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Indicators of efficacious psychotherapy for patients with late diagnosis of autism spectrum disorder: how to create an effective neurodiversity-affirming therapeutic approach? A cognitive behavioural theoretical perspective

Wskaźniki skutecznej psychoterapii pacjentów z późną diagnozą zaburzeń ze spektrum autyzmu: jak stworzyć skuteczne podejście terapeutyczne potwierdzające neuroodmienność? Podejście teoretyczne z perspektywy poznawczo-behawioralnej

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Abstract

The article presents a theoretical analysis of the functioning of individuals with autism spectrum disorder who received their diagnosis as adults. It includes a short description of the main psychological difficulties observed in individuals with late autism diagnosis, an overview of general indicators of effective and efficient cognitive and behavioural treatment methods, and proposals for general standards necessary for an effective neurodiversity-affirming therapeutic approach. The article may serve as a starting point for the currently much-needed empirical research on neurodiversity-affirmative therapies.

Keywords: indicators of efficacy, standards for therapy, adults, late diagnosis, autism spectrum disorder

Streszczenie

Artykuł dotyczy teoretycznej analizy funkcjonowania osób z zaburzeniami ze spektrum autyzmu, u których diagnozę postawiono w wieku dorosłym. Zawiera on krótki opis głównych problemów psychicznych obserwowanych u osób z późną diagnozą autyzmu, opis ogólnych wskaźników skuteczności i efektywności metod terapii poznawczo-behawioralnej oraz propozycje ogólnych standardów niezbędnych dla skutecznej terapii afirmującej neuroróżnorodność. Prezentowany tekst może stanowić punkt wyjścia dla obecnie bardzo potrzebnych badań empirycznych dotyczących terapii afirmujących neuroróżnorodność.

Słowa kluczowe: wskaźniki skuteczności, standardy terapii, dorośli, późna diagnoza, zaburzenia ze spektrum autyzmu

INTRODUCTION

Autism spectrum disorders (ASD), defined as neurological and developmental conditions affecting, among other domains, social behaviour, interactions with others, and communication, are perceived either as problem that should be treated or as a natural condition proving people differ among each other and develop differently (Chapman and Carel, 2022). The way ASD is perceived depends largely on the severity of symptoms observed in a given individual. In the following article, attention is directed to the highly functioning individuals with ASD whose symptoms were unrecognised until adulthood, because while searching for psychological support relatively often they do not receive effective support tailored adequately to their needs (Graf-Kurtulus and Gelo, 2025). According to the literature, the most effective therapeutic approaches offered to highly functioning autistic individuals are those focused on understanding and managing specific neurological profiles typical of an individual (Pantazakos, 2025), but at the same time further discussion is needed regarding the efficacy and effectiveness of therapeutic methods offered to highly functioning patents with ASD. Data published to date indicate that cognitive behavioural therapy (CBT)-based approaches show promising preliminary results in addressing both social functioning and comorbid conditions in highly functioning autistic adult patients, but further, more rigorous empirical studies are needed (e.g. Schweizer et al., 2024). Based on the available literature, behaviourally oriented therapeutic interventions (such as applied behaviour analysis or social skills training) help autistic individuals enhance emotional functioning, communication, and social skills, and reduce unwanted behaviours (e.g. Schweizer et al., 2024). At the same time, it is underscored that many behaviourally oriented interventions aim to reduce core autistic traits, which has been criticised for potentially decreasing autistic individuals' quality of life and well-being (e.g. Kupferstein, 2018). It is believed that traditional behaviourally oriented therapeutic approaches encourage the suppression or masking of autistic traits (e.g. Anderson, 2023), and their use in this group of patients is increasingly questioned.

According to the literature, participation in "regular" behaviourally oriented therapy may increase social masking and camouflaging behaviours in autistic individuals. These behaviours, in turn, can lead to reduced well-being and heightened symptoms of depression and anxiety (e.g. Hull et al., 2021). There is also an ongoing discussion supporting the assumption that preliminary results of empirical studies are in favour of CBT-based approaches aimed at improving social functioning and treating comorbid depression and anxiety in highly functioning autistic individuals. At the same time, it is emphasised that any interventions offered to autistic adults should be properly adapted to their needs, although further empirical studies in this area are needed (Schweizer et al., 2024). An efficacious therapy for autistic individuals must meet specific conditions. It should be individually oriented in order to address the unique needs and preferences of each autistic person (e.g. Graf-Kurtulus and Gelo, 2025). It should also be focused on a positive, for example salutogenic, approach in which an individual recognises their strengths and weaknesses in order to plan the best interventions for themselves. Additionally, it is important to take into consideration the environment in which a person lives, because this is crucial to meet an their needs reflecting their sensory sensitivity (Marco et al., 2011) as well as their social needs. An autistic person must feel understood and be able to communicate clearly with the specialist they work with. Therefore, factors corresponding to clear and effective communication also have to be taken into account when offering an efficacious therapy (see, for example, de Marchena et al., 2025). Another important factor that should be addressed in psychotherapy and psychological support for autistic adults concerns the timing of their diagnosis. For most individuals who receive an ASD diagnosis in adulthood, the experience is characterised by a mixture of emotions ranging from relief to anger and grief. They report emotional validation but also feelings of regret (e.g. Ghanouni and Seaker, 2023). It is therefore important to address their feelings and learn about the meaning of the diagnosis for each individual.

MENTAL CONDITION OF INDIVIDUALS WITH LATE AUTISM DIAGNOSES

Two important issues should be addressed when analysing the mental functioning of adults with a late ASD diagnosis. It is essential to consider both the typical heterogeneity of the emotional difficulties they experience and their reactions to the diagnosis. Highly functioning autistic individuals often face specific social challenges that influence their quality of life. They report being misunderstood by others, being unable to share their specific interests, or having a different sense of humour, which may lead them either to withdraw or, in other cases, to appear overly confident. The well-being of autistic individuals can be influenced by challenges they face in social interactions, such as communication barriers, problems with maintaining eye contact or interpreting non-verbal cues (Cashin et al., 2024). They also experience social anxiety and report difficulties initiating and maintaining social contacts, which results in a sense of loneliness and isolation (Wilson and Gullon-Scott, 2024). Since autistic persons are faced with many complaints about their "social awkwardness", they put a lot of effort in masking their natural reactions to meet the social expectations of others (Miller et al., 2021). They also experience distress due to sensory overload, especially in complex social situations (Finnigan, 2024). It has been demonstrated that symptoms of ASD unattended in early childhood are associated with a high risk of other mental health difficulties such as mood, anxiety, and stress-related or behavioural disorders (Rim et al., 2023). There is substantial heterogeneity in

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the data considering the prevalence of comorbid psychiatric conditions in autistic individuals (e.g. Hollocks et al., 2019; Ohnishi et al., 2019). Among the conditions co-occurring with autism, studies most often mention depression, anxiety disorders, and substance misuse (Hollocks et al., 2019; Ohnishi et al., 2019).

As research shows (e.g. Edwards et al., 2025; Ghanouni and Seaker, 2023), a late ASD diagnosis can lead to various positive or negative outcomes that significantly affect the mental condition and well-being of individuals. Receiving a diagnosis of ASD in adulthood may evoke relief or feelings of loss and sadness, confusion, anger, or anxiety. In some cases, it even leads to identity confusion (Corden et al., 2021; Superson et al., 2025). Feelings of relief and closure associated with the diagnosis are interpreted as a result of "normalisation" of symptoms and experiences, especially in social contexts. The diagnosis can help individuals to accept their behaviours and understand their struggles (Huang et al., 2023). In the long term, it may help reduce their levels of self-criticism and self-blame. At the same time, learning about the diagnosis may also increase distress due to stigmatisation and stereotyped views of autism (e.g. Gellini and Marczak, 2024).

INDICATORS OF EFFICACIOUS COGNITIVE BEHAVIOURAL PSYCHOTHERAPY APPROACHES FOR AUTISTIC PATIENTS

Psychotherapy, psychological help, and support offered to autistic persons must be specially tailored to patients' needs (see, for example, Cooper et al., 2018); therefore, it is crucial to analyse in more detail the indicators of effective psychotherapeutic approaches dedicated to this group. This is especially important given research suggesting that modifications in psychological treatment methods currently offered to autistic individuals are needed (e.g. Rosenau et al., 2026). Among the key indicators of effectiveness of cognitive behavioural approaches to psychological interventions offered to autistic individuals are: improved emotion regulation and enhanced coping mechanisms, reduced symptoms of anxiety and depression, greater acceptance and understanding of symptoms, awareness of sensory needs, improvements in self-perception, enhanced achievement of personal goals, improved communication skills, greater flexibility, increased social confidence, and a stronger sense of belonging (see, for example, Cervin et al., 2023; Kuroda et al., 2022).

According to research, indicators of the effectiveness of psychological interventions for autistic individuals should include specific intraindividual domains such as perceptual and reasoning skills and self-awareness (e.g. Oshima et al., 2023). Highly developed intraindividual skills and competencies help autistic individuals observe, analyse, and modify situations they experience in everyday contexts, thereby increasing their well-being (e.g. García-García et al., 2025). Since the general quality of life of autistic individuals depends not only on their personal beliefs but also on interactions with others, interindividual features should also be considered indicators of therapy effectiveness (e.g. García-García et al., 2025). Such factors include relatively expanded social connections, high-quality communication, and low levels of masking behaviours (Chapman and Carel, 2022). Additionally, environmental factors should be considered indicators of the effectiveness of CBT-oriented psychotherapy. Such factors comprise the ability to create a sensory-inclusive environment and the ability to recognise environmental obstacles and cope with them. Research to date suggests that effective psychological interventions help autistic individuals adjust to their environment, find their unique way of expressing themselves, and experience a high quality of life (Bąbel and Ostaszewski, 2023).

Indicators of efficacious psychological interventions should be assessed and monitored throughout the therapeutic process. This allows psychological help to be individually tailored and fitted to each individual's special needs. When planning such monitoring, all the areas, including intraindividual, interindividual, and environmental factors, should be taken into account and assessed using highly reliable tools. As previous research shows, efficacious psychological help includes tools needed for the recognition of various strengths and weaknesses, which serve as a foundation for change and result in improved general mental health and well-being (Dwyer, 2022).

PROPOSED STANDARDS FOR AN EFFECTIVE NEURODIVERSITY-AFFIRMING THERAPEUTIC APPROACH FOR AUTISTIC INDIVIDUALS WITH LATE DIAGNOSIS

Effective therapy for neurodivergent individuals should not focus solely on symptom reduction but rather on empowering patients and building resilience. According to the author's observations, standard behavioural and cognitive behavioural approaches should be enriched with solution-focused or humanistic approaches, in which throughout the therapeutic process patients identify their strengths, weaknesses, and challenges they face in various situations, and acquire useful skills to cope with everyday obstacles (see, for example, Spain et al., 2023). To achieve these goals, they need to feel accepted with their non-typical behaviours corresponding to their neurodiversity. It is important that professionals view autistic clients' perspectives as unique and treat them as experts in their own experiences. Additionally, effective treatment for highly functioning autistic patients should include modules aimed at recognising and altering painful thoughts and feelings, accepting neurodivergent identity, and identifying and modifying behaviours that decrease the quality of life of autistic individuals. During psychological interventions, autistic patients should develop self-compassion skills necessary for self-acceptance and a positive self-image (see, for example, Spain and Happé, 2020).

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Prepare a thorough case conceptualisation
1. Learn about the client's history Verify how they feel about themselves, what types of memories they have, how long they have been suffering, whether they feel inadequate, and whether they have experienced any form of rejection, etc. (a step helpful in tailoring an individually oriented therapeutic process in which the client's specific experiences are not omitted or treated as part of the problem) 2. Diagnose the client's skills in communication, social interactions, and coping Observe the client's behaviour, analyse their complaints and their expectations in the above-mentioned areas, identify their resources useful for skills enhancement, and recognise weaknesses that may hinder the therapeutic process (a step needed for enhancing the client's self-esteem and emphasising their coping abilities in the past) 3. Diagnose the client's motivation Verify the levels and sources of the client's motivation and encourage them to find internal motivation for involvement in the therapeutic process (a step useful for justifying the need for the client's active involvement in the process of modifying maladaptive behaviours and beliefs) 4. Diagnose the client's comorbid mental health issues Verify whether the client experiences anxiety, depression, substance misuse, posttraumatic stress disorder (as the most frequent comorbid conditions), or any other mental health issues (crucial for offering individually tailored therapeutic interventions addressing the client's specific difficulties) 5. Prepare a complex conceptualisation of the client's functioning Describe the client's current situation, as well as the history of their mental, emotional, and social functioning, and share the conceptualisation with the client so they will be able to verify its accuracy and supplement it with additional information whenever it is needed (an important step for involving the client in the therapeutic process and explaining the need for their active participation in therapy) 6. Plan the intervention process with the client Based on the case conceptualisation, offer the client an individually tailored therapeutic intervention, plan the process in such a way that the amount of time needed for specific modules will correspond to the intensity of the problems reported by the client (an important step for involving the client in the therapeutic process and explaining the need for their active participation in therapy)
Address patients' special needs during every session
1. Create a safe therapeutic setting Offer a set of flexible appointment scheduling methods, offer different meeting options and various time slots (recommended for increasing the sense of safety and being listened to during interpersonal contact with the professional) 2. Use clear communication methods Be flexible and open to different communication methods, including writing. Allow space for additional explanations of extensive context and make sure the patient un derstands the meaning of specific information presented during sessions (useful for creating a safe communication zone to make an autistic individual feel important and understood) 3. Offer visual cues and be clear about your expectations Make sure the patient understands your messages and knows how to apply them in real-life situations (useful for creating a safe communication zone to make an autistic individual feel important and understood) 4. Accept the person and normalise their experiences Help patients understand the meaning of their behaviours and teach them to differentiate between situations in which certain behaviours should be maintained or modified (useful for differentiating between typical and abnormal experiences, while helping autistic individuals enhance their self-esteem and better understand their functioning) 5. Create a sensory-safe space Prepare a sensory-friendly counselling office, be attentive to the patient's special sensory needs (useful for creating a safe communication zone to make an autistic individual feel important and understood) 6. Incorporate interests and passions Be attentive to the patient's special interests and use them as resources in individually tailored therapeutic interventions (useful for normalising individual experiences, increasing self-esteem and motivating engagement in the therapeutic process) 7. Affirm neurodiversity Share information about neurodivergent behaviours with the patient, help them understand such behaviours, and accept them (useful for creating a safe communication zone to make an autistic individual feel important and understood)
Help patients navigate their thoughts, emotions, and behaviours
1. Address emotions related to the diagnosis (e.g. shame, anger, sadness) (useful for normalising the client's experiences and enhancing coping strategies) 2. Help form an identity that incorporates the diagnosis (needed for enhancing the individual's self-esteem) 3. Help identify authentic forms of public expression instead of masking behaviours (useful for identity formation and maintenance of self-esteem) 4. Help identify personal boundaries (needed for the enhancement and maintenance of self-esteem) 5. Help form individualised self-regulation strategies (helpful for enhancing self-knowledge and coping strategies) 6. Address problems in social interactions and help operationalise an individual social en-gagement plan (needed for the enhancement and maintenance of individual self-esteem)
Keep patients safe
1. Identify difficulties in executive functions and develop strategies to address them (needed for the enhancement and maintenance of individual self-esteem) 2. Assess comorbid mental health issues and include them in the therapeutic process (crucial for offering individually tailored therapeutic interventions addressing specific problems) 3. Verify the risk of substance misuse and address it (crucial for addressing potential obstacles in the therapeutic process) 4. Monitor suicide risk (important for assessing the severity of the client's difficulties) 5. Prevent feelings of overload and burnout (crucial for addressing potential obstacles in the therapeutic process)

Tab. 1. Proposed general postulates of neurodiversity-affirmative therapy for adults with a late diagnosis of autism

Effective neurodiversity-affirmative therapy should be based on values of understanding, acceptance, and empowerment of individuals perceived as experts on their own lives. It should emphasise individual strengths and build resilience rather than forcing changes in functioning and making behaviours of autistic patients more neurotypical (see, for example, Graf-Kurtulus and Gelo, 2025; Spain and Happé, 2020; Spain et al., 2023). Such an approach would increase the levels of self-acceptance and self-compassion – traits especially important for stigmatised and rejected autistic individuals. Neurodiversity-affirmative therapy should therefore focus mainly on the unique attributes of autistic individuals. The main aim of such therapy would be to help autistic patients cope more effectively rather than 'treat' their neurodiversity

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(see, for example, Graf-Kurtulus and Gelo, 2025; Pantazakos, 2025; Paynter et al., 2025; Riches et al., 2023).

Taking into account the indicators of efficacious neurodiversity-affirmative therapy described above, supplemented with the specific needs of autistic patients, general standards for neurodiversity-affirmative therapy for individuals with late diagnosis of autism can be proposed. The author's postulates, based on a literature review (Graf-Kurtulus and Gelo, 2025; Pantazakos, 2025; Paynter et al., 2025; Riches et al., 2023; Schweizer et al., 2024; Spain and Happé, 2020; Spain et al., 2023) and personal experience, are presented in Tab. 1.

The above proposals directly correspond to indicators of efficacious psychological interventions offered to autistic individuals (see for example Graf-Kurtulus and Gelo, 2025; Pantazakos, 2025; Paynter et al., 2025; Riches et al., 2023; Schweizer et al., 2024; Spain and Happé, 2020; Spain et al., 2023). Such interventions are extremely important given the heterogeneity of symptoms of mental health symptoms observed in individuals with late ASD diagnosis. Experiences of adults diagnosed with neurodiversity as adults are very complex and, in some cases, involve many unpleasant feelings, while in others are connected to feelings of relief and improved understanding. Life experiences of autistic individuals with late diagnosis usually include a series of incidents and events that shaped their specific beliefs about themselves, other people, and the world, and in some cases led them to ignore their needs and feelings (see, for example, Gellini and Marczak, 2024; Ghanouni and Seaker, 2023). To help them cope with difficulties, professionals have to normalise their experiences, which is possible only within a neurodiversity-affirmative framework. It is therefore important to create such an approach and empirically verify its effectiveness in the near future.

CONCLUSIONS

Autism spectrum disorders constitute a complex and difficult-to-define concept covering a set of various symptoms that impede mental, emotional, and social functioning. Symptoms of ASD may be especially severe for high-functioning individuals diagnosed in adulthood. This is due to the fact that before the diagnosis they were highly prone to difficult experiences, relatively often believed their behaviour to be "strange", and in some cases were forced to conform to the social norms of neurotypical individuals. Over the years, they learned to ignore their thoughts and feelings and to mask social behaviours to gain acceptance. In many cases, such behaviours lead to suffering and to the development or increase in the intensity of other mental health symptoms. As a result, when those patients learn about their neurodiversity, they face a wide spectrum of emotional and social experiences that require a special neurodiversity-affirmative therapy.

Neurodiversity-affirmative therapy is possible only when indicators of efficacious therapeutic processes are taken into account. For autistic patients, such indicators include, among others, adequate emotion regulation and coping mechanisms, enhanced communication and social skills, reduced symptoms of comorbid mental problems, and greater self-awareness and self-acceptance. These indicators of effective therapy and general quality of life can be gained only in a therapeutic process in which individual experiences, intraindividual, interindividual, and environmental factors are accounted for.

Conflict of interest

The author does not report any financial or personal connections with other persons or organisations which might negatively affect the content of this publication and/or claim authorship rights to this publication.

Author contribution

Original concept of study; collection, recording and/or compilation of data; writing of manuscript; critical review of manuscript; final approval of manuscript: AKK.

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