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SHORT PAPER

Association between Autistic Traits and Maladaptive Behaviors in Preschool Children Using the Child Development Support Center in Japan

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ABSTRACT

The aim of this study aimed to examine the association between autistic traits and maladaptive behaviors in preschool children using child development support center in Japan. Thirty-two children using the services of “A” child development support center, in “B” prefecture in Japan, participated this study. The results showed that children diagnosed with autism spectrum disorder (ASD) tended to have fewer maladaptive behaviors than those without a diagnosis but other developmental problems. In addition, children with high autistic traits had more peer problems but fewer conduct problems and prosocial behaviors than those with low autistic traits. These results indicate the importance of early diagnosis of ASD and the usefulness of providing support based on autistic traits.

Key-words: Child development support center, autism spectrum disorder, maladaptive behavior, social communication and interaction, restricted interests, repetitive behavior

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I. Introduction

The child development support centers in Japan are a support facility for children with disabilities as stipulated by the Child Welfare Act. This center's role is to support child development and provide consultation and assistance to local children with disabilities and their families. In particular, preschool children with disabilities or children with developmental problems are sent to this center, and the staff teaches them basic movements, knowledge, and skills necessary for daily life, training them to adapt to communal living.¹⁾ The Center plays a major role in Japan for the permeation of "early detection and early support for children with disabilities and their families."¹⁾

The center aims to decrease maladaptive behavior of preschool children with disabilities. Hence, it is important to assess the maladaptive behaviors of children who use the services of this center.¹⁾²⁾ However, no previous studies have examined the characteristics of maladaptive behaviors in children who use the child development support center in Japan.

Therefore, it is important to examine the factors that influence maladaptive behaviors among children when formulating a support plan for preschool children who use the services of this center. The traits of autism spectrum disorder (ASD) in children are known to influence maladaptive behaviors.³⁾ ASD is a neurodevelopmental disorder characterized by deficits in social communication and interaction, restricted interests, and repetitive behavioral patterns.⁴⁾ Rodrigue et al. showed that children with ASD displayed not only significant and pervasive difficulty in acquisition of adaptive social skills but also a greater variability in adaptive skills, as compared to children with Down syndrome or typically developing children.³⁾ Further, Iizuka et al. demonstrated that children with ASD scored significantly higher on emotional symptoms and peer problems, which form the subscales of the Strengths and Difficulties Questionnaire (SDQ),⁵⁾ thus indicating that children with ASD are more likely to engage in maladaptive behaviors. Kenworthy et al. showed that there were significant and negative associations between autistic traits and adaptive behavior in children without an ASD diagnosis.⁶⁾ Sari et al. observed that higher levels of autistic traits predicted maladaptation in peer relationships, such as lower peer acceptance and higher peer rejection.⁷⁾ These results suggest the utility of the assessment of autistic traits in children with or without a diagnosis of ASD. However, previous studies have not examined the association between the diagnosis of ASD or autistic traits and maladaptive behavior in preschool children who use child development support center in Japan.

Based on these findings, this study aimed to examine the association between the diagnosis of ASD or autistic traits and maladaptive behavior in preschool children using child development support centers in Japan. Clarifying this will be helpful when considering support for preschool children at the child development support center.

II. Method

1. Participants

This cross-sectional study included 32 preschool children (23 boys and 9 girls) using the services of “A” child development support center, located in “B” prefecture in Japan. Participants’ mean chronological age (CA) was 57.344 ± 9.237 (41-74) months. All participants used the services of this center because their developmental delay was diagnosed in the one and a half to three year old children’s health checkups. Of the 32 participants, 10 had been diagnosed with ASD at a medical institution, while others had no ASD diagnoses. All children who had been diagnosed with ASD were confirmed to have Autism Spectrum Disorder by DSM-5. Further, one of the children who did not belong to the ASD group was found to have Attention Deficit Hyperactivity Disorder by DSM-5. In Japan, many children are found with high ASD characteristics but no ASD diagnosis. Such children, who have not been diagnosed with ASD but show high ASD characteristics, are eligible for support at child development support centers. Therefore, even children without a diagnosis of ASD were included in this study. No significant difference in age was found between participants with and without an ASD diagnosis ($t(30) = 0.549, n.s$).

2. Questionnaire

a) Maladaptive behaviors

To measure participants’ maladaptive behaviors, we used the Strength and Difficulty Questionnaire (SDQ)⁸⁾, a 25-item scale. The SDQ has shown satisfactory psychometric properties for identifying children with emotional and behavioral difficulties. The items are divided into five subscales of five items, each generating scores for emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behaviors. Each item is scored on a three-point scale. The total score of the four subscales, excluding prosocial behavior, is calculated as the total difficulty score (TDS).

b) Autistic Traits

To measure the autistic traits of participants, we used the Social Responsiveness Scale Second Edition (SRS-2).⁹⁾ SRS-2 is a 65-item quantitative measure of children’s autistic traits. Each item is scored on a 4-point scale, with total scores. SRS-2 has two types of subscales: the DSM-5 Compatible Subscale and Treatment Subscale. The DSM-5 Compatible Subscale consists of two scales: Social Communication and Interaction (SCI), and Restricted Interests and Repetitive Behavior (RRB). The Treatment Subscale consists of five scales: social awareness, social information processing (social cognition), capacity for reciprocal social communication, social motivation (anxiety/avoidance), and restricted interests and repetitive behavior. Specifically, we used the 65-item total raw scores, SCI, RRB, social awareness, social cognition, social communication, and social motivation scores in the analyses. No specific cut-off value has been established for the SRS-2 raw score.

3. Procedure

Written requests for participation in the study were made to the caregivers of children in “A” child development support center. For children who consented to participate in the study, the nursery teachers who interacted with them daily, filled out the questionnaires. This study was conducted in July, 2022.

4. Ethical Consideration

This study protocol was approved by the Bioethics Committee of Yamaguchi Prefectural University (Approval Number:2021-12). All participants were informed that their privacy and responses would be strictly protected, that their participation was not mandatory, and that they could withdraw from the study at any time. All participants provided their written informed consent.

III. Results

1. Descriptive Statistics

Table 1 presents the descriptive statistics for the SRS-2 and SDQ scores.

<Table 1> Descriptive Statistics of the score of SRS-2 and SDQ

	Mean Score	<i>SD</i>	Min	Max	kurtosis	skewness
<i>SRS-2</i>						
total score	89.750	24.486	37	135	-.539	-.198
SCI	74.969	19.468	31	107	-.519	-.309
RRB	14.781	5.791	4	28	-.488	.096
social awareness	12.875	3.415	6	19	-.567	-.151
social cognition	20.156	4.594	8	27	.242	-.874
capacity for reciprocal social communication	29.219	9.833	11	47	-.715	-.066
social motivation	12.719	4.129	6	20	-1.193	-.065
<i>SDQ</i>						
TDS	18.000	4.806	7	26	-.310	-.500
emotional symptoms	3.406	2.474	0	10	-.003	.631
conduct problems	3.500	2.095	0	7	-1.096	.427
hyperactivity/inattention	6.375	2.745	0	10	.040	-.660
peer problems	4.719	2.372	0	8	-1.098	-.508
prosocial behavior	3.031	2.957	0	10	-.363	.726

SRS-2 = Social Responsiveness Scale 2nd ed; SDQ = Strength and Difficulties Questionnaire

SD = Standard Deviation; Min = Minimum Values; Max = Maximum Values

n = 32

2. Comparison of Autistic Traits in Children with and without ASD Diagnoses

To examine the difference between overall autistic traits in participants with and without ASD diagnoses at the center, a *t*-test was performed with the presence or absence of an autism diagnosis as the independent variable, and the total SRS-2 score as the dependent variable. No significant difference was found between the mean total scores of SRS-2 in participants with and without ASD diagnosis ($t(30) = 0.973$, *n.s.*, Cohen's $d = 0.41$).

To examine the difference between difficulty in social communication and interaction and restricted and repetitive behavior in participants with and without ASD diagnoses, *t*-tests were performed with the presence or absence of an ASD diagnosis as the independent variable and the SCI and RRB scores as the dependent variables. No significant differences between the mean scores of SCI ($t(30) = 0.892$, *n.s.*, Cohen's $d = 0.34$) and RRB ($t(30) = 0.973$, *n.s.*, Cohen's $d = 0.42$) in participants with and without ASD diagnoses, were revealed.

To examine the differences in the difficulties of social communication and interaction in participants with and without ASD diagnoses, *t*-tests were performed with the presence or absence of ASD diagnosis as the independent variable and the score of social awareness, social cognition, capacity for reciprocal social communication, and social motivation as the dependent variables. No significant differences were found between the mean scores of social awareness ($t(30) = 0.413$, *n.s.*, Cohen's $d = 0.16$), social cognition ($t(30) = -0.363$, *n.s.*, Cohen's $d = 0.14$), capacity for reciprocal social communication ($t(30) = 1.260$, *n.s.*, Cohen's $d = 0.48$), social motivation ($t(30) = 1.326$, *n.s.*, Cohen's $d = 0.51$), and restricted interests and repetitive behavior ($t(30) = 0.973$, *n.s.*, Cohen's $d = 0.42$) in participants with and without ASD diagnoses. The results are presented in Table 2 and Table 3.

<Table 2> Mean total scores of SRS-2 and those of the DSM-5 Compatible Subscales in children with and without ASD diagnoses

	total score	SCI	RRB
Children with the diagnosis of ASD (n = 10)	83.500 (<i>SD</i> = 22.741)	70.400 (<i>SD</i> = 17.665)	13.100 (<i>SD</i> = 6.027)
Children without the diagnosis of ASD (n = 22)	92.591 (<i>SD</i> = 25.226)	77.046 (<i>SD</i> = 20.280)	15.546 (<i>SD</i> = 5.655)

<Table 3> Mean scores of the Treatment Subscale
in children with and without ASD diagnoses

	social awareness	social cognition	capacity for reciprocal social communication	social motivation	restricted interests and repetitive behavior
Children with the diagnosis of ASD (n = 10)	12.500 (SD = 2.799)	20.600 (SD = 3.062)	26.000 (SD = 9.321)	11.300 (SD = 4.596)	13.100 (SD = 6.027)
Children without the diagnosis of ASD (n = 22)	13.064 (SD = 3.709)	19.955 (SD = 5.196)	30.682 (SD = 9.916)	13.364 (SD = 3.836)	15.546 (SD = 5.655)

3. Comparison of Maladaptive Behaviors in Preschool Children with and without ASD Diagnoses

To examine the difference between adaptive and maladaptive behaviors in participants with and without ASD diagnoses, *t*-tests were performed with the presence or absence of ASD diagnosis as the independent variable and the score of TDS, emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior as the dependent variables. As a result, a marginally significant difference in TDS scores was observed between the groups, with a lower TDS score in the group with ASD diagnosis than in the group without ASD diagnosis at the center ($t(30) = 1.994, p < .10$, Cohen's $d = 0.76$).

In contrast, *t*-tests revealed no significant differences between the mean scores for emotional symptoms ($t(30) = 1.092, n.s$, Cohen's $d = 0.42$), conduct problems ($t(30) = 0.908, n.s$, Cohen's $d = 0.35$), hyperactivity/inattention ($t(30) = 1.526, n.s$, Cohen's $d = 0.58$), peer problems ($t(30) = 0.188, n.s$, Cohen's $d = 0.07$), and prosocial behavior ($t(30) = -0.342, n.s$, Cohen's $d = 0.13$). The results are presented in Table 4.

<Table 4> Mean scores of SRS-2 in children with and without ASD diagnoses

	TDS	Emotional Symptom	Conduct Problem	Hyperactivity/inattention	Peer Problem	Prosocial Behavior
Children with the diagnosis of ASD (n = 10)	15.600 (SD = 5.358)	2.700 (SD = 2.312)	3.000 (SD = 1.764)	5.300 (SD = 2.214)	4.600 (SD = 2.271)	3.300 (SD = 3.302)
Children without the diagnosis of ASD (n = 22)	19.091† (SD = 4.219)	3.727 (SD = 2.529)	3.727 (SD = 2.229)	6.864 (SD = 2.867)	4.773 (SD = 2.468)	2.909 (SD = 2.860)

†: $p < .10$

4. Classification of Preschool Children by Autistic Traits

To classify participants by autistic traits, hierarchical cluster analysis using squared Euclidean distance measures and Ward's minimum variance method was performed. Clustering was based on SCI and RRB scores. Two clusters were adopted because of clear differences in SCI scores and possible interpretations. Thirteen participants (40.6%) were classified into Cluster 1, while nineteen (60.4%) were classified into Cluster 2. *t*-tests were performed with the cluster of participants as the independent variable and the SCI and RRB scores as the dependent variables. As a result, significant differences in the scores of SRS-2 and SCI were observed between the clusters, and the scores of SRS-2 ($t(30) = -2.109, p < .05$, Cohen's $d = 2.86$) and SCI ($t(30) = -2.157, p < .05$, Cohen's $d = 3.21$) were higher in Cluster 2 than in Cluster 1. Nevertheless, a *t*-test revealed no significant differences between the mean RRB scores ($t(30) = -1.648, n.s$, Cohen's $d = 1.54$).

5. Comparison of Maladaptive Behaviors in Preschool Children with Severe and Mild Difficulties in Social Communication

To examine whether adaptive and maladaptive behaviors differ according to autistic traits of preschool children, *t*-tests were performed with the cluster of participants (Cluster 1: the group of mild social communication difficulty; Cluster 2: the group of severe social communication difficulty) as the independent variable and the score of TDS, emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior as the dependent variables.

As a result, a significant difference in the scores of peer problems and prosocial behavior was observed between the two clusters. The scores of peer problems were higher in Cluster 2 than in Cluster 1 ($t(17.432) = -3.079, p < .01$, Cohen's $d = 1.22$), while the scores of prosocial behavior was higher in Cluster 1 than in Cluster 2 ($t(30) = 4.144, p < .01$, Cohen's $d = 1.49$).

Contrarily, a marginally significant difference in the scores of conduct problems was observed between the clusters as the score of conduct problems was higher in Cluster 1 than in Cluster 2 ($t(30) = 1.876, p < .05$, Cohen's $d = 0.68$). *t*-tests revealed no significant differences between the mean TDS scores ($t(16.929) = -1.158, n.s$, Cohen's $d = 0.46$), and scores of emotional symptoms ($t(30) = 0.103, n.s$, Cohen's $d = 0.04$) and hyperactivity/inattention ($t(30) = -1.171, n.s$, Cohen's $d = 0.42$) between the two clusters. Table 5 presents the results.

<Table 5> Mean scores of SRS-2 in children of Cluster 1 and Cluster 2

	TDS	Emotional Symptom	Conduct Problem	Hyperactivity/inattention	Peer Problem	Prosocial Behavior
Cluster 1 (n = 13)	16.692 (SD = 6.250)	3.462 (SD = 2.295)	4.308† (SD = 2.175)	5.692 (SD = 2.594)	3.231 (SD = 2.651)	5.154** (SD = 2.340)
Cluster 2 (n = 19)	18.895 (SD = 3.414)	3.368 (SD = 2.650)	2.947 (SD = 1.900)	6.842 (SD = 2.814)	5.737** (SD = 2.434)	1.579 (SD = 9.916)

** $p < .01$; † $p < .10$

IV. Discussion

This study examined the association between the diagnosis of ASD or autistic traits and adaptive or maladaptive behavior in preschool children who have been utilizing the services of a child development support center. In this section, we first discuss the relationship between the presence or absence of an ASD diagnosis and adaptive or maladaptive behaviors, followed by a discussion on the relationship between autistic traits and adaptive or maladaptive behaviors.

1. Relationship Between Autistic Traits and Diagnosis of ASD in Children using the Services of the Child Developmental Support Center

The results of the *t*-tests showed no significant differences between the total scores of SRS-2 and the subscale scores of SRS-2 in children with and without ASD at the center. This result differed from that of previous studies,¹⁰⁾ wherein higher scores of SRS were observed in children with ASD than in children without ASD.¹⁰⁾ This result suggests that there are children with high autistic traits, even among children without a diagnosis of ASD, who use child development support centers. This may indicate toward difficulties of diagnosing ASD before children enter school. To diagnose ASD in preschool children with developmental problems, parents must take them to a medical facility. However, parents of children with developmental problems are known to face struggles in doing so.¹¹⁾ Yamane pointed out that parents of children with developmental problems are motivated to seek medical attention to determine the cause of the problem after experiencing anxiety about the child's problem and conflicting emotions that counteract that anxiety.¹¹⁾ It is speculated that the parents of the participants of this study may have faced a similar conflict. Therefore, their children were not diagnosis with ASD, despite having autistic traits.

2. Relationship Between Maladaptive Behaviors and Diagnosis of ASD in Children Using the Services of the Child Developmental Support Center

The results of the *t*-tests showed that the TDS scores of children with ASD tended to be lower than that of preschool children without ASD but other developmental problems. This result differed from that observed in previous studies, wherein the scores of emotional symptoms and peer problems in children with ASD were higher than that of children without ASD.⁵⁾ This result suggests that children diagnosed with ASD tended to have fewer difficulties and lesser maladaptive behaviors that those who have not been diagnosed with ASD but may have other developmental problems. Having a child diagnosed with ASD not only leads to support from relevant organizations but also encourages parents to raise their children mindful of their ASD traits. Previous studies have that parents raising children with ASD become increasingly involved in their child's treatment, and in some cases, may also serve as the primary persons delivering the

treatment.¹²⁾¹³⁾ Hence, the diagnosis of ASD in children may lead to fewer maladaptive behaviors through appropriate childcare, as compared to in children where ASD remains undiagnosed.

3. Relationship Between Maladaptive Behavior and Autistic Traits in Children Using the Services of the Child Developmental Support Center

The results of the cluster analysis showed two cluster groups of participants (Cluster 1: the group of mild social communication difficulty; Cluster 2: the group of severe social communication difficulty). Since the SRS-2 and SCI scores in Cluster 2 were higher than those in Cluster 1, Cluster 2 was considered to be a group with strong autistic traits, especially difficulty in social communication and interaction. Cluster 1 was considered a group with weak autistic traits. Cluster analysis showed that peer problems in Cluster 2 were significantly higher than those in Cluster 1, while conduct problems in Cluster 1 were higher than those in Cluster 2. These results suggest that children with strong autistic traits are more likely to have peer relationship problems, whereas children with weaker autistic traits are more likely to have behavioral problems. This result is partly similar to that observed in previous studies, wherein the score of peer problems in children with ASD was found to be higher than that of children without ASD.⁵⁾ Preschool children with high autistic traits are less interested in others and have low social skills.¹⁴⁾¹⁵⁾ Hence, Cluster 2, which had participants with stronger autistic traits, especially difficulty in social communication, seems to have more peer problems than those in Cluster 1. Contrarily preschool children who are interested in interacting with others are known to have difficulty in regulating their behavior due to their lack of linguistic abilities when conflicts arise in relationships.¹⁶⁾ Therefore, participants in Cluster 1, who had weaker autistic traits, seems to have more conduct problems than those in Cluster 2.

Additionally, prosocial behavior score in Cluster 1 tended to be higher than that in Cluster 2. This result suggests that children with weaker autistic traits are more likely to engage in prosocial behavior. Prosocial behavior is usually defined as voluntary behavior intended to benefit others.¹⁷⁾ Previous studies have indicated that children with ASD have deficits in prosocial behavior and empathy.¹⁸⁾ Deschamps et al. suggested that impairment in cognitive empathy leads to reduced prosocial behavior in children with ASD.¹⁹⁾ Based on these studies, children in Cluster 2 may have had reduced prosocial behavior due to impaired cognitive empathy.

4. Limitations of the Study

This study had several limitations that must be considered. First, since children's intellectual abilities cannot be controlled, and they tend to influence their maladaptive behaviors, the results of this study may have been influenced by participants' intellectual abilities. Therefore, it is necessary to clarify the relationship between autistic traits and maladaptive behaviors after controlling for intellectual abilities. Second, this study had a

small sample size, and the number of participants is related to the statistical power of the analysis. Thus, it is necessary to examine this relationship by increasing the number of participants.

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