Coparenting autistic children during COVID-19: Emerging insights from practice

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Abstract
Globally, parents and caregivers of children with autism have been particularly impacted by the recent changes due to COVID-19. Reduced access to schools, community supports, and therapeutic services makes parenting more challenging during the pandemic, and especially for parents with children with autism and who are experiencing family breakdown. There remains little guidance to assist coparenting autistic children during COVID-19 after separation and divorce. This brief paper summarizes emerging issues arising in clinical practice to offer recommendations for social work practice.

Keywords
Autism, COVID-19, family, Internet-based intervention, parenting, social work

Introduction
To curb the spread of COVID-19, governments across the globe have imposed physical distancing measures to protect the health and safety of citizens. Unfortunately, emerging research shows that physical distancing measures are contributing to increased feelings of isolation, stress, and anxiety; mood disorders; sleep issues; post-traumatic stress disorder (PTSD); and emotional burnout (Brooks et al., 2020; Rajkumar, 2020). Research on parents of autistic individuals in North America has found higher than pre-pandemic levels of stress, mental health challenges, and financial concerns (Colizzi et al., 2020; Manning et al., 2020; Salt et al., 2020). As clinically practicing social
workers and researchers in urban Canada with specializations in family systems, coparenting, mental health, and autism across the lifespan, we share some clinical issues that may be experienced by these families and lessons that may support future social work practice in this area.

Background

Parenting children on the autism spectrum comes with a unique set of rewards and challenges, including spending more time with their children and also including higher levels of stress and mental health issues and lower relationship satisfaction in comparison with parents of neurotypical children (Sacca et al., 2019; Saini et al., 2015a). In some cases, parents of autistic children are autistic themselves (Wheelwright et al., 2010); therefore, additional stressors in some circumstances may arise as a result of this dynamic. Research has begun to explore the experiences of families since the start of the COVID-19 pandemic. Emerging findings note that families of children with autism have reported significant increases in mental health and behavioral challenges in all family members (Colizzi et al., 2020; Manning et al., 2020). Contributing factors include breakdown of the consistency in routine, reduced access to medical or therapeutic care and community programming/respite supports, transitioning to online programming, financial challenges, sensory-related issues with masks, and the lack of social connection and support for parents (Colizzi et al., 2020; Eshragi et al., 2020; Manning et al., 2020). While research in this area is ongoing, published results to inform practice will take time. Meanwhile, there is value to gaining insight from direct practitioners who are working with families during COVID-19.

Emerging clinical practice themes

Social workers, informed by strengths-based and social justice theories and the most current evidence about the effects on family breakdown, may be uniquely positioned to support families with navigating the service system, disrupting stigma, supporting resilience, and helping to support cohesive coparenting plans for families of autistic children during this time (Morris et al., 2018). The following emerging themes have been observed in clinical practice and may be of value for social workers wishing to adapt their practice approaches during this tumultuous time.

Knowledge about autism

In understanding autism, we know that change can be particularly difficult. Having a good understanding of autism has been highlighted by practitioners and clients as a key component to effective practices (Morris et al., 2019; Wilson and Peterson, 2018). Clinicians should feel knowledgeable about the unique dynamics of parenting autistic children so that there is some reference point for setting expectations.

Client-centered and collaborative practice

We have found that following the family’s lead, especially on aspects of the pandemic not considered, has been extremely valuable in fostering engagement and understanding. We have observed that community lockdowns and cancellation of activities have been disruptive for autistic family members (due to a preference for schedule and routine), at times prompting a trauma response. Social workers should ground themselves in the experiences and truths that their clients bring forward. Coparents of children with autism know their situation best and may have unique and creative contributions to make to parenting plans during this time.
Additional mental health support

We have observed a collective decrease in mental health and coping across all clients during this time. Unique challenges for coparents of autistic children include feelings of isolation when unable to connect with other families who can empathize with the unique experiences of parenting a child with autism and existential crises prompted by the ambiguity due to COVID-19. In our practices, autistic parents share struggles with establishing routines and structure during these turbulent times. Autistic parents have expressed particular difficulty with identifying and articulating their emotional experiences. Several parents described the stress of spending long periods of time with children who are unpredictable and spontaneous. Fostering trust, respect, and values among coparents, and help with establishing boundaries between family members may be beneficial for improved mental health (Lebow, 2020).

Adaptability to changing circumstances and communication

We have observed fatigue with online meetings and fear of in-person support due to health risks. In some families, parents have conflicting views around utilizing services during COVID-19. Service provision should be flexible (Lebow, 2020), and the format should be reviewed regularly. In addition, coparents should be provided with information about the virus, necessary safety measures, and lifestyle changes (Brooks et al., 2020).

Use of technology to maintain connections

Telehealth is currently the dominant social work intervention for many parts of the world (Craig et al., 2021; Swenson et al., 2021). In our practices, many families are finding it difficult to attend in-person appointments amid new health protocols. In-person appointments may be canceled at the last minute as a result of the need to self-isolate. Families have expressed appreciation for the continuation of supports through virtual or telephone methods. We are noticing that some clients feel more comfortable with sharing and deconstructing therapeutic challenges from the safety of a physically distanced space.

Review of parenting plans, routines, and responsibilities

Research around coparenting suggests cohesive and consistent parenting plans are particularly important for families of autistic children (Jennings, 2005; Saini et al., 2015b). In practice, even the most cohesive parenting plans are being disrupted due to ever-changing health recommendations and the intermittent closure of various services and supports. Plans should be revisited and include consideration of ill children and/or ill parents, alternatives to programming, and other health protocols between multi-household families (Lebow, 2020).

Future clinical practice considerations

Ongoing use of technology in practice

To adapt to COVID-19, social work researchers are investigating therapeutic alliances through telehealth (Craig et al., 2021; Earle and Fredolino, 2021; Swenson et al., 2021). In our practices, we have found this option to be beneficial for supporting families. Telehealth presents as a positive initiative for joining coparents in different locations who may not otherwise be able to simultaneously attend their children’s appointments (Brooks et al., 2020; Salt et al., 2020). Telehealth has
been identified as a potential way to reduce obstacles to accessing healthcare during and after COVID-19 (DiCarlo et al., 2021). We must learn from evolving research and consider the unique privacy, confidentiality, and therapeutic rapport factors when utilizing telehealth.

**Considerations of challenges for autistic youth and adults**

Higher levels of stress during COVID-19 have been documented most frequently in parents of younger children and those with greater severity of autism symptoms (Manning et al., 2020). In our practices, we have observed high stress in families with these circumstances and also particularly among families with adolescents and young adults experiencing school and program disruptions. In understanding that autism is a lifelong condition, further research of coparenting dynamics (during COVID-19) in youth and young adults may act as a protective factor to help caregivers of children anticipate future needs.

**Ongoing mental health support around COVID-19 grief and trauma**

Globally, researchers and policymakers have identified concerns about the limited numbers of professionals and resources available to respond to an anticipated mental health crisis (Galea et al., 2020; Kumar and Rajasekharan Nayar, 2021). Families will be processing their recent experiences long after COVID-19 no longer poses an immediate health risk. As such, appropriate mental health support for the autism community will be more critical.

**Considerations around vaccination**

Additional health-related decisions may provide a source of conflict for coparents. As social workers, it is critical that we provide psychoeducation to inform clients about their health options and provide cohesion among family members.

**Preparation for influx of divorce**

In Japan, a new term called ‘Corona Divorce’ has emerged as divorce rates across Asia-Pacific countries have surged during COVID-19 (Lee, 2020). This trend may be wider spread, resulting in skilled autism clinicians being called upon to help a potentially increased number of families navigate through coparenting issues.

**Global inequality**

Issues of inequality have been exacerbated in some countries, and families with autistic children may be particularly vulnerable to inequitable access to support (Amaral and de Vries, 2020; Pellicano and Stears, 2020). Clinicians must incorporate unique political and cultural considerations into practice and look to countries that have managed COVID-19 better than others for models to replicate where appropriate.

**Conclusion**

This brief paper provides insight into some emerging impacts of COVID-19 on families coparenting autistic children and makes recommendations for clinical practice. As COVID-19 rapidly
evolves, families, communities, and systems will need to continue to revisit practice approaches and adapt to the ongoing changes that arise.

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