



# Group cognitive behaviour therapy (CBT) for social interaction anxiety in adults with autism spectrum disorders (ASD)



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## ABSTRACT

**Background:** Group social skills interventions (SSI) are partially effective for addressing the communication and social interaction impairments experienced by individuals with autism spectrum disorders (ASD). Social anxiety has been found to be a moderating mechanism for SSI in young people with ASD. Comparatively few studies have investigated the effectiveness of SSI in the adult ASD population, and none so far have investigated group approaches incorporating SSI and anxiety management techniques.

**Method:** The present study describes the design and evaluation of a non-randomised single-arm, 11 week group interaction anxiety and social skills intervention, piloted on three occasions during routine clinical practice at an adult ASD service. The intervention was informed by a cognitive behaviour therapy (CBT) framework. Eighteen cognitively-able adult males with ASD attended. Outcome measures were completed pre- and post-intervention.

**Results:** Self-reported social anxiety improved ( $p = 0.01$ ,  $d = 0.65$ ). Low mood, general anxiety and functioning did not change significantly ( $p > 0.05$ ,  $d < 0.20$ ). Qualitative feedback indicated that participants found the intervention to be acceptable and useful for improving social knowledge and coping strategies, and reducing avoidance behaviours. Attrition was low ( $n = 2$ ).

**Conclusions:** These results suggest that integrating SSI and anxiety management techniques in a group format is acceptable to adults with ASD, and can reduce symptoms of social anxiety. Whether SSI enhance social skills in adults requires further investigation. In clinical practice, consideration should be given to augmenting SSI with CBT techniques designed to target concurrent symptoms of social anxiety.

## 1. Introduction

Individuals with autism spectrum disorders (ASD) present with qualitative and quantitative impairments in communication, experience difficulties initiating and sustaining reciprocal social interaction, and tend to engage in a narrow repertoire of interests and routinised behaviours (APA, 2013; WHO, 1992). Deficits in neuropsychological functioning commonly co-occur, such as in theory of mind (Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001), executive functioning (Hill, 2004) and central coherence

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(Brunsdon & Happé, 2014). Rates of psychiatric comorbidity, notably anxiety and affective disorders, are substantially higher in young people and adults with ASD compared with the non-ASD population (e.g. Russell et al., 2016; van Steensel & Heeman, 2017). Together, this reflects the multiple factors that may influence the psychosocial functioning of individuals with ASD.

The majority of research describing the psychological and social outcomes of individuals with ASD has focused on young people; yet a handful of quantitative cross-sectional and longitudinal studies have included adolescents and adults. Impairments in communication and social interaction, for example, have been found to negatively impact education, occupation, and adaptive functioning (Howlin, Goode, Hutton, & Rutter, 2004; Levy & Perry, 2011; Magiati, Tay, & Howlin, 2014; Orsmond, Krauss, & Seltzer, 2004). Moreover, social impairments are associated with adverse psychosocial outcomes, including negative affect (anxiety and low mood), limited social networks and loneliness (Chang, Quan, & Wood, 2012; Howlin, Moss, Savage, & Rutter, 2013; McVey et al., 2016). Qualitative studies have also demonstrated that adults with ASD perceive there to be links between their ASD and their interactions with others; for instance, peer relationships can be positive but often are negative, and difficulties at work are partly due to problems knowing how to manage in social situations (DePape & Lindsay, 2016; Sperry & Mesibov, 2005).

Clinical guidelines state that adults with ASD should be able to access psychosocial interventions, including those that address social skills competence *i.e.* social skills interventions (SSI) (NICE, 2013a). While SSI for young people with ASD have been delivered via multiple modalities – including individual, group-based and virtual reality approaches – the utility and acceptability of SSI for adults, particularly those aged 30 or older, has been underexplored. Preliminary evidence, however, indicates that adults can benefit from group SSI (GSSI), which incorporate psychoeducational, skills-based and/or behavioural strategies (see systematic reviews by Reichow, Steiner, & Volkmar, 2012; Spain & Blainey, 2015). Delivery of SSI via groups, as opposed to one-to-one sessions, may be advantageous as these provide implicit and explicit opportunities for normalising experiences, practising of skills with others and role-modelling. Additionally, many adults with ASD have had fewer social relationships or less positive contact with peers than they would have liked, or would be typical for their age group. Thus, groups can offer the opportunity to mix with, and observe peers, and test out subtle and overt social skills.

To date, there have been three main types of GSSI piloted with adults with ASD: those designed to enhance the skills required to form and maintain friendships (the Program for the Education and Enrichment of Relational Skills (PEERS) program; Gantman, Kaap, Orenski, & Laugeson, 2012; McVey et al., 2016); or better problem-solving, and social and vocational skills (the Aspirations program; Hillier, Fish, Cloppert, & Beversdorf, 2007; Hillier, Fish, Seigel, & Bevesdorf, 2011); or improve general interaction skills, stress, and emotion recognition and regulation (Howlin & Yates, 1999). Overall, study results indicate improvements in participants' social knowledge and understanding, and anxiety and low mood. While there are signs that social functioning improves post-intervention, study authors also note that participants experience difficulty with generalising skills to wider contexts; a finding also reported for GSSI for young people with ASD (Gates, Kang, & Lerner, 2017).

Consequently, there has been some consideration of the mechanisms which may mediate the success or otherwise of SSI. Comorbid anxiety may be a relevant factor (see also Hillier et al., 2011; Maddox, Miyazaki, & White, 2016; Pellecchia et al., 2016; White, Oswald, Ollendick, & Scahill, 2009), and social anxiety, in particular, has been reported to be a predictor of response to SSI (Maddox et al., 2016; Pellecchia et al., 2016). Data from these studies tentatively indicate that social anxiety may be associated with poorer social skills in individuals with ASD (see Bellini, 2006); causal influences in both directions appear plausible. Social and communication impairments may contribute to repeated experiences of unsuccessful or negative reactions, especially with peers (Cappadocia, Weiss, & Pepler, 2012). These may in turn contribute to the development of negative thoughts and beliefs (e.g., pertaining to inferiority or inadequacy), and hence, social anxiety. In the other direction, social anxiety may lead to a lack of friendships and restrict the range of social situations that individuals with ASD encounter, resulting in fewer observations of 'appropriate' social interaction and fewer opportunities to test out social skills. Indeed, anxiety may in fact make individuals reticent to engage in social situations or practice those social skills learnt in SSI.

In summary, empirical data indicate that lack of social knowledge and competence, and anxiety about social interaction may well be inter-related. Yet, to date, no studies have investigated the feasibility and effectiveness of interventions to target both social skills and social anxiety concurrently in adults with ASD. Previous studies have recruited relatively young adults, and it is not clear that samples are representative of the wider adult population, including those individuals accessing clinical services across the lifespan. Also, none of these studies have been informed explicitly by cognitive behaviour therapy (CBT); an intervention modality found to be effective for targeting anxiety (Storch et al., 2015; Wood et al., 2015) and social knowledge and anxiety in young people with ASD (White et al., 2013), and beliefs and behaviours associated with social anxiety in children and adults with ASD (Spain, Sin, Harwood, Mendez, & Happé, 2017). In response to clinical need and building on the literature, we designed and piloted a group-based intervention for adults with ASD, which focused on providing psychoeducation, reducing anxiety about social interaction, enhancing social knowledge and problem-solving around social skills impairments. Here, we describe the development and evaluation of the intervention, along with identifying implications for clinical practice and research.

## 2. Methods

### 2.1. Design

We used a non-randomised single-arm study design and piloted the group intervention on three separate occasions between 2013 and 2016.

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