An Introduction to Treating Depression in Adults with Autism Spectrum Disorders

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Facts about Major Depressive Disorder (MDD) in General Populations
- Lifetime prevalence is 16.2% (32.6-35.1 million US adults)
- 12-month was 6.6% (13.1-14.2 million US adults)
- Mean episode duration: 16 weeks
- Highly co-occurring with other conditions—rare to just have MDD
- 51.6% received health care treatment
  - Treatment "adequate" for 41.9%
  (Kessler et al., 2003)

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Symptom Expression of Depression in Adults with ASD
Typical Features
- Sadness
- Tearfulness
- Apathy
- Anhedonia
- Loss of interest
- Psychomotor retardation
- Decreased self care

Atypical Features
- Increase in repetitive behaviors and/or intensity of special interest*
- Morbid interests
- Shut down/Explosive
- Irritability/Agitation
- Withdrawal from social situations

Cognitive Symptoms in Adult ASD
Most frequently endorsed on the BDI-II:
- Pessimism,
- Sense of failure*
- Punishment
- Guilt*

Suggests that the phenomenon of depression in ASD is consistent with the typical presentation in the general population
(Gotham et al., 2014)

Making the Case—Why Study Depression in People with ASD?
- Prevalence
  - Mood symptoms are very common in people with ASD, with psychiatric disorders reportedly occurring in 65%—80% of individuals diagnosed with an ASD (Ak Bruun et al. 2006; Ghazzaluddin et al. 1999; Leifer et al. 2006).

  - By adulthood, 43% of an adult sample with high functioning ASDs met criteria for an anxiety disorder (Sterling et al., 2008)
High Cost of Untreated Anxiety/Depression

**Suicidal Ideology:** 66% of adults diagnosed with ASD reported previous or current SI, 35% had planned or attempted suicide and 31.5% had depression

(Cassidy et al., 2014, IMFAR)

Why Higher Rates of Depression In ASD?

- Family history of depression (Bolten et al., 1998; Piven & Palmer, 1999)
- Significant negative life events (e.g., family sickness and bereavement; Ghaziuddin et al., 1995).
- Cognitive rigidity that leads to depressive-type rumination (Gotham et al., 2014).
- Social skill deficits

More on Suicide

1. Poor interpersonal problem-solving skills or impulsive behavior
2. Higher incidence of single individuals/individuals living alone
3. Higher levels of mood disorders than in general population
4. More likely to choose lethal methods of suicide attempt; more likely to succeed

More on Suicide Cont’d

5. Less likely to attempt suicide based on events occurring in the last 24 hours
6. Less likely to have received psychiatric treatment

(Kato et al., 2013)

Individual Risk Factors for Depression Within Adult ASD

1. HIGHER cog & social skills: (Sterling et al., 2008)
   - Identified difference between self and others (Hedley & Young, 2006)
   - Awareness of one’s own role in failed social situations + assumption of responsibility for negative events → lower self-esteem and discouragement (Barhill & Smith Myles, 2001).
   - Internal locus of control: Attributing social failure to abilities rather than effort, chance, or task difficulty (Barhill, 2001).

Individual Risk Factors CONT’D

2. Emotion identification paradox (Gotham et al., 2014)
3. Stress w/ transition to adulthood (Sterling et al., 2008, Ghaziuddin et al., 2002)
   - Developmental gap becomes more pronounced
   - Reported loneliness increases
4. Anxiety: “gateway disorder”
## Developmental Trajectory
- Developmental phenomenon of depressive symptomatology increasing with age (Kessler et al., 2003; Mayes et al., 2011).

## Best Measures
- **Best Identified Depressive status:**
  - Clinical cut-points on the ASR Depressive subscale (Achenbach & Rescorla, 2003): 71% sensitivity and 82% specificity
  - Beck Depression Inventory (BDI-II, Beck et al., 1996): 70% sensitivity; 78% specificity

## Considering Co-Morbidity
- Severe and incapacitating problem behavior
  - Aggression, self-injury, agitation, sleep disturbance
- Worsening of symptoms already present (change from baseline)
  - Decreased communication, increased stereotypies, decreased self-care and adaptive behavior
- If individual does not respond as expected to treatment (Hendren, 2003)

## Measures W/ Some Challenges
- **Under-identified Mood Disorders:**
  - Children’s Depression Rating Scale (CDRS; Poznasnaski & Mokros, 1996): 60% sensitivity
- **Overidentified Depression:**
  - Adult Behavior Checklist (ABCL; Achenbach & Rescorla, 2003): 25-55% specificity

## Diagnostic Considerations for Assessing Co-Morbid Conditions in ASD
- "First-line" methods of evaluation:
  - Multimodal approach (Rush & Frances, 2000)
    - Interview with individual
    - Interview with family/caregivers (pay attention to "intra-individual" changes)
    - Direct observation of behavior
    - Medical history and physical exam
    - Functional behavior assessment
    - Medication and side effects evaluation
    - Self report measures

## Assessment of Problem
- **Physiological symptoms**
- **Cognitive aspects**
- **Behavioral aspects**
- **Explore meaning & history of symptoms**
- **Investigate coping strategies (which may be maladaptive)**
- **Lifestyle factors:**
  - Comfort may maintain symptoms
  - Caffeine, alcohol, nicotine, food
  - Quality of relationships
  - Distance from desired lifestyle
Case Formulation

- Integrates assessment information together with:
  - Skill deficits AND
  - Life style factors that contribute to the development and maintenance of the problem
- Considers:
  - Strengths/interests difficulties
  - Values and goals
- Guides us as to what area to tackle first – most pressing or most opportunity

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Intervention for Depression in General U.S. Population

- Antidepressant medication (Olfson & Klerman, 1993)
- Cognitive therapy was equally effective as a commonly prescribed serotonin reuptake inhibitor (paroxetine) for the initial treatment of moderate to severe major depression (DeRubeis et al., 2005).
- Combination of CT and pharmacotherapy has typically been associated with a small advantage to either modality alone (Butler et al., 2006)
- CBT was associated with a “preventative” effect

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Cognitive Behavioral Therapy: Components of Treatment

- Psycho-Education
- Problem solving
- Behavioral approaches – especially behavioral activation
- Cognitive approaches
- Relapse prevention
- Time limited treatment

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CBT PLUS for ASD

- Tailored CBT components from general population PLUS
  - Concretely addressing activities of daily living
  - Determining whether a medication evaluation is important, helping to connect with a PCP/psychiatrist, and making sure meds are being used
  - Addressing social skill deficits
  - Assessing current life challenges and supporting access to job coaches, volunteer opportunities, SSI, waivers, living situation
  - Addressing family support

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Before We Get Started: Social Skills and Support

- Many aspects of an individual’s anxiety/depression may be due to social skill deficits
  - What social skills are necessary to achieve specific goals?
  - Much of the work that is done will need to be done through the support of others outside the therapy session
  - Who can help support this work?

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How important is social support?

- Not all of the people who come for help would agree on the importance
- Family/social support is especially important during stressful times, transitions, and securing work
Five Dimensions of Social Support
- Emotional support
- Social integration
- Esteem support
- Tangible aid
- Informational support

- John Walker, Ph.D.

Behavioral Activation
- Depression may be maintained by low levels of positive reinforcement
- Behavioral activation targets inertia by working from the “outside-in”
- Schedule activities that will help increase enjoyment and decrease social withdrawal
- Overcome obstacles to participating in enjoyable activities

Social Problem Solving
Problem-solving proper – this is the core process in problem-solving – these are the actual problem-solving skills of the individual
- Problem definition and formulation
- Generation of alternative solutions
- Decision making – you do a cost-benefit analysis
- Solution implementation and verification - this is the only way you can determine if it works

- Tom D’Zurilla

Depressive Triad
- Negative views about oneself
- Negative views about the world – a negative bias about other people
- Negative views about the future

In depression, these views have to be addressed specifically

Good Problem Solving Outcome
- Focus not just on whether the solution was obtained, BUT on the process and the impact on the person’s identity
  - Perceived control – problem solving self-efficacy (I can solve these problems) and that problems are solvable
  - Time/effort commitment – some people assume that good problem-solvers solve all problems quickly

Three questions technique
- What is the evidence for the beliefs?
- What are the other possibilities?
- Examine the real implications of the belief
Examining Cognitions: Beck

- Arbitrary inference – people make an assumption that they cannot observe directly
- Selective abstraction – people focus on trivial aspects of the situation and ignore other parts – selective attention
- Overgeneralization – applying to all situations

Cognitions Cont’d

- Magnification or minimization – magnify or exaggerate the negative significance of the event
- Personalization
- Polarized thinking – dichotomized thinking – good/bad, either/or – a lot of this thinking has to do with morality or being perfect or defective

Self Talk

- Negative self talk is a key contributor to poor outcome—goal is to shift from negative to neutral (task relevant)
- Thought bubbles
- Index cards
- Cartoon sequences

Relapse Prevention

- Create “Relapse Plan”:
  - Phone number for doctor/treating psychologist
  - List treatments and contact numbers
  - List medications

- Identify early warning signs for depression, list those symptoms, and provide this list to key people (RA, family, etc.) along with plan of what to do

To Summarize

- Depression represents a serious mental health problem
- Medication can often be extremely helpful for moderate to severe depression
- CBT can be extremely helpful in building social problem skills, supporting a person in “re-entering” the world, and teaching about the impact of thoughts on behavior