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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Evaluating a brief training curriculum for NHS Talking Therapies for Anxiety and Depression (NHSTTAD) staff working with autistic people

Dagnan, Ingham, Thwaites, Lewis, Sunley & Miller (2025)

Background & Objective

Autistic people are more likely to experience common mental health conditions such as anxiety and depression. Psychological therapies are the primary intervention, which in England are primarily provided by NHS Talking Therapies for Anxiety and Depression Services (NHSTTAD). However, there is limited evidence on what works best for autistic people and what adjustments or adaptations may improve access to the service. The service in this study implemented a flag to remind therapists that the client was autistic. A brief training curriculum was also developed by a group consisting of autistic adults, NHSTTAD practitioners and practitioners who were expert in therapy with autistic people. This study evaluated the brief training for NHSTTAD staff working with autistic people. Findings:

Statistically significant increases were reported in both confidence and self-efficacy post-training, which were maintained

# Participants:

Sixty-seven NHSTTAD staff attended the training (60 females, 7 males), with a mean age of 42.8 (SD 11.2) years. The mean time working within NHSTTAD was 6.6 (SD 4.5) years. The number of respondents reduced at each time point with no at 3 months. Thematic analysis highlighted new knowledge around adaptations, as well as general reflective opportunities. This indicates that the training is impactful and effective in supporting NHSTTAD staff working with autistic adults.

Further research should explore how specific models used in NHSTTAD could be better adapted for autistic people and how staff can be trained in their use.

Key themes and sub-themes from the data:

#### **General "Awareness**

"A big part of it was just to be more aware"

#### How autism presents

"Realising that women can be more likely to be masked"

### **Referral process**

"I've had one youngster who I've been able to refer to the assessment service"

significant demographic differences noted.

Six participants contributed qualitative interviews (all female), with a mean age of 45.2 (SD 14.5) years and a mean of 7.2 (SD 4.8) years of experience working in NHSTTAD.

### Materials:



A General Therapy Self-Efficacy Scale (Dagnan et al., 2015), using five items adapted from the General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995)

The semi-structured interview questions were based on Kirkpatrick's model of training (Kirkpatrick & Kirkpatrick, 2005) and have been using previously in IAPT training evaluation (Dagnan et al., 2018).

#### **Protected time**

"...the space to think about autism in our busy working lives"

#### **Reminder of prior knowledge**

"...it's like bringing it back to the forefront that this is something we need to consider

#### Environmental

"...how the room is set up...making it less cluttered"

# Structural

"...having a think about how much time I spend on different aspects"

# Communication

*"I can have that conversation about how she prefers the term autism being referred"* 

### Intervention

"A lot of the models themselves don't lend to people that think differently"

# Method & Analysis:

Each scale was completed pre & post-training and at 3-month follow-up. Volunteers for interview were selected on a first come first serve basis. These were recorded and transcribed using Microsoft Teams.

Pre-post assessments were analysed using paired t-tests. Pre-post to 3-month were analysed separately using repeated measures analysis of variance. The interviews were analysed using thematic analysis (Braun and Clarke, 2022).

# Knowledge of autism flag

Awareness

General

Utility

Adaptations

#### Early identification

"...having that flag and knowing to be mindful going in"

# Usage

"...some might have autism type symptoms; other people might have been diagnosed"

# **Service implications**

"with more people being diagnosed we need good resources to hand... I wonder if we will be able to use the word neurodiverse because we are all on a continuum...it's not doing mental health services a lot of good"