Doreen Samelson

EdD, MSCP

Psychologist
Catalight Foundation

- Psychologist and Senior Vice President of Clinical Excellence with the Catalight Foundation
- Practiced at TPMG for 20 years prior to joining the Catalight Foundation
- One of her favorite distress tolerance skills is spending time with her cats

Dialectical Behavior Therapy: Groups for Youth or Adults with High-Functioning ASD

enhancing your IMPACT
the BHPN annual conference 2021

Lindsey Sneed

MS, BCBA

Doctoral Candidate – Clinical Psychology
Catalight Foundation

- Licensed BCBA and Doctoral Candidate; dissertation focused on the efficacy of parent-led ABA for children with ASD and their parents
- Currently serving as Director of Clinical Standards & Research at the Catalight Foundation
- Working in the field of autism treatment for over 13 years
- One of her favorite distress tolerance skills is riding her stationary bike

enhancing your IMPACT
the BHPN annual conference 2021

Dialectical Behavior Therapy: Groups for Youth or Adults with High-Functioning ASD

Disclosures

Disclosures

- Dr. Doreen Samelson and Lindsey Sneed have no relevant financial or non-financial relationships to disclose

enhancing your IMPACT
the BHPN annual conference 2021

Learning Objectives

- Be able to describe the core features of autism based on DSM-5 criteria
- Be able to list possible reasons for the complex heterogeneity of autism spectrum disorder and how this impacts treatment decisions over the lifespan
- Be able to describe the research basis for CBT in treatment for individuals with high functioning autism
- Be able to list at least 3 DBT skills that address core features of autism spectrum disorder
- Be able to describe the rational for DBT as an effective treatment modality for individuals with high-functioning autism

Catalight Foundation

Building capacity to care

The Catalight Foundation is a non-profit that helps home and community-based organizations transform their business operations, so they can focus on what matters most – delivering quality care.

What Research Tells Us

According to the Centers for Disease Control and Prevention (CDC), autism is the fastest growing developmental disability in the United States

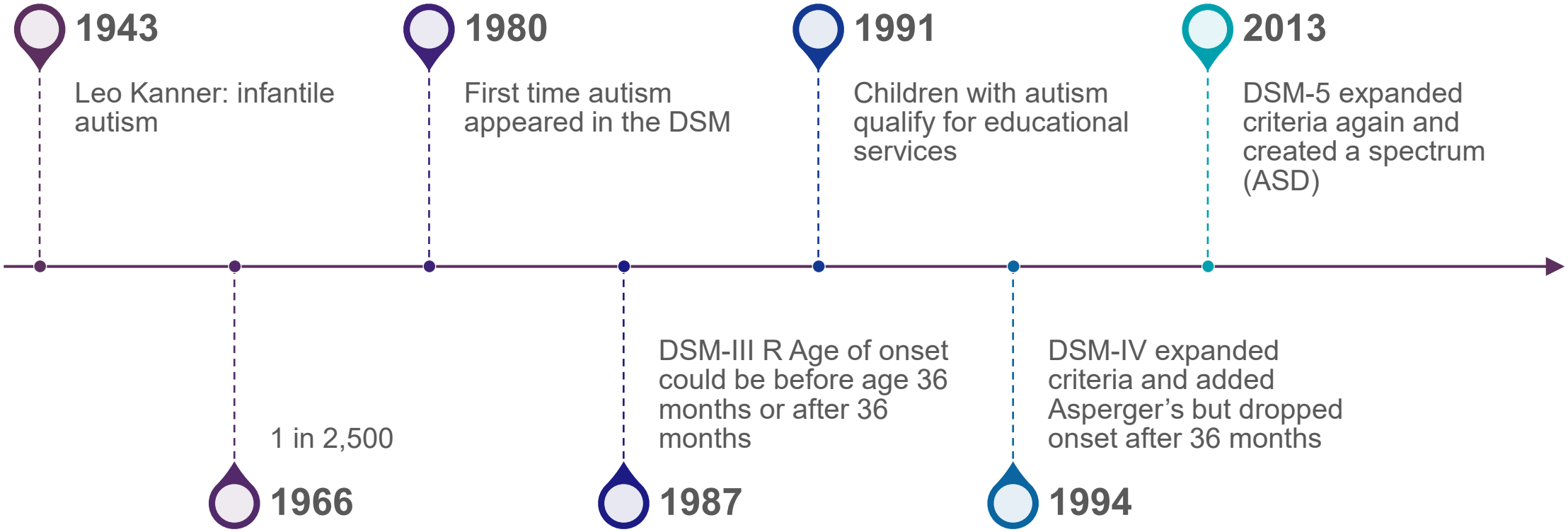
The CDC recently revised the prevalence rate to

1 in 54

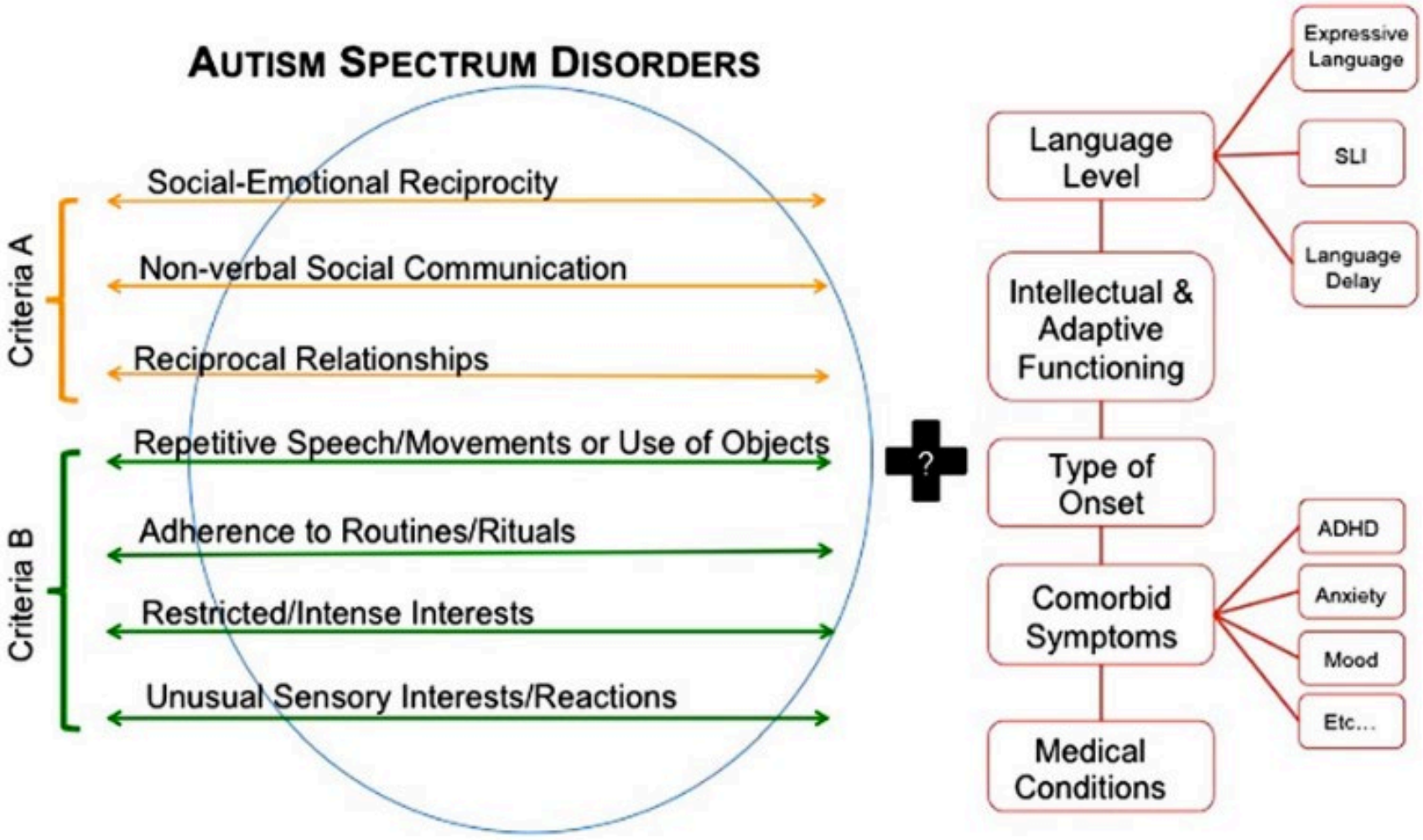
"...[ASD] is now widely accepted as a complex, pervasive, heterogeneous condition with multiple etiologies, sub-types, and developmental trajectories."

Masi et al., 2017

Autism Over Time



Core Features of ASD: DSM-5



Grzadzinski, R., Huerta, M., & Lord, C. (2013). DSM-5 and autism spectrum disorders (ASDs): An opportunity for identifying ASD subtypes. *Molecular Autism*, *4*(1), 2–7

Treatment/Interventions and ASD

BHT

- Applied Behavioral Analysis (ABA) based interventions:
  - ABA: Parent Mediated – Parent Led and Traditional 3 tier ABA
  - Early Start Denver Model (EMDR)
  - Pivotal Response Treatment (PRT)
- Cognitive Behavioral Therapies (Review articles - Kincade et al., 2009):
  - **DBT**
  - ACT

Other

- Speech and Occupational Therapies

Shifting the Focus of Interventions Over the Life Span

Practitioners

“Qualified autism service provider” means either of the following:

A

A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.

B

A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

“

…The research suggested that CBT can be a very powerful and effective tool for higher-functioning children on the autism spectrum, and may be considered an empirically validated efficacious therapy for this population.”

Kincade et al., 2009

CBT/DBT

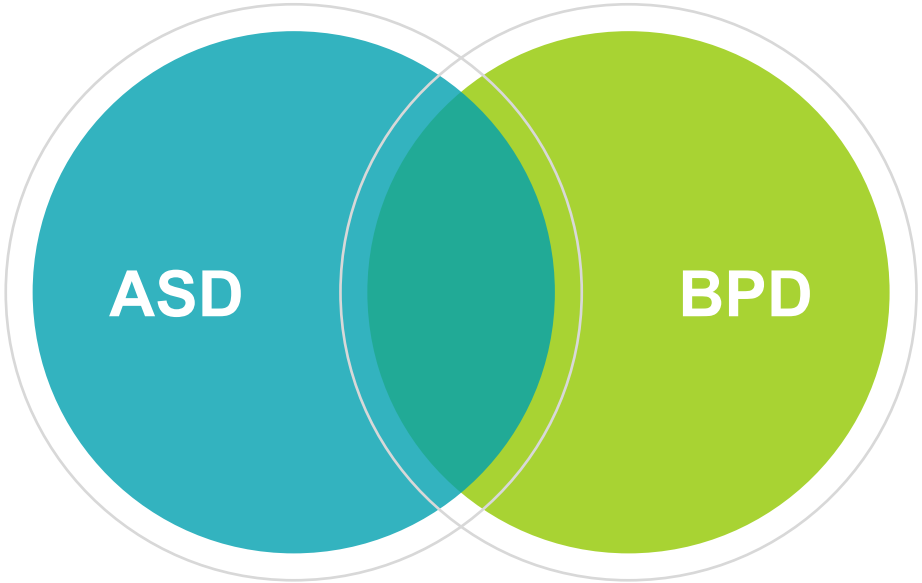
Good evidence for effective treatment with CBT/DBT for ASD and developmental disabilities

- 36-week CBT 6-8 member group: Greater improvement in quality of life and well-being as compared to a recreational group (Hesselmark, Plenty & Bejerot, 2014)
- CBT for adults with intellectual disabilities showed improved skills (Barrera, C. 2017)
- Group CBT for anxiety in adults with ASD showed positive results (Spain, Blainey, & Vaillancourt, 2017)
- Group CBT treatment for adults with ASD showed improved quality of life (Hesselmark et al., 2017)
- DBT for adults with intellectual disabilities showed improved skills (Brown et al., 2013)
- DBT and ACT with adolescents with ASD – education setting (Valle, 2016)
- DBT for self-harm/emotion regulation in patients with ASD (Huntjens et al., 2020)

DBT

- 3rd wave CBT
- Widely studied
- Group DBT focus on skills
- First developed to treat BPD
- Developed by Dr. Marsha Linehan

ASD and BPD



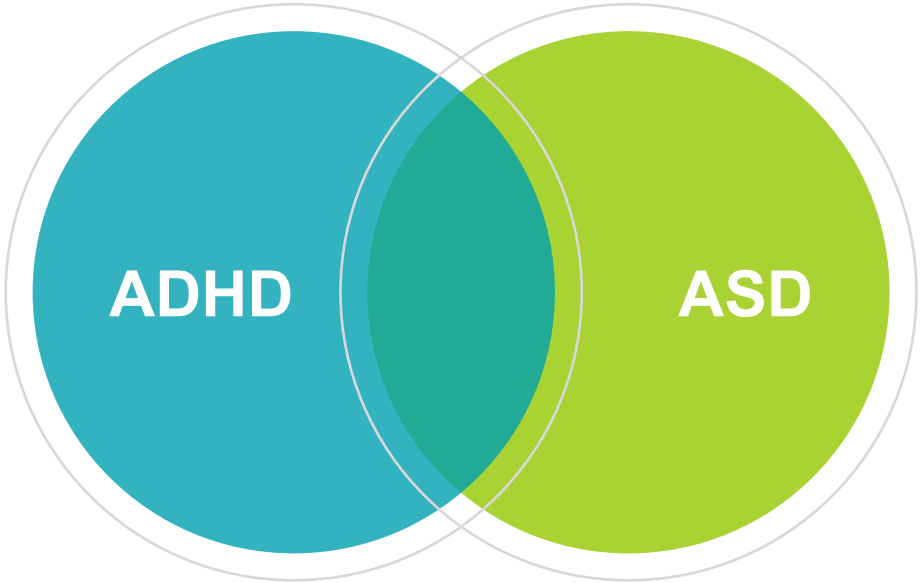
Sx overlap

- Emotion regulation
- Interpersonal relationships problems
- Identity disturbance
- Impulsivity
- Self harm behavior
- Rigid thinking
- Anxiety and dysphoria

AJ

- 17 years old
- Dx with ASD (autism) at age 3 after parents noticed a delay in speaking and repetitive behaviors (hand flapping and running back and forth)
- Received 12 months of speech therapy and 18 months of ABA
- Talking by age 5
- Dx with ADHD at age 6 — good response to medication
- In general education with some support
- Some mild self harm when upset (skin picking and biting fingers without breaking skin)
- Receptive language adequate, expressive language moderately low, social skills are poor
- Plans to go to Community College

ADHD and ASD



Overlap in symptoms of attention and impulsivity.

Konst et al, 2014

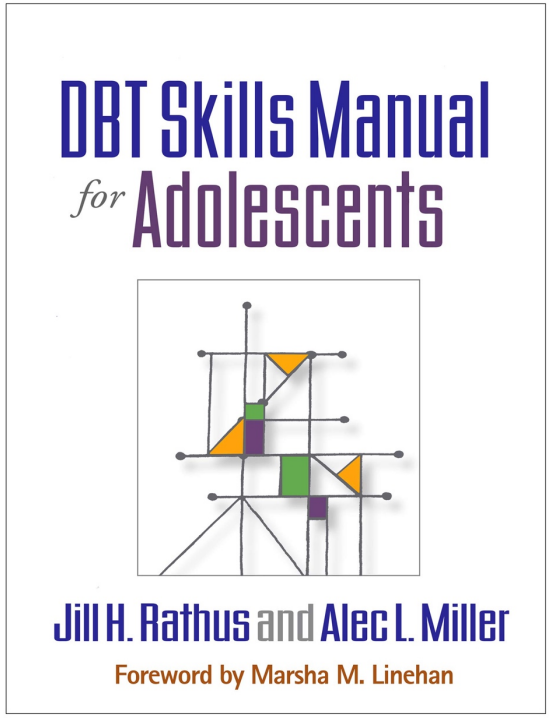
Prevalence of comorbidity between the two disorders is not known. Studies report a wide range of comorbidity ranging from 37% to 78%.

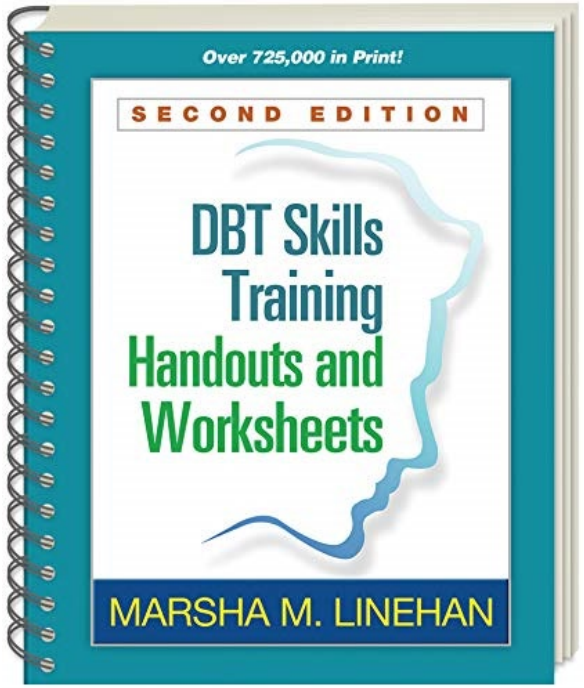
Carrascosa-Romero et al., 2015

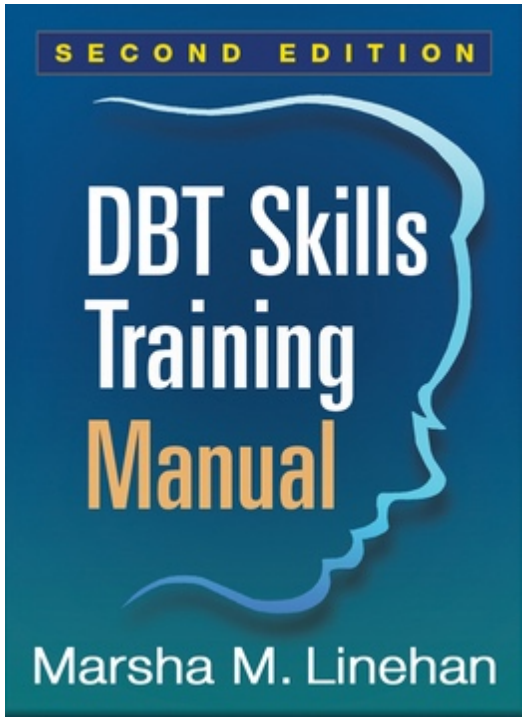
DBT helpful in addressing Sx of ADHD – randomized trial.

Hirvikoski et al., 2011

DBT







Handout images from DBT Skill Training Handouts and Worksheets

DBT Skills

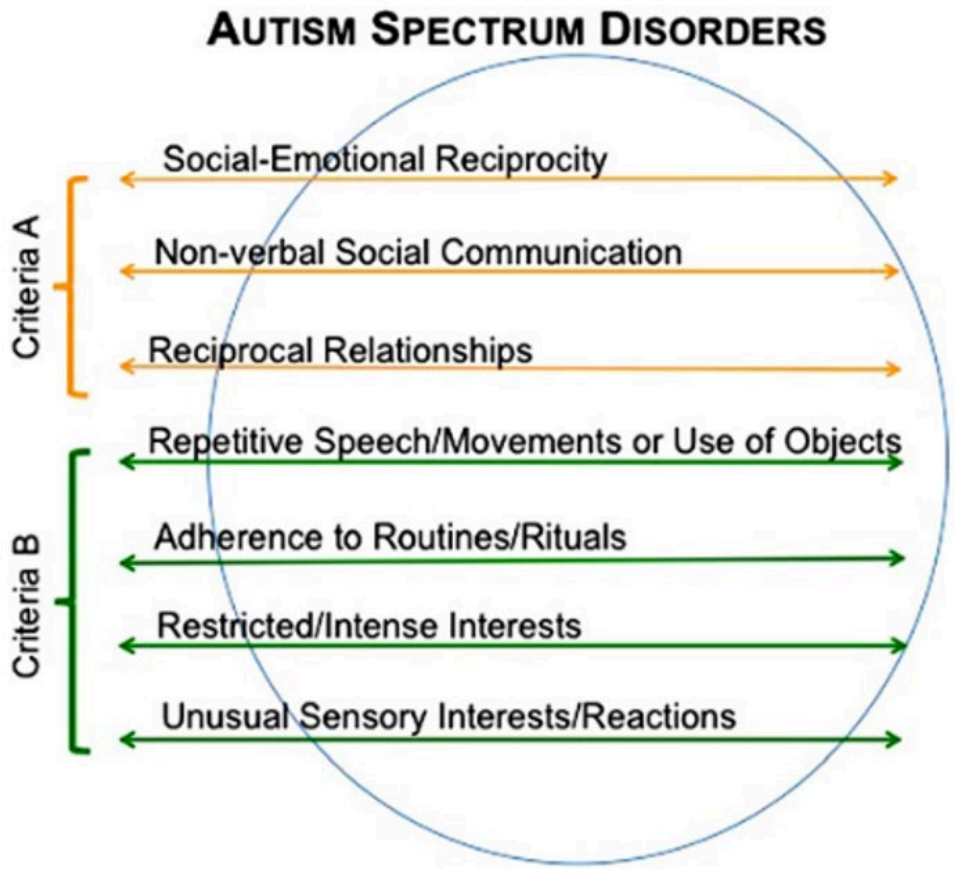
Mindfulness

Interpersonal effectiveness

Emotion regulation

Distress tolerance

DBT Skills and Features of ASD



- Mindfulness
- Interpersonal effectiveness
- Emotion regulation
- Distress tolerance

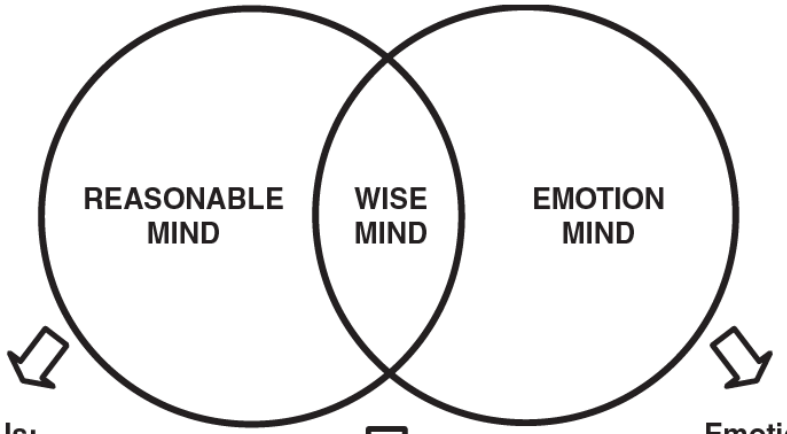
Mindfulness

Observe

Describe

Participate

Wise Mind: States of Mind



Reasonable Mind Is:

Cool

Rational

Task-Focused

When in *reasonable mind,* you are ruled by facts, reason, logic, and pragmatics. Values and feelings are not important.

Wise Mind Is:

The wisdom within each person

Seeing the value of both reason and emotion

Bringing left brain and right brain together

The middle path

Emotion Mind Is:

Hot

Mood-Dependent

Emotion-Focused

When in *emotion mind,* you are ruled by your moods, feelings, and urges to do or say things. Facts, reason, and logic are not important.

Interpersonal Effectiveness

- Get what you want
- Get what you want while maintaining a relationship
- And while keeping your own self respect
- How to find people and get them to like you
- How to join conversations
- When to self-disclose when not to self-disclose

DEAR MAN

GIVE

FAST

DEAR MAN

Describe

Express

Assert

Reinforce

Guidelines for Objectives Effectiveness: Getting What You Want (DEAR MAN)

A way to remember these skills is to remember the term **DEAR MAN**:

Describe
Express
Assert
Reinforce
(Stay) Mindful
Appear Confident
Negotiate

Describe

Describe the current SITUATION (if necessary). Stick to the facts. Tell the person exactly what you are reacting to.

"You told me you would be home by dinner but you didn't get here until 11."

Express

Express your FEELINGS and OPINIONS about the situation. Don't assume that the other person knows how you feel.

"When you come home so late, I start worrying about you."

Use phrases such as *"I want"* instead of *"You should," "I don't want"* instead of *"You shouldn't."*

Assert

Assert yourself by ASKING for what you want or SAYING NO clearly. Do not assume that others will figure out what you want. Remember that others cannot read your mind.

"I would really like it if you would call me when you are going to be late."

Reinforce

Reinforce (reward) the person ahead of time (so to speak) by explaining positive effects of getting what you want or need. If necessary, also clarify the negative consequences of not getting what you want or need.

"I would be so relieved, and a lot easier to live with, if you do that."

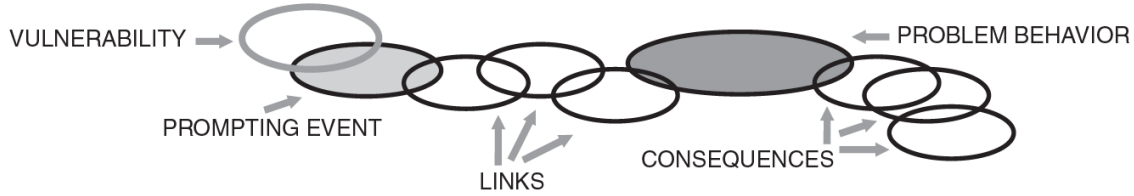
Remember also to reward desired behavior after the fact.

(***continued on next page***)

Emotional Regulation

- Identify emotional states – understanding emotions
- Regulate emotions:
  - Describe the behavior
  - Vulnerabilities
  - Prompting event
  - Interpretation of the events (checking the facts)
  - After-effects
- A-B-Cs of behavior

TO UNDERSTAND BEHAVIOR, DO A CHAIN ANALYSIS.



Step 1: Describe the **PROBLEM BEHAVIOR.**

Step 2: Describe the **PROMPTING EVENT** that started the chain of events leading to the problem behavior.

Step 3: Describe the factors happening before the event that made you **VULNERABLE** to starting down the chain of events toward the problem behavior.

Step 4: Describe in excruciating detail the **CHAIN OF EVENTS** that led to the problem behavior.

Step 5: Describe the **CONSEQUENCES** of the problem behavior.

Ways to Describe Emotion

Ways to Describe Emotions

ANGER WORDS

anger	bitterness	fury	indignation	vengefulness
aggravation	exasperation	grouchiness	irritation	wrath
agitation	ferocity	grumpiness	outrage	
annoyance	frustration	hostility	rage	

Prompting Events for Feeling Anger

- Having an important goal blocked.
- You or someone you care about being attacked or threatened by others.
- Losing power, status, or respect.
- Not having things turn out as expected.
- Physical or emotional pain.
- Other: _____

Interpretations of Events That Prompt Feelings of Anger

- Believing that you have been treated unfairly.
- Blaming.
- Believing that important goals are being blocked or stopped.
- Believing that things "should" be different than they are.
- Rigidly thinking, "I'm right."
- Judging that the situation is illegitimate or wrong.
- Ruminating about the event that set off the anger in the first place.
- Other: _____

Biological Changes and Experiences of Anger

- Muscles tightening.
- Teeth clamping together.
- Hands clenching.
- Feeling your face flush or get hot.
- Feeling like you are going to explode.
- Being unable to stop tears.
- Wanting to hit someone, bang the wall, throw something, blow up.
- Wanting to hurt someone.
- Other: _____

Expressions and Actions of Anger

- Physically or verbally attacking.
- Making aggressive or threatening gestures.
- Pounding, throwing things, breaking things.
- Walking heavily, stomping, slamming doors.
- Walking out.
- Using a loud, quarrelsome, or sarcastic voice.
- Using obscenities or swearing.
- Criticizing or complaining.
- Clenching your hands or fists.
- Frowning, not smiling, mean expression.
- Brooding or withdrawing from others.
- Crying.
- Grinning.
- A red or flushed face.
- Other: _____

Aftereffects of Anger

- Narrowing of attention.
- Attending only to the situation that's making you angry.
- Ruminating about the situation making you angry or about situations in the past.
- Imagining future situations that will make you angry.
- Depersonalization, dissociative experiences, numbness.
- Other: _____

(*continued on next page*)

Note. Adapted from Table 3 in Shaver, P., Schwartz, J., Kirson, D., & O'Connor, C. (1987). Emotion knowledge: Further exploration of a prototype approach. *Journal of Personality and Social Psychology, 52*(6), 1061–1086. Copyright 1987 by the American Psychological Association. Adapted by permission.

Distress Tolerance

STOP Skill

Stop	Do not just react. Stop! Freeze! Do not move a muscle! Your emotions may try to make you act without thinking. Stay in control!
Take a step back	Take a step back from the situation. Take a break. Let go. Take a deep breath. Do not let your feelings make you act impulsively.
Observe	Notice what is going on inside and outside you. What is the situation? What are your thoughts and feelings? What are others saying or doing?
Proceed mindfully	Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and other people's thoughts and feelings. Think about your goals. Ask Wise Mind: Which actions will make it better or worse?

Walking the Middle Path

Practicing Dialectics

Due Date: _____ Name: _____ Week Starting: _____

Describe two situations that prompted you to practice dialectics.

SITUATION 1

Situation (who, what, when, where):

- ❑ Looked at both sides
- ❑ Stayed aware of my connection
- ❑ Embraced change
- ❑ Remembered that I affect others and others affect me

At left, check the skills you used, and describe here.

Describe experience of using the skill:

Check if practicing this dialectical skill has influenced any of the following, *even a little bit:*

____Reduced suffering ____Increased happiness ____Reduced friction with others
____Decreased reactivity ____Increased wisdom ____Improved relationship
____Increased connection ____Increased sense of personal validity
____Other outcome: _____

SITUATION 2

Situation (who, what, when, where):

- ❑ Looked at both sides
- ❑ Stayed aware of my connection
- ❑ Embraced change
- ❑ Remembered that I affect others and others affect me

At left, check the skills you used, and describe here.

Describe experience of using the skill:

Check if practicing this dialectical skill has influenced any of the following, *even a little bit:*

____Reduced suffering ____Increased happiness ____Reduced friction with others
____Decreased reactivity ____Increased wisdom ____Improved relationship
____Increased connection ____Increased sense of personal validity
____Other outcome: _____

AJ

- 17 years old
- Dx with ASD (autism) at age 3 after parents noticed a delay in speaking and repetitive behaviors (hand flapping and running back and forth)
- Received speech therapy and ABA
- Talking by age 5
- Dx with ADHD at age 6 — good response to medication
- In general education with some support
- Some mild self harm when upset (skin picking and biting fingers without breaking skin)
- Receptive language adequate, expressive language moderately low, social skills are poor
- Plans to go to Community College

AJ and DBT Skills Group

- Still has autism
- Mild self harm decreased with distress tolerance skills (Stop skill and self-soothing)
- Learned how to recognize emotions in self, better at recognizing emotions in others
- Expressive language improved with skills like DEAR MAN
- Walking the middle path decreased rigid thinking and behavior
- Social skills improved, made a good online friend
- Radical acceptance for autism

Summary

DBT is an effective treatment for patients with ASD

The goal is not to “recover” from autism but rather to become more skillful

Group DBT can include mixed Dx

References

- Barrera, C. (2017). Cognitive behavior therapy with adults with intellectual disabilities: A systematic review. *Master of Social Work Clinical Research Papers*.
- Brown, J. F., Brown, M. Z., & Dibiasio, P. (2013). Treating Individuals With Intellectual Disabilities and Challenging Behaviors With Adapted Dialectical Behavior Therapy. *Journal of Mental Health Research in Intellectual Disabilities*, *6*(4), 280–303. https://doi.org/10.1080/19315864.2012.700684
- Dykstra, E. J., & Charlton, M. (2003). *Dialectical Behavior Therapy Skills Training: Adapted for Special Populations*. 1–131. Updated 2013
- Hartmann, K., Urbano, M., Manser, K., & Okwara, L. (2012). Modified dialectical behavior therapy to improve emotion regulation in autism spectrum disorders. In *Autism Spectrum Disorders: New Research*.
- Huntjens, A., Van Den Bosch, L. M. C. W., Sizoo, B., Kerkhof, A., Huibers, M. J. H., & Van Der Gaag, M. (2020). The effect of dialectical behaviour therapy in autism spectrum patients with suicidality and/or self-destructive behaviour (DIASS): Study protocol for a multicentre randomised controlled trial. *BMC Psychiatry*, *20*(1), 1–11. https://doi.org/10.1186/s12888-020-02531-1
- Hirvikoski, T., Waaler, E., Alfredsson, J., Pihlgren, C., Holmström, A., Johnson, A., Rück, J., Wiwe Lipsker, C., Bothén, P., & Nordström, A.-L. (2011). Reduced ADHD symptoms in adults with ADHD after structured skills training group: Results from a randomized controlled trial. *Behaviour Research and Therapy*, *49*, 175–185. https://doi.org/10.1016/j.brat.2011.01.001
- Kincade, S. R., John, S., Brunswick, N., & Lorraine McBride, D. (2009). *i CBT and Autism Spectrum Disorders: A Comprehensive Literature Review*.
- Mazefsky, C. A., & White, S. W. (2014). Emotion Regulation. Concepts & Practice in Autism Spectrum Disorder. In *Child and Adolescent Psychiatric Clinics of North America* (Vol. 23, Issue 1, pp. 15–24). https://doi.org/10.1016/j.chc.2013.07.002
- Reaven, J., Blakeley-Smith, A., Culhane-Shelburne, K., & Hepburn, S. (2012). Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: A randomized trial. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *53*(4), 410–419. https://doi.org/10.1111/j.1469-7610.2011.02486.x
- Spain, D., Blainey, S. H., & Vaillancourt, K. (2017). Group cognitive behaviour therapy (CBT) for social interaction anxiety in adults with autism spectrum disorders (ASD). *Research in Autism Spectrum Disorders*, *41–42*(July), 20–30. https://doi.org/10.1016/j.rasd.2017.07.005
- Valle, D. (2016). Managing Anxiety in Autism: Adolescent Students with High-functioning Autism Through the use of Cognitive Behavior Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy. URI: http://hdl.handle.net/10211.3/181763

See you in the

Q&A

for questions!

enhancing your IMPACT
the BHPN annual conference 2021