

Cognitive Behaviour Therapy for Emotional Regulation in Children with Autism

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Please note:

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Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters, they are to call the TAPS line for advice.

The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters

Research question: Is available evidence to support the efficacy of CBT for children aged 6-8 with Autism for emotional regulation? If the provision of CBT is appropriate for this age group, does it qualify as an intervention better provided by mainstream mental health?

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2. Summary

Cognitive behaviour therapy is considered a treatment approach to address a range of mental and emotional health issues. There is some evidence in the literature to support the use of cognitive behaviour therapy for children with autism, however implementation techniques may need to be modified according to the child's functional ability to participate in the therapy. As cognitive behaviour therapy is considered a treatment approach for symptoms, it might be better funded by mainstream mental health services.

3. Cognitive Behaviour Therapy

Cognitive behaviour therapy (CBT) is a **treatment approach** for a range of mental and emotional health issues (Better Health Channel, 2022), including:

- Anxiety
- Anxiety disorders (e.g., social phobia, obsessive compulsive disorder)
- Depression
- Low self-esteem
- Irrational fears
- Hypochondria
- Substance misuse
- Eating disorders
- Insomnia
- Certain emotional and behavioural problems in children or teenagers

CBT combines cognitive therapy (changing or challenging maladaptive thoughts) and behaviour therapy (learning new skills or helpful behaviours) (Better Health Channel, 2022). CBT is considered a short-term form of psychotherapy, however it can still take more time to successfully overcome maladaptive patterns of thinking and behaving (Better Health Channel, 2022).

Although CBT treatment plans are individualised to patient need, a typical intervention would include (Whitehouse et al., 2020):

- (a) explaining the cause of anxiety,
- (b) discussing the impact of anxiety on daily life,
- (c) identifying situations that induce anxiety and ordering these,
- (d) gradually exposing the person to the situations from least to most confronting while managing anxiety as it arises, and

(e) teaching the individual additional coping strategies such as relaxation.

CBT can be implemented one-to-one with a therapist, in a group setting, or online (Hillman et al., 2020). For successful treatment, CBT requires **active participation** in treatment, and involves a close working relationship between the individual and the therapist (Better Health Channel, 2022). CBT can be implemented by counsellors, psychologists, mental health social workers and therapists (Better Health Channel, 2022).

4. Cognitive Behaviour Therapy for Emotional Regulation in Children with Autism

Evidence has related poor emotional regulation to emotional problems in children with autism, such as anxiety, depression, and anger (Thomson et al., 2015). The use of CBT for children with autism is based on research findings that anxiety disorders and depression are common in autism, and CBT may lead to improvements in mood disturbances and better emotional regulation, reduce unhelpful routines or behaviours of concern, and increase social behaviours (Thomson et al., 2015; Whitehouse et al., 2020). One specific systematic review/meta-analysis included 45 randomised controlled trials for children and adolescents with autism, although study quality was low to moderate, found lower symptoms of socio-emotional problems after CBT as reported by informants and clinician measures (Wang et al., 2021).

It is speculated that the structured nature of CBT makes it appropriate for individuals with autism (Sharma et al., 2018), however it is also noted that some CBT techniques, such as those that rely on verbal communication or provide insight into one's own thoughts, may be challenging for some individuals with autism and therefore would need to be modified (Hillman et al., 2020). Additionally, specific modifications for younger children with autism would involve reducing abstract language, simplifying tasks that require metacognition (thinking about thinking), and incorporating strategies to engage the child to develop real-world skills (Keefer and Vasa, 2021).

5. NDIS and Health Mainstream Interface

The NDIS is responsible for ongoing functional support for day-to-day living. The National Disability Insurance Scheme (NDIS) does not fund clinical treatment from a mental health profession to address symptoms (National Disability Insurance Agency, 2018). As CBT is considered a treatment therapy to address mental health symptoms, it is likely to be more appropriately funded by the health system (National Disability Insurance Agency, 2022):

“cognitive behavioural therapy is a form of clinical treatment and the health system, not the NDIS, is the most appropriate agency to fund this support”

Further information can be found at [Mental Health Access Snapshot 5 – NDIS and Other Services.docx](#) (2018) and [Mental health supports | NDIS](#) (2022).

6. References

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