

## Counseling Adolescents

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Adolescents with Asperger's Syndrome face both the typical problems of adolescence and those associated with being different. Although they can be difficult to engage in therapy, teachers or parents refer them because they can foresee the potential benefits. The adolescent might resist, doubting the advantages, and worrying about the stigma of seeing a mental health professional. Their resistance can be challenging, but this transitional period between childhood and adulthood might be the last window of opportunity for helping them navigate the neurotypical world.

A cognitive-behavioral approach, which focuses on correcting thought patterns and developing new and effective behaviors, is particularly helpful for individuals with Asperger's Syndrome. Whereas traditional therapies rely on "insight" and the ability to make inferences about interpersonal behaviors, this more pragmatic approach is directly applicable to issues and problems faced by this population. It capitalizes on the adolescent's most prominent strength: the ability to use intellectual analysis to break down and solve problems. In addition, cognitive behavioral therapy that makes use of scripts and visual cues is particularly tailored to adolescents with Asperger's Syndrome.

### INFORMATION ON WORKING WITH ADOLESCENTS

Unlike adult clients who are often self-referred, adolescents might not clearly understand why they have been directed to see a mental health professional. Problematic behaviors or parental concerns might not be obvious to the young person who

can misinterpret an appointment with a psychologist as punishment. If possible, when arranging the appointment for the young person, discuss with the parent how they will explain the visit both in terms of the reason for coming and what they can expect to occur. Many parents will not be clear about how an interview with a psychologist will progress and might need to be coached about how to best present this to the young person. An adolescent will often not be motivated to discuss personal issues with a psychologist and it could take some time and skill to establish rapport sufficient for a working relationship to develop.

Young people with Asperger's Syndrome might not have good insight into the problems that they are experiencing, particularly if those problems concern emotions and emotional regulation. The process of building rapport will benefit from a sound explanation of the purpose of the visit as well as the likely benefits that could occur for the adolescent. It is important to emphasize that confidentiality will be respected, but safety issues are paramount and any information about potentially harmful situations will be shared with the appropriate adult. It is important not to patronize the adolescent and it is also important to avoid trying to be "cool." I generally find that if I am open and clear and can demonstrate the benefits of engaging in the process of therapy, even if only on a trial basis, the vast majority of adolescents are willing to talk about themselves.

#### THE ADOLESCENT WITH ASPERGER'S SYNDROME

Adolescence is a major transition period for all adolescents. It is a period of physical and emotional change when a whole range of factors can interact to cause distress and discomfort. Most notably, adolescence is a time when peer relationships assume great importance. This is significant for the adolescent with Asperger's Syndrome because it means that an even greater focus will fall on an area of functioning in which they are least competent. The result for many adolescents is that they suffer increasing stress, increasing anxiety, and in some cases increasing depression. The adolescent at this time might exhibit more rigid behaviors, an increased amount of time engaged with a special interest, more stereotypic behaviors, and more anger or aggressive outbursts.

The basis of many adolescent friendships is a sharing of similar beliefs, values, and interests. Adolescents group together to engage in activities, to demonstrate their move toward adulthood, and to show that they belong together as a group. The sense of belonging is often demonstrated by wearing similar clothes, familiarity with similar music, avowing and expressing similar views, and sharing experiences that can be retold and worn as a badge of group membership.

Adolescents are very astute at recognizing those who do belong and those who do not. Often those who do not belong are targeted and labeled with epithets that cause great discomfort. The act of labeling someone else as an outsider is yet another way adolescents demonstrate that they know what is required to belong. The common labels directed at young people who do not fit the current notion of

what is required to belong include “weirdo,” “psycho,” “loser,” “nerd,” “geek,” and “gay.” At a time when a majority of adolescents are feeling confused and unsure about themselves in relation to their bodies, their emotions, and their place in society, how much more difficult is it to withstand the idea that “there is something very wrong with me?”

When an adolescent with Asperger’s Syndrome presents with difficulties, the most beneficial mode of intervention will often be a small group of adolescents with Asperger’s Syndrome experiencing similar or related difficulties. There are multiple benefits in using the small-group format including, importantly, the clear demonstration that the adolescent is not alone and there are others with similar issues. It is also possible that the young people might have interests in common and that friendships and supportive relationships might develop. Finally, many young people with Asperger’s Syndrome will not be able to generalize information and skills learned in a therapy session to other situations. This is especially likely to be the case when practicing a skill occurs only with an adult therapist. In a group situation, skills can be rehearsed with multiple partners using different scenarios and alternate outcomes.

Unfortunately, it is not always possible to provide the ideal mode of intervention. Small groups run infrequently, the age group needs to be appropriate, and the problems need to be similar. Therefore, many adolescents will receive individual therapy when difficulties arise. For individual therapy with an adolescent with Asperger’s Syndrome to be successful, it is necessary to be mindful of how typical interventions might need to be modified to accommodate the characteristics of the disorder. Cognitive behavior therapy (CBT) is one approach that lends itself well to this population and the case studies outlined in this chapter all use CBT as the basis of the intervention.

#### CASE STUDY I

Samantha was 15 years old when she first presented at the clinic. Her parents had sought the referral because they were concerned that she was becoming increasingly depressed and that her behavior was deteriorating both at school and at home. Samantha was increasingly engaged in repetitive behaviors, found relationships with teachers very stressful, and had spoken on several occasions of harming herself.

Samantha’s parents reported that at age 4 she had been given a diagnosis of autism. Her parents had sought assistance from a wide variety of sources but had put in a great deal of work themselves to work with Samantha in areas of deficit. Samantha had attended a mainstream primary school where she had been considered of below average intelligence and naughty.

As Samantha developed, she acquired relatively normal speech, and with one-to-one coaching she achieved adequate grades and entered high school with her same age cohort. By the time I encountered Samantha her speech was appropriate and she was achieving good grades at school (B+ average). At this time

Samantha met criteria for Asperger's Syndrome. Samantha had learned to mimic the conversations of the girls in her class and to change her facial expression to accommodate whatever she believed to be appropriate at the time. For the most part she was able to get by in social situations but she admitted that she really did not follow many of the conversations. Samantha also said that things that her "friends" said to her frequently dismayed her. She described how she would take offense and become angry only to be told later that it was normal joking around and that she had misinterpreted the situation. These types of occurrences were relatively frequent (three or four times a week) and created feelings of distress and awkwardness. After talking with Samantha over several sessions it became apparent that she was finding the school situation so stressful that she had few resources left by the time she arrived home at the end of the day.

Samantha's special interest was archaeology and she was determined that she would go to university to undertake further study in her chosen field. The teachers were concerned that she had set herself an extremely high standard, that there was a possibility that she would not achieve this standard, and that her feeling of pressure to achieve high grades caused great anxiety and led to unfortunate interactions with teachers. Whenever Samantha felt that she had not fully grasped a concept or an instruction she would call out to the teacher concerned and demand that an explanation be given immediately. On several occasions she had spoken extremely rudely to teachers and caused offense. Following these incidents Samantha could not understand why the teacher might be offended.

At home Samantha had several strategies she used to relax. One of these was to listen to the same piece of music repeatedly, another was to read about archaeology, and a third was to jump on the trampoline. Unfortunately, these strategies caused further distress because she was unable to regulate the time she spent engaged in them and would lose hours of valuable study time. She would then feel angry and depressed because she had failed to complete the work she had intended. It was at these times that she would contemplate harming herself.

### **Working With Samantha**

Samantha was not a difficult client to engage although she revealed information slowly over time as trust built up. Following the initial sessions that were devoted to gathering information and building a relationship, we mapped out a plan for working together. Samantha identified her priorities as decreasing her need to engage in what she described as time-wasting activities and increasing her ability to understand social situations. We also included repairing relationships with teachers and learning how to work within the school framework. Samantha agreed that she would like to attend the clinic initially on a weekly basis for a trial period of 12 weeks.

We began by monitoring the frequency of the activities that eroded Samantha's study time in terms of hours and minutes spent. At baseline across 7 days she was spending 40 minutes per day jumping on the trampoline, 1 hour and 20 minutes

per day reading archaeology, and 50 minutes per day listening to the same songs repeatedly. Following these activities, Samantha would try to do her homework and study and would find that she was too tired. Negative interactions were occurring with peers an average of six times per week. Negative interactions were occurring with teachers an average of two or three times per day.

We spent some time talking about stress, anxiety, and feelings of depression to establish a framework and a level of understanding about how the different things bothering Samantha could be related. It was also important to negotiate where to start working to effect a change both in behavior and distress level. Samantha initially wanted to work only on reducing her time-wasting activities, but on reflection she came to realize that she might better be able to control these behaviors if her time at school was not so distressing.

It was also important, with consent from Samantha and her parents, to make contact with the school and spend some time with teaching staff to educate them about Asperger's Syndrome and management of the behaviors that caused them concern. It is important to recognize that many teachers are not familiar with the characteristics and presentation of Asperger's Syndrome. In this instance, teachers attributed Samantha's behaviors to excessive egocentricity, rudeness, and poor parenting. These attributions implied that Samantha should know how to behave appropriately. When this misunderstanding occurs, as it often does, the young person is frequently punished for the disorder over which he or she has no control.

By Session 4 we were working together on specific incidents that had occurred at school. We used an electronic whiteboard to draw cartoon representations of salient interactions to highlight what had occurred, what had been said, and what the motivations of individual participants might have been. This is the technique developed by Gray (1994a) known as comic strip conversations and is very useful for accessing events from the perspective of the young person. It allows us to see clearly why an event or comment might have been misinterpreted. Once we are able to see the event from the young person's perspective we can then replay it differently using a problem solving approach. See Fig. 7.1 and the accompanying commentary for an outline of this approach. When we initially began using the strategy, Samantha needed a lot of help generating motives for other people's comments and actions. Over several weeks she began to recognize that there was more than one possible interpretation of an event or comment and she was keen to role play alternative ways of responding. We developed a series of scripts that could be used in different situations to respond to comments or questions. By using the electronic whiteboard, Samantha was always able to take away a copy of whatever we had discussed. This can also be achieved using butcher's paper, but it is very important for such records to be kept and for the young person to have a clear record of what occurred so that he or she can process it further in his or her own time.

One comic strip that Samantha and I developed involved a recent altercation she had experienced with her math teacher. We began by revisiting the setting, who was

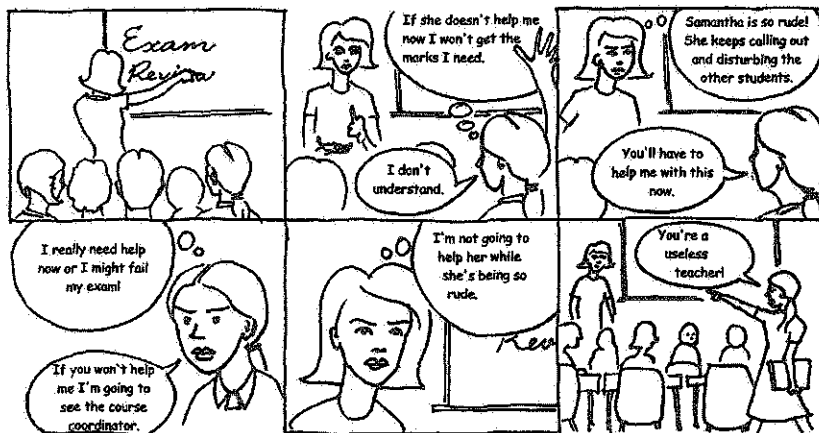


FIG. 7.1 A comic strip conversation example for Samatha.

there, and what was happening. We established that Samantha was anxious from the outset because she was concerned about the possible grade that she would receive.

As the revision session proceeded, Samantha found that she had not entirely understood what the teacher had meant in one explanation. What she had done was to call out “I don’t understand!” We further established that Samantha had thought that if she did not clarify the explanation immediately, she would possibly miss some marks on the test.

Samantha then reported that the teacher did not respond to her initial statement and so she called out again with “You’ll have to help me with this now!”

A picture now emerged of what had taken place in the classroom and it was somewhat different from Samantha’s first description that her math teacher had refused to give her any help with revision.

We then moved on to the more difficult aspect of the situation: trying to establish what the teacher might have been thinking or feeling during this exchange. It is often necessary to generate this for the young person in the first instance.

We then progressed through the sequence of events that led to Samantha leaving the room and the teacher reporting her to the principal for rudeness.

Following this process, Samantha engaged in a role play in which I took her part and she tried to be her teacher. This allowed her to feel the frustration from the other point of view. We then started to problem solve how Samantha could achieve what she needed without having to resort to behavior that would annoy her teacher.

We developed a script for Samantha to approach the teacher to apologize for her behavior and to explain why she was so anxious in the class. We also worked out several suggestions of times that Samantha could approach the teacher outside of class time to ask for assistance (this would reduce her anxiety about miss-

ing information in class). We also rehearsed and scripted how and when she should ask for help in class.

This situation was resolved very positively for both Samantha and the teacher.

Samantha was highly motivated and was very willing to role play solutions to problems with both peers and teachers in an experimental framework (i.e., let's try this and then analyze the outcome). We formulated a good generic script for asking teachers for help, identified appropriate times to do this, and rehearsed strategies to overcome the anxiety of not having a teacher's attention immediately. Samantha repaired relationships with two teachers over three sessions and came to an agreed time schedule for her to ask for assistance. Once this system was in place she no longer had a reason to call out in class or be rude. Samantha found the teachers to be very reasonable when approached in the manner that we had rehearsed. The fact that teachers had been included in the intervention from the outset made this a win-win situation.

In many ways the activities that Samantha referred to as her time-wasting activities were her outlet from stress and we did not want to eliminate these entirely. The focus of our efforts centered on giving Samantha a sense of control over the time she spent engaged in the activities. It is very easy for a person with Asperger's Syndrome to lose track of time and this is what was occurring for Samantha. We agreed that she would still use the trampoline but that she would use it only at specific times—just before dinner so that someone would call her or just before dark so that she would be aware of the time passing. She also agreed to use a timer that would buzz loudly when her specified time had elapsed.

We incorporated her special interest in archaeology as a reward for achieving other goals. So, for example, when Samantha had completed a section of study she would reward herself with 20 minutes of reading about archaeology and she would use a timer to indicate when the time was finished and she needed to return to other work. We found that this process was also helpful in allowing Samantha to organize her work schedule more clearly and create discrete blocks of time in which specific goals were achieved. The visual cue created by the schedule meant that Samantha had tangible evidence of her achievement and she could see that she had earned her reward.

Although many adolescents have music playing while they study, young people with Asperger's Syndrome might not be able to do this. Samantha could either listen to music or complete schoolwork; she could not do both simultaneously. We decided to use her favorite music as an additional reward that she could select on completion of discrete sections of work. Again, she used a timer to indicate when she needed to return to other work. In conjunction with this we decided to try to increase her repertoire of listening and each week she would bring along another song that she was willing to listen to.

Samantha is continuing to do well at school and still has an ambition to work in archaeology. From time to time she encounters difficulties and I see her approximately every 6 weeks to talk through social situations, to rehearse new scripts and strategies, and to problem solve any other thoughts or behaviors that might be caus-

ing distress either to Samantha herself or to others. Educating teaching staff about Asperger's Syndrome and negotiating strategies with individual teachers has had a significant impact on their ability to manage problem situations. This has also led to a significant reduction in stress for Samantha in the school setting and eased the problems occurring at home.

## CASE STUDY 2

Ben is a 16-year-old who was initially diagnosed with Asperger's Syndrome when he was 10 years old. His parents reported that until the year of presentation he had always achieved very well at school and there had been an expectation that he would attend university to study either computer science or music. His parents were concerned that he was no longer interested in his schoolwork, his marks had deteriorated, he was moody and bad tempered, and he did not want to attend school. Ben reported that he had friends at school but his parents explained that the friends were two other boys with significant difficulties. Ben described the students in his year group as either "high status" or "low status" and said that he was a low-status student although there was one high-status boy who spent time with him outside of school. This friendship was based on the fact that Ben was a talented musician who could help the high-status boy with his own musical aspirations.

Ben was confused and agitated by what he was currently experiencing at school. He could not understand why his friend, Mark, would spend time with him outside of school but at school would join in with other students in name-calling and put downs directed at Ben. Ben's two school friends were ill equipped to support him when this occurred and on occasion would even join in. The content of the jibes directed at Ben included the suggestion that he was gay as well as the suggestion that he was a psycho. Ben believed that there must be something really wrong with him for people to say these things and was distressed by the idea that he was gay. Ben also said that he was desperately unhappy, wanted to leave school, and wanted to get a full-time job as an attendant at a fast-food outlet.

Ben's parents had tried to talk with him about the school situation and in one of their conversations his mother had said, "I don't care if you are gay, I love you anyway!" Ben had taken this comment, intended to be positive, as further proof that even his parents believed he was gay.

### Working With Ben

Ben had come willingly to the clinic at his parents' suggestion and agreed to speak with me for a trial period of six sessions. Although Ben was quite competent in describing the interactions that occurred with peers, he had little insight into why these interactions might occur. On assessment, Ben presented as depressed with serious confusion about his sexual orientation. He was also unable to clearly identify a range of emotions within himself. He could describe an occasion on which



he had been happy and many occasions on which he had been sad or angry, but nothing in between.

We agreed to work together on several levels. It was important to Ben to tackle the issue of sexuality, even though he found this profoundly embarrassing to discuss. We also agreed to examine the social interactions at school to try to identify why they were occurring and what we might be able to put in place to help. Finally, Ben agreed to consider engaging in some work on emotions.

We tackled the issue of sexuality initially as a project designed to find out what it would be like if Ben were gay, (i.e., how would he know this, what physiological indications there would be, etc.). We spent a session talking about the topic, using the whiteboard to record information, and looking for evidence both for and against the possibility. Some of the items included:

FOR	AGAINST
Peers call me gay	Not attracted to other boys
I feel different from others	Not physically aroused by males
I don't have a girlfriend	I would like a girlfriend
Never experienced sex with a girl	Sometimes become aroused by girls

We also examined instances of other students who had been labeled gay to see what the similarities and differences were. Ben was able to name three other students, one of whom was openly gay. He was also able to say quite clearly that he was different from this boy. The others were students who, for various reasons, did not belong in the mainstream group. Ben came to the realization for himself that calling a boy gay often just means that he is different from the group and that it might have little to do with his sexual orientation. The process of exploration, finding evidence, looking at the perspectives of others, and forming a conclusion allowed Ben to decide for himself that he was not gay. He came to realize that he was the subject of name-calling because he was different from the others and they did not have a better adjective to use to describe him. We also talked about why people—and often young people—have difficulty with others who are different from themselves—why it should be the case that friendships are based on sameness and why differences can be threatening. Ben found this discussion to be intellectually interesting; once again it contains the perspective of others that he did not have access to naturally.

We used the comic strip conversation format to illustrate examples of the social interactions Ben was having at school. It became apparent that in many instances Ben was demonstrating social behavior that his peers were finding difficult to understand. He was, for example trying to turn schoolyard conversations to topics with which he was comfortable and familiar (classical music and computer technology). One example involved a conversation about the upcoming Red Hot Chili Peppers concert. Ben had attempted to divert this topic to discussion of a

Rachmaninov concerto. This was not well tolerated by his peer group and the general consensus was that the perpetrator of such an indiscretion must be gay.

It further became apparent that there had been a number of occasions on which he had misinterpreted colloquialisms, leading to added evidence of his “weird” status. When asked if he had ever had a “stiffy” (Australian slang for an erection) he replied that he thought that Mr. Smith, the math teacher, gave him one this morning. Ben had actually thought he understood the colloquial expression of a stiff problem—he could not understand why his “friends” not only fell about laughing but also took this as an admission of blatant homosexuality.

To decrease the likelihood of these problems recurring, we started a dictionary of slang terms and double or even triple meanings for words. We also established rules for topics of conversation. Rules included these: When someone else starts a conversation it is good to ask several questions about that topic. What sort of questions could you ask? Write these out and rehearse. Find out if people are interested in classical music or computers before introducing the topic. How can you do this? Write out and rehearse. In the early stages, we developed a series of scripts to help with this and used a number of case scenarios to role play the interactions. We also wrote out and rehearsed a number of clarification probes that Ben could use in conversations if he got lost or stuck and did not know what people were talking about. Ben practiced using these instead of his usual strategy of switching the conversation to classical music or computers. He reported almost immediately that this worked quite well and that he felt more comfortable in casual conversations. We continued to expand his repertoire of topics.

The final component of our work involved increasing Ben’s awareness of his own emotional state. If he could identify a range of different emotions within himself and describe degrees of emotion then he could learn several things. He could learn that *happy* has a very wide range and if you are not as happy as you were when your new computer arrived then it does not mean that you are sad. It might mean, however, that you are contented or relaxed and this is also a positive thing. It was also possible to learn that there are degrees of sadness or upset and it is okay to feel a little down from time to time. Likewise, there will be times when we are mildly irritated and times when we are absolutely furious. These states should not be caused by the same events. Once a young person is able to identify emotional states themselves, they can then look for situations, people, or interactions that trigger the emotions. This is a step in the chain toward learning to manage or regulate emotions more successfully.

We used a series of strategies to identify emotions and degrees of emotion in Ben. Some of these strategies included creating a feelings diary in which Ben started with happiness and built up a collection of entries describing incidents, situations, and people that made him happy. He then rated each entry for the degree of happiness elicited and gave it a descriptor (e.g., contented, satisfied, amused, interested, calm). Ben included activities such as running with his dog, taking his bike and going for a long ride, listening to Rachmaninov, playing the trumpet, talking with his

dad, helping his brother, and so on. Ben said that he had never really thought about these activities as positive or happy things before, they had just seemed neutral to him. The idea of the feelings diary came from the work of Attwood (Attwood, 1998; Sofronoff & Attwood, 2003) and was very effective in this case. The diary is further used as a tool when the young person is feeling sad or angry; he or she can turn to it to alleviate negative feelings by looking for strategies that have worked in the past.

Following Ben's growing ability to identify positive emotions and associate activities with these emotions, we then agreed to tackle negative emotions and the associated events and interactions. Ben was able to identify a range of events that had occurred at school and had caused him distress. We further examined these events to create a hierarchy to illustrate more or less distress associated with each event. Ben was able to recognize that he did not discriminate among these events, rather he saw them all as equally devastating and rated his distress as extreme in each case. To Ben's credit he did not immediately accept the position that he should not feel so distressed by some events. He was quick to point out that it was his distress and if he felt the distress then it was real and the event (however minor) had indeed caused it. The "what I feel is real and therefore justified" argument is not uncommon and occurs frequently when working with adolescents. It is important to validate the reality of the feeling for the young person: "Yes, I acknowledge your feelings; what we are looking at is the adaptiveness of the feelings." So, the question is, "Do you like feeling this way?" and "Would you prefer to control these feelings?"

Ben suggested that he would like to control the reactions he had to events and interactions but said that he did not believe he was capable of doing that. I introduced Ben to the cognitive-behavioral model: the suggestion that the way we think about events and situations influences the way we feel. It is easy to demonstrate that two people can think differently about the same event or situation and as a result will feel very differently; one might feel distressed or angry, whereas the other might feel neutral or even positive. Although Ben could accept the rationale presented, he still maintained that this would probably not work for him.

We moved on to trying to capture some of Ben's thoughts in situations that occurred at school. Remember, we had already challenged some of these thoughts in relation to his being gay so Ben was familiar with the strategy but he could still not see how it might generalize to other situations. Slowly, over several sessions we began to challenge some of Ben's thoughts associated with "being stupid" and "being a psycho." We replaced these thoughts with more reality-based interpretations: "I see things slightly differently," "This is not bad, it is just different," "It is okay to be different," or "People who are a bit different sometimes scare others."

Another strategy that worked well for Ben was to imagine someone else in a situation and to think through how he or she would handle that situation. This gave Ben another perspective, a different way to handle situations, and role models to evaluate and imitate if helpful. He began to develop an interest in observing people and taking note of how they reacted in various situations. Ben developed a system for recording how different people he knew managed a variety of situations. He in-

cluded situations that he found quite comfortable as well as situations that were difficult for him. Over time he chose to change some of his interactions and to use a style copied from someone else. In some of our sessions we discussed why people behave differently in similar situations; this gave Ben information about the different motives of various people.

Ben has continued to do well; the last time I saw him he told me that he had two new friends, that they had similar interests, and that he felt he was getting the hang of social interactions. He said that he still needed to think things through very carefully and there was a lot that he still did not really understand, but he thought he would continue to learn about all of this social stuff. He does this by continuing to observe and take notes that he brings to sessions, as well as maintaining his diary and list of "difficult" expressions. Ben had originally contracted to see me for 6 sessions, but at the conclusion of these initial sessions he extended the contract to 14 sessions. We currently have an agreement that Ben will contact me for a session whenever he feels overwhelmed or confused. I still see him on this basis about once every 3 months.

### CASE STUDY 3

Jake was 13 years old when his mother appeared at the clinic in distress. Jake had been diagnosed with Asperger's Syndrome at age 5. He was the youngest child of parents whose other children were adult and had left home. When Jake was 2 years old his father had also left the family and his mother, Denise, had tried to raise the boy on her own. Denise had come to the clinic at this time because of a series of events that had occurred in the past month.

Jake had been accepted as a participant in a school-based social skills group but had been asked to leave after assaulting another boy. On another occasion Jake had threatened his mother with a knife when she suggested he should leave the computer and attend to his homework. For the past several weeks Jake had taken to urinating and defecating on his mother's bed when he did not get his own way immediately. His ongoing noncompliance and temper outbursts continued to occur on a daily basis both at home and at school.

The history of Jake's situation was that from an early age (about 2 years) he had sought to get his own way through aggressive behavior. His mother, Denise, reported that if he did not get what he wanted immediately he would tantrum. She described the tantrums as violent and frightening and said that as a consequence people would rush to soothe him and accommodate his wishes. Essentially this meant that Jake received positive reinforcement for his aggressive behavior and was never given the opportunity to learn emotional regulation for himself (i.e., learning to cope with delay of gratification or even that you sometimes cannot have what you want).

Denise also described situations as Jake grew older in which she would threaten consequences for aggressive or noncompliant behavior such as withdrawal of privileges. She said that when the time came to follow through she would nearly always

feel sorry for Jake and allow him to have the privilege anyway. Once again, if we look at what Jake has learned we see that there are no negative consequences for his aggression, no responsibility taken. So, as a strategy for Jake, aggressive and violent behavior was very functional.

In other situations Jake was equally aggressive and noncompliant. He attended a local private school but even with maximum aide assistance, the school was only prepared to accept Jake for a few hours a day. He was not attending a school at which the staff had any expertise in the management of Asperger's Syndrome. When Jake was not at school he was in his mother's care. Denise had no respite and no family support. Jake's special interest was computer games and if he were not permitted to engage in these games he would become increasingly aggressive toward Denise. Denise said that she knew she should do something to stop the behaviors but she did not know what to do; furthermore, she was exhausted and did not have the resources to cope. Denise presented as severely clinically depressed and expressed suicidal ideation but with no intention or plan to carry out any suicide attempt.

Jake was not prepared to attend the psychology clinic willingly and Denise was unable to either coax him to attend or insist that he attend. I visited both home and school to observe Jake's behavior. At school he was restless and distracted and generally noncompliant. Staff needed to be constantly vigilant so that he did not assault other children. At home Jake was engaged in computer games and refused to leave the computer to eat lunch. When Denise insisted that he leave the computer he threatened to punch her and began to scream abusively. Denise allowed him to eat his lunch at the computer.

I had come to the home equipped with a new computer game that Jake was eager to play. He agreed to speak with me for 45 minutes if he could then play the new game. Jake had no insight into the effect of his behavior on other people, including his mother. He was able to see events and interactions only from his point of view and espoused the belief that if he behaved badly, that was the fault of the person who "made" him behave like that.

### **How Did It Get to This Stage?**

The behavior that was causing significant problems had begun when Jake was 2 years old. In many instances, parents excuse aggressive and tantruming behavior in a toddler as a stage that the child will outgrow. This is not necessarily the case. It is particularly unlikely to be the case for children who cannot see situations from the perspective of another or to take into account the feelings of others. It is much easier to modify the behavior of a small child, one whose behavior has not been reinforced and rewarded for 10 years or more. Jake had learned that aggressive behavior was successful in accessing the things he wanted; it allowed him to control his environment and accommodate his obsessions. He did not need to suffer the distress of delaying gratification, nor had he ever learned to regulate his own emotions.

What becomes evident from this case study is that behaviors that are accommodated and tolerated in toddlerhood can be the very behaviors that become dangerous and distressing to others in adolescence. At the time that I encountered Jake there were many people, including teachers, neighbors and his mother, who were frightened of what he might do if he did not get his own way.

### **Working With Jake**

Jake agreed to work with me for six sessions on the basis that following those sessions I would give him the computer game that he wanted. I also asked to work with Jake's mother at the same time to teach her management skills and to develop and implement behavioral contracts for both Jake and Denise.

Initially, it was important to limit Jake's access to weapons such as knives, and it was agreed that all sharp implements would be removed from the home. It was important that changes in the environment occur slowly and that they initially be as positive for Jake as possible. Any immediately punitive moves would be likely to result in escalating aggression toward Denise.

The first joint session was presented as a means to increase the possibility of good things occurring for both Jake and Denise, to make it possible for them to do more positive things together, and for Jake to learn some of the skills he would need to be a "smart" adult. Jake saw himself as a highly intelligent young man (superior to others in nearly every way) so it was important to appeal to his sense of what was an intelligent way to proceed. This approach I must also attribute to Dr. Tony Attwood. Because many young people with Asperger's Syndrome do have significant talents, they appreciate being called intelligent far more than they appreciate pleasing a parent, teacher, or other adult.

Some basic ground rules were established to start the process of change in the home. These rules included: first, trying to speak to one another in a polite way (because that makes each person feel good and that is what smart people do); second, trying to respect each person's property (e.g., not damaging his mother's bed and not unplugging the computer) so that each person is less likely to be offended and become angry; third, trying to do something nice for the other person once each day (Jake agreed to set the table and clear the dishes and Denise agreed to cook one of his favorite meals each day in the first week). These ground rules sound simple and straightforward but, in fact, it took a lot of negotiation with Jake to reach an agreement.

It is important to remember that from Jake's point of view, he had relatively little to gain from changing his behavior. It was necessary to rehearse and script each of the rules across a variety of situations. Being an intelligent young man, Jake was able to learn several polite things to say to his mother in response to interactions initiated by her. He also quite liked the idea that positive behavior from him could exert control over situations (i.e., if he did something positive he was more likely to receive something positive in return). Initially this needed to be reinforced on every

occasion so that Jake saw the benefit of changing his behavior. Jake also needed the visual cue of having the ground rules (with examples) posted on a notice board in the kitchen in clear view.

I began individual sessions with Jake based on developing strategies to enhance emotional regulation as well as anger management skills. As with many other young people with Asperger's Syndrome, Jake was not good at recognizing his own emotions, and so we followed a similar plan of identifying emotions starting with the positive ones and keeping a record of how these could vary in different situations. Jake was very rigid and restricted in the range of activities that gave him pleasure; computer games were essentially all there was. However, he also enjoyed food, so we were able to use both of these as reinforcers. Nearly every negative outburst from Jake was a response to being told "no" or "later," or being asked to do something in which he had no interest. The obvious question was why Jake should modify his behavior and reduce the number of outbursts when they were currently so effective.

In work with young children it is common to elicit behavioral change by introducing a reinforcement schedule. This works by changing the contingencies for behavior such that rewards are given to increase desirable behaviors, and an absence of rewards, or punishers (e.g., withdrawal of attention, removal of privileges) are used to decrease undesirable behaviors. Even though Jake was an adolescent, we decided to try a reinforcement schedule to modify some behaviors. Denise wanted to increase the time Jake spent on his schoolwork and decrease the amount of time spent playing computer games. A schedule was set up that required school assignments to be completed on weekday afternoons between 12.30 p.m. and 4 p.m. Computer access was limited to between 7 p.m. and 9 p.m. on weekday evenings (i.e., after dinner and washing up). The reward for complying with the new routine was additional computer games on the weekend and a visit to a computer arcade for 2 hours on Saturday afternoon. Jake was initially unwilling to agree to the new routine so I continued to work with him individually for several more weeks before it was possible.

We spent quite some time examining situations during which Jake experienced negative emotions. Using role play and comic strip conversations, Jake came to the conclusion that he did not like it when another person displayed aggressive behavior toward him. Unfortunately, this did not mean that he realized he needed to change his own behavior, but he did agree to rehearse some strategies for managing his own feelings of anger and aggression. I suggested to Jake that developing this skill would indicate real intelligence and prove that he was a person who could take control. We also discussed the fact that this was new and uncharted territory for Jake and we agreed to approach the endeavor as he would approach conquering a new and very difficult computer game (one for which he did not have access to the rules). He agreed that I could be the expert on this particular game until he had mastered it.

We rehearsed many different scenarios. For example, we began with imaginary situations (or real-life situations that had already occurred) in which he was told that

he could not do something he wanted to do, or that he must do something that he did not want to do. Jake was able to learn applied breathing techniques to reduce the physical arousal that he felt in these situations. As Jake had a fondness for gadgets, we also used a small biofeedback device on which he placed his hand; it changed color to indicate different levels of arousal. Jake could see his arousal decrease as the color changed and was able to attribute the change to his ability to take control.

In addition, Jake used visual cues to suggest that when someone says "later" that would be like a computer glitch that means you cannot proceed immediately but need to wait for something else to happen first. We created small computer-generated messages to indicate this. We used similar cues for when someone says "no" and generated a computer message to indicate that the move he wanted to make was not possible at this time (e.g., the rules of the game do not allow it or the computer needs more software before you can proceed).

For situations when Jake was asked to do something he did not want to do we created a social story. This is another technique introduced by Gray (1994b) that tailors a story to a specific individual and a specific situation. The story is written according to a precise formula and helps the person develop the social understanding required. It uses sentences that describe the situation (descriptive sentences), sentences that provide the perspective of others and explain the situation (perspective sentences), a sentence that indicates what the young person should try to do in the situation (directive sentences), and possibly a sentence or two that indicates how the person might implement what he or she is trying to do (control sentences). The ratio of sentences in a social story must be five or more descriptive and perspective sentences to one or zero directive and control sentences. The story is meant to provide social understanding, not just direct the person to comply. Here is an example of a social story for Jake.

#### Doing Homework

Almost every day my teachers give me homework to complete. (descriptive)

Most students find homework fairly boring. (perspective)

Teachers give homework so that we can practice some of the things we have learned in class that day. (perspective)

It is important to complete homework so that we do not fall behind in the work we are doing. (perspective)

My mum often asks me to do my homework. (descriptive)

My mum is concerned that I keep up with the work at school because she knows I am clever and that I want to work with computers. (perspective)

When my mum asks me to start my homework I will try to say, "Okay mum, I will start now" and I will try to start. (directive)



I will try to think of homework as the computer program that I need to develop in order to play a great game. (control)

When I have finished my homework my mum will be pleased and I can then play a game. (perspective)

We will both feel better because we did not have an argument. (perspective)

7 descriptive and perspective sentences

1 directive sentence

1 control sentence

After several sessions, Jake was able to use his strategies within the clinic setting and in the scenarios that we rehearsed. To generalize his use of strategies to other settings, I spent several more sessions at home with Denise as the person saying "no" or asking Jake to comply with requests. It took another 6 weeks of rehearsing and rewarding Jake for efforts expended in the right direction before he once used the strategies in an unrehearsed situation. Progress was slow and gains were small.

Eventually Jake agreed to try the new homework and computer schedule and we negotiated the rewards for his efforts and his successes. Once again, the progress was slow with many setbacks. During this time Denise sought medical assistance for symptoms of depression and made links with several other parents of difficult adolescents with Asperger's Syndrome. She was able to get some respite from the constant burden of caring for a very difficult young man, but she was also able to share many more positive interactions with Jake himself. Denise has become an expert in dealing with Jake's moods and demanding temperament, and is now able to negotiate with him quite effectively.

Jake is a young man who needs ongoing assistance, but on the positive side, he is now willing to work on making some changes. There are still times when he loses his temper and becomes threatening and abusive, but he continues to rehearse strategies and carry his visual cue cards. We are currently working on directing his special interest in playing computer games toward a more extended interest in developing computer games. With this project in mind, it is easier for Jake to understand the relevance of some of his schoolwork. At age 17, he is still mostly home schooled, but attends classes in graphic design and math.

Jake agreed to continue attending the clinic after the initial 6 weeks. He has attended several group programs to work on anger management and social skills. He is generally uninterested in forming friendships with other adolescents and tends to remain aloof within the group context. He is, however, willing to work with an adult who can help him achieve his goals, and to this end he has formed a relationship with a young man who works in computer animation. We are hopeful that with continued effort Jake will be able to follow his dream and lead a productive life.

## IN CONCLUSION

It is my opinion that each of the young people described in this chapter will continue to experience a variety of problems as they navigate the transition through adolescence into adulthood. Enormous effort and dedication on the part of parents is pivotal; parents trained as cotherapists are invaluable. In some cases, as with Samantha, there is also a significant advantage to working closely with school staff, both to educate them about the disorder and to teach them effective management strategies for difficult behaviors.

I believe it is also imperative to intervene early with children diagnosed with a disorder such as Asperger's Syndrome. They will face multiple complex difficulties. These might include severe anxiety, obsessive and ritualistic behaviors, temper tantrums and demanding behaviors, violent rages, self-harming behaviors, destructive behaviors, sleep disturbances, eating difficulties, sensory difficulties, speech and language and learning difficulties, and so on.

The benefits of early intervention for the child with Asperger's Syndrome are numerous. First, many difficult behaviors or features of the disorder will be much more easily modified if steps are taken to assist the child early on. Second, many skills and strategies can be introduced when the child is still in primary school and will act as the basis for more sophisticated strategies to be used when the child moves toward adolescence. Third, the sooner parents begin to learn about and work with the disorder, the better equipped they will be to advocate for their child. Fourth, in seeking help for the child it is likely that parents will meet others in similar circumstances and will gain support and comfort from interacting with parents who are confronting similar challenges.

### Where to From Here?

We are really at the beginning of developing the knowledge and expertise to work with children, adolescents, parents, and teachers to promote positive outcomes and prevent distress and harm. It is important that we continue to advocate for children with Asperger's Syndrome, that programs be developed and introduced early, and that parents and teachers be trained to work together to promote the best interests of any diagnosed child.

It is also paramount that we continue to validate existing interventions by conducting sound research, and demonstrating techniques and strategies that are effective. It is important to promote continued trials of new and innovative approaches, and to share information with others who work with these children. As knowledge of the spectrum increases, so too should resources and services increase so that everyone can benefit.

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