

Can cognitive models describe the autistic experience?

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Cognitive therapy

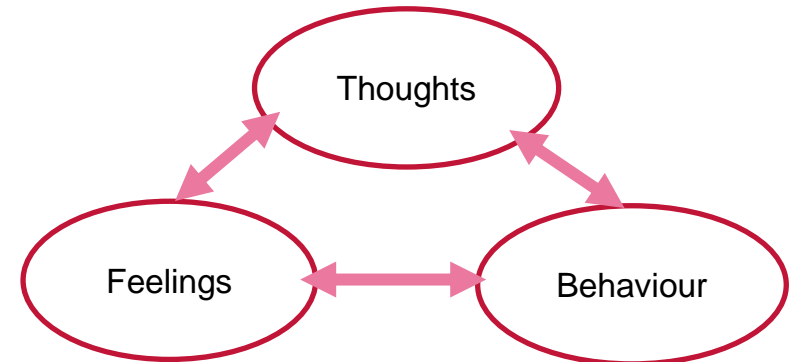
- Frequently recommended for autistic people
- But can the models used in cognitive therapy describe the autistic experience?
- Important question because
- If they can't describe the autistic experience, they are likely to point to the wrong targets in the treatment

Cognitive therapy: The Triad

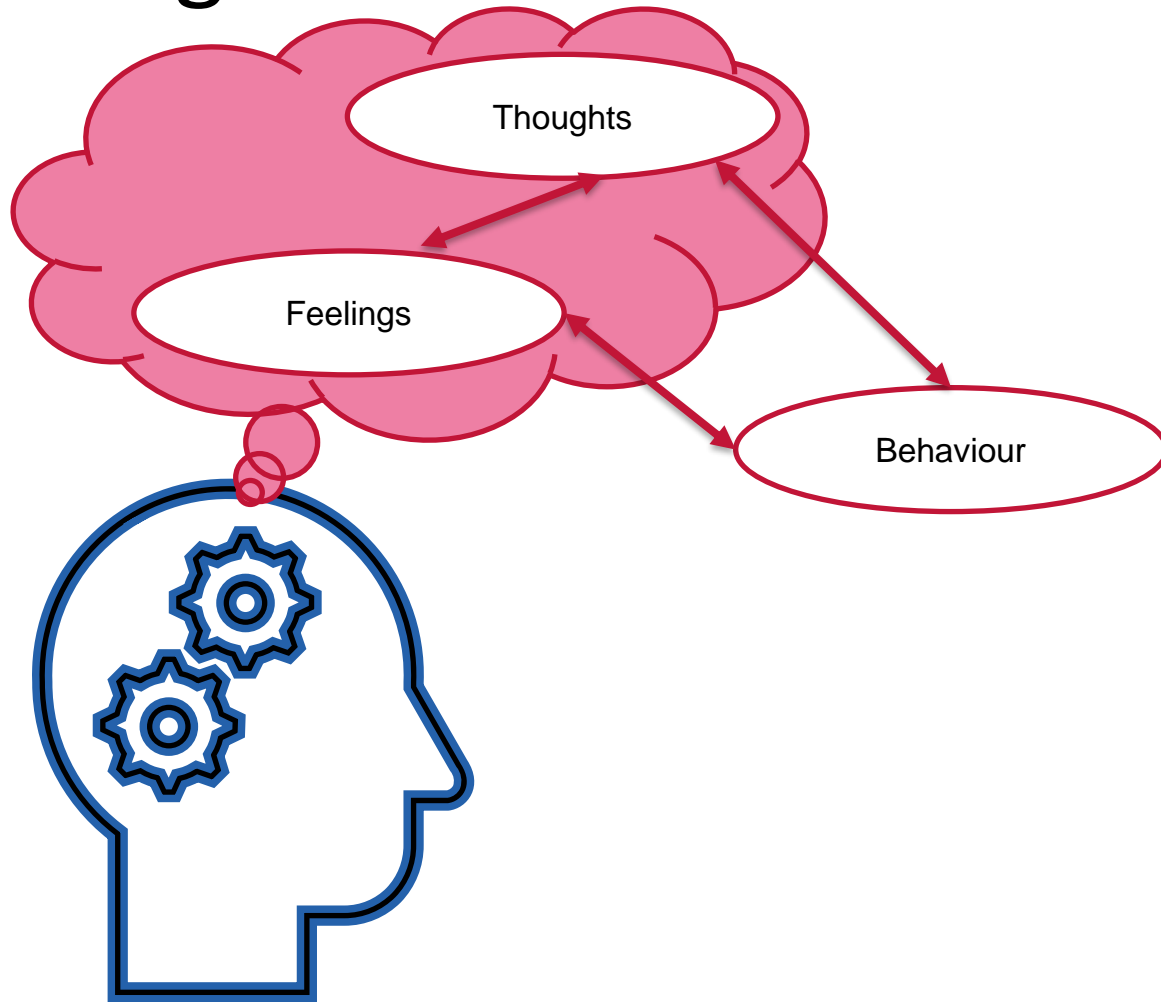
Cognitive Behavioral Therapy (CBT) – change our thoughts

Acceptance and Commitment Therapy (ACT) – live with our thoughts without judging them

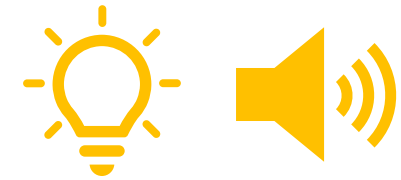
Dialectical behavior therapy (DBT) – accept that two opposite or contradictory ideas can exist at the same time, e.g., accepting yourself and changing yourself at the same time



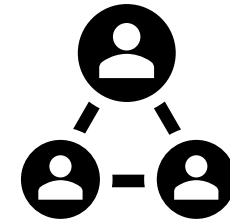
The cognitive triad



Missing from the triad



Sensory stimuli



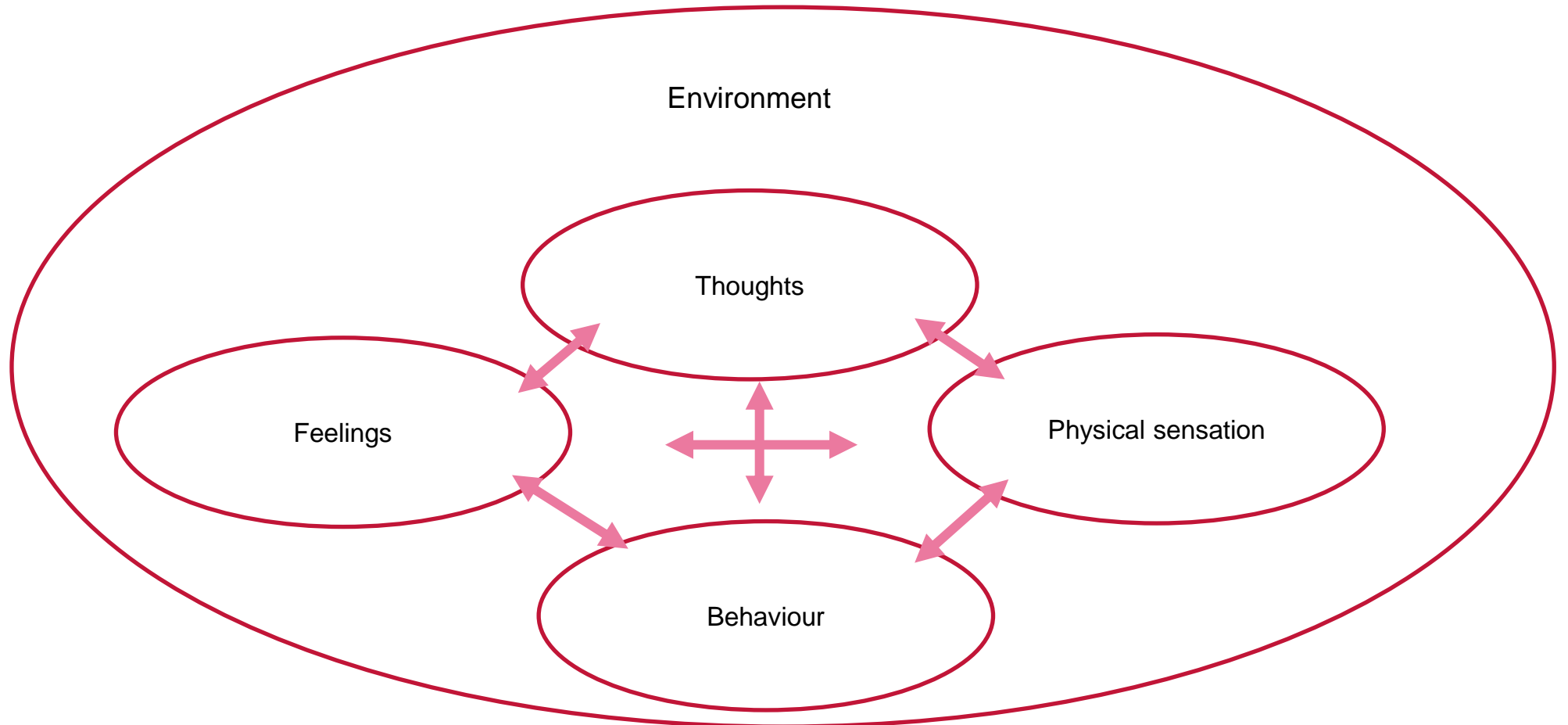
Interpersonal relations



Interoception

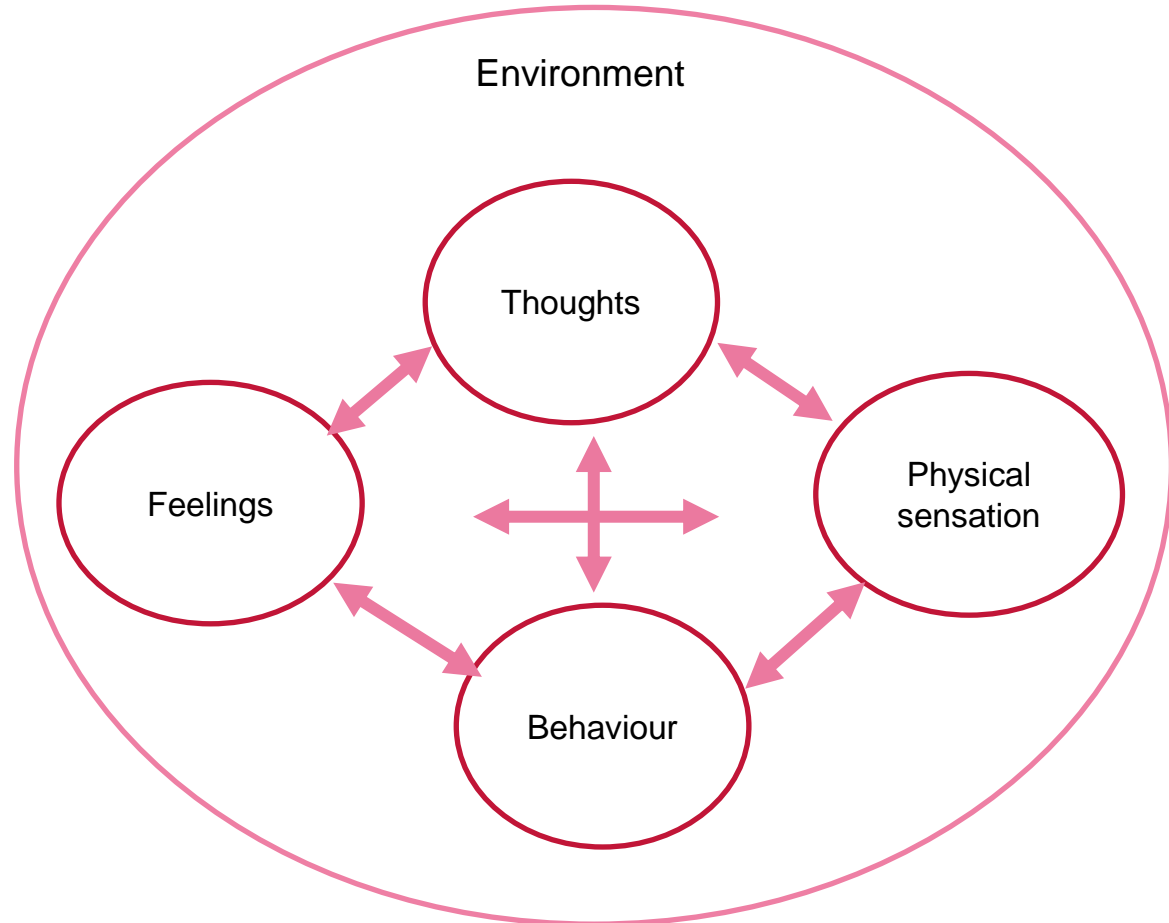
Hot-cross bun model

(Greenberger & Padesky, 1995)



Hot-cross bun model

(Greenberger & Padesky, 1995)

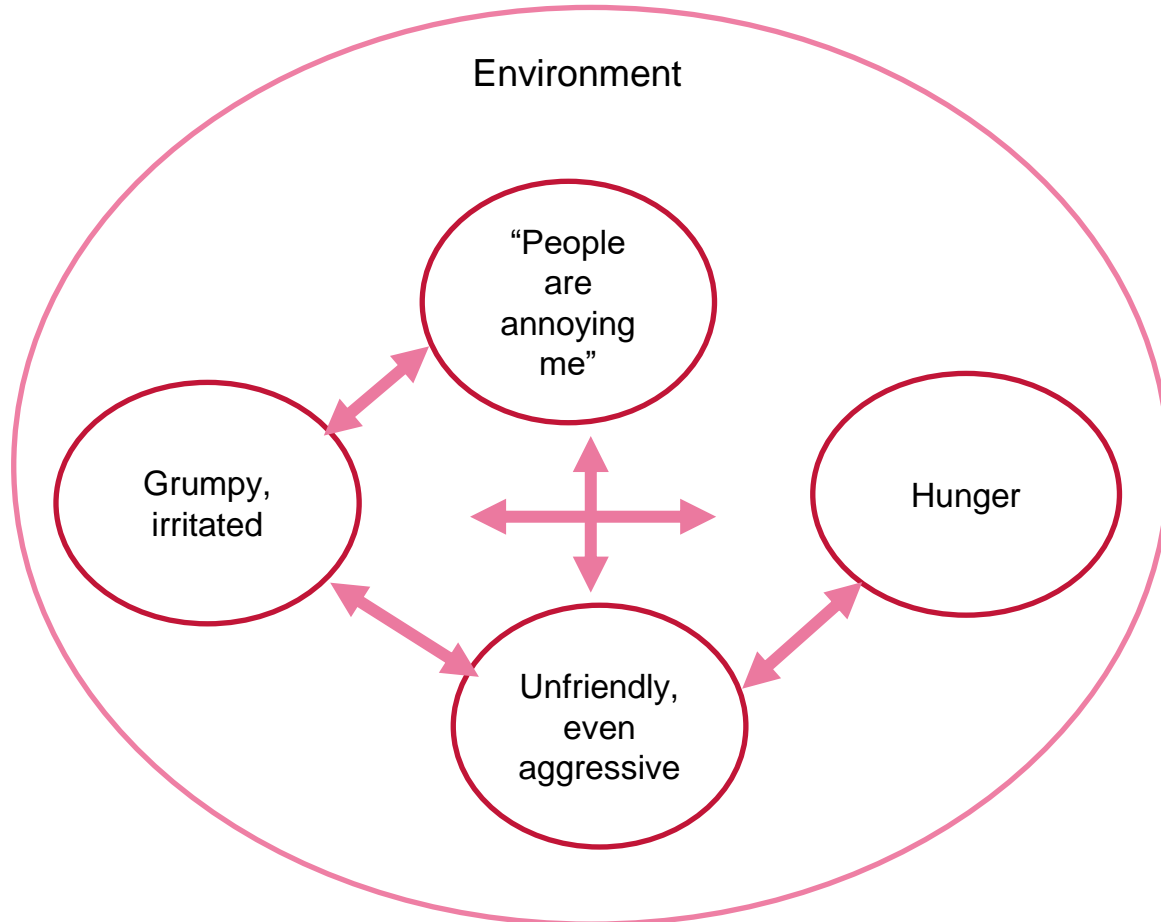


Let's try a simple problem

An autistic person gets grumpy when hungry

Doesn't realize they are hungry until they are in a meltdown

Stage 1 – Doesn't notice hunger

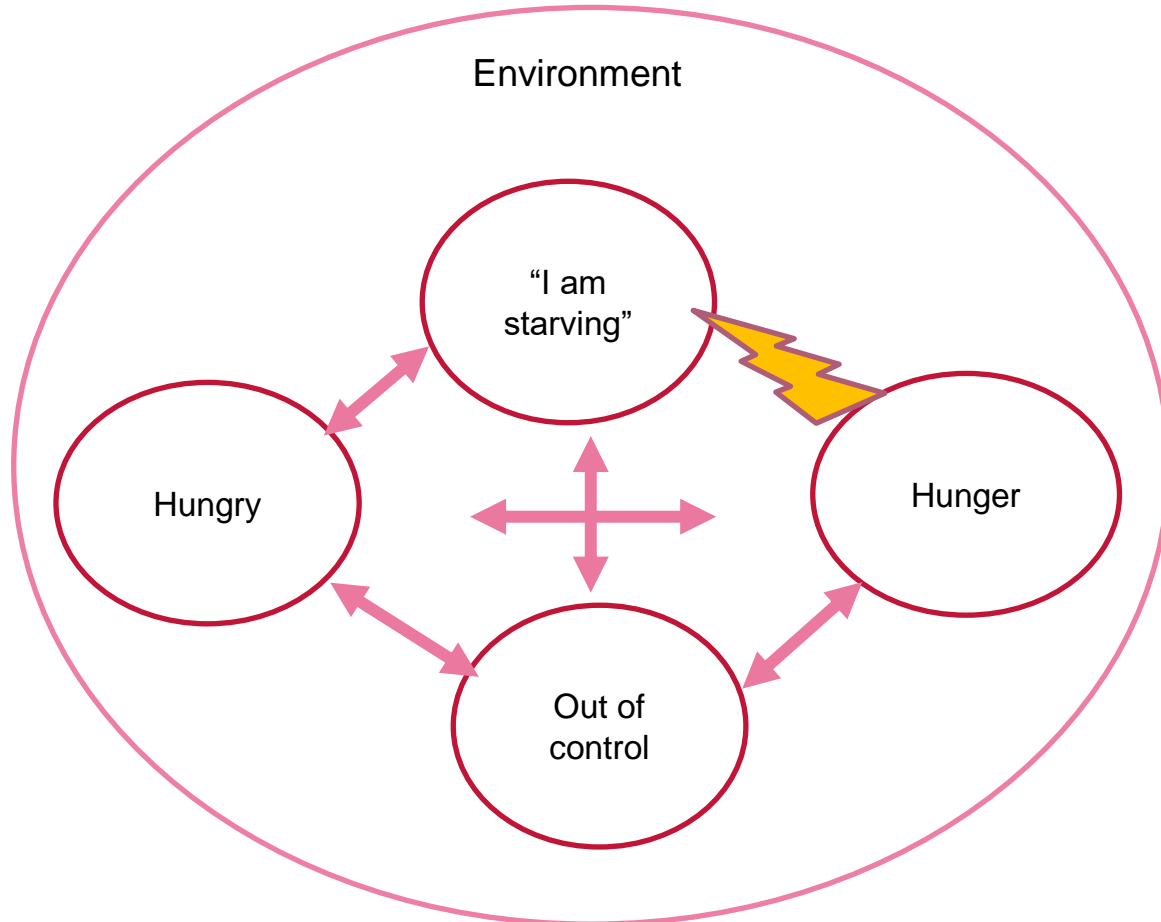


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Stage 2 – Meltdown



Let's try a simple problem

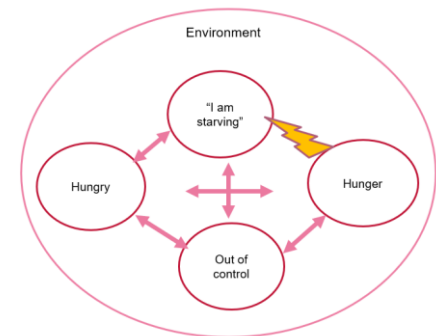
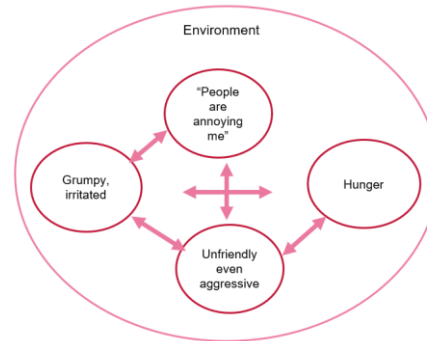
An autistic person gets grumpy when hungry

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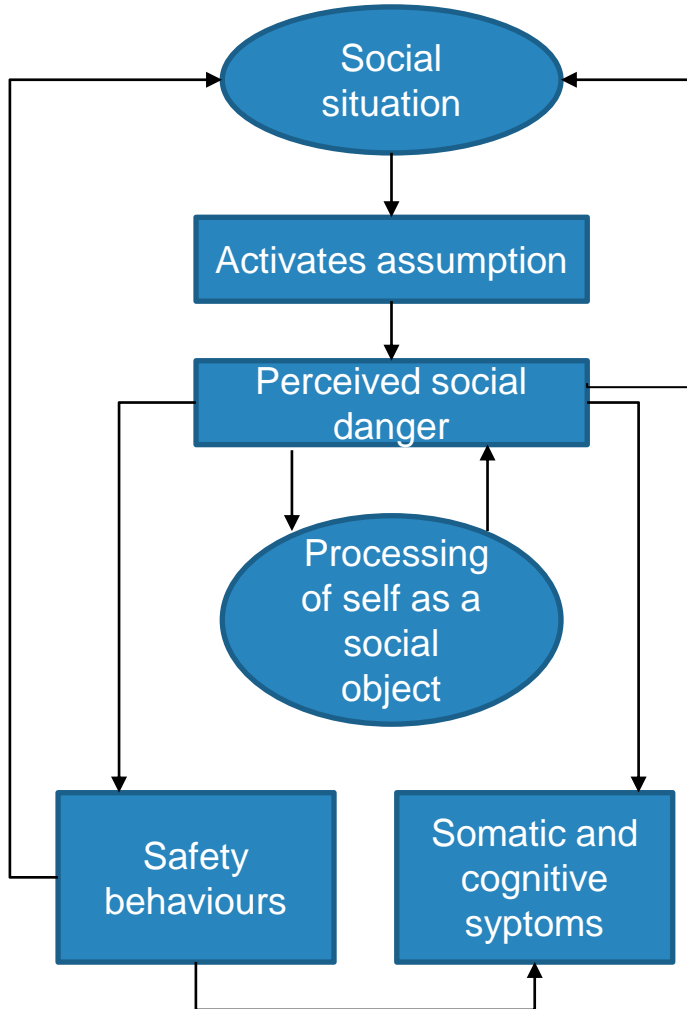
This representation

- 2 stages = 2 diagrams
 - Which one are we going to use to point to treatment?
- Stage 1 - If you are not aware of the problem, how can you respond to it
 - CBT not likely to work
- Stage 2 – Manage your feelings - ACT & DBT
- None of these point to the obvious solution:

EAT REGULARLY!



Let's try another famous model

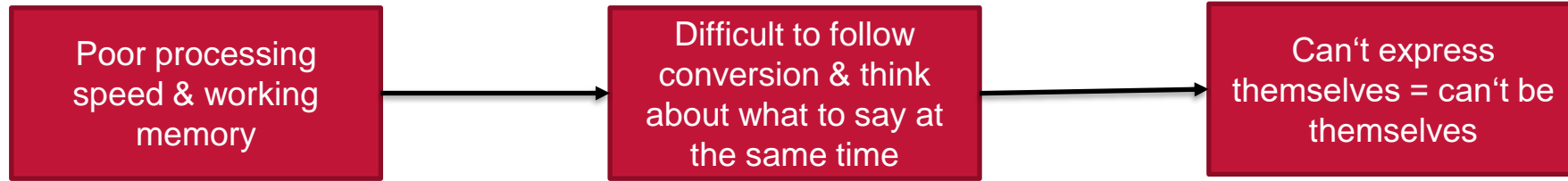


Social Anxiety model in CBT
(Clark and Wells, 1995)

Social situations for autistic people

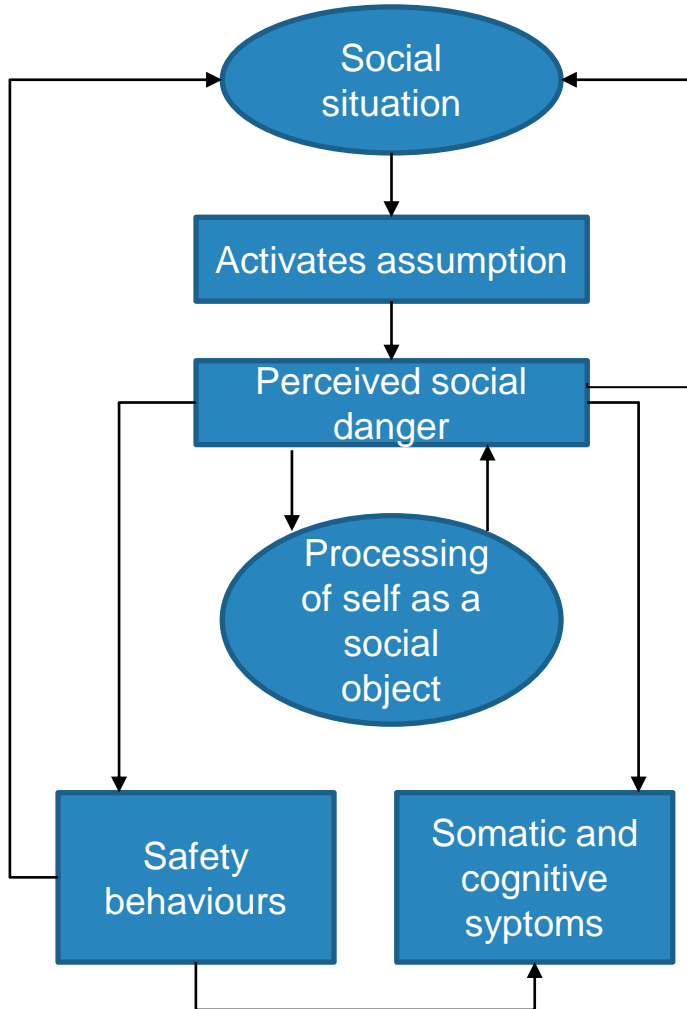
Social situations involve sensory stimuli – usually, a lot of it

Autistic people often find people who don't share their interests boring



This can create anxiety for autistic people

Social Anxiety model (Clark and Wells, 1995)



How do we fit these autistic elements into this model?

Poor processing speed & working memory

Sensory stimuli

Boring people

The problem is

Poor processing speed
& working memory

Sensory stimuli

Boring people

Sending people into social situations again & again won't solve these problems

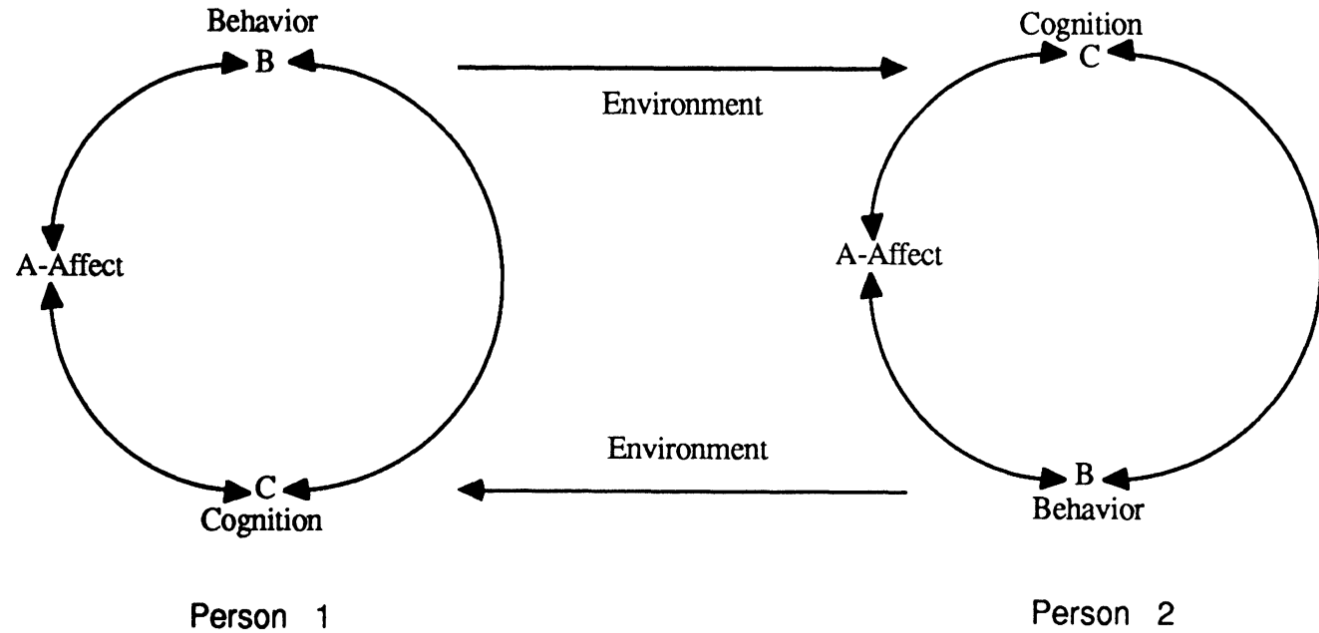
Doing so is likely to increase the problems

The autistic person will start to question themselves:
Why doesn't this work for me? What is wrong with me?

Double empathy problems

CBT models that can deal with it, e.g. Teichman & Teichman, 1990

The behaviour of one person affects how the second perceives them



Practical example

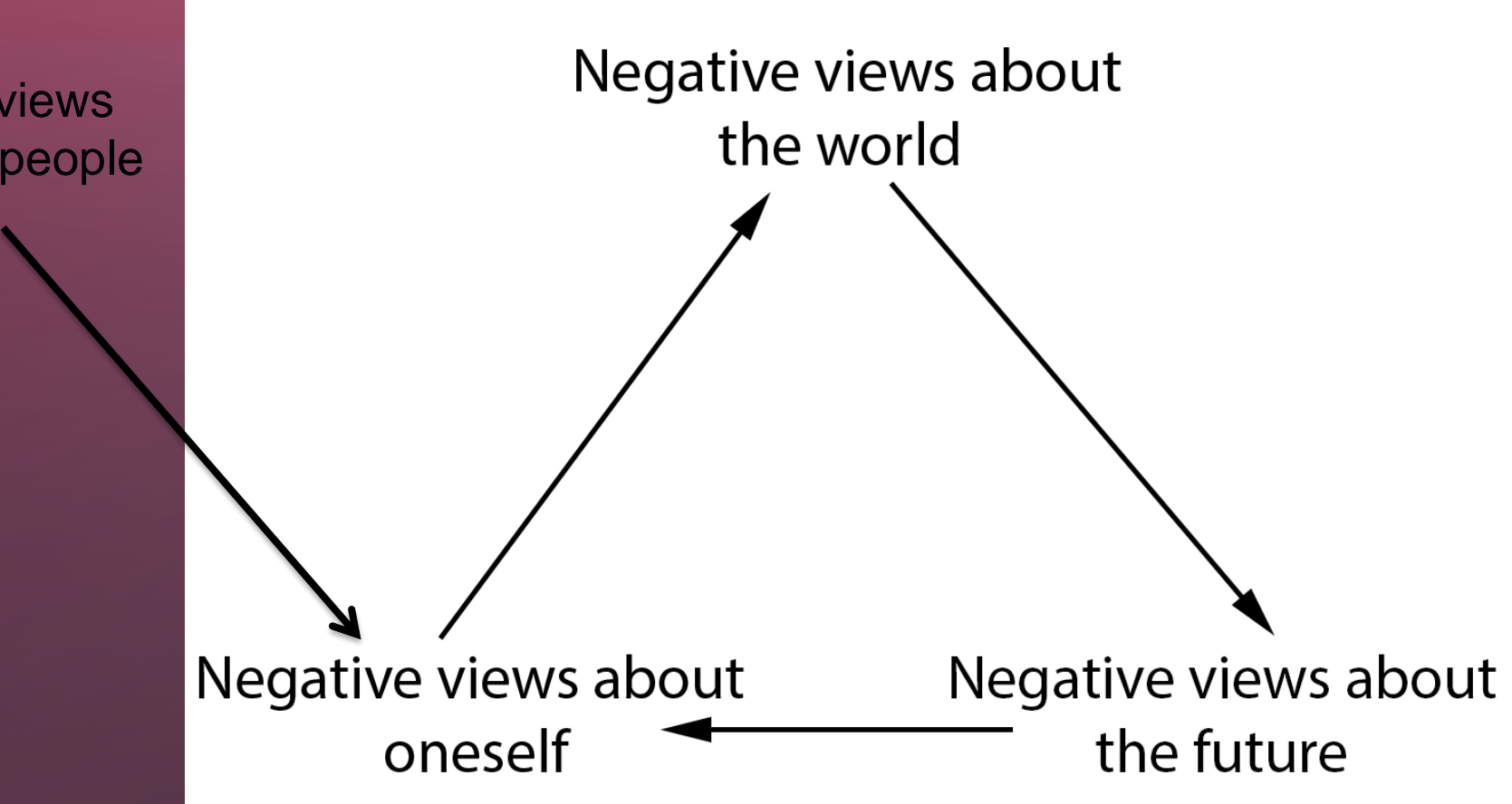
- Example: Autistic person goes to a shop to buy things. The shop assistant finds the autistic person rude and is rude in return.
- We could do 3-4 therapy sessions with
 - the autistic person and the shop assistant
 - and the other shop assistants – when the same scenario arises
 - and the bus driver
 - the neighbours and ...
- We can't deal with all misunderstandings by therapy

Practical example - continued

- Therapy is limited to the people that attend therapy
 - Boils down to: You can only change yourself, not others
- So, how is it possible to deal with the double empathy problem?
- Social skills training (so the shop assistant won't be rude to you)
 - = learning how to keep other people satisfied with you
 - = “You are the problem. Please change!”
- Self-blame and feelings of worthlessness (in social situations)
- Which creates more anxiety in social situations!

Beck's cognitive triad - depression

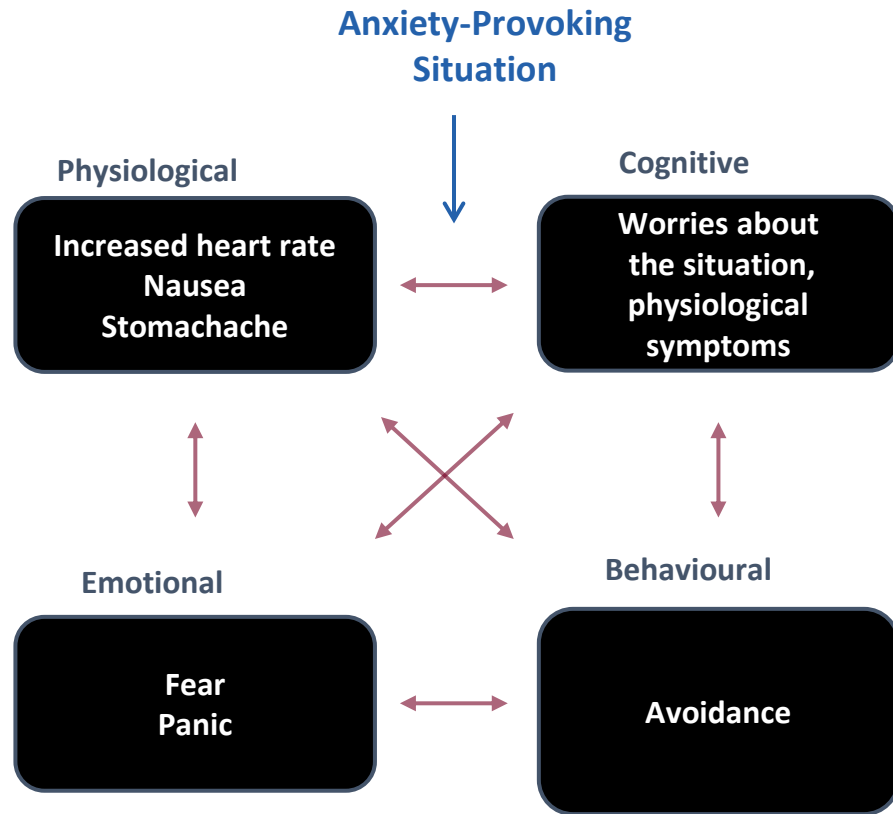
The negative views about autistic people



Before we continue

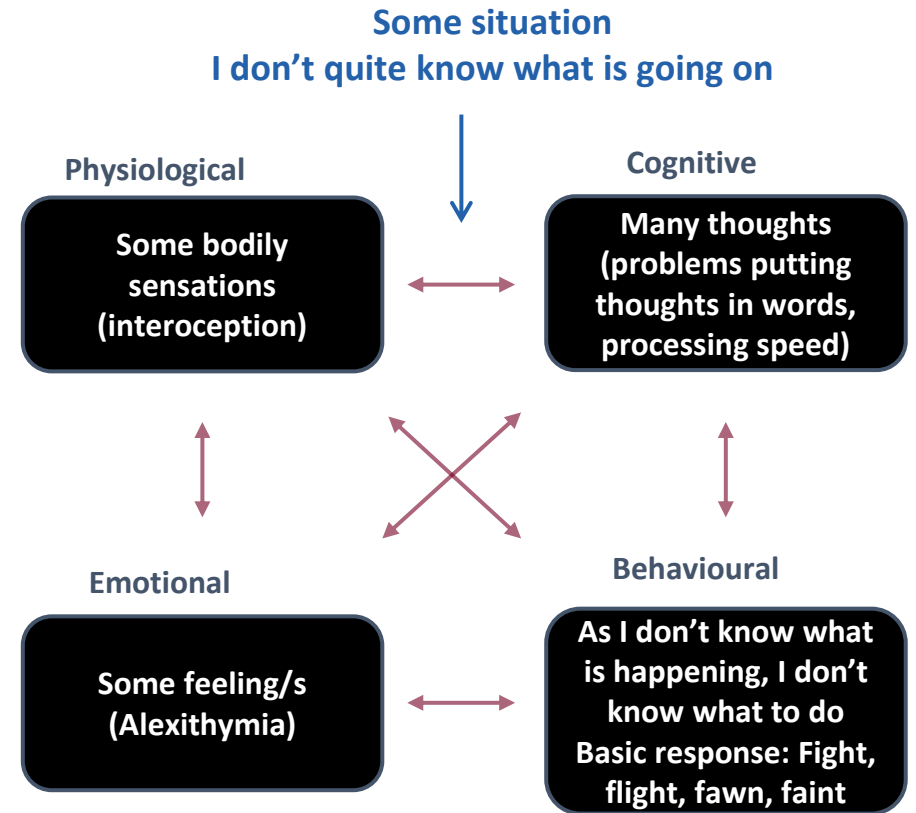
Three important points on CBT
for autistic people

Typical model



Targets in treatment: Cognitive and Avoidance

What many autistic people experience



Mainly cognitive problems

What CBT asks autistic people to do?

1. As usual, try to survive sensory stimuli: sounds, lights etc.
2. Find out what you are feeling and put words to it
3. React accordingly to CBT - if you are happy and calm, do nothing
 - if anxious, go to CBT
 - if you can't figure out what you are feeling, then what?
4. Find out what your bodily sensations are
5. Figure out what you are/were thinking
 - by this time, you have had many other thoughts
6. Remember what you are supposed to do
 - behaviour, challenge your thoughts
7. If you remember what to do, do it
 - if you don't remember, then what?

Reevaluating your thoughts

Autistic people have had their thoughts and beliefs doubted by others since they could talk.

Many autistic people in therapy describe questioning their thoughts and feelings every day and claim it is anxiety-provoking.

Constantly questioning your personal experience leads to anxiety.

Can increase self-blame.

Back to the models. These cognitive models...

- emphasize thoughts and feelings
- ignore/minimize sensory or interoception problems
- ignore the effect of not being understood or accepted

Conclusion

Therapy based on these models can be

- Unhelpful (when models point to wrong targets in therapy)
- Increase problems (when models point to wrong targets in therapy)
- Increase self-blame (blame themselves when therapy doesn't work)
- Increase anxiety (because situations never get easier,
it teaches doubting your feelings, thoughts)

References

Clark, D. M., & Wells, A. (1995). A cognitive model. *Social phobia: Diagnosis, assessment, and treatment*, 69, 1025.

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