Using Cognitive Behavioral Therapy (CBT) to Support the Mental Health of Autistic Students: An Overview

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Autistic youth[1] experience co-occurring mental health challenges at higher rates than non-autistic youth. Anxiety is one of the most common co-occurring mental health challenges for autistic individuals, with as many as 50 percent of autistic youth experiencing clinically significant anxiety.[2] More information regarding the prevalence of mental health challenges in autistic individuals can be found here.

This brief report discusses best practices in supporting the mental health of autistic students, with an emphasis on treatments for anxiety. It is crucial for school leaders to foster systems that support addressing anxiety symptoms because these symptoms may manifest as school absences or tardies, physical complaints that result in trips to the nurse's office, disruptive behavior that may result in excessive disciplinary action, and withdrawal from or difficulty engaging classroom and extra-curricular activities.[3,4] More information on the implications of anxiety symptoms for autistic students is provided here.

What is considered a "best practice" in supporting anxiety symptoms for autistic youth?

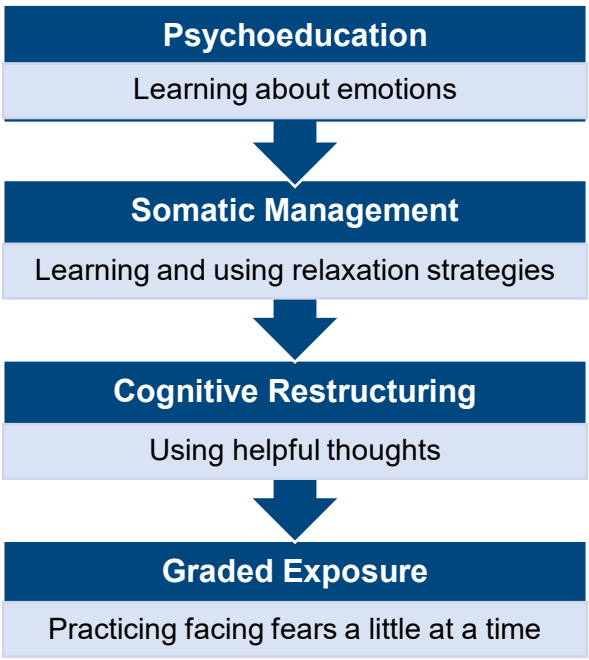
Cognitive Behavioral Therapy (CBT) is considered a gold standard in the treatment of anxiety symptoms in both autistic and non-autistic youth. CBT is an evidence-based practice. Several studies have shown that autistic youth who receive CBT have significantly improved anxiety symptoms compared to those who receive no treatment.[5,6] There are some CBT programs explicitly created for autistic youth,[7] and there are other CBT interventions that were adapted from programs initially developed for youth without autism.[8]

What is the evidence for CBT in school settings for autistic youth?

For both autistic and non-autistic youth, researchers have begun to study the effectiveness of CBT when delivered in public school settings.[9-14] For autistic youth, research thus far has been promising and has shown that autistic students who receive CBT experience a significant reduction in their anxiety symptoms.[11-13] More recent research has also shown that autistic students have significant improvements in their anxiety symptoms when receiving CBT in school versus other school-based mental health services.[14]

What does CBT look like for both autistic and non-autistic youth?

CBT can be delivered in individual or group formats over 8-14 sessions. CBT sessions are often held weekly and many programs are "manualized", which means that they have written protocols and activities that can be used by providers. CBT programs emphasize teaching youth skills to manage their anxiety symptoms and helping youth apply the learned strategies. CBT's standard components for autistic and non-autistic students include psychoeducation, somatic management strategies, cognitive restructuring, and graded exposure (see Figure 1). [15,16]



Psychoeducation. The psychoeducation component of CBT establishes a shared emotion vocabulary (e.g., what it means to feel happy, sad, nervous, etc.). Psychoeducation is particularly important for autistic youth, who may have greater difficulty identifying and understanding emotional experiences.[12] After establishing a shared vocabulary, the psychoeducation shifts to helping youth to identify situations that cause them to experience anxiety, the physiological symptoms of anxiety (e.g., racing heart, upset stomach, flushed face), and the extent to which anxiety prevents them from engaging in a variety of activities.

Somatic Management Strategies. Somatic management, or relaxation strategies, support youth in regulating their emotions and reducing the physiological symptoms of anxiety. Students are taught common and accessible emotion regulation strategies, such as deep breathing and mindfulness. Youth are supported in practicing these relaxation activities throughout their day to become routine and not just used when feeling upset or anxious.

Cognitive Restructuring. Cognitive restructuring provides strategies that help students to manage negative or worrisome thoughts. Youth are taught to pay attention to negative self-talk (e.g., "I'm going to fail") and other thoughts that might cause them to feel worried (e.g., "what if we're in a car accident?"). Youth are taught to question their worrisome thoughts and to use realistic "helpful" thoughts that can be used in anxiety-provoking situations (e.g., "this feels hard, but I can do it.").

Graded Exposure. Graded exposure is a component of CBT in which students are supported in facing their fears a little bit at a time. During this part of CBT, students create a hierarchy of different situations that can be used to practice facing their fears. For example, a student afraid of speaking in front of the class might first practice speaking to a familiar adult or peer, followed by a small group of students and a larger group of students. Students are then supported and rewarded for working through these steps one at a time. This part of CBT emphasizes applying strategies and empowering students to see that they can manage their worry. This approach allows youth to have more fun and to participate in a greater variety of activities.

Adaptations to CBT to Support Autistic Youth. Several adaptations have been made to CBT so that it is more supportive of the unique learning style of autistic students. Common adaptations to CBT include adding social skill building, incorporating the child's particular interests, using concrete or visual tools and schedules to support learning, repeating terms and concepts, and emphasizing parental involvement.[9]

Who Can Deliver CBT to Autistic Students in School Settings?

CBT is mainly delivered by providers with a mental health background, including psychologists, social workers, and counselors. However, recent research has shown that CBT for autistic youth can be delivered by non-mental health staff, including speech-language pathologists, special education teachers, and occupational therapists. Given the significant demands currently placed on mental health staff, this interdisciplinary approach to delivering CBT may make it more feasible to consistently deliver CBT to autistic students. Additionally, these students are often already supported by interdisciplinary providers through services received as part of an Individualized Education Plan (IEP).[14]

For more information on Individualized Education Plans (IEPs), which can include the provision of mental health services including CBT, see our resource on IDEA and IEPs here.

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