

Guided self-help for depression in autistic adults: the ADEPT feasibility RCT

Ailsa Russell,^{1*} Daisy Gaunt,² Kate Cooper,¹
Jeremy Horwood,² Stephen Barton,³ Ian Ensum,⁴
Barry Ingham,⁵ Jeremy Parr,⁶ Chris Metcalfe,²
Dheeraj Rai,⁷ David Kessler⁷ and Nicola Wiles⁸

¹Centre for Applied Autism Research, Department of Psychology, Faculty of Humanities and Social Sciences, University of Bath, Bath, UK

²Bristol Randomised Trials Collaboration, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK

³Newcastle Cognitive and Behavioural Therapies Centre, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

⁴BASS Adult Autism Service, Avon & Wiltshire Mental Health Partnership NHS Trust, Bristol, UK

⁵Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

⁶Institute of Neuroscience, Newcastle University, Newcastle upon Tyne, UK

⁷School of Social and Community Medicine, Bristol Medical School, University of Bristol, Bristol, UK

⁸Centre for Academic Mental Health, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK

*Corresponding author a.j.russell@bath.ac.uk

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Scientific summary

The ADEPT feasibility RCT

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Scientific summary

Background

High rates of common mental health problems, such as anxiety and depression, have been reported across the lifespan in autism. Treatments for common mental health problems that are recommended in clinical guidelines and available in the NHS include psychological interventions based on cognitive-behavioural therapy. Cognitive-behavioural therapy has been found to be clinically effective as a treatment for clinically significant anxiety in autism if it is adapted in line with the needs of autistic people. There has been less research in depression in this group, with a small number of studies using combined anxiety and depression cognitive-behavioural therapy protocols or of small pilot studies of group cognitive-behavioural therapy interventions for depression in young people. Furthermore, the NHS care pathway for mild to moderate depression comprises low-intensity psychological interventions (National Institute for Health and Care Excellence. Clinical Guidelines 90. *Depression in Adults: Recognition and Management*. London: NICE; 2009). This involves the use of self-help materials, either alone or guided, and includes behavioural activation. Guided self-help and behavioural activation have not been adapted for autism.

Our research aimed to begin to address the gap in the evidence base by developing a low-intensity intervention for depression that is based on behavioural activation and adapted for autistic adults.

Objectives

- To develop a low-intensity intervention for depression adapted for adults with autism spectrum disorder based on National Institute for Health and Care Excellence recommendations and training materials to guide therapists in supporting the intervention.
- To investigate the feasibility and the patient and therapist acceptability of the low-intensity intervention.
- To estimate the rates of recruitment and retention for a large-scale randomised controlled trial.
- To identify the most appropriate outcome measure for a large-scale randomised controlled trial.

Methods

The study comprised a pilot feasibility randomised controlled trial with a nested qualitative evaluation. During the development phase of the study (the initial 6 months), we developed materials for a guided self-help intervention and an accompanying therapist manual. The guided self-help intervention comprised materials for nine sessions to be delivered weekly, and facilitated by a 'coach' or therapist guide. The materials were designed to guide patients through behavioural activation by recording and noticing information about their activities, behaviour and feelings. Autism-specific adaptations included using visual aids to convey psychological concepts; having a clear and consistent structure to the intervention and the format of the materials; having a session on noticing positive feelings; and taking a structured, prompted approach to planning homework tasks. Autistic adults ($n = 2$) gave feedback about the design, format, clarity and proposed structure of the intervention materials.

Participants ($n = 70$) were recruited at two trial sites: Avon & Wiltshire Mental Health Partnership Trust and Northumberland, Tyne and Wear NHS Trust. A research register was used at each site. Participants were adults with a diagnosis of autism spectrum disorder and depression with a Patient Health Questionnaire-9 items score of ≥ 10 . Participants were not eligible if they had attended more than six sessions of cognitive-behavioural therapy for depression in the previous 6 months or had concomitant psychosis,

untreated epilepsy, alcohol/substance dependence, a current risk of suicide such that a low-intensity intervention would not meet their needs and/or literacy levels such that the guided self-help materials would be inaccessible to them.

Participants were randomly allocated to guided self-help or treatment as usual. There were no constraints on treatment as usual. Randomisation was stratified by trial site and minimised by depression severity and antidepressant medication.

There were several measures of depression (two self-report measures and an interview measure). Other outcomes included measures of anxiety, obsessive–compulsive symptoms, social function and quality of life, and health and voluntary service use measured using a pilot questionnaire.

Quantitative outcomes were measured 10, 16 and 24 weeks post randomisation. Participants were invited to participate in the qualitative study 10 weeks post randomisation.

The qualitative study used purposive sampling to select participants to capture maximum variation in views and experiences. A topic guide was developed. Data were digitally recorded, transcribed verbatim and analysed thematically supported by qualitative data analysis software NVivo10 (QSR International, Warrington, UK).

Results

The study fulfilled the objectives as outlined. It was possible to recruit the target number of participants within the time frame proposed. Engagement with guided self-help was good, and the majority of participants completed the intervention in full. The qualitative study found that the guided self-help intervention was well received by participants and coaches alike. Suggestions for improvements were made.

The rate of retention in the guided self-help group was high (86%) at 24 weeks and this compared favourably with the rate (54%) at the same time point in the treatment as usual group. The qualitative study provided some clues to account for the differential rates of attrition, and suggested that the guided self-help had enhanced credibility at the point of randomisation for many participants, with several reasons hypothesised.

The inter-rater reliability for the interview measure of depression was poor, and hence the prespecified sensitivity to change analyses should be interpreted with caution.

The study was not powered to detect any differences between the groups on the outcome measures; however, the findings do provide very preliminary evidence that the guided self-help intervention may be effective in reducing depression symptoms.

Conclusions

Implications for health care

A low-intensity psychological intervention for depression adapted for autism is feasible and may be helpful in treating depression. It can be evaluated using randomised trial methods.

Recommendations for research

- A full-scale randomised controlled trial examining the clinical effectiveness and cost-effectiveness of this intervention would contribute to the evidence base and care pathways for autistic adults with co-occurring common mental health problems.
- A future trial incorporating a treatment as usual group would benefit from stakeholder involvement at the design stage to tackle the issue of low rates of retention.

Trial registration

This trial is registered as ISRCTN54650760.

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This report

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