



ADAPTING A TRANSDIAGNOSTIC SLEEP AND CIRCADIAN TREATMENT FOR AUTISTIC YOUNG ADULTS

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Rationale

- 50-80% of autistic individuals report a multitude of problems with sleep continuity and timing
- Pervasive, co-occur, impair functioning
- Bi-directional relationship between sleep & mental health
- Lack of research on evidence based behavioral sleep interventions

Rationale

- Current evidence-based sleep treatments
 - Focus on children
 - Only address one sleep problem
 - Ignore unique needs of autistic young adults
- **Transdiagnostic** sleep & circadian intervention (TranS-C) is promising
- **Adaptations** are necessary for the autistic population

Specific Aims & Objectives

Study Aim: Ascertain beliefs and behaviors that are critical to adapting and implementing TranS-C for autistic young adults.

- Semi-structured interviews with key stakeholders to directly inform adaptation of TranS-C:
 - 10 autistic young adults (18-24 yrs)
 - 10 caregivers/ significant others/ or family members of autistic young adults
 - 10 clinicians who typically treat autistic young adults

Methodology

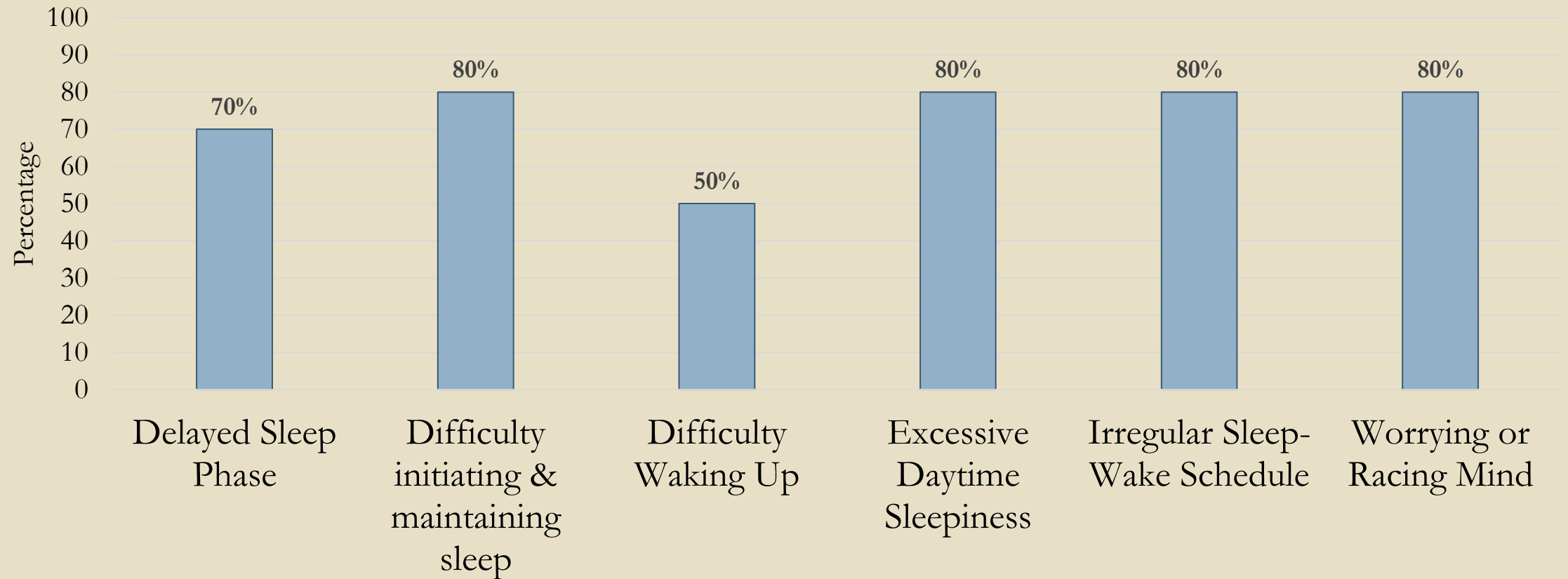
- Participant recruitment
 - **Inclusion criteria:** English speaking, 18-24 yrs, with Autism, comorbid sleep problems
 - **Exclusion criteria:** IQ<70, presence of untreated sleep disorder or psychotic/bipolar, seizure disorder
- Data collection
 - Semi-structured interviews with young adults, caregivers, and clinicians
 - Audio recorded
- Qualitative data analysis:
 - Integrated approach, with both a priori codes (*deductive coding*) and codes that emerge from the data (*inductive coding*)
 - Barriers and facilitators to intervention delivery and adherence

Example of Semi-Structured interview questions

	Autistic Young Adults	Caregivers	Clinicians
Intervention (content, barriers, facilitators)	<ul style="list-style-type: none"> • What might make it harder/easier for you to keep track of your sleep with a diary (and other TranS-C components)? • What might make it harder/easier to attend TranS-C sessions? 	<ul style="list-style-type: none"> • What might make it harder/easier to have your child follow a wind down and wake up routine (and other TranS-C components)? • What might make it harder/easier to attend TranS-C sessions? 	<ul style="list-style-type: none"> • How does TranS-C compare to your own intervention strategies? • What might undermine/ help launch and sustain the intervention?
Provider factors; Inner healthcare setting	<ul style="list-style-type: none"> • Who would you feel most comfortable talking to about your sleep problems with, such as your doctor, a nurse, a psychologist, or another mental health provider? 	<ul style="list-style-type: none"> • What would be helpful or unhelpful about coming to your doctor's office to get help with your/child's sleep problem? 	<ul style="list-style-type: none"> • What kind of training would you need to implement TranS-C with autistic adults? • What might undermine/ help with making referrals to the intervention?

Results

Sleep & Circadian Problems Reported by Autistic Young Adults



Results - Unique Themes from Stakeholders

"I think it's very important to me, I can only do so much cause she's an adult, and even if she wasn't an adult, I can't force things, so, I think it would improve her mental ability, mental health, if she slept better, and longer, you know, a good night's sleep."

Caregiver

- Adult autonomy
- Caregiver's own sleep problems
- Concern about child's sleep
- Indifference about child's sleep

"I could incorporate it into some sort of schedule that I already had, I think that would help, sort of associate it with something else where it's like, I am going to take my medication now and then write in my sleep diary."

Young Adult

- Previous efforts to improve sleep/Lack of
- Low acceptability of medication use
- Willingness to change sleep

"The biggest barrier is getting them to actually do it and follow through. But you run into two issues with that. They are aware of things they should be doing, but just never think of it."

Clinician

- Motivation ("buy-in")
- Psychoeducation
- Time based reminders
- Rewards

Results- Intervention Barriers

Delivery	Adherence
Session length	Memory
Session frequency	Overstructured routine
Transportation	Lack of routine
Dislike of telehealth	Inability to avoid technology as bedtime routine
	Core Autism symptoms (i.e., rigidity/ sensitivity)
	Comorbid mental & physical health conditions

Results - Intervention Facilitators

Delivery	Adherence
Simplified components	Reminders
	Routine
	Technology (as reminders and routine)
Therapy modality	Involvement of others
	Relaxing bedtime activities

Results - Potential Adaptations

Contextual	Content
Memory support strategies	Simplify session handouts
Between session check-in's	Provider training in Autism
Mixture of telehealth and in-person sessions	Treatment spreading
	Enhancing routines
	Involving others in treatment
	Flexibility with technology use

Conclusions

- Sleep-related problems experienced by autistic young adults are **multidimensional**, include circadian misalignment, and are interrelated to each other
 - Worry/racing mind, delayed, & sleepy
 - Difficulty initiating/maintaining sleep, difficulty waking up, & irregular sleep-wake schedule
- **Negatively impact** daytime functioning, physical & mental health
- Require a **transdiagnostic** approach, for which **adaptations** are essential, according to patient, caregiver and clinician stakeholders
 - Memory support strategies
 - Mixture of telehealth/in-person and increase check-in's
 - Capitalizing on routines/creating routines

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Thank you for your attention!