### Psychoeducational and Psychotherapeutic Support Strategies in Asperger Syndrome

Presented to: Kentucky Autism Training Center

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## Asperger Syndrome

- Characteristic symptoms of autism (mild to intense), average to above average intelligence
- On-time, age-appropriate language development (e.g., functional first words by 1 year, multiple word combinations by 2 years, full sentences by 3 years)

## Today's talk will apply to????

- Several subcategories of autism spectrum disorders: High Functioning Autism, PDD– NOS, Asperger Syndrome
- HFA characteristic symptoms of autism (mild to intense) average to above average intelligence, may have history of language delays
- DSM V does not plan to differentiate between subtypes

# Typical Differences seen in Asperger Syndrome or HFA

- Differences in Socialization
  - Socially "aloof", prefers solitary activities or
- Socially active & interested, yet socially "odd"
- Unusual quality eye contact
- Flat/unusual emotional expression
- Unusual/odd/indiscriminate imitation
- Differences in peer play skills (or differences in adult interaction skills)
- Challenges with understanding social rules

## Typical Differences seen in Asperger Syndrome or HFA

- Differences in Communication
  Good vocabulary but difficulties with auditory comprehension (better expressive language than receptive)
  - Challenges in following verbal directions (esp. in groups)
    Difficulty with the give and take of conversation

  - Driven or perseverative talk on preferred topics Literal understanding of language (confused by metaphors/sarcasm)

  - Inappropriate/unusual questions
    Unusual speech intonation, volume, rhythm, and/

  - Challenges in asking for help May use echolalia (immediate, delayed)

## Typical Differences seen in Asperger Syndrome or HFA

#### Repetitive Interests, Activities, and Behaviors

- Imagination may be less flexible; "creative" play may re-enact familiar scripts
- Challenged by transitions/changes in schedule Wants things "just so"
- Unusual responsiveness to sensory experiences: sounds, visual details, touch, textures, foods
- May engage in unusual body movements (flap hand, look at fingers, etc.)
- Obsessive talk, compulsive actions and/or rituals

## Typical Differences seen in Asperger Syndrome or HFA

- Cognitive Functioning
  - Procedural, mechanical skills generally intact and may be outstanding! (e.g., math computation, reading decoding) Baron-Cohen' "systematizing"
  - Complex processing of information relatively impaired (e.g., reading comprehension) Difficulties with abstract thinking (concrete, misses the "big picture," focuses on irrelevant
  - Needs support with organization (initiating, planning, carrying out, finishing tasks)
  - Sequencing challenges (may lack sense of time or be over focused on time)

## Typical Differences seen in Asperger Syndrome or HFA

- Fine/Gross Motor Differences (not seen in all)
  - Messy handwriting
  - Awkward gait
  - Clumsiness

## Intervention Areas in today's workshop

- Psychotherapeutic Interventions
- Of interest to counselors, therapists, and other mental health professionals
- Possibly of interest to family members or individuals with Asperger Syndrome/
- Psychoeducational Interventions
- Of interest to professionals working in schools or other eduational settings
- Of interest to family members
- Possibly of interest to individuals with Asperger Syndrome/HFA

## Cognitive/Behavioral Therapy with Clients with Asperger Syndrome

- Associated Social-Emotional Difficulties
- Overall Tips
- Components of Therapy (Atwood, 1999)
  - Assessment
  - Affective Education
- Social Skills Training
- Cognitive Restructuring
- Stress Management & Relaxation Training
- Self–Reflection
- Self-advocacy

## Social-Emotional Challenges Sometimes Associated with AS/ **HFA**

- Mood Disorders
- e.g., Desire for friends but aware of difficulties with achieving and maintaining friendships
- Anxiety Disorder
- Social Interaction Difficulties

  - e.g.,Need skills training e.g.,Difficulty recognizing other person's thoughts
- Rigidity in values and interests
- e.g.,May have difficulty with compromise e.g.,May make extreme statements, no middle ground
- e.g., Can't befriend a co-worker
- Distortions in thinking, incorrect assumptions
- e.g., either too negative or too positive self-image

## Tips for Therapy with someone with AS/HFA

- Who is requesting the therapy?
- Establishing rapport
- Practicing skills over and over
- Working with client to come to sessions regularly

## Therapy Components: Assessment

- Interview
- Rapport
- Parent & Teacher Behavior Checklists
- Self Checklists for Adults
  - (ASEBA, BASC, MMPI-RF, Burns Anxiety and Depression)
- Reviewing school assessments, records
- Parent or Partner Interview

# Therapy Components: Affective Education

- Improve ability to detect others' emotions
- Body Language Tips
- Journal re: self and others' reactions
- · (e.g., to compliments)
- Understanding one's own emotions
  - Worksheets

# Therapy Components: Social Skills Training

- Problem-solving
- ▶ Role-play (e.g., compliment practice)
- ▶ Bubble Talk
- Explaining/reviewing social "rules" through social stories
- ▶ Social Effectiveness Therapy (Turner & Beidel)

# Social Effectiveness Therapy

- Originally designed for individuals with social phobia, social anxiety
- A complete social skills program—instruction and rehearsal
- ▶ Ideally—16 weeks of group meetings
- EKU has used this program for teens and adults with Asperger Syndrome from 2005-2010

# Therapy Components:

- Cognitive Restructuring Identifying and changing negative self-talk
  - Identifying and changing cognitive distortions
  - Enhancing thinking flexibility, learning to seek clarification
  - "Rose Colored Glasses!"

## Therapy Components: Stress Management, Coping, & Relaxation

- ▶ Relaxation Training
- Problem Solving
- Goal/Priority Setting
- Scheduling and Organizational Assistance
- Coping Strategy Training
- Organizational Strategy Training



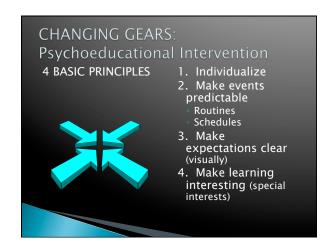
# Therapy Components

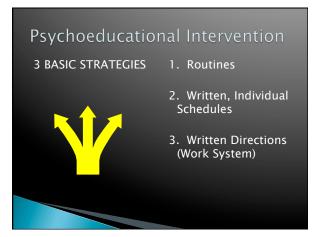
- Self-understanding
- Education about the autism spectrum
- Self-advocacy
- Connecting with others on the spectrum
  - Online
  - In person (informally, through social or advocacy groups, conferences)
  - Bibliotherapy

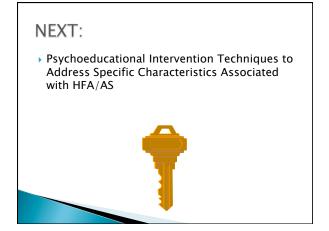
## Therapy Components: Home/Residential Motivational

- System Written Reward System
- ▶ Responsibility List
- ▶ Task List
- Other Home Strategies...
- Key... to have someone monitoring and supporting—parent, tutor/advocate...
- e.g. has this person been coming to class? Showing up for meals?









# Techniques: Language and Communication • Write it down! • Adjust complexity of language • Provide step by step written directions • Present information visually • Use concrete speech. Teach slang, teasing, etc. • Support help-asking skills

#### Techniques: Social Interaction

- Allow alone time
- Educate peers and enlist their support
- Promote peer interaction (clubs, structured games, special interests)
- Matter of fact, caring manner (not subtle facial, emotional cues)
- Individualized Social Rules
- Avoid extended verbal social reasoning (How do you think I feel?)
- Help generalize social routines, rules
- Concrete social skills training
- Remember that unusual social behavior is part of the person--don't "work on" everything

#### Techniques:

Restricted Interest, Sameness Need, Sensory Issues Use areas of special interest

- Reinforcers
  - To promote peer interaction
  - To increase interest in academics
  - To develop career and academic skills, choice
- Provide alternate activities for sensorily difficult situations
- Individualized schedule to ease transitions and changes
- Finished routines
- Use repetitive motor behaviors as a clue that the person needs something

## Techniques:

# Managing Emotional Swings/Crises

- > Teach social behaviors in "neutral" times
- Provide a "get away"
- Use direct, short verbal phrases; try giving written directions ("Please sit down.") Limit "reasoning".
- Try to make sure student can meet task demands (e.g., simplify demand if needed)
- Functionally analyze the emotional behavior

## Techniques: Managing Associated Difficulties

- Organizational Assistance
- Backpacks, fanny packs, labeled folders
- Highlight Important Material
- Highlight key concepts
- Reduce # of items on page, use larger print, highlight where answers are to go
- Help with handwriting
- Shorten assignment
- Reduce or eliminate "copying" from board, etc.
- Teach keyboarding
- Let person choose (pencil, pen, printing, cursive)
- Allow audio recording answers for assignment
- se peer note taker