

THANKS

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- Graduate student therapists:
 - 2009-2010: Alissa Levy, Abbie Solish, Megan Ames, Julie Koudish, Jill Shuster, Jennifer Summers, Jessica Chan, Bramilee Dhayanandhan
 - 2010-2011: Ameeta Dudani, M. Catherine Cappadocia, Kristin Gragtmans, Marina Heifetz, Megan Ames, Jennifer MacMullin, Krista Davis

OVERVIEW

- Learn about a novel adaptation of group cognitive behaviour therapy for youth with Asperger syndrome or High Functioning ASD

WHAT IS CBT?

- CBT focuses on the way people think ("cognitive") and act ("behaviour")

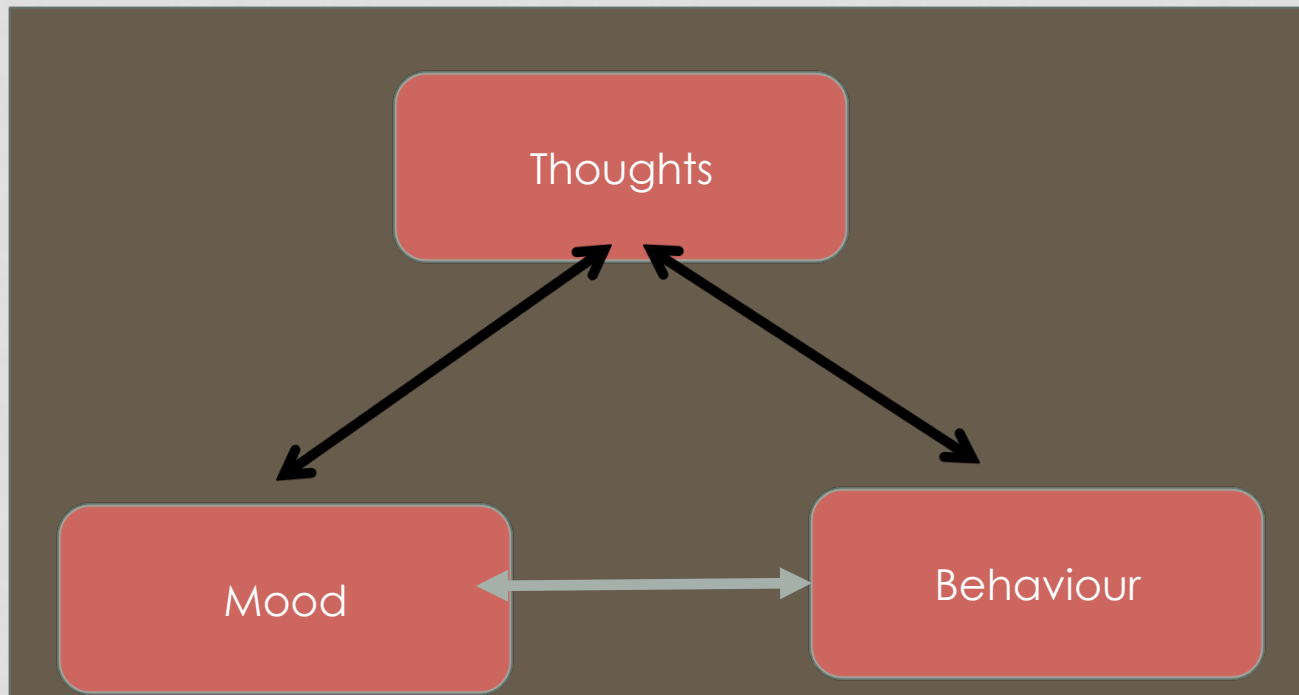
This is going to be fun!!!

This is going to hurt!!!



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weiss, 2011, jonweiss@yorku.ca



EMPIRICAL SUPPORT FOR CBT IN YOUTH WITH ASD AND ANXIETY DISORDERS

- A number of empirically supported treatments for anxiety disorders exist for youth without ASD
 - Child-focused: Coping Cat (Kendall, 2000)
 - Family-focused: Building Confidence (Wood & McLeod, 2008)
- Growing evidence that CBT works for youth with AS/HFA
 - **anxiety** (Reaven et al., 2009; Sofronoff, Attwood, & Hinton, 2005; Wood, et al., 2009)
 - **anger** (Sofronoff, Attwood, Hinton, & Levin, 2007)

STRUCTURE AND PREDICTABILITY

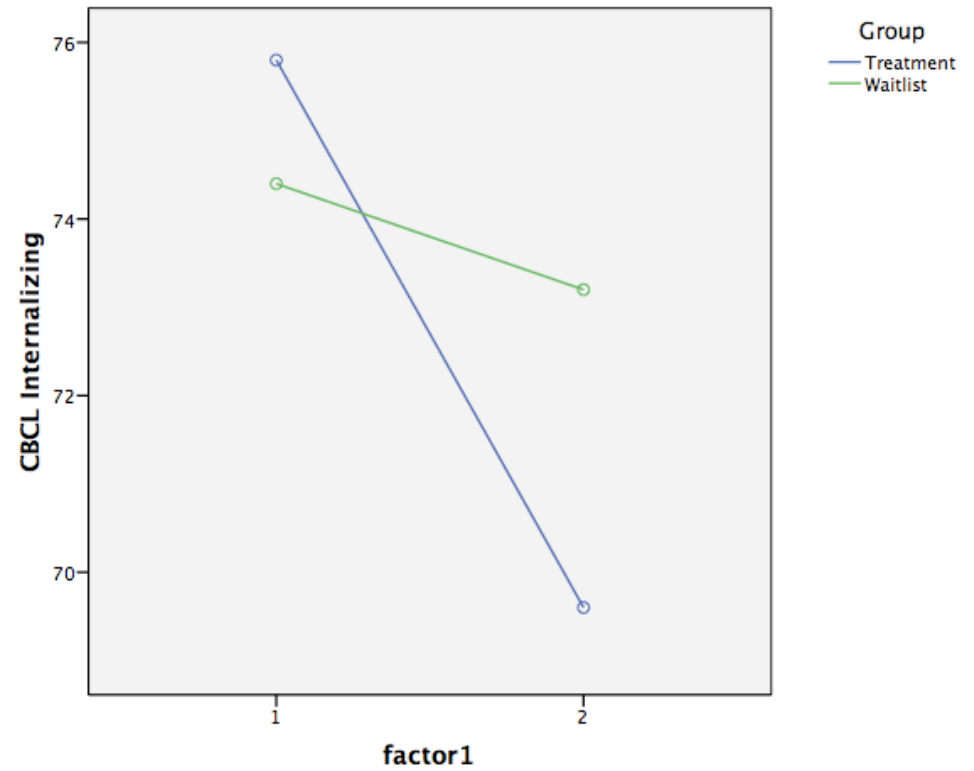
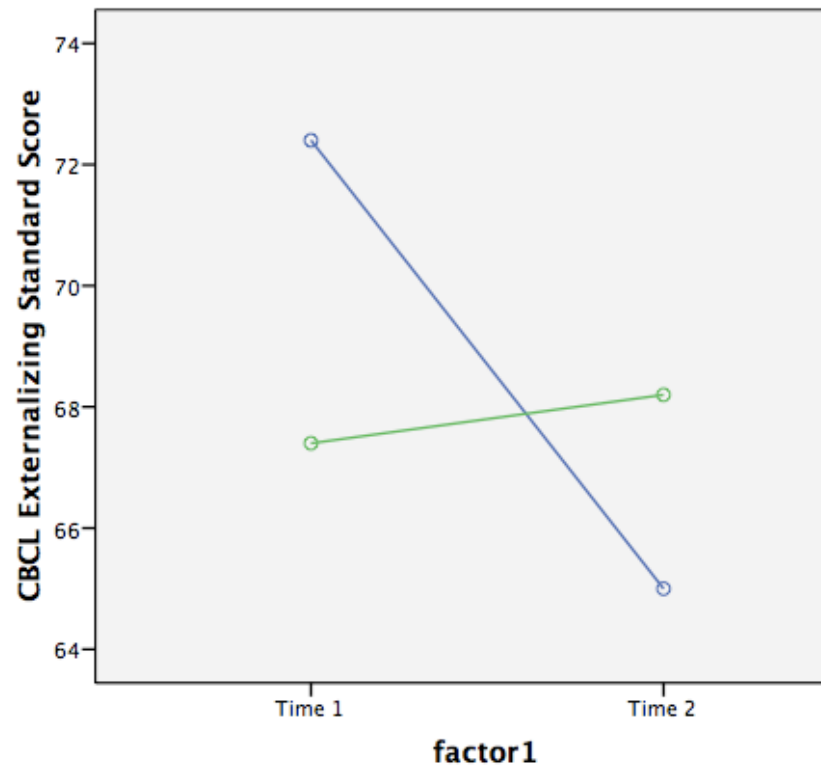
- CBT sessions are structured
 - Adhere to a set structure
 - Check-in
 - Homework review
 - Agenda setting
 - Session content
 - Homework assignment
 - Eliciting feedback and summarizing

ADAPTING THE WHEEL TO FIT

- In Ontario, individual and group Coping Cat interventions are regularly provided by therapists across community mental health agencies, hospitals, and in private practice
- Our goal: Adapt a framework that already has the capacity to be implemented in the community, for youth with AS/HFA
- Started in 2009, providing group therapy to 16 children so far
 - Groups are ongoing (one in the fall, one in the winter)
- 5-6 children in each group
- 12 sessions; 1.5 hours per session

OUR COPING CAT MODEL

- To date, 16 children diagnosed with AS/HFA and significant problems with anxiety, either in treatment (10) or wait-list control (6)
 - 8-12 years of age ($M = 9.0$, $SD = 3.0$)
 - No difference in baseline levels of mental health problems or ASD symptoms



OUR MODEL

- An adaptation of Coping Cat group therapy
- Target **social engagement** difficulties
 - Increased focus on therapeutic support and rapport building
 - Extra support for youth to interact with each other
- Tailoring the delivery
 - Flexible use of content and individualizing the program to **sociocommunicative and behavioural** strengths and weaknesses
- What do parents want to learn about?

ADAPTATION: THERAPEUTIC SUPPORT

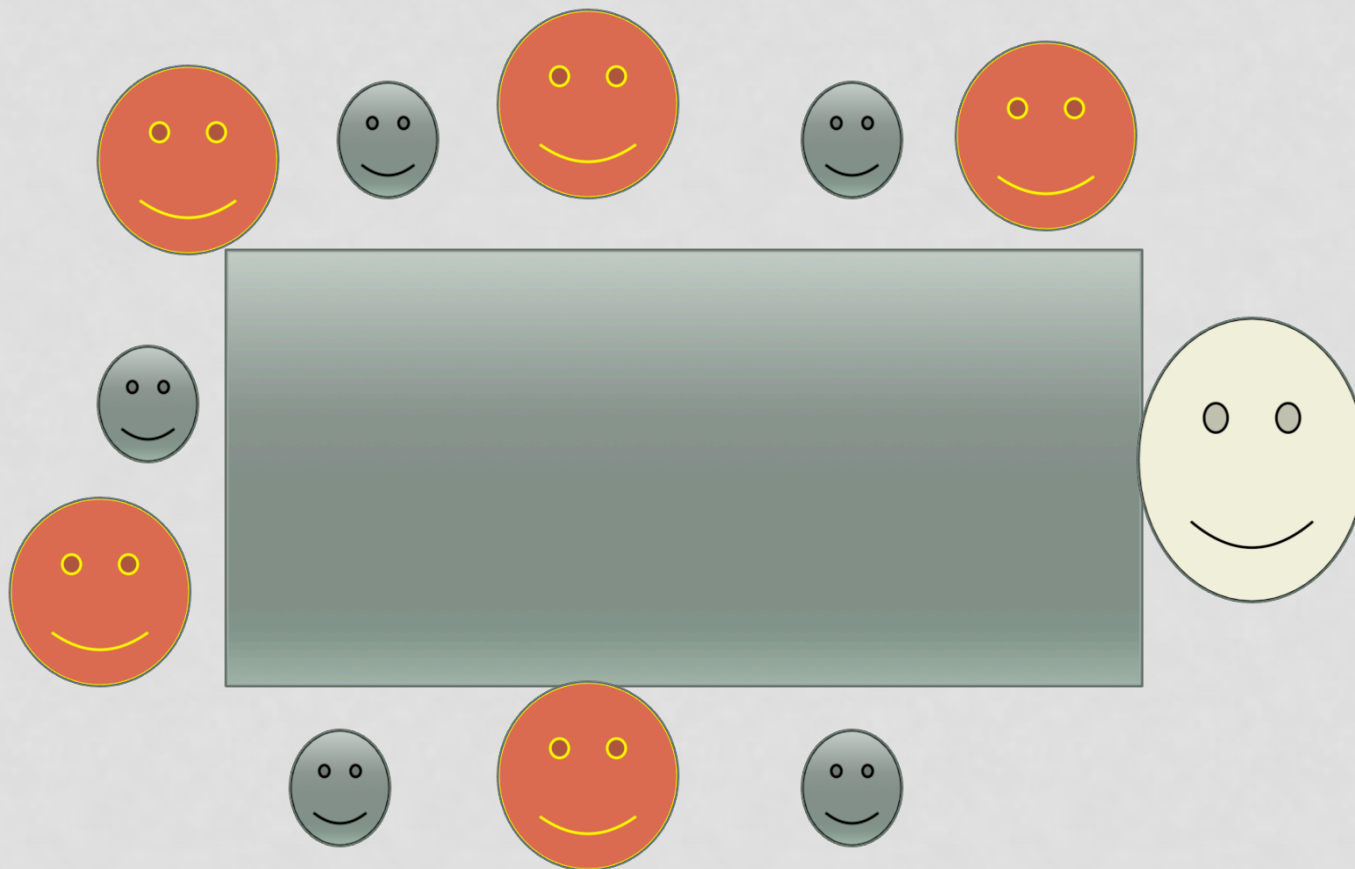
- Our model:
 - One lead therapist, with training in Coping Cat and ASD
 - Each child paired with their own “buddy therapist”
 - **Create groups that are a good fit with child strengths and needs**

ADAPTATION: THERAPEUTIC SUPPORT

- Buddy therapist goals
 - Consistency & experience of therapeutic relationship... acceptance
 - Learning and using special interests of each child
 - Provide individualized support to help with youth challenges (ADHD, Oppositionality, hypersensitivities)
 - Building capacity: Training graduate students to develop rapport and provide CBT to youth with AS/HFA

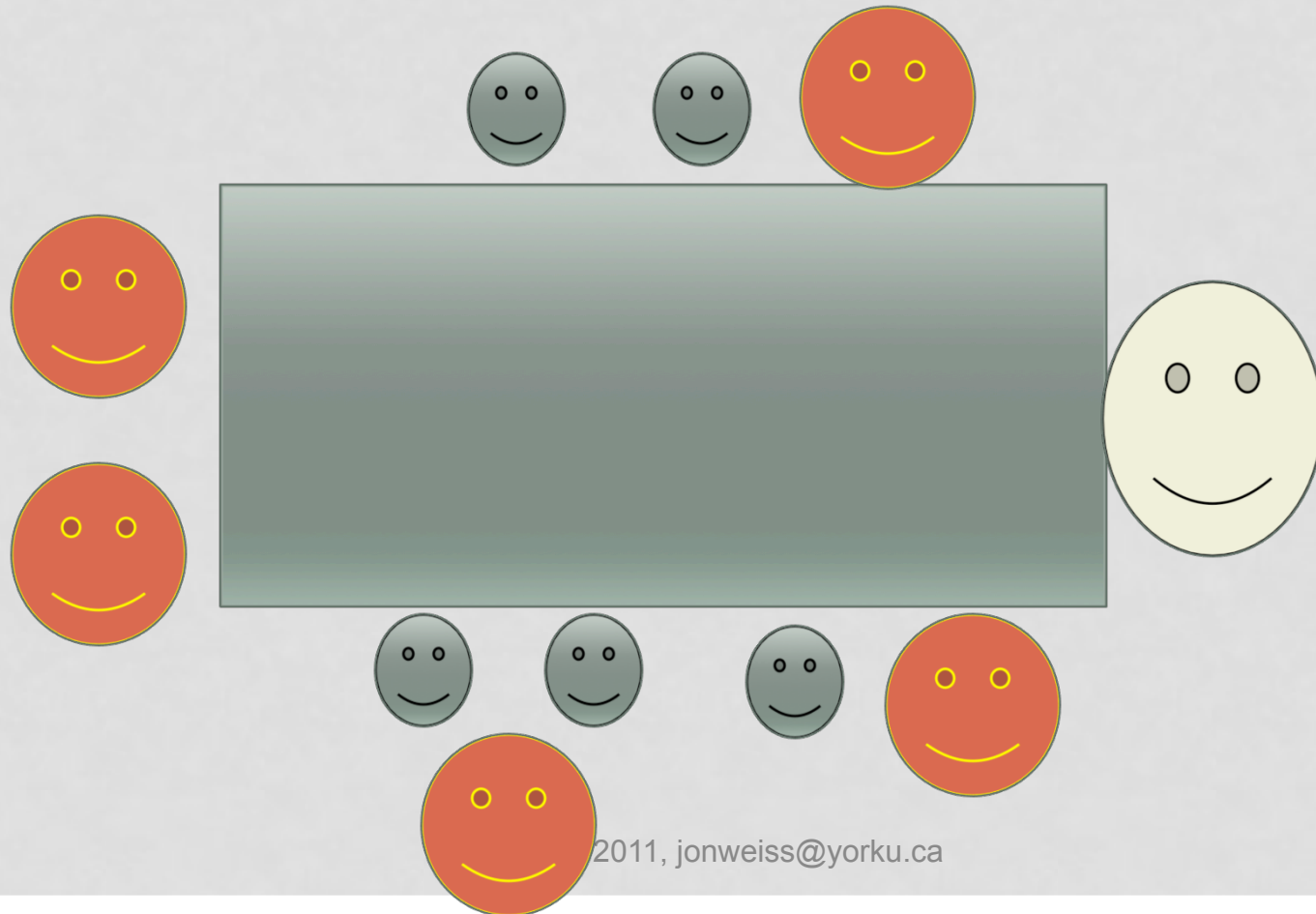
ADAPTATION: THERAPEUTIC SUPPORT

- Seating arrangements at Session1



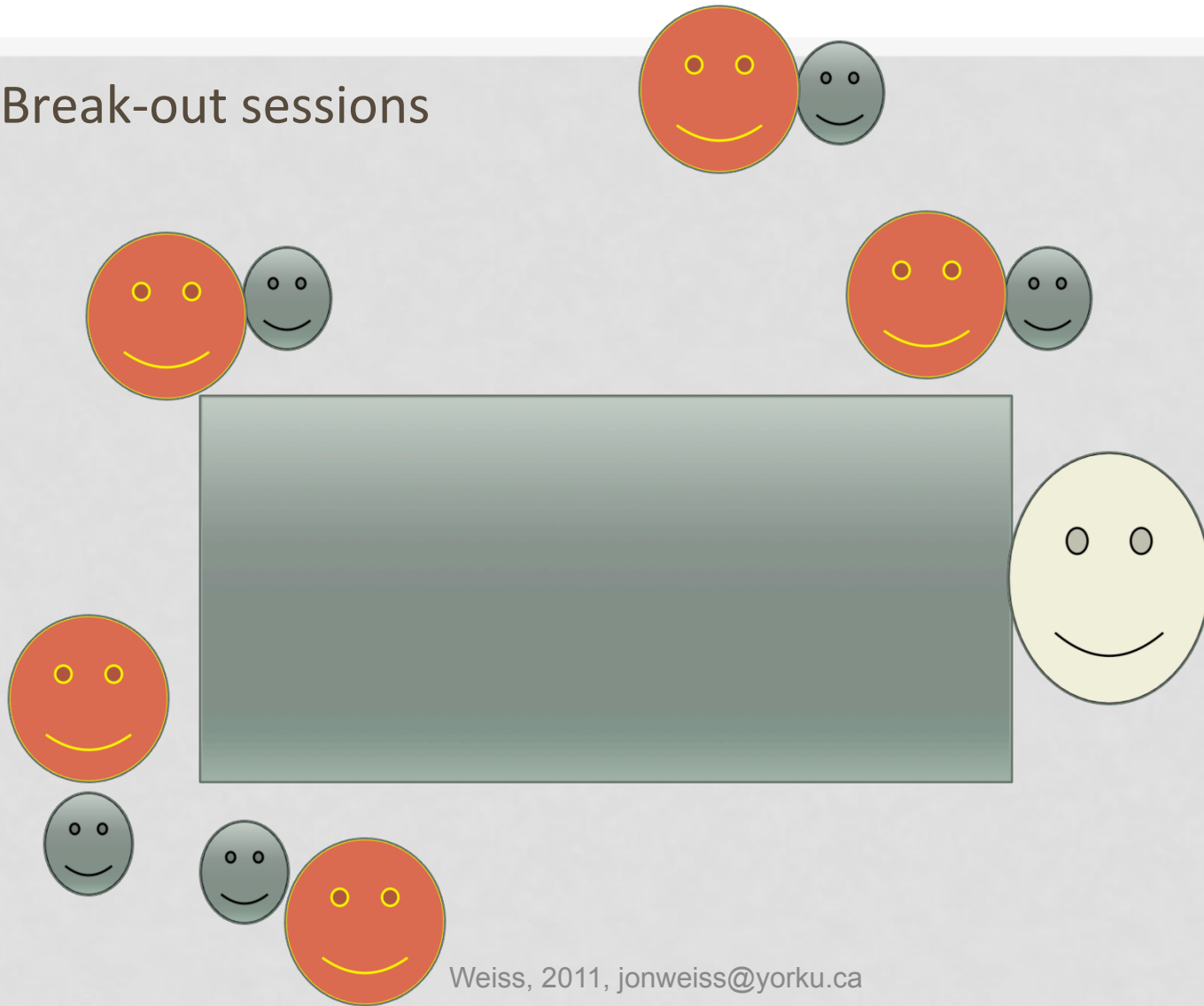
ADAPTATION: THERAPEUTIC SUPPORT

- Goal for seating arrangements at the end of treatment



ADAPTATION: THERAPEUTIC SUPPORT

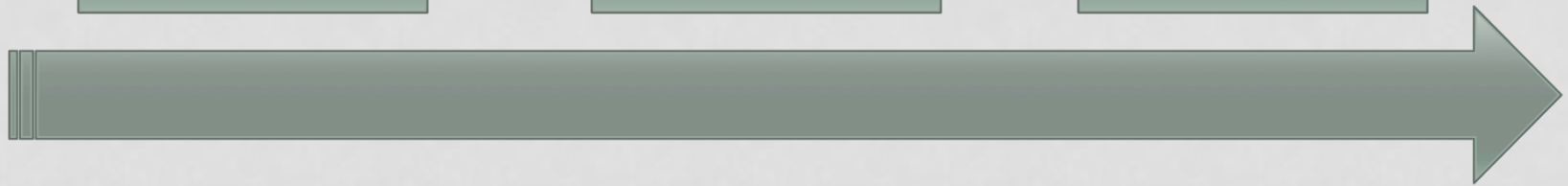
- Break-out sessions



Individual
therapy

Parallel
therapy

Group
therapy



***Friedberg & McClure (2002)**

ADAPTATION: STRENGTHS AND WEAKNESSES

- Level of support is individually tailored
 - **Fine motor**: Buddy therapist as scribe
 - **Communication**: Buddy therapist as reader or speaker
 - **Attention**: Contingency management, increased attention to promote on-task behaviour, providing breaks and sensory stimulation (e.g., theraband)
 - FEAR Scavenger hunt

ADAPTATION: STRENGTHS AND WEAKNESSES

- Level of support is individually tailored
 - **Sensory**: Timely breaks for youth who have auditory hypersensitivities for working in a quieter room 1:1 with buddy therapist
 - **Oppositionality**: Use of unconditional positive regard and a re-focusing on building a therapeutic alliance; use of individual contract and motivators
 - Differences in **cognitive** ability

GOING FORWARD

- The groups are ongoing
- Screenings in the summer, with groups in the Fall and Winter
- Potential to expand to community mental health agencies in the next couple of years

THANK YOU! QUESTIONS?

Jonathan Weiss, PhD, CPsych
Assistant Professor
Dept. of Psychology
York University
jonweiss@yorku.ca
www.yorku.ca/jonweiss
Tel: 416-736-2100 ext. 22987



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