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AN INTEGRATED MODEL OF PSYCHOTHERAPY FOR TEENS AND ADULTS WITH ASPERGER SYNDROME

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In recent years, psychotherapists have increasingly received referrals to treat teens and adults with Asperger Syndrome. Yet, most therapists require more in-depth training and knowledge, in order to provide counseling to these complex individuals. This paper discusses reasons why these individuals might be considered complicated counseling candidates. Some cases (identity protected) are presented. A model of psychotherapy is discussed that attempts to effectively integrate approaches from many clinical schools of thought. Various components of the model are presented with a focus on some specific therapeutic strategies.

David (61) has a two university degrees and is "obsessed" with computers, Star Trek, and washing machines. He no longer can find a job, his marriage dissolved many years ago and his son has disowned him. Two weeks ago, David received a diagnosis he describes as a great relief. Today, he comes in for his first ever psychotherapy session and starts to talk about how police continually violate people's rights and how governments and utility companies gouge people. He recently was charged with public mischief after harassing police about their tactics towards the disadvantaged. "I feel like an alien from another planet who just does not fit in!"

Individuals such as David diagnosed with Asperger Syndrome (AS) can be considered among the most alone and misunderstood people in society. AS is a complex neurologically-based psychiatric and behavioral condition on the high functioning end of the autism spectrum that can impair social relations, communication and information processing, sensory and emotional responsiveness, movement and coordination, independent living, and commonly involves restricted repetitive interests (APA, 2000). More males than females (4:1 ratio) are affected and prevalence estimates range between 1 in 210 to 280 children (Attwood, 2007). The debilitating

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nature of AS may be almost invisible on first impressions ["He looks normal!"]. Manifestations of the real disability slowly become apparent when bright individuals resist parental efforts to launch them into adulthood. They may find it too difficult to finish school, develop friendships, date, drive, and find or retain employment.

AS is unique in that it is the only developmental disability that does not involve an intellectual impairment and individuals have at least average intelligence or higher (APA, 2000). There is a wide spectrum of abilities within the diagnosis. Bright individuals with "very autistic" characteristics, exemplified by Dustin Hoffman in the movie *Rainman*, to more average-looking individuals with more subtle incapacities (Berney, 2004). Ability ranges from immature, socially phobic, reserved, and highly anxious teens or adults; pedantic, absent minded and "nerdy" persons; somewhat eccentric individuals who are married, working, and raising children fairly successfully; and a few "superstars" who use brilliance in their particular interest area to become some of the most valued scientists, engineers, artists, professors, business people, and inventors.

In recent years, teens and adults with AS have begun to seek help from psychotherapists in increasing numbers. Yet, most psychotherapists lack experience in knowing how to treat these fascinating but complex individuals. This article discusses treatment challenges and presents an effective model of psychotherapy for people with AS that integrates methods from a variety of theoretical traditions.

WHY SO COMPLICATED?

For many therapists, individuals with AS seem an enigma, chaos and complexity theory personified. Berney (2004) observes that people with AS fall into therapeutic limbo, too able to be considered for learning disability services and too foreign for general psychiatry. There are eight factors that contribute to mental health concerns and challenge psychotherapists.

1. Histories of Harassment and Bullying

Jonathan recently left home to attend college. Since moving into residence, he has been continually harassed by some students. His door has been slimed, someone stole money from him, he's been called a "retard" and text messages repeat this taunt, and someone "jokingly" called 9-1-1 stating he was suicidal. Jonathan's marks have dropped and he feels hurt and confused.

A combination of low self-esteem, gullibility, hypersensitivity to criticism, approval seeking, limited interpersonal skills, and social naiveté commonly leaves individuals with AS vulnerable to teasing, bullying, including cyber-bullying, and physical or sexual abuse (Henault, 2005). Individuals with AS have been described as "predator magnets" (Dakin, 2005). Facing so much ridicule and exploitation can precipitate paranoid feelings or clinical signs of post-traumatic stress (Attwood, 2007).

2. Comorbid Mental Health Concerns

Gloria (16) smokes dope every day and abuses alcohol to cope with severe anxiety and horrible thoughts. She believes her keys and money are contaminated and can barely stand touching them. She cuts herself on occasion and recently has started to believe terrible people are scheming to exterminate everyone with AS.

Usually comorbid psychiatric problems, other than the AS per se, bring these individuals into a psychotherapist's office (Berney, 2004). Psychotic disorders are quite uncommon (Burke, 2005; Gaus, 2007). But frequent temper outbursts and emotional "meltdowns" may occur related to obsessive-compulsive or generalized anxiety disorders. Mood disorders may include major depressive episodes manifested by disordered sleep or suicidal ideation, or bipolar disorder. Attention deficit hyperactivity symptoms may be identified along with eating disorders (Attwood, 2007). Alcoholism and drugs are sometimes abused as individuals self-medicate to relieve severe anxiety and "fit-in" (Berney, 2004; Gaus, 2007). Substance abuse can have a particularly disorganizing effect on the overall mental health of these individuals (Stoddard, 2005).

3. Impaired Executive Function

Each morning, Mary (17) takes 90 minute showers and three hours to get ready for school. She has very superior intelligence, wonderfully creative ideas but she seldom finishes assignments. Her bedroom is "an absolute mess!" Her therapist discontinued sessions because Mary was never on time or kept forgetting to come.

Problems with "executive function" are among the most debilitating features of AS problems. This can cause teens and adults to be terribly disorganized, to procrastinate, or to be agonizingly slow with their morning routine. Executive function refers to the skills used in complex behavior such as working memory, the ability to plan and organize, maintain attention, self-monitor emotions and behavior, multitask, and meet deadlines with greater independence (Burke, 2005). People with AS are notorious for forgetting thoughts, losing things, mismanaging money, and being underachievers at school or in careers (Attwood, 2007). They are often accused of being rigid, lazy, unmotivated, or resistant. But they are not. Neurologically, they simply process information differently or more slowly (Gaus, 2007). Therapists often suggest using wall calendars or electronic organizers to prompt these individuals to remember appointments and schedules.

4. Face and Mindblindness

When Gordon (18) shaves, he often does only half his face. Trying to understand what others are thinking or feeling is often a mystery to him. He has no real friends except for his gay partner who is losing patience with his insensitivity.

"Mindblindness" is a concept that helps explain why people on the autism spectrum seem so disabled in processing interpersonal information (Baron-Cohen, 1995). Most people have some subtle ability even on first impressions to mind

read the faces, eyes, emotions, intentions, and nonverbal communication of others (Lipsitz, 2003). But this can be a challenge for people with AS, who may engage in less eye contact, or who can only focus on one part of the other person's face when conversing. The individual may never see the need to apologize, or may be hypersensitive to criticism, confrontational, overly dependent, or experience mental exhaustion from trying so hard to use intellectual resources to compensate (Attwood, 2007; Gaus, 2007).

5. Limitations in Pragmatic (Social) Language

One individual remarked that he equated trying to participate in a conversation to watching a fast-moving puck during a hockey game. "Just when it lands somewhere sufficiently to focus on it, it flies off quickly in another direction" (Dr. Lillian Burke, Personal communication).

"Pragmatics" refers to the functional use and social aspects of language (Watzlawick, Beavin, & Jackson, 1967). Individuals with AS may come across as overly pedantic, may speak too loudly or softly, and may delay answering or repeat themselves frequently. Interpersonal boundaries may be violated and the person may come across as intrusive, disrespectful, politically incorrect, or blunt. Some individuals are unable to understand joking-around, sarcasm, innuendo, lying, or coercion (Burke, 2005), or may interpret colloquial language literally (e.g., "She killed herself laughing").

6. Fixation on Special Interests

Since childhood, George (26) has been fascinated by Roman Catholicism ("I'm a Cathoholic") and astrophysics. He takes one university course at a time, so that he can savor each tiny piece of scientific information. He will talk about Catholicism and astrophysics with anyone who will listen, including complete strangers.

People with AS tend to have restricted, intensely focused, narrow areas of interest, expertise, or activities which represent more than just a hobby. The special interest can dominate the individual's free time and conversation (Attwood, 2007). Family members, peers, and others often complain that the individual will not letup taking about topics such as the Weather Channel, the Civil War, sparkplugs, comic book and stamp collections, Pokémon, or science fiction. In moderation, individuals' interests can provide them with a powerful link to life satisfaction and a sense of unique identity (Gaus, 2007). Creative therapists can use the special interest in treatment (e.g., "How would Spock or Data handle this situation if it happened on Star Trek?") However, in extreme cases, the obsession may become a symptom of serious psychopathology.

7. Sensory Defensiveness and Overload

Mohammad (17) only eats meat and cannot tolerate crunchy foods such as vegetables or fruit. He tears out distracting tags from inside shirt collars and finds wool too itchy. He reports the smell of toothpaste "injures me" and he wears sunglasses

all the time because “brightness hurts.” He refuses to pray at the local mosque because crowds overwhelm him. His behavior greatly troubles his family.

People with AS tend to be “sensory defensive.” They may have unique over or under reactions or sensitivities to physical touch, pain, noise, particular odors, or food textures, bright lights, and crowded spaces. Some show “synesthesia,” where senses are cross-wired, such as sounds perceived with sensations of color, texture, scent, or flavor (Baron-Cohen & Harrison, 1997). This can be bewildering for the individual. During sessions, psychotherapists can help individuals by turning down bright office lights and avoiding the use of perfume. Reframing can help relatives understand that a person who avoids crowds or sometimes retreats to private areas is not rejecting family (“I get over-stimulated and need to shut down for awhile to recharge”). Occupational therapists can help by completing a sensory assessment and recommending a specialized “sensory diet” for the individual (Aquilla, Yack, & Sutton, 2005).

8. Limited Community Services

Across North America, there are few clinical or community services for teens and adults with AS. This leaves many bright and sensitive individuals experiencing empty and unfulfilled lives. Munro (2007) has stated that lack of support for these individuals is a human rights issue that deserves immediate attention. He recommends development of a comprehensive community support system that includes specialized diagnostic, psychiatric, and counseling services, court diversion, supported residential options, post-secondary educational and employment support, research to clarify best practices, and further development of leisure and social networks.

“ASPERGER INTEGRATED PSYCHOTHERAPY”

Inexperienced therapists just beginning to work with people with AS face a culture shock, as does the individual who enters psychotherapy for the first time. With this in mind, the author has developed a model of treatment he calls “Asperger Integrated Psychotherapy” (the “AIP Model”). The AIP Model integrates features from many treatment schools of thought, respects evidence-based knowledge, and demonstrates sensitivity to the challenges and potential strengths of people with AS. Considering the complex nature of AS, it seems wise and ethical to use a treatment model that borrows from several therapeutic traditions.

Being the Most Positive Person in the Room

Probably more than with any other group, people with AS interpret any negativity on the part of the therapist as rejection. Therefore, the AIP Model incorporates

many elements of strength-based practice and positive psychology (Saleeby, 1992; Harris, Thoresen, & Lopez, 2007). These perspectives provide an unconditionally constructive foundation from which to develop positive therapeutic relationships. Strengths, gifts, and talents are recognized and affirmed with an emphasis on what's right rather than wrong with the individual and the family. Clinicians must demonstrate unflappable (just short of annoying) optimism.

SEVEN FEATURES OF THE AIP MODEL

I. Individual Psychotherapy: A Supportive Lifeline

Loneliness or paranoia bred from isolation can be a monumental problem for teens and adults with AS. From the first session, the psychotherapist must attempt to throw out a supportive lifeline to the individual who often is drowning in a dominant world perceived as chaotic and inflexible (Williams, 2005). They have few people who will sit down with them, really listen to what they are saying and experiencing, and help with problem-solving. Because of this, the AIP Model believes individual talk therapy can be particularly powerful and affirming for these individuals. Therapy can reduce self-doubt and self-criticism (Attwood, 2007). Over time it can help individuals understand and accept who they really are and even attempt to turn their AS traits to their advantage. Discussion can focus on ways of increasing personal networks through Asperger support groups, as well as leisure, educational, and employment options. Psychotherapy sometimes is short-term but may involve many months or even much longer.

Building A Helping Relationship

The AIP Model believes a strong therapeutic alliance is crucial to effective treatment regardless of the therapist's theoretical orientation (Horvath, 2001). For people with AS, a trusting relationship with the therapist can begin to neutralize and heal a painful past, and allows the expression of deep and painful feelings. From the very start, the courage demonstrated by the individuals with AS must be respected. These are people debilitated in the areas of social interactions, communication, and information processing—all areas that psychotherapy tends to examine and magnify.

Therapeutic relationships with individuals with AS frequently begin in the simplest of ways with the therapist engaging in and modeling casual small talk (difficult for people with AS), offering water or herbal tea, and using reflective or active listening. Therapists must avoid abstract language and jargon, and must act as a cheerleader who shares in celebrating the person's large and small successes. The focus should be on here and now, not on past issues. The therapist should use the words and conversation style utilized by the individual, which may be more pedantic and blunt than usual. The therapist often must be fairly directive, such as asking the person to refrain from using profanity or sexually graphic language. Because

of possible sensory defensiveness, the therapist should speak more quietly, more slowly and calmly, more succinctly, and in a non-critical, comforting but assertive and firm manner. The author calls this "*verbal deep pressure*," reminiscent of Grandin's (1995) physically calming "squeeze machines."

Since some individuals with AS have been inaccurately characterized throughout their life as stupid or "retarded," therapists must demonstrate a sincere respect for their intelligence. Individuals may test-out the therapist's level of intellect and knowledge ("Are you bright enough to be my therapist?" "Do you know anything about AS?"). When confronted, it often helps if the therapist's response is creative, informative, and sometimes light-hearted, possibly reflecting the dry comedic sense which is one of the endearing strengths of many people with AS. Therapeutic exaggeration can be utilized to dramatize unreasonable or self-defeating thinking (Beck, Rush, Shaw, & Emery, 1979). Therapists may need to politely interrupt more than usual (Gaus, 2007) if individuals dwell too much on their special interests or negativity about themselves or others.

The focus of individual sessions should be to help improve the understanding of nonverbal communication, increase self-assertion and coping skills through discussion and role-play, and resolve deep hurts, sexuality issues, and misunderstandings. Two strategies, when timed properly, can help to break the ice with people with AS:

- For individuals reluctant to accept their diagnosis, the therapist can ask somewhat dramatically: "WHO'S YOUR ASPERGER HERO?" This question frequently opens up discussion, as individuals begin to understand they are not alone and that "some of the coolest people in the world have/may have had AS!" (WikiAnswers, 2010)
- Individuals with AS often need to be taught a vocabulary to identify and label their deepest and most complicated feelings. Many only feel fear, sadness, and anger, or just anger but no joy (Grandin, 1995). Others may have trouble recognizing more subtle emotions such as confusion, embarrassment, jealousy, anxiety, suspiciousness, and happiness (Attwood, 2007). If they have their own term for an emotion, the therapist should initially use that word. Later they can be helped to translate the term into a label that others will understand. By using these methods, individuals with AS can be taught safe, cathartic, and socially appropriate outlets for the expression of troubling emotions.

II. Combining Individual and Family Therapy

Individuals with AS can present tremendous challenges to their families. There may be fears about future emotional breakdowns, how to deal with anger or aggression, and whether highly dependent relatives with AS will ever be able to live and work independently and support themselves economically. In these circumstances, the family frequently becomes the focus of therapy as much as the individual. In a pioneering article on psychotherapy and AS, Stoddart (1999) demonstrated the

wisdom of combining individual psychotherapy with family intervention. The AIP Model fully endorses this.

Usually during the first individual session, the therapist requests written permission to communicate or have sessions as needed with the person's parents, partner, or other involved family. In some cases, family problems are the predominate concern. Parents may present serious mental health or relationship concerns, or siblings, grandparents, or the children of the individual with AS may require counseling. In other cases, the person with AS may be married or living with someone, and serious couple issues need to be addressed (Myhill & Jekel, 2008).

When combining individual with family approaches, key strategies include:

- *Who is the Real Client?*: Part of the art of psychotherapy is determining who in the family is in the most emotional pain. Sometimes the individual with AS is coping quite well, but a family member is struggling and becomes the primary treatment focus.
- *Reframing*: The therapist frequently teaches the individual or family members to re-think, reinterpret, and re-label previous descriptions of a person or situation in a less emotional and more rational and constructive manner. This creates a psychological avenue for problem-resolution and healthier relationships. For instance, a young woman with AS might be encouraged to reframe her mother not as a "controlling bitch" but as a "concerned and loving parent." Parents may be asked to adjust their thinking about a son with AS who is leaving home to attend college. This might be reframed not as an impending crisis, but as an opportunity for psychological growth and increasing maturity.
- *Boundary setting*: The therapist can give permission to the individual with AS or caregivers to establish healthier physical and emotional boundaries, in order to reduce conflict and improve family functioning (Minuchin, 1974). A woman with AS might be encouraged to loosen boundaries by trying dating, returning to school, or attending an Asperger support group. Parents may be urged to tighten boundaries between themselves and an overly dependent adult daughter with AS who wants to go everywhere they do, such as meals out, vacations, or spending special time with their other children.
- *Managing False Hope and Unrealistic Expectations*: Because individuals with AS often present a "mask of competence" (average appearance hiding a serious disability), family or the individual's expectations can sometimes be perilously unrealistic. For example, parents may project exaggerated hopes for educational or career achievement onto their bright but chronically disturbed daughter. It is the therapist's role to sensitively help the individual and parents recalibrate their expectations.
- *Finding Executive Secretaries*: For people with serious executive functioning problems, Attwood (2007) argues that parents, siblings, teachers, or partners should be encouraged to take on an "executive secretary" role with the indi-

vidual. This might involve ensuring the person gets to school or work on time, pays bills, shows up for therapy sessions or other appointments, and establishes healthy daily routines.

III. Cognitive-Behavioral Strategies

No counseling method is more heralded in helping people with AS as cognitive-behavior therapy (CBT) (Attwood, 2007). This is partially an outgrowth of the developmental disability field where behaviorism is king; and empirically-based, present-focused approaches have always been more respected. Besides that, the more structured nature of CBT strategies is particularly well suited for the more logical and structured learning style of many individuals with AS. The AIP Model supports the notion that any ethical model of psychotherapy for people with AS must include CBT strategies. Since some features of AS are similar to a personality disorder (Gaus, 2007), concepts from dialectical behavior therapy around developing distress tolerance, mindfulness, and emotion regulation skills are particularly useful (McKay, Wood, & Brantley, 2007).

Cognitive-behavior therapy is based on the premise that disturbed moods and actions are created by one's thoughts, deeply held attitudes, perceptions, expectations, rules, and beliefs (i.e., cognitions). In a typical situation, where people with AS or family members are experiencing depression or severe anxiety, the therapist first generates hypotheses about possible problem causes, then formulates or conceptualizes the case concerning what is really going on psychologically and socially using simple illustrations, key words, and worksheets. From there, the therapist develops a treatment plan that teaches the individual or family how best to confront and reinterpret self-defeating and grossly distorted thinking. Learning to re-structure thinking in this manner can decrease distress, build on strengths, and improve coping (Gaus, 2007).

Some cognitive-behavioral strategies that can be particularly helpful with individuals with AS and their families include the following:

- *"I think your thoughts are playing tricks on you"*: This simple phrase created by this writer is a helpful method to teach individuals and families how to grasp the CBT concept of cognitive distortions (Burns, 1980). For people with AS, "catastrophizing" frequently occurs, but the most common distortion is "black and white (all or nothing) thinking" (Gaus, 2007), where they either totally love or hate a person or situation.
- *Rule Making*: People with AS have a rule-driven learning style that therapists can utilize (Gaus, 2007; Jackson, 2002). For instance, a rule can be made that the individual can phone his family only once per day rather than ten times, not invade the physical space of others by remaining one arm length away, not stare at others on the bus for any reason, limit Pokémon talk to five minutes, or avoid politically incorrect comments.

- *Brain Lock Strategies*: Schwartz's (1996) method for coping with serious features of obsessive-compulsive disorder (OCD) has applications for individuals with AS. Therapists can teach individuals, with practice and repetition, a four-step treatment method. *Step 1: RELABEL*: Call the OCD symptom exactly what it is: an obsessive thought or a compulsive urge ("It's not me, it's my OCD.") *Step 2: REATTRIBUTE*: ("It's not me, it's my brain [neurology])." *Step 3: REFOCUS*: Work around the nagging, troublesome thought by refocusing for at least 15 minutes on another more enjoyable or calming behavior or creative activity. *Step 4: REVALUE*: Reinterpret obsessions and compulsions as worthless distractions or cognitive garbage to be ignored.

IV. Re-Composing the Narrative

Sometimes the structured nature of cognitive-behavior therapy is rejected by those with AS who refuse to fill out charts, get upset when asked to monitor automatic thoughts, or are unwilling to do homework. These individuals are drawn to narrative therapy, which may seem less clinical and empirical, more supportive, and liberating. Narrative therapists avoid judgments about what is normal behavior and reject the idea of categorizing human potential into tight diagnostic boxes (Nichols, 2011). The AIP Model supports the artful mix of narrative strategies with the other approaches discussed earlier.

Narrative therapists believe that people's dominant life stories are shaped by the language used and are often overly negative and problem saturated. Building on post-modern tenets of social constructionism, narrative therapists believe that reality, truth, and one's sense of self are relative and debatable, and can be reconstructed or reframed in psychotherapy. The narrative therapist takes a collaborative and non-expert approach (Cashin, 2008), listening carefully to the person's story while trying to understand how it fits within the politics of the dominant culture which perpetuates patterns of privilege and oppression. Problems are de-constructed and externalized from the person ("How does SELF-TALK stop you from socializing?" "What feeds SHAME?"). The person is not the problem, the problem is the problem. The therapist helps search for exceptions or unique outcomes when the individual felt stronger ("Was there ever a time that you were able to socialize more?"). In therapy, the individual's life story is then rewritten into a preferred life-giving narrative with an emphasis on sparkling life moments and separating judgment and shame from the diagnosed person and their family (Worrall, 2008). To sustain this change, the therapist and individual can identify people in the family or community who will support this re-composed positive identity (White & Epston, 1990).

To further support life-affirming stories and future self-esteem and resilience, the AIP Model encourages therapists to:

- Invite teens and adults diagnosed with AS to take part in presentations to community and professional groups to talk about AS, their challenges, and their

achievements. This can help them gain confidence, comfort, and even pride in their diagnosis and abilities.

- Teach affirmations to the individual to be practiced daily that contribute to personal stability and self-worth (e.g., "I am a good, decent and highly intelligent person!").
- Write letters to the individual that can even be re-read years later that confirm the person's worth, bolster preferred stories, and assist coping (White & Epston, 1990).

V. Prescribing Physical Exercise

Because of the emotional intensity of AS symptoms and comorbid mental health concerns, the AIP Model strongly recommends that the psychotherapist with medical clearance prescribe regular physical exercise. Physical exercise can be an excellent stress reliever, an outlet for pent-up anxiety or frustration, and an emotional restorative (Attwood, 2007). Since people with AS frequently have awkward gaits and problems with balance, fitness activities can improve movement and coordination and may open up opportunities to socialize. As well, improved exercise can help to counteract the excessive weight gain associated with some second generation antipsychotic medications sometimes prescribed for these individuals (Virani, Bezchlibnyk-Butler, & Jeffries, 2009).

However, a common observation is that many individuals with AS tend to avoid physical activity (Welkowitz & Baker, 2008). From a sensory perspective, individuals may be overwhelmed by smelly locker rooms, noisy whistles, and shouting, roughhousing, or people crowded together. The psychotherapist can suggest that:

- Paid or volunteer workers be arranged to accompany highly anxious or more disturbed individuals to fitness activities. The workers can offer emotional support and intervene if the individual exhibits inappropriate behavior (Welkowitz & Baker, 2008).
- More independent individuals should consider joining a fitness club or participate in outside physical activities. Biking, swimming, walking, and hiking tend to be popular choices for many teens and adults with AS.

VI. Mending "Broken Spirits"

The old guru therapist instructed students to always watch the eyes of individuals and families who come for counseling. On first meeting, their eyes are dead, hollow, tormented, dark with discouragement, numb, sometimes blind with pain. But always watching the eyes, the nurturance and insight of therapy can offer spiritual healing. Eyes come alive and start to sparkle with hope and possibilities. "Sparkle" is a concrete, quasi-empirical outcome measure reflecting a belief that the eyes are the window to the soul. [Author's advice to student therapists.]

Modern life can be alienating and isolating for many people, especially for individuals with AS who have limited social and communication skills or think differently. They can experience a ubiquitous and chronic sense of grief and existential despair. Because of this, the AIP Model believes that psychotherapy for these individuals, among other things, must focus on a commitment to spiritual healing. Increasingly, many therapists believe that discussion of people's spirituality is crucial to the helping process (Pargament, 2007). Asperger advocate Temple Grandin (1995) speaks articulately about her efforts to try to understand and benefit from religious ideation and spirituality.

Individuals with AS and families requesting counseling frequently come with broken spirits. There is a sense of deadness, depression, bitterness, fear, and sometimes hopelessness in their words, thoughts, and appearance. They are desperate to find therapists who are experienced, positive, creative, and collaborative enough to help them re-paint the canvas, find potential and possibilities, and logically recompose the narrative and dreams of their lives. Spiritually-based approaches can help individuals find meaning in suffering, hope, forgiveness, and more valued social roles. They include:

- *Identifying Places of Solitude and Escape*: People with AS can easily spiral into high anxiety and feel trapped and suffocated in social situations. Therapists can help individuals identify safe spaces to retreat to for restorative solitude such as parks, religious settings, and private or secluded areas (Attwood, 2007).
- *Fostering Mindfulness*: Therapists can help individuals find inner strength, stillness, peace, and increased energy by teaching relaxation techniques, meditation, or encouraging prayer or the practice of yoga (McKay, Wood, & Brantley, 2007).
- *Positive Visioning*: Therapists can inspire people with AS to have faith in things they cannot see by visioning preferred futures that can become the focus of, or objectives for, counseling ("If you had three wishes, what would they be?").

VII. Psychoeducation

William's father angrily stated that William would never amount to anything because of this "horrendous disorder." But through education, he slowly started to realize that many people with AS have highly prosperous lives. When William successfully completed his first year of gainful employment, the therapist remarked to his father that this was the equivalent to a typical person earning a Ph.D.

Effective psychotherapists tend to be talented teachers. The AIP Model strongly supports psychoeducation as an indispensable strategy for helping individuals and families broaden their understanding of AS. Psychotherapists must provide the most up-to-date and evidenced-based information. Psychoeducation should focus on:

Lesson 1: Explaining AS. The therapist should provide the individual and family accurate information about AS. The focus should be on challenges as well as potential

advantages or strengths found in people with this diagnosis, such as unique artistic abilities and careers which value an esoteric "thinking outside the box" style.

Lesson 2: People with AS need and must have social relationships. Despite social awkwardness or possibly appearing oblivious to others, these individuals love to watch and sometimes interact with others, and truly value time spent with family and friends.

Lesson 3: People with AS do demonstrate empathy. What sometimes appears to be a lack of empathy may be a failure to cognitively shift gears at the fast pace required for typical social interactions. When given appropriate information and enough time to process it, individuals can show as much concern for others as anyone else (Gaus, 2007).

Lesson 4: Many people with AS can be successfully employed. While some individuals are unable to work, Hawkins (2004) has demonstrated that many can be excellent employees and a few can be extremely successful in their chosen field.

Lesson 5: People with AS are often good candidates for psychotherapy. Challenges exist, but many individuals are motivated and insightful enough to really benefit from professional counseling.

BRIEF CASE ILLUSTRATION: THE AIP MODEL

Bernie (35) reports that he always felt like "an oddball" at school and in his family. He was diagnosed 12 years ago with AS. At the time, he was suffering from severe anxiety, disturbing thoughts, and an intense all-encompassing interest in historic cars. His new marriage, social life, and work in a call center were floundering. At the urging of his wife, Bernie saw a physician who prescribed an antidepressant and referred him to a cognitive-behavioral therapist. Fortunately, the therapist was willing to educate herself and Bernie about AS, and borrow strategies from many other therapy traditions. Early on, the therapist asked Bernie if he had a hero from history who might possibly have had AS and he proudly settled on car-maker Henry Ford. Therapy taught Bernie to accurately label and talk about his feelings, to become more assertive, and to strengthen boundaries between himself and those who still ridiculed him. He saw the therapist regularly for 3 and a half years and his wife later was included in some sessions dealing with couple intimacy and parenting issues.

Bernie responded well to the therapist's unflappable optimism, warm sense of humor, verbal deep pressure speaking style, and the Brain Lock treatment method for obsessive thinking. He was taught mindfulness strategies to use when feeling overwhelmed, and two locations were established where he could go to privately meditate or simply escape (a park and a nearby chapel). Reframing allowed Bernie to reinterpret AS as "today's coolest diagnosis" and to recognize some of the artistic and vocational advantages his unique thinking style offered. A psychoeducation

session was arranged with his parents, wife, and a rather negativistic sibling. His relatives were allowed to ask the therapist any questions they had regarding AS and numerous misconceptions were addressed. This session was particularly liberating for Bernie.

The therapist prescribed regular physical exercise for Bernie, and he and his wife eventually took up power walking. Two of their children were diagnosed with AS and they did an amazing job securing services for them. Today he continues to take an antidepressant and sees his therapist three or four times a year for booster sessions. His wife acts as his executive secretary to ensure he remembers his appointments and commitments and maintains a healthy routine. Therapy has helped Bernie re-write his personal life narrative to reflect success, fortitude, and quiet pride: a life story which now includes supportive family, one close friend, a re-ignited spirit, and a successful career in classic automobile sales.

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