How can we better treat depression in autistic people?

By JULIE CUMIN

Research on mental health interventions consistently tops the research priorities of autistic people and their families. Yet it is one of the least funded areas, well behind research into the biological causes of autism and development of screening tools.

However, the urgency seems clear for clinicians working in this field, as well as for those most concerned. Autistic people have more depressive symptoms than the general population and are 4 times more likely to experience a major depressive episode. Autistic people also have an increased risk of suicidal ideation and are more likely to attempt suicide during their lifetime. The mental health of autistic people is therefore a major public health issue.

What could lie behind these preoccupying figures? Several causes seem to be at play. Some could be linked to the experience of being autistic in a world designed by and for neurotypicals. It is also possible that there are inherent risk factors for autism. For example, difficulties in emotional and sensory regulation, as well as cognitive rigidity, could predispose some autistic people to a depressive or anxious "background". However, this would not prevent them from living a rich and fulfilling life, with personalized support and adaptations in the person's environment.

Despite these alarming findings, clinicians are forced to refer to best practice recommendations for neurotypical individuals, as studies specific to autism are

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lacking in this area. In addition to the lack of resources, research on the treatment of depression in autistic people faces significant methodological limitations. In order to limit contaminating variables, researchers may want to study a relatively homogeneous group. This can lead to exclusion criteria for participants on medication or with additional comorbidities (e.g. OCD). The results are therefore not generalizable to the reality of many autistic people.

It is also necessary to differentiate the detection and treatment of depression in autistic people with and without Intellectual Disability. In autistic people, even with an average to superior intellectual level, identifying and verbalizing feelings can be difficult. It is therefore necessary to remain attentive to other indirect signs of depression (for example, turning away from one's special interests). In autistic people without intellectual disability, depression is diagnosed according to the same criteria as for neurotypicals.

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In this context where the implementation of “classic” studies remains complicated, an English research team conducted a clinical consensus study with therapists providing psychotherapy to autistic adults and adolescents. This type of study was mentioned in an earlier issue of Sur le Spectre (issue 12 page 5). Although this study does not provide the same level of proof as a study with two comparison groups, it is a quick way to synthesize decades of experience, by asking expert clinicians to agree on recommendations for good practice (Delphi method).

The 18 clinicians included in this study all practiced Cognitive-Behavior Therapy (CBT). This style of therapy is widespread and has proven effective in the general population for treating anxiety and depression. Some aspects of CBT may be particularly suitable for autistic people (structured sessions, use of diagrams, specific goals and directive style of therapy) but the researchers wanted to know which modifications could be useful in adapting the therapy to an autistic patient. 155 recommendations were made and considered relevant by all participants.

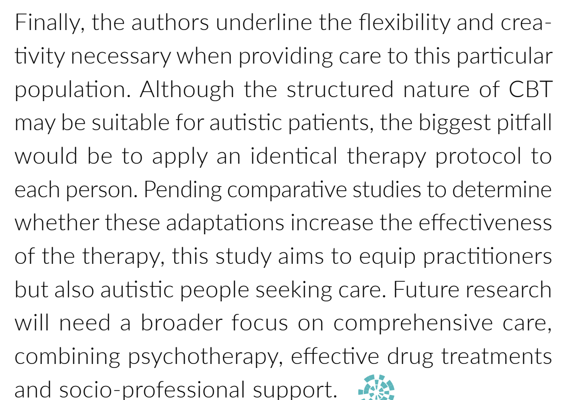
The participants first noted the importance of defining the setting and nature of psychotherapy more explicitly than for a neurotypical patient. It was deemed necessary to explain the "role" of the therapist, the patient, the list of subjects that could be discussed, the duration of an appointment and to bring predictability to the sessions (schedule, timer).

The participants also recommended good knowledge of the cognitive particularities of autistic people. For example, they advocated systematically assessing for alexithymia. This inability to verbally express one's emotions is frequent in autism and therefore requires specific work on the physical feelings of emotions, naming them and the thought-emotion connection.

The participants also recommended taking into account the cognitive specificities of autism that could impact therapy attendance and homework. For example, therapists should not necessarily see a lack of motivation where differences in memory or visual processing may be involved. Participants therefore recommended developing visual and personalised tools and rating scales (eg. for symptoms) according to patient interests or way of describing emotions.

Psychoeducation was considered an essential tool. Participants all recommended ensuring their patient had a good understanding of their autism diagnosis and explaining the interaction between certain autistic particularities and depressive symptoms. Psychoeducation around social relationships was also highlighted as particularly relevant to autistic patients, in order to support them to better protect themselves from abuse, harassment and scams. For example, a therapist may break from typical protocol to differentiate healthy friendship behaviours from abuse and bullying.

Finally, the authors underline the flexibility and creativity necessary when providing care to this particular population. Although the structured nature of CBT may be suitable for autistic patients, the biggest pitfall would be to apply an identical therapy protocol to each person. Pending comparative studies to determine whether these adaptations increase the effectiveness of the therapy, this study aims to equip practitioners but also autistic people seeking care. Future research will need a broader focus on comprehensive care, combining psychotherapy, effective drug treatments and socio-professional support.



Main reference:
Spain, D., Happé, F. How to Optimise Cognitive Behaviour Therapy (CBT) for People with Autism Spectrum Disorders (ASD): A Delphi Study. J Rat-Emo Cognitive-Behav Ther (2020)