

# **Minds and Hearts: Best Practice Guidelines for Supporting Adults with Asperger's Syndrome**

## **Paper submitted to Lady Hornby and the Kingwood Trust**

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### **Abstract**

The primary objective of the paper is to present a model of service delivery and best practice guidelines for supporting adults with Asperger's syndrome in the community. The model presented was developed by the author through her experience of creating "Minds and Hearts: A Specialist Clinic for Asperger's Syndrome and Autism," located in Brisbane, Australia. The context, background, structure and service provision of the clinic are described in the first section. Next, recommendations for best practice in supporting adults with AS are presented with regard to philosophy, identification, the diagnostic assessment process, post-assessment support (community and clinical services), potential barriers to accessing services, research and evaluation.

### **About Minds and Hearts**

#### *Our Mission Statement:*

*At Minds and Hearts we work with the mind, through the heart. We respect and celebrate people on the autism spectrum. We are committed to enhancing their well-being, abilities and successes. Our commitment is born of a passion to understand, enhance and assist. We value compassion and professional excellence.*

Minds and Hearts comprises a team of eleven Clinical Psychologists devoted to best practice in intervention and support for individuals with Asperger's syndrome, autism or one of the autism spectrum conditions (ASC). Minds and Hearts is a clinic based in Brisbane, Australia. In Brisbane in 2005, the wait for specialist services for Asperger's syndrome was approximately 2 years. The author of this paper felt that this was untenable and decided to create a clinic where she could expand her service provision, train other health professionals to provide specialist services for Asperger's syndrome, as well as create job opportunities for experts in ASC.

Minds and Hearts opened in November 2005. Professor Tony Attwood was appointed Chair. Minds and Hearts is a private practice and receives no government funding. Most of our clients are eligible for government rebates or have private health insurance to subsidise the cost of the service. The structure of Minds and Hearts is presented in Appendix 1. Most staff are employees, with wages aligned to award wages in similar administrative or psychologist positions in government and nongovernment agencies in Australia.

We provide psychological services to individuals on the autism spectrum across all ages, including diagnostic assessment, psychometric assessment, psychotherapy (primarily cognitive behaviour therapy), couples, family and group therapy. We provide case management, advocacy and referral. We liaise often with General Practitioners, Psychiatrists, Paediatricians, Speech Pathologists, Occupational Therapists, Dietitians, Physiotherapists and government and nongovernment agencies in Australia. We provide consultation to schools and workplaces.

The team has grown from two full-time Psychologists to eleven Psychologists, seven of whom are full-time. We have attracted Psychologists who are knowledgeable and highly skilled in ASC from Brisbane and Melbourne in Australia, also Germany, Scotland, Ireland, Malaysia, New Zealand and Singapore.

In 2006 we started our Internship programme and we accept two Interns per year from clinical psychology post-graduate programmes nationally and internationally.

In 2009 we launched our professional training programme, initially a 2-day basic workshop on ASC, now an Australian Psychological Society (APS) accredited 4-day course comprising the basic workshop (2 days) and the advanced workshop (2 days). The training is aimed toward psychologists, medical specialists and allied health. Participants often follow up their training with individual clinical supervision and observation in our clinic. The workshops have been successfully run in Brisbane (x 2), Sydney and Melbourne (see Appendix 2 for a summary of the evaluations). Descriptions of each workshop are included in Appendices 3 and 4.

In 2010 we launched our quarterly newsletter, the aim of which is to educate and inspire our readers (clients, referrers, teachers, medical specialists, allied health, members of the community), about ASC. We include stories of success from people on the spectrum, important new research summaries, news about upcoming groups and seminars, response to media coverage about ASC, and recommended resources including books and websites. We have a readership of over 10 000, and we publish our newsletters on our website.

Each year we host and present a series of ten seminars to train parents, teachers, family members, support staff, adults with an ASC and staff in psychiatric and learning disability services in ASC (see list of topics in Appendix 5). These are run in the evening. We regularly visit rural regions and other capital cities around Australia and New Zealand to provide full day trainings on ASC. In addition, we have trained staff in the Defence forces, employment agencies, schools, Universities, colleges and medical research laboratories about ASC.

Whilst we are all clinicians rather than academics, we are committed to both research and resource development. See Appendix 6 for our combined publication list. Since the opening of the clinic we have developed four new treatment manuals for group programmes that are being finalised in readiness for publication, and we are currently evaluating the effectiveness of each. In addition the clinic provides a database for research and has been utilised by several local Universities.

### **Preparation of this Paper**

To prepare this paper the following process was undertaken:

- A literature review on interventions and outcomes for adults with Asperger's syndrome
- A focus group discussion with the team at Minds & Hearts (including eight Clinical Psychologists)
- Consultation with internationally renowned expert on Asperger's syndrome, Professor Tony Attwood
- Consultation with adult clients with AS
- The author's own reflections and thoughts on 18 years of research and practice specialising in ASC

The following recommendations are largely based on practical experience as opposed to the research literature due to the paucity of research articles to inform best practice with adults with Asperger's syndrome.

## Recommendations for Best Practice in Supporting Adults with Asperger's Syndrome

### 1. *Philosophy*

Our vision is enhancing the well-being, abilities and success for each adult with Asperger's Syndrome. To achieve this, the best two interventions are knowledge and attitude. Knowledge about the condition and the unique profile and personality of the adult with Asperger's Syndrome, and an attitude that is positive, respectful, curious and optimistic, an attitude that both embraces and celebrates difference. Our service delivery, including education, assessment, support and clinical services, is underpinned by both empirical research and clinical knowledge.

Asperger's syndrome is best viewed as a difference, rather than a disability that is characterised by both strengths and difficulties. Intellectual strengths are almost always present. Thus, intervention for an adult with AS is a collaborative effort between the adult with AS and the clinician, and is tailor-made for the individual. There is often the need to include family, employers, educators and other members of the community. The choice of whom to include is determined by the adult.

### 2. *Establishing centres of excellence for specialist ASC services*

Centres of excellence for specialist ASC services, such as Minds and Hearts, are well-positioned to provide support to adults with AS/ASC and their families. Within a specialist ASC centre a team of experts can provide:

- ✓ Clinical services, such as diagnostic assessment, support and therapy
- ✓ Environmental accommodations and therapy modifications informed by expert knowledge of ASC to increase the likelihood of ongoing engagement with adults with AS
- ✓ Consultation and advice to generalist health professionals and others who care for, employ or love someone with AS
- ✓ Opportunities for research on ASC
- ✓ Dissemination of knowledge to increase community awareness, to educate professionals and to facilitate accurate identification of AS

### 3. *Community Awareness, Education and Identification*

Success for the adult with AS becomes possible if both knowledge about AS and a positive respectful attitude toward the condition are present within self, family, friends, employers, educators and the broader community. Positive outcomes are associated with:

(1) Community Awareness and Education. We recommend:

- ✓ Presentation of regular high quality information seminars and workshops about ASC scheduled at times many can attend
- ✓ Participation in regular positive media stories about ASC, including live interview with experts, stories about successful people with ASC, live Q&A, accurate information

- ✓ Regular contributions at non-ASC conferences about ASC topics
- ✓ Inclusion of information about ASC on all government health-oriented websites

(2) Identification of Asperger's syndrome or an autism spectrum condition as early as possible.

We recommend:

- ✓ Familiarity with the best screening measures for Asperger's syndrome in adults as these become available
- ✓ Dissemination of the best screening measures we have available, with the caveat that these are still at a preliminary level of analysis (for example to: educational institutions, GPs, community health services, adult health care clinics, on relevant government and nongovernment websites)
- ✓ Training current and future diagnosticians, eg clinical psychologists, psychiatrists, speech pathologists, occupational therapists, in best practice for the diagnosis of Asperger's syndrome and other autism spectrum conditions in adults, including the female presentation of these conditions

#### 4. *Pre-diagnostic Assessment Interview*

The decision about whether or not to undertake a diagnostic assessment is dependent on the clinician's best judgement about whether clarity about the diagnostic picture will be beneficial to the person who may have AS. If the adult is extremely reluctant and the push for diagnosis is being driven by someone else, for example a spouse or parent, commencing a diagnostic assessment may not be helpful. Discovering any misinformation about AS the person may have and the potential meaning of the diagnosis for the person within a counselling session is an important precursor to diagnosis. Thus we recommend a 1 hour pre-diagnostic interview for all adults presenting for a diagnostic assessment.

During the pre-diagnostic assessment interview we also recommend setting an agenda for the assessment process, including the purpose of the assessment, what type of information will be included, who will be interviewed and which measures will be used and why. The process is collaborative with each diagnostician and adult bringing expert knowledge to inform choices.

#### 5. *Comprehensive Diagnostic Assessment*

The purpose of the comprehensive diagnostic assessment is to determine the person's unique individual and systemic profile of strengths and challenges to guide intervention and understanding. The diagnostic assessment should be conducted by an experienced clinician using internationally agreed diagnostic criteria. The assessment should include:

- ✓ Clinical interview with the adult who may have AS to review developmental, school, career, forensic, social and relationship history; profile of sensory processing; sense of self, current

social and emotional understanding, personality functioning, co-morbid conditions, personal strengths and talents, and areas of challenge, risk or vulnerability

- ✓ Clinical interview with a person who can reliably provide collateral information, preferably a parent/caregiver for developmental history and current functioning, and/or a spouse, sibling or close family member or friend
- ✓ Direct observation of the adult's verbal and nonverbal communication, and social skills
- ✓ Overview of previous assessments, reports, diagnoses and interventions
- ✓ Use of both standardised tests (eg self- and third-party report questionnaires with norms, semi-structured interviews) and informal procedures
- ✓ Formal testing of cognitive, aptitude; adaptive, language and motor skills as indicated by interview and file review

#### *6. Conveying the results of the assessment*

We recommend a separate 1 hour appointment specifically so that the diagnostician can share the results of the assessment. Whether a diagnosis of AS is made or not, the results of the assessment are conveyed to the adult in a format that describes both the person's strengths and areas of clinical concern. The results are conveyed in a manner that is positive, respectful, and clear and matter of fact, with the dual aims of inspiring acceptance of the diagnosis and an attitude of optimism and curiosity. It is important to convey the diagnosis in this manner to the person being assessed and to the significant others of their choice, eg partner, parent, sibling.

We make an important distinction between adults with Asperger's syndrome, and those with Asperger's syndrome, Residual. The former meet full diagnostic criteria for AS, the latter meet all diagnostic criteria except that they do not experience clinically significant impairment in social, occupational or other important areas of functioning. The former tend to need more support, including funding and clinical services, the latter group may need some community support and would require clinical services if there are comorbid conditions, or if there is need for relationship and/or career counselling.

#### *7. Post-assessment Support*

The diagnostician who conducted the assessment is usually the best person to oversee the post-assessment support process. If this is not possible, referral to a colleague who is knowledgeable about ASC, or specialist areas, for eg forensic issues or sexuality, is important. The hand-over should include written and verbal information (including all the contents of the case file). The clinician who manages the post-assessment support process may make recommendations for community support, and/or may become the case manager co-ordinating services for the adult, and/or may become the primary clinician conducting an intervention. Where the clinician is not the case manager and a case manager is required, it is important to ascertain with the adult who this person will be, and, with the adult's permission, to hand over relevant information arising from the assessment.

For the purpose of this paper, Post-assessment Support is divided into two sections. “Community Support” describes support that does not necessarily involve regular sessions with a clinician, and is available within the community or online. “Therapy Services” refers to support that is provided by clinicians who are specialised in ASC via regular therapy sessions that are generally clinic based, although the clinician may also visit the home or workplace.

### (1) Community support

Many adults with AS will not require regular therapy or intervention services following the diagnostic assessment. Instead we have found the following community supports to be helpful:

- ✓ ASC-specific face-to-face support groups for adults, partners and children of adults with ASC and siblings
- ✓ Obtaining membership to the local autism chapter eg the National Autistic Society
- ✓ ASC-specific websites for networking with other adults with ASC, blogging, gaining more information, referral lists, for eg [mindsandhearts.net](http://mindsandhearts.net), [tonyattwood.com.au](http://tonyattwood.com.au)
- ✓ Apps for iphone or android, for eg Sōsh, Quickcues
- ✓ Therapy-oriented websites, for eg [moodgym.com.au](http://moodgym.com.au), [ecouch.anu.edu.au](http://ecouch.anu.edu.au)
- ✓ Bibliotherapy
- ✓ Mentor programmes for adults with ASC
- ✓ Safety information for women, for eg self-defence classes, sex education.
- ✓ Tip sheets
- ✓ Community health services, for eg Mental Health, Forensic, Alcohol and Drug Dependence, Career Assistance
- ✓ Drop-in centres, community and neighbourhood centres

### (2) Therapy Services

#### (i) Process of Therapy

Therapy should not commence until a thorough assessment has been conducted as described in (4) and a formulation about the adult’s current problems, including the precipitating and perpetuating factors, has been made and their individual and systemic strengths have been identified. Goals for the intervention should be formulated with the adult with AS to facilitate ownership of these goals. Progress and goals should be reviewed regularly and if possible presented back to the person visually.

The timing of the therapy should be decided on the basis of the formulation about the client’s presenting problems. We have discovered that the timing of therapy generally falls into three categories:

- 1) Problem-solving or crisis appointments – as needed
- 2) Ongoing regular therapy – weekly or fortnightly, for a block of 3-6 months

- 3) Monitoring – monthly, 3-monthly, 6-monthly, yearly or as needed (often utilised following ongoing regular therapy)

If ongoing therapy is required to meet a treatment goal we have found that the following list of strategies is helpful to increase the likelihood of attendance and to provide consistency and predictability in the delivery of the intervention.

- ✓ Provision of a visual schedule of appointments
- ✓ Scheduling appointments at the same time of day on the same day each week or fortnight is desirable
- ✓ If the intervention is psychotherapy or cognitive behaviour therapy, sessions should be weekly or fortnightly
- ✓ Engage the same clinician over time per therapeutic goal, in the same room, with minimal changes to furniture arrangement
- ✓ Ask the client about the treatment room and create an environment in the clinic and therapy room that is not overly intrusive to the senses, for eg low lighting, wear minimal perfume, minimise noise, not too hot
- ✓ Create a visual agenda with the person at the outset of each session, and use the agenda to give structure throughout the session

(ii) Content and focus of Intervention

The needs of the person with AS must be prioritised. Prioritisation is a collaborative process between the clinician and the adult. Important considerations for the process are:

- ✓ Safety and risk factors, including any immediate forensic issues, must be prioritised first
- ✓ The quality of life of the person with AS must be considered
- ✓ Research indicates that the most important factors for a good prognosis are daily living skills, family support and emotion management skills (Cederlund, Hagber, and Gillberg, 2010; Farley, McMahon, et al., 2009; Howlin, 2011; Lord, 2011)
- ✓ The priorities of the person with AS, if these are safe and possible, must be included, to ensure ownership of the therapy, and to assist in the forging of the therapeutic alliance

(iii) Individual and/or Group Therapy

Individual therapy is often a preferred choice for the adult with AS, however group therapy can also be extremely helpful. The adult is more likely to benefit from group therapy following individual therapy, especially if the individual therapy has focussed on teaching skills that will be important in the group, eg listening to others, speaking about one's own thoughts and feelings, understanding another person's perspective. At the time of writing, the psychotherapy of choice for adults with AS is cognitive behaviour therapy (Donoghue, Stallard, and Kucia, 2011). Medication may be indicated to treat the comorbid conditions that may present with AS. Typical goals for individual and group

therapy are described below, with an indication of the clinicians who may undertake these goals with the adult.

- ✓ Treatment of comorbid conditions (eg anxiety disorders, depression, personality disorders, eating disorders, addictions, sexual disorders) – Clinical Psychologist, Psychiatrist, CBT therapist
- ✓ Emotion management (for high levels of anxiety, stress or anger) – Clinical Psychologist, Counsellor, CBT therapist
- ✓ Development of daily living skills – Clinical Psychologist, Occupational Therapist
- ✓ Development of self-identity, self- acceptance and self-esteem - Clinical Psychologist, Psychiatrist
- ✓ Management of central issues in AS:
  - Sensory processing differences - Clinical Psychologist, Occupational Therapist
  - Executive functioning difficulties - Clinical Psychologist, Tutor
  - Social skill development and/or relationship skills - Clinical Psychologist, Speech and Language Pathologist, Occupational Therapist

#### (iv) Family Therapy and Support

Family therapy may be useful when the dynamics of the family preclude therapeutic change for the adult. Family therapy is more commonly used for young adults still living at home who have not yet acquired independent living skills. Within family therapy, use adaptations as listed in (v) below.

A family supporting an adult with AS, either at home, or in independent living, frequently have their own support needs. Sessions may be scheduled with caregivers for support, empowerment, and/or skill development.

#### (v) Couples Therapy

Couples therapy, where one or both partners have AS, must be adapted to the profile of the person with AS, and must be informed by knowledge of the condition. Important adaptations for AS include:

- ✓ Use visual methods of communication in counselling, eg drawing, figures, genograms
- ✓ Engender realistic expectations for change in each partner, including timing of change
- ✓ Focus on increasing understanding, communication and acceptance of each other
- ✓ Take a positive approach – looking for and labelling positives in each individual and in their relationship and encouraging them to do same
- ✓ Provide structure to sessions, use visual aides
- ✓ Use unambiguous language where possible
- ✓ Allow more time for reflection about thoughts and feelings for the partner with AS
- ✓ Encourage alternate means of expression of emotions eg art, music, journaling
- ✓ Teach and encourage listening skills

- ✓ Individual or group therapy for each partner can be a good adjunct to couple's therapy, for the partner with AS this usually focuses on increasing relationship skills, for the partner who does not have AS individual therapy can be helpful to deal with strong emotions that may be occurring such as grief, depression or anger

(vi) University/Workplace

Therapeutic goals may be enhanced by liaison with the educator/s or employer of the adult with AS. Educational seminars about ASC for staff to raise awareness, impart knowledge and foster a positive and accepting attitude are often useful. Consideration must be given to:

- ✓ Whether to identify the adult as having AS; i.e. if and how to disclose a diagnosis
- ✓ The level and intensity of support required from the person's employer, educators, other staff members or students
- ✓ The type of support/advocacy required from the therapist

(vii) Forensic Issues

Clinicians employed by clinical services specialised to ASC would ideally have the capacity to become involved should criminal charges be brought against the adult with AS. Provision of expert advice to the Court about the special considerations of having AS has the potential to impact significantly and positively on sentencing.

(7) *Potential barriers to commencing Assessment and Support*

It is important to identify potential barriers that may impede an adult presenting for assessment or accessing support. A list of common barriers and strategies is provided below:

Barrier	Strategies
Low motivation for change in adult with AS	Use logic, use motivational interviewing, discover the person's motivators and ambitions, treat factors affecting low motivation, eg depression, low self-efficacy, family dynamics, anxiety regarding change, behaviour modification eg what is motivating behaviour and find alternatives
Difficulties with communication about thought and feelings	Use multiple choice questions, allow longer processing time for the question, use emails, visual aides eg photos of faces depicting feelings, journals, different mediums, refer to speech and language pathologist if necessary to check expressive and receptive language ability
Distance from specialist services	Use Skype, provide expert clinical supervision to local therapist, consider online therapy, eg moodgym, ecouch
Finances	Provide services to larger groups, eg workshops, seminars, group therapy, publish newsletters, assist people to access government funding, write submissions and grants to governments, increase community awareness through media coverage
Anxiety about process of therapy	Increase knowledge about process, what to expect, their role, use visuals and social stories
Stigma of label	Access to specialist service as opposed to "mental health" or "learning disability" service, increase knowledge about AS
Crisis intervention – self-harm, suicide attempts, potential job loss	Appropriate risk assessment and management is important, including a crisis management plan for arrival at hospital, eg difficulties with waiting, sensory overload, communication difficulties, emotion management strategies
Low awareness in the community about AS, particularly presentation in adults, and girls and women	Increase knowledge through public events as described in (2), particular focus on adults and girls and women in events; use informative newsletters

### *(8) Associated Therapies*

An ideal model is the availability of multidisciplinary collaborative teams specialising in ASC, including Clinical Psychologists, Psychiatrists, Speech Pathologists, Occupational Therapists and Counsellors. The team may not necessarily be housed under one roof, but may liaise through regular case conference (including Skype), email, phone and written means.

### *(9) Research and Evaluation*

Evaluation of treatment outcomes should be built into the programme for the adult, including assessments of the adult's mood, adaptive and social functioning before, during and after the intervention. Where possible, ethical, excellent and practical research design and methodology (eg use of waitlist control groups, single-case design methodology) should be incorporated to allow the possibility of reporting back to the scientific community to enhance our understanding of what works and what does not work for adults with AS.

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## Appendix 1

Most Recent Evaluation Summary for Minds and Hearts Professional Training

### Autism Spectrum Disorders: Diagnosis and Intervention, Basic Workshop

Presenters: Dr Tony Attwood, Dr Michelle Garnett, Dr Louise Ford and Danuta Bulhak-Paterson

11-12<sup>th</sup> August 2011

Using the following rating scale to rate agreement to each of the statements below:

Rating Scale	Strongly Disagree		Neutral		Strongly Agree	N/A
	1	2	3	4	5	N/A

#### General

1. The enrolment was smooth and efficient  
Average score **4.7** or **94%**
2. The publicised description of the activity was accurate  
Average score **4.8** or **97%**
3. I would recommend this activity to others  
Average score **4.9** or **98%**
4. The workshop provided was very valuable  
Average score **4.8** or **96%**

#### Presenters

1. The presenters were well prepared  
Average score **4.9** or **99%**
2. The presenters presented clearly and logically  
Average score **4.9** or **98%**
3. The teaching style was effective  
Average score **4.7** or **94%**
4. The presentation format was suitable for the content  
Average score **4.7** or **95%**
5. Sufficient opportunity was provided for questions  
Average score **4.7** or **94%**
6. Audiovisual aids and handouts were legible, relevant  
Average score **4.7** or **95%**

## **Content**

1. My learning objectives were met  
Average score **4.6** or **93%**
2. The material was of sufficient complexity and scope for me to learn  
Average score **4.7** or **95%**
3. The material was relevant to my profession  
Average score **4.6** or **93%**
4. The teaching level was appropriate for me  
Average score **4.7** or **95%**
5. I will be able to apply the knowledge I gained today  
Average score **4.8** or **96%**

## **Why did you attend this workshop?**

1. Update my skills **75%**
2. Acquire new skills **83%**
3. To accrue PD points **29%**
4. Other **2%**

## **Overall, I would rate this information night as:**

1. Excellent **94%**
2. Good **2%**
3. Average **2%**
4. Disappointing **0%**
- 5.

## **Comments: ( a sample; first half)**

- ❖ Visual aids and resources were wonderful. The examples of clients were great.
- ❖ I thought it was excellent.
- ❖ Excellent. Well planned, engaging and practical.
- ❖ Mention of resources was good.
- ❖ Perhaps some video clips with adolescents or adults might be useful.
- ❖ I have done this workshop previously but there is always updated information which is useful, especially with new DSM coming. I like the scientist-practitioner approach and up to date information.
- ❖ Volume and depth of information, style of presentation (particularly Michelle and Tony) was fantastic. Thank you.
- ❖ Being a new grad, I found this workshop fantastic for highlighting the many different characteristics of autism and AS. I found the challenging behaviour section really helpful and it has definitely given me some strategies to use with my clients. I thought that this was a wonderful introduction to the very complex world of ASD – well done and thank you.
- ❖ I will definitely be recommending this program.
- ❖ All of the presenters clearly knew the topic extremely well. They presented the information very clearly in an interesting manner. I especially liked the videos and personal anecdotes regarding different aspects of autism and AS.
- ❖ I thought that the information was pitched at a great level despite not being a psychologist, I understood all of the content and feel that I will be able to apply many of the strategies learned over the past two days to my clinical caseload.

- ❖ Hearing from experienced highly skilled professionals communicate their experience was great.
- ❖ Being provided with definitions / rationale about ASD/ASC, Aspergers, LFA/HFA and practical strategies, different age groups and treatment ideas.
- ❖ The presenters spoke well using examples to understand various concepts.
- ❖ Being involved in this workshop has provided me with practical strategies when providing therapy to children when working within my profession (OT).
- ❖ Practical examples of task activities to assist with emotional and social development was great. The resource suggestions and anxiety/anger information was fantastic.
- ❖ Some video examples might be useful of emotional development work done with children with ASC.
- ❖ Looking forward to the advanced workshop.
- ❖ The depth of information provided, experience of presenters, printed handouts was fantastic.
- ❖ I am a psychiatrist and I loved learning what you do and showing me the knowledge you have. I would love to come and visit your clinic, it's marvellous what you are doing.
- ❖ All the presenters spoke beautifully – held my interest thoroughly. Excellent! Very relaxed, entertaining, pragmatic and polished!
- ❖ Learning about the emotional CBT therapy and the approach from psychologist was fantastic. Excellent! I loved it.
- ❖ The resources were most helpful.
- ❖ I very much enjoyed the workshop and the variety in the presentation/presenters.
- ❖ Fantastic handouts and relevant resources.
- ❖ I am excited about the possibilities for application.
- ❖ It was great the breadth of coverage of the topic.
- ❖ The presenters were fabulous. Wonderful and captivating. Lovely clinical substantiation and resources behind slides and presentations.

***41 people attended the workshop and 37 evaluation forms were received back.***

## Appendix 2

### Description of Minds and Hearts Professional Training: Basic Workshop

#### **Autism Spectrum Disorders: Diagnosis and Treatment, Basic Workshop**

**APS Endorsed: 14 CPD Hours APS College Endorsed (CCLIN & CEDP)**

Workshop 1 provides a summary of current knowledge to update practice in the specialised area of autism spectrum disorders. The two days includes a combination of lecture, video examples, skill demonstration and question time.

The purpose of this workshop is to prepare health professionals to recognise and appropriately refer, assess or treat autism spectrum disorders (ASD). Subtypes of ASD are described and defined according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision (DSM-IV-TR). A critical review of the available screening devices and diagnostic tools is presented, with recommendations as to the strongest tools to use. Participants will learn about the prevalence of ASD, and its aetiology. Guidance will be given as how to structure and conduct a diagnostic assessment with particular consideration given to autistic disorder, Asperger's syndrome, early screening and diagnosis, and school-aged children. A video-taped demonstration by Professor Tony Attwood will illustrate a diagnostic interview with a primary-aged child. Differential diagnoses and co-morbid conditions will be presented and explained. Treatment will focus on early intervention models for autism, family therapy, cognitive behaviour therapy and Social Stories.

#### *Who will benefit:*

Psychologists – particularly clinical, neuro-, educational and developmental

Medicos - psychiatrists, paediatricians, GPs, neurologists

Allied health – speech pathologists, occupational therapists, physiotherapists, social workers

Participants will benefit from the combined experience of 2-4 presenters, each of whom is a clinical psychologist who currently practices within a clinic that specialises in autism spectrum disorders, and who together have some 70 years of experience in practice and/or research in this area. Presenters receive regular PD, clinical supervision, training and mentoring. The learning outcomes for the 2-day workshop are listed below.

In this workshop on Day 1 you will learn:

- best practice guidelines for assessing autism spectrum disorders (ASD) at each developmental stage
- current issues in the diagnostic assessment of ASD
- how to recognise autism, Asperger's syndrome and PDDNOS
- content and structure for clinical interviews with parents and school-aged children within a diagnostic assessment for ASD
- how to set up and conduct play/observational sessions as part of the diagnostic assessment for ASD
- the most common differential and comorbid diagnoses within ASD; and how to recognise each
- the best level 1 and 2 screeners for ASD based on empirical evidence
- the best diagnostic tools for ASD based on empirical evidence
- how to develop a profile and therapeutic plan for a child, adolescent or adult with an ASD
- 

In this workshop on Day 2 you will learn:

- best practice guidelines for treating ASD at each developmental stage
- an overview of the main treatment models in early intervention for autism (for eg ABA, RDI, Floortime, Hanen), the empirical status of each and the important factors to consider in choosing a programme
- how to support the family immediately after the diagnosis and beyond
- the importance of a multidisciplinary team for treatment and the role of each member
- how to assist teachers and teacher's aides to make classroom accommodations for the student with Asperger's syndrome (AS) and to contribute to the IEP
- empirically-based interventions for AS and co-morbid conditions, including CBT, and how to adapt these to the learning profile of a person with AS
- treatments that have not worked for ASD, or that have caused harm

## Appendix 3

### Description of Minds and Hearts Professional Training: Advanced Workshop

#### **Autism Spectrum Disorders: Diagnosis and Treatment, Advanced Workshop**

**APS Endorsed: 12 CPD Hours APS College Endorsed (CCLIN & CEDP)**

Information based on research and clinical experience is provided to update your practice in the specialised area of autism spectrum disorders, with particular regard to complex presentations. The two days includes a combination of lecture, simulations, case presentations (ours), case discussion (participant's cases) and question time.

This workshop will follow on from Basic Workshop and participants may attend only if they have attended and passed the evaluation component of Basic Workshop, or who have a similar knowledge base through experience, similar professional development etc. The purpose of the workshop is to develop your skills in assessing more difficult and complex presentations of ASD, and your skills for treating adults, couples and families affected by ASD. A comprehensive bibliography is given to indicate the extent of reading background in preparation for this workshop and the grounding of the content in empirical findings. In addition, each presenter has extensive clinical experience in ASD, and draws from this experience to provide both case presentations and simulations to strengthen each participant's learning. You are polled about your learning requirements prior to the event, and are invited to bring cases for discussion. Time is provided for both case discussion and questions.

#### *Who will benefit:*

Psychologists – particularly clinical, neuro-, educational and developmental

Medicos - psychiatrists, paediatricians, GPs, neurologists

Allied health – speech pathologists, occupational therapists, physiotherapists, social workers

Participants will benefit from the combined experience of 2-4 presenters, each of whom is a clinical or developmental psychologist who currently practices within a clinic that specialises in autism spectrum disorders, and who together have some 70 years of experience in practice and/or research in this area. Presenters receive regular PD, clinical supervision, training and mentoring. The learning outcomes for the 2-day workshop are listed below.

In this workshop on Day 1 you will learn:

- the latest (last 5 years, updated each year) research findings in autism spectrum disorders
- the early signs of autism in children 24 months and younger
- specific skills to engage disinterested adolescents with Asperger's syndrome
- how to recognise features of autism spectrum disorder in adults; including how to differentiate between personality disorder, complex PTSD, ADHD, OCD and ASD, and complications when the person has high intelligence
- how to convey the diagnosis to a sensitive adult
- how to convey the diagnosis to a couple where one partner is on the spectrum and ensure that the process is therapeutic

In this workshop on Day 2 you will learn:

- how to recognise ASD in girls and women
- key gender differences in ASD
- how to conceptualise a complex case where more than one family member has ASD
- specific services in Australia that can assist
- a new therapeutic approach and skills for the treatment of adolescents boys and girls who have an autism spectrum disorder
- a new therapeutic approach and skills for the treatment of adults who have an autism spectrum disorder
- important adjustments to couples' therapy when one partner has ASD
- how to manage and assist resistant parents

## Appendix 4

### Evening Seminar Series on Autism Spectrum Conditions – List of Topics

- ✓ Understanding Feelings & Friendships in Children 6 years & Under with Asperger's Syndrome
- ✓ Understanding my Partner with Asperger's Syndrome
- ✓ Supporting Siblings of Children on the Autism Spectrum
- ✓ Adolescent Girls and Women with Asperger's Syndrome
- ✓ Teenagers with a Parent on the Autism Spectrum
- ✓ Challenging Behaviour in Autism
- ✓ Emotion Management for Adults with Asperger's Syndrome
- ✓ After the Diagnosis: Autism Spectrum Disorders from 0-6 years

## Appendix 5

### Combined Publications List for Minds and Hearts Staff

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