Teens & Adults with Asperger Syndrome:
Creative Psychotherapy & Treatment Approaches

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39 Years with Asperger’s Syndrome!

I’m Speaking Today as a…
- Individual psychotherapist
- Family Therapist
- Couple Therapist

New Article
“An Integrated Model of Psychotherapy for Teens and Adults with Asperger Syndrome”
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Mission!
Raise awareness of needs of adults with AS!

Help families!

Improve counselling, treatment & support services!

Agenda

Focus on Teens & Adults with AS

Discuss Counselling, Treatment & Support Approaches [What happens after the diagnosis is made?].

Discuss cases/real people.

Common Asperger Myths
[revised from Gaus, p. 34-36]

- Only a childhood disorder.
- Always aloof & uninterested in others.
- Have no relationships.
- Do not make eye contact.
- Lack insight & empathy for others.
- Are intellectual geniuses.
- Just a mild form of autism.
- Cannot benefit from counselling.

Strengths & Assets
[revised from Gaus, p. 36-38]

- Creativity & “Unconventional” View of World.
- Honesty
- Sense of humour.
- Responsive to structure & routines.
- Willingness to Observe & Evaluate Self, & are often open to feedback.

“David”

- 61
- Two university degrees
- Obsessed w/ computers, Star Trek, washing machines
- No longer can find a job, marriage dissolved, son has disowned him.
- Two weeks ago, diagnosis → great relief
- Police, gov’t & utility companies
- Public mischief
- I feel like an alien....

Most Alone & Misunderstood People!

- Look “normal”!
- Becomes evident when bright individuals fail to finish school, dev friendships, date, drive, or retain employment.
- When relationships break down, & emotional & behavioural problems increase.
Prevalence of AS

- One in 210-280 children (Attwood)
- One in 300 children (John Robert Brasic)
- Male 4:1

- Teenagers ➔ Psychological problems are the rule, rather than the exception!

FORGOTTEN PEOPLE!

Lack of support for these adults is a human rights issue every bit as important as that of any other civil rights group since the 1940s!

↓

LITTLE KIDS WITH A.S. DO GROW UP!

May be Systemic Biases towards providing Clinical Services to Men!

- Similar to male survivors of childhood sexual abuse
- But we can’t forget the females!

Recent Presenting Problems

- Marital issues (40, 65)
- Parenting problems
- Marriage preparation
- Convicted/possession of child pornography
- Stalker/Stares/Touches too much
- Substance abuse
- Anger & rage issues
- Can’t distinguish fantasy from reality (games, etc)
- Failure at school
- Repeated job loss.
- Wants to move Calgary
- Can’t get writing going.
- 57 year, old, unemployed man, hates police
- Gay, anxious & isolated
- Highly anxious, avoidant, sleeping under bridges.
- Fear of retirement
- Depressed, suicidal, can’t finish high school.
- Paranoid & delusional.
- 16 automobile accidents.
- Contamination fears
- Obsessed w/ getting girlfriend
- Stabbed self in neck
- Baby stillborn

SKILL

Understanding the basics of diagnosis!

DSM-IV-TR
THOROUGH PSYCHOLOGICAL ASSESSMENT, CLEAR DIAGNOSES WITH RECOMMENDATIONS

- Some welcome/proud of diagnosis
- Some highly defensive
- 67% have mood disorder

There are 5 Disorders in the Family of PDDs
- Autistic Disorder
- Asperger’s Disorder
- PDD-NOS
- Rett’s Disorder
- Childhood Disintegrative Disorder

- 3 of these fall on the Autism Spectrum: Autism, Asperger’s, PDD-NOS

Asperger Syndrome

- Complex neurologically-based psychiatric & behavioural condition on the high functioning end of the autism spectrum.

- May be impairments in:
  - Social relations
  - Communication/information processing
  - Sensory & emotional responsiveness
  - Movement & coordination
  - Independent living

- Restricted repetitive interests

Only Developmental Disability without an Intellectual Impairment!

Not mad, bad or defective, but have a different way of thinking!
[Tony Attwood]

Diagnostic Confusion?

- High Functioning Autism is not a diagnostic category.
- Nonverbal Learning Disability has a similar presentation.
- Early diagnoses of Asperger (mid-late 1990s) actually Autistic.
- PDD-NOS w/ average IQ.
- Schizotypal Personality disorder
- ADHD
- OCD

Process Information Differently
**Spectrum Within the Label**
- Bright individuals with “very autistic” traits (e.g., Rainman)
- Tormented & delusional
- Immature, social phobic, reserved, highly anxious
- Pedantic, absent minded, ‘nerdy’
- Somewhat eccentric, married, working, raising family
- ‘Superstars’

**Only Thing You Can Say…**
“When you meet one individual w/ AS, you have met one individual w/ AS!” [Myhill & Jekel, 2008]

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**SKILL Understanding History!**

**Haunted by History**
Bettelheim

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**Dr. Hans Asperger** (1906-1980)
- Austrian pediatrician (U. of Vienna) ➔ not a Nazi!
- 1944 landmark paper ➔ “autistic psychopathy”
- Published 350 papers
- As a child, reported to have AS traits (remote & lonely child, difficulty making friends, talent for language)
- Daughter, Maria, child psychiatrist in Switzerland.
Clinical Question

Who’s Your Asperger Hero?

Possibly Asperger’s

- Moe Norman
  - Greatest ball stiker
  - Unusual swing/accuracy/fast
  - 33 course records/17 holes in one
  - Won many tournaments
  - Pants over ankles/stained shirt
  - Case of coke/day
  - Debt ridden/sleeping in car
  - Fifth hole

- Glen Gould
  - Diet arrowroots/scrambled eggs
  - Obsessive work habits/music
  - Sensitivity to light, sound, temp.
  - Wore gloves/no hand shaking
  - Wouldn’t perform after age 31
  - Amazing memory

- Steven Spielberg
- Nikola Tesla
- Vincent van Gogh
- Gregor Mendel
- Andrew Lloyd Webber
- Albert Einstein
- Bill Gates
- Thomas Edison
- Ludwig Wittgenstein [philosopher]
- Charles Darwin
- Mozart
- Carl Sagan
- Thomas Jefferson
- Bobby Fischer
- Elvis
- Temple Grandin
- Donna Williams
- Catherine the Great
SKILL
Being Aware of past Harassment & Bullying!

- Low self-esteem, gullibility, hypersensitivity to criticism, approval seeking, social naivete
- Leave individuals vulnerable (“predator magnets” to
  - Cyber bullying
  - Ridicule, teasing
  - Physical or sexual abuse
- Precipitate paranoia or post traumatic stress

“Jonathan”
- Left home to attend college
- Harassed by some in residence.
- Door slimed, money stolen, called names
- Fake 911 suicide call
- Marks have dropped & feels hurt & confused

SKILL
Recognizing Comorbidity!

“Gloria”
- 16
- Smokes dope every day & abuses alcohol
- Believes her keys & money are contaminated
- Cuts herself on occasion
- Believes terrible people are scheming to exterminate everyone with AS.

Mental Health Concerns
[V. Gaus]
“The mental health problems often are related to their attempts to fit in with society.”

“A history of isolation and a sense of failure leave the adult tremendously vulnerable to anxiety and mood disorders.”

But adults have not missed the boat. They can still learn and grow!
**Mental Health Concerns**
- Anxiety (OCD, GAD)
- Depression
- Suicidal ideation
- Phobias, Fears, & Paranoia
- Delusional Disorders
- Behavioural disorders (verbal & physical aggression)
- Self-injury
- Eating disorders (women)
- Substance abuse/Self medication

**SKILL**
**Understanding “Executive Function”!**

**“Mary”**
- 17, superior IQ
- Takes 90 min. showers & 3 hours to get ready for school.
- Bedroom “an absolute mess”.
- Therapist discontinued sessions because late or forgotten.

**Problems With EXECUTIVE FUNCTIONING**
- Initiating
- Organizing
- Planning
- Monitoring
- Flexibility
- Making choices
- Impulse control
- Switching attention
- Keeping appts
- Multi-tasking
- Transitions
- Generalizing learning
- Working memory
- Self-monitoring
- Regulating emotions/behavior
- Time & space
- Mental flexibility
- Homework/chores
- Goal setting

**Keep in Mind …**
**Highly Intelligent…, But Lacking Lifeskills/Adaptive Behaviour!***
- Considerable knowledge & verbal skills
- Anger management, Anxiety, Depression

*RSA eligible

**“Asperger Time”**
[Brenda Smith Myles in Gaus, p. 72]
- “Half done in twice the time!”

- Families/professionals need to pace themselves, so they don’t overwhelm the individual.
- E.g., may need multiple meetings to gather all necessary information & to develop a working relationship.
**Inability to Fill**
“Empty Time”*

- Summer vacation
- Stat holidays
- Retirement
- Empty weekends
- Loneliness + Depression

*People don't understand this!

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**The Need for an**
”Executive Secretary”

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**SKILL**
Understanding Theory of Mind!

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**“Gordon”**

- 18
- Shaves only half his face.
- Trying to understand what others are thinking is a mystery.
- Has no real friends, except a gay partner who is losing patience with his insensitivity.

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**“Mind/Face Blindness”**
[Theory of Mind, Attwood 114-123]

**Difficult with...**
- “Mind reading”
- Empathy [may feel too much]
- Reading social cues, eye messages, & tone of voice.
- Literal interpretations [“Let’s toast the bride”]
- Being considered rude or confrontational.
- Bluntness & honesty.
- Failure to see need for apologies.
- Sense of paranoia.
- Being argumentative with less remorse.
- Delayed reactions making others perceive individual as unusually formal or pedantic.
- Exhaustion – “I’m all peopled out!”
One individual equated trying to participate in a conversation to watching a fast-moving puck during a hockey game. “Just when it lands somewhere sufficiently to focus on it, it flies off quickly in another direction”.

(Dr. Lillian Burke)

**Pragmatic (Social) Language**
- Ability to understand body language & non-verbal communication.
- May speak too loudly or softly, delay answering, repeat themselves.
- Interpersonal boundaries may be violated, & person may seem blunt, disrespectful, politically incorrect, blunt.
- Unable to understand joking-around, sarcasm, lying or coercion.
- May interpret colloquial language literally [“She killed herself laughing.”]

**SKILL**
Recognizing Limitations in Pragmatic (Social) Language

**SKILL**
Coping with Fixation on Special Interests

**“George”**
- 26
- Fascinated by R.C. (“I’m a Catholic”) & astrophysics.
- Takes one university course at a time, so can savor each tiny bit of scientific info.
- Will talk about interests with anyone who will listen including strangers.
Special Interests

- Transportation
- Weather
- Science fiction (Star Trek)
- Collecting (comic books, movies)
- Sports or games
- History (Titanic, Civil War, Antiques Roadshow)
- Math, Science, Engineering, Astronomy
- Computers, Internet & games
- Languages, Literature, Creative writing
- Artwork (sharp edges such as Pokemon, Anime)
- Geography
- Religion
- Unique (washing machines, 1950s, sparkplugs, lawn mowers, police & the law, animals such as elephants, meat)

SKILL

Recognizing Sensory Sensitivities!

“Mohammad”

- 17
- Only eats meat, cannot tolerate crunchy food, e.g., fruits & vegetables.
- Tears our distracting tags inside collars, & finds wool too itchy.
- Smell of toothpaste “injures me” and he wears sunglasses all the time (“brightness hurts”).
- Refuses to pray at mosque because crowds overwhelm him
- Behaviour greatly troubles his family.

“Synaesthesia”

- Stimulation of one sensory or cognitive pathway leads to automatic, involuntary experiences in a second (senses cross-wired).
- E.g., sounds perceived with sensations of colour (coloured hearing), texture, scent or flavour.
- Hearing sounds in response to visual motion & flicker (e.g., fireworks, clattering dishes, dog barking, music).
- Can be bewildering. But others do not see this as a handicap.

Sensory Integration

“SENSORY DEFENSIVENESS”

- Tactile ♦ light touch, wear certain clothing, remove labels, hair washed, avoids dirty hands (glue, sand, mud)
- Auditory ♦ sounds & noises, hands over ears
- Visual ♦ hypersensitivity to light, gaze avoidance
- Oral-motor ♦ brushing teeth, dentist visits
- Olfactory ♦ intolerance of odours, gagging
- Vestibular ♦ (inner ear related) movement or unstable surfaces, motion sickness, difficulty with steps or escalator, body whirling, jumping, spinning
- Proprioception ♦ appears clumsy, odd posturing

Can “shut-down” if overstimulated!

Occupational Therapists Can Recommend

- Sensory Diets
- Remove clothing tags
- Weighted vests or blankets
- Activities or exercises
Psychotherapist Can …
- Turn off lights in therapy office.
- Use white noise machine or specific background music.
- Allow some rocking & self-stim.
- Avoid hand shakes.
- Understand sensitivities to medication.
- Offer comfort drinks (e.g., herbal tea).
- Use Verbal Deep Pressure (Speak quieter, more slowly but assertively, more succinctly & maintain gentle eye contact).
- Manage aromas.
- Recognize affect on sexual relations, work and social environments.
- Others?

SKILL
Advocating for More Services

Profound Sense of AMBIVILANCE!

WHO WILL PROVIDE SERVICE?

Because of So Few Services…
- Severe depression, anxiety; & sometimes paranoia.
- Loneliness & broken relationships
- Substance abuse
- Other behavioural concerns (anger, “rage”, stalking, etc.).
- Terrible isolation, many lives empty & disorganized!

Society is more comfortable dedicating resources to adults with more obvious disabilities (e.g., severe intellectual or physical challenges)!

Effective Model of COUNSELLING & TREATMENT!
Clinical Skill

Utilizing Helpful Theory!

NECESSITY
OF BEING
POSITIVE!
The professional has to be
the most positive person in
the room!

1. Strengths-Based/Positive Psychology Theory
(Dennis Saleeby, Martin Seligman)
- What’s right (not wrong)!
- Families/Professionals equals (coaching)!
- Resilience/Hardiness/Rebound from tragedy/Tranformation!
- Membership needed/Loyalty/Humour!
- Culture/personal stories valued!
- Not victims!
- Change occurs when strengths supported!
- Empower/Use talents → liberation/dreams!

2. “Chaos/Complexity Theory”
- Nonlinear change
- Possibility of very rapid change/’tipping points’
- Disorder, instability & change are normal
- People function best when close-knit organization & boundaries – but not too close
- Therapists [Carl Whitaker] → “Crazy like a fox!”
  - Paradox    - Unexpected    - Frankness
  - Absurdity/exaggeration    - Be human!

3. Systems Theory
- View people as part of many social systems
- Whole more than sum of parts/Looks at “big picture”!
  - e.g., spirit, unique history, stories, private jokes, shared experiences
- Sessions with whole families together
  - Achievement, tragedy & joy
- When part of system is changed, entire system is changed (death, leave home).
- “Homeostasis”/Balance ◦ resistance!
- When one improves, another gets sick!

Clinical Skill
Providing Individual Psychotherapy
Throw Out a Supportive Lifeline
- Isolation breeds loneliness & paranoia.
- Therapist must throw out a supportive lifeline to individual who is drowning in a dominant world perceived as chaotic & inflexible.
- Can reduce self-doubt & self-criticism.

Angry/Anxious People
“Verbal Deep Pressure”
Speak…
- More quietly, but firmly
- More slowly
- More succinctly
- Gently maintain eye contact
- Ignore!

Psychotherapy
- Just “talking (working) it through” is not enough.
- Shorter, but more frequent sessions.
- Have main points of sessions typed & made available for client to review/process.
- Tap into person’s sense of humour!
- Encourage readings from others with AS.
- Therapeutic exaggeration
- May need to interrupt more [Gauss, p. 206].
- Reminder calls.
- Most don’t mind older therapists.
- MAY BE LONG-TERM! [Attwood p. 318, Stoddart p. 91]

Most…
Seem to really benefit from formal “Talk” psychotherapy sessions.
Sometimes their spouse/partner or parents needs the sessions more!

Who Can Benefit from Verbal Psychotherapy?
- Minimum level of concentration/attention
- Reasonable memory/Some for insight.
- Generalization of learning outside office.
- Can label feelings a little/Verbalizes well.
- Shows up for sessions fairly regularly.
- Reading ability.
- Can sit in a chair for at least 30 minutes.
- Long term therapy sometimes needed.

Often a Battle of Intellect!
- Therapist is tested!
- Must show deep respect person’s intelligence!
- Do you understand AS?
- Are you bright enough?
Learn to Speak the Individual’s Language!

The therapist must be extra mindful of the words he/she is using, ensuring precision to the point of pedanticism!

(Caus, p. 73-74)

Clinical Skill Building A Helping Relationship

Assessment

- Do Bio-Psycho-Social History
- Request past assessment or professional reports
- Be mindful of “broken spirits”

Dale’s Approach

- Persistence, high energy, optimism, flexibility
- Knowledge of community resources
- Be satisfied with small gains
- Focus on “Here & now”
- Avoid jargon
- Be hopeful!
- Remember the power of simplicity...

Be a Good Host!

- Casual ‘small Talk’
- Empathic Listening
- Sharing a Coffee

Strategic Use of...

- Frankness
- Humour
- Motivational speeches/ Cheerleading
- Reading material
Resisting the Diagnosis…

Who’s Your Asperger Hero?

Teach a Vocabulary to identify & label feelings…
- Many only feel fear, sadness & anger, or just anger or rage, but no joy (Grandin, 1995).
- Others trouble recognizing more subtle emotions, e.g., confusion, embarrassment, jealousy, anxiety, suspiciousness & happiness.
- Helps teach safe, cathartic & socially appropriate outlets for expressing emotions.

Clinical Skill
Combining Individual & Family Therapy

Families May be Struggling
- Kevin Stoddard (1999)
- Fears about future emotional breakdowns, how to deal w/ aggression, & whether relative will ever be able to live and work independently.
- Request written permission

Who Is Your Real Client?
Who’s in the most pain?
- Partner/spouse?
- Parent(s)?
- Siblings?
- Individual?

Family Health, Stability & Support probably is…
The most important variable in ensuring a positive future (regardless of the level of current psychological distress)!
Normalize…
Typical Behaviour!

“That’s not Asperger behaviour… That’s normal young adult/middle age stuff!”

Celebrate Successes!

- High school graduation
- Finishing one year at college or university
- 1st anniversary living in own apartment.
- Cheerleading! Therapeutic affect!

The Need for an
”Executive Secretary”

REGULAR SUPPORT/PLANNING MEETINGS

- Competent chairperson
  - 90 minutes max.
  - Keep on topic
  - Deal with interruptions
- Assemble the paid/unpaid people needed to resolve the current & future problems.
- Keep minutes & distribute to key people not be able to attend (e.g., psychiatrist).
- Brainstorming/Information sharing

- Have fun!
- Therapeutic process!

Clinical Skill
Learning “the Name of the Game is Reframe”!

“Reframing”
Identify the negative thoughts. Then people are taught to re-think, in a more constructive, less emotional & more rational manner, their description, thoughts & speech about a particular person or situation.

- e.g., describing someone as “depressed” rather than “lazy”
- e.g., reassuring anxious people that they “good parents”
- e.g., anger = hurt /// resistance = fear
- e.g., “You’re intellectually bright!”
- e.g., “You are not a victim!”
- e.g., “You call him antisocial…I see someone who has theory of mind deficits!”
Professionals Who Use Reframing

- Find their relationships with individuals & families improve!
- Individual & families ultimately become healthier, cope better, more cooperative; and begin to spontaneously reframe themselves.

*Changes the narrative/story!

Clinical Skill

Setting Proper Boundaries!

“Boundary”

- Physical, psychological & spiritual space person creates around self.
- Defines how you relate to others & how you are willing to let them treat you.
- W/o clear boundaries, you’re vulnerable to physical or emotional violation.
- “The simple act of strengthening boundaries is often enough to begin a powerful healing process!” [Nichols & Schwartz]

Clinical Skill

Managing ‘FalseHope’ & Expectations!

- Loosen Boundaries – e.g., try dating, returning to school or attending AS support group.
- Tighten Boundaries – e.g., parents with overly dependent daughter; avoiding bullies, etc..

Unrealistic Family or Professional Expectations Can Sink the Person!

- Often respond poorly to too much outside pressure!
- May have limited work potential
- May find higher ed. overwhelming
- Poor hygiene/disorganization
- Forget, or be late for appointments
- Break down after job promotion
Pace Yourself...
This is a Marathon, not a Sprint!

Help re-calibrate expectations.
“This is a .... VERY COMPLEX SITUATION!”

Clinical Skill
Using Cognitive- Behavioural Strategies

Cognitive Therapy Principles
- All your moods created by thoughts, perceptions, beliefs
- Thoughts contain gross distortions.
- Changing your thoughts (re-thinking) can get rid of depression/anxiety.
- Evidence-based.

“All or Nothing Thinking:” Black & white, good or bad, smart or stupid, beautiful or ugly. It’s hard to see things in shades of gray.

“Catastrophizing:” Exaggerates the negative outcome of an otherwise minor incident. E.g., “I lost my car keys; I will develop Alzheimer’s”. Or “My boss reminded me of a deadline, which means he is going to fire me.”

“Should Statements:” Having a strict set of rules & exaggerate consequences if rule is violated. E.g., “I should keep my room organized at all times or else I am irresponsible.” Or “Bank tellers should always be polite or be fired!"

“Personalization:” You overestimate your role in the actions of others, including strangers. “My professor did not call on me when I had my hand up because she thinks I’m stupid.” Or “A store clerk gave me the wrong change because he knows I’m a sucker!”

“Labeling:” Engage in negative name calling of yourself or others who evaluate. “I’m a loser because I couldn’t get the date [or job].” Or “He is a selfish bastard because he wouldn’t help me with my project.”
Practise Positive Affirmations

- “I am a good & decent man!”
- “This will blow over. I am never defeated!”
- “I am a strong & worthy person!”
- “The coolest people in the world have Asperger’s!”

Repeat 5X a.m. & p.m.

“BRAINLOCK”
Free Yourself from Obsessive-Compulsive Behaviour

Jeffrey Schwartz, M.D.

OCD is an insatiable monster. The more you give in, the hungrier it gets!
But a strong-willed, motivated person can overcome it.

- Obsessions: Intrusive, distressing, repugnant thoughts/mental images (e.g., vulgar thoughts, dirt & contamination, align objects just so, sexual, blasphemy, violent thoughts, repeating words & phrases, superstition)
- Compulsions: Behaviours performed in vain attempt to exorcise fears & anxieties caused by obsessions (e.g., cleaning & washing, doing something until it’s just right, hoarding & collecting, checking door locked, iron or catastrophic disease, pathological slowness carrying out routine activities, blinking or staring, reciting silent prayers to make bad go away)

OCD is primarily a biological problem.

- Research shows that cognitive-behavioural therapy alone, actually causes chemical changes in the brain of people with OCD!
- “It’s not me, it’s my OCD” is a stress reliever that enables them to focus more effectively on getting well.

Four Steps to Treatment

- Relabel: “It’s not me, it’s my OCD!” It’s simply a silly little obsessive thought/compulsive urge.
- Reattribute: “It’s not me, it’s my brain!” It’s the way my brain is wired/a biochemical imbalance. Silly mental noise.
- Refocus: Learn to ignore or work around the OCD. Shift gears. Do another behaviour you enjoy (Fifteen Minute Rule).
- Revalue: Obsessive thoughts & compulsive behaviour are worthless distractions to be ignored.

Families & OCD

- Involving families is essential.
- Although cannot force individual to get well, family can take charge of their own lives, refusing to participate in enabling symptoms.
- Family must take a stand! Don’t pamper or indulge the person’s OCD (or face learned helplessness).
- “Don’t enable the OCD – enable the behaviour therapy!”
MAKING RULES

A Rule-Driven Learning Style
- Can only phone family once/day (rather than 10).
- Limit Pokemon talk to five minutes.
- University studying from 4-6 and 7-9, on Monday, Tuesday, Wednesday, Thursday and Sunday.
- Friday and Saturday nights are mom & dad private time.

Basic Rules
[Attwood re: Luke Jackson, p. 84-5]
- Don’t invade personal space!
- Don’t stare at others on the bus for any reason!
- Don’t comment on people’s bodies, good or bad!
- Don’t tell ‘dirty’, sexist, racist, homophobic jokes
- Don’t make sexual innuendos!
- Don’t hug or touch people, unless it’s a family member, or the person agrees to be your boyfriend/girlfriend!

Systematic Desensitization
“Baby Steps…”
[dentist, haircuts, internals, blood-work]

ANGER MANAGEMENT CONCEPTS

Relaxation Techniques
[Tony Attwood, p. 161]
Adults with AS
- Become anxious ➔ 30 IQ drop
- Become angry ➔ 60 IQ drop
**“Stop/Think/Go”**

**Anger & Jealousy Management**

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**“Role Play” Practise**

- Write script, role-play & rehearse your response & revise as needed.
- Experiment with various words, phrases & strategies.

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**More Traditional Behavioural Approach**

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**PROCEED W/ CAUTION & TEAMWORK!**

Anxious/Angry People with Powerful Personalities…

Can Create Chaos, Gain Control of a House, or Play People Against Each Other!

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**Clinical Skill**

**Re-Composing the Narrative!**

- Positive behavioural approaches needed for extreme OCD, hoarding, poor hygiene, extreme executive functioning problems, verbal aggression or violence.
- Do a functional analysis (ABC)
- Approaches may include incentives, environmental rearrangements, or more natural consequences (calling police).
- Intent is to assist the person to gain control of situation; then encourage them to learn to manage their own behaviour!
A Narrative Approach

- RE-AUTHOR PERSON’S LIFE STORY!
- Liberation & pride.
- Avoid judgements – eg., normal Vs. abnormal.
- Focus on social justice/View problems in political sense.
- Letter writing to clients (David Epston)
- Respect intelligence!

Questions

- Deconstruction/Separating the problem from the person: “What does depression whisper in your ear?”
- Unique Outcomes or Sparkling Life Moments: “Was there ever a time when you were able to socialize more?”
- Preference: “Was this way of handling things better or worse?”
- Meaning: “What does it say about you that you were able to do that [successfully]?”

Journaling

Also, keeping a log of their mood swings, antecedents, daily struggles & successes.

Public Speaking/Writing

- Builds self-esteem & confidence
- Allows person to play the expert role, that often is comfortable for person with AS
- Often more comfortable than average person
- Therapeutic affect!

Clinical Skill

Prescribing Physical Exercise!

Fitness as a Stress Reliever & Emotional Restorative!

[Attwood, p. 206]

- Need a paid or volunteer worker
- More independent people: biking, swimming, hiking, running, etc.
Clinical Skill

*Mending*

‘*Broken Spirits*’

The old guru therapist instructed students to always watch the eyes of the individual & families who come for counselling. On first meeting, their eyes are dead, hollow, tormented, dark with discouragement, numb, blind with pain. But always watching the eyes, the nurturance & insight of therapy can offer spiritual healing. Eyes come alive & start to sparkle with hope & possibilities. “Sparkle” is a concrete, quasi-empirical outcome reflecting a belief that the eyes are the window of the soul.

Dale Munro (2010)

**SOLITUDE…**

[“I’m all peopled out!”]

As one of the most effective emotional restoratives!

Mindfulness Training

“*Relaxation Response*”

- Breath in through your nose… and hold it.
- Blow out through your mouth…and (silently) say “one”.
- Repeat….
- Allow air into your abdomen.

Clinical Skill

*Providing Psycheducation*

**Psycho-Education**

- Asperger Syndrome
- Mental Health
- Treatment methods
- Stress Management

Bibliotherapy
Lesson 1: Explaining AS (e.g., careers that value of ‘thinking outside the box’ thinking style)

Lesson 2: AS need & must have social relationships.

Lesson 3: AS do demonstrate empathy.

Lesson 4: Can be successfully employed.

Lesson 5: Are often good candidates for psychotherapy.

COUPLE COUNSELLING

Unlike Other Developmental Disabilities

Spouse May Drive the Referral

“A platonic relationship ... more special than than a friend”?

Promotion ➔ severe anxiety

Couple Therapy

- Often spouse/partner of person with AS is struggling!
- Help partner develop a stronger support network!
- Individual/couple combination therapy (e.g., giving & receiving love)
- *Five Love Languages* – Gary Chapman

22 Things a Woman Must Know: If She Loves a Man with Asperger Syndrome

Rudy Simone

(2009)

FAMILY THERAPY
Family Health, Stability & Support probably is...
The most important variable in ensuring a positive future (regardless of the level of current psychological distress)!

Be Prepared!
Families more involved than usual...even with 25 or 40 year olds*
- Well-read & ready to question you
- Powerful advocates (w/ political savvy)
- Open to non-traditional approaches
- Still involved with budgeting, nutrition, transportation!?

*Almost diagnostic/Lillian B.

No. 1 Therapy Objective
Couple/Parental Teamwork!
Establishes a foundation

- Giving permission
- Role clarification
- Boundary-setting
- Assertive training

- Re-framing
- Specialized counselling
e.g., grief, anger management, ptsd, abuse
- Psychotropic medication
- Psychiatric assessment

Two Minute Rule!
If argument lasts over two minutes, get away from each other!
**SKILL**
Finding the Right Psychiatrist!

Can instantly & permanently like or dislike people… professionals!

[Attwood, p. 318]

**Usually Appreciate**
Psychiatrists who sometimes will use a conference model

[individual, family, social workers, psychologist, OT, or agency staff]

**Psychotropic Medication Can be Good for Your Health!**

[Sloman in Stoddart, p. 170]
“Medication is … protective of the brain!”

[T. Grandin, p. 113-114: Tofranil around age 34]

**SKILL**
Addressing Sexual Problems!

- Lack of sexual information/confusion [social norm & laws]
- Preoccupation with sexual material [pomo]
- Paraphilias [atypical means of achieving arousal via objects or rituals]
- Confusion about sexual identity/orientation
- Staring Inappropriately
- Anxiety about interacting w/ potential dating partners [social anxiety]
- Aversion to touch [tactile sensitivity]
- Loneliness!!!
Music, Drama & Art Therapy
Excellent for people who have trouble talking or limitations with self-expression!

Speech-Language Pathologists
Assess comprehension/pragmatics
Augmentative (scheduling, checklist reminders, social stories, rules)

The Importance of...
MENTORS
[Temple Grandin & Mr. Carlock, p. 99]

Incidental Counselling....
- By front-line workers ad hoc....on the spot!
- Can be more powerful, than psychotherapy or formal counselling! [Dr. T. Smith, U. of Rochester]

The Ethics of Decision-making

[Diagram]

Self-determination
Personal Choice
Human Rights
Pleasure-seeking
Empowerment
Dignity of Risk
Social Role Valorization

Full Responsibility
Health & Safety
Non-violence
Respect for the Law
Emotional Stability
Rights of Others
Informed Consent

SKILL
Utilizing Support Strategies!
School Ending Not Just a Transition, It Can be a Crisis!

Support Groups + Friendships
[History of being teased, ostracized & bullied]
Robin Frkovic, AA

Value their intelligence!
Relationships ● shared interests
Mind/Face blindness ● Paranoia
Service dogs

Soulful Encounters
- Introduction service
- No charge
- Friendships & possible love relationships

www.soulfulencounters.com

Meaningful Activities!

“There is probably a high rate of AS among the chronically unemployed.”

Good CASE MANAGEMENT
- Who’s pulling everything together?
  ♦ Coordinating & building cooperation!
- Ideally led by the family ⚫ with support in understanding/navigating ‘the system’.
- APSWs, or trusted friend/professional.
- Advocacy ➔ Services, support workers, funding, etc.
Un- and Under Employment

Develop Talents!*

*Often can use special interests (geography, math, astronomy, weather, trains, Star Trek, history, animals, science fiction, money, chess, lawn mowers, computers, history, music, sports)

Function better when they have a sense of purpose or cause!

- Work
- Writing or art projects
- Advocacy
- Etc.

MEANINGFUL DAY OPTIONS

[part- or full-time]

- WORK ➔ paid or volunteer
  ➔ supported if necessary
  ➔ Military, Engineering, Science

- HIGHER EDUCATION
  ➔ university or college

- DAY ACTIVITY PROGRAMS

Gail Hawkins

How to Find Work That Works For People with Asperger Syndrome

Jessica Kingsley Publishers
2004

INCOME

DISABILITY PENSION

8 Vocational Life Skills

[Hawkins in Stoddard, p. 100-107]

- Personal presentation (grooming, hygiene)
- Manners (“please”, “thank you”)
- Boundaries (avoiding racial slurs, swearing)
- Flexibility (coping with change)
- Ability to ‘read’ others (what they are thinking, feeling, personal space, etc)
- Eye contact
- Basic decision-making skills
- Attitude of self-Responsibility (the opposite of blaming others)
- “A Bachelor of Arts is often less useful than specific skill-based training.”
I am left wondering if individuals with AS are oddball Outliers Syndrome?

“Outside an AS culture there [still exists] a world in which neurotypical people appear to be living easier, richer lives with unlimited potential… Perhaps this is why depression is an all too common experience for people diagnosed with AS.”

Charmaine Williams

Outliers [Malcolm Gladwell]

- Need more than intelligence & ambition to be successful (e.g., professionals).
- “Outliers” are those people whose achievements fall outside normal experience.
- E.g., Bill Gates, top NY lawyers, safest pilots, greatest mathematicians, Beatles, best hockey players.
- People with Asperger’s Syndrome?

Great Success Needs…

- IQ of about 130, but many other variables.
- Families who actively take control of their children’s psychological/intellectual development.
- Birthplace, the generation & lucky timing, even birth date
- Structured summer vacation.
- No one makes it alone.
- 10,000 Hour Rule [practise complex tasks!!!]

“Bernie”

- 35, felt like ‘oddball’ at school & in family.
- Diagnosed 12 years ago.
- Severe anxiety, disturbing thoughts, interest in historic cars.
- New marriage, social life & work in call centre floundering.
- Prescribed antidepressant.
- Referred to cognitive-behavioural therapist, borrowed from other traditions.
- Asperger Hero: Henry Ford.
- Taught to label feelings, become more assertive & strengthen boundaries around bullies.
Build on Individual's Sense of Humour!

Mr. Dale Munro
633 Colborne Street, Suite 230
London, Ontario
Canada, N6B 2V3
Earth
Sol System
Milky Way Galaxy
Just this side of Heaven

Advantages of Having A.S.
- Bright & Innovative: Think outside the box!
- Persistence & Tenacity!
- Not swayed by peer pressure/Teach us to do things on own terms!
- Detail people!
- Well-developed sense of humour!
- As Partners: Honest, loyal, hardworking & faithful!
- Know how to ‘shut-down’/Disconnect
- Arts, sciences and professions!!!
- Often excellent presenters/writers!
- Many are happy just the way they are!

Suggested Readings
Valerie Guas (2007). Cognitive Behavioral Therapy for Adult Asperger Syndrome
Temple Grandin (2004). Developing Talents
Gail Hawkins (2004). How To Find Work That Works For People with Asperger Syndrome
Gesla & Christopher Slater-Walker. An Asperger Marriage
Kevin Stoddart (2005). Children, Youth & Adults with Asperger Syndrome
Liane Holliday Willey (2001). Asperger Syndrome in the Family: Redefining Normal

“The Basics”

People with AS
- Recognize endearing qualities!
- Respect their intelligence & world view [often history of being teased as “stupid”, “psycho”, “retard”].
- Listen carefully ♦ Talk slowly, succinctly, quietly, assertively & ignore! [Verbal Deep Pressure]
- Enjoy sense of humour!

“If the world was left to you socialites, we would still be in caves talking to each other!”

[Temple Grandin, in Attwood, p. 332]
Sexuality


Rudy Simone (2009). *22 Things a Woman Must Know If She Loves a Man with Asperger’s Syndrome.*