

# Abstract for the Conference Proceedings, Geneva Centre Conference, November 2010

## Managing Feelings: Cognitive Behaviour Therapy to Manage Anxiety, Sadness and Anger

### **Anxiety**

Extensive clinical experience and autobiographies confirm that while the person with Asperger's syndrome can have considerable intellectual ability, especially in the area of knowing facts, there is invariably confusion and immaturity with regard to feelings. We all feel a little anxious sometimes, but many children and adults with Asperger's syndrome appear to be prone to being anxious for much of their day, or to be extremely anxious about a specific event. I have talked to adults with Asperger's syndrome who have needed treatment for chronic anxiety, and many have said that they cannot think of a time in their lives when they did not feel anxious, even in very early childhood. I am not sure if this is a constitutional feature for some people with Asperger's syndrome or a result of being overly stressed from trying to socialize and cope with the unpredictability and sensory experiences of daily life.

The specific event that can elicit feelings of anxiety can be anticipated change such as a replacement class teacher for the day, unexpected changes in routines, public criticism or praise, or a sensory experience. Very sensitive sensory perception, especially for sounds, can cause the person with Asperger's syndrome to worry about when the next painful sensory experience will occur.

A means of avoiding anxiety-provoking situations is to develop the type of personality that is unfortunately perceived as controlling or oppositional. The child can use tantrums, emotional blackmail, rigid defiance and non-compliance to ensure he or she avoids circumstances that could increase anxiety. Another way of avoiding situations associated with anxiety is to retreat into solitude or the special interest. The greatest anxiety is usually associated with social situations, and being alone ensures the person does not make any social errors or suffer humiliation or torment by others. The special interest can be so engrossing and enjoyable that no anxious thought intrudes into the person's thinking. Clinicians also need to be aware that one way of reducing anxiety is self-medication, using alcohol and cannabis.

Having suffered long-term anxiety, the person will become extremely sensitive to any situation that could increase anxiety. There can be a tendency to 'press the panic button' too quickly. This will also affect the quality of life of those who support the person with Asperger's syndrome who has a chronic anxiety disorder. Family life is affected in terms of avoiding potentially anxiety provoking situations, with the person with Asperger's syndrome and family members feeling they are 'walking through an anxiety minefield'.

## **Depression**

Our psychological and biological models of mood disorders suggest a continuum between long-standing anxiety and depression. When anxious, the person thinks ‘What if X happens?’ But in depression, the person assumes the worst outcome is unavoidable. People who have Asperger’s syndrome are vulnerable to feeling sad, but about a third of children and adults with Asperger’s syndrome have the clear signs of a clinical depression. While psychologists, parents and people with Asperger’s syndrome have long recognised the propensity for brief episodes of intense sadness and prolonged feelings of depression.

The reasons why a person who has Asperger’s syndrome can feel depressed include low self-esteem due to being ridiculed, bullied and rejected by peers, the mental exhaustion from trying to succeed socially, feeling desperately lonely, chronic and prolonged anxiety, believing and internalising criticism from family members and peers and empathic sensitivity to the suffering of others.

Some of the characteristics of Asperger’s syndrome can prolong the duration and increase the intensity of depression. The person with Asperger’s syndrome may not disclose his or her inner feelings, preferring to retreat into solitude, avoiding conversation (especially when the conversation is about feelings and experiences), and trying to resolve the depression by subjective thought. Typical people are better at, and more confident about, disclosing feelings and knowing that another person may provide a more objective opinion and act as an emotional restorative. Family and friends of a typical person may be able to temporarily halt, and to a certain extent alleviate, the mood by words and gestures of reassurance and affection. They may be able to distract the person who is depressed by initiating enjoyable experiences, or using humour. These emotional rescue strategies are sometimes less effective for people with Asperger’s syndrome, who try to solve personal and practical issues by themselves and for whom affection and compassion may not be as effective an emotional restorative.

## **Anger**

We do not know how common anger management problems are with children and adults with Asperger’s syndrome, but we do know that when problems with the expression of anger occur, the person with Asperger’s syndrome and family members are very keen to reduce the frequency, intensity and consequences of anger. The rapidity and intensity of anger, often in response to a relatively trivial event, can be extreme. When feeling angry, the person with Asperger’s syndrome does not appear to be able to pause and think of alternative strategies to resolve the situation, considering his or her intellectual capacity and age. There is often an instantaneous physical response without careful thought. When the anger is intense, the person with Asperger’s syndrome may be in a ‘blind rage’ and unable to see the signals indicating that it would be appropriate to stop.

## **Cognitive Behaviour Therapy**

When a mood disorder is diagnosed in a child or adult with Asperger’s syndrome, the clinical psychologist or psychiatrist will need to know how to modify psychological treatments for

mood disorders to accommodate the unusual cognitive profile of people with Asperger's syndrome. The primary psychological treatment for mood disorders is Cognitive Behaviour Therapy (CBT), which has been developed and refined over several decades. Research studies have established that CBT is an effective treatment to change the way a person thinks about and responds to emotions such as anxiety, sadness and anger. CBT focuses on the maturity, complexity, subtlety and vocabulary of emotions, and dysfunctional or illogical thinking and incorrect assumptions. Thus, it has direct applicability to children and adults with Asperger's syndrome who have impaired or delayed Theory of Mind abilities and difficulty understanding, expressing and managing emotions.

Cognitive Behaviour Therapy has several components or stages, the first being an assessment of the nature and degree of mood disorder using self-report scales and a clinical interview. The subsequent component is affective education to increase the person's knowledge of emotions. Discussion and activities explore the connection between thoughts, emotions and behaviour, and identify the way in which the person conceptualizes emotions and perceives various situations. The more someone understands emotions, the more he or she is able to express and control them appropriately. The third stage of CBT is cognitive restructuring to correct distorted conceptualizations and dysfunctional beliefs and to constructively manage emotions. The last stage is a schedule of activities to practice new cognitive skills to manage emotions in real life situations.

### **Affective Education**

In the affective education component of CBT the person learns about the advantages and disadvantages of emotions and the identification of the different levels of expression in words and actions, within the person him- or herself and others. For children, this can be undertaken as a science project. A basic principle is to explore one emotion at a time, starting with a positive emotion before moving on to an emotion of clinical concern. The psychologist or therapist often chooses the first emotion, usually happiness or pleasure.

### **Creation of an emotions scrapbook**

One of the first tasks is to create a scrapbook that illustrates the emotion. This can include pictures or representations that have a personal association with the emotion for the person with Asperger's syndrome: for example, if the emotion is happiness or pleasure, the book can include a photograph of a rare spider for the person who has a special interest in insects and spiders. It is important to remember that the scrapbook illustrates the pleasures in the person's life, which may not always be those more conventional pleasures of typical children or adults. I have noted that adults with Asperger's syndrome often include pictures in their pleasures book but the pictures are usually of scenes and animals without the presence of people.

### **Measuring the intensity of emotion**

Once the key elements that indicate a particular emotion have been identified, it is important to use a measuring instrument to determine the degree of intensity. The therapist can use a model 'thermometer', 'gauge', or 'volume control', and a range of activities to define the level of expression. For example, a series of pictures of faces expressing varying degrees of happiness can be selected, and each placed at the appropriate point on the instrument.

Alternatively, a variety of words that define different levels of happiness can be generated, and placed appropriately on the gauge.

Pictures of other emotions, such as sadness, anger or affection, can be less easy to find than those depicting happiness. I have used weekly news magazines to collect pictures of sad situations such as the human suffering from a natural disaster, or sports publications to obtain pictures of people expressing anger. Pictures of affection can be cut out of magazines of popular entertainers.

During therapy for emotion management it is important to ensure the child or adult with Asperger's syndrome has the same definition or interpretation of words and gestures as the therapist, and to clarify any semantic confusion. Clinical experience has indicated that some children and adolescents with Asperger's syndrome tend to use extreme statements when agitated. Affective education increases the person's vocabulary of emotional expression to ensure precision and accuracy in verbal expression, thereby avoiding extreme and offensive or hurtful expressions.

## **Cognitive restructuring**

The cognitive restructuring component of CBT enables the person to correct the thinking that creates emotions such as anxiety and anger, or feelings of low self-esteem. The therapist helps the person change his or her thoughts, emotions and behaviour using reasoning and logic. CBT also encourages the person to be more confident and optimistic by using the recognized qualities of a person with Asperger's syndrome, namely logic and intelligence.

The first stage is to establish the evidence for a particular thought or belief. People with Asperger's syndrome can make false assumptions of their circumstances and the intentions of others due to impaired or delayed Theory of Mind abilities. They also have a tendency to make a literal interpretation, and a casual comment may be taken out of context or to the extreme.

## **An Emotional Toolbox**

From an early age, children will know a toolbox contains a variety of different tools to repair a machine or fix a household problem. I recently developed the concept of an Emotional Toolbox, which has proved an extremely successful strategy for cognitive restructuring and in the treatment of anxiety and anger in children with Asperger's syndrome (Sofronoff, Attwood and Hinton 2005). The idea is to identify different types of 'tools' to fix the problems associated with negative emotions, especially anxiety, anger and sadness. The range of tools can be divided into those that quickly and constructively release or slowly reduce emotional energy, and those that improve thinking. The therapist works with the child or adult with Asperger's syndrome, and the family, to identify different tools that help fix the feeling, as well as some tools that can make the emotions or consequences worse. Together they use paper and pens during a brainstorming session in which they draw a toolbox, and depict and write descriptions of different types of tools and activities that can encourage constructive emotion repair.

## **Putting the Emotional Toolbox into practice**

When the child has a list of emotion repair tools, the therapist can make a replica tool box. This can be an index card box, with each card representing a category of tools. Each card can have a picture of the type of tool, for example a hammer or screw driver, and the list of tools or strategies that belong in that category. As the therapy evolves, new tools can be discovered and added to the list. A parent may have the emotion thermometer on the fridge door to be easily accessible. In this way, the child can point to the degree of emotion or stress he or she is experiencing, for example when returning home from school in the afternoon, and decide which are the tools of first choice to lower the emotional temperature. Adults can use an alternative to the card box, such as a credit card wallet, with each category of tool written as a different card, and stored in the wallet for easy access.

## **Practising CBT strategies**

Once the child or adult with Asperger's syndrome has improved his or her intellectual understanding of emotions and identified strategies (or tools) to manage emotions, the next stage of CBT is to start practising the strategies in a graduated sequence of assignments. The first stage is for the therapist to model the appropriate thinking and actions in role-play with the child or adult with Asperger's syndrome, vocalizing thoughts to monitor cognitive processes. A form of graduated practice is used, starting with situations associated with a relatively mild level of distress or agitation. A list of situations or 'triggers' that precipitate specific emotions is created from the emotion assessment conducted at the start of the therapy, with each situation written on a small card. The child or adult uses the thermometer or measuring instrument originally used in the affective education activities to determine the hierarchy or rank order of situations. The most distressing are placed at the upper level of the thermometer. As the therapy progresses, the person works through the hierarchy to manage more intense emotions.

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The text is taken from *The Complete Guide to Asperger's Syndrome*, published by Jessica Kingsley Publishers