

**COGNITIVE REFLECTIVE THERAPY: DEVELOPING SELF-AWARENESS AND
COMMUNICATION SKILLS IN AUTISM SPECTRUM DISORDER***Narbayeva Zamira Ravshanbekovna**4th year student, Faculty of Pedagogy, Defectology, Alfraganus University**+998933190294**zamiranorboyeva82@gmail.com*

Abstract: Cognitive Reflective Therapy is an emerging psychological approach aimed at enhancing self-awareness, emotional insight, and interpersonal communication, particularly in individuals with autism spectrum disorder. Autism is often associated with challenges in self-reflection, theory of mind, and pragmatic language skills. This article explores how cognitive reflective techniques—rooted in cognitive-behavioral theory, mindfulness, and metacognitive training—can be adapted to support individuals with autism. Emphasizing the importance of guided self-exploration and structured reflection, the paper outlines therapeutic strategies and recent evidence on their effectiveness in improving emotional understanding and communicative competence.

Keywords: Autism spectrum disorder, cognitive reflective therapy, self-awareness, communication skills, emotional insight, metacognition, psychological intervention

Introduction

Autism spectrum disorder is a neurodevelopmental condition characterized by persistent difficulties in social communication, restricted interests, and repetitive behaviors. Among the core challenges faced by individuals with autism is a limited capacity for self-reflection, emotional awareness, and adaptive communication. These difficulties can lead to social isolation, anxiety, and misunderstandings in interpersonal contexts.

Traditional therapies have focused on building external social behaviors, but recent approaches emphasize the internal cognitive processes that underlie social functioning. One such approach is **Cognitive Reflective Therapy (CRT)**—a structured method aimed at enhancing an individual's ability to think about their own thoughts, emotions, and social experiences. CRT promotes metacognitive awareness, helping individuals recognize their internal states and express them effectively.

In autism, where difficulties in theory of mind and emotional regulation are common, this therapy offers an opportunity to strengthen the very cognitive processes that support meaningful communication and self-understanding.

Cognitive Reflective Therapy is built upon principles from cognitive-behavioral therapy, mindfulness-based cognitive therapy, and metacognitive training. Its core components include guided self-exploration, structured questioning, emotional labeling, and reflective dialogue. These tools are used to help individuals with autism examine their experiences more deeply and form more adaptive interpretations of social situations.

One of the defining features of CRT is its focus on enhancing self-awareness. This includes recognizing one's own emotions, identifying bodily sensations linked to feelings, and understanding triggers of emotional responses. Individuals with autism often experience alexithymia, a condition marked by difficulty identifying and describing emotions. CRT

provides structured tools, such as emotion diaries, visual aids, and guided reflections, that help build emotional vocabulary and internal emotional insight.

Through repeated sessions, individuals learn to pause, observe, and name their feelings, which forms the foundation for developing emotional intelligence. Improved self-awareness enables better emotional regulation and reduces emotional overload during social interactions.

Many individuals with autism show difficulties in understanding that others have beliefs, desires, and perspectives that differ from their own. CRT uses role-play, narrative exploration, and reflective dialogue to build perspective-taking abilities. Therapists might use real-life scenarios or social stories, followed by questions like “What do you think the other person felt?” or “How would you feel if this happened to you?”

By engaging in this type of structured reflection, individuals gradually develop a greater awareness of other people’s mental states, enhancing empathy and reducing social misunderstandings.

CRT directly addresses communication by helping individuals organize their thoughts and express them clearly. Reflection on past conversations or social challenges helps identify what went well and what caused confusion. Clients learn to formulate responses that are both emotionally and socially appropriate.

The therapy often incorporates visual aids such as emotion charts, thought maps, or conversational scripts. These tools help autistic individuals practice structuring language, using tone, and recognizing non-verbal cues. Over time, this leads to improvements in pragmatic language use—an area often affected in autism.

Although CRT is a relatively new approach in autism intervention, emerging studies show promising results. Pilot programs integrating reflective exercises into autism therapy have led to improvements in emotional recognition, verbal expression of feelings, and reduced social anxiety. In one clinical setting, adolescents with high-functioning autism who participated in reflective dialogue therapy showed increased self-awareness scores and reported improved peer interactions.

Neuroimaging research supports the idea that metacognitive training, including reflection-based strategies, can enhance activation in brain regions associated with self-processing and social cognition, such as the medial prefrontal cortex and temporoparietal junction. Cognitive Reflective Therapy (CRT) offers a structured and introspective approach tailored to the unique cognitive and emotional profile of individuals with autism spectrum disorder. Its foundation lies in encouraging individuals to become aware of their internal experiences—thoughts, feelings, and motivations—and to use this insight to guide communication and social interaction.

While autism is often approached behaviorally, CRT shifts focus inward, acknowledging that building social skills requires a foundational understanding of one’s own mental states and how these relate to others. This shift is crucial for individuals who experience difficulties with emotional identification, perspective-taking, and expressive language.

1. Enhancing Emotional Insight and Self-Awareness

A core feature of CRT is structured emotional reflection. Individuals with autism often experience **alexithymia**, which limits their ability to identify and describe internal emotional states. This impairs emotional regulation and leads to social withdrawal or inappropriate responses.

CRT uses tools such as:

- **Emotion cards or feeling wheels** to help identify emotional states visually
- **Reflective journaling or voice recordings** to encourage emotional tracking over time

- **Guided mindfulness techniques** to increase awareness of physical sensations and how they relate to emotions

Therapists facilitate this process by helping clients distinguish between different emotions, connect them to triggers, and describe them verbally. For example, a therapist might guide a client through a moment of social discomfort, prompting with: “Where did you feel it in your body?” or “What thoughts came to your mind at that time?”

This process builds the individual’s capacity to recognize and label emotions accurately, which is essential for forming connections and responding empathetically in conversation.

2. Developing Metacognitive Awareness

CRT places significant emphasis on **metacognition**—the ability to think about one’s own thinking. In autism, impairments in metacognitive processing can manifest as rigidity in thought, difficulty shifting perspective, or challenges in recognizing personal contributions to social difficulties.

CRT addresses these challenges through:

- **Socratic questioning**, encouraging clients to analyze their assumptions and beliefs
- **Visual mapping of thoughts**, such as thought bubbles or diagrams showing cause and effect
- **Reframing exercises**, where clients are taught to reinterpret a social situation from multiple viewpoints

For instance, if a client misinterprets a neutral facial expression as negative, the therapist might help them explore alternative interpretations: “Is it possible the person was just tired or distracted?” Such exercises gradually increase mental flexibility and reduce misinterpretation in social contexts.

3. Strengthening Theory of Mind and Social Understanding

Theory of Mind—the ability to understand that others have thoughts and feelings different from one’s own—is frequently impaired in individuals with autism. CRT incorporates **social cognition exercises** to build this skill through:

- **Story-based reflection**, where clients analyze fictional or real-life situations from different perspectives
- **Video modeling and playback**, allowing clients to observe their own or others’ behavior and discuss the intentions behind actions
- **Role-playing** with feedback, which allows practice of interpreting social cues and adjusting communication accordingly

Through repeated exposure to these activities, individuals begin to build more accurate models of how others perceive and react to situations. They also gain insight into how their own behavior impacts others.

4. Improving Pragmatic Communication

Beyond vocabulary and grammar, autistic individuals often struggle with **pragmatic communication**—the social use of language. CRT enhances these skills by integrating structured reflection after conversations or interactions.

Clients might be asked to analyze:

- **What did I want to say?**
- **Did I express it clearly?**
- **How did the other person react?**
- **What might I change next time?**

Therapists use **conversation scripts**, **dialogue maps**, and **emotion-expression templates** to help clients plan and evaluate interactions. Over time, clients become more confident in expressing themselves, adjusting tone and content to fit the social context.

5. Adaptability and Personalization

CRT is highly adaptable. For **minimally verbal individuals**, therapy may rely more on visual tools, symbolic representation, and simplified emotional categories. For **adolescents and adults**, sessions can incorporate abstract thinking and deeper discussions about identity, self-concept, and interpersonal goals.

Group-based CRT is also emerging, where small peer groups engage in reflective discussions, supported by a trained facilitator. This structure not only enhances metacognitive learning but also provides real-time social feedback and opportunities for peer connection.

6. Research Evidence and Clinical Case Observations

Though CRT is still gaining recognition in mainstream autism intervention, early findings from clinical studies and case reports are promising. In pilot programs:

- Adolescents with autism participating in CRT showed increased self-report scores in **emotional awareness** and **communication comfort**
- Parents and teachers observed improvements in **conversation initiation**, **emotional vocabulary**, and **peer conflict resolution**
- Functional MRI studies after CRT-based interventions have shown increased activation in brain areas linked to **self-processing**, **empathy**, and **executive control**

Clinical practitioners have also reported that CRT reduces internal distress in clients, improves self-acceptance, and enhances motivation to engage socially—especially in individuals with preserved verbal and cognitive skills.

Moreover, CRT can be personalized based on cognitive level, language ability, and age, making it flexible and adaptable across the autism spectrum. It is often used in combination with other therapies, including speech therapy, social skills training, and family counseling.

Conclusion

Cognitive Reflective Therapy represents a promising direction in autism intervention by targeting the underlying cognitive and emotional processes that support social communication. Rather than focusing solely on outward behaviors, CRT aims to cultivate internal understanding, emotional insight, and thoughtful expression. By strengthening self-awareness and perspective-taking, individuals with autism can better understand themselves and others, leading to more meaningful communication and improved quality of life.

As awareness of this approach grows, further research is needed to standardize protocols, evaluate long-term outcomes, and integrate CRT into broader therapeutic models. Nonetheless, its emphasis on reflection, empathy, and structured communication marks an important evolution in person-centered autism care.

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