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Results: The conceptual model derived from grounded theory analysis is reported in Figure 1. The core concept was *Types of Disclosure*, which included full disclosure (immediate, delayed, and forced), limited disclosure (e.g., if needed for accommodations; if the recipient is trustworthy; mixed feelings resulting in mixed behavior), parent(s) disclosing for the young adult, and no disclosure. Five other main categories contributed to, or resulted from, the core concept: (1) *young adult attitudes*, (2) *parent attitudes*; (3) *uncertainty regarding disclosure*; (4) *professional advice*, and (5) *outcomes* (e.g., positive, negative, and surprise).

Conclusions: Participants reported diverse experiences and attitudes. Six young adults and most of their parents endorsed the importance of immediate, full disclosure. They believed that the young adult's autism would disclose itself, and/or that employers, coworkers, teachers, and peers would be more understanding if they knew the young adult had ASD. Multiple participants reported examples of forced disclosure, which resulted from settings tailored to individuals with disabilities. Nine young adults reported limited disclosure for a variety of reasons, including fear of stigma, fear of victimization, and feeling that their diagnosis was not relevant to success in the respective setting. Some parents reported conflict between attitudes (i.e., parent encouraging disclosure and adult choosing not to, or vice versa). A sense of uncertainty was also reported; participants believed the young adult would benefit from accommodations but expressed concerns about negative outcomes of disclosure (e.g., discrimination). Participants reported both positive (e.g., job recovery after being fired; meaningful accommodations; increased understanding) and negative outcomes (i.e., not being offered a job) of disclosure, although negative outcomes were rare. Two of the three participants who reported negative outcomes changed their disclosure strategy.

401.027 (Poster) Ecological Momentary Assessment of Physical Activity, Sedentary Time and Anxiety in Adults with Autism Spectrum Disorder

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Background: Participation in regular physical activity (PA) helps reduce anxiety in the neurotypical population, but there have been no attempts to use PA as part of a treatment approach for anxiety in people with ASD. Anxiety is one of the most common and debilitating co-occurring conditions in adults with autism spectrum diagnoses (ASD) and there are few, effective treatment options for this symptom. Research is needed to explore the potential of using PA participation as an adjunct treatment to alleviate anxiety in adults with ASD.

Objectives: The objective of this pilot study was to examine the relationship between PA, sedentary time, and anxiety in adults with ASD using a modified ecological momentary assessment.

Methods: Fourteen adults with ASD and anxiety (10 females; mean age = 28.9, SD = 8.5) were recruited via ASD support groups in social media. A Qualtrics self-report survey addressing PA (modified International Physical Activity Questionnaire), sedentary time, and anxiety occurrence and triggers (Ozsvadjian, Knott, & Magiati 2012) was delivered daily via text message to study participants at 8 pm for seven days. Participants with at least 3 days of valid responses were included in the analyses. Descriptive and correlational analyses were performed using SPSS and significance level was set at $p < 0.05$.

Results: 65 responses were included in the analyses. Median moderate to vigorous PA and sedentary times were 15 min/day (IQR = 52.5) and 540 min/day (IQR = 420), respectively. The most frequently reported anxiety triggers were specific fears and phobias (46.2%), confusion and worries about social and communication situations (41.5%), and too many demands or expectations (26.2%). Also, participants experienced frequent anxiety feelings during 3 – 5 pm (50.8%), 11 am – 1 pm (40%), and 1 – 3 pm (38.5%). Moderate to strong correlations were found between sedentary time and anxiety ($r_s = 0.34, p = 0.005$) and between moderate to vigorous PA and physical health satisfaction ($r_s = 0.61, p = 0.027$). Moderate to vigorous PA and sedentary time were also moderately negatively correlated ($r = -0.42, p = 0.001$).

Conclusions: Adults with ASD show low levels of daily PA and are highly sedentary. High levels of sedentary time are associated with anxiety in adults with ASD. Interventions that target reducing sedentary time, rather than PA, as a way to manage anxiety in adults with ASD warrant further study.

401.028 (Poster) Efficacy of Depression Screening Tools in Young Adults with Symptoms of Autism

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Background: Autism spectrum disorder (ASD) is a neurodevelopmental condition that is characterized by challenges with communication and social interaction. Autism severity is associated with increased loneliness and symptoms of depression (Hedley *et al.*, 2018), indicating an increased susceptibility to depression in this population. However, depression in ASD is significantly underdiagnosed (Bitsika, 2015). High rates of undetected depression in people with autism could reflect the unique presentation of depression in this population, potentially associated with reduced insight into symptoms (Hill & Frith, 2004), as well as the lack of autism-specific diagnostic tools.

Objectives: This study tests the efficacy of depression screeners in a non-clinical sample of individuals with low or high rates of autism traits.

Methods: University undergraduates ($n=173$) ages 18-24 years old [$M(SD)=19.8(1.3)$] completed the Autism Questionnaire (AQ) and Beck-Depression Inventory-II (BDI-II). A total of 153 students completed the survey and endorsed paying close attention to the questions and instructions; of these, we also received 30 parent-report Adult Behavior Checklist (ABCL) scores describing symptoms of depression in their children. Analyses tested whether higher levels of ASD traits co-occurred with more symptoms of depression and also examined convergence of self- and parent-reported depression symptoms in individuals with higher versus lower levels of autism traits.

Results: Symptoms of autism and depression were significantly correlated, $r(153)=.35, p=.001$, such that participants reporting more symptoms and traits of ASD also endorsed more symptoms of depression; Figure 1. Child and parent depression scores were significantly correlated in individuals in the low ASD traits group, $r(17)=.53, p=.03$; in contrast, child and parent report were uncorrelated in the high ASD traits group, $r(13)=.10, p=.74$; see Figure 2.