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Research Paper

Adapting psychological therapies for autism

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ABSTRACT

Background: Psychological interventions informed by cognitive behavioural theory have proven efficacy in treating mild-moderate anxiety and depression. They have been successfully adapted for autistic children and adults who experience disproportionately high rates of co-occurring emotional problems. There has been little research into the perspectives and experience of psychological therapists adapting cognitive behavioural therapy (CBT) as part of routine clinical practice. We surveyed therapist skills, experience and confidence in working psychologically with autistic people, in order to highlight gaps and needs, as well as strengths in terms of therapist skills when working with this group.

Method: Fifty therapists attending a training event completed a survey about their experience of adapting CBT for autistic clients, alongside a measure of therapist confidence.

Results: Almost all therapists reported making adaptations to CBT practice when working with autistic clients. Key challenges identified were rigidity in thinking and pacing sessions appropriately. Therapists were relatively confident about core engagement and assessment skills but reported less confidence in using their knowledge to help this group. Therapist confidence was not associated with years of practice or number of adaptations made, but was positively associated with level of therapy training received.

Conclusions: This study highlights a need for training and ongoing supervision to increase therapist confidence in and ability to make appropriate adaptations to CBT treatment protocols for autistic people.

1. Introduction

Autism spectrum disorder (ASD) is characterised by qualitative impairments in social communication and a restricted, repetitive pattern of behaviour, interests or activities (5th ed.; *DSM-5*; [American Psychiatric Association, 2013](#)). There is a high prevalence of co-occurring mental health problems, particularly emotional disorders, in autistic¹ people with studies reporting 53% experiencing a mood disorder and > 50% an anxiety disorder at some point in their lives ([Hofvander et al., 2009](#)). The clinical features and cognitive differences characteristic of ASD mean autistic people require adaptations to standard evidence-based psychological treatments to adequately meet their needs ([NICE, 2012](#)). Such adaptations include an increased use of written and visual information, emphasising behaviour change over cognitive approaches, having well explained guidance and rules in therapy, involving a friend, family member or carer, having breaks, incorporating special interests and avoiding ambiguous use of language ([Anderson & Morris, 2006](#); [NICE, 2012](#)). [Moree and Davis \(2010\)](#) report that another common adaptation is to target autism related deficits, such as in social skills or adaptive behaviours, to ensure the success of the mental health intervention.

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¹ In the current study, individuals with autism are referred to as “autistic people”. This was the term endorsed by 61% of 502 autistic people in a recent study, compared to 18% who would use “person with autism” ([Kenny et al., 2016](#)).

There is evidence that when adapted, evidence based psychological interventions can be effective in the treatment of a range of common mental health problems in autistic people. Much of the clinical research has been on interventions within a cognitive behavioural framework with a focus on anxiety problems (e.g. Russell et al., 2013; Wood et al., 2009). Systematic reviews highlight the clinical effectiveness of adapted cognitive behavioural therapy (CBT) for common mental health problems in autistic adults (Spain, Sin, Chalder, Murphy, & Happe, 2015) and anxiety conditions in autistic children (Sukhodolsky, Bloch, Panza, & Reichow, 2013). Further evidence suggests that such interventions are cost effective (Van Steensel, Dirksen, & Bögels, 2014). Dissemination of the adaptations found helpful in clinical trials is an important step in increasing access to psychological therapies for this group. Walters, Loades and Russell (2016) conducted a systematic review of modifications to CBT for autistic young people in studies where the CBT intervention was found to be effective. They found that such studies tended to use more modifications than those recommended by NICE, including use of emotion recognition training, as well as disorder-specific modifications i.e. tailoring interventions to the specific psychological problem being treated.

Other clinical groups require adaptations to standard psychological therapy and this includes people with intellectual disability. Psychological therapies can be effective for people with intellectual disabilities if adapted to meet their needs. Although research for this is sparse compared to other groups, the evidence base for cognitive behavioural approaches is strongest in treatments for anger (see Willner, 2007, for a review). There is emerging evidence for the efficacy of CBT for depression (McCabe, McGillivray, & Newton, 2006). Lindsay, Jahoda, Willner and Taylor (2013) outline the adaptations considered necessary to increase the efficacy of psychological therapy for individuals with intellectual disability, and these include using simplified language supported by visual materials, educational elements regarding labelling emotions and actions, repetition of key learning points, and involving carers. Although people with intellectual disability can access specialist teams for mental health support, those with less significant levels of disability can be provided care by mainstream services. The Therapist Confidence Scale for Intellectual Disabilities (TCS-ID, Dagnan, Masson, Cavagin, Thwaites, & Hatton, 2015) was developed to assess how confident psychological therapists feel in adapting their approach to meet the needs of clients with intellectual disability. The authors highlighted that therapist confidence may be a significant barrier to individuals with intellectual disability having as equal access to psychological therapies as typically developing people. Demonstrating improved therapist confidence following training is an important tool in improving access to evidence based treatments for specialist client groups. This may well be the case for therapist confidence in working with autistic people as well as those with an intellectual disability.

Accessing evidence based psychological treatments can be a challenge for autistic people compared to the general population. Psychological or talking therapy is an inherently social process, daunting for most individuals embarking upon therapy, but particularly challenging to those with social communication difficulties. Attending a therapy session involves meeting a new person, speaking with them about personal information, and building up a rapport over time, all processes which can be challenging for the autistic individual. The widespread use of group therapy (Oei & Browne, 2006) or telephone appointments (Hilty et al., 2013) may present further social communication challenges for autistic people. Social interactions over the phone, with no visual cues, are likely to be a challenge for autistic individuals. Equally, group interventions with multiple attendees may be overwhelming to an autistic individual who struggles to understand the social world. Furthermore, the well-documented executive functioning difficulties in ASD (e.g. Hill, 2004) may mean that planning and attending appointments, and carrying out scheduled homework activities is more difficult for this group. Finally, high levels of alexithymia are found autistic people (Hill, Berthoz, & Frith, 2004), and this difficulty with noticing and labelling emotions will impact on their ability to benefit from therapy. If a psychological therapy does not include training in identifying, labelling and scaling the intensity of emotions, this could result in poor treatment outcomes.

In order to improve access to treatment and outcomes, therapists must be aware of and confident in adapting their practice in line with the needs of autistic people. An understanding of the current knowledge, experience and confidence in working with autistic people on the part of psychological therapists is an essential starting point in the journey towards ensuring mental health services are autism aware and competent. This will allow gaps in clinician knowledge and confidence to be identified and improved upon in future service development and when designing training programmes for psychological therapists. Some studies outside of the UK have investigated clinician confidence in working with autistic people. Brookman-Frazee, Drahota and Stadnick (2012) investigated therapist perspectives on working with autistic children in the USA. They found that therapists frequently worked with autistic children, but felt that they did not have enough training to be well-equipped to work with this group and therefore found the work challenging and frustrating. Drahota, Stadnick and Brookman-Frazee (2012) then piloted a training package for psychological therapists working with autistic children, and therapists felt this training improved their clinical skills and outcomes for the child. These studies demonstrate that the identification of training needs for therapists working with autistic people, followed by effective training packages, can be an effective way of ensuring autistic people receive the adapted treatment that they need to overcome mental health difficulties.

This study aimed to survey a sample of UK based psychological therapists, to investigate their current knowledge and past experience of working within a cognitive behavioural framework with autistic people, as well as their confidence in working psychologically with this group. We aimed to identify gaps as well as strengths in skills, knowledge and confidence, to inform future training packages to therapists and provide data on current practice in the UK.

2. Method

2.1. Participants

Psychological therapists attending a 1 day training workshop focused on adapting CBT practice for autistic people were invited to participate ($n = 54$). This event was targeted at psychological therapists who were working towards accreditation with the British

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