

Capturing Autistic Students' Anxiety: Application of the PARS-ASD in a School-Based Comparative Effectiveness Trial

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Introduction

- Anxiety is common in autistic children and may negatively impact school functioning^{1,2}.
- The PARS-ASD is a brief caregiver interview designed to assess anxiety in autistic children³.
- The PARS-ASD may be both useful and feasible in research contexts compared with lengthier semi-structured interviews or objective measures alone.

Aims

- Examine the feasibility and utility of the PARS-ASD with autistic students.
- Examine relations between (1) the PARS-ASD and (2) teacher School Anxiety Scale (SAS⁴), caregiver (SCARED⁵), and child (SCARED⁵) anxiety rating scales.

Hypotheses

- The PARS-ASD will be feasible and will have good utility.
- The PARS-ASD will be positively correlated with the caregiver SCARED but not correlated with reports from other informants.

Methods

- **Participants:** Autistic children with anxiety (N = 127) aged 8-15 years (M=11, SD=2), their caregivers, and teachers were enrolled in an ongoing comparative effectiveness trial examining *Zones of Regulation*⁶ and *Facing Your Fears in Schools*⁷.
- At baseline, caregivers completed the PARS-ASD and SCARED, children completed the SCARED, and teachers completed the SAS.

The PARS-ASD may have **unique benefits** for measuring anxiety among autistic students in school-based research.

In this study, the PARS-ASD had a **high completion rate** and **captured anxiety symptoms not assessed by other objective measures**.

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Measure	Administration	Anxiety Constructs Measured	Sample Item
PARS-ASD	Semi-structured interview	Social, Separation, Generalized, Panic, Specific Phobia*, Health and the Body*, Sameness/Need for Routine*	"During the past week, has your child avoided or been anxious in social situations?"
SCARED	Likert-scale questionnaire	Social, Separation, Generalized, Panic, School*	"My child feels nervous with people he/she doesn't know well."
SAS	Likert-scale questionnaire	Social, Generalized	"This child appears nervous when approached by other children or adults."

*Non-overlapping construct

- **Analysis:** For Aim 1, PARS-ASD descriptives were generated. For Aim 2, bivariate Pearson correlations of total scores were conducted.

Results

- PARS-ASD mean administration time = 24 minutes, 13 seconds (SD=7:38); Completion rate = 91%.
- Of the anxiety domains unique to the PARS-ASD:
 - 76% of caregivers endorsed symptoms of specific phobia(s).
 - 53% endorsed anxiety symptom(s) related to health and the body.
 - 88% endorsed anxiety surrounding need for sameness/routine.
- PARS-ASD total score was significantly correlated with caregiver SCARED Total Score ($r=.61$, $p<.001$), but not child SCARED or teacher SAS.
- Caregiver and child SCARED were correlated ($r=.28$, $p<.01$). SAS correlated with caregiver SCARED ($r=.23$, $p<.05$).

Discussion

- The PARS-ASD was time efficient, had a high completion rate, and captured anxiety symptoms not typically assessed by other measures.
- PARS-ASD was only significantly correlated with the caregiver SCARED. This highlights the importance of multi-informants.
- Limitations: No comparison to other semi-structured interviews; not yet able to assess whether PARS-ASD captures meaningful change in anxiety symptoms.

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