% were linked to a positive coping method and the remaining 11% were associated with an active avoidance method.

When participants' attachment styles were reviewed against the type of coping methods that they commonly used, it was found that participants with insecure attachment styles reflected using a combination of active avoidance, religious / denial, positive and/or problem-focused coping methods at 18%, 57% , 14% and 11% respectively. In contrast, participants with secure attachment styles indicated did not adopt any active avoidance coping. Their use of religious / denial, positive and/or problem-focused coping methods were found at 7%, 13% and 80% respectively.



**Figure 2:** Participant attachment styles and coping strategies

As illustrated in Figure 2, as a whole, participants with insecure attachment styles endorsed 75% ineffective coping strategies (i.e. active avoidance and religious/ denial coping) and 25% effective coping strategies (i.e. positive and problem-focused coping) while participants with secure attachment styles endorsed 7% ineffective coping strategies and 93% effective coping strategies.

Participants with insecure attachment styles utilised ineffective coping strategies that include active avoidance coping strategies such as “remain silent,” “leave her alone” and “not doing anything” as well as religious/ denial coping strategies such as “play ipad,” “pray” and “watch TV.” Participants with secure attachment styles utilised effective coping strategies that include positive coping strategies such as “reassess myself to be positive at all time” as well as problem-focused coping strategies such as “consider child friendly products and toys, “arrange to meet with teacher to understand” and “explain my thoughts.”

This finding supports our hypothesis of parents with insecure attachment styles using more ineffective strategies and parents with secure attachment using more effective coping strategies.

## Discussion

The percentage profile of participants with secure and insecure attachment styles fell within a range of the proportions of attachments styles highlighted in other studies. This study reported that of the parents who participated in the group psychotherapy,

40% exhibited secure attachment styles and 60% exhibited insecure attachment styles. A prevalence of 30%-59% for secure attachment styles and 31%-70% for insecure attachment styles were cited [37-39].

As a group, participants of this study were noted to use all four types of coping strategies (i.e., religious / denial, problem-focused, positive coping and active avoidance). Although the participants of this study had children aged younger than six years old, their coping methods were similar to the methods used by a Singaporean sample with children aged between 10 to 14 years of age [1].

When parents' attachment styles were compared with their coping methods, participants with secure attachment styles used a greater extent of problem-focused whereas participants with insecure attachment styles accounted employed more religious / denial and active avoidance coping methods. Such findings resonate with existing research where individuals with secure attachment styles reported use of more effective coping methods (such as asking others for help and being responsive when providing care-giving) [5] and individuals with secure attachment styles reported employing less ineffective coping methods (such as distancing themselves from their problems and use of less positive comments) [38, 40, 41].

### Limitation

There are several limitations to this study that may impact the findings and its implications. A major limitation of the current study is its inherent small sample size. Hence no statistical analysis was run to illustrate the correlation power of our study's data. The participation in the group psychotherapy was based on a voluntary basis and the response rate for the group psychotherapy was not captured. Reasons for the participants to participate or not participate in the group psychotherapy may be potential factors that influence the finding of the study. Demographic variables such as ethnicity and number of children which could impact upon the participants' perspectives were not gathered and the gathered demographic variables such as age and gender were not studied due to the small sample size.

### Implications and Future Direction

The findings from this study demonstrated that for parents of children with ASD, the ones who exhibited secure attachments and insecure attachments differed in the coping strategies they utilise in coping with the stressors associated with parenting a child with ASD. This suggests that supporting parents' awareness of their attachment styles and subsequent coping methods can be considered for more comprehensive interventions for children with ASD.

Given that effective coping methods may help buffer individuals from stressful circumstances whereas ineffective coping methods were linked to greater stress and psychological health issues [36], the findings from this study can inform therapists and interventionists to be mindful when supporting parents of children with ASD [1] as well as in increasing parents' awareness of the impact of their attachments styles and its effects on their well-being and their interactions with children, family and other close relations so as to make more constructive changes to their perspectives and behaviour.

Replication of the current study can be conducted on a larger scale to evaluate the significance of the correlation between parental

attachment styles and coping strategies in parenting a child with ASD. Future studies could further investigate the correlations between parental attachment styles and other common factors associated with parenting a child with ASD such as parental stress and child's behaviour so as to inform future ASD interventions [42].

### Conclusion

This study aimed at examining the relationship between parental attachment styles and coping with stressors related to parenting a child with ASD in view of shedding light on a possible new area for ASD interventions. The present research adds on to the existing literature of interventions for ASD by associating the aforementioned two components of parent's individual attachment style and coping method that have yet to be included in the current repertoire of ASD interventions.

Therefore, by relooking at intervention for autism from a attachment style and personal coping viewpoint, it can suggest new avenue of research to explore in greater details the empowering impacts that such group therapy has on caregivers, and the ripple effects on the development of a child with ASD and other special needs.

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