Parents of children with autism spectrum disorder (ASD) face many challenges, not the least of which can be dealing with their own depression. Depression decreases an individual’s capacity for self-care and is often overlooked in this population striving to manage the demands of parenting their child with ASD. This article examines current literature related to prevalence, diagnosis, and interventions for depression in parents of children with ASD. The review indicates that depression is more common in parents of children with ASD than in the general public. However, most literature addresses parenting skills rather than depression and associated self-care deficits identified in these parents. Suggestions for best practice models and proactive interventions to caregivers are provided. [Journal of Psychosocial Nursing and Mental Health Services, 56(4), 23-27.]

Autism spectrum disorder (ASD), as defined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), is a developmental disorder that impairs the ability to communicate, verbally and non-verbally, including social communication parameters. The symptoms of ASD vary in type and severity across individuals. The spectrum of symptoms typically includes disorders of communication, social behavior, and stereotypical and other behaviors in response to external stimuli (Centers for Disease Control and Prevention [CDC], n.d.b). Disorders of communi-
cation usually include delays in developmental milestones of communication, such as lack of responsiveness to name, greetings, and directions, and regression in expressive skills. Disorders of social behaviors may include poor eye contact, lack of appropriate affect (i.e., smiling), and lack of interest in others. Stereotypical behaviors can involve unusual attachments to objects, routines, or procedures and word repetition. Other behaviors that may serve as symptom indicators include intense tantrums, hypersensitivity to sounds or lights, and toe walking. Parents of children with ASD face many challenges, not the least of which can be dealing with their own depression, which is often overlooked in this population striving to manage the demands of parenting a child with special needs. This article examines the current literature related to prevalence, diagnosis, and interventions for depression in parents of children with ASD.

**Impact of ASD on the Family**

Children with ASD face many unique challenges and require support in all areas of their lives, from social engagement to academic achievement. This diagnosis carries with it a lifetime disability, often impairing the individual’s ability to perform normal activities of daily living. Parenting a child with communication disorders, repetitive behaviors, attention problems, and other co-occurring psychiatric symptoms is exhausting. It is believed that approximately one half of children with ASD also have a co-occurring intellectual disability (CDC, n.d.a), impeding the capacity of bonding between the child and parent or caregiver.

Supports exist for parents of children with ASD, including informal and formal avenues of assistance. Assistance with medical, emotional, communication, and academic problems can be obtained through professional organizations and referrals from physicians, nurse practitioners, speech language pathologists, and school professionals. Bromley, Hare, Davison, and Emerson (2004) demonstrated that provision of these supports improves parents’ sense of well-being and reduces some of the associated stress.

Two variables that impact a family’s ability to deal with the challenges of parenting a child with ASD are parental education and economic status (i.e., household income). The changing health care landscape makes simple coverage for physician visits difficult to understand and maneuver. Children with ASD require multiple visits to a variety of specialists, many of which are not covered by any insurance (Liptak, Stuart, & Auinger, 2006). Lower income families with less educated parents have more difficulty meeting the needs of these children and are at higher risk for increased parenting stress and poorer outcomes. Parental stress does not end as children grow to adolescence or adulthood. On the contrary, families face new challenges at each stage, and as children age out of state-supported programs, the new stressors of finding appropriate services emerge. Wei, Wagner, Hudson, Yu, and Shattuck (2015) investigated the transition paths in post-secondary school youth with ASD. Their research revealed the correlation between higher cognitive skills and successful adulthood transition.

The chronicity of ASD is a reality parents must struggle with as their child approaches young adulthood and faces the need for employment or further education to improve increased relative independence. Many parents continue to seek age-appropriate services for the child throughout the teenage years and beyond, while neglecting their own emotional health. Often the development of effective coping methods is emphasized for parents; however, some ineffective coping methods, including avoidance, may have the inverse effect on developing a parent’s ability to find personal happiness and well-being (Benson, 2010). Earlier research by Benson (2006) identified that child symptom severity in ASD was directly correlated with parental likelihood for depression.

**Depression and Parenting**

Depression has been identified as the foremost global cause of disease-associated disability in women (Kessler, 2003). The prevalence of perinatal depression (i.e., depression occurring any time during and immediately after pregnancy) is estimated to be approximately 14.5%, which mirrors the rate of depression in the general population (12% to 20%) (American College of Obstetricians and Gynecologists, 2016; Bennett, Einarson, Taddio, Koren, & Einarson, 2004). Women in the United States are often screened perinatally for depression by the obstetrician/gynecologist, a practice that is mandated in some states and encouraged in all states by the American College of Obstetricians and Gynecologists. Depressive symptoms include agitation, social isolation, indecisiveness, decreased self-care, and thoughts of death or suicide. The very skills that are needed for effective parenting are the ones impacted by the presence of
Depression can impair the parent’s capacity to engage in appropriate social interaction and reduce the actual time the parent plays and communicates with the child.

Depression in Parents of Children With ASD

Parents of children with ASD have been identified as experiencing higher rates of depression and other psychological disorders (Meltzer, 2011). The increased rate of depression may have multiple etiologies, from sleep deprivation and grief related to the child’s diagnosis, to unrelenting psychological stress related to the multiple demands of parenting a child on the autism spectrum. Baum (1990) defined psychological stress as an unfavorable “emotional experience accompanied by predictable biochemical, physiological, and behavioral changes” (p. 653). Chronic stress is well known to have negative health consequences on multiple systems, such as immune, cardiovascular, and digestive, and can lead to obesity and depression (Baum & Poslusny, 1999).

Parenting stress is a specific type of stress defined as the aversive reaction to having to meet the demands of one’s role as a parent (Deater-Deckard, 1998). Hayes and Watson (2013), in a meta-analysis on parenting stress, discovered that a diagnosis of ASD is more stressful on parents than a diagnosis of other developmental disorders, including Down syndrome and cerebral palsy. Mothers of children with ASD were found to have diminished coping abilities and impaired psychological well-being, as well as more depressive symptoms than mothers of children with other disabilities (Dumas, Wolf, Fisman, & Culligan, 1991). Similarly, Estes et al. (2009) identified increased parental stress and psychological stress in mothers of children with ASD compared to mothers of children with other developmental disabilities. The increased stress and distress was directly correlated with “child problem behaviors” (Estes et al., 2009, p. 383). The impact of the child’s behavioral symptoms on parenting was such that parenting stress exacerbated the child’s problem behaviors, which in turn amplified parental stress (Hastings, 2002). This cycle of stress proliferation may well contribute to parental depression in parents of children with ASD (Benson & Karlof, 2008).

Proactive Treatment Interventions

Taking a proactive stance in treating parental depression in families with a child with ASD could be a significant and positive step toward creating a family dynamic where all members are provided access to needed health care support. Currently, parents of children with ASD are considered a part of the team that treats the child; however, they are team members who have to bear the emotional brunt of the diagnosis and who have been provided with the least training and support. Helping parents find their strengths and have their depression treated (if diagnosed) will allow them to become better partners in care. Referral to a mental health professional who could provide a brief intervention, psychoeducation, and referrals...
for ongoing therapeutic support would open parents to understanding what is available for self-care.

Practice Models
Interprofessional collaboration between communication disorder specialists, early education specialists, social workers, pediatricians, and psychiatric nurse practitioners is a practice model that could help parents with self-care, while also keeping the focus on finding the best resources for the child. Reeves, Pelone, Harrison, Goldman, and Zwarenstein (2017) examined interprofessional collaboration to improve professional practice and health care outcomes with patients post-stroke. Their review indicated that in every case, health care provided to these chronic patients benefited by interprofessional collaboration. ASD is a chronic diagnosis that affects parents’ emotional well-being as well as the child’s social emotional development. ASD is a life-long diagnosis that requires parents to be active team members. Children with ASD benefit from early interprofessional collaboration, which may also prove to be a best practice model when inclusive of parental emotional health.

Parents’ Mental Health: The Forgotten Variable
More research on the integration of mental health services to parents, in an interprofessional model, is needed. Children are usually screened for ASD as toddlers at pediatrician offices and nursery schools, which allows for early intervention. Providing the BDI to parents during the initial interventions for the child could allow for the collaboration between specialists to provide appropriate interventions that support a healthy household. Providing the screening for depression when a child is receiving a communication disorder evaluation, or social skills training, would allow those specialists to engage in early parental intervention. If the current authors’ hypothesis is correct, that treating parental depression secondary to a child’s diagnosis with ASD can improve the parent’s ability to provide better parenting and an emotionally healthier household, then the child will also benefit from this early parental intervention. Additional research could establish the evidence required for routine, early screening and treatment of parental depression, providing the currently missing key to improving outcomes for children with ASD and their parents.

CONCLUSION
This brief review of current literature sheds light on the prevalence of depression found in parents of children with ASD, a topic that is rarely addressed in the care and treatment of families dealing with this disorder over a lifetime. This work is a collaboration between three specialties, Nursing, Communication Disorders, and Library Science. Many families seeking help for their child with ASD are seen in offices that focus on delivering care to the child/adolescent/adult with ASD, and not intervening with parents when the topic of depression or other psychiatric problems arise. Depression, as a treatable psychiatric diagnosis, should not be the barrier that keeps parents from providing the best care to their child with ASD.

REFERENCES


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