Asperger's Disorder and Personal Successful Functioning: a Positive Behavior Therapeutic Approach[1]

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Introduction

Personal Successful Functioning (PSF) is under control of stimuli regulating adaptive active avoidance. It generates safety signals of being socially 'included'. People suffering from Asperger's Disorder (AD) are severely and sustained impaired in social interaction and empathy. This influences the development of a stable repertoire of successful behavior and makes them vulnerable for developing maladaptive behavior patterns (Nelson et al.,2005) Everyone learns right on from childhood that he has to secure the commitment of significant others. More generally spoken that he has to be socially included (Bruins 2011). For an adequate detection and further processing of social stimuli like 'commitment of others' a good functioning Social Information Processing Network (SIPN) in the brain is a basic requirement. If this fails, as it seems to be the case with people suffering from AD, these people are impaired in generating social safety signals and so in developing a stable personal repertoire of adaptive social (active avoidance) behavior. Not being socially included or running the risk of not being socially included is very distressful. Long lasting states of distress can lead to disordered behavior patterns like anxiety and panic disorders or aggressive behavior. These very negative emotional states force the individual with AD to develop alternative behavior repertoires which at least diminish the risk of social exclusion and disruption of social interaction. Think about behaviors like engagement with individual activities often based on special interests without - or a low probability – of running risks on social interferences. The inability of

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people with AD to generate social safety signals effectively and the tendency to get involved with non-social activities and interests do not mean that being socially included is not important for people with AD. Being socially included is a very basic evolutionary condition, so it is for people with AD. Despite their difficulties in assessing the emotional state and intentions of others and despite their negative experiences with failing social interactions they try to attach to at least one reliable significant other. Although such relations can be complicated, they are very important for people with AD. Disturbances in this relation or loss of such a significant other can be very disordering.

This was the case with Peter, a 35 year old man diagnosed with AD. During early development there were behavior abnormalities like rocking, compelling behavior in getting his own way and aggressive outbursts when he did not get his way. There was a strong bond between Peter and his mother. Professional supporters at that time even mentioned a 'symbiotic relationship' between Peter and his mother while his aggressive outbursts were frequently directed towards his father. Frequent panic attacks and severe aggressive outbursts were seen when his mother was hospitalized after a suicide attempt. The pedagogical climate at home and at school can at best being described by avoiding aggressive outburst and circumstances with panic attacks at risk. Due to this approach there was a lot of school absenteeism. He followed training at a Junior Technical School but did not succeed in getting a starter qualification. However during his practical period at the garage of the local police station he functioned adequately: no panic attacks, no aggressive outburst and at the other hand he executed technical skills properly and at satisfaction of his supervisor. After school there were no opportunities for getting employed so Peter decided to work in a workplace of a motorbike dealer as a volunteer. In return the owner of this business offered him parts for Peter's motorbike for free and gives him the opportunity to maintain and repair his car in the workplace without any charge. Surprisingly, Peter never displayed aggressive outbursts or panic attack during his work at the workplace. Sometimes there was some distress during his work, but his boss kept an eye on him and was keen on leading him away from stressful circumstances and at the same time providing Peter with involvement in activities which are less

stressful. However, in his private environment his disordered behavior was frequently displayed and very disturbing for his parents. Sometimes tension and anxiety was built up so intense that Peter was not able to go to the workplace due to agoraphobia. Despite the severe behavioral problems Peter stayed living at his parental home. Sometimes he was so aggressive against his father and destructive against furniture that the police was called out in order to take Peter to the station for a while. Peter is never aggressive against police officers which are all familiar to him due to his experience during his practical period. He is always cooperative when carried away and calms down as soon as he is in the police vehicle. Mostly they offer him a cup of coffee at the station and bring him back home afterwards.

Five years ago Peter's mother became severely ill and therefore Peter could not stay at his parental home. He starts to live in an apartment on his own in the sheltered environment of a Mental Health Care Institution. This was not successful and due to his severely aggressive and destructive behavior a long trek along different settings follows. Peter finally finishes up in a group home for mentally handicapped persons. It is important to notice that during this for him painful episode he regularly went to his work without displaying any disordered behavior. In the group home he still displays severe disordered behavior like aggression against staff (never against fellow residents) and violent destructive behavior against materials (never against for him valuable objects like his laptop). At the same time he functions successfully by helping fellow residents, detecting their needs and informing staff about that. Staff is terrified of his disordered behavior and tries to avoid states of distress by following Peter in his compelling getting his way. If this strategy fails and Peter acts out severely, staff members try to control him physically. If staff is too much at risk, the police are called out and they get Peter under control at the same way as they did when Peter lived with his parents.

The death of his mother three years ago was full of distress. After that his father became for Peter the most significant other and Peter regularly has contact with him by phone or by short visits. Nevertheless Peter still displays violent aggression against him when he does not follow Peter in his compelling behavior. A year ago Peter lost his position on the workplace because the owner had to sell his business due to health problems. Since then Peter experiences many

empty moments in spending his day and consequently an increase in states of distress and disordered behavior. Peter does not allow members of the treatment staff (like the clinical psychologist or medical doctor) to have contact and refuses to make an appointment or threats with aggressive outbursts if they try to make contact with him. Everyone involved in this case seems to be kept in a vicious circle.

Analysis

To break out of the downwards spiral of disordered behavior and professional inability an expert team was called out to support staff in effective interventions and to improve the life and emotional state of Peter. The expert team's method of working was based on a Positive Behavior Therapeutic Approach.

A detailed analysis was made of his biography, his adaptive en maladaptive behavior patterns and environmental parameters like opportunities for spending his day successfully, effective and ineffective professional behavior, the role and function of significant others, features of his current physical and social biotope. To avoid being too specific we shall give an outline of the most important findings:

1. There is a lot of avoidance behavior by all those concerned: Peter, significant others, staff; these avoidance behaviors do not contribute to improvement of Peter's well-being
2. His developmental history reveals a lack of opportunities to compensate successfully Peter's impairment in social interaction
3. Just a few people have a role in Peter's possibilities in feeling himself socially included under certain circumstances
4. There is a lot of disordered behavior (aggressive outbursts, panic attacks), maladaptive active avoidance (threatening with aggression) and maladaptive passive avoidance behavior (fear based refraining from action: not visiting a medical doctor, not passing viaducts); these behaviors restrict Peter's Personal Successful Functioning (PSF)

5. The repertoire of Peter's PSF is however diverse (playing a significant role in being helpful to residents and staff, craftsmanship in technical skills, being sustainable productive in the workplace, mastering communication devices and individual transport facilities and so one)
6. Due to the avoidance of any confrontation, Peter's knowledge of – and experiences with - societal demands and boundaries is limited

Based on these findings interventions were planned in order to recover and strengthen PSF and to change the role of his caregivers from being an avoiding and withdrawing opponent in case of severe aggression to an reliable ally who stays at his side and helps him to come through such moments of disorder. If assistance of the police in such situations was inevitable, police officers were asked just giving assistance in the situation in order to help Peter and his caregivers to master the situation on site.

Interventions

To give an impression of how all the positive behavior therapeutic interventions are worked out, we will describe two important interventions from his treatment program.

One of the first actions was to introduce a program for daily activities. Until then Peter refused to visit the sheltered workshop of the institution: it was not a proper place for him to work. We agreed with that position but at the same time we made him clear that as long as his final goal of finding a volunteer's job in the technical branch is not realized, it is important to restore and develop daily work routines. These activities were scheduled in time: two hours in the morning and two hours in the afternoon and they took place in a special workplace created for Peter alone. Peter agreed on a list of possible activities (like repairing bicycles, painting window frames, dismantling electronic devices etc.) from which he can chose which activity he will pick up for each scheduled period. At the same time we informed him about the possibility of a job coach of the Individual Placement and Support (IPS) program. We also informed him that such a coach does things for him and will never take decisions for him: taking decisions is up to him. He agreed with that but was much tensed for the first meeting with her in his workplace. Together with his personal

caregiver he informed the job coach that he is building up a lot of stress in advance, just before for a planned meeting. So they agreed that she would not inform Peter and his caregivers of her surprise visits in order to prevent an increase of tension.

Another intervention was to increase the number of reliable 'significant others'. Until then Peter's father and in a lesser degree one of his daily caregivers were the only persons in his 'behavioral biotope' (Bruins, 2002) Peter could rely on. And even they were sometimes distrusted by Peter due to his experience of their withholding information to him. There were two reasons for this intervention. First it will probably help to spare Peter's father in standing his claiming behavior. Second it will give the opportunity for the members of the treatment staff to take a more prominent role as an advocate of his emotional and physical well-being. Until then these professionals only had contact with Peter after violent aggressive outbursts. Other contacts with them were refused by Peter under the threat of aggressively acting out.

During a surprise visit the clinical psychologist explained to Peter that she is bound to keep herself informed on a regular base about the emotional state of each individual resident by whom she is involved. By this explanation Peter understood her role change from someone who tries to keep him under control in times of distress and disorder to a person who wants to support him in keeping himself up to the mark. She informed him that she will visit him every fortnight by surprise in order to prevent building up tension in advance and Peter agreed. During these visits she is talking with Peter about the things he wants to discuss with her but also about satisfying activities of Peter during the past two weeks. During these conversations there is plenty room to dwell around in recent situations of PSF. Peter also knows that she has an important vote in the execution of the treatment program. So if he has questions about his program or wants to change something in his program he discusses this during these meetings. He is no longer shopping around by his caregivers in the group or stalking his father with his compelling questions and comments.

Results

Although his father and his daily caregivers understood the need of another approach it took time and support to change their position

towards Peter. However very soon they experienced how the new arrangements and tailor-made adjustments in his program worked out very well and that did help them to build up confidence. His caregivers also build up confidence after training in a different approach of his violent aggressive outbursts. From now on they are no longer waiting for his calming down or for his taken away by the police. Instead they stay at his side and restrict him in his disordered behavior. When this is successful they give him help to recover by doing something that decreases his tension. Their first confrontation with a violent aggressive outburst after the training was emotionally very aggravating but they experienced the positive effect of their direct help to Peter to recover: he got himself in control much quicker then he used to be after such an episode.

At the moment Peter is positively involved in his scheduled activities. These scheduled activities structure his day and help Peter to focus on adaptive routines. Room for choice in his program gives him the opportunity to differentiate between possible activities. There is a considerable decrease of aggressive outbursts. Curiosity about future employment and anxiety about how this will be worked out are going side by side, but he makes effectively use of his contact with his job coach. He also accepts interference of the treatment staff and profits from his two weekly contacts with the clinical psycologist. For Peter she is becoming more and more a 'reliable significant other'.

Conclusions

Although people with AD are severely and sustained impaired in social interaction and empathy and this impairment implicates serious risks to develop disordered behavior at an early stage of development, there are possibilities to recover by enhancing PSF. But enabling them to PSF requires special arrangements in the environment. To some extent this means a structured and orderly organized environment, but also tailor-made adjustments and support. In this way opportunities can be offered for the person involved to explore and experience which activities contribute to personal well-being and social safety. A positive behavior therapeutic approach is based on operant conditioning, especially by natural reinforcement in the natural environment of the person involved. The focus is less on skill training in a scheduled program but on enabling the individual concerned to

experience that PSF can contribute to a better emotional state. In fact this is just like how people without such pervasive impairments as AD learn to look after themselves in an ever changing world (Bakker, 2002). For people with AD this strategy is important in particular because recent research reveals that neurobiological structures in some nodes of the SIPN like the Mirror Neuron System in Autism Spectrum Disorder (ASD) are not broken but slowly developing (Bastiaanse et al., 2011). They found that around the age of 30 this structure functions normally with people suffering from ASD and their possibilities for developing social functioning increase. As they grow older people with ASD have more friends and are socially more active. So to recover and to strengthen successful behavior the 'behavioral biotope' of the person under concern is the best place to support these natural processes.

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