



ELSEVIER

Contents lists available at ScienceDirect

Research in Autism Spectrum Disorders

Journal homepage: <http://ees.elsevier.com/RASD/default.asp>



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



Debbie Spain^{a,b,*}, Jacqueline Sin^c, Trudie Chalder^d, Declan Murphy^{b,e},
Francesca Happé^a

^a MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, De Crespigny Park, PO Box 80, London SE5 8AF, UK

^b Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College London, De Crespigny Park, PO Box 50, London SE5 8AF, UK

^c Florence Nightingale School of Nursing & Midwifery, King's College London, 57 Waterloo Road, London SE1 8WA, UK

^d Department of Psychological Medicine, King's College London, Weston Education Centre, Cutcombe Road, London SE5 9RJ, UK

^e Sackler Centre for Translational Neurodevelopment, Institute of Psychiatry, King's College London, De Crespigny Park, PO Box 50, London SE5 8AF, UK

ARTICLE INFO

Article history:

Received 3 October 2014

Accepted 20 October 2014

Keywords:

Autism spectrum disorder
Psychiatric co-morbidity
Mental health
Cognitive behaviour therapy
CBT
Mindfulness

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.

© 2014 Elsevier Ltd. All rights reserved.

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

* Corresponding author at: MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, De Crespigny Park, PO Box 80, London SE5 8AF, UK. Tel.: +44 207 848 5388; fax: +44 207 848 0650.

E-mail address: debbie.spain@kcl.ac.uk (D. Spain).

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.

Download English Version:

<https://daneshyari.com/en/article/6848068>

Download Persian Version:

<https://daneshyari.com/article/6848068>

[Daneshyari.com](https://daneshyari.com)