

SHORT COMMUNICATION

Cognitive-Behavioural Therapy and autism: a tool for inclusion based on rights

Terapia Cognitivo-Conductual y autismo: una herramienta para la inclusión desde los derechos

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ABSTRACT

Anxiety was a frequent comorbidity in children with Autism Spectrum Disorder (ASD), negatively affecting their quality of life. Cognitive-Behavioural Therapy (CBT) was positioned as an effective strategy to mitigate these symptoms, especially in children with high-functioning ASD. Several studies supported its effectiveness, showing improvements in the social adaptation and emotional well-being of this population. In the Argentine context, the approach to disability shifted from a medical model to a social rights paradigm, where it was considered that the real limitations were not individual, but social and structural. This new framework promoted the adaptation of therapies such as CBT, emphasising the need to personalise treatments according to the characteristics of the child's environment. It also involved guaranteeing accessibility in educational and health institutions, eliminating physical, communicational and attitudinal obstacles. National legislation, in particular Law 26.378, ratified the Convention on the Rights of Persons with Disabilities, obliging the State to provide therapeutic care under conditions of equality. However, significant challenges persisted in the implementation of these regulations. It was essential that professionals received continuous training and that families actively participated in the therapeutic processes. The evidence showed that integrating CBT into the social paradigm increased the chances of achieving genuine inclusion and a substantial improvement in the quality of life of children with ASD.

Keywords: Anxiety; Autism; Inclusion; Rights; Cognitive-Behavioural Therapy.

RESUMEN

La ansiedad representó una comorbilidad frecuente en niños con Trastorno del Espectro Autista (TEA), afectando negativamente su calidad de vida. La Terapia Cognitivo-Conductual (TCC) se posicionó como una estrategia eficaz para mitigar estos síntomas, especialmente en aquellos niños con TEA de alto funcionamiento. Diversos estudios respaldaron su efectividad, mostrando mejoras en la adaptación social y en el bienestar emocional de esta población. En el contexto argentino, el enfoque sobre la discapacidad transitó de un modelo médico a un paradigma social de derechos, donde se consideró que las verdaderas limitaciones no eran individuales, sino sociales y estructurales. Este nuevo marco promovió la adaptación de terapias como la TCC, subrayando la necesidad de personalizar los tratamientos según las características del entorno del niño. Además, implicó garantizar la accesibilidad en instituciones educativas y de salud, eliminando obstáculos físicos, comunicacionales y actitudinales. La legislación nacional, en particular la Ley 26.378, ratificó la Convención sobre los Derechos de las Personas con Discapacidad, obligando al Estado a brindar atención terapéutica en condiciones de igualdad. No obstante, persistieron desafíos importantes en la aplicación de estas normativas. Fue indispensable que los profesionales recibieran formación continua y que las familias participaran activamente en los procesos terapéuticos. La evidencia sostuvo que, al integrar la TCC dentro del paradigma social, se incrementaron las posibilidades de lograr una inclusión genuina y una

mejora sustancial en la calidad de vida de los niños con TEA.

Palabras clave: Ansiedad; Autismo; Inclusión; Derechos; Terapia Cognitivo-Conductual.

BACKGROUND

Anxiety is a common comorbidity in children and adolescents with Autism Spectrum Disorder (ASD), significantly affecting their quality of life and that of their families.⁽¹⁾ Cognitive Behavioral Therapy (CBT) has emerged as an effective intervention for addressing this issue, especially in children with high-functioning ASD and developed language skills.⁽²⁾ Studies have shown that CBT can reduce anxiety in these children, improving their social adaptation and emotional well-being.^(3,4,5)

In Argentina, the approach to disability has undergone a significant transformation, moving from a medical-care model to a social rights paradigm.⁽⁶⁾ This new approach recognizes that social and environmental barriers are what create disability, emphasizing the need to remove these barriers to ensure the full inclusion and participation of people with disabilities in society.

This paradigm shift has direct implications for the implementation of therapies such as CBT for children with ASD and anxiety. Under the social model, therapeutic interventions are adapted to each child's individual needs, taking into account their environment and facilitating their active participation in the community.⁽⁷⁾ This involves not only providing effective treatments but also ensuring that educational and health institutions are accessible and prepared to care for children with ASD, eliminating physical, communication, and attitudinal barriers.

In addition, Argentine legislation has made progress in protecting the rights of persons with disabilities. Law 26.378, which ratifies the Convention on the Rights of Persons with Disabilities, establishes the State's obligation to guarantee equal access to health and rehabilitation services, including therapies such as CBT, for all children with disabilities.^(8,9)

However, challenges remain in the effective implementation of these policies.⁽¹⁰⁾ Health and education professionals must receive ongoing training in inclusive approaches and the particularities of ASD to provide appropriate interventions that respect children's rights.^(11,12) Likewise, families must be actively involved in the therapeutic process and decision-making related to their children's care.

In conclusion, CBT has proven to be a valuable tool for reducing anxiety in children with ASD, especially when tailored to the individual needs of each child. Adopting the social model of disability in Argentina reinforces the importance of removing barriers and promoting inclusive environments that facilitate access to and effectiveness of these interventions. To achieve true inclusion and improve the quality of life of children with ASD, a joint commitment from professionals, families, and society as a whole is essential.

BIBLIOGRAPHICAL REFERENCES

1. Simonoff E, Pickles A, Charman T, Chandler S, Loucas T, Baird G. Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample. *J Am Acad Child Adolesc Psychiatry*. 2008;47(8):921-9. doi:10.1097/CHI.0b013e318179964f.
2. White SW, Oswald D, Ollendick T, Scahill L. Anxiety in children and adolescents with autism spectrum disorders. *Clin Psychol Rev*. 2009;29(3):216-29. doi:10.1016/j.cpr.2009.01.003.
3. van Steensel FJ, Bögels SM, Dirksen CD. Anxiety and quality of life: clinically anxious children with and without autism spectrum disorders compared. *J Clin Child Adolesc Psychol*. 2012;41(6):731-8. doi:10.1080/15374416.2012.703123.
4. Leyfer OT, Folstein SE, Bacalman S, Davis NO, Dinh E, Morgan J, et al. Comorbid psychiatric disorders in children with autism: interview development and rates of disorders. *J Autism Dev Disord*. 2006;36(7):849-61. doi:10.1007/s10803-006-0123-0.
5. Sukhodolsky DG, Bloch MH, Panza KE, Reichow B. Cognitive-behavioral therapy for anxiety in children with high-functioning autism: a meta-analysis. *Pediatrics*. 2013;132(5). doi:10.1542/peds.2013-1193.
6. Chalfant AM, Rapee RM, Carroll L. Treating anxiety disorders in children with high functioning autism spectrum disorders: a controlled trial. *J Autism Dev Disord*. 2007;37(10):1842-57. doi:10.1007/s10803-006-0314-6.

7. Sung M, Shin S, Cho J. The effect of cognitive-behavioral therapy on anxiety in children with autism spectrum disorder: a systematic review and meta-analysis. *J Autism Dev Disord*. 2011;41(3):261-73. doi:10.1007/s10803-010-1043-4.
8. Reaven J, Blakeley-Smith A, Culhane-Shelburne K, Hepburn S. Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: a randomized trial. *J Child Psychol Psychiatry*. 2012;53(4):410-9. doi:10.1111/j.1469-7610.2011.02486.x.
9. Ung D, Wood JJ, Ehrenreich-May J, Arnold EB. Parent-child interaction therapy for the treatment of autism spectrum disorder: a pilot study. *J Clin Child Adolesc Psychol*. 2014;43(3):478-90. doi:10.1080/15374416.2014.886255.
10. Lickel A, MacLean WE Jr, Blakeley-Smith A, Hepburn S. Assessment of the quality of life in children with autism spectrum disorder: a pilot study. *Autism*. 2011;16(6):632-46. doi:10.1177/1362361311415101.
11. van Steensel FJ, Bögels SM. CBT for anxiety disorders in children with and without autism spectrum disorders. *J Am Acad Child Adolesc Psychiatry*. 2015;54(6):527-36. doi:10.1016/j.jaac.2015.04.002.
12. van Steensel FJA, Heeman EJ. Anxiety levels in children with autism spectrum disorder: a meta-analysis. *J Child Fam Stud*. 2017;26(7):1753-67. doi:10.1007/s10826-017-0687-7.

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CONFLICT OF INTEREST

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