

## Using Cognitive Behavioral Therapy to Address Emotional Well-Being in Teens and Young Adults with ASD

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## A Bit about Our Center



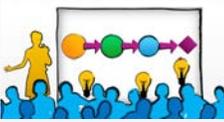
**ASPIRE Center for Learning and Development**  
Specializing in autism spectrum disorder

- **Diagnosis, Assessment and Treatment**
  - Psychology, Speech Language, Mental Health Counseling, Behavioral/Educational Consultation
  - Evaluations, groups, social skills, life skills, individual and family therapy, school consultation, community outings, trainings/workshops
- 16 months to late adulthood
- Individuals across the entire spectrum



## Topic Overview

- Emotional well-being
- ASD-related barriers to well-being
- Mental health and ASD
- Basics of cognitive behavioral therapy (CBT)
  - Thoughts
  - Feelings
  - Behavior
  - ...and their interplay
- Putting CBT into action
  - Considerations
  - Adaptations
- Case examples and exercises



## What is Emotional Well-Being?

**Department of Health and Human Services**

*“Emotional well-being encompasses how you feel about yourself, your ability to successfully manage your feelings as you deal with life’s challenges, and the quality of your relationships. Being emotionally balanced can be a strong contributor to your overall mental and physical health.”*

**Surgeon General**

*“Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities.”*







### Barriers to well-being in ASD

#### The “Triple Whammy” (Bromfield, 2010)

- Individuals with ASD are *less equipped* to handle life’s challenges
- A *shrinking social world* contributes to deficits
- *Self-protection* can lead to pushing others away
  - Limited support system
  - Shutting down

I have no friends...nobody will ever like me... I'm a real loser... I push away others to hide my own issues...my life is pathetic...I'll be alone forever...



### Barriers to well-being in ASD

#### Emotional Skills Deficits

- Research
  - Varied regarding type and extent of emotional deficits in ASD
  - Emphasis on face processing
- Reality
  - Goes **beyond** basic emotion identification
  - Recognition of Basic Emotions

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*Complexities* inherent in:

- Understanding causes of emotional experiences in self and others
- Regulating own emotions and internal states
- Creating positive change in interactions



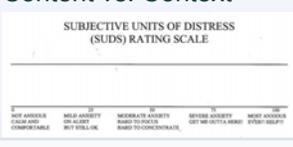
### Barriers to well-being in ASD

#### Emotional Skills Deficits

- Vocabulary
- Range and Intensity
- Self-Awareness
- Self-Monitoring
- Content vs. Context



SUBJECTIVE UNITS OF DISTRESS (SUDS) RATING SCALE





### Barriers to well-being in ASD

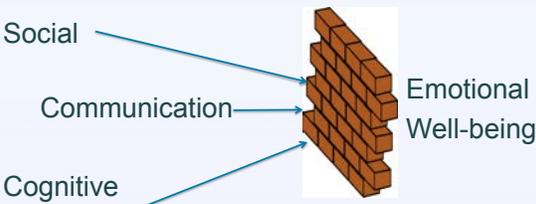
#### Emotional Skills Deficits

- Difficulties we often see at our center
  - Identifying emotions in pictures or people
  - Self-generating nonverbal emotional expression
  - Describing physiological components of emotions
  - Recognizing emotional triggers
  - Expressing emotional experiences
  - Relating to others' emotional experiences (especially when having a different experience themselves!)
  - Developing and **using** emotion vocabulary



### Barriers to well-being in ASD

#### Core Difficulties



When **demands exceed coping skills**, services of mental health providers become *essential*

### Barriers to well-being in ASD

#### Social

- Emotions play vital role in socialization
  - Inherent interconnection
    - Social = Emotional
  - Understanding and sharing emotions with others
- Motivation versus navigation
  - Often would like to socialize but struggle to do so
- Social support
  - Stress without it, stress over establishing it
    - Chicken or egg?
  - “Social void”
    - Loneliness
    - Normalization



### Barriers to well-being in ASD

#### Communication

- Messages in social communication
- Interpreting messages
  - Misunderstanding emotional intent
- Expressing messages
  - Unable to “say what you mean”
- Throw electronics in...
- Frustrating all around!



### Barriers to well-being in ASD

#### Cognitive and Behavioral

- Restricted interests
- Repetitive behavior
- Inflexibility
  - Problem-solving
- Executive functioning
  - Getting started
  - Organizing
  - Inhibiting impulses
  - Shifting and juggling
  - Sticking it out
  - Self-monitoring



### Barriers to well-being in ASD

#### Mental Health Concerns

- Comorbid mental health conditions are **very** common with ASD across lifespan (Bradley et al., 2004; Gjevik et al., 2011)
  - 6 +/- 3.4 disorders across lifetime (Joshi et al., 2013)
- Most common
  - Anxiety
  - Depression
  - ADHD
- Identified at our practice
  - Obsessive compulsive disorder (OCD)
  - Panic disorder
  - Trichotillomania
  - Eating disorders
  - Self-injury; suicidal ideation



### Barriers to well-being in ASD

#### “Life Management”

- Difficulties present serious threats to functioning but do not warrant formal diagnosis
  - Self-criticism
  - Low frustration tolerance
  - Poor emotion regulation
  - Problem-solving skill deficits
  - Impairments in executive function
  - Lack of effective coping skills



### Barriers to well-being in ASD

#### “A Day in the Life”



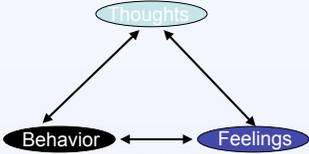
An adult with an Autism Spectrum Disorder may “seem” to have no problems and you may just dismiss them as “doing just fine”, but please remember that these adults appear this way due to years of hard work to develop successful “coping mechanisms”. These coping mechanisms are NOT NATURAL. They require a lot of mental energy to implement. They work best in ideal situations. Any stress including fatigue, illness, emotional upsets, and surprises will interfere requiring even MORE effort to camouflage their internal reactions. Simply put - **it is EXHAUSTING!** Please understand. They have worked and still are working hard to fit into your world. Every. single. day.

http://www.therecovery.com/TherapistCoach

### Cognitive Behavioral Therapy

#### Building the Bridge

The cognitive behavioral therapy (CBT) model



```

    graph TD
      Thoughts([Thoughts]) <--> Behavior([Behavior])
      Thoughts <--> Feelings([Feelings])
      Behavior <--> Feelings
    
```

- Reciprocal influence of each component
- Choosing a target: **thoughts**
  - Different thought → different feelings and behaviors
- Even if a situation does not change, our feelings and subsequent behavior can!

### Cognitive Behavioral Therapy Why CBT?

- Structured sessions
- Active therapist
- Focus on symptoms and skills
- Role of information processing
- **It just makes sense!**
  - Logical
  - Organized
  - Real-world situations in the *present*
  - Collaborative



### Cognitive Behavioral Therapy How Does it Help?

- Emotional understanding
  - Identifying and labeling
  - Interpreting
  - ...in selves and others!
- Coping skills
  - Explicit learning
  - Deal with it!
- Emotion regulation
  - Recognizing and coping
  - Managing fluctuations

Path to well-being...



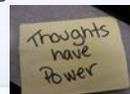
### Basics of CBT Emotions

- Identification
  - Vocabulary
  - Range
  - Intensity
  - Tackling polarization and “forbidden feelings”
- Self-Awareness
  - Physiological indicators of emotions
    - Disconnectedness from bodies
  - Behavior linked with feeling states
- Other-Awareness
  - Verbal and nonverbal indications
  - Interpersonal links
- **Awareness → regulation → well-being**




### Basics of CBT Thoughts

- Distinguishing **thoughts** from **feelings**
  - “I was thinking that I was angry.”
  - “I was feeling like I would never get the job.”
- Abstract nature of thoughts
  - “I’m not thinking anything.”
- Detecting thoughts as they arise
  - Using visualization
- Challenging irrational beliefs through thoughts
  - Helpful vs. unhelpful
  - Justified vs. unjustified

## Basics of CBT Behavior

- Research shows that changing behavior can change thoughts about self and emotional state (Kraft & Pressman, 2012; Norem & Chang, 2002)
- “Social instruction manual”
  - Roleplaying
  - Modeling
    - Therapist, TV show
  - Written
- Promotes generalization



## Cognitive Behavioral Therapy How Do We Know It Works?

- National Standards Report → “Emerging therapy”
- Case studies and anecdotal evidence
  - Support for efficacy of individual CBT (Cardaciotto & Herbert, 2004; Gaus, 2007; Hare, 1997; Koenig & Levine, 2011)
    - Focus on anxiety
  - Group CBT pilot shows promise (Weiss & Lunsky, 2010)
- Our own experiences...



## ASD-Friendly CBT Adaptations

- Assessing readiness to determine starting point
  - Emotional identification
  - Metacognition
- Orientation to therapy
  - Opening with practice in small-talk
  - Turn-taking and interrupting
  - Checking in
- Individualized pace
- Clear, concrete psychoeducation



## ASD-Friendly CBT Planning Sessions and Treatment

- Forming a therapeutic relationship
- Establishing goals
- Collaborating on “session schedule”
  - Fit for both participants
- Opportunities for modeling and modifying
  - Microcosm of social world - generalization
  - Role of self-disclosure
- Repetition
  - Rote and varied



### ASD-Friendly CBT Materials and Activities

- Visuals
  - For use in session
  - To take home
  - Learn to create independently
- Multisensory
  - Engage in different ways
  - Learn in different ways
  - Cope in different ways



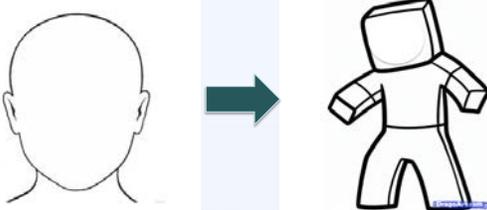
### ASD-Friendly CBT Integrating Interests

- Shana
  - Healthcare reform
  - Lululemon
  - Comics
  - Conspiracy theories
- Alyson
  - Minecraft
  - BMW
  - Animals (thought I knew it all – BOY was I wrong!)
  - Acoustics



### Example – Emotion of the Day

Today I feel: \_\_\_\_\_



I feel this way because \_\_\_\_\_

A feeling that I experienced today was: \_\_\_\_\_

I felt this way because \_\_\_\_\_

### ASD-Friendly CBT Favorite Tools and Exercises - EMOTIONS



### ASD-Friendly CBT Favorite Tools and Exercises - THOUGHTS

### ASD-Friendly CBT Favorite Tools and Exercises Behavior and Coping

### ASD-Friendly CBT Electronics and Apps

### Readings and Resources

## Questions???



## Thank you for attending!!!

More information about the "CBT Clinic" and other programs at ASPIRE Center for Learning and Development



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