

**COGNITIVE-BEHAVIOR THERAPY FOR ADULT  
ASPERGER SYNDROME**  
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With the recent growth in awareness of autism spectrum disorders, there are increasing numbers of adults with Asperger syndrome (AS) and High-Functioning Autism (HFA) seeking diagnosis and help for their 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. As outlined in this article, there is evidence that these approaches can be useful in helping these adults find relief from their daily stress while also capitalizing on their strengths.

Adult 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. This author conceptualizes all of these problems as stemming from a basic *information processing difference*. 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 is can cause them to 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 in daily living.

Intervention can have a dramatic impact when it comes early in life, but many of today's adults with AS/HFA were not identified as being on the autism spectrum when they were children, so they did not have the opportunity for early specialized intervention. This does not mean, however, that these individuals have "missed the boat" for the chance to make improvements in areas of functioning they are struggling with. Considering a lifespan developmental perspective, it is widely accepted that learning and growth does not stop at age 18 or 21 for typical people, so there is no reason to believe it would for people with AS/HFA. A new skill learned at any age can affect development in a positive way from that point on.

#### *What is CBT?*

Psychotherapy is becoming more widely perceived as a viable treatment modality for individuals with AS/HFA (Attwood, 2006; Jacobsen, 2003), and some authors have recommended the use of cognitive-behavioral therapy (CBT) (Attwood, 1998, 2004, 2006; Gaus, 2000, 2002, 2007; Hare & Paine, 1997). 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). Although CBT has not been empirically tested with adults with AS/HFA, they are at great risk for all of the mental health problems that have been successfully treated using CBT (e.g., Attwood, 1998, 2006; Ghaziuddin, 2005). This warrants a closer look at the utility of CBT for these patients, as people with AS/HFA who seek treatment should be offered the same state of the art interventions that are available to any typical person suffering from mood or anxiety disorders.

CBT, as mentioned, 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 within a psychotherapy context. These adults 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 adults 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.

This author has 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 an Axis I disorder, 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 adults 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

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