Lab Overview

The MSU Autism Lab was founded in 2007 by Brooke Ingersoll, PhD, BCBA. Our lab is interested in studying social communication development in children with autism. In particular, we study how nonverbal skills such as imitation and joint attention, which usually are significantly impaired in children with autism, can affect (or are related to) the development of later emerging language or social impairments. We use this information to develop and evaluate more effective interventions for young children with autism. We are also interested in identifying child characteristics that can predict which children are likely to respond most favorably to different interventions.

Current Projects

Reciprocal Imitation Training: The largest study taking place in the lab looking at the effects of a developmentally based intervention that teaches imitation within a social communicative context. If you are interested in learning more, or how to become a participant, call Nikki Bonter at 517-432-8031.

Sibling Reciprocal Imitation Training: This study involves teaching an older sibling to implement Reciprocal Imitation Training with their younger sibling with autism. If you should have any questions regarding this study, call Katie Meyer at 517-432-8031.

Project ImPACT: Trains early intervention and early childhood special education providers to teach parents of children with autism spectrum disorders evidence based strategies for improving their child’s social communication skills during on-going family routines. In addition, the lab is training several families this program by individual format.
Naturalistic Language Interventions: A series of single subject design studies, comparing naturalistic language interventions, and their ability to target different language functions.

Research Highlight

Our lab has recently completed a study on the effect that having a child with ASD has on parents’ own mental health. One hundred and forty-nine parents completed a survey of parenting stress, depression, broader autism phenotype, coping style, social support, and child symptom severity.

Parents having a child with ASD reported elevated parenting stress and depression compared to parents of typically developing children. Parents of children with more significant impairments reported circumstances which put them in a category of higher risk. For instance, these parents were less likely to receive social support, which increased their risk of stress and depression.

The different strategies that parents used to cope with stressors related to having a child with ASD also contributed to their mental health. In particular, the use of coping strategies such as avoidance and self-blame increased the likelihood of experiencing stress and depression.

Finally, parents who received greater social support were at a lower risk of experiencing stress and depression.

Given these findings:

- Intervention providers should be encouraged to screen for parent stress and depression and make appropriate referrals when necessary. Mental health services that focus on the unique stressors of parenting a child with ASD should be made available to families in need.

- Parents of children with ASD should be encouraged to use more adaptive coping strategies. Group-based cognitive-behavioral therapy aimed at increasing effective coping for parents of children with ASD may be helpful for reducing parental stress and depression.

- Parents of children with ASD should have opportunities to receive social support. Parent support groups may be a good option. Parents may also benefit from learning strategies to develop and maintain informal social support networks (e.g., friends and family) after a child’s diagnosis.
Managing Stress

All parents understand what it means to live with stress. School schedules, after school events, classroom volunteering, homework, cooking meals, baths, bedtime...and all this on top of a full-time schedule of your own! When is there time for you? Parents of children with autism have additional stressors, making it even more difficult to find quiet time to destress. Below is a list of common challenges, and some helpful tips.

Caretaking Roles: Parents may have feelings of guilt, shame, or feel overwhelmed or incompetent in their parenting abilities. One parent may take over caretaking responsibility, where another may resist participation. Tips: Set up nightly/weekly “check-ins”~ Schedule time off for parent who has primary caretaking role~ Switch caretaking roles once in a while~ Write a list of the parenting skills you appreciate in the other, and give it to them.

Guilt: Parents may have guilt producing dialogues with themselves, “Is this my fault?” “Is it my genes?” “I’m never doing enough for my child,” “I’m not doing enough for my other children, or my partner.”

Tips: Make a list of your good qualities, your good parenting, and all of the things you do for your family. Remember that there is no ONE special treatment our child needs, but just many quality services, and a loving family😊

Burnout: Parents commonly feel anxiety, frustration, and sadness. If parents do not remember to take good care of themselves, these feelings may lead to physical illness. It is not uncommon to feel as though one may want to escape. Tips: Journal your feelings~ Focus on your child’s strengths~ Keep track of your child’s achievements, no matter how small~ Share childcare with other parents or get some respite care~ Try to remember to make special time for you, because you deserve it!

Lack of Family or Community Support: Family members that do not live with you may not understand autism, or may be in denial. Parents may sometimes lose friends, or receive rude looks or comments in public. Tips: Send letter to family outlining your child’s difficulties and accomplishments, and what they can do to help~ Refer them to books or websites~ Have a card ready for people out in public “My child has autism which can cause…”~ Join support groups~ Become an advocate for your child and help others advocate for their child.
We are pleased to announce the opening of the Autism Specialty Clinic at the Michigan State University Psychology Clinic, which is separate from the Autism Lab. The MSU Autism Clinic is staffed by advanced graduate students under the direction and supervision of Brooke Ingersoll, Ph.D. The clinic will offer services for a fee, and fees are adjusted based on the family’s ability to pay. Below is a list of services provided by the clinic. For more information about these services, please call the MSU Psychology Clinic at 517-355-9564.

Social Skills Groups for Children and Adolescents with High-Functioning Autism/Asperger’s: Groups will target children ages 8-12 and adolescents ages 13-17. Currently recruiting children for groups that will start in January 2010. Pre-screening will take place in December 2009.

Parent Training in Strategies to Promote Social-Communication Skills: Parent training using the Project ImPACT curriculum designed to teach parents strategies to improve their child’s social communication skills during daily routines and activities. The intervention is designed for families of children with ASD up to about 6 years of age with significant language, social, and play deficits. It is also appropriate for older children who have difficulty with spoken language. Teaching formats will be on either an individual or group basis.

Behavioral Consultations: Short term treatment aimed at addressing specific behavioral issues (tantrums/aggression, self-help skills) for children and adolescents with ASD.

School Consultations: Short term behavioral consultations to schools to develop and help implement a behavioral plan for a specific student.

Support Groups: Depending on interest, bi-weekly education and support groups for parents and siblings of children with ASD will be offered.
Family Tidbits:

In this section of our newsletter, we would like to highlight little family stories, or exciting “tidbits” concerning your child with autism. It can be anything that brings a smile to your face; an accomplishment; a new word; a happy day; a funny happening.

When you have something to share, please e-mail it to bonterni@msu.edu, and we will be sure to add it to one of our upcoming newsletters. Thank you!

**Kael, 26 months**

Kael’s Early On team has been really impressed with his ability to imitate, and has been incorporating imitation training into their play groups. One of his teachers came to the house recently and was impressed by his ability to imitate on the first try; he put keys into a bucket, started tapping a ball, jumping up and down with her, and of course (his favorite)...threw a toy! All this while making great eye contact and some smiles!

Way to go Kael! Keep up the great work😊

**Dominic, 5y**

A few weeks ago, Dominic’s mom accidentally fell out of her chair. Dominic came over and then proceeded to imitate his mom’s fall—even more dramatic then she fell! 😊

In the car lately, Dominic has been saying “Tickle me” over and over again until his mom says “where do you want to be tickled?” Usually he will say “Tickly me, belly.” On this particular day though, Dominic was very specific, and said “Tickle me, lower leg.” This made Dominic’s mom and sister laugh so hard!!!

Way to go Dominic😊

**Cooper, 4y**

He did it! After weeks of refusing to put on his tuxedo for a family wedding, he put it on the day of the wedding. When time to walk down the aisle, he told his mom “I all done…” and his mom said “oh no you’re not…do you want to find daddy and get a cookie?” He stood up and said “yes” and proceeded to walk down the aisle smiling and saying “SMILE…CHEEEESE” for all the cameras! He did it! Way to go Cooper😊

*Thank you to all families who shared with us this month!*