DNEA Resource Guide *for Professionals*

Creative CBT: Adapting Cognitive Behavioral Therapy for Autism

What is Cognitive Behavioral Therapy?

Cognitive Behavioral Therapy (CBT) is an evidence-based psychotherapy that can help youth manage anxiety by changing the way they think and behave. The treatment helps youth recognize and understand how their behaviors, thoughts, and emotions affect each other.

CBT has been shown to be an effective anxiety treatment for youth with Autism Spectrum Disorder (ASD) and Intellectual Disabilities (ID). It may be necessary to modify standard CBT protocols for children with ASD/ID depending on how they communicate, think, and understand feelings.

What are some general strategies?

- Consider separate, simultaneous treatment (e.g., parent training) for co-occurring disruptive behaviors.
- Carefully consider the youth and family's reason for seeking treatment. ASD and ID symptoms may not be the desired focus. Rather, anxiety, depression or anger management may be the area they wish to improve.
- Caregivers will likely be included in treatment more than usual. Their involvement should include psychoeducation, assessment of changes in symptoms over time, and supporting the completion of the youth's therapy homework and skill practice between sessions.
- Work as a team with providers, caregivers, educators, and others. Develop an understanding of how additional interventions might complement or contradict treatment. Make direct contact with other practitioners supporting the youth so that the burden of coordination does not fall on the family.

What are some in-session strategies?

- To increase participation, incorporate special interests into the session in a variety of ways (e.g., integrating a favorite character into examples). Allow the youth to talk about preferred interests during breaks
- Use a visual session schedule and build in scheduled, timed breaks. Complete the schedule with the youth at the start of the session using words and/or pictures depending on what the youth needs or prefers.
- Always try to use visual aids throughout the session to accommodate visual and concrete learning styles.
- Build in movement breaks or sensory activities for those who might have difficulty staying focused or have sensory under- or over-reactivity.
- Allow additional time for expressive and receptive communication.
- Consider generalization of new ideas and skills when planning treatment sessions and homework.
 It is important that the youth can apply treatment skills to new situations outside of the therapy room.

Additional resource guides and a full list of references at https://www.delawareautismnetwork.org/.

Suggested citation: Fletcher, A., Freedman, B., Copeland, K., Curtin, E., Mallory, S., & CDS DNEA Team. (2021). DNEA resource guide for professionals: Creative CBT: Adapting cognitive behavioral therapy for autism. Delaware Network for Excellence in Autism.



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What are some modifications that can be made during the psychoeducation phase?

- Extra time may be needed to establish rapport or to learn about the youth's special interest.
- Teach about both anxiety and ASD/ID symptoms.
- Embrace a patient, flexible, creative approach with additional time for processing information.
- Plan for additional sessions to teach about understanding emotions.
- When verbal expression of feelings is difficult, allow youth to draw their feelings or worries.

What are some modifications that can be made during the practice phase?

- When working on hierarchy, use a visual thermometer to show anxiety from low to high.
 Encourage the youth to point to the prop to illustrate how high their anxiety is around a specific situation.
- When possible, personalize the visual thermometer using preferred interests with varying degrees of emotional expressions from calm to very frightened (e.g., Iron Man, cats, Tesla cars).



What are some modifications that can be made during the exposure/response prevention phase?

- When practicing exposures, use interactive, multimodal teaching methods (e.g., use/visit the "real" thing, leave home, go outside).
- Use reinforcers to gain "buy-in" for all levels of exposure.
- Be creative and flexible with reinforcers! Consider what will motivate the youth and apply it regularly to exposures.
- Use praise that is appropriate to the youth's affect.

- Social skills training and coaching may be beneficial for social phobia exposures.
- Include caregivers in the sessions so that they can help facilitate exposures outside of the session.
 Have caregivers practice coaching and avoid rescuing.
- Exposures are difficult. Expect resistance and keep moving! Work on building confidence with exposure successes.

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