Developing Psychological Interventions for adults with high functioning autism spectrum disorders

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Outline

• Current research – psychological therapy
• Autism specific adaptations for engagement in treatment
• Formulation
• Developing CBT interventions
Associated Psychological Difficulties

Social interaction and communication skills

Difficulties in relating to and or/ lack of social Networks/ relationships

Depression & low self-esteem

Anxiety Disorders including Obsessive Compulsive Disorder, Generalised Anxiety, Social Anxiety/Phobia

Anger, paranoia and behavioural problems/ aggression
The evidence base for CBT with adults with ASD
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
Interventions for ASD core features

- Emotion recognition
- Social skills training (group/individual)
- Theory of Mind interventions
- Problem solving
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

• Reviews:
  – Binnie & Blainey (2013)
  – Walters, Loades & Russell (2016)

• All 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)

• Best evidence in Depression
  McGillivray and Evert (2014)

• And for MBSR - Ruminations
  Spek, van Ham & Nyklicek (2013; 2014)
Evidence from children and young people

• More trials
• 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 specific adaptations are required?
Adaptations
CBT For Adults with ASD

• CBT for adults with Autism Spectrum Disorder requires a clear communication that treatment is aimed at teaching CBT skills that were never learned, compensatory strategies for deficits that cannot be changed and strategies to address co-morbid emotional difficulties (Gaus, 2007).
Engagement - The Relationship

- Collaborative nature of CBT - difficulties in reciprocal social interaction can make establishing rapport difficult

- Collaborative/empathic stance may not always be successful or wanted

- May need a more directive approach

- More Time
Theory of Mind

• Theory of mind deficits may influence relationship

• This may need identifying early in the therapeutic relationship

• Concrete explanations

• Use of client examples
Transparency

When working with people with theory of mind difficulties it’s important to be open, clear and be willing to address any issues about your intentions regarding treatment and it’s feasibility etc.

Hare & Flood (2000) suggest a more formal ‘joint agreement’ about purpose of sessions
Empathy deficits

• Can impact therapeutic relationship

• May not integrate alternative perspective

• Not recognising impact of behaviours on others
Therapist Flexibility

Often come up against very rigid thoughts/beliefs that can interfere with engagement e.g. general mistrust of people, anger etc.

May include family/or other support in engaging individual

Be as flexible as possible around session times/days
Communication

Concrete and literal interpretation

Limited use of metaphor or abstract explanations

Direct questions less open ended

Devise a response to extended monologues

Repetition, be prepared to repeat many times
Motivation

Motivational interviewing techniques particularly around ideas of change

Reflection of effort and success may be needed early on in therapy

Experiential sessions and advice (Attwood, 2003)

Reminders of therapeutic goals
Functional Avoidance

Sensory issues such as sensitivity to noise and touch may not be open to direct change

Sensory issues may lead to on-going difficulties in noisy/busy areas

CBT style exposure to such environments may only serve to contribute to maintenance of difficulties

Safety seeking or functional avoidance?
Formulation
Formulation Driven

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

Focus experiences of growing up and living with autism

Diagrammatic formulation

Negative core beliefs concerning social interaction are often not distorted but based on on-going difficulties in functioning
Neurological Predisposition – ASD

**Triad of Impairments** - Difficulty with social communication, social interaction & social imagination

**Associated difficulties with** - 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

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**On-going difficulties/experiences**
Social communication, social misunderstandings, rejection
Lack of awareness internal states (alexithymia)
Poor reading of social cues etc.
With daily life, planning, poor basic problem solving skills, stressful events etc.

**Early Experiences**
Social misunderstandings, Bullying, social isolation,

**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

**Physical Sensations**
Heart rate increase, perspiration
Heavy feelings in abdomen

**Behaviours**
Rumination
Avoidance
Safety behaviours

**Feelings**
Anxiety
Depression

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Environment
Family etc.
Intervention
Interventions - Emotions

Assessment of ability to discriminate between thoughts, feelings and beliefs

- Facial expressions of emotion and emotion words (teach explicitly if needed see Sofronoff & Atwood, 2003)

- Physiological experience of emotions ‘how it feels in my body’ (Mindfulness)

- Encourage monitoring of own emotions-direct & structure

- Label emotions seen in session

- Poor ToM may lead to expression of paranoid ideas
Emotional Dysregulation

‘Meltdowns’

Psycho-education useful

Functional avoidance of topics that might cause emotional distress similar to ‘hot topics’ – often difficult to resolve

Daily mood diary maybe useful to plot trigger graph + prepare.
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
Rigidity in Thinking

Slow introduction of feedback & logic guided by goals

Address all or nothing thinking by exploration and provision of alternative perspective

Socratic questioning
  + prompting

Use of pictures to tell stories
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
Specificity

• Many people with Autism tend to have difficulties generalising ideas or behaviours

• Difficulties generalising skills from session to home

• May need to do in vivo work to be done in the location that the person needs to address an anxiety

• Focus on generating reliable rules that be applied to many situations
Systemic influences

• Motivation to change, the system or the person – consent?
• Family/carers/staff can be included in treatment e.g. maximising ERP/homework
• Long-term management
Outcomes/Feedback

Outcome measures - may need consider relevance

Lack of normative data for individuals with Autism (can make a difference on some scales where items include social interest/interaction etc)

Literal interpretation of items

Getting informant ratings can be useful

Feedback very important if person with Autism has difficulty recognising internal states
For clients with ASD, 27 paired COREs were available for analysis, out of a possible 47 (of those who completed therapy between 1st August 2014 – 31st July 2015). Clients who were currently in therapy were excluded from the analysis.
End

• Further contact:

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