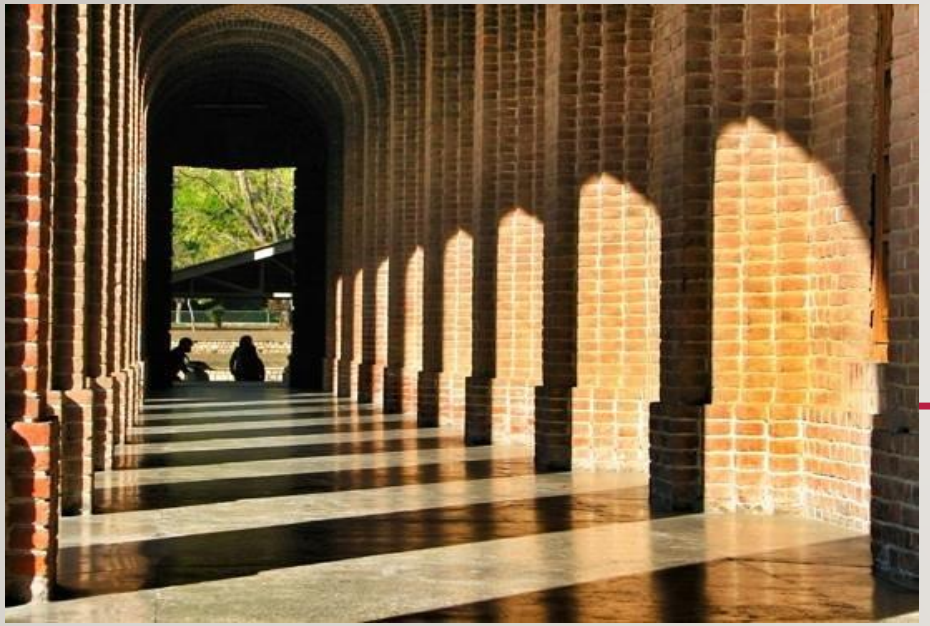

COGNITIVE-BEHAVIOURAL THERAPY (CBT) FOR ASPERGER SYNDROME AND HIGH FUNCTIONING AUTISM ATP PRESENTATION 06/07/2019 UNIVERSITY OF LEICESTER

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AFBPSS, CSCI, RAPPS, ROPSIP, QTS, FHEA, EXPERT WITNESS

HIT CBT PSYCHOTHERAPIST AT LET'S TALK BARNET IAPT EDGWARE COMMUNITY HOSPITAL NORTH LONDON

The British Psychological Society

Chartered Psychologist

BABCP

British Association for Behavioural & Cognitive Psychotherapies

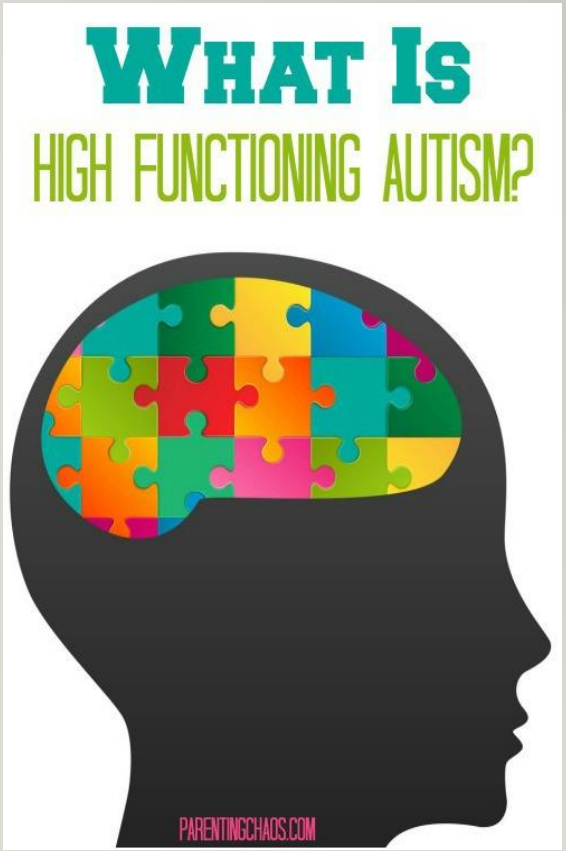
BABCP Accredited

Barnet, Enfield and Haringey NHS Mental Health NHS Trust

A University Teaching Trust

SOME PRELIMINARIES

- According to the Adult Psychiatric Morbidity Survey (APMS), the number of autistic spectrum individuals in the UK in 2011 was 700000, of which high functioning ones (Asperger) were 48-56%. It was noted that the ratio of autism/high functioning adults in the UK between females and males was 5:1.
- In this workshop, we will focus on high functioning autism/Asperger with regards to the cognitive-behavioural therapy (CBT) treatment. We will discuss about assessment, diagnostic inventories, constructing a case formulation according to the CBT paradigm with an example, and therapeutic interventions that are employed so that individuals to learn how to deal with the symptomology of high functioning autism.
- Symptomology treatment for high functioning autism according to CBT is not only about the symptoms, but it offers practical elements of engagement as well, in order cognitive functions to be brought onto a balance with coping strategies about emotions and new activated behaviours. A relapse prevention plan will also be suggested before completion of sessions.
- Finally, there will be distributed a short story with a few questions to the attendees of this workshop, relevant to a theory of mind exercise, which I use for my clients to identify the elements of high functioning autism that need more attention in clients' individualised treatment.

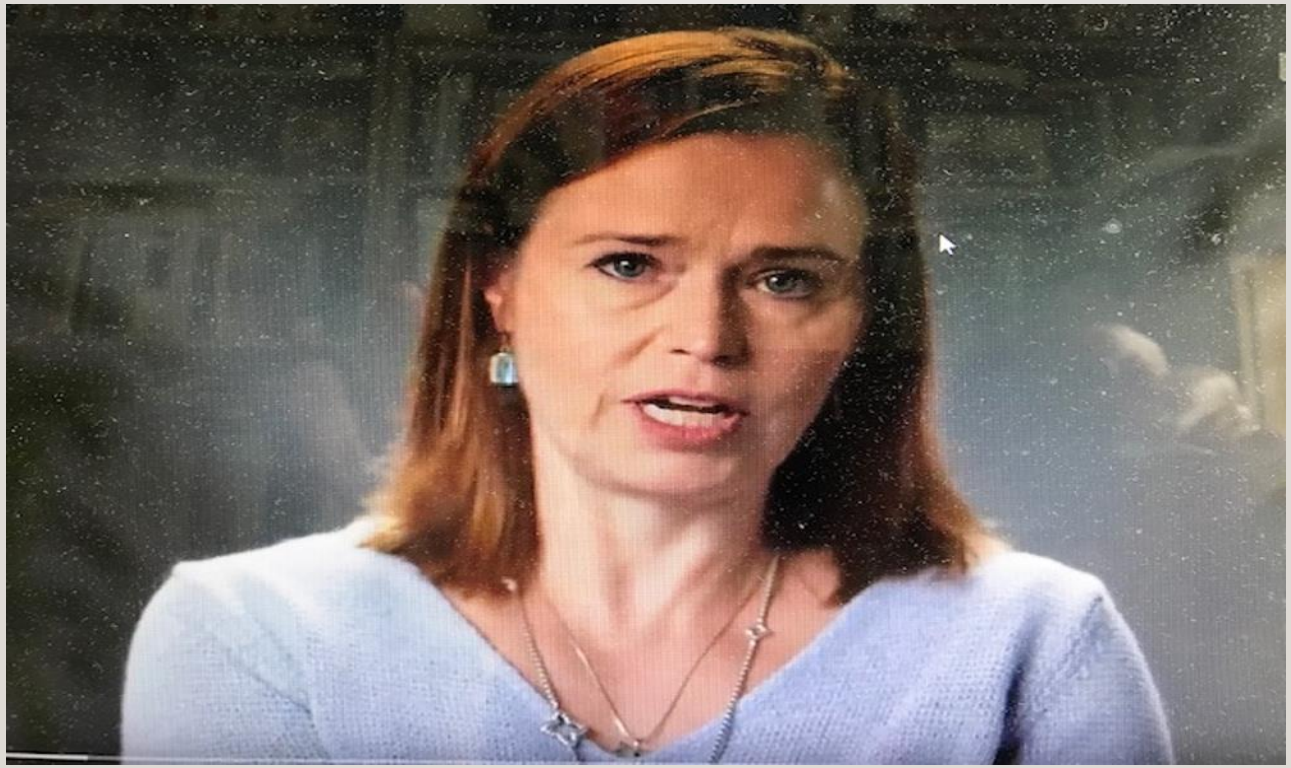


10 MAJOR TRAITS ABOUT HIGH FUNCTIONING/ASPERGER PERSONALITY

A short video about Dan who has Asperger Syndrome: https://youtu.be/MDwXqGjohGg

WHAT IS ASPERGER/HIGH FUNCTIONING AUTISM?

https://youtu.be/SukO28tQywI



STRUCTURE OF PRESENTATION

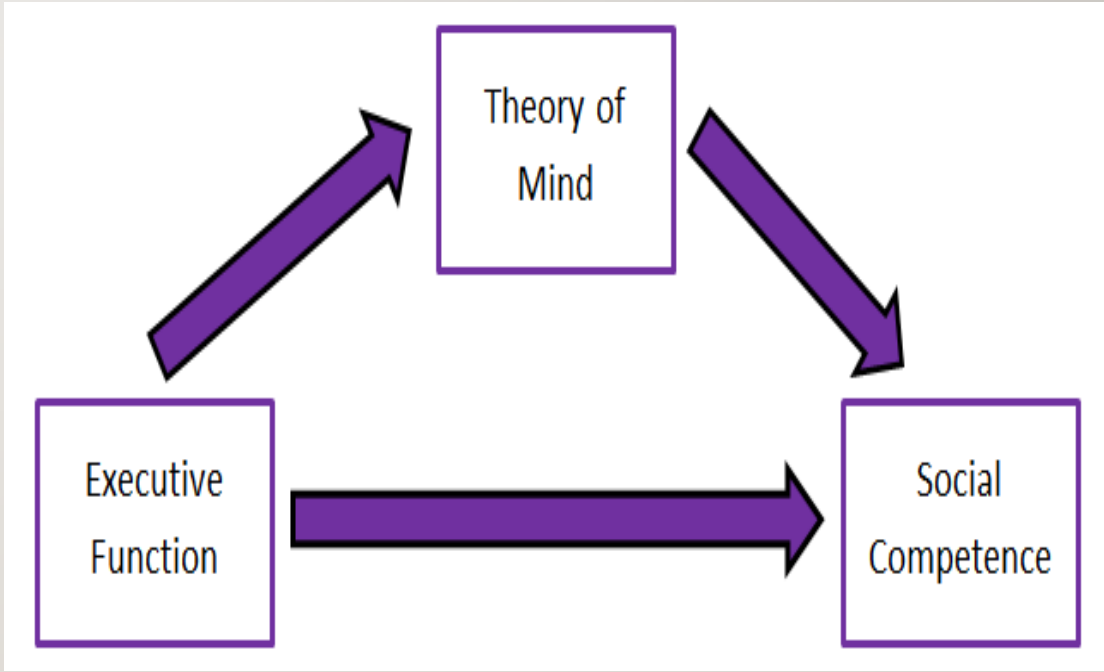
- High Functioning/Asperger Symptoms
- Theory of Mind
- Diagnostic Inventories for Asperger
- Assessment
- Formulation
- Example
- Goal Setting
- Interventions
- Relapse Prevention Plan
- Theory of Mind Exercise
- References

HIGH FUNCTIONING/ASPERGER SYMPTOMS -THE TERM HAS BEEN REMOVED FROM DSM-5. REPLACED BY THE TERM *SOCIAL (PRAGMATIC) COMMUNICATION DISORDER*

- General features: difficulty in reciprocal social communication and interaction (Criterion A); repetitive patterns of behaviour, interests, and/or activities (Criterion B); generally, impaired everyday functioning [Criterion C (for the individual); Criterion D (interpersonal relationships)] (DSM-5, 2013)
- Specific features: Bright and above average intelligence; presented with reduced eye contact in face-to-face communication; reduced or complex presentation of theory of mind; don't like use of metaphors; don't like low and high pitched noises; in the work environment they prefer working alone –feel embezzled/puzzled when in the same room with others; prefer thinking of the future than of the here-and-now; ruminative thinking based on the past – especially overthinking what others have done to them or how they behaved finding difficult to overcome such experiences

THEORY OF MIND (TOM): A SPECIFIC FEATURE IN UNDERSTANDING OR 'THINKING DIFFERENTLY' ABOUT OTHERS' CONSIDERATIONS OR 'HIDDEN MEANINGS' (1)

- "***We naturally explain people's behaviour on the basis of their minds: their knowledge, their beliefs and their desires, and we know that when there is a conflict between belief and reality it is the persons' belief, not the reality that will determine their behaviour. Explaining behaviour in this way is called 'having a theory of mind' or 'having an intentional stance*.'" (Frith & Frith, 2005)



THEORY OF MIND (TOM): A SPECIFIC FEATURE IN UNDERSTANDING OR 'THINKING DIFFERENTLY' ABOUT OTHERS' CONSIDERATIONS OR 'HIDDEN MEANINGS' (2)

- Two elements of study for the ToM:

1. When an Asperger individual considers a 'flat' presentation and/or understanding of reality

2. When an Asperger individual cannot put oneself to a different person's 'shoes' and consider a different frame of mind, when it comes to exchange of ideas -even on topics that may look similar to context and/or content

Theory of Mind

The ability to take another's perspective or "put yourself in their shoes".

- Difficulty Explaining Own Behaviours
- Difficulty Understanding Emotions
- Difficulty Predicting the Behaviour or Emotional State of Others
- Problems Understanding Perspectives of Others
- Problems Inferring the Intentions of Others
- Lack of Understanding that Behaviour Impacts How Others Think and/or Feel
- Problems with Joint Attention and Other Social Conventions
- Problems Differentiating Fiction from Fact

Geneva Centre for Autism
Where hope takes wing

Theory of Mind

Strategies

- Teach the Concepts of Feelings and Emotions
- Teach Awareness that Others have their Own State of Mind
- Teach How to Read Non-Verbal Cues
- Review Different Perspectives
- Practice Social Situations
- Role Play/Rehearse
- Support Abstract Concepts with Scripts and Visual Aids

Adapted from:
Asperger Syndrome and Difficult Moments
By Brenda Smith Myles, Jack Southwick

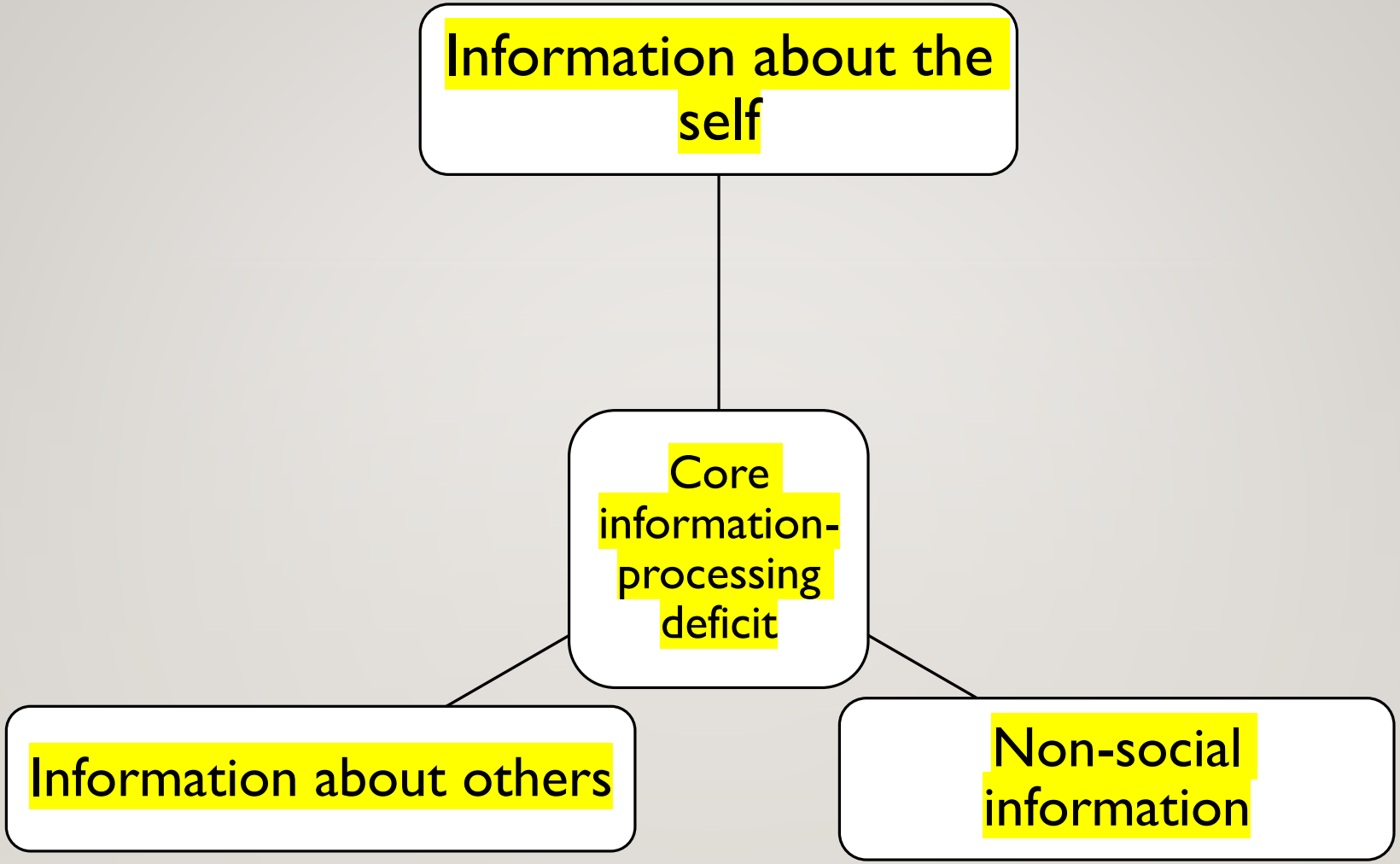
DIAGNOSTIC INVENTORIES FOR HIGH FUNCTIONING/ASPERGER INDIVIDUALS

- The Asperger Syndrome Diagnostic Scale (ASDS; Myles, Bock, & Simpson, 2001) is a norm- referenced measure consisting of 50 yes/no items. The ASDS yields scores in five areas: cognitive, maladaptive, language, social, and sensorimotor.
- Asperger Syndrome Quotient (ASQ; Baron-Cohen et al., 2001): The ASQ indicates the probability of Asperger Syndrome. It consists of 50 items that mainly refer to communication and interaction, repetitive/non-repetitive behaviours, focus of interests

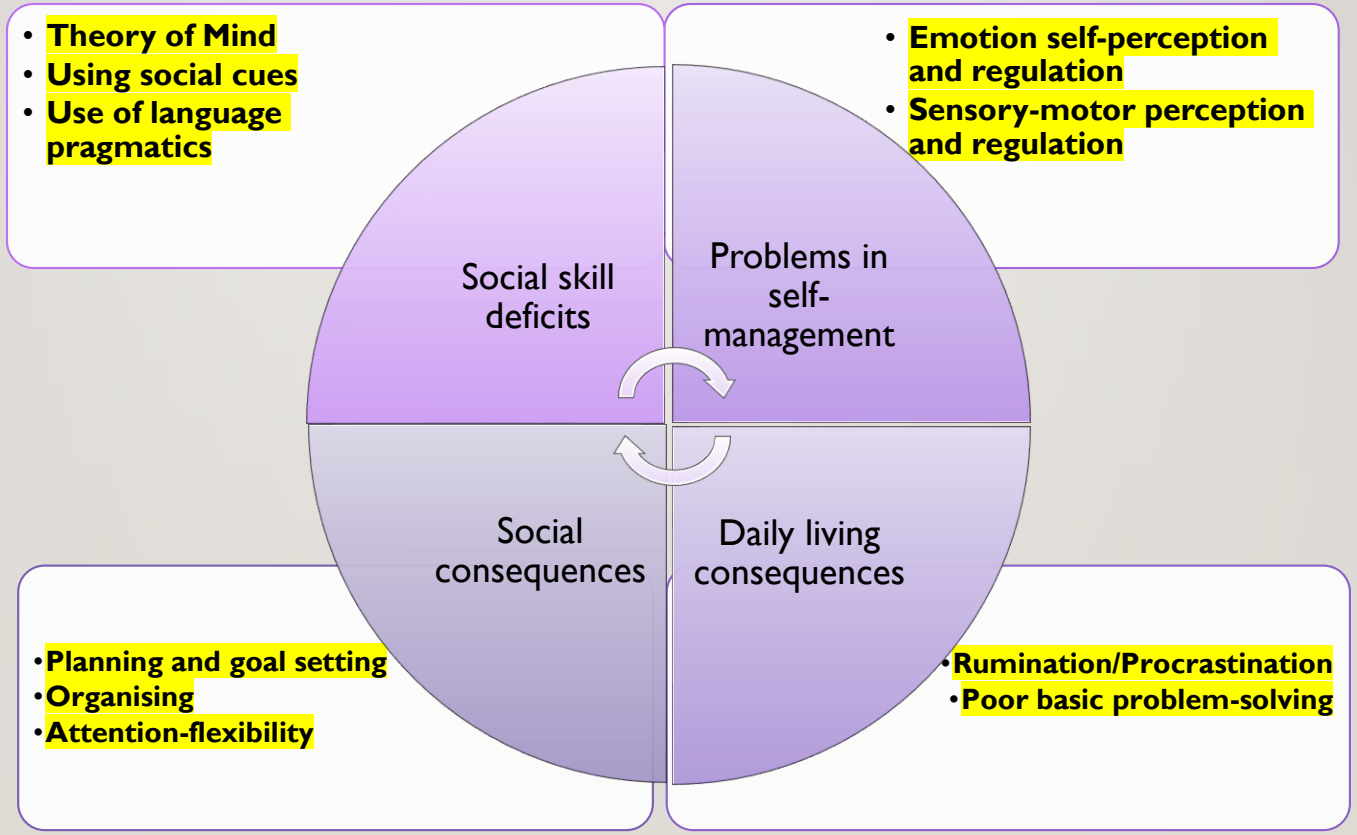
CBT FOR ADULT ASPERGER/HIGH FUNCTIONING AUTISM: ASSESSMENT (2 SESSIONS)

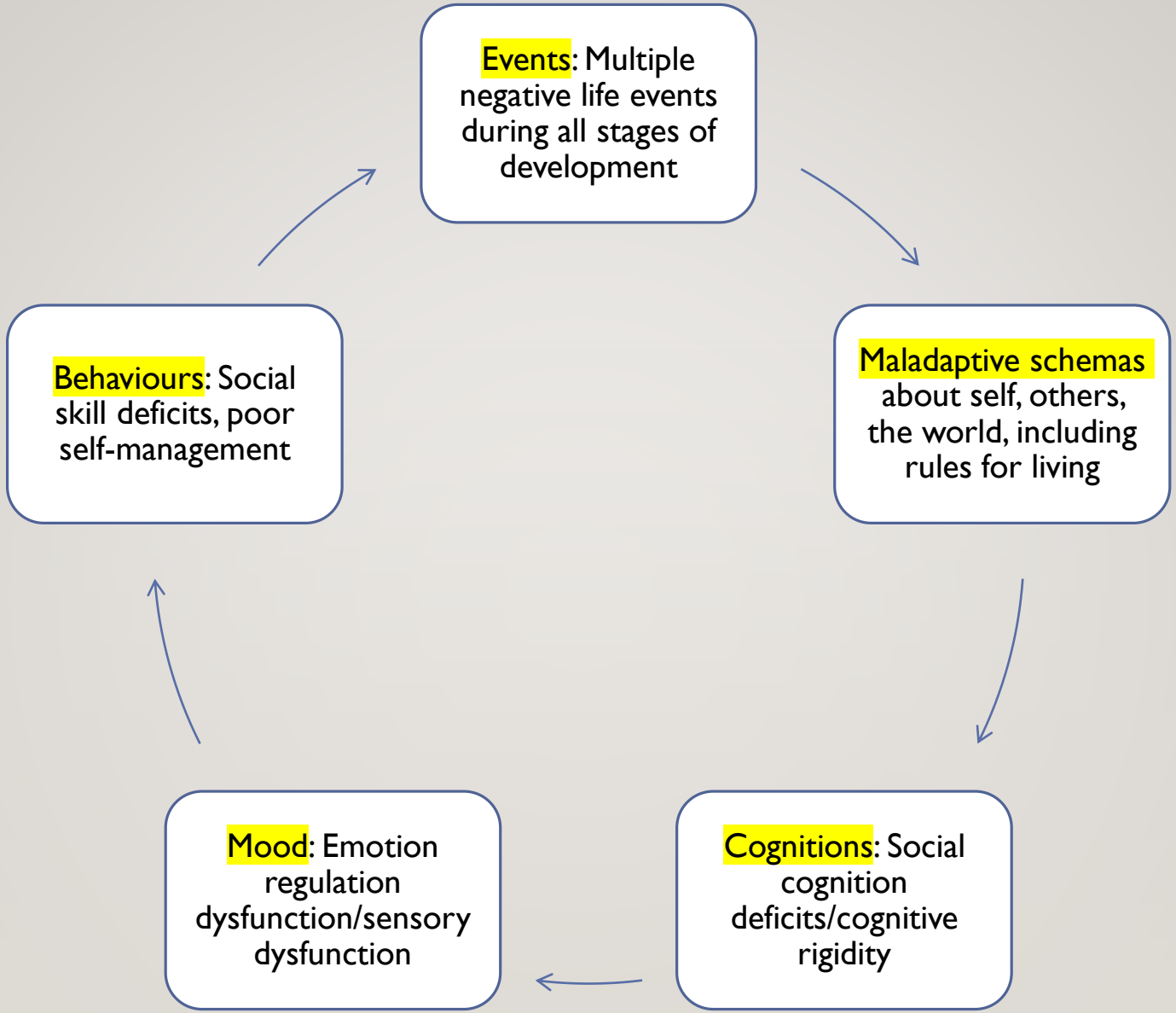
- Assessment:

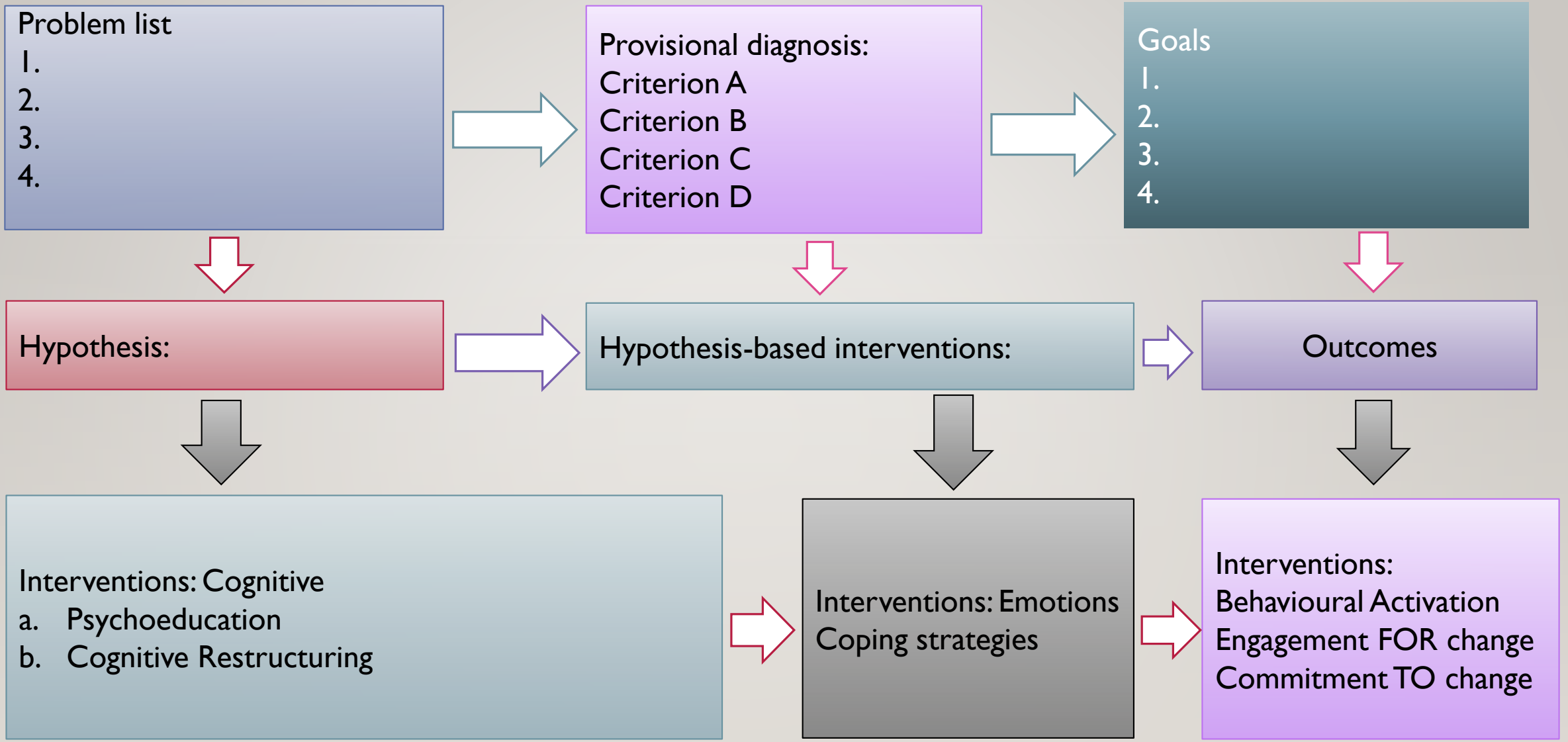
- Strengths/weaknesses and resiliency/non-resiliency factors: Persistence of symptoms and how affect everyday life. Cost-benefit analysis of them.
- Compensatory strategies: Changes they have made, or tried to make to adapt to the social environment. What works/what doesn't work.
- Coping with stress: Developing special interest on things which they focus on
- Outlining the problem list and setting preliminary goals: Key areas that are more problematic and what the individual wishes to change from them


Information about the self
Core information-processing deficit
Information about others
Non-social information

CBT FOR ADULT HIGH FUNCTIONING/ASPERGER INDIVIDUALS: CASE FORMULATION (2 SESSIONS)




Events: Multiple negative life events during all stages of development
Maladaptive schemas about self, others, the world, including rules for living
Cognitions: Social cognition deficits/cognitive rigidity
Mood: Emotion regulation dysfunction/sensory dysfunction
Behaviours: Social skill deficits, poor self-management


Problem list
1.
2.
3.
4.
Provisional diagnosis:
Criterion A
Criterion B
Criterion C
Criterion D
Goals
1.
2.
3.
4.
Hypothesis:
Hypothesis-based interventions:
Outcomes
Interventions: Cognitive
a. Psychoeducation
b. Cognitive Restructuring
Interventions: Emotions
Coping strategies
Interventions:
Behavioural Activation
Engagement FOR change
Commitment TO change

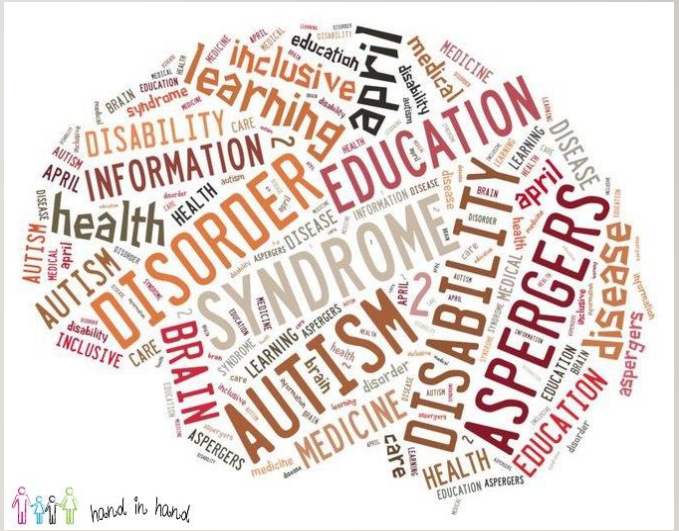
EXAMPLE (1A)

- Problem list:

1. No eye contact
2. Isolation
3. Doesn't like noises
4. Prefers working alone

- Hypothesis: Difficulties in the social use of verbal and non-verbal communication; lacking the use of face-to-face association with others
- Intervention: Cognitive

1. Psychoeducation: Familiarising the client with what high functioning autism is about
2. Cognitive restructuring: Tackling distorted conceptualisations and dysfunctional beliefs



EXAMPLE (1B)

- Provisional diagnosis:

1. Criterion A: Impairment in the appropriation of information for social purposes and in respective social contexts
2. Criterion B: Functional limitations in terms of social participation, relationships, occupational performance, and/or academic achievement
3. Criterion C: Early and current developmental presentation of the onset of symptoms
4. Criterion D: Medical or neurological presuppositions or elements of intellectual/behavioural deficits, such as ADHD

- Hypothesis-based interventions: Tailor-made planning and scheduling for treatment; nomothetic (obtaining objective knowledge through scientific methods, such as a quantifiable presentation of symptomology), or idiographic (taking into account the uniqueness of the individual without developing theories of behaviour) formulation
- Interventions: Emotions

- Coping strategies: Sensory-motor approach (targeting physical sensations) and grounding techniques (increasing sensory and cognitive awareness)

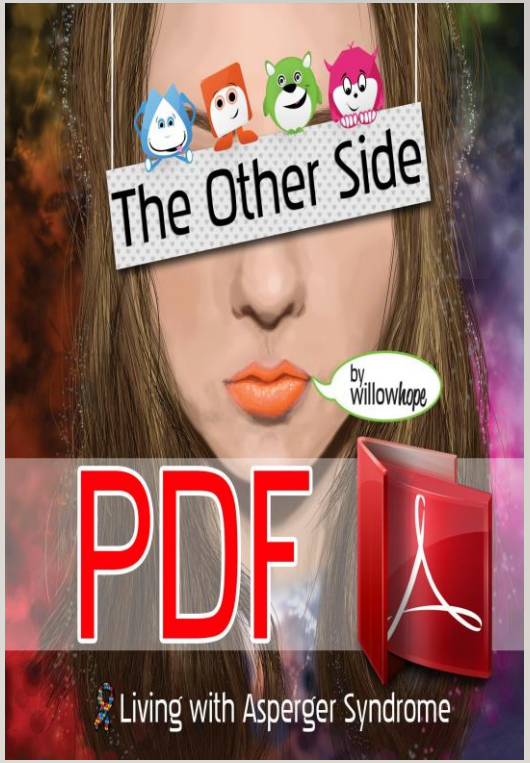
EXAMPLE (1C)

- Setting Goals (short-term ones):

1. Increasing attention and perception about others and surroundings
2. Becoming a good and focused listener
3. Learning to socialise with small number of people
4. Learning to talk about oneself in the presence of others

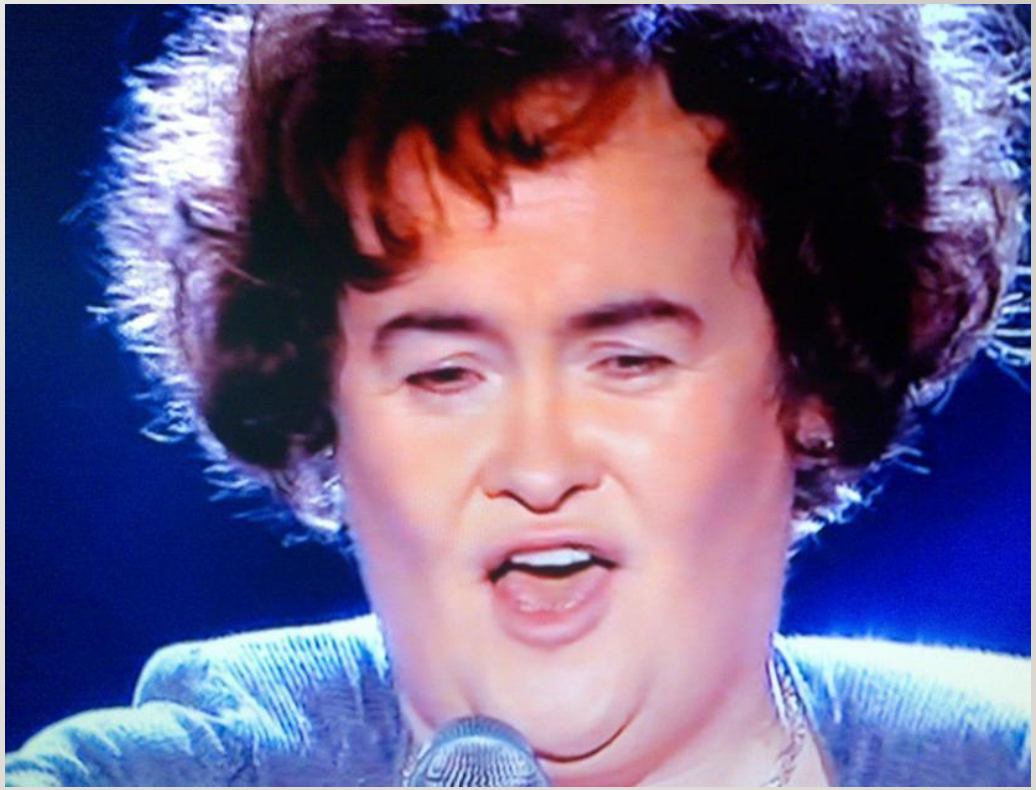
- Outcomes: (1) Pros and cons; (2) Benefits and costs analysis ← maintaining progress
- Interventions: Behavioural activation

- Setting a behavioural experiment
- Engaging in dropping safety behaviours
- Commitment to the self-reflection of changes and what can be further done to uphold their proactive development



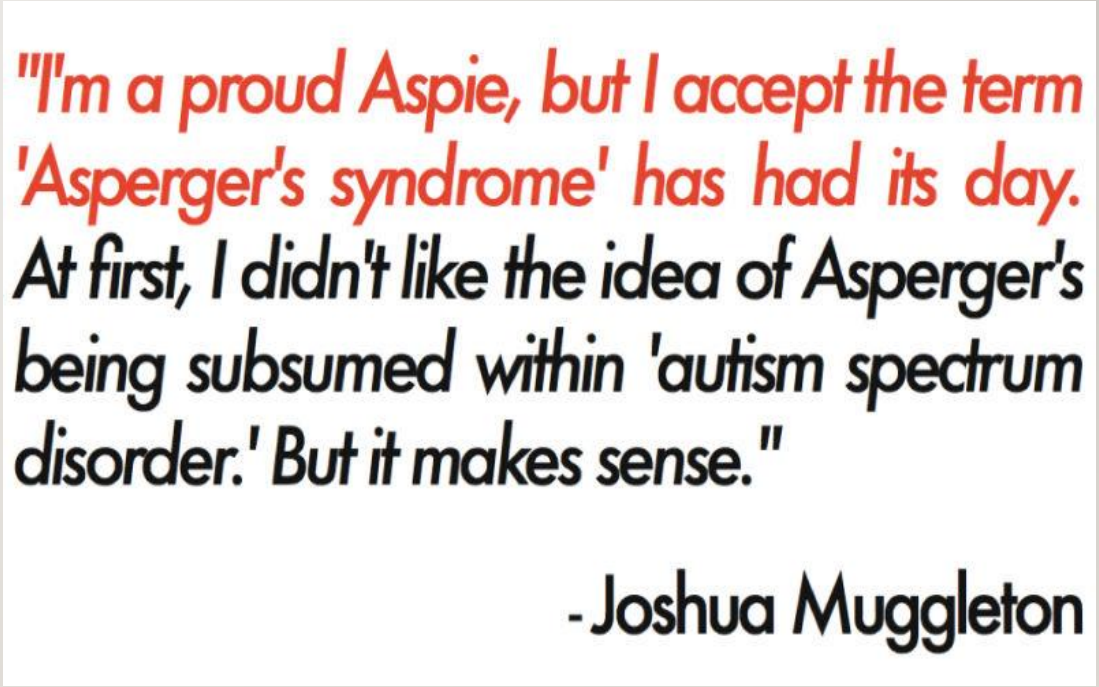
RATIONALE FOR THE SETTING OF GOALS (AS PART OF THE FORMULATION OR A TOPIC OF DISCUSSION FOR NEXT SESSION)

- Immediacy of goal(s) to culminate the need for change
- Achieving reduction of obsessions and compulsions
- Enhancing interpersonal change via self-tolerance and acceptance, so to increase quality and quantity of relationships
- Minimising dependence on chronic stress and avoidant behaviours
- Increasing coping skills in the person's given reality so expectations to be lowered



INTERVENTIONS: PSYCHOEDUCATION (2 SESSIONS)

- Explaining Asperger Syndrome: Factual information in a modality that matches the individual's learning style
- Positive/negative reactions to the exploration of the condition: View of the self as a person with talents instead of seeing oneself as inferior, defective and alienated
- Connecting the individual with resources: Books with educational material; organisations, associations; peer groups and network involvement
- Disclosure: Discussing dilemmas whether to tell friends, the workplace, relatives, dating partners



INTERVENTIONS: COGNITIVE RESTRUCTURING (2 SESSIONS)

- Dissatisfied → SATISFIED
- Unlikeable → LIKEABLE
- 'Weird' looking → NORMAL LOOKING

INTERVENTIONS: EMOTIONS (2 SESSIONS)

- Reality vs. Expectations Exercise:

- Reality:

a. Improving everyday reality

b. Increasing coping skills

- Expectations:

a. Home

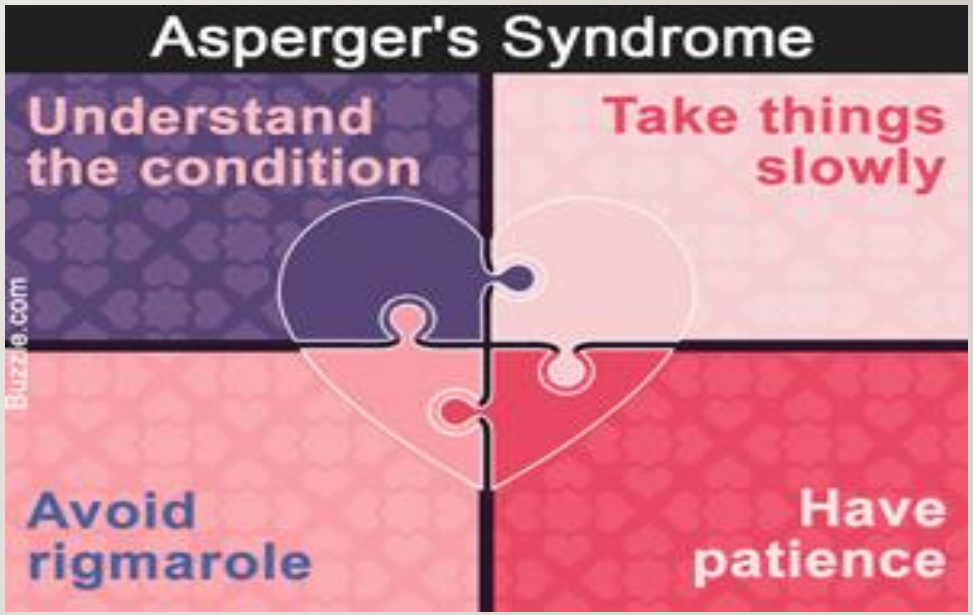
b. Workplace

c. Relationships

INTERVENTIONS: BEHAVIOURAL ACTIVATION/BEHAVIOURAL EXPERIMENT (2 SESSIONS)

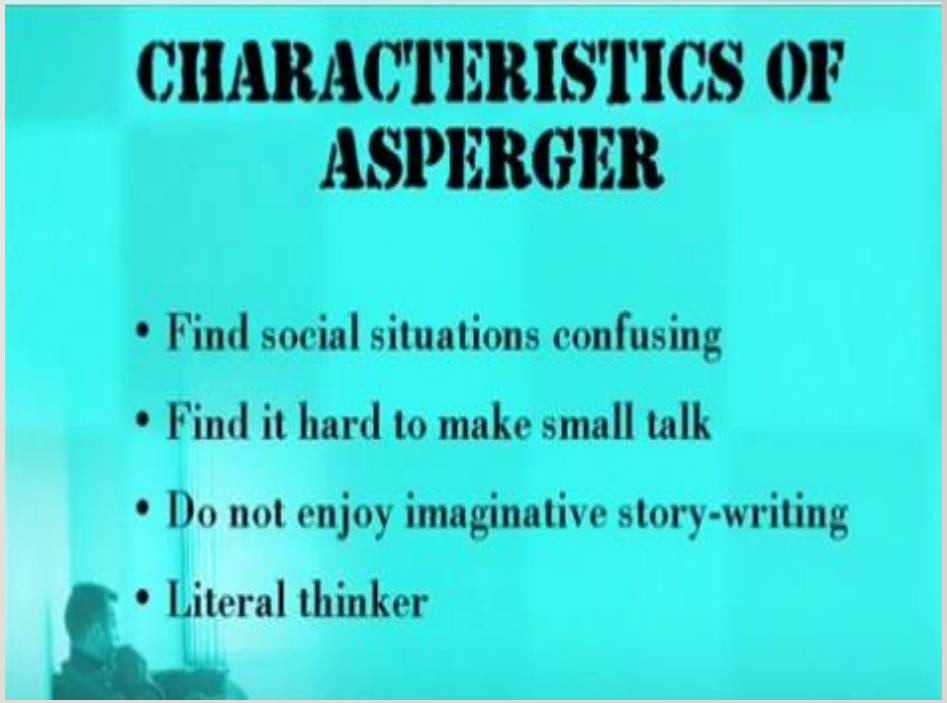
- Setting home tasks and the belief(s) the person needs to change
- Setting workplace tasks and the belief(s) the person needs to change
- Setting communication tasks and the belief(s) the person needs to change

(Varvatsoulias, 2013)

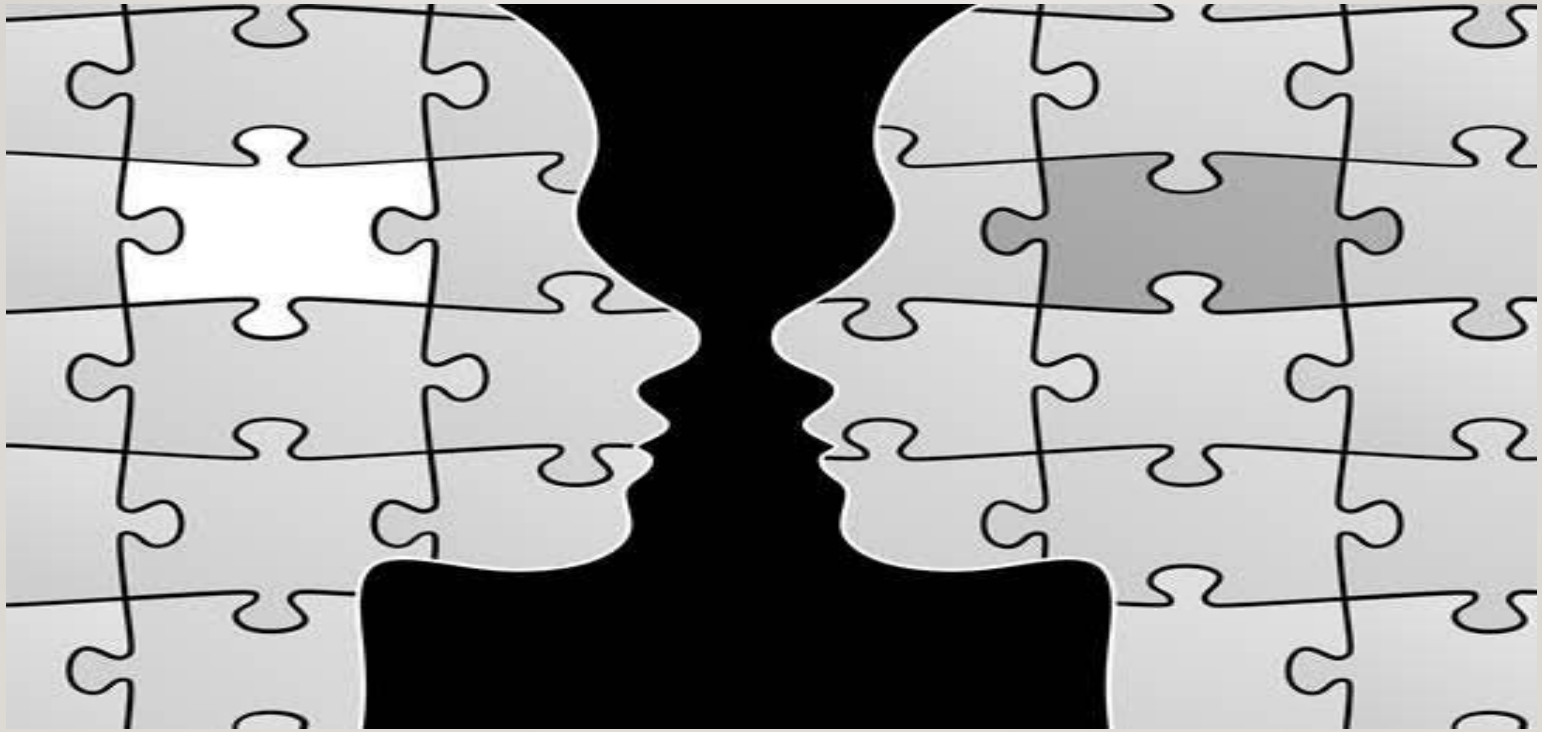


RELAPSE PREVENTION PLAN (2 SESSIONS)

- Social Narrative: Moving forward from hypothetical scenarios and assumptions to real-life endeavours
- Present-oriented considerations how progress can be maintained and enhanced: Further development of own instrumental skills
- Planned encounters for further behavioural activation: Discovering areas for applying informed practice
- Perspective-taking objectives: Tackling own beliefs and hypotheses around the world and others



THEORY OF MIND EXERCISE…



MY MOTTO…

What is the difference between IMPOSSIBLE and POSSIBLE?

Just…TWO LETTERS

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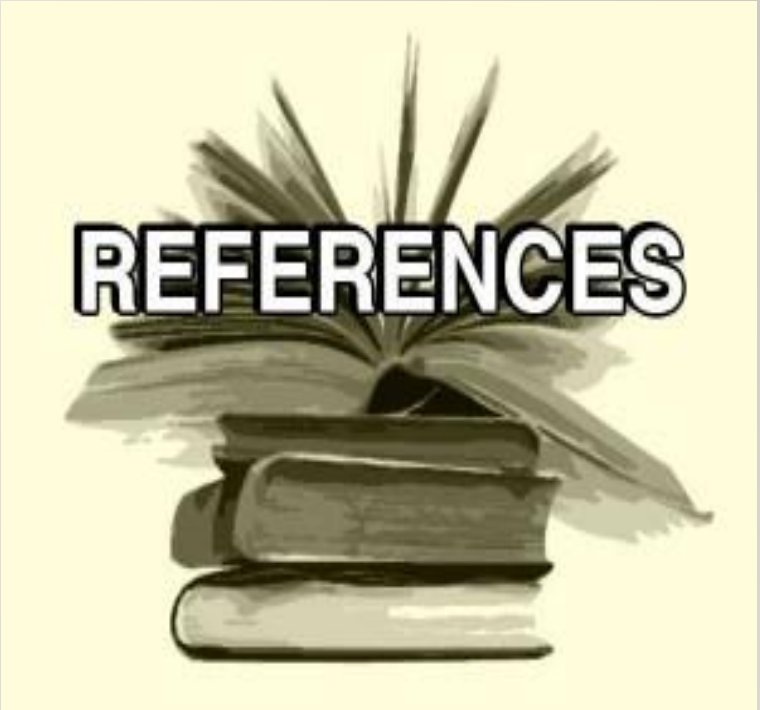

THANK YOU!


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