

The Importance of Incorporating Siblings in the Treatment of Autism Spectrum Disorder

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Introduction

According to the Centers for Disease Control and Prevention (CDC, 2009), an average of 1 in 110 children in the United States has an autism spectrum disorder (ASD). ASD is commonly characterized by severe deficits in social communication and interaction that can be seen in various ways such as poor nonverbal communication, inappropriate social exchanges, or lack of skills in developing, maintaining, and understanding relationships (APA, 2013). Along with better awareness and diagnosis of this illness over the last few decades, a multitude of intervention programs have been developed to treat ASD.

The most popular and commonly known treatment method for ASD is Lovaas' Applied Behavioral Analysis (ABA) treatment (Smith & Eikeseth, 2011). This modality of treatment involves a structured intervention style consisting of three main components: pharmacological care/medication management, parent education and training, and behavioral interventions (Smith & Eikeseth, 2011; Tsao, Davenport, and Schmiede, 2012). Research has examined these three domains of treatment, along with various forms of parenting training, to determine how best to incorporate these in the treatment of ASD. For instance, Aldred, Green, and Adams (2004) found that involvement of parents promoted the child's knowledge of effective communication skills, decreased parenting stress, and improved the parent-child relationship.

Because of the neurodevelopmental nature of ASD, current treatment modalities such as pharmacological or psychological interventions do not completely relieve the social and behavioral challenges seen in children with ASD. While current interventions for ASD emphasize the involvement of parents and their relationship with their child, current theory and research has only begun to examine the value of including siblings in the ASD treatment. The goal of this paper is to examine the benefits of incorporating non-ASD siblings in the treatment of children with ASD.

Educating the Non-ASD Sibling(s)

Psychoeducation is a key first step in the process of developing a treatment plan for ASD. Providing families with information about the symptoms and challenges caused by ASD gives them a deeper understanding of the struggles they may face. Although clinicians often focus their efforts on educating parents of children with ASD to prepare them for difficulties throughout the child's lifespan, siblings can also benefit from age-appropriate information about the illness.

Most children and adolescents do not understand the complexity of ASD. Some parents will attempt to educate their children or mistakenly "excuse" misbehaviors of the child with ASD under the pretense of symptoms (Chan & Goh, 2014). In response, siblings may grow resentful towards the child with ASD for receiving more attention from parents or "getting away" with things (Chan & Goh,

2014). They may even begin to develop negative feelings towards their sibling or withdraw from him or her.

McHale and Gamble (1989) suggest that educating siblings about ASD can help them better understand their parents' interventions at home. It can also help them learn to model their parents' healthy interpersonal strategies — both directly in their relationship with their sibling with ASD, as well as in social situations in which other children are interacting with their sibling. Helping children to better understand ASD can also further their acceptance of the differences of others (McHale & Gamble, 1989).

McHale and Gamble (1989) found that when siblings have a good understanding of their brother or sister's disability, they were more likely to have a positive sibling relationship. Other studies demonstrate that siblings with a better understanding of ASD are more likely to have higher self-acceptance, increased social competence, greater admiration for their siblings, and less sibling competition and quarrels (Kaminsky & Dewey, 2001; Knott, Lewis, & Williams, 1995; Tsao et al., 2012).

Identifying Siblings at Risk for Emotional Distress

Compared with families without ASD, families containing a child diagnosed with ASD often experience additional stressors such as coping with the child's behavioral difficulties, challenges in the parent-child relationship, financial stress, lack of co-parenting support, stigmatization of the child's disorder, and the time required for interventions (Lavelle et al., 2014; Kogan et al., 2008).

One additional potential difficulty involves emotional distress experienced by the other children in the home. Studies of non-ASD siblings' levels of emotional distress have shown mixed results. While some studies have found positive impacts on non-ASD siblings such as increasing self-understanding or developing prosocial behaviors (Tsao et al., 2012), other studies have found increased levels

of internalizing behaviors such as loneliness, feelings of embarrassment, depression, attentional issues, poor peer interactions, and anxiety (Dyson, 1999; Griffith, Hastings, Petalas, & Lloyd, 2015; Pilowsky, Yirmiya, Doppelt, Gross-Tsur, & Shalev, 2004; Platt, Roper, Mandelco, & Freeborn, 2014). In addition, certain behavioral problems that are associated with ASD (e.g., aggression or temper outbursts) can cause negative emotions and damage the relationship (Pollard, Barry, Freedman, & Kotchick, 2013; Tsao et al., 2012). As part of the treatment planning process for children with ASD, Rao and Beidel (2009) emphasized the importance of assessing the family for additional stressors. Symptoms of ASD can be exacerbated when additional sources of stress affect the family as a whole, or its individual members. Family stress can significantly limit treatment compliance (Rao & Beidel, 2009). For example, if parents view between-session work (i.e. homework assignments, self-monitoring) as an unnecessary component of treatment — or as added stress — they are not likely to follow through on interventions. Identifying and reducing the stress experienced by all family members can significantly improve the success rate of treatments for children with ASD. For this reason, addressing parent and/or sibling stress should be a necessary component of the overall treatment plan to improve family functioning.

When clinicians include siblings in the treatment for ASD, they have an opportunity to monitor the emotional well-being of all the children in the family. Another advantage of involving siblings in the treatment of children with ASD is that these interventions can serve to reduce siblings' risk of developing mental and physical health problems.

Improving Sibling Relationships

Siblings are often considered a primary source of companionship, help, and emotional support (Tsao et al., 2012). According to Kaminsky and Dewey (2001), children with ASD and their siblings have relationships that tend

to have “less intimacy, less prosocial behavior and less nurturance” (Kaminsky & Dewey, 2001, pp. 399). Other research suggests that children with ASD spend less time with their siblings compared with typically developing sibling dyads (Dyson, 1999; Hastings, 2007; Kaminsky & Dewey, 2001; Tsao et al., 2012).

Involving siblings in the treatment of children diagnosed with ASD can be beneficial in increasing social support within the relationship. It can also serve to increase positive interaction among the siblings, while also decreasing the frequency of negative interactions (Pollard et al., 2013). Strengthening sibling relationships can also be a key component in the effort to improve family health. For example, positive relationships have been found to be a buffer against anxiety and stress for siblings of children with ASD (Pollard et al., 2013).

Supporting the Social Skill Development of Children with ASD

Because one of the primary symptoms of ASD is deficits in social interaction, research supports the use of targeted treatment components such as social skills groups or social skills training (Huber & Zivalich, 2004; Smith & Eikeseth, 2011). Interactions between siblings can increase many social and cognitive skills that are essential to healthy social development (Tsao et al., 2012). However, using sibling relationships to help promote healthy social skills development in children with ASD is often overlooked.

Siblings provide children with ASD a unique opportunity to practice appropriate peer social skills under optimized supportive conditions (Rivers & Stoneman, 2003; Rivers & Stoneman, 2008). In a recent study, White et al. (2010) investigated behavioral interventions for adolescents with ASD, including inviting non-ASD siblings to assist the child with ASD in practicing behavioral techniques that promote positive social interaction and reduce social anxiety. The interventions were effective in promoting social skills,

decreasing social anxiety, and improving perceptions of the sibling relationship (White et al., 2010).

One of the challenges of ASD is identifying appropriate strategies for addressing each level of symptoms. Experts suggest carefully evaluating the ways in which siblings can be involved in tailoring the treatment to the differing needs of high-functioning versus low-functioning children with ASD (White et al., 2010). Siblings help shape experiences and learning opportunities in the family, which can encourage children with ASD to develop prosocial skills and experiences. Because social skills deficits are symptoms seen across the spectrum, many children with varying levels of severity of ASD can benefit from having their siblings involved in social skills training (Tsao et al., 2012).

Conclusion

Sibling relationships are lifelong, and often constitute one of the most important relationships in an individual's life. Involving siblings in the treatment of children with ASD has many advantages. Siblings can also directly benefit in a variety of ways, including increasing their understanding of ASD, providing them unique learning opportunities, and promoting the development of their skills related to confidence, leadership, modeling, and teaching (Gamble & McHale, 1989; Griffith et al., 2015; Platt et al., 2014; Rao & Beidel, 2009; Tsao et al., 2012). Due to the lack of research investigating the impact of involving siblings in the treatment of ASD, future autism research would benefit by increasing its focus on the benefits and methodology of including siblings in treatment.

References

- Aldred, C., Green, J., & Adam, C. (2004). A new social communication intervention for children with autism: Pilot randomized controlled treatment study suggesting effectiveness. *Journal of Child Psychology and Psychiatry*, 45(8), 1420-1430.
- American Psychiatric Association [APA]. (2013). Diagnostic and statistical manual of mental disorders, 5th edition. Washington, DC: American Psychiatric Publishing, Inc.
- Centers for Disease Control and Prevention [CDC]. (2009). Prevalence of autism spectrum disorders: Autism and developmental disabilities monitoring network, United States, 2006. *Morbidity and Mortality Weekly Report*, 58(NoSS-10).
- Chan, G. W. L., & Goh, E. C. L. (2014). 'My parents told us that they will always treat my brother different because he is Autistic' – Are siblings of autistic children the forgotten ones? *Journal of Social Work Practice*, 28(2), 155-171.
- Dyson, L. L. (1999). The psychosocial functioning of school-age children who have siblings with developmental disabilities. *Journal of Applied Developmental Psychology*, 20(2), 253-271.
- Gamble, W. C., & McHale, S. M. (1989). Coping with stress in sibling relationships: A comparison of children with disabled and nondisabled siblings. *Journal of Applied Developmental Psychology*, 10(3), 353-373.
- Griffith, G. M., Hastings, R. P., Petalas, M. A., & Lloyd, T. J. (2015). Mothers' expressed emotion towards children with autism spectrum disorder and their siblings. *Journal of Intellectual Disability Research*, 59(6), 580-587.
- Hastings, R. P. (2007). Longitudinal relationships between sibling behavioral adjustment and behavioral problems of children with developmental disabilities. *Journal of Autism and Developmental Disorders*, 37(8), 1485-1492.
- Huber, R. J., & Zivalich, D. M. (2004). Lovaas's behavioral treatment of autism viewed from an Adlerian perspective. *Journal of Individual Psychology*, 60(4), 348-354.
- Kaminsky, L., & Dewey, D. (2001). Siblings' relationship of children with autism. *Journal of Autism and Developmental Disorders*, 31(4), 399-410.
- Knott, F., Lewis, C., & Williams, T. (1995). Sibling interaction of children with learning disabilities: A comparison of autism and Down's syndrome. *Journal of Child Psychiatry*, 36(6), 965-976.
- Kogan, M. D., Strickland, B. B., Blumberg, S. J., Singh, G. K., Perrin, J. M., & van Dyck, P. C. (2008). A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. *Pediatrics*, 122(6), e1149-e1158.
- Lavelle, T. A., Weinstein, M. C., Newhouse, J. P., Munir, K., Kuhlthau, K. A., & Prosser, L. A. (2014). Economic burden of childhood autism spectrum disorders. *Pediatrics*, 133(3), e520-e590.
- McHale, S. M., & Gamble, W. C. (1989). Sibling relationships of children with disabled and nondisabled brothers and sisters. *Developmental Psychology*, 25(3), 421-429.
- Orsmond, G. I., & Seltzer, M. M. (2007). Siblings of individuals with autism spectrum disorders across the life course. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(4), 313-320.
- Pilowsky, T., Yirmiya, N., Doppelt, O., Gross-Tsur, V., & Shalev, R. S. (2004). Social and emotional adjustment of siblings of children with autism. *Journal of Child Psychology and Psychiatry*, 45(4), 855-865.
- Platt, C., Roper, S. O., Mandelco, B., & Freeborn, D. (2014). Sibling cooperative and externalizing behaviors in families raising children with disabilities. *Nursing Research*, 63(4), 235-242.
- Pollard, C., Barry, C., Freedman, B., & Kotchick, B. (2013). Relationship quality as a moderator of anxiety and siblings of children diagnosed with autism spectrum disorders or down syndrome. *Journal of Child and Family Studies*, 22(5), 647-657.
- Rao, P. A., & Beidel, D. C. (2009). The impact of children with high-functioning autism on parental stress, sibling adjustment, and family functioning. *Behavior Modification*, 33(4), 437-451.
- Rivers, J. W., & Stoneman, Z. (2003). Sibling relationships when a child has autism: Marital stress and support coping. *Journal of Autism and Developmental Disorders*, 33(4), 383-394.
- Rivers, J. W., & Stoneman, Z. (2008). Child temperaments, differential parenting, and the sibling relationships of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 38(9), 1740-1750.
- Smith, T., & Eikeseth, S. (2011). O. Ivar Lovaas: Pioneer of applied behavior analysis and intervention for children with autism. *Journal of Autism and Developmental Disorders*, 41(3), 375-378.
- Tsao, L. L., Davenport, R., & Schmiege, C. (2012). Supporting siblings of children with autism spectrum disorders. *Early Childhood Education Journal*, 40(1), 47-54.
- White, S. W., Albano, A. M., Johnson, C. R., Kasari, C., Ollendick, T., Klin, A., Oswald, D., & Scahill, L. (2010). Development of a cognitive-behavioral intervention program to treat anxiety and social deficits in teens with high-functioning autism. *Clinical Child and Family Psychology Review*, 13(1), 77-90.

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