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Cognitive behaviour therapy for adults with autism spectrum disorders and psychiatric co-morbidity: A review

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ABSTRACT

Co-morbid mental health conditions are highly prevalent in autism spectrum disorders (ASD). Cognitive behaviour therapy (CBT) is frequently used to treat these symptoms. Hence, a systematic review was undertaken to synthesise published data about the effectiveness of CBT interventions for adults with ASD and psychiatric co-morbidity. Only six studies met pre-determined review inclusion criteria: two RCTs; one quasi-experimental study; one case series; and two case studies. Meta-analysis was not possible due to study heterogeneity. A narrative analysis of the data suggested that CBT interventions – including behavioural, cognitive, and mindfulness-based techniques – were moderately effective treatments for co-morbid anxiety and depression symptoms, albeit that sample sizes were small, participant characteristics varied widely, and psychometric properties of self-report outcome measurements utilised in the ASD population remain subject to some debate. Several studies described adaptations to standard CBT including an increase in the number of sessions, or accommodation of core ASD characteristics and associated neuropsychological impairments within the therapy process. We suggest further empirical research is needed to (1) investigate the acceptability and effectiveness of a range of CBT interventions for adults who have ASD and co-morbidity, and (2) to identify which adaptations are requisite for optimising CBT techniques and outcomes in this population.

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Contents

1. Introduction . . . 152
   1.1. Cognitive behaviour therapy . . . 152
   1.2. Cognitive behaviour therapy for individuals with ASD. . . . 153
   1.3. Rationale for this review . . . 153

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2. Methods . . . 153
2.1. Search strategy . . . 153
2.2. Inclusion criteria . . . 153
2.3. Exclusion criteria . . . 154
2.4. Study selection and data extraction . . . 154
2.5. Plan for analysis . . . 155
3. Results . . . 155
3.1. Study methods and setting . . . 155
3.2. Quality assessment . . . 155
3.3. Participant demographics . . . 155
3.3.1. Participant clinical diagnoses . . . 155
3.3.2. Co-morbid psychiatric diagnosis . . . 155
3.4. Structure and content of CBT treatment . . . 157
3.4.1. CBT modality . . . 157
3.4.2. Manualised treatment protocols . . . 157
3.4.3. CBT techniques . . . 157
3.4.4. Frequency and duration . . . 157
3.4.5. Homework . . . 157
3.4.6. Adaptations to CBT . . . 158
3.5. Outcomes . . . 158
3.5.1. Outcome measurement . . . 158
3.5.2. Treatment outcomes – effectiveness of CBT . . . 158
3.6. Attrition . . . 159
3.7. Fidelity to treatment . . . 159
4. Discussion . . . 159
4.1. Overview . . . 159
4.2. Limitations . . . 159
4.3. Clinical practice implications . . . 160
4.4. Implications for research . . . 160
5. Conclusion . . . 161
Acknowledgements . . . 161
References . . . 161

1. Introduction

Autism-spectrum disorders (ASD) are lifelong neurodevelopmental disorders characterised by impairments in communication, reciprocal social interaction, and restricted and repetitive behaviours and interests (WHO, 1992). ASD affects at least 1% of the population (Brugha et al., 2011), although there is substantial heterogeneity in the ASD symptom profile and hence the level of resultant impairment. Individuals with ASD commonly experience co-morbid mental health conditions including anxiety and affective disorders (Joshi et al., 2013; NICE, 2012; Simonoff et al., 2008), and "emotional and behavioural problems" including anger, disrupted sleep, and restricted eating (Maskey, Warnell, Parr, Le Couteur, & McConachie, 2013). Psychiatric co-morbidity can compound difficulties with social and occupational functioning, as well as attainment of independent living skills. Co-morbidity is also associated with a significantly increased carer burden (Cadman et al., 2012; Karst & Van Hecke, 2012), highlighting the need for the development of targeted treatments (NICE, 2012).

1.1. Cognitive behaviour therapy

For the typically-developing population, cognitive behaviour therapy (CBT) interventions are used routinely to treat a wide range of mental health disorders (NICE, 2011), as well as associated transdiagnostic characteristics such as insomnia (Vitiello, McCurry, & Rybarczyk, 2013) and worry (Covin, Ouimet, Seeds, & Dozois, 2008). CBT is a type of talking therapy (psychotherapy), which primarily aims to help individuals to (1) notice and understand how their thoughts, behaviours and emotions are inter-related and (2) develop new ways of thinking about, coping with and responding to, anxiety-provoking or distressing situations (Beck, 2011). CBT is a short-term goal-orientated approach: individuals are encouraged to identify specific measurable goals they would like to work towards in order to attain symptom reduction. In line with Stepped Care approaches to mental health service provision, for example the UK Improving Access to Psychological Therapies Initiative (IAPT) (Clark, 2011; NICE, 2011) CBT is increasingly being delivered through novel modalities including guided self-help, computerised packages, and group-based formats. The therapist's tool-box is also expanding: interventions now commonly utilised range from traditional behavioural and cognitive techniques, to 'third wave' approaches, for example metacognitive, mindfulness-based, and acceptance and commitment (ACT) techniques.

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