



Cognitive behavioural therapy and mindfulness based stress reduction may be equally effective in reducing anxiety and depression in adults with autism spectrum disorders



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ABSTRACT

Anxiety and depression co-occur in 50–70% of adults with autism spectrum disorder (ASD) but treatment methods for these comorbid problems have not been systematically studied. Recently, two ASD-tailored protocols were published: mindfulness based stress reduction (MBSR) and cognitive behavioural therapy (CBT). We wanted to investigate if both methods are equally effective in reducing anxiety and depression symptoms among adults with ASD. 59 adults with ASD and anxiety or depression scores above 7 on the Hospital Anxiety and Depression Scale, gave informed consent to participate; 27 followed the CBT protocol, and 32 the MBSR treatment protocol. Anxiety and depression scores, autism symptoms, rumination, and global mood were registered at the start, at the end of the 13-week treatment period, and at 3-months follow-up. Irrational beliefs and mindful attention awareness were used as process measures during treatment and at follow-up. Results indicate that both MBSR and CBT are associated with a reduction in anxiety and depressive symptoms among adults with ASD, with a sustained effect at follow-up, but without a main effect for treatment group. A similar pattern was seen for the reduction of autistic symptoms, rumination and the improvement in global mood. There are some indications that MBSR may be preferred over CBT with respect to the treatment effect on anxiety when the scores on measures of irrational beliefs or positive global mood at baseline are high. Mindfulness and cognitive behavioral therapies are both promising treatment methods for reducing comorbid anxiety and depression in adults with ASD.

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What this paper adds

The number of adults diagnosed with an autism spectrum disorder (ASD) is still increasing, yet there is still hardly any empirical evidence on how best to treat conditions that frequently accompany ASD, like anxiety and depression. In addition, there is a controversy and confusion over which treatment methods should be used, which may hamper access to proper care. This paper focusses on whether mindfulness based stress reduction or cognitive behavioural therapy is the preferred intervention for dealing with anxiety and depression in autism. We show that, in fact, both methods may work equally well. There are some indications that when targeting anxiety, mindfulness may be preferred over cognitive behavioral therapy

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if an individual shows high scores on the questionnaire measuring irrational beliefs or when the positive global mood at baseline is high.

1. Introduction

Autism spectrum disorders (ASD) are often accompanied by comorbid conditions like anxiety and depression (Croen, Zerbo, & Qian, 2015; Hofvander, Delorme, & Chaste, 2009; Joshi, Wozniak, & Petty, 2013; Roy, Prox-Vagedes, & Ohlmeier, 2015), which may aggravate the degree of ASD related impairment, leading to more communication problems, social isolation, irritability, self-harm, stereotyped and obsessive behaviour, and sleep disturbance (Perry, Marston, & Hinder, 2001; Roy et al., 2015). Recognising depression and anxiety in individuals with ASD is a challenge as these comorbid conditions can present in an atypical manner (Mazzone, Ruta, & Reale, 2012).

There is a lack of evidence for the efficacy of methods that address the accompanying symptoms in adults with ASD. Among others, authors of British (NICE clinical guideline 142, 2013) and Dutch guidelines (Kan et al., 2014), have recently called for further research on treatment methods for comorbid conditions in adults with ASD (Bishop-Fitzpatrick, Minshew, & Eack, 2013), as comorbidity has mainly been studied in children. More than 70% of children with ASD are reported to have one comorbid disorder, while 41% have more than one comorbid disorder (Matson and Nebel-Schwalm, 2007; Simonoff, Pickles, & Charman, 2008). The occurrence of anxiety and depression in children seems to increase with age (Gadow, DeVincent, & Pomeroy, 2004; Gillott and Standen, 2007; Weisbrot, Gadow, & DeVincent, 2005; White, Oswald, & Ollendick, 2009). Lugnegård (2011) reported that in their study 70% of adults with Asperger's syndrome reported at least one depressive episode, while 50% reported an anxiety disorder (Lugnegård, Hallerbäck, & Gillberg, 2011). Others report that depression occurs in 38–53% of adults with ASD (Hofvander et al., 2009; Matson and Nebel-Schwalm, 2007). In addition to the anxiety and depressive conditions mentioned here, other conditions such as intellectual impairment, ADHD, tic-disorders, psychotic and obsessive-compulsive disorders, as well as addiction co-occur in adults with ASD (Ghaziuddin, Weidmer-Mikhail, & Ghaziuddin, 1998; Hofvander et al., 2009).

In individuals with ASD, anxiety is associated with an intuitive lack of understanding of the social context, with executive function problems, and limited theory of mind skills (Hobson, 2002; Ozsivadjian and Knott, 2011). Similarly to anxiety, it has consistently been reported that depressive symptoms occur in the course of ASD (Rutter, 1970). In a clinical account of Asperger's syndrome, Wing (1981, p118) reported the presence of: "clinically diagnosable anxiety and varying degrees of depression. . . especially in late adolescence and adult life, which seem to be related to the painful awareness of handicap and difference from other people" (Wing, 1981). Later in life, anxiety and depressive symptoms may result from accumulated negative experiences through problematic social interactions associated with ASD. It is challenging to recognize comorbid psychiatric conditions in people with ASD because the symptoms of these comorbid conditions can be masked by those typical to ASD (Mazzone et al., 2012). Depressive symptoms can manifest as aggressive behaviour, increased agitation, increased or decreased compulsive behaviour, sleep problems or a deterioration in functioning (Stewart, Barnard, & Pearson, 2006), and a relationship between depression and suicide has also been shown in adults with ASD (Cassidy et al., 2014). In addition, people with ASD show a tendency to ruminate, which can sustain anxiety and depression (McLaughlin and Nolen-Hoeksema, 2011; Nolen-Hoeksema, 2000).

Cognitive Behavioural Therapy (CBT) is an effective treatment method for anxiety and depressive disorders (James, Soler, & Weatherall, 2005). It has been shown that people with ASD report negative cognitions that are related to their anxiety symptomatology (Ozsivadjian, Hibberd, & Hollocks, 2014). Parents report that CBT has a positive effect on anxiety symptoms in children with ASD (Danial and Wood, 2013; Wood, Drahota, & Sze, 2009; Wood, Fujii, & Renno, 2011), but there are also indications that this applies to anxiety and depression in adults with ASD (Cardaciotto and Herbert, 2004; Weiss and Lunsley, 2010). It was found that CBT had a positive effect on depressive symptoms, but not on anxiety (McGillivray and Evert, 2014). In a study exploring the effects of CBT on obsessive-compulsive symptoms comorbid to ASD, using a sample of 46 adolescents and adults, a significant improvement compared to the treatment as usual (TAU) was found (Russell, Jassi, & Fullana, 2013). In a recent meta-analysis of CBT used to treat people with ASD and comorbid affective disorders, a small to medium effect size was reported, but there was a considerable heterogeneity in age, intervention type, and study design in the studies analysed (Weston, Hodgekins, & Langdon, 2016).

Mindfulness Based Therapy (MBT) appears to be effective for various physical and psychological complaints. It is described as the conscious awareness that arises by focusing attention on elements in the environment as they are, in the actual moment, and without judgement (Kabat-Zinn, 2005). The ability to be mindful is trained in MBT by using several attention exercises (like sitting, lying down, walking meditation as well as yoga), in addition to homework exercises. There are indications that MBT is effective for adults with anxiety and depressive symptoms, but also for people with other psychiatric or somatic diagnoses (Hofmann, Sawyer, & Witt, 2010). Mindfulness-Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT) are two well-known forms of mindfulness therapy. MBCT combines cognitive therapy with mindfulness meditation. MBSR however, is less cognitively oriented, and was originally applied as a treatment for chronic medical complaints, reducing suffering and improving well-being and health (Segal, Williams, & Teasdale, 2002). It has been reported that adults with ASD show fewer symptoms of depression and negative affect, and decreased rumination after completing MBSR therapy compared to before the therapy (Spek, van Ham, & van Lieshout, 2010; Spek, van Ham, & Nyklicek, 2013). Spek and colleagues argue that MBSR suits adults with ASD better than MBCT because MBSR does not contain cognitive elements and is therefore less trying for adults with ASD. In addition, MBSR avoids a direct confrontation with emotions,

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