

## **Cognitive Behaviour Therapy for people with autism**

**Dr Ann Ozsivadjian, Principal Clinical Psychologist at Guys and St Thomas's NHS Foundation Trust, writes about the benefits of Cognitive Behaviour Therapy (CBT) for people with autism.**

Although it has long been known that people with ASD can experience high levels of emotional distress, it is only in the past seven years or so that this issue has been studied systematically. As well as establishing high rates of mental health problems in the ASD population, much research has focused on treatment, in particular Cognitive Behaviour Therapy (CBT), although much of the work to date has mostly focused on the child population. Some papers have also emerged on adapting CBT for people with ASD (eg Moree and Davis, 2009), but we remain a long way from knowing which components work for whom, and why or how. However, the trials published to date are encouraging in that all show a beneficial effect of treating anxiety in this population with CBT.

Common ASD-focused adaptations to CBT include:

- spending a longer period initially focusing on identifying and measuring emotions, as recognising and talking about feelings may not come naturally for people with ASDs
- using visual supports, such as a visual thermometer to aid measurement of feelings, visual pictures and drawings to facilitate learning about feelings, visual timetables to explain session outlines, and working together on a computer
- using a person's special interests, either by integrating them as a tool for use in therapy (for example 'what would Dr Who think in this situation?') or talking about the special interest for a few minutes to regain attention if the client is zoning out
- greater involvement of parents or carers, which can help towards better generalisation of skills and can allow people to practise their skills at home, thereby overcoming potential organisational and memory problems
- using more concrete, simplified techniques for cognitive components of therapy, such as offering multiple choices for rational alternative thoughts, rather than abstract techniques such as open-ended, socratic-style questions.

It is vital to highlight that not all adaptations apply to all individuals on the autism spectrum. Whereas one person may have difficulty with abstract thinking, another may be very able to engage in socratic questioning and use abstract techniques such as metaphor – for example, one young client very ably described his emotional functioning as having a 'sat nav', which usually kept him on track, but occasionally just slightly veered off course, and occasionally took him to a cliff edge! Some clients may find extra clarification or simplified language helpful, whereas others may find it patronising or unnecessary. As with any client group, it is important for therapists not to be too rigid in their application of therapeutic techniques, and feel their way as to what works best with each client. Ultimately, the most useful tool a therapist can bring to CBT for this client group is some familiarity with the presenting features of ASD, to avoid potential pitfalls or to understand them when they do inevitably happen.

A recent survey across the South London and Maudsley Trust (Ozsivadjian et al, 2011) enquired about the experience of staff when working with young people with ASDs. In

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particular, they were asked what they enjoyed and what they found challenging about this group.

People enjoyed:

- working with clients who are honest, forthcoming and open, funny, and unusual in their thinking
- the fact that rigidity can work in a positive way – for example very good attendance
- working in a specialist area and thinking creatively.

Challenges included:

- difficulty ending therapy, as the core ASD problems do not go away
- high levels of emotion being difficult to manage
- needing to be very organised in your thinking
- a lack of insight on the part of the client which can affect motivation to engage.

As with CBT for any client group, good practice includes receiving regular supervision (preferably from a supervisor with some expertise in ASD), keeping up to date with developments in the literature, and keeping tabs on outcomes. Outcomes can be measured in a variety of ways, including standardised questionnaires (see Grondhuis and Aman, 2012 for a review) and behavioural measures (for example, frequency of aggressive outbursts). Asking people for feedback, whether in a formal audit, or simply by asking, is of course also essential.

As recognition of ASD continues to improve, local mental health teams will increasingly be asked to meet the mental health needs of this client group. Difficulty accessing mental health services has been raised as an issue by The National Autistic Society (You Need to Know, 2010), which may in part be due to a view that people with ASD require specialist, separate services. In some cases with very complex issues, referral to specialist Tier 4 services (if available) may be required. However, with just a few adaptations, and seeking specialist advice when required, regular CBT available within local services could meet at least the primary mental health needs of people with ASD.

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You may also be interested in The National Autistic Society's information on mental health and Asperger syndrome:

<http://www.autism.org.uk/working-with/health/mental-health-and-asperger-syndrome.aspx>