

Internet delivered psychoeducation for youths with autism spectrum disorders: SCOPE

Anna Backman^{1,2} Are Mellblom¹, Elisabet Norman-Claesson¹, Gunilla Keith Bodros¹, Sven Bölte^{1,2} and Tatja Hirvikoski^{1,2}

1. Habilitation & Health, Stockholm County Council, Sweden
2. KIND, Karolinska Institutet, Sweden



Figure 1. Model of internet-delivered health-care throughout Sweden.

Summary

The internet-based psychoeducative intervention aims at empowering and informing youths with ASD. The psychoeducative internet-based program was provided to n=28 youths between 16–25 years in a clinical disability services setting.

- Treatment feasibility was good in a clinical context:
- Participants with ASD reported:
 - High treatment satisfaction
 - Increased knowledge on ASD
 - Slightly improved acceptance of diagnosis at follow-up

The SCOPE program

The SCOPE program comprises eight ASD-themed modules which include: information texts, short videos, and interactive parts. The intervention involves weekly contact with an experienced clinician (“coach”), using a message function within the platform.

The modules are:

- Introduction
- Social Interaction
- Behaviours & Interests
- Theory of Mind
- Central Coherence
- Executive functions
- Intelligence & Memory
- Perception

Method

SCOPE was evaluated as an open feasibility trial (n=28), the participants were a heterogeneous representation of the target group (see figure 2 and table 1).

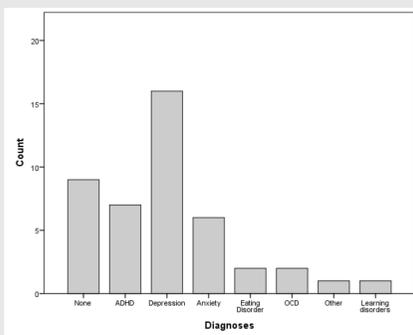


Figure 2. Comorbidities in the present sample.

Table 1. Characteristics of the participants.

Internet based intervention SCOPE, n = 28		
Age	M = 20.62 (S.D. = 2.6); range 16 – 25 years	
Sex	12 (43%)	Males
Education (degree or on-going)	7 (25%) 19 (68%) 2 (7%)	Nine-year compulsory school or less Upper secondary College/university
Occupation	2 (7%) 7 (25%) 6 (21%) 13 (46%)	Unemployed Long-term sick leave or disability pension Employed Student
Living circumstances	2 (7%) 7 (25%) 19 (68%)	Living alone Living with partner (7) or friend (0) Living with parents

The assessments were administered at three time points: pre-intervention, post-intervention and at three months follow-up. The primary assessments regarded feasibility. Efficacy related measures were included for a preliminary estimation of treatment effects, which included knowledge of ASD, psychological well-being (depression and anxiety), acceptance of diagnosis and satisfaction with life.

Results

23 out of the 28 included participants (82%) completed the intervention. On average, the participants completed 7.2 out of the 8 modules.

Figure 3. Treatment satisfaction for each module was an average 3.67 (scored 0–5 for each course module).

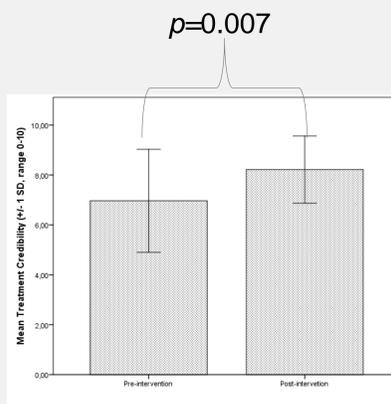
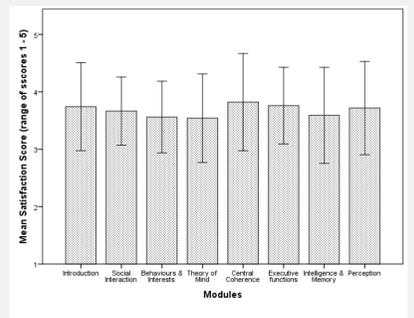
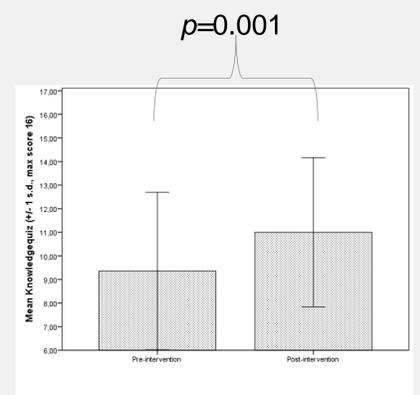


Figure 4. Increase in Treatment Credibility Scores from pre- to post-intervention ($p=0.007$, Cohen’s d 0.76).

Figure 5. Significantly increase in Knowledge Quiz from pre- to post-intervention ($p=0.001$, Cohen’s d 0.6).



We also observed a trend for increased acceptance of diagnosis $p=0.12$, at the three month follow-up. The increased knowledge of ASD was not associated with negative effects on psychological well-being

Continued work

We are currently conducting a randomised controlled study (estimated n = 175), with a TAU/self-study control group as well as TAU/wait-list control group.

Karolinska Institutet

Anna Backman
PhD Candidate/MSc Psychology
E-mail: anna.backman@ki.se
Website: <http://ki.se/kind/scope-en-webbkurs-for-unga>



**Karolinska
Institutet**