

Kansas Instructional Support Network

Scaling up Supports
for Autism



KISN NEWS!

CALENDAR

OCT 7, 8:30-3:30PM

Training Series - Mental Health and the Autism Spectrum - Presented by Dr. Valerie L. Gaus - WEBEX, sites across KS

OCT. 11, 3:30-4:15PM

Webinar Series - It's all about the interaction: Strategies for Pragmatic Organization of Communication Systems Part 1 - Presented by Lori Chambers & Jane Goetz - Online

OCT. 18, 3:30-4:15PM

Webinar Series - It's all about the interaction: Strategies for Pragmatic Organization of Communication Systems Part 2 - Presented by Lori Chambers & Jane Goetz - Online

OCT. 17-18, 8:30-4:00PM

2 Day T-TAP Training - Presented by Mary Woodworth - Topeka, KS

OCT. 25, 3:30-4:15PM

Webinar Series - Modifying Life Skills Curriculum - Presented by Peggy Hallack - Online

OCT. 26 & 27, 8-3, 8-4PM

SPECIAL INVITE ONLY - Autism Diagnostic Team Training - Presented by KUMed, Facilitated by Sarah Hoffmeier - Topeka, KS

Mental Health and the Autism Spectrum

By Valerie L. Gaus, Ph.D.

Being diagnosed on the autism spectrum does not mean a person will not have a mentally healthy life. In my practice as a psychologist providing therapy to adults and older teens on the spectrum, I have learned from my patients that life satisfaction and peace of mind can and is experienced by many. Living with an autism spectrum disorder does bring with it some stressful situations, however, and it is common for people on the spectrum and their families to seek help from psychotherapists for help in dealing with problems in daily living. Psychotherapists who work to meet the needs of this expanding patient population may find guidance in the literature on cognitive-behavior therapy (CBT) where there are evidence-based approaches that can be useful in helping these individuals find relief from their daily stress while also capitalizing on their strengths (Gaus, 2007).

Patients typically come to a therapist for help with social problems that they are attributing to AS/HFA, and/or for help with secondary psychiatric disorders, most commonly anxiety or mood symptoms. The mental health problems seen in these individuals are often related to their attempts to fit in with society. Contrary to the popular belief that people with autistic spectrum disorders are aloof and disinterested in people, many are very motivated to have friends and lovers. Chronic stress comes with a dramatically uneven profile of strengths and deficits. Generally

bright and often successful with academic pursuits, they struggle in the interpersonal domain of functioning. I conceptualize all of these problems as stemming from basic *information processing differences*. People with AS/HFA have an idiosyncratic way of processing both social and non-social information that has been present since birth or early childhood. Their unique perception has in some ways adversely affected their development and social experiences, resulting in negative consequences (Klin, Jones, Shultz & Volkmar, 2005). It causes them to exhibit behavior that makes them look different or to be unappealing to others and also leads to impairment in non-social areas of functioning, such as organization and self-direction, which increases the level of stress.

CBT refers to a set of strategies for dealing with mental health problems that has existed for over 40 years and has a huge empirical literature supporting its validity as a psychotherapy approach with typical patients. This large collection of therapeutic approaches are all based on the assumption that cognitive activity affects emotions and behavior and that people can learn to monitor and alter that activity in order to bring about changes in mood and behavior. CBT has been shown to be effective for a wide variety of mental health problems seen in typical adults, such as major depression, generalized anxiety disorder, panic disorder, agoraphobia, social phobia and post-traumatic stress disorder (Butler, Chapman, Forman & Beck, 2006).

Mental Health and the Autism Spectrum Continued:

People on the spectrum at great risk for all of the mental health problems that have been successfully treated using CBT (e.g., Attwood, 2006; Ghaziuddin, 2005).

CBT teaches people to monitor their own thoughts and perceptions with the hopes that they will become more aware of their interpretive errors. There is no reason to believe people with AS/HFA cannot learn to do this with a therapist's help. They can learn to re-conceptualize social interactions and become more able to more accurately "read" the behavior of others. Once they understand others' motives and the rationale for the "codes of conduct" that exist in various social situations, they can more easily monitor their own behavior and adjust their responses to other people and situations. They can also be taught to recognize and modify maladaptive patterns of information processing which contribute to their stress, anxiety and depression.

A Strengths-Based Approach to Change

Ironically, the characteristics that can put people with AS/HFA at odds with others or at risk for problems are the very same characteristics that contribute to their talents and abilities. When therapy goals are being set, it is important to not only identify the problems that are targeted for reduction, but also to highlight the assets and coping strategies that the adult patient has already developed before coming into treatment. I have marveled at how incredibly resourceful and clever these individuals can be in designing strategies, often without any help, to negotiate their way through a world that is to them very confusing and threatening. The individualized treatment plan should always include interventions geared toward helping the patient recognize the things he or she *has already done to successfully*

adapt and to build upon those self-taught skills. Using a strengths-based, lifespan developmental perspective, a therapist can collaborate with patients to help them *alleviate the distress* that they define. As with any typical patient in CBT for a mental health problem, the therapist's job is to teach the patient to identify and modify the cognitive activity that is causing problems in living, but *not to change the individual's entire personality*. For people with AS/HFA, this means to:

- *teach new cognitive and behavioral skills that were never learned
- *teach compensatory strategies for deficits that cannot be changed
- *facilitate self-acceptance
- *teach strategies to decrease or prevent symptoms of co-morbid mental health problems, such as anxiety disorders and depression

References

Attwood, T. (2006). *The complete guide to Asperger's syndrome*. London: Jessica Kingsley Publishers.

Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavior therapy: A review of meta-analyses. *Psychology Review*, 26(1), 17-31.

Gaus, V. L. (2007). *Cognitive-behavioral therapy for adult Asperger syndrome*. New York: Guilford Press.

Ghaziuddin, M. (2005). *Mental health aspects of autism and Asperger's syndrome*. London: Jessica Kingsley Publishers.

Klin, A., Jones, W., Schultz, R., & Volkmar, F. (2005). The enactive mind - from action to cognition: Lessons from autism. In F.R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders: Vol. 1. Diagnosis, development, neurobiology, and behavior* (3rd ed., pp. 682-703). Hoboken, NJ: Wiley.



REGISTRATION OPEN FOR THE FOLLOWING:

TRAINING SERIES:

APRIL 13, 2012 - More than Rock, Paper, Scissors!: Effective Occupational Therapy Approaches to Support the Teaching and Learning of Children with Autism Spectrum Disorders, presented by Louann Rinner, M.S.Ed., OTR/L

WEBINAR SERIES:

OCT 11 & 18 - It's All About the Interaction: Strategies for Pragmatic Organization of Communication Systems Series

OCT 25 & NOV 1 - Modifying Life Skills Curriculum & Modifying Academic Curriculum/Content

NOV 29, DEC 6 & DEC 13 - Boardmaker Series

JAN 19 - Overview of the Ziggurat Model

JAN 24, 31 & FEB 7 - Reading Comprehension Strategies Series

FEB 28 - Differentiating for Group Activities

APRIL 10 - Using the Competing Behavior Model to Solve Challenging Behavior

FOR REGISTRATION, PLEASE VISIT OUR WEBSITE:

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