The Development of Psychological interventions for adults with high functioning autism spectrum disorders (ASD)

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Associated Psychological Difficulties

Social interaction & communication skills

Difficulties in relationships and developing social networks

Depression & low self-esteem

Anxiety Disorders including OCD, Generalised Anxiety, Social Anxiety/Phobia

Anger, paranoia and behavioural problems/aggression
Identifiable Personality Traits

• Traits of
  – Schizoid PD
  – Emotionally Unstable PD
  – Paranoia
  – Psychopathic
  – Oppositional/ demand avoidance
The current evidence base for psychological treatment for adults with ASD - CBT
Current treatment guidelines

- NICE guidance (2012)
  - For people without a learning disability, or with a mild learning disability, psychosocial interventions are appropriate for the core features of autism
    - Social skills groups; life skills programmes; anger management
NICE guidance

• For adults with autism and coexisting mental disorders, offer psychosocial interventions informed by existing NICE guidance for the specific disorder
NICE guidance

• A number of adaptations are suggested
  • Increased number of sessions
  • Behavioural focus
  • Incorporating special interests where appropriate
  • Concrete and structured approach
  • Making rules clear
  • Involving family members if appropriate
Evidence

• Limited evidence for interventions for core features with adults
  – Some preliminary evidence for social skills groups
  – Preliminary evidence for emotion recognition training

• No evidence for CBT to ameliorate core ASD symptoms
CBT for common mental health problems in ASD

• Two reviews:
  – Binnie & Blainey (2013)

• Both conclude there is some limited evidence for CBT for psychiatric co-morbidities with adults with ASD
CBT for common mental health problems in ASD

• Best evidence in OCD
  – Russell et al (2009; 2013) CBT comparable to anxiety management

• Also emerging evidence for Mindfulness based stress reduction
  – Spek, van Ham & Nyklicek (2013; 2014) Improvements maintained at 9 weeks follow-up
Evidence from children and young people

- More trials have been completed
- Evidence suggests CBT can be effective
- Although wide variation in:
  - Number of sessions
  - Strategies employed (cognitive/behavioural)
  - Duration of therapy
Implications

• Some evidence for CBT effectiveness for common mental health conditions in adults with ASD

• But many things are unclear
  – How many sessions?
  – For what difficulties?
  – What approaches are most effective?
  – What adaptations are required?
What features of Autism might impact on our understanding of psychological States?

• ASD Core features :
  – Social interaction problems
  – Social communication problems
  – Rigid/repetitive thinking

• Sensory difficulties
Social communication problems

- Miscommunications/misunderstandings
- Talking too much/too little
- Blunted/flat affect
- Difficulty communicating problems
- Hypersensitive or unaware of feelings of others
- Literal or concrete answers
- Difficulties with abstraction
- Processing speed
Sensory difficulties

- 5 senses
- Hypersensitivity

Examples:
- Texture of food whilst eating
- Overwhelmed by noisy environments
- Touch can feel offensive
CBT Formulation Approach

Thorough assessment is crucial, Diagnostic, Neuropsychological and treatability/motivation

Diagnostic/formulation discussions/diagrams can be useful

Focus experiences of growing up and living with autism and the development of core beliefs about this
Autism Neurological

Psychological Development
Neurological Predisposition – ASD

Associated difficulties with - social communication, social interaction & social imagination, Language development, theory of mind, Executive functioning, Sensory motor perception & regulation, understanding social rules, understanding own + people’s feelings, Planning and goal setting & organising, Shifting sets and/or attention – rigidity/obsessional thinking

Early Experiences
Social misunderstandings, Bullying, social isolation,

Ongoing difficulties/experiences
Social communication, social misunderstandings, rejection Poor reading of social cues etc.

Rigid Core Beliefs
I'm undesirable, defective, faulty
The world is a harsh difficult place
Other people are not to be trusted/general mistrust

Rigid Assumptions
I won’t fit in to any social group
I’ll never have friends, people won’t like me

Thoughts inc. rigid thinking errors
I’m useless
People are judging me

Behaviours
Rumination
Avoidance
Safety behaviours

Physical Sensations
Heart rate increase, perspiration
Heavy feelings in abdomen

Feelings
Anxiety
Depression

Ongoing difficulties/experiences
With daily life, planning, poor basic problem solving skills, stressful events etc.

Maintenance

environment, family, attachment experiences/styles protective factors/strengths
Social skills

• Making unwritten rules explicit
• Conversation skills
• Understanding friendships and relationships
• Vulnerability/exploitation
• Coping with uncertainty
• Theory of Mind
• Anger management/assertiveness
Adapted CBT interventions

• Disorder specific protocols can work

• But may need adaptations:
  – OCD
    • Not being able to identify an underlying cognition
    • Use ERP and focus on behavioural change
  – Social anxiety
    • Often not related to judgement by others
    • Can reflect accurate insight into social skills
    • Skills practice can be most useful
Adapted CBT interventions

• PTSD
  – May be multiple ‘small T’ traumas
  – May be obsessive rumination on experiences
  – Focus on managing memory/flashbacks

• Generalised anxiety
  – Physical sensations, not cognitions, can be problem
  – Develop emotion/arousal regulation
Adapted CBT interventions

• Depression
  – Self esteem interventions
  – Identity
  – Acceptance
  – Concrete thought processes can impact on
    • Behavioural activation
    • Identifying alternative thoughts
Some Generic CBT Emotion, Thought and Behaviour Considerations
Emotions

- Alexithymia
- Emotional words
- Facial expressions of emotion
- Physiological experience of emotions ‘how it feels in my body’
- Encourage monitoring of own emotions
- Label emotions seen in session
Emotions

• Difficulties translating feelings into words
• Can sometimes use special interests and concrete analogy
• Visual tools
• Encourage focus on internal experiences
• Practice rating as often as possible
Thoughts

Differences in introspection have been reported

Hulbert et al (1994) adults without ASD reported 4 types of inner experience: visual, verbal, unsymbolized thinking and feelings. Adults with ASD reported predominantly visual experiences, often in a large amount of detail

May need to work on how to report visual thoughts – can be trauma based (often multiple small ‘t’)

Thought records may be difficult to complete, can do in sessions
Behaviours

• Is the behaviour distressing or significantly reducing quality of life?

• Who is the behaviour distressing for? Is it against the law etc.

• Reward systems

• Consent
Behaviour change

- Realistic goals
- Behavioural experiments in session
- Repetition
- Fading out of support
- Generalisation
- Functional avoidance
  - Consider sensory issues
CBT Tools

• Computerized CBT may be useful

• Apps can be helpful – e.g. emotion recognition, anxiety tracking

• Use of visual aides may be helpful to some clients
  • Thermometers, ladders, etc
Measuring outcomes

• Lack of normative data for individuals with ASD

• Literal interpretation of items

• Getting informant ratings is a useful adjunct

• Measures might increase during therapy
Some More Considerations

- Planning/organising strategies
- Daily support e.g. Employment adjustments
- Strategies for others (family, carers, etc)
- Multi professional team approach
Potential future psychological interventions for adults

Currently Mostly based on research with children:

- Psychodynamic therapy (e.g. Mero 2002)
- Family interventions (McConnell, 2002)
- Social skills training (Rao et al. 2008)
Thank you!

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