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Directed by : Masataka Ohta*

*On the Cognitive Developmental Therapy
for autistic children according to Ohta Staging*

Masataka Ohta, Yoko Nagai and Yukiko Kano

We will describe topics on the Cognitive Developmental Therapy(CDT) along two points, that is, the principle, and description of developmental goals and the demonstration of materials corresponding with each stage.

Over the past 15 years, CDT had been researched, analyzed, and developed at Day Care Center, Department of Psychiatry, Tokyo University Hospital (Ohta 1989, Ohta & Nagai 1986). CDT is widely accepted in Japan today.

Principle of CDT

The development of CDT is based on recent findings of cognitive disorders in infantile autism (DeMyer 1975, Hermelin & O'Connor 1970, Rutter & Lockyer 1967, Rutter, Greenfeld & Lockyer 1967, Rutter 1968, Shah & Frith 1983). These findings suggest that autistic children reject tasks not because of emotional disorders, but because of cognitive disorders. Since they can not understand tasks, they reject the tasks. In most cases of autistic children, this is true.

From the empirical facts, we could easily reach assumptions that first, if autistic children were given appropriate tasks, they would learn these tasks spontaneously; second, if we arranged the tasks appropriately in the order of cognitive development, as the result of the learning, we could restore specific cognitive disorder of autistic children or at least facilitate their cognitive development. These two assumptions were verified through 6 years of experience at Day Care Center.

We hypothesize that the structure of disorders in infantile autism is as follows (See Figure 1).

First, an etiological mechanism causes some brain dysfunction involving certain brain systems, which have not yet been identified.

Second, these brain dysfunction cause disorders of representative functioning and suppress general cognitive development.

Third, the disorders of representative function cause disorders of both cognition and emotion at the level of mental activity.

Fourth, the disorders of mental activity generate abnormal behaviors, which in turn are modulated by social or environmental factors. Typical behavioral symptoms of infantile autism are made up according to interactions between the abnormal mental activity and the social or environmental factors.

Finally, developments of various levels change the behavioral symptoms of autistic individuals covertly.

The model of the structure will indicate that it is necessary for us to

use several therapies correspondent with each level of disorder in infantile autism. We have devised a psycho-educational therapy focusing on the cognitive disorders in infantile autism, which we call the Cognitive Developmental Therapy (CDT).

The basic principle of CDT involves facilitating cognitive development and restoring emotional and behavioral disorders as well as cognitive disorders especially for autistic children.

Developmental goals

CDT is being practiced at the Day Care Center and constitutes a part of the comprehensive therapies, which include medication and rehabilitation for autistic children. Three primary aims of the Cognitive Developmental Therapy (See table 1) are:

- I. to help overcome or compensate for the primary disabilities and to facilitate cognitive development
- II. to facilitate development of adaptive skills
- III. to reduce or prevent maladaptive behaviors

My final topic is to present developing goals according to the staging.

Developing goals of stage I are;

to stimulate various sensations and to integrate between sensations.

to differentiate means and goals.

to foster basic communication abilities.

to facilitate abilities to understand that everything has a name

Development goals of the other stages that are arranged similarly to Stage I (See table 2). However, goals and materials for stage IV have not yet been developed.

I wish to finish my talk by saying that the CDT is now being developed and refined and there are several problems such as evaluation of effectiveness and challenging the limitations of the CDT we have to solve when we are implementing the CDT.

Figure 1

Structure of Disorders in Infantile Autism

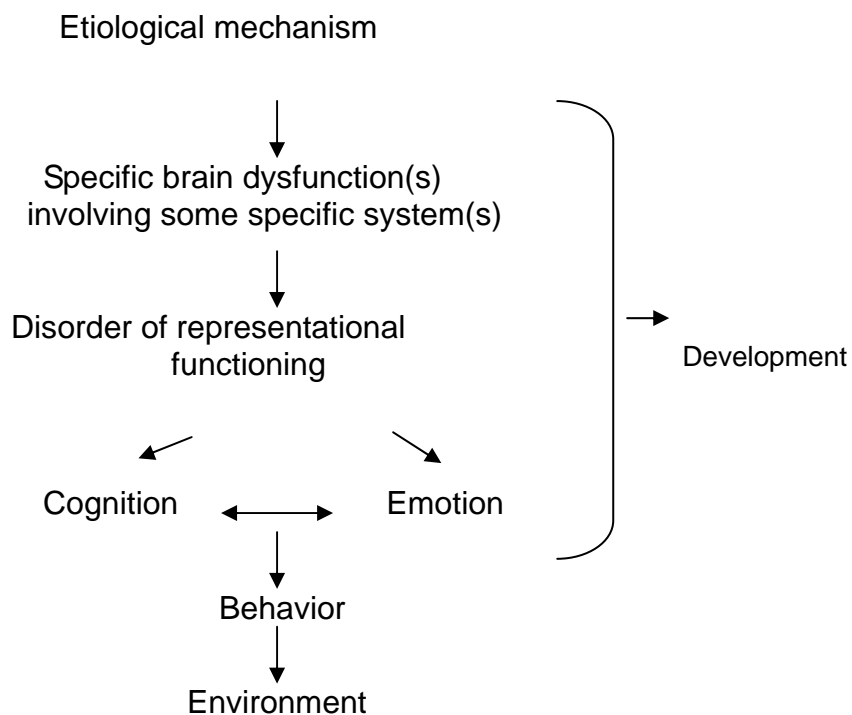


Table 1

Three primary aims of the psycho-educational therapies for autistic children

I. to help overcome or compensate for the primary disabilities and to facilitate cognitive development

- a. Cognitive Developmental Therapy
(A psycho-educational therapy according to Ohta's staging of representational symbolic functioning)
- b. various sensory-motor trainings

II. to facilitate development of adaptive skills

<Preschool>

- a. establishment of essential self-help skills
- b. development of communication skills (including speech and/or language)
- c. development of social skills (the essential ability to relate with other people)

<School-aged>

- a. enhancement of communication skills
- b. enhancement of academic skills
- c. enhancement of social skills (especially participation and/or adaptation to group activities)

<Adolescent>

- a. development of vocational skills
- b. refinement to social skills (participation in social activities and in playing social roles)

III. to reduce or prevent maladaptive behaviors

Table 2

Developmental Goals in Cognitive Developmental Therapy according to Ohta Staging

Developmental Goals of Stage I

- to stimulate various sensations & to integrate between sensations
- to differentiate means and goals
- to foster basic communication abilities
- to facilitate abilities to understand that everything has a name

Developmental goals of Stage I-1

1. to develop various perceptions
2. to integrate perceptions
3. to develop "sensory motor intelligence"

Developmental goals of Stage I-2

1. to foster "sensory motor intelligence" (differentiate means and ends)
2. to develop abilities to understand tangible object names

Developmental goals of Stage I-3

1. to continue facilitation of abilities to understand tangible object names
2. to develop the emergence of symbolic, pictorial images

Developmental goals of Stage II

to develop and enrich the foundation of symbolic functioning

1. to facilitate abilities to understand that everything has a name
2. to develop and/or enrich indicating behaviors for object identification
3. to continue fostering imagery functioning
4. to increase awareness of other people's existences and to facilitate communicative activities with others

Developmental goals of Stage III-1

to develop global symbolic functioning and to establish the foundation of concepts of comparison

1. to comprehend and identify attributes of objects when verbally explained
2. to develop concepts of comparison
3. to continue fostering imagery functioning
4. to enrich both active and passive meaningful vocabulary and expression
5. to enrich interpersonal activities

Developmental goals of Stage III-2

to easily understand the relationships between objects in terms of language

1. to strengthen and expand concepts of relationships between objects
2. to enrich comprehension of the range of non-contextualized words
3. to enrich nonverbal symbolic representative functioning
4. to facilitate the development of "self"
5. to facilitate communicative activities

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Address all correspondence to Masataka Ohta M.D. & Ph.D.

Institute for Development of Mind and Behavior
Director

2-12-9-101 Nishiogi-kita, Suginami-ku, Tokyo 167-0042, Japan
TEL&FAX +81-3-5926-4711
E-mail : mohta-dmb@nifty.com