

AUTISM SPECTRUM DISORDER

Autism Spectrum Disorder (ASD) has two parts: difficulty using language to communicate and restricted and repetitive behaviors. Symptoms must be present early in life, cause significant impairment to functioning, and are not the result of another disability like developmental delay. Clinicians rate the severity of impairment (from level 1 with minimal support needed to level 3 designating the need for “very substantial” support).

Diagnostic Process

When trying to figure out whether or not a child can be diagnosed with ASD, it is important to get information from many different sources. First, a psychologist or other clinician will want to see the child in person to observe and determine whether he or she has certain behaviors that would suggest a diagnosis of ASD. Also, the child will undergo different types of tests to help figure out where he or she is having trouble (e.g., with language or in other areas of functioning). The clinician will also want to get information from caregivers who have known the child since he or she was very young, as well as contact teachers or other counselors. Additional medical tests might also be helpful to figure out whether the symptoms may be due to a medical problem, especially if the child’s symptoms don’t clearly match the diagnosis of ASD.

Treatment

Effective treatments for individuals with ASD are based on behavioral psychology. For children, adolescents, and adults with ASD, Applied Behavior Analysis (ABA) helps in improving language, play, adaptive, social, and vocational skills. ABA also helps reduce problematic behaviors (especially repetitive behaviors, sensory seeking behaviors, and aggression). In ABA treatments a trained therapist may interview caregivers, observe the individual, and simulate the individual’s environment to identify what triggers behaviors we don’t want and what we might do to get between the trigger and the unwanted behavior. Many times, caregivers are trained on how to use these treatments at home.

Social skills groups have also shown effectiveness in teaching social skills, such as conversational skills (starting a conversation and taking turns), nonverbal communication (eye contact, gestures), and play (sportsmanship skills). These treatments are mostly available for children and adolescents between 7 and 18 years of age and often include a parent training component. Completion of homework assignments helps the child carry these skills from the therapist’s office to home and school and other outside situations. Although social skills groups have had some success in improving social competence, more work is needed to determine how well the skills maintain across time and how well they will work in new and different settings. And while social skills groups have been successful in children and adolescents, we still have lots to do to make it successful for adults with ASD.

To address other mental health problems, such as mood disturbances and anxiety that might also affect children and adolescents with ASD, some thera-

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor’s suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on “Find a CBT Therapist.”

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

pists will use modified cognitive behavioral therapy (CBT). CBT addresses these problems by helping individuals change their thoughts and behaviors that are contributing to problems, such as depression and anxiety. This therapy also includes homework assignments and parent-only sessions with the therapist. For individuals with ASD, modifications to treatment are typically made to help make the treatment more concrete and understandable. For instance, more visual supports are typically used for children with higher cognitive abilities, while more behavioral strategies (e.g., simple coping skills) are used for individuals with lower cognitive abilities. Although there is promising evidence to suggest this therapy works for adults with ASD, more work is needed to verify these findings.

Let's Review!

Below are two recent reviews of utilizing CBT for ASD populations. Please visit the resources listed below to find additional research updates and reviews on etiological factors and treatment.

- Ung, D., Selles, R., Small, B. J., & Storch, E. A. (2015). A systematic review and meta-analysis of cognitive-behavioral therapy for anxiety in youth with high-functioning autism spectrum disorders. *Child Psychiatry & Human Development*, 46(4), 533-547.

Nearly half of youth diagnosed with autism spectrum disorders (ASD) experience elevated levels of anxiety. To address the disproportionate need for targeted interventions in this subpopulation, cognitive-behavioral therapy (CBT) has been modified to treat anxiety symptoms in youth with high-functioning ASD. A systematic review and meta-analysis of 14 different studies with 511 participants was conducted to examine the efficacy of CBT for anxiety among youth with ASD and moderators of treatment outcomes. Results demonstrated that modified CBT is an efficacious treatment for youth with high-functioning ASD and co-occurring anxiety symptoms. The overall effect size was moderate and 13 out of 14 studies produced a positive treatment effect. Informant (i.e., child, parent, clinician) and treatment modality (i.e., group, individual) were not significant moderators of treatment outcome.

- Hassenfeldt, T. A., Lorenzi, J., & Scarpa, A. (2015). A review of parent training in child interventions: Applications to cognitive-behavioral therapy for children with high-functioning autism. *Review Journal of Autism and Developmental Disorders*, 2(1), 79-90.

Including a parent training (PT) component when treating children has been related to better outcomes for a variety of childhood disorders (e.g., disruptive behaviors, attention-deficit/hyperactivity disorder, anxiety disorders). Parent involvement is specifically recommended when using cognitive-behavioral therapy (CBT) with children. PT may be particularly effective for families of a child with autism spectrum disorders (ASD) as it may help children generalize skills to multiple settings, and help children maintain gains made in treatment, while also being a cost-effective intervention. Research has demonstrated that including PT when working with children with ASD is related to improvements for both parents and children, such as decreased child behavior problems, ASD symptoms, and parental distress. This article overviews the Stress and Anger Management Program (STAMP), a group-based CBT program treating emotional dysregulation for children (ages 5-7 years) with high-functioning ASD and their parents. Results indicate that STAMP is effective in both improving child behavior and coping skills and increasing parental confidence.

References & Resources

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Huerta, M., & Lord, C. (2012). Diagnostic evaluation of autism spectrum disorders. *Pediatric Clinicians of North America*, 59(1), 103-111. doi: 10.1016/j.pcl.2011.10.018

Kanne, S.M., Gerber, A., Quirnbach, L., Sparrow, S., Cicchetti, D., & Saulnier, C.A. (2011). The role of adaptive behavior in autism spectrum disorders: Implications for functional outcome. *Journal of Autism and Developmental Disorders*, 41(8), 1007-1018.

- <http://abctautism.com>
The Autism Spectrum and Developmental Disorders Special Interest Group of ABCT
- <http://www.ninds.nih.gov/disorders/autism/autism.htm>
The National Institute of Neurological Disorders and Stroke provides a basic overview of ASD and current research and clinical trials as well as links to organizations
- <http://autismsciencefoundation.org/what-is-autism/treatment-options/>
The Autism Science Foundation overviews empirically supported treatments for ASD
- <http://autismpdc.fpg.unc.edu/evidence-based-practices>
The National Professional Development Center on Autism Spectrum Disorder Report on Evidence Based Practices

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