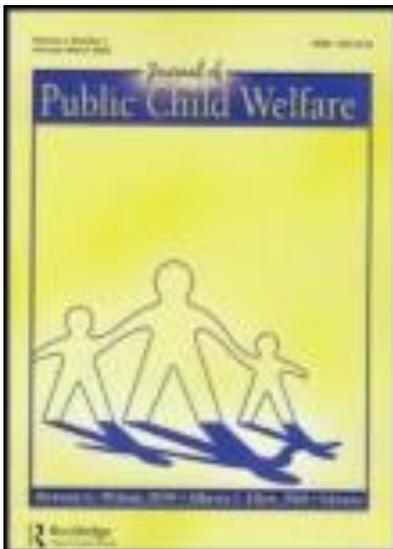




## Literature and research links on treatment of trauma and PTSD for people with developmental disabilities

*With thanks to Matthew Siegel, M.D., Director, Developmental Disorders Program, Maine Behavioral Healthcare; Assistant Professor of Psychiatry & Pediatrics, Tufts School of Medicine; Clinician Scientist, Maine Medical Center Research Institute*

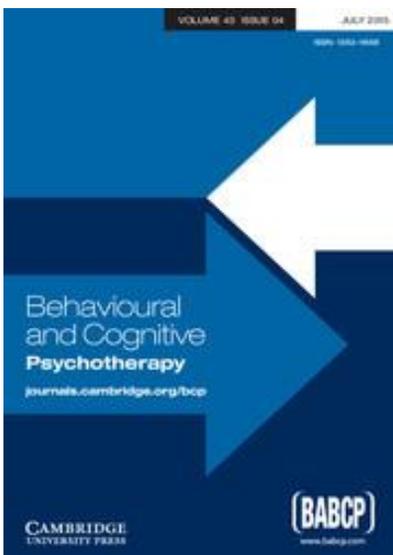


### Utilization of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children With Cognitive Disabilities

Jenell Holstead; Jim Dalton

Trauma-focused cognitive behavioral therapy (TF-CBT) has strong evidence of its effectiveness to treat post-traumatic stress disorder in children and is commonly utilized in mental health settings. Some state licensing and oversight authorities have mandated that providers use TF-CBT for children under their care and for whom they provide funding for treatment services. These mandates are often made without regard to diagnosis or developmental status that might predict TF-CBT efficacy. Therefore, this study sought to determine if manualized TF-CBT was as effective as more traditional Applied Behavior Analysis approaches with individualized Intensive Behavioral Interventions for youth with developmental conditions in a residential treatment facility.

<http://www.tandfonline.com/doi/abs/10.1080/15548732.2013.843495?journalCode=wpcw20#preview>

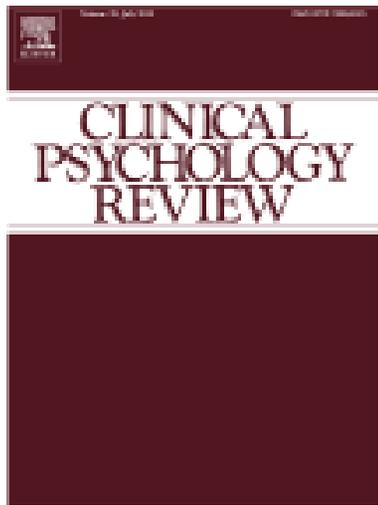


### CBT for People with Intellectual Disabilities: Emerging Evidence, Cognitive Ability and IQ Effects

John L. Taylor, William R. Lindsay and Paul Willner

Historically people with intellectual disabilities have not been offered or received cognitive behavioural interventions that have been shown to be effective for mental health and emotional problems experienced by those without such disabilities. This is despite many people with intellectual disabilities having life experiences that potentially result in them having an increased risk to such problems. This paper discusses whether such therapeutic disdain is justified based on the evidence that is available and emerging concerning the application of cognitive behavioural interventions for this population. Issues concerning access to services, the ability of people with intellectual disabilities to engage in and benefit from the cognitive components of CBT, and the effect of cognitive abilities and IQ level on treatment effectiveness are explored in relation to this question.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=2751680&fileId=S1352465808004906>

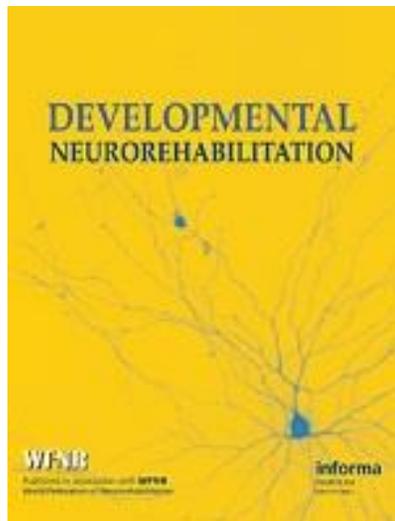


## **PTSD and its treatment in people with intellectual disabilities: A review of the literature**

L. Mevissen, A. de Jongh

Although there is evidence to suggest that people with intellectual disabilities (ID) are likely to suffer from Post-Traumatic Stress Disorder (PTSD), reviews of the evidence base, and the potential consequences of this contention are absent. The purpose of this article is to present a comprehensive account of the literature on prevalence, assessment, and treatment of PTSD in people with ID. Some support was found for the notion that people with ID have a predisposition to the development of PTSD. Differences in comparison with the general population may consist of the expression of symptoms, and the interpretation of distressing experiences, as the manifestation of possible PTSD seems to vary with the level of ID. Since reliable and valid instruments for assessing PTSD in this population are completely lacking, there are no prevalence data on PTSD among people with ID. Nine articles involve treatment of PTSD in people with ID. Interventions reported involve those aimed to establish environmental change, the use of medication and psychological treatments (i.e., cognitive behavioral therapy, EMDR and psychodynamic based treatments). Case reports suggest positive treatment effects for various treatment methods. Development of diagnostic instruments for assessment of PTSD symptomatology in this population is required, as it could facilitate further research on its prevalence and treatment.

<http://www.sciencedirect.com/science/article/pii/S027273580900186X>



## **Treatment of anxiety in autism spectrum disorders using cognitive behaviour therapy: A systematic review**

Russell Lang, PhD, April Regester, Stacy Lauderdale, Kristen Ashbaugh, Anna Haring

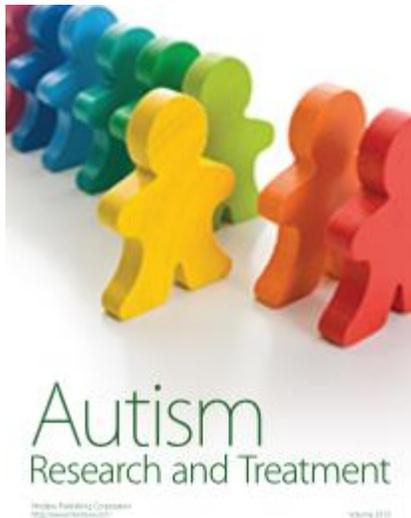
*Objective:* To review studies involving the treatment of anxiety in people with autism spectrum disorders (ASD) using Cognitive Behaviour Therapy (CBT) with the intent to inform practice and to identify areas for future research.

*Methods:* Systematic searches of electronic databases, reference lists and journals identified nine studies. Each identified study that met pre-determined inclusion criteria was analysed and summarized in terms of: (a) participants, (b) intervention procedures, (c) dependent variables, (d) results of intervention and (e) certainty of evidence. To assess the certainty of evidence, each study's design and related methodological details were critically appraised.

*Results:* Positive outcomes were ubiquitous, suggesting CBT is an effective treatment for anxiety in individuals with Asperger's. However, data involving other ASD diagnostic sub-types is limited.

*Conclusions:* CBT has been modified for individuals with ASD by adding intervention components typically associated with applied behaviour analysis (e.g. systematic prompting and differential reinforcement). Future research involving a component analysis could potentially elucidate the mechanisms by which CBT reduces anxiety in individuals with ASD, ultimately leading to more efficient or effective interventions.

<http://informahealthcare.com/doi/abs/10.3109/17518420903236288?src=recsys>



### **Facing Your Fears in Adolescence:**

#### **Cognitive-Behavioral Therapy for High-Functioning Autism Spectrum Disorders and Anxiety**

Judy Reaven, Audrey Blakeley-Smith, Eileen Leuthe, Eric Moody, and Susan Hepburn

Adolescents with high-functioning autism spectrum disorders (ASDs) are at high risk for developing psychiatric symptoms, with anxiety disorders among the most commonly cooccurring. Cognitive behavior therapies (CBTs) are considered the best practice for treating anxiety in the general population. Modified CBT approaches for youth with high-functioning ASD and anxiety have resulted in significant reductions in anxiety following intervention. The purpose of the present study was to develop an intervention for treating anxiety in adolescents with ASD based on a CBT program designed for school-aged children. The Facing Your Fears-Adolescent Version (FYF-A) program was developed; feasibility and acceptability data were obtained, along with initial efficacy of the intervention. Twenty-four adolescents, aged 13–18, completed the FYF-A intervention. Results indicated significant reductions in anxiety severity and interference posttreatment, with low rates of anxiety maintained at 3-month follow-up. In addition, nearly 46% of teen participants met criteria for a positive treatment response on primary diagnosis following the intervention. Initial findings from the current study are encouraging and suggest that modified group CBT for adolescents with high-functioning ASD may be effective in reducing anxiety symptoms. Limitations include small sample size and lack of control group. Future directions are discussed.

<http://www.hindawi.com/journals/aurt/2012/423905/>



### **Cognitive Behavioural Treatment for Anger in Adults with Intellectual Disabilities: A Systematic Review and Meta-analysis**

Nicoll, Matthew, Beail, Nigel, Saxon, David

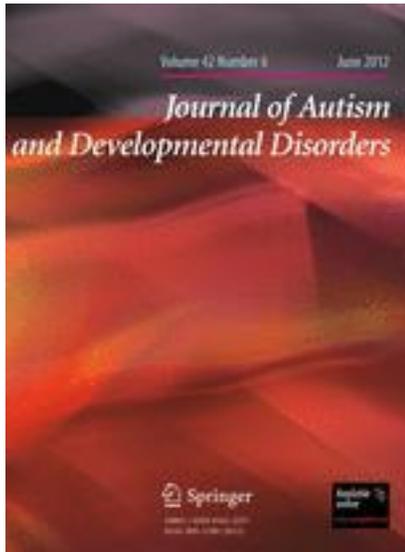
*Background:* The cognitive behavioural treatment for anger in adults with intellectual disabilities has received increasing interest. The current study aims to review the current literature and provide a meta-analysis.

*Method:* A literature search found 12 studies eligible for the quality appraisal. The studies examined cognitive behavioural treatment for anger in adults with intellectual disabilities published since 1999. Nine studies were eligible to be included in the meta-analysis.

*Results:* The meta-analysis revealed large uncontrolled effect sizes for the treatment for anger in adults with intellectual disabilities, but is viewed with caution due to low sample sizes. The narrative review showed improved methodological quality of the literature.

*Conclusions:* The emerging literature is encouraging. However, it is limited through concatenated data, a lack of comparative control groups and small study samples.

<http://onlinelibrary.wiley.com/doi/10.1111/jar.12013/abstract>

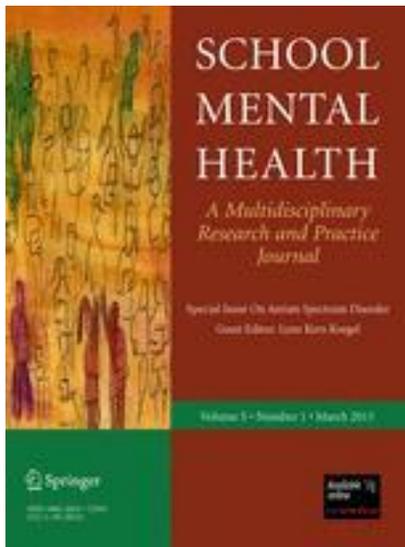


### **Assessment of the Prerequisite Skills for Cognitive Behavioral Therapy in Children with and Without Autism Spectrum Disorders**

Athena Lickel, William E. MacLean Jr., Audrey Blakeley-Smith, Susan Hepburn

The purpose of this study was to assess the cognitive skills of children with autism spectrum disorders (ASD) thought to be necessary for Cognitive Behavioral Therapy (CBT). Forty children with ASD and forty age-matched typically developing children between the ages of 7–12 years participated. Groups were comparable with regard to nonverbal IQ, but children with ASD had significantly lower verbal IQ. Children completed three CBT-related tasks requiring emotion recognition, discrimination among thoughts, feelings and behaviors, and cognitive mediation. With the exception of the emotion recognition task, children with ASD performed comparably to typically developing children and with a high rate of accuracy.

<http://link.springer.com/article/10.1007%2Fs10803-011-1330-x#>

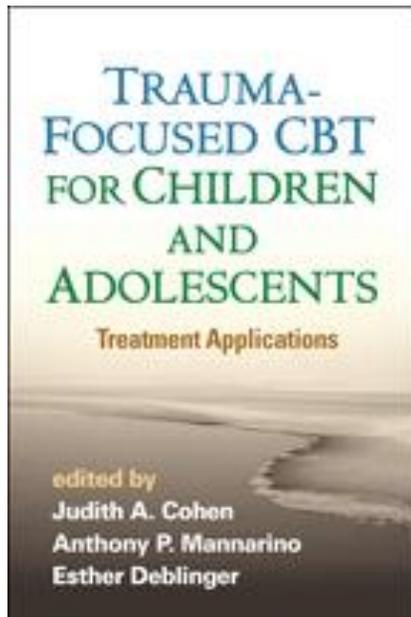


### **Intensive Cognitive Behavioral Therapy for Anxiety Disorders in School-aged Children with Autism: A Preliminary Comparison with Treatment-as-Usual**

Cori Fujii, Patricia Renno, Bryce D. McLeod, C. Enjey Lin, Kelly Decker, Kaycie Zielinski, Jeffrey J. Wood

Children with autism spectrum disorders (ASDs) frequently present with a comorbid anxiety disorder that can cause significant functional impairment, particularly at school. An intensive modular cognitive behavioral treatment (CBT) program was delivered to address anxiety, self-regulation, and social engagement in school and in the community. A particular emphasis was placed on increasing generalizability of coping skills and positive social behavior by involving school personnel in the treatment process. Children (7–11 years old) were randomly assigned to an immediate treatment condition (IT) that included 32 sessions of CBT ( $n = 7$ ) or a 16-week treatment-as-usual (TAU) condition ( $n = 5$ ). The CBT sessions emphasized behavioral experimentation and emotion regulation training as well as social coaching on increasing positive peer interactions. School observations and consultations were included in the treatment model. Independent evaluators blind to treatment condition conducted structured diagnostic interviews at baseline and post-IT/post-TAU. Post-treatment analyses showed that 71.4 % of the IT group had remitted from their primary anxiety disorder diagnosis as compared with none of the TAU group. In addition, an ANCOVA analysis conducted with baseline anxiety scores included as a covariate revealed a statistically significant difference by treatment group in anxiety severity favoring the IT group at post-treatment. The 32-session CBT program is an intensive approach for children with ASD and moderate-to-severe anxiety disorders that appears to yield a clinically significant impact on anxiety symptoms. The generalizability of coping skills may be enhanced by the inclusion of school-based treatment components due to the consistency of supports this permits across the child's daily settings.

<http://link.springer.com/article/10.1007%2Fs12310-012-9090-0#>



## **Trauma-Focused CBT For Children and Adolescents**

Edited by Judith A. Cohen, Anthony P. Mannarino, and Esther Deblinger

Chapter 6: Children with Developmental Disabilities by Christina A. Grosso gives an overview of TF-CBT in children with developmental disabilities; discusses the risk of trauma in this group and the need for psycho-education and parenting skills; describes treatment strategies; gives a case example; developing a trauma narrative and cognitive processing; conjoint child-parent sessions; and more.

<http://www.guilford.com/books/Trauma-Focused-CBT-for-Children-and-Adolescents/Cohen-Mannarino-Deblinger/9781462504824/contents>