People with Asperger syndrome and Anxiety (PAsSA) Treatment Trial

TREATMENT MANUAL

Individual and group cognitive behavioural therapy (CBT) for Anxiety Disorders amongst people with Autistic Spectrum Disorders/Conditions (ASD/ASC).

Version 3.0

Heavens, D., Langdon, P.E., & Murphy, G.H. (2012)
This manual has been developed for an RCT into the effectiveness of CBT for people with Autistic Spectrum Disorders (ASD) and anxiety disorders.
INTRODUCTION

This treatment programme lasts for 24 weeks. The structure of the programme is as follows:

- Three weeks of individual CBT.
  
  This is used to build rapport with the individual and to provide information regarding the group therapy sessions. This time is also used to address any concerns regarding the upcoming group sessions.

- 21 weeks of group CBT.
  
  This is the main component of the treatment programme. The group sessions are used to provide psychoeducation about ASD and anxiety. The group members will be involved in discussing emotions and mentalisation, social skills training, cognitive restructuring and behavioural experiments.

  The programme also encourages group members to become involved in role play and various homework tasks.
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USING THIS MANUAL

This manual includes a step-by-step guide to delivering CBT with people with ASD and anxiety disorders. Although the manual is intended for use by qualified therapists, it is hoped that providing instructions for use will encourage consistency in programme delivery.

Each module in this manual will begin by outlining the main aims of the session to follow. This information will be presented in a particular format, as demonstrated in Figure 1.

SAMPLE SESSION

AIMS OF THE SESSION

- **Psychoeducation on ASD and anxiety disorders (20 minutes):** To provide psychoeducation on ASD and anxiety disorders
- **Experiences of ASD and anxiety (30 minutes):** To encourage group discussion of experiences of ASD and anxiety
- **Assign homework (10 minutes):** To discuss and set homework task for the following session

*Figure 1. Example of the main aims for a CBT group therapy session*

The main topics that need to be covered in the session and the materials required will also be noted, as shown in Figure 2 (overleaf). Estimated times of delivery are also provided for each section.

Each session tries to balance the presentation of new ideas and skill development with time for group members to talk and learn. It is important that the time limits provided are followed as closely as possible. This will ensure that all of the topics provided for each of the modules are able to be completed within the allocated session time. However, it does need to be considered that the patient(s) may
express themselves using extended dialogue and time should be allowed for this. Ensure the interaction is paced so that the patient has time to discuss the topics that they want to, whilst ensuring that they do not become overwhelmed by the information provided.

<table>
<thead>
<tr>
<th>SAMPLE TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME REQUIRED:</td>
</tr>
<tr>
<td>10 minutes</td>
</tr>
<tr>
<td>MATERIALS REQUIRED (OPTIONAL):</td>
</tr>
<tr>
<td>Pens</td>
</tr>
<tr>
<td>Flipchart paper (or a whiteboard if preferred/available)</td>
</tr>
<tr>
<td>Handouts (Where appropriate, these will be specified throughout the manual)</td>
</tr>
<tr>
<td>CONTENT/STRUCTURE:</td>
</tr>
<tr>
<td>• Ask group members of their experiences of ASD and anxiety</td>
</tr>
<tr>
<td>• Facilitate group discussion about ASD and anxiety</td>
</tr>
<tr>
<td>• Provide homework sheets and explain content / requirements</td>
</tr>
</tbody>
</table>

Figure 2. Example topic format for CBT group therapy session

Some important things to consider...

• Encourage and allow each of the group members time to talk about their experiences and ask questions – try not to let particular group members dominate discussion.

• Group members may need to be regularly reminded to practice the techniques that are described in each of the sessions. Likewise, group members may need to be prompted to complete any homework that has been set. Note the importance of these tasks and offer appropriate and encouraging feedback.

• Explain to group members the potential issues that can be caused by the forming of friendships within or outside of the group whilst the treatment is in progress (e.g. the need for confidentiality, being able to share their experiences without
being worried by what friends think, causing some group members to feel left out).

- Inform the patient(s) when the session is due to end. This will allow the patient(s) to adjust and prepare themselves to leave. A 5 minute notice period has been advised throughout this manual. However, please adjust the topic times if it is felt a longer time period is required.

- After each session, it would be useful to write a short summary for both therapists and group members. This can then be circulated via e-mail. This will inform the re-cap discussions that are included throughout the treatment and enhance learning and generalisation of skills learnt in the group to real-life situations.

See the ‘Potential Obstacles and Solutions’ section at the end of this manual for more information on overcoming potential difficulties in group CBT delivery.
INDIVIDUAL SESSIONS

SESSION ONE

AIMS OF THE SESSION

1. **Build rapport with the patient (15 minutes):** To build rapport and encourage the patient to feel relaxed and at ease with the therapeutic situation

2. **Elicit further clinical history and social circumstances (20 minutes):** To gain a greater understanding of the patient’s clinical history and their current (and past) circumstances

3. **Explore impact of ASD and anxiety on patient’s daily functioning (20 minutes):** To gain a greater understanding of the patient’s experience of ASD and anxiety in the patient’s everyday life

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1. **BUILD RAPPORT WITH THE PATIENT**

**TIME REQUIRED:**
15 minutes (although this should continue throughout session)

**MATERIALS REQUIRED (OPTIONAL):**
- Pen
- Paper

**CONTENT/STRUCTURE:**
- Introduce yourself and explain your role (both generally and in terms of the patient’s treatment)
- Offer the patient the opportunity to ask any initial questions or express any concerns regarding the treatment
- Inform the patient of the structure of the session to follow
It is important to remember that the patient may be experiencing considerable anxiety at this time. It may be useful to explain how long the session will last and ask them if they have any particular requests or needs (e.g. breaks). Further questions that the patient could be asked include:

- How did you come to be involved in this treatment?
- What made you want to be involved in this treatment?
- What do you hope to gain from the treatment?
- Is there anything worrying you about the treatment?
- Is there anything that I need to know before you do the treatment?
- Do you have any questions about the treatment?

2. ELICIT FURTHER CLINICAL HISTORY AND SOCIAL CIRCUMSTANCES

TIME REQUIRED: 20 minutes

MATERIALS REQUIRED:
Pen
Paper

CONTENT/STRUCTURE:
- Inform the patient that in order to provide appropriate treatment, a full understanding of their clinical history and circumstances is required
- Offer the patient the opportunity to tell you about their clinical history and circumstances. Record as much information as possible.
- Ask the patient questions regarding their clinical history and social circumstances (if more information is required)

Use this section to continue to build rapport with the patient and understand their situation. Encouraging the patient to discuss their history and circumstances will allow them to feel that they take control and will highlight the areas of their situation that they feel are most important. Take this opportunity to note any ‘hot cognitions’ (those thoughts that are reflective of strong emotion) that the patient may disclose.
It may be important to ask further questions in order to obtain the information required. Questions that the patient could be asked regarding their clinical history include:

- What do you remember about when you were younger?
- Was there anything that you found difficult/upsetting when you were younger?
- How did you calm yourself down if you were upset or angry?
- Who were your friends when you were younger?
- Were you ever teased when you were younger?
- What were your favourite activities/hobbies when you were younger?
- What kind of school did you go to?
- Did you enjoy school or not (further questions could also be asked about why the patient liked school or did not like school)?
- Have you had any jobs? If so, what were they?
- Have you ever had any treatment like this before?
- Have you ever been on any medication for your anxiety?

Questions that the patient could be asked regarding their current social circumstances include:

- Where do you live? Do you live in a house, a flat, a bungalow or something else?
- Who do you live with?
- Do you have a job? If so, what do you do?
- Who are your friends now? Can you tell me their first names?
- What things do you like to do with your friends?
- How often do you see your friends?
- Do you have any hobbies? If so, what are they?
- Do you have a partner? If so, how and when did you meet?

It may also be useful to make notes of the patient’s behaviour(s) during this session (this could be done retrospectively, once the patient has left the session). Useful questions to ask may include:

- How does the patient sit? Did they sit facing you, away from you or something else?
- Did the patient make eye contact? If so, was this done rarely, regularly or frequently?
- Did the patient use any gestures whilst talking to you?
• What was the patient’s body language suggesting? For example, did they have their arms or legs crossed? Were they sitting upright or not? Note anything that may be of relevance.
• Does the patient use a specific language style? Are there particular words that he/she uses?
• Does the patient phrase things in unusual ways?
• Did the patient appear to understand what you were saying to them?
• Did the patient present with a particular manner of speech?
• Did the patient have pressured speech, paucity in speech or something else?
• How did the patient cope with changes in subject content?
• Did the patient say anything that was out of context?

N.B. This is not an exhaustive list of questions, and the therapist should decide which questions are appropriate to ask (or not) during the session.

3. EXPLORE IMPACT OF ASD AND ANXIETY ON PATIENT’S DAILY FUNCTIONING

TIME REQUIRED: 20 minutes

MATERIALS REQUIRED:

Pen
Paper

CONTENT/STRUCTURE:

• Inform the patient that in order to provide appropriate treatment, a full understanding of their experience of ASD and anxiety is required
• Offer the patient the opportunity to tell you about their views regarding their diagnoses and related experiences
• Ask the patient questions regarding their diagnoses and related experiences (if more information is required)

Again, use this section to continue to build rapport with the patient and understand their situation. Questions that could be asked regarding the patient’s experiences of Asperger syndrome include:
• How long have you had an ASD diagnosis?
• Is there anything you like about having an ASD?
• Is there anything you don’t like about having an ASD?
• Do you find anything easy because you have an ASD?
• Do you find anything difficult because you have an ASD?

Questions that could be asked regarding the patient’s experiences of ASD include:

• How have you been feeling recently?
• What tends to make you anxious?
• When was the last time you were anxious?
• How long are you usually anxious for? Does it last for a few minutes, hours, days or longer?
• Do you get anxious just sometimes or all of the time?
• What do you do if you are anxious?
• Are there any particular places or situations that make you anxious?
• Does anything help you feel less anxious/more relaxed?

N.B. Again, this is not an exhaustive list of questions and the therapist should decide which questions are appropriate to ask (or not) during the session.

FINAL 5 MINUTES

The final 5 minutes of the session should be used to summarise and conclude what has been discussed with the patient. As suggested, the patient should be informed that the session is coming to an end to allow them time to adjust. Opportunity should also be provided for the patient to ask any questions or express any final concerns.
SESSION TWO

AIMS OF THE SESSION

1. **Continue to build rapport with the patient (10 minutes):** To continue to build rapport and encourage the patient to feel relaxed and at ease with the therapeutic situation

2. **Review previous session (10 minutes):** To remind the patient what was discussed in the previous session

3. **Introduce Subjective Units of Distress (SUDS) scale (20 minutes):** To introduce the SUDS and assist the patient in using the SUDS to rate anxiety in different contexts

4. **Discuss group sessions (10 minutes):** To discuss group structure and content and discuss any fears or concerns regarding this

5. **Assign homework (5 minutes):** To provide the patient with homework so that they can practice completing the SUDS recording sheets over the week to follow

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1. **CONTINUE TO BUILD RAPPORT WITH THE PATIENT**

**TIME REQUIRED:**

10 minutes (and ongoing throughout session)

**MATERIALS REQUIRED:**

None

**CONTENT/STRUCTURE:**

- Welcome the patient and ask them how their week has been. Inform them of the structure of the session to follow
- Offer the patient the opportunity to express any concerns or ask any questions regarding the treatment. Discuss as necessary.
2. REVIEW PREVIOUS SESSION

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED (OPTIONAL):
Any notes/resources from previous session

CONTENT/STRUCTURE:
- Remind the patient that the previous session started by discussing why they had been referred to treatment and their thoughts around this
- Remind the patient of the discussions regarding clinical history and social circumstances
- Remind the patient that they were involved in discussion regarding their diagnosis of Asperger syndrome and anxiety
- Allow the patient to express any concerns or ask questions regarding the previous session

The level of detail required for reviewing the previous session is likely to vary depending on the patient and the issues that had been discussed. Overall, the patient should be made aware of the issues discussed and the reasons for doing so.

3. INTRODUCE SUBJECTIVE UNITS OF DISTRESS SCALE (SUDS)

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Subjective Units of Distress Scale (SUDS) (See Appendix A)
SUDS example sheet (See Appendix B)
SUDS recording sheet (See Appendix C)
The contexts discussed as part of this task will vary depending on the patient. The ratings will be most useful if the situations selected are relevant to the patient concerned (based on the information gained in the previous session). However, the following examples may be of some use if the patient is finding it difficult to identify particular scenarios:

- Going to the local shops
- Talking to a family member you haven’t seen for a long time
- Meeting new people
- Going to a party where you don’t know many people
- Going to the cinema with some friends or your family
- Talking to people who are in authority
- Going to the checkout in a supermarket
- Taking a walk outside
- Asking for directions
- Eating in a restaurant
- Ordering your food in a restaurant
- Giving a talk or presentation in front of a few people
- Giving a talk or presentation in front of lots of people (more than 10)
- Going to the doctor/dentist
- Going to some crowded shops in a busy town centre
• Getting on a crowded bus

N.B. This is not an exhaustive list of scenarios, and the therapist should decide which are appropriate to ask (or not) to use during the session.

4. DISCUSS GROUP SESSIONS

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Pen
Paper
Group programme (See Appendix D)

CONTENT/STRUCTURE:
• Inform the patient of the structure and content of the group sessions using the handout provided
• Explain to the patient the reasons for suggesting group treatment and the potential benefits of this
• Offer the patient the opportunity to express any concerns that they may have in being involved in group treatment. These should be noted and the patient should be offered further explanation or reassurance as necessary

Details provided about the group sessions could include:

• Where the group will meet and at what time
• How many sessions there will be
• How the sessions will be run
• Who will be running the sessions
• What they need to bring to the group sessions (if anything)

The benefits of group treatment for each of the patients involved may be different. However, common themes may include:

• The patient(s) will have the opportunity to meet other people with ASD and anxiety and discuss their situation with them
• The patient(s) will have the opportunity to hear about other peoples’ experiences of ASD and anxiety and may be able to learn new things from them
• Being involved in a group with other people may allow the patient(s) to build their confidence in talking/working in similar situations
• Group treatment allows the patient(s) to practice particular skills such as communicating with other people and working together in a team
• The patient(s) may be able to think about their experience of ASD and anxiety differently if they have listened to other people talking about their own situation
• The patient(s) may also learn new ways to think, feel or behave after listening to somebody else talk about how they cope with their situation

It will be the role of the therapist to determine what reassurance a patient requires and to what extent. **If it is felt that the patient should not be included in group treatment due to the concerns that they have raised, this information should be passed to the relevant person as soon as possible** (please see the end of this manual for a list of contact details).

### 5. ASSIGN HOMEWORK

**TIME REQUIRED:**
5 minutes

**MATERIALS REQUIRED:**
- SUDS sheet
- SUDS example sheet
- SUDS recording sheets
- Folder

**CONTENT/STRUCTURE:**
- Explain to the patient that the CBT involves completing homework as it allows them to monitor their anxiety more closely and for the therapist(s) to understand their situation in greater detail
- Explain to the patient that you would like them to use the SUDS recording sheets to monitor their anxiety over the next week. Show this sheet to the patient and explain how to use it
Some patients may be resistant to completing homework outside of the structured sessions. At this stage of therapy patients have the potential to remove themselves from the process if they are asked to do something they do not want to. These patients should not be made to feel pressurised into completing the homework. However, it is useful to make it clear to the patient why the homework may be of some benefit to them (please see the ‘Potential Obstacles and Solutions’ section for more information on how to deal with this situation).

**FINAL 5 MINUTES**

The patient should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. Where appropriate, the patient should be reminded to complete the SUDS recording sheets for homework. Opportunity should be provided for the patient to ask any questions or express any final concerns.
SESSION THREE

AIMS OF THE SESSION

1. **Review previous session (10 minutes):** To remind the patient what was discussed in the previous session

2. **Review homework and deal with any issues (20 minutes):** To review the patient’s homework sheets and to discuss any difficulties that the patient might have had in completing them

3. **Discuss group sessions (15 minutes):** To revisit the discussion on group structure and content and address any fears or concerns regarding this

4. **Assign homework (10 minutes):** To provide the patient with homework so that they can practice completing the SUDS recording sheets over the week to follow

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1. **REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**
10 minutes

**MATERIALS REQUIRED (OPTIONAL):**
Any notes/resources from previous session

**CONTENT/STRUCTURE:**

- Remind the patient that in the previous session, they were introduced to the SUDS and the associated worksheets

- Remind the patient that they completed a SUDS rating sheet with the therapist regarding everyday situations

- Remind the patient that they were involved in discussion regarding the group sessions (this will be discussed further in this session also)

- Remind the patient of the homework task and the rationale behind this

- Allow the patient to express any concerns or ask questions regarding the previous session
2. REVIEW HOMEWORK AND DEAL WITH ANY ISSUES

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
- Patient's SUDS ratings (if completed)

CONTENT/STRUCTURE:
- Ask the patient to guide you through the homework sheets that they have completed.
- Discuss the SUDS ratings completed by the patient. Address any issues that the patient may have encountered in using the provided worksheets
- If the patient has not completed the homework, discuss any issues and provide reassurance

3. DISCUSS GROUP SESSIONS

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED:
Pen
Paper

CONTENT/STRUCTURE:
- Remind the patient of the structure and content of the group sessions using the outline provided at the beginning of this manual (ensure that this is discussed with the patient in a way in which they understand)
- Remind the patient of the reasons for suggesting group treatment and the potential benefits of this (please see the ‘Discuss group sessions’ topic in session one for guidance on this)
Again, if it is felt that the patient should not be included in group treatment due to the concerns that they have raised, this information should be passed to the relevant person as soon as possible.

4. **ASSIGN HOMEWORK**

**TIME REQUIRED:**
10 minutes

**MATERIALS REQUIRED:**
Patient’s homework folder
More copies of the SUDS recording sheets

**CONTENT/STRUCTURE:**

- Remind the patient that CBT involves completing homework as it allows them to monitor their anxiety more closely and for the therapist(s) to understand their situation in greater detail
- Explain to the patient that you would like them to use the SUDS recording sheets again to monitor their anxiety over the next week. Remind the patient how to use the sheet if necessary
- Address any concerns or questions that the patient may have about the homework

**FINAL 5 MINUTES**

The patient should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main
points of discussion. Where appropriate, the patient should be reminded to complete the SUDS recording sheets for homework. Opportunity should be provided for the patient to ask any questions or express any final concerns.
GROUP SESSIONS

SESSION ONE

AIMS OF THE SESSION

1. **Introductions – Getting to know each other (15 minutes):** To allow the group therapists and group members to introduce themselves to each other

2. **Discuss group rational and format (15 minutes):** To discuss group format and reasons for suggesting group work

3. **Devise group rules (15 minutes):** To discuss group rules

4. **Assign homework (10 minutes):** To assign homework for the following week

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1. **INTRODUCTIONS – GETTING TO KNOW EACH OTHER**

**TIME REQUIRED:**

15 minutes

**MATERIALS REQUIRED (OPTIONAL):**

Pens

Flipchart paper

Cards

**CONTENT/STRUCTURE:**

- The group therapists should introduce themselves to the group members
- Ask the group members to introduce themselves to the group therapists and the other group members (if wished)
- Encourage the group members to discuss their hobbies and interests
When group therapists introduce themselves to the group members, they should state their name and explain their role. It is up to the group therapist concerned whether further information regarding their professional role(s) and interests is provided. By providing this information, it may be possible to allow the group members to feel less anxiety for the situation. However, group therapists must not disclose sensitive personal information about themselves.

As indicated, the group members should be asked if they want to introduce themselves to the group therapists and other group members. It should be considered that some group members may be experiencing considerable anxiety at being involved in a group situation and may not wish to be involved in discussions at this stage of treatment. This must be appreciated. Alternative introduction techniques could include:

- The group members (and the group therapists) could be given name badges to show and remind each other of their names
- Asking the group member(s) to write their name and any other relevant information on a small card. The group therapist(s) could then read this on behalf of the group member(s)
- The group members could be divided into smaller groups of two people and asked to introduce themselves to the other group member with whom they are allocated to. In turn, the group members could be allocated to work with everyone in the group

In introducing themselves to the rest of the group, members can be asked to state their name, interests and any other (appropriate) information that they wish to disclose about themselves. If group members attempt to disclose information that is not appropriate, the group therapist(s) should divert them from this topic in a sensitive manner.

2. DISCUSS GROUP RATIONALE AND FORMAT

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED (OPTIONAL):
- Pens
- Flipchart paper

CONTENT/STRUCTURE:
- Remind the group members of the benefits of being involved in group work
The potential advantages of group work for people with ASD and anxiety have been discussed in the second session of the individual treatment (see pages 14-15). The group members should be reminded of these points and offered the opportunity to raise concerns or ask questions if wished.

It is important to give the group members as much information about the treatment programme as possible. This may help to reduce the anxiety that they may have regarding the group sessions and what will be expected of them. The group members can be provided with a copy of the group programme (See Appendix D).

3. DEVISE GROUP RULES

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED:
Pens
Flipchart paper

CONTENT/STRUCTURE:

- Invite the group members to make suggestions for group rules
- Facilitate discussion of potential group rules
- Inform the group members of any rules that have to be included and adhered to

Again, the group members should not be asked to participate in this task if they do not feel comfortable in doing so. Any suggestions for group rules should be written on flipchart paper in full view of all group members. Group therapists should encourage discussion of the group rules suggested as best as possible.
It is best practice to encourage the group members to devise their own rules as they will feel that they have some ownership over the rules and the treatment process in general. The group members could be encouraged to write or draw their suggested rule(s) on the flipchart paper in view of the group members. However, there are particular rules that should be actively encouraged. These include:

- Group members should be encouraged to take turns to speak and present their ideas. It is important that group members do not talk over each other as this may lead both group members and therapists to become frustrated.

- Group members should be informed of the problems that forming friendships (both inside and outside of the group) can bring. If the group members wish to make friends from the group, it could be suggested that this is considered following group completion (see ‘Potential Obstacles and Solutions’ section at the end of this manual for more information).

- Group members should be advised that any incidence of verbal or physical aggression is not acceptable and that engaging in this behaviour may lead to exclusion from the group. Explain to group members why these behaviours may cause issues for the group and their treatment – however, try not to make it sound like a ‘warning’!

- Group members should be informed of the need for confidentiality and to keep what is discussed in the group within this context. The group members should be encouraged to discuss the need for confidentiality and the consequences of breaking this (see ‘Potential Obstacles and Solutions’ section at the end of this manual for more information)*

*Despite this suggested rule, the group members should also be informed that if they disclose any information that puts either themselves or other people at risk, it will have to be reported to the relevant parties immediately.

4. **ASSIGN HOMEWORK**

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Group members’ homework folders
More copies of the SUDS recording sheets
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION TWO

AIMS OF THE SESSION

- **Review previous session (10 minutes):** To remind the group members what was discussed in the previous session

- **Review homework and deal with any issues (10 minutes):** To review homework and deal with any issues that arise

- **Discuss Autistic Spectrum Disorders (ASD) (15 minutes):** To encourage discussion and provide information about ASD

- **Discuss ASD and anxiety (15 minutes):** To encourage discussion and provide information about ASD and anxiety

- **Assign homework (5 minutes):** To assign homework for the following week

N.B. Although topic structure is provided for this session, it is possible that there will be some overlap between each of the sections outlined.

1. **REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Group rules

Any flipchart paper entries/notes from previous session

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they were introduced to the group leaders and other group members (where appropriate)

- Remind the group members that they were involved in a discussion of the group treatment format and the benefits of being involved

- Remind the group members that group rules were devised and involve them in discussion regarding these
At this point, offer the group members the opportunity to express any concerns or ask any questions.

2. REVIEW HOMEWORK AND DEAL WITH ANY ISSUES

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
- Group members’ SUDS ratings (if completed)

CONTENT/STRUCTURE:
- Ask the group members to discuss the homework sheets that they have completed (if appropriate)
- Discuss the SUDS ratings completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets

Please note that due to time constraints, it may not be possible to review homework for all group members. Each week, two or three of the group members should be encouraged to discuss their homework (with different group members doing so each time).

If particular group members do not complete the homework task, meet with them after the group session. The group member(s) should be offered support and time should be provided to address any problems that they might be experiencing (See ‘Potential Obstacles and Solutions’ section at the end of this manual for more information on how to deal with this situation).

3. DISCUSS AUTISTIC SPECTRUM DISORDERS (ASD)

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED:
- Flipchart paper
As with the previous session, some group members may be experiencing anxiety at being involved in a group situation and may not wish to be involved in group discussions at this stage. This must be appreciated and group members should not be forced to disclose information.

Using the relevant information sheets, group members should be informed of the diagnostic characteristics of ASD. It is possible that some of the group members do not have a lot/any insight into their diagnosis and the associated characteristics. Group therapists must be aware of this and offer group members appropriate advice and support.

It is likely that each of the group members will have different levels of ability and learning styles. Group therapists should attempt to make the delivery of factual information easy to follow and understand, whilst being informative. The information sheet(s) included in the appendix section should assist with this.

Some areas of potential discussion for group members include:

- The things they like about having a diagnosis of ASD
- The things they don’t like about having a diagnosis of ASD
- The things that they find easy because of their diagnosis of ASD
- The things they find hard because of their diagnosis of ASD
- Films or TV programmes about ASD
- What their family and friends think about their diagnosis of ASD

It should be considered that some group members may have a negative view of their diagnosis of ASD. Group therapists should be aware of this and assist the group members in seeing that there are positive things associated with having ASD as well as experiencing various difficulties.
Group therapists should also attempt to direct the topics of conversation towards the group members own personal experiences of ASD (as discussed at the beginning of this particular topic). This will ensure that the discussions are relevant to the group members and that they may be more likely to feel that the group serves a purpose for them.

3. **DISCUSS ASD AND ANXIETY**

**TIME REQUIRED:**

15 minutes

**MATERIALS REQUIRED:**

- Flipchart paper
- Pens
- ASD and anxiety sheet (See Appendix F)

**CONTENT/STRUCTURE:**

- Inform the group members that a diagnosis of ASD can lead people to be more vulnerable to experiencing anxiety about certain things
- Ask the group members to discuss their diagnosis of ASD and any experiences of anxiety that they might have had
- Provide the group members with the ASD and anxiety information sheet
- Assist the group members in reading the information sheet whilst facilitating discussion of the points raised

Again, group therapists should direct their conversation towards the experiences of the group members. Information should be provided in an easy and informative manner. It may be worth reiterating at this point that the aim of the group treatment is to help the group members with any anxiety that they experience.

Session continued overleaf...
5. **ASSIGN HOMEWORK**

**TIME REQUIRED:**
5 minutes

**MATERIALS REQUIRED:**
Group members’ homework folders
More copies of the SUDS recording sheets

**CONTENT/STRUCTURE:**
- Remind the group members of the importance of completing homework tasks
- Explain to the group members that you would like them to use the SUDS recording sheets again to monitor their anxiety over the next week. Remind the group members how to use the sheet if necessary
- Address any concerns or questions that the group members may have about the homework

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**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.

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SESSION THREE

AIMS OF THE SESSION

1. **Review previous session (10 minutes):** To remind the group members what was discussed in the previous session

2. **Review homework and deal with any issues (10 minutes):** To review homework and deal with any issues that arise

3. **Discuss anxiety (30 minutes):** To encourage discussion and provide information about anxiety

4. **Assign homework (10 minutes):** To assign homework for the following week

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1. **REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Group rules

Any flipchart paper entries/notes from previous session

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they were reminded of and discussed the group rules

- Remind the group members that they were involved in a discussion regarding ASD and their experiences of ASD

- Remind the group members that they were involved in a discussion regarding ASD and anxiety

It may also be useful to remind the group members that they were provided with the ASD and ASD and anxiety information sheets.
2. REVIEW HOMEWORK AND DEAL WITH ANY ISSUES

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
- Group members’ SUDS ratings (if completed)

CONTENT/STRUCTURE:
- Ask some of the group members to discuss the homework sheets that they have completed (if appropriate)
- Discuss the SUDS ratings completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets

Again, if particular group members do not complete the homework task, meet with them after the group session. The group member(s) should be offered support and time should be provided to address any problems that they might be experiencing (See ‘Potential Obstacles and Solutions’ section at the end of this manual for more information on how to deal with this situation).

3. DISCUSS ANXIETY

TIME REQUIRED:
30 minutes

MATERIALS REQUIRED:
- Flipchart paper
- Pens
- Anxiety information sheet (See Appendix G)

CONTENT/STRUCTURE:
- Remind the group members that a diagnosis of ASD can lead people to be more vulnerable to experiencing anxiety
Each of the group members is likely to experience different levels of anxiety. Likewise, there is potential for different group members to have different diagnoses in relation to anxiety and they will therefore experience different symptoms. The information sheets provided aim to encourage discussion on different types of anxiety disorder, including:

- Generalised anxiety disorder
- Social anxiety disorder/social phobia
- Panic disorder (and agoraphobia)

Obsessions and compulsions are covered in session six and this will include discussion of Obsessive-Compulsive Disorder (OCD).

In this session, group members should be encouraged to appreciate that there are different types of anxiety disorder and that the experience of anxiety may be individual to them. At the same time, group members should be educated on the general symptoms of anxiety and the associated disorders. The different kinds of anxiety-related symptomatology should be discussed and group therapists should also attempt to direct the topics of conversation towards the group members own personal experiences of anxiety (as discussed in the previous session). This will ensure that the discussions are relevant to the group members and that they may be more likely to feel that the group serves a purpose for them.

Session continued overleaf...
4. **ASSIGN HOMEWORK**

**TIME REQUIRED:**
5 minutes

**MATERIALS REQUIRED:**
- Group members’ homework folders
- More copies of the SUDS recording sheets

**CONTENT/STRUCTURE:**
- Remind the group members of the importance of completing homework tasks
- Explain to the group members that you would like them to use the SUDS recording sheets again to monitor their anxiety over the next week. Remind the group members how to use the sheet if necessary
- Address any concerns or questions that the group members may have about the homework

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**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.

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SESSION FOUR

AIMS OF THE SESSION

1. **Review previous session (10 minutes):** To remind the group members what was discussed in the previous session

2. **Review homework and deal with any issues (5 minutes):** To review homework and deal with any issues that arise

3. **Provide information about CBT (15 minutes):** To provide group members with some information about CBT

4. **Provide information about the cognitive model (15 minutes):** To provide group members with information regarding the cognitive model

5. **Assign homework (10 minutes):** To assign homework for the following week

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1. **REVIEW PREVIOUS SESSION**

TIME REQUIRED:

10 minutes

MATERIALS REQUIRED:

ASD and anxiety information sheets

Any flipchart paper entries/notes from previous session

CONTENT/STRUCTURE:

- Remind the group members that in the previous session, they were provided with the handouts regarding anxiety

- Remind the group members that they were involved in discussion regarding their experiences of anxiety

It is important to encourage the group members to remember the discussion of the link between ASD and anxiety. It may therefore be worth reminding the group members of the symptomology of ASD that can precede the experience of anxiety.
2. REVIEW HOMEWORK AND DEAL WITH ANY ISSUES

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
- Group members' SUDS ratings (if completed)

CONTENT/STRUCTURE:
- Ask some of the group members to discuss the homework sheets that they have completed (if appropriate)
- Discuss the SUDS ratings completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets

Again, if particular group members do not complete the homework task, meet with them after the group session. The group member(s) should be offered support and time should be provided to address any problems that they might be experiencing (See ‘Potential Obstacles and Solutions’ section at the end of this manual for more information on how to deal with this situation).

3. PROVIDE INFORMATION ABOUT CBT

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED:
- Flipchart paper
- Pens
- CBT information sheet (See Appendix H)

CONTENT/STRUCTURE:
- Remind the group members that the treatment that they are receiving is called CBT
It is useful to provide the group members with some information regarding the history of CBT and the use of the approach in the current healthcare system. This will serve to reassure the group members that the treatment that they are receiving is safe and has the potential to be effective.

An example explanation is provided below (and corresponds to the CBT handout):

CBT stands for ‘Cognitive-Behavioural Therapy’. It is a type of treatment where you talk about things you are finding difficult (like anxiety). The treatment used has been developed over the past 40 years to help people with lots of different issues, such as depression, anxiety and stress. Some ideas behind the theory of CBT include:

- The way you think (in your mind) can have an effect on the way you feel inside
- The way you think can sometimes be unhelpful. Sometimes people can make ‘errors’ in their thinking and these can affect the way they see things. This means that they may not see things for how they actually are.
- If this happens, it can lead you to feel depressed and do things that aren’t helpful for you (we call this your behaviour)
- We can try to change your thinking errors which will hopefully make things easier for you
- If we change your thinking errors, we may be able to change the unhelpful things you do (your behaviours)
- We try to change your thinking errors by getting your to record and understand them and then test our new ways of thinking
- We think that you are probably good at learning new things and you will be able to use the things we teach you

Understanding amongst the group members can be evaluated by asking volunteers to explain the theory of CBT in their own dialogue. If (any) group members find this task difficult, the flipchart paper and pens could be used to explain the points raised. For example, stick men could be drawn highlighting the difference between thoughts (thought bubbles), feelings (in the area of the heart) and behaviours (what the person is doing).
It is important that the group members fully understand the purpose and use of the cognitive model before proceeding (as this will be the basis for the next homework task). Group members should be encouraged to understand the distinction between thoughts, feelings and behaviours in greater detail.

The group members should be provided with scenarios and asked to identify potential thoughts, feelings and behaviours, in this order. Flipchart paper should be used at this point to encourage understanding. Potential scenarios include:

- Being in a crowded place
- Going to the shops
- Going in a lift
- Going to a restaurant with your family
- Going to a party
• Going on holiday
• Going to watch a football match
• Going on a train/plane/bus etc.
• Being in a traffic jam
• Going for a walk in a field
• Doing your favourite hobby
• Sitting on your own at home
• Reading something you are interested in
• Having to give a talk in front of people

N.B. This is not an exhaustive list of scenarios, and the therapist should decide which are appropriate to ask (or not) to use during the session. It may be more useful to ask the group members to provide their own scenarios as these are likely to be more meaningful to them, therefore allowing the cognitive model to be understood more easily.

It is also useful to include scenarios that are likely to be anxiety provoking and those that are not. This will encourage the group members to understand that different situations lead to the experience of different thoughts, feelings and behaviours.

Other tasks that could be used to facilitate teaching of the cognitive model include:

• Providing the group members with examples of statements or words (on flipchart paper or small cards) and ask them to identify whether they are thoughts, feelings or behaviours
• Provide the group members with pictures of people displaying different emotions and ask them to identify the feeling(s) involved
• Provide the group members with various emotional states and emotional intensities and ask them to rate where they would sit on a thermometer or similar rating scale
• Provide the group members with a picture of a body map (on flipchart paper) and ask them to identify where they feel particular emotions (and thoughts) are likely to be experienced
• Provide the group members with a ‘timeline’ for events, showing thoughts, feelings and behaviours in a specified order. Different scenarios could be discussed in relation to this

The scenarios or examples used should be relevant to the group members’ experience of anxiety. Although it will be useful to discuss other psychological states (e.g. anger, depression) to demonstrate the cognitive model in relation to anxiety, group members should be repeatedly reminded of the focus of the current treatment.
5. ASSIGN HOMEWORK

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Group members’ homework folders
More copies of the SUDS rating sheets
Copies of the mood diary (Appendix J)

CONTENT/STRUCTURE:

- Remind the group members of the importance of completing homework tasks. Explain to the group members that you would like them to continue using the SUDS rating sheets.

- Explain that you would also like them to start practising what they have learnt in today’s session. Provide the group members with the mood diary sheets and explain the structure of these and how they should be used.

- Ask the group members to use these sheets over the following week to practice identifying thoughts, feelings and behaviours. Continue to explain the homework task until the group members understand what is required.

- Address any concerns or questions that the group members may have about the homework.

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION FIVE

AIMS OF THE SESSION

1. **Review previous session (10 minutes):** To remind the group members what was discussed in the previous session.

2. **Review homework and deal with any issues (10 minutes):** To review homework and deal with any issues that arise.

3. **Provide cognitive mediation training (15 minutes):** To provide group members with cognitive mediation training.

4. **Provide cognitive mentalisation training (15 minutes):** To provide group members with cognitive mentalisation training.

5. **Assign homework (10 minutes):** To assign homework for the following week.

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1. **REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

- Information sheets
- Any flipchart paper entries/notes from previous session

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they were provided with the handouts regarding CBT and the cognitive model.
- Remind the group members that they were involved in discussion regarding CBT and the cognitive model.
- Remind the group members that the cognitive model involves identifying thoughts, feelings and behaviours for a given situation.
Again, if particular group members do not complete the homework task, meet with them after the group session. The group member(s) should be offered support and time should be provided to address any problems that they might be experiencing (See ‘Potential Obstacles and Solutions’ section at the end of this manual for more information on how to deal with this situation).

2. **REVIEW HOMEWORK AND DEAL WITH ANY ISSUES**

**TIME REQUIRED:**
10 minutes

**MATERIALS REQUIRED:**
- Group members’ SUDS ratings (if completed)
- Group members mood diaries (if completed)

**CONTENT/STRUCTURE:**
- Ask some of the group members to discuss the homework sheets that they have completed (if appropriate)
- Discuss the SUDS ratings completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets
- Discuss the mood diaries completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets

3. **PROVIDE COGNITIVE MEDIATION TRAINING**

**TIME REQUIRED:**
15 minutes

**MATERIALS REQUIRED:**
- Flipchart paper
- Pens
The use of flipchart paper and pens will be important at this stage as it will aid understanding for the group members. The group therapists should make it clear in drawings that thoughts, feelings and behaviours are separate entities (e.g. by drawing stick people with thought bubbles, feelings in heart shaped diagrams and doing actions) but they still have the potential to be linked (e.g. by drawing arrows). It may also be helpful to outline the steps in a scenario to demonstrate the link between the three components (e.g. thinking that somebody doesn't like you might lead you to become sad and stay in your room all day).

**N.B.** Group members should again be encouraged to discuss situations that are pertinent to themselves to aid understanding.

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### 4. PROVIDE COGNITIVE MENTALISATION TRAINING

**TIME REQUIRED:**

15 minutes

**MATERIALS REQUIRED:**

- Flipchart paper
- Pens

**CONTENT/STRUCTURE:**

- Explain to the group members that everyone has different thought, feelings and behaviours
- Explain to the group members that the thoughts and feelings that they have may be different to those that somebody else has
The scenarios provided in session four (see pages 38-39) may be of some use here. Group therapists may also wish to devise particular scenarios designed to encourage the identification of thoughts, feelings and behaviours in different people.

Another method is to present the group members with visual cues of stick people together with a thought bubble and faces depicting various emotions. The group members can then be provided different scenarios and asked to identify the relevant thoughts and feelings.

Those group members who are willing could also be encouraged to discuss situations which they consider anxiety provoking and the other group members could be asked to identify the thoughts, feelings and behaviours that were likely to be relevant. Group therapists could also role play various scenarios and ask the group members to identify the thoughts, feelings and behaviours involved.

It is the role of the group therapist to decide which approach is most appropriate for the group members. Again, where possible the scenarios or examples used should be relevant to the group members’ experience of anxiety.

4. ASSIGN HOMEWORK

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Group members’ homework folders
More copies of the SUDS rating sheets
More copies of the mood diary

CONTENT/STRUCTURE:
• Remind the group members of the importance of completing homework
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION SIX

AIMS OF THE SESSION

1. Review previous session (10 minutes): To remind the group members what was discussed in the previous session

2. Review homework and deal with any issues (10 minutes): To review homework and deal with any issues that arise

3. Provide information about obsessions and compulsions in ASD/ASC (25 minutes): To provide information regarding obsessions and compulsions in ASD/ASC and Obsessive-Compulsive Disorder (OCD)

4. Assign homework (10 minutes): To assign homework for the following week

1. REVIEW PREVIOUS SESSION

TIME REQUIRED:

10 minutes

MATERIALS REQUIRED:

Any flipchart paper entries/notes from previous session

CONTENT/STRUCTURE:

- Remind the group members that in the previous session, they discussed thoughts, feelings and behaviours and how these are linked (cognitive mediation)

- Remind the group members that they also discussed that everyone has the potential to have different thoughts and feelings and behaviours (cognitive mentalisation)

- Involve group members in discussion of these topics to aid memory
The information sheet should be used to highlight that obsessions and compulsions in ASD/ASC are common and that they often revolve around a distinct interest of the individual in question. Attempts should be made to assist the group members in understanding the distinction(s) between ASD/ASC and OCD, but that there is also potential for OCD to be co-morbid with ASD/ASC. Reference to the group members’ own obsessions and compulsions may aid this process. Where possible, it is helpful to use cognitive mediation, covered in the previous session, to explain “intrusive” cognition and behaviours that occur within OCD.

2. REVIEW HOMEWORK AND DEAL WITH ANY ISSUES

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
- Group members’ SUDS ratings (if completed)
- Group members mood diaries (if completed)

CONTENT/STRUCTURE:
- Ask some of the group members to discuss the homework sheets that they have completed (if appropriate)
- Discuss the SUDS ratings completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets
- Discuss the mood diaries completed by the group members. Address any issues that the group members may have encountered in using the provided worksheets

3. PROVIDE INFORMATION ON OBSESSIONS AND COMPULSIONS IN ASD/ASC

TIME REQUIRED:
25 minutes

MATERIALS REQUIRED:
- Obsessions and compulsions information sheet (See Appendix K)

CONTENT/STRUCTURE:
- Provide the group members with the obsessions and compulsions information sheet and assist them in reading this
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main

4. ASSIGN HOMEWORK

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Group members’ homework folders
More copies of the mood diary

CONTENT/STRUCTURE:

- Explain to the group members that you would like them to use the mood diary recording sheets again to monitor their thoughts, feelings and behaviours over the next week. Remind the group members how to use the sheet if necessary
- Inform the group members that they can record SUDS ratings on the mood diary sheets if they want to
- Address any concerns or questions that the group members may have about the homework

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main
points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION SEVEN

AIMS OF THE SESSION

1. Review previous session (5 minutes): To remind the group members what was discussed in the previous session

2. Review homework and deal with any issues (10 minutes): To review homework and deal with any issues that arise

3. Provide an introduction to social skills training (5 minutes): To provide an introduction to social skills training

4. Discussion of social skills (10 minutes): To involve group members in discussion of various social skills

5. Introduce social skills role play (20 minutes): To introduce group members to social skills role-play

6. Assign homework (5 minutes): To assign homework for the following week

1. REVIEW PREVIOUS SESSION

TIME REQUIRED:

5 minutes

MATERIALS REQUIRED:

Any flipchart paper entries/notes from previous session

CONTENT/STRUCTURE:

- Remind the group members that in the previous session, they discussed obsessions and compulsions in ASD/ASC
- Remind the group members that they also discussed OCD and the differences between obsessions and compulsions in ASD/ASC and OCD

It may be useful at this stage to remind the group members of the distinction between obsessions and compulsions in ASD/ASC and OCD.
The group members should be provided with a brief outline of the social skills training involved over the next two sessions. The group members can be informed that they will be presented with information related to:

- What social skills are
- Which social skills are important
- How to use various social skills
• How deficits in social skills can lead to anxiety

In reference to describing what social skills are, the group members can be informed that:

‘Social skills are things that help you to communicate with and understand other people’.

At this point, the group members should be informed that social skills training is an important part of CBT with people with ASD/ASC. Some potential reasons for this include:

• It may help them to approach particular situations with more confidence
• It may make communicating with other people easier
• It may help them to understand social situations more
• It may help them to make and keep friends

In discussing which social skills are important, the group members can be informed that they will discuss issues such as:

• Making and maintaining eye contact
• Starting and being involved in conversations (including topic content)
• Taking turns and listening to other people
• Understanding other peoples’ facial expressions, body language and gestures

Again, these are not exhaustive lists and group therapists should add or remove items of discussion as appropriate.

4. DISCUSSION OF SOCIAL SKILLS

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
• Flipchart paper
• Pens
The group members could be asked to comprise a list of social skills that they believe are important when interacting and communicating with others. The group therapists could also ask the group members to make suggestions for ‘Do’s’ and ‘Don’ts’ when in a social situation.

This time can also be used to discuss any social situations that lead the group members to become anxious. Group therapists should make attempts to show how difficulties in the various skills can make social situations anxiety-provoking for the group members.

5. **INTRODUCE SOCIAL SKILLS ROLE PLAY**

**TIME REQUIRED:**

20 minutes

**MATERIALS REQUIRED (OPTIONAL):**

- Flipchart paper
- Pens

**CONTENT/STRUCTURE:**

- Explain the group members the benefits of using role play to teach social skills
- Use role play to demonstrate various social skills and involve the group members in discussion of this

It should be noted that some group members may find the notion of role play extremely anxiety provoking and nobody should be forced to participate. Volunteers
can be involved in the role plays if appropriate. Otherwise, at this stage of treatment the group therapists should role play various situations and attempt to encourage group members to discuss what they have seen.

It is suggested that role plays are used to demonstrate both good (e.g. conversational turn-taking, good eye contact, good body language, discussion of appropriate topics) and poor (e.g. interrupting, no eye contact, defensive body language, poor conversational content) social skills and that there is an equal balance of both. Some potential scenarios include:

- Meeting a friend in the street
- Ordering food in a restaurant
- Speaking to somebody on the telephone
- Going to a party
- Speaking to a shop assistant
- Asking for directions
- Talking to family members or family friends

It would be useful to select scenarios that are appropriate to the group members. Group therapists (and volunteers) could act out situations in which the group members have stated they find difficult.

### 6. ASSIGN HOMEWORK

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

Group members’ homework folders

Copies of the mood diary

**CONTENT/STRUCTURE:**

- Explain to the group members that you would like them to use the mood diary recording sheets again to monitor their thoughts, feelings and behaviours over the next week

- Inform the group members that they can record SUDS ratings on the mood diary sheets if they want to

- Address any concerns or questions that the group members may have about the homework
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION EIGHT

AIMS OF THE SESSION

1. **Review previous session (5 minutes):** To remind the group members what was discussed in the previous session

2. **Review homework and deal with any issues (5 minutes):** To review homework and deal with any issues that arise

3. **Continue with social skills role play (45 minutes):** To continue with the social skills role play introduced in the previous session

4. **Assign homework (5 minutes):** To assign homework for the following week

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**1. REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

Any flipchart paper entries/notes from previous session

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they discussed various social skills
- Remind the group members that they also discussed how social skills are relevant to the discussion of ASD and anxiety
- Remind the group members that they were introduced to the concept of role-play and of any details regarding this
Again, some group members may find the notion of role play extremely anxiety provoking and nobody should be forced to participate. Volunteers can be involved in the role plays as appropriate. Otherwise, the group therapists should role play various situations and attempt to encourage group members to discuss what they have seen.

As in session seven, role plays can be used to demonstrate both good (e.g. conversational turn-taking, good eye contact, good body language, discussion of appropriate topics) and poor (e.g. interrupting, no eye contact, defensive body
language, poor conversational content) social skills. Ensure that there is an equal balance of both. Potential scenarios are presented in session seven (however, please note it will be useful to the participants to use situations that have not yet been presented). It would also be useful to select scenarios that are appropriate to the group members. Group therapists (and volunteers) could act out situations in which the group members have stated they find difficult.

5. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the social situations form (Appendix L)

CONTENT/STRUCTURE:

- Explain to the group members that you would like them to use the social situations sheets to record situations that go well and situations that don’t go well
- Address any concerns or questions that the group members may have about the homework

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION NINE

AIMS OF THE SESSION

1. **Review previous session (5 minutes):** To remind the group members what was discussed in the previous session

2. **Review homework and deal with any issues (5 minutes):** To review homework and deal with any issues that arise

3. **Continue with social skills role-play (20 minutes):** To continue with the social skills role-play

4. **Programme re-cap (20 minutes):** To remind the group members of the topics discussed over the past nine sessions

5. **Assign homework (5 minutes):** To assign homework for the following week

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1. **REVIEW PREVIOUS SESSION**

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

Any flipchart paper entries/notes from previous session

**CONTENT/STRUCTURE:**

- Remind the group members that they discussed how social skills are relevant to the discussion of ASD and anxiety
- Remind the group members that they were involved in social skills role play and of any details regarding this
Again, some group members may find the notion of role play extremely anxiety provoking and nobody should be forced to participate. Volunteers can be involved in the role plays as appropriate. Otherwise, the group therapists should role play various situations and attempt to encourage group members to discuss what they have seen.
As in sessions seven and eight, role plays can be used to demonstrate both good (e.g. conversational turn-taking, good eye contact, good body language, discussion of appropriate topics) and poor (e.g. interrupting, no eye contact, defensive body language, poor conversational content) social skills. Ensure that there is an equal balance of both. Potential scenarios are presented in sessions seven and eight (however, please note it will be useful to the participants to use situations that have not yet been presented). It would also be useful to select scenarios that are appropriate to the group members. Group therapists (and volunteers) could act out situations in which the group members have stated they find difficult.

4. PROGRAMME RE-CAP

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED (OPTIONAL):
Flipchart paper
Pens
Any resources/worksheets from the previous sessions

CONTENT/STRUCTURE:
- To remind the group members of the various topics discussed over the past nine sessions
- To remind the group members of the importance of discussing the various topics, with reference to ASD and anxiety
- To discuss any issues and answer any questions that the group members may have regarding the topics covered

It may be useful to ask the group members to discuss what they have learnt over the past nine sessions. Group therapists can then encourage discussion between the group members, allowing a re-cap of the programme so far. The aim of this is to remind the group members of the topics discussed and the skills learnt before moving onto the second half of the programme.
6. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the social situations forms

CONTENT/STRUCTURE:
• Explain to the group members that you would like them to continue to use the social situations sheets to record situations that go well and situations that don't go well

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to complete the SUDS recording sheets and the mood diary sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
1. **Review previous session and homework (10 minutes):** To remind the group members what was discussed in the previous session

2. **Introduce relaxation (10 minutes):** To review homework and deal with any issues that arise

3. **Practice relaxation techniques (20 minutes):** To introduce the group members to relaxation and encourage them to practice various relaxation techniques

4. **Assign homework (15 minutes):** To assign homework for the following week

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### 1. REVIEW PREVIOUS SESSION AND HOMEWORK

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Any flipchart paper entries/notes from previous session

Any completed homework sheets

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they continued with role-play and revised the sessions provided so far
- Encourage the group members to discuss the homework set in the previous session and deal with any issues that arise
- Offer the group members the opportunity to express any concerns or ask any questions
2. **INTRODUCE RELAXATION**

**TIME REQUIRED:**
10 minutes

**MATERIALS REQUIRED (OPTIONAL):**
- Flipchart paper
- Pens
- Relaxation information sheets (See Appendix M1 & M2)

**CONTENT/STRUCTURE:**
- Provide the group members with the relaxation information sheets and read through this with them
- Encourage discussion regarding relaxation and its potential benefits in relation to coping with anxiety
- Answer any questions that the group members may have regarding the topics raised

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3. **PRACTICE RELAXATION TECHNIQUES**

**TIME REQUIRED:**
20 minutes

**MATERIALS REQUIRED (OPTIONAL):**
- Relaxation techniques information sheet (See Appendix N)
- Relaxation record form (with examples) (See Appendix O1)

**CONTENT/STRUCTURE:**
- Provide the group members with the relaxation technique sheet and read through this with them
Group members should not be forced to practice the relaxation techniques. If particular group members do not want to be involved, the group therapists can demonstrate the techniques and suggest that the group member(s) practice them at home instead.

4. **ASSIGN HOMEWORK**

**TIME REQUIRED:**
15 minutes

**MATERIALS REQUIRED:**
- Group members’ homework folders
- Relaxation information and techniques sheets
- Relaxation record forms (See Appendix O2)

**CONTENT/STRUCTURE:**
- Explain to the group members that you would like them to practice the relaxation techniques over the next week and record any that they do using the relaxation recording sheets
- Address any concerns or questions that the group members may have about the homework

**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main
points of discussion. The group members should be reminded to practice the relaxation techniques for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION ELEVEN

AIMS OF THE SESSION

1. **Review previous session and homework (10 minutes):** To remind the group members what was discussed in the previous session and review homework and deal with any issues that arise

2. **Discuss negative automatic thoughts, assumptions and beliefs (20 minutes):** To encourage the group members to understand the difference between negative automatic thoughts, assumptions and beliefs

3. **Introduce models of anxiety and ‘vicious cycles’ (20 minutes):** To introduce the group members to models of anxiety and the concept of ‘vicious cycles’

4. **Assign homework (5 minutes):** To assign homework for the following week

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### 1. REVIEW PREVIOUS SESSION AND HOMEWORK

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

- Any flipchart paper entries/notes from previous session
- Relaxation recording forms (if completed)

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous session, they discussed relaxation and were provided with a number of relaxation techniques
- Encourage the group members to discuss any issues that they experienced whilst practising or making use of the relaxation techniques
- Emphasise the need to remember the relaxation techniques and for the group members to keep using them when possible/necessary
2. DISCUSS NEGATIVE AUTOMATIC THOUGHTS, ASSUMPTIONS AND BELIEFS

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Paper
Pens
Thought record form (with examples) (See Appendix P1)

CONTENT/STRUCTURE:

- Describe the differences between negative automatic thoughts, assumptions and beliefs
- Provide examples of negative automatic thoughts, assumptions and beliefs and encourage discussion of these
- Provide the group members with copies of the thought record sheets (with examples) and explain how to use these
- Offer the group members to ask any questions that they may have regarding the topic and/or recording sheet

It may be useful at this stage to provide the group members with example scenarios and ask them to identify the various thoughts, assumptions and beliefs involved. Attempts should also be made to encourage group members to identify their own thoughts, assumptions and beliefs. It may be useful to ask group members to write these down so that they remember what has been discussed.

It may also be useful to ask the group members to complete the thought record sheets in relation to each of the examples provided. This will allow the group members to practice identifying thoughts, assumptions and beliefs.

A useful explanation of the differences between automatic thoughts, assumptions and beliefs is provided by Valerie Gaus:
“A helpful metaphor...to use with patients is to imagine that the task in CBT is to tear down an old shed that is not useful anymore...One would have to remove the components starting from the top and working down. First comes the roof and exterior walls (automatic thoughts), then the framing and floor boards (intermediate beliefs), and finally the cement foundation (schemas). Developmentally, when the shed was built, the concrete foundation was laid first, the framing was based on that foundation, and the exterior laid over that frame. Because the foundation had to hold everything else up, it is deeply rooted, solid and hard to break apart”.

3. INTRODUCE MODELS OF ANXIETY AND ‘VICIOUS CYCLES’

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Model of anxiety information sheet (See Appendix Q)

CONTENT/STRUCTURE:
- Remind the group members that in a previous session, they discussed the cognitive model (thoughts, feelings and behaviours)
- Describe the model of anxiety to the group members and encourage discussion of the points raised
- If relevant, describe any other relevant models of anxiety (e.g. social phobia, generalised anxiety, panic)
- Describe ‘vicious cycles’ to the group members and encourage discussion of the points raised
- Offer the group members to ask any questions that they may have regarding the topic

For the purpose of the group, the members should be provided with a simplified description of the processes involved in anxiety. The aim of this section is to emphasise how each of the processes involved in anxiety interact and how vicious cycles can maintain anxiety.
Where appropriate, group therapists can refer to specific models of anxiety (e.g. social anxiety, panic disorder, generalised anxiety disorder). This should be approached in a simplified fashion to aid understanding and retention. Group members can also be provided with further reading or references if they want to learn more about their own situation.

4. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Relaxation record forms
Thought record forms (See Appendix R)

CONTENT/STRUCTURE:
• Explain to the group members that you would like them to record their thoughts, assumptions and beliefs over the following week
• Explain to the group members that you would like them to continue to practice the relaxation techniques over the following week
• Address any concerns or questions that the group members may have about the homework

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to use the thought record sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION TWELVE

AIMS OF THE SESSION

1. **Review previous session and homework (10 minutes):** To remind the group members what was discussed in the previous session and to review homework and deal with any issues that arise

2. **Discuss thinking errors (20 minutes):** To introduce the group members to the various thinking errors and how they are involved in anxiety

3. **Discuss hypervigilance and selective attention (20 minutes):** To introduce the group members to the concept of 'hypervigilance' and selective attention

4. **Assign homework (5 minutes):** To assign homework for the following week

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1. **REVIEW PREVIOUS SESSION AND HOMEWORK**

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Any flipchart paper entries/notes from previous session

Thought record forms (if completed)

**CONTENT/STRUCTURE:**

- Remind the group members that in previous sessions, they discussed relaxation techniques and negative automatic thoughts, assumptions and beliefs

- Encourage some of the group members to discuss the thought records and relaxation techniques that were set for homework
2. DISCUSS THINKING ERRORS

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Thinking errors information sheet (See Appendix S)

CONTENT/STRUCTURE:
- Provide the group members with the thinking error information sheet and assist them in reading completing this
- Encourage the group members to discuss each of the thinking errors (in turn) and provide examples from their own experience
- Allow the group members to express any concerns or issues with the topics raised

3. DISCUSS HYPERVIGILANCE AND SELECTIVE ATTENTION

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens

CONTENT/STRUCTURE:
- Explain to the group members how hypervigilance and selective attention is related to the experience of anxiety
The group therapists should encourage the group members to discuss thinking errors, hypervigilance and selective attention in reference to their experience of anxiety (and ASD/ASC). Attempts should be made to remind the group members of the importance of considering the cognitive model and the model of anxiety and how thinking errors can contribute to the vicious cycle of anxiety.

4. **ASSIGN HOMEWORK**

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

- Group members’ homework folders
- Copies of the thought record form

**CONTENT/STRUCTURE:**

- Explain to the group members that you would like them to continue to record their thoughts, assumptions and beliefs over the following week
- Explain to the group members that you would like them to continue to practice the relaxation techniques over the following week

**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to use the thought
record sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION THIRTEEN

AIMS OF THE SESSION

1. Review previous session and homework (10 minutes): To remind the group members what was discussed in the previous session

2. Introduce cognitive restructuring (15 minutes): To review homework and deal with any issues that arise

3. Introduce cognitive restructuring (15 minutes): To explain to the group members how changing their thinking patterns (cognitive restructuring) may reduce their experience of anxiety

4. Introduce cognitive restructuring techniques (25 minutes): To introduce the group members to cognitive restructuring techniques

5. Assign homework (5 minutes): To assign homework for the following week

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1. REVIEW PREVIOUS SESSION AND HOMEWORK

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Any flipchart paper entries/notes from previous session
Thought record forms (if completed)

CONTENT/STRUCTURE:

- Remind the group members that in previous sessions, they discussed relaxation techniques and negative automatic thoughts, assumptions and beliefs
- Encourage some of the group members to discuss the thought records and relaxation techniques that were set for homework
- Allow the group members to express any concerns or ask questions about the homework tasks
The group members could be provided with example scenarios used in previous sessions and shown how ‘breaking the cycle’ may reduce experience of anxiety. This would be best done visually using the flipchart paper and pens to show exactly where the cycle needs to be ‘broken’ and the effects that this will have on feelings and behaviours. Throughout this, group therapists should remind the group members of the models previously presented.

3. INTRODUCE COGNITIVE RESTRUCTURING TECHNIQUES

TIME REQUIRED:
25 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Alternative ways of thinking form (with examples) (See Appendix T1)

CONTENT/STRUCTURE:

- Explain to the group members that for every situation, there are different ways of thinking
- Explain to the group members that looking for alternative ways of thinking may reduce their experience of anxiety
- Provide the group members with examples of different scenarios and the potential thinking styles involved
- Provide the group members with the alternative ways of thinking sheet (with examples) and explain how this is completed
- Encourage the group members to discuss the topics raised and allow them to ask any questions that they may have

Again, it would be useful for the group therapists to draw on examples that the group members have provided about themselves in previous sessions/discussions.

4. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the alternative ways of thinking form (see Appendix T2)

CONTENT/STRUCTURE:

- Explain to the group members that you would like them to record their thoughts over the following week and consider possible, alternative explanations
- Offer the group members the opportunity to express any concerns or ask questions
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to use the alternative ways of thinking sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION FOURTEEN

AIMS OF THE SESSION

1. Review previous session and homework (10 minutes): To remind the group members what was discussed in the previous session. To review homework and deal with any issues that arise

2. Introduce further cognitive restructuring techniques (20 minutes): To introduce further cognitive restructuring techniques

3. Introduce and discuss positive beliefs (20 minutes): To introduce the concept of ‘positive beliefs’ and explain how these can reduce the experience of anxiety

4. Assign homework (5 minutes): To assign homework for the following week

1. REVIEW PREVIOUS SESSION AND HOMEWORK

TIME REQUIRED:

10 minutes

MATERIALS REQUIRED:

Any flipchart paper entries/notes from previous session

Alternative ways of thinking forms (if completed)

CONTENT/STRUCTURE:

- Remind the group members that in previous sessions, they discussed cognitive restructuring techniques and how these may reduce their experience of anxiety
- Encourage some of the group members to discuss the alternative ways of thinking sheets that were set for homework
- Allow the group members to express any concerns or ask questions about the homework task
2. INTRODUCE FURTHER COGNITIVE RESTRUCTURING TECHNIQUES

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Extended alternative ways of thinking form (with examples) (See Appendix U1)

CONTENT/STRUCTURE:
- Remind the group members that the way they think can affect their feelings and the way they behave
- Remind the group members that alternative ways of thinking can be used to ‘break the cycle’ and may lead to a reduction in anxiety
- Provide the group members with the extended alternative ways of thinking sheet (with examples) and explain this to them
- Provide example scenarios and promote discussion in relation to the topics and worksheet mentioned above

Again, the group members could be provided with example scenarios used in previous sessions and shown how ‘breaking the cycle’ may reduce experience of anxiety. This would be best done visually using the flipchart paper and pens to show exactly where the cycle needs to be ‘broken’ and the effects that this will have on feelings and behaviours. Throughout this, group therapists should remind the group members of the models previously presented.

An emphasis should be placed on the influence of thoughts on feelings and the group members should be directed towards the relevant columns on the extended alternative ways of thinking worksheet.
It must be emphasised to group members that nobody is perfect and that the positive beliefs suggested need to be realistic. Again, emphasise the need to move away from negative ways of thinking and the potential benefits this can have on feelings and behaviour(s).

4. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the extended alternative ways of thinking form (See Appendix U2)

**CONTENT/STRUCTURE:**

- Explain to the group members that you would like them to use the extended alternative ways of thinking sheet over the next week
- Offer the group members the opportunity to express any concerns or ask questions

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**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to use the extended alternative ways of thinking sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION FIFTEEN

AIMS OF THE SESSION

1. Review previous session and homework (10 minutes): To remind the group members what was discussed in the previous session. To review homework and deal with any issues that arise

2. Introduce hierarchy of fears (10 minutes): To introduce the group members to hierarchy of fears

3. Constructing hierarchy of fears (30 minutes): To encourage each of the group members to construct a hierarchy of fears

4. Assign homework (5 minutes): To assign homework for the following week

1. REVIEW PREVIOUS SESSION AND HOMEWORK

TIME REQUIRED:
10 minutes

MATERIALS REQUIRED:
Any flipchart paper entries/notes from previous session
Extended alternative ways of thinking forms (if completed)

CONTENT/STRUCTURE:

- Remind the group members that in previous sessions, they discussed cognitive restructuring techniques and how these may reduce their experience of anxiety
- Encourage some of the group members to discuss the extended alternative ways of thinking sheets that were set for homework
- Allow the group members to express any concerns or ask questions about the homework task
It will be useful at this stage to select examples that are easy to understand (e.g. going to the shops, making a speech). This will allow the group members to see how particular situation can be divided into different sections.

3. **CONSTRUCTING HIERARCHY OF FEARS**

**TIME REQUIRED:**  
30 minutes

**MATERIALS REQUIRED:**  
Flipchart paper  
Pens  
Blank cards
The group therapists should decide whether this activity is best completed as a group or by the individuals themselves. Either way, group therapists should be on hand to provide assistance where needed.

**CONTENT/STRUCTURE:**

- Explain to the group members that constructing a hierarchy of fears will assist them in confronting their anxiety
- Assist the group members in constructing a hierarchy of fears for their given situation
- Allow the group members to ask questions or express any concerns that they may have regarding their hierarchy of fears

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main

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**4. ASSIGN HOMEWORK**

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

Group members’ homework folders
Extended alternative ways of thinking forms

**CONTENT/STRUCTURE:**

- Explain to the group members that you would like them to continue using the extended alternative ways of thinking sheet over the next week
- Offer the group members the opportunity to express any concerns or ask questions

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**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main
points of discussion. The group members should be reminded to use the extended alternative ways of thinking sheets for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
1. **Review previous session and homework (10 minutes):** To remind the group members what was discussed in the previous session. To review homework and deal with any issues that arise

2. **Introduce to systematic desensitisation (10 minutes):** To introduce the group members to systematic desensitisation

3. **Practice systematic desensitisation techniques (30 minutes):** To assist the group members in performing systematic desensitisation

4. **Assign homework (5 minutes):** To assign homework for the following week

### 1. REVIEW PREVIOUS SESSION AND HOMEWORK

**TIME REQUIRED:**
10 minutes

**MATERIALS REQUIRED:**
- Any flipchart paper entries/notes from previous session
- Extended alternative ways of thinking forms (if completed)

**CONTENT/STRUCTURE:**
- Remind the group members that in the previous session, they discussed and formulated a hierarchy of fears
- Encourage some of the group members to discuss the extended alternative ways of thinking sheets that were set for homework
- Allow the group members to express any concerns or ask questions about the previous session or the homework task
It may be useful to explain to the group members that there are three important steps to consider when using systematic desensitisation. Explaining the steps in this order may facilitate understanding:

- Relaxation skills
- Hierarchy of fears
- Putting them together: learning how to relax when doing the things that make you anxious

Session continued overleaf...
3. PRACTICE SYSTEMATIC DESENSITISATION TECHNIQUES

TIME REQUIRED:
30 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Systematic desensitisation recording form (with examples) (See Appendix W1)
Systematic desensitisation information sheet
Relaxation information sheet
Relaxation techniques information sheet

CONTENT/STRUCTURE:
- Assist the group members’ in working through their hierarchy of fears, pairing each fear with the appropriate relaxation techniques
- Allow the group members’ time to practice the relaxation techniques and work through their hierarchy of fears
- Introduce the group members to the systematic desensitisation recording sheet
- Allow the group members the opportunity to ask questions or express concerns regarding the systematic desensitisation procedure or recording sheet

For the above task(s), it may be appropriate to provide the following instructions to the group members:

- Start your relaxation using your preferred relaxation technique
- Read the fear from your hierarchy
- Remember a time that you experienced the feared situation until you start to feel really anxious
• Try to stop remembering the feared situation and rate the level of anxiety that you are experiencing right now (on a 0-100 scale)
• Repeat these steps until you can think about your feared situation without becoming anxious. When you think about your feared situation and you do not get anxious, move onto the next fear in your hierarchy
• At the end of the practice session, do several minutes of relaxation to reduce any anxiety that you may be experiencing

The aim of this part of the session is to demonstrate to the group members that they may be able to cope with feared situations by practising their relaxation techniques. It should be noted that some group members will have fears on their hierarchy that will not be able to be approached in this particular session (e.g. going to a crowded shop, talking to a shop assistant). However, the group members should be made aware of the benefit that systematic desensitisation can have with regards to their anxiety, and that the techniques demonstrated will be used again later in the programme (in vivo, during behavioural experiments).

Once the group members are familiarised with the techniques involved in systematic desensitisation, they should be provided with copies of the systematic desensitisation recording sheet. This will allow them to record any attempts that they make at systematic desensitisation.

4. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Relaxation and systematic desensitisation information sheets
Copies of the systematic desensitisation form (See Appendix W2)

CONTENT/STRUCTURE:

• Explain to the group members that you would like them to practice the systematic desensitisation techniques that they have learnt in today’s session
• Explain to the group members that they should use the systematic desensitisation sheet to record any practice sessions that they complete
• Offer the group members the opportunity to express any concerns or ask questions about the homework task

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main points of discussion. The group members should be reminded to practice the systematic desensitisation techniques and fill out the associated recording sheet(s) for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SESSION SEVENTEEN

AIMS OF THE SESSION

1. **Review previous session and homework (10 minutes):** To remind the group members what was discussed in the previous session. To review homework and deal with any issues that arise

2. **Discuss improving confidence (15 minutes):** To involve group members in discussion about improving confidence

3. **Introduce behavioural experiments (15 minutes):** To introduce the group members to behavioural experiments

4. **Plan behavioural experiments (15 minutes):** To assist the group members in planning appropriate behavioural experiments

5. **Assign homework (5 minutes):** To assign homework for the following week

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### 1. REVIEW PREVIOUS SESSION AND HOMEWORK

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

Any flipchart paper entries/notes from previous session

Systematic desensitisation recording forms (if completed)

**CONTENT/STRUCTURE:**

- Remind the group members that in previous sessions, they were introduced to and practised systematic desensitisation techniques related to their hierarchy of fears

- Encourage some of the group members to discuss any systematic desensitisation practice and recoding sheets that they have completed

- Allow the group members to express any concerns or ask questions about the previous session or the homework task
It may be useful to remind the group members of ‘positive thinking’ and inform them that this can lead to greater levels of self-confidence. It is hoped that this part of the session will prepare the group members for discussing behavioural experiments. The group therapists should attempt to encourage the group members to realise that their confidence will grow when things go well and when they stop avoiding particular situations.

3. **INTRODUCE BEHAVIOURAL EXPERIMENTS**

**TIME REQUIRED:**

15 minutes

**MATERIALS REQUIRED (OPTIONAL):**

Flipchart paper
Pens
It may be useful to ask the group members to discuss situations that they avoid. Group members could then be asked to discuss what would happen if they were to perform the behaviours that they avoid and what this may result in. The group members can also be informed of the problems that safety behaviours can lead to, such as decreasing confidence, the prevention of learning and sometimes making the situation worse.

4. PLAN BEHAVIOURAL EXPERIMENTS

TIME REQUIRED:
15 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Behavioural experiment form (with examples) (See Appendix X1)

CONTENT/STRUCTURE:
- Inform the group members that the following two sessions will involve carrying out behavioural experiments in the community
- Encourage the group members to suggest potential locations and/or situations
N.B. Group members should be encouraged to devise behavioural experiments related to their hierarchy of fears.

5. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the systematic desensitisation information sheet

CONTENT/STRUCTURE:
- Explain to the group members that you would like them to continue to practice the systematic desensitisation techniques in relation to their hierarchy of fears
- Explain to the group members that they should use the systematic desensitisation recording sheets to record any practice sessions that they complete

FINAL 5 MINUTES

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The session should be summarised, highlighting the main
points of discussion. The group members should be reminded to practice the systematic desensitisation techniques and fill out the associated recording sheet(s) for homework. Opportunity should be provided for the group members to ask any questions or express any final concerns.
SECTIONS EIGHTEEN AND NINETEEN

AIMS OF THE SESSION

1. Review previous session and homework (5 minutes): To remind the group members what was discussed in the previous session. To review homework and deal with any issues that arise

2. Perform and record behavioural experiments (45 minutes): To accompany the group members on community outings to assist with behavioural experiment. To assist the group members in completing the behavioural experiment recording sheets

3. Assign homework (5 minutes): To assign homework for the following week

---

1. REVIEW PREVIOUS SESSION AND HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:

Any flipchart paper entries/notes from previous session
Systematic desensitisation recording forms (if completed)

CONTENT/STRUCTURE:

- Remind the group members that they were asked to practice the systematic desensitisation techniques related to their hierarchy of fears
- Encourage some of the group members to discuss any systematic desensitisation practice and recoding sheets that they have completed
- Allow the group members to express any concerns or ask questions about the previous session or the homework task
N.B. It is up to the group therapists to decide whether the group members will meet as usual and will travel to perform the behavioural experiments as a group, or whether the group members will be asked to meet the group therapists at the specified location(s). If the group therapists decide the latter option is more appropriate, a review of the previous session and homework may not be possible. It is left to the group therapists to decide on the appropriate course of action with regards to this part of the session.

### 2. PERFORM AND RECORD BEHAVIOURAL EXPERIMENTS

**TIME REQUIRED:**

45 minutes

**MATERIALS REQUIRED:**

Behavioural experiment recording forms (See Appendix X2)

**CONTENT/STRUCTURE:**

- Remind the group members of the behavioural experiments that were decided on in the previous session
- Remind the group members of the behavioural experiments recording sheets that they were introduced to in the previous session
- Assist the group members in performing the behavioural experiments and completing the behavioural experiment recording sheets as appropriate

If a particular group member finds a behavioural experiment particularly challenging, they can be reminded of their relaxation techniques and encouraged to perform the steps involved in the systematic desensitisation procedure.

### 3. ASSIGN HOMEWORK

**TIME REQUIRED:**

5 minutes

**MATERIALS REQUIRED:**

Group members' homework folders
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The group members should be offered the opportunity to ask any questions or discuss any concerns that they may have about the behavioural experiments completed in the session. The group members should be reminded to practice the systematic desensitisation techniques and fill out the associated recording sheet(s) for homework. Opportunity should be provided for the group members to ask any further questions or express any final concerns.
SELECTION TWENTY

AIMS OF THE SESSION

1. Review previous session and homework (10 minutes): To remind the group members what was completed in the previous session. To review homework and deal with any issues that arise.

2. Discuss behavioural experiments (20 minutes): To involve the group members in discussion regarding the behavioural experiments conducted in the previous two sessions.

3. Session re-cap (20 minutes): To remind the group members of the topics covered over the previous ten sessions.

4. Assign homework (5 minutes): To assign homework for the following week.

1. REVIEW PREVIOUS SESSIONS AND HOMEWORK

TIME REQUIRED:

10 minutes

MATERIALS REQUIRED:

Any flipchart paper entries/notes from previous session
Systematic desensitisation recording forms (if completed)

CONTENT/STRUCTURE:

- Remind the group members that in the previous two sessions, they were involved in a number of behavioural experiments.
- Remind the group members that they were asked to practice the systematic desensitisation techniques related to their hierarchy of fears for homework.
- Encourage some of the group members to discuss any systematic desensitisation practice and recoding sheets that they have completed.
• Offer the group members the opportunity to express any concerns or ask questions about the previous session or the homework task

2. DISCUSS BEHAVIOURAL EXPERIMENTS

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Completed behavioural experiment recording forms

CONTENT/STRUCTURE:
• Remind the group members of the behavioural experiments that were conducted in the previous two sessions
• Involve the group members in discussion of the behavioural experiments completed, encouraging the group members to problem-solve as necessary
• Offer the group members the opportunity to ask questions or express any concerns regarding the behavioural experiments

3. PROGRAMME RE-CAP

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED (OPTIONAL):
Flipchart paper
At this point, an emphasis should be placed on reminding the group members of the various cognitive restructuring techniques introduced in this half of the programme. The group members should also be reminded of the importance of the cognitive model and how their anxiety may be maintained through vicious cycles and avoidance. The group members should also be reminded of the importance of testing out their beliefs and assumptions through the use of behavioural experiments.

4. ASSIGN HOMEWORK

TIME REQUIRED:
5 minutes

MATERIALS REQUIRED:
Group members’ homework folders
Copies of the behavioural experiment form

CONTENT/STRUCTURE:
• Explain to the group members that you would like them to continue to practice appropriate behavioural experiments over the next week
• Explain to the group members that they should use the behavioural experiment recording sheets to record any experiments that they complete
• Offer the group members the opportunity to ask questions and express any concerns
The group members should be informed that the session is coming to an end to allow them time to adjust to this. The group members should be offered the opportunity to ask any questions or discuss any concerns that they may have about the topics covered in the session. The group members should be reminded to practice behavioural experiments and fill out the associated recording sheet for homework. Opportunity should be provided for the group members to ask any further questions or express any final concerns.
AIMS OF THE SESSION

1. **Review previous session and homework (10 minutes):** To remind the group members what was completed in the previous session. To review homework and deal with any issues that arise.

2. **Discuss programme: Bringing it all together (20 minutes):** To involve the group members in discussion regarding the programme completed.

3. **Teaching group members to become their own ‘therapists’ (15 minutes):** To explain to the group members how to become their own ‘therapist’.

4. **Address any final questions and concerns (10 minutes):** To address any questions or areas of concern that the group members may have.

### 1. REVIEW PREVIOUS SESSION AND HOMEWORK

**TIME REQUIRED:**

10 minutes

**MATERIALS REQUIRED:**

- Any flipchart paper entries/notes from previous session
- Behavioural experiment form (if completed)

**CONTENT/STRUCTURE:**

- Remind the group members that in the previous sessions, they discussed behavioural experiments and revised the previous ten sessions.
- Remind the group members that they were asked to involve themselves in appropriate behavioural experiments and record any experiments using the behavioural experiment recording sheets.
- Encourage the group members to discuss any behavioural experiments that they have completed over the past week.
• Offer the group members the opportunity to express any concerns or ask questions about the previous session or the homework task

2. DISCUSS PROGRAMME AND BRING IT ALL TOGETHER

TIME REQUIRED:
20 minutes

MATERIALS REQUIRED:
Flipchart paper
Pens
Any resources/worksheets from the previous sessions

CONTENT/STRUCTURE:
• Remind the group members of the topics covered throughout the programme
• Explain to the group members the importance of remembering the information and using the techniques taught throughout the programme
• Demonstrate how all of the topics covered in the programme interact and have a benefit if considered together
• Offer the group members the opportunity to ask questions or express concerns regarding the topics covered in the programme

This part of the session offers the opportunity to ask the group members to recall what they have learnt from the programme as a whole. The group therapists could ask the group members to discuss their thoughts of the programme and how it may have benefited them. The group members should be informed of the importance of remembering the topics covered in the programme and how doing so will benefit them in the long term.
It should be demonstrated to the group members that the programme has not offered a ‘cure’ for their anxiety and they have improved due to their commitment to completing the homework tasks and practicing the techniques taught. The group members should be encouraged to continue with this and an importance should be placed on doing so.

4. ADDRESS ANY FINAL QUESTIONS OR CONCERNS

TIME REQUIRED:
10 minutes
Finally, the group members should be congratulated on completing the course and praised for their efforts.

**FINAL 5 MINUTES**

The group members should be informed that the session is coming to an end to allow them time to adjust to this. The group members should be offered the opportunity to ask any final questions or concerns.
POTENTIAL OBSTACLES AND SOLUTIONS

Providing CBT to people with Asperger syndrome can be challenging for a number of reasons. It is hoped that this guide will assist in programme delivery. If you cannot find a solution to the problem that you are experiencing, please contact the relevant person using the details included at the end of this manual.

1. Particular patients dominate group discussion

   It is likely that some group members will talk more than others. It is important that each of the patients is allowed time to contribute to the group as this will allow them to feel involved. In some cases, it will allow the patient to challenge assumptions or beliefs that they may have regarding talking in front of others. It may be worth stating:

   “Thank you for sharing your ideas with the group. It has been really useful. We only have a short amount of time so let’s hear from somebody else. [Insert name], would you like to say anything?”

2. Group members arrive late to the session

   The group member concerned could be spoken to after the session. Express concern for the patient and discuss the issues that are causing them to arrive late. If possible, offer potential solutions to the issue(s) encountered. Ensure that patience and understanding is given to the patient and praise them for making it to the group (even if they were late). Tell the patient that you want them to continue coming to the group, despite their late arrival on this occasion.

3. Group members do not get along

   If group members do not like each other or do not get along, this can causes problems with therapy. Group members should be encouraged to talk about any issues openly with the rest of the group. However, sometimes the issue(s) raised may not be appropriate for discussion or the group members may not like this approach. These issues should be monitored and recorded and if they are having a significant impact on treatment delivery, the relevant person should be contacted.

4. Group members do not complete their homework tasks

   As mentioned, there is potential for group members to avoid or resist completing the homework assignments. By mentioning the homework assignments at the beginning of the session(s), group members may realise that it is important to complete. If the homework is not being completed, find out why and offer the
patient(s) solutions to the obstacles that they are experiencing. It may be worth stating:

“We want you to get the most out of the group and start to feel better. The homework might help you with this. Can we help you to figure out why you can’t do the homework? This way we might be able to help you with it”.

The patient(s) may say that the homework is unlikely to help them and that completing it is not worthwhile. In this case, the patient(s) could be told:

“As you sure that it won’t help you? Are you going to change the things you find difficult by carrying on as usual or if you do things that might help people with anxiety?”.

The patient(s) should be encouraged to discuss their thoughts and feelings regarding the homework and offered reassurance.

Some other solutions may include:

- Assisting the patient in completing the homework task in the session
- Asking the other group members to help the patient problem-solve, offering their advice on how to complete the homework task(s) (it must be ensured that the patient does not feel ‘forced’ into completing the homework or ‘ganged up on’ though).

It should also be considered that individuals with ASD/ASC may experience problems with executive functioning and may have difficulty with planning and organisation. In some cases, it may be useful to break down the homework tasks into smaller blocks and distribute these throughout the individual’s week.

5. Group members want to make friends with other group members

Some group members may wish to form friendships and to spend time together outside of the group. However, group therapy will work best (and will probably have fewer issues) if the group members maintain a ‘therapy-only’ relationship, at least for the course of treatment. This may be difficult to explain to the group members, but the following points could be raised regarding making friends outside of the group:

- They might talk about each other and what has been discussed in the group. This means things won’t be kept private and confidential.
• They may not feel confident in discussing their thoughts and feelings within the group situation. Instead, they may be worried about what their friend(s) might think.

• Some group members might be left out and not included in friendships etc. This might make particular group members worried about talking in front of the group.

The group members can be advised that it will be possible for them to initiate and maintain friendships once the treatment is complete.

6. A group member discloses that they have been speaking about the other group members outside of the session

It is hoped that regular revision of the group rules will reduce the likelihood that this will occur. However, there is potential for group members to disclose information to other people beyond the therapeutic context. If this occurs, the group member concerned should be approached after the session and spoken to regarding this. The importance of keeping information confidential and the reasons for this should be stressed (in a non-threatening manner). If a group member reports that confidentiality has been broken within the group session, the group should be encouraged to discuss this and problem-solve as appropriate.

7. Particular group member(s) disrupt the sessions with their behaviour

Individuals with ASD/ASC have the potential to display behaviours such as hand gestures, facial grimaces and postures that may appear ‘odd’ to other people. The group therapists should minimise the opportunity for ‘sensory overload’ by ensuring that the room used for the sessions is as comfortable for each of the group members as possible. It may be worth asking the group members at the beginning of (and throughout) the sessions whether any particular noise or light is bothering them.

8. Particular group member(s) have low motivation to engage or reject the cognitive model

Although the individuals included in the programme are likely to have volunteered themselves to do so, their motivation may decrease as the programme progresses. For instance, an individual may come to therapy with unrealistic expectations about programme content or progress. Furthermore, group members may reject the cognitive model as it may not fit in with their current belief systems (e.g. it may be believed that their anxiety is caused by another person). Group therapists may have to remind the relevant group member(s) of the benefits of CBT and how the techniques included may reduce the anxiety
experienced. Group therapists should also provide regular praise and encouragement to ensure that the group member(s) feel that they are making suitable progress.

This is not an exhaustive list of potential obstacles and solutions. However, group therapists are encouraged to draw on their own experiences of working within a CBT model and where possible, their experiences of working with people with ASD/ASC. If further advice is required, it can be sought using the contact details overleaf.
CONTACT DETAILS

If you have any concerns or queries regarding this treatment manual, please contact:

Dr Peter Langdon
Clinical Psychologist
Department of Psychological Sciences
Norwich Medical School
University of East Anglia
Norwich Research Park
Norwich
NR4 7TJ

Professor Glynis Murphy
Clinical Psychologist
Tizard Centre
University of Kent
Canterbury
CT2 7NZ
APPENDICES
SUBJECTIVE UNITS OF DISTRESS SCALE (SUDS)

Use this scale to show how anxious you are for a particular situation. The scale starts at zero, and goes up in ten’s to 100. You can pick any number between one and 100 to show your level of anxiety.

<table>
<thead>
<tr>
<th>SUDS RATING</th>
<th>Description</th>
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<tbody>
<tr>
<td>91-100</td>
<td>You are extremely anxious and you can’t cope at all</td>
</tr>
<tr>
<td>81-90</td>
<td>You are very anxious and you are finding it very difficult to cope</td>
</tr>
<tr>
<td>71-80</td>
<td>You are really anxious and you are finding it really difficult to think properly</td>
</tr>
<tr>
<td>61-70</td>
<td>You are really anxious and it is making it quite difficult to think about other things</td>
</tr>
<tr>
<td>51-60</td>
<td>You are anxious and it is starting to bother you quite a lot</td>
</tr>
<tr>
<td>41-50</td>
<td>You are anxious and it is starting to bother you a little bit</td>
</tr>
<tr>
<td>31-40</td>
<td>You are a little bit anxious and you start to notice it</td>
</tr>
<tr>
<td>21-30</td>
<td>You are a little bit anxious but you are able to ignore it</td>
</tr>
<tr>
<td>11-20</td>
<td>There is something on your mind, but you’re not anxious</td>
</tr>
<tr>
<td>0-10</td>
<td>You are calm and relaxed</td>
</tr>
</tbody>
</table>
SUDS EXAMPLE SHEET

Provide examples of when you have felt anxious. Use the SUDS instruction sheet to give ratings to these situations and show how anxious you were. Use another sheet if necessary.

<table>
<thead>
<tr>
<th>Describe a situation whereby you felt anxious...</th>
<th>SUDS rating</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>
**SUDS RECORDING SHEET**

Use this sheet to practice your SUDS ratings. Each day, use the SUDS instruction and example sheets to think about how anxious you are. There is an example in blue to remind you what you need to do. If you aren’t sure what to do, tell the therapist at your next session and they will try to help you.

<table>
<thead>
<tr>
<th>Day</th>
<th>What did you do?</th>
<th>SUDS rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>I went to the shops.</td>
<td>35</td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>
GROUP PROGRAMME

Session one
1. Getting to know everyone
2. Introduce programme content
3. Discuss group rules
4. Set homework

Session two
1. Review the previous session
2. Review the homework
3. Discuss Autistic Spectrum Disorders/Conditions (ASD/ASC)
4. Discuss ASD/ASC and anxiety
5. Set new homework

Session three
Review previous session and homework
Discuss anxiety
Set new homework

Session four
1. Discuss previous session and homework
2. Discuss Cognitive Behavioural Therapy (CBT)
3. Discuss thoughts, feelings and behaviours
4. Set new homework

Session five
1. Review previous session and homework
2. Learning how to identify thoughts and feelings
3. Learning how to understand others thoughts and feelings
4. Set new homework

Session six
1. Review previous session and homework
2. Discuss obsessions and compulsions
3. Set new homework
Session seven
1. Review previous session and homework
2. Discuss social skills
3. Discuss and practice social skills role play (this is voluntary)
4. Set new homework

Session eight
1. Review previous session and homework
2. Practice more social skills role play (this is voluntary)
3. Set new homework

Session nine
1. Review previous session and homework
2. Practice more social skills role play (this is voluntary)
3. Discuss the work completed in the treatment so far
4. Set new homework

Session ten
1. Review previous session and homework
2. Discuss and practice relaxation techniques
3. Set new homework

Session eleven
1. Review previous session and homework
2. Discuss negative types of thinking
3. Discuss anxiety and ‘vicious cycles’
4. Set new homework

Session twelve
1. Review previous session and homework
2. Discuss thinking errors
3. Discuss attention and anxiety
4. Set new homework

Session thirteen
1. Review previous session and homework
2. Discuss how to change negative thinking
3. Practice changing your negative thinking
4. Set new homework
**Session fourteen**
1. Review previous session and homework
2. Practice changing your negative thinking
3. Discuss positive thinking
4. Set new homework

**Session fifteen**
1. Review previous session and homework
2. Discuss fears
3. Make a list of your fears
4. Set new homework

**Session sixteen**
1. Review previous session and homework
2. Discuss overcoming your fears
3. Practice overcoming your fears
4. Set new homework

**Session seventeen**
1. Review previous session and homework
2. Discuss improving your confidence
3. Discuss and plan behavioural experiments
4. Set new homework

**Sessions eighteen and nineteen**
1. Review previous session and homework
2. Carry out behavioural experiments
3. Set new homework

**Session twenty**
1. Review previous session and homework
2. Discuss behavioural experiments
3. Discuss the work completed in the treatment so far
4. Set new homework

**Session twenty-one**
1. Review previous session and homework
2. Discuss the work completed in the treatment
3. What to do when the treatment finishes
Some of the information in this handout is taken from the National Autistic Society website. It will tell you a little bit about Autistic Spectrum Disorders/Conditions (ASD/ASC).

If you want to know more, please see the National Autistic Society website. The details you need for this are at the end of this sheet.

What is an ASD/ASC?

An ASD/ASC is a type of disability. ASD/ASC lasts for all of a person’s life. But they can still do a lot of things and learn a lot of skills.

1 out of every 100 people has ASD/ASC.

However, there are different types of ASD/ASC. Everyone with ASD/ASC is different.

People with ASD/ASC may find these things difficult:

- Telling people what they need, and how they feel
- Meeting other people and making new friends
- Understanding what other people think and feel
What causes ASD/ASC?

No one knows exactly why people have ASD/ASC. Some people say that it might be genetic. This means ASD/ASC may pass from parents to their children.

Scientists are working on finding out what causes ASD/ASC. There are many things that could be different in people with ASD/ASC. Most of these things are to do with the brain and how it works.

People with ASD/ASC have particular behaviours. These may include:

- Good language skills
- Not being able to tell when someone is joking
- Finding it difficult to make eye contact with other people
- Talking about particular subjects a lot
- Preferring to spend time on their own
- Finding it difficult to understand how someone else is feeling
- Wanting to talk to other people, but don't know how to do this
- Wanting to do the same thing every day
- Not liking bright lights, loud noises, certain smells or being touched

Some other things that people with ASD/ASC might experience include:

- Being very good at something like maths, art or music
• Being very good at learning and remembering information
• Mental health problems, such as anxiety or depression

Where can I get more information?

The Autism Helpline:

📞 (Tel) 0845 070 4004*

📧 (E-mail) autismhelpline@nas.org.uk

*Open on Monday to Friday from 10am until 4pm

Or

💻 See the National Autistic Society website at...

www.autism.org.uk
People with ASD/ASC can get anxious about certain things. Here are some examples of things that might make people with ASD/ASC become anxious (tick the ones that apply to you):

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Meeting new people</td>
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<td>Having to stop something you are doing</td>
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<tr>
<td>Having to change to doing something else</td>
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<tr>
<td>Having to talk in front of people</td>
<td></td>
</tr>
<tr>
<td>Having to go to crowded places</td>
<td></td>
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<tr>
<td>Having to go out of the house</td>
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</tr>
<tr>
<td>Having to leave your family</td>
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</tr>
<tr>
<td>Not being able to do something you really enjoy</td>
<td></td>
</tr>
<tr>
<td>Not being able to talk about something</td>
<td></td>
</tr>
<tr>
<td>Going for a job interview</td>
<td></td>
</tr>
<tr>
<td>Going to school, college or university</td>
<td></td>
</tr>
<tr>
<td>Not knowing what time it is</td>
<td></td>
</tr>
</tbody>
</table>
There may be other things that make you anxious. If you can think of any other things, write them in the boxes below:

**Things that make me anxious...**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</table>
Some of the information in this handout is taken from the Anxiety UK and Mind websites. It will tell you a little bit about anxiety disorders/conditions.

If you want to know more, please see the Anxiety UK or Mind websites. The details you need for this are at the end of this sheet.

What is anxiety?

Anxiety is something that we all experience at some time in our lives. When we are anxious, we may feel tense and uncomfortable and we may worry a lot.

Sometimes anxiety is helpful. If you were being chased by a tiger, being anxious would help your body to get ready to fight the tiger or to run away. Anxiety would help your body to release lots of adrenaline (something in your body that gives you energy) so you could act quickly.

This is called the **FIGHT-FLIGHT** response. In this situation, you would probably run away!

However, sometimes anxiety is not so helpful. It can make it difficult to do certain things. For example, if you were very anxious in a test or exam, you might find it difficult to concentrate.
What happens when you feel anxious?

When you are anxious, you might notice certain things. These are shown in the box below. If you want, put a tick in the box if it happens to you at any time.

<table>
<thead>
<tr>
<th>Increased heart rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscles go tense</td>
</tr>
<tr>
<td>Legs feel shaky or wobbly</td>
</tr>
<tr>
<td>Hands or feet tingle</td>
</tr>
<tr>
<td>Breathing gets faster</td>
</tr>
<tr>
<td>Feel dizzy</td>
</tr>
<tr>
<td>Find it difficult to breathe</td>
</tr>
<tr>
<td>Need the toilet more often</td>
</tr>
<tr>
<td>Feel sick</td>
</tr>
<tr>
<td>Chest feels tight</td>
</tr>
<tr>
<td>Dry mouth</td>
</tr>
<tr>
<td>Headaches</td>
</tr>
<tr>
<td>Palms of hands become sweaty</td>
</tr>
<tr>
<td>Feel hot</td>
</tr>
<tr>
<td>Start to sweat more</td>
</tr>
</tbody>
</table>
When you are anxious, you may also be think lots of different things. Some examples are shown in the box below (again, tick the ones that you experience when you are anxious):

<table>
<thead>
<tr>
<th>That you might lose control</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>That you might go ‘mad’</td>
<td></td>
</tr>
<tr>
<td>That you might die</td>
<td></td>
</tr>
<tr>
<td>That you are in a lot of danger</td>
<td></td>
</tr>
<tr>
<td>That you might have a heart attack</td>
<td></td>
</tr>
<tr>
<td>That you might be sick</td>
<td></td>
</tr>
<tr>
<td>That other people are looking at you</td>
<td></td>
</tr>
<tr>
<td>That everything is going too fast</td>
<td></td>
</tr>
<tr>
<td>That everything is going too slow</td>
<td></td>
</tr>
<tr>
<td>That you can’t concentrate on what is happening around you</td>
<td></td>
</tr>
<tr>
<td>That you want to run away or get out of what you are doing</td>
<td></td>
</tr>
<tr>
<td>That things are going wrong</td>
<td></td>
</tr>
<tr>
<td>That you are all alone and nobody can help you</td>
<td></td>
</tr>
<tr>
<td>That you must do something to help yourself</td>
<td></td>
</tr>
</tbody>
</table>

**What types of anxiety are there?**

There are different types of anxiety disorder/condition. Some of these are explained below.
Generalised anxiety disorder (GAD)

People with GAD are anxious and worry a lot. They might feel like they are losing control and that worrying helps them to cope with life. They may also experience:

- Restlessness or feeling annoyed
- Tiredness
- Difficulty in concentrating on things
- Tension in their muscles
- Difficulty in sleeping

Social phobia

People with social phobia become anxious when they are with other people. They might feel that other people are going to make fun of them or criticise them in some way. They may also worry that somebody will realise that they are anxious.

Sometimes, people with social phobia will stay quiet or won’t look at people properly. They might not want to go to places where there are lots of people.

Panic disorder

Sometimes, people can have panic attacks. You may feel like you can’t breathe properly and that your heart is going too fast. You may also feel faint and sick. Some people worry that they are losing control and that they are going to die.

When people have had a panic attack, they may worry that they are going to have another one. They may avoid going out or going to certain places in case they have an attack and there is nobody there to help.
This is called **Agoraphobia**.

**Where can I get more information?**

Anxiety UK:

(Website)  [www.anxietyuk.org.uk/about-anxiety](http://www.anxietyuk.org.uk/about-anxiety)

Or

Mind:

(Website)  [www.mind.org.uk/help/diagnoses_and_conditions/anxiety](http://www.mind.org.uk/help/diagnoses_and_conditions/anxiety)
CBT INFORMATION SHEET

CBT stands for COGNITIVE-BEHAVIOURAL THERAPY

CBT has existed for over 40 years and there is lots of research supporting its use.

CBT is based on the idea that the way people think affects the way they feel and behave. It is suggested that if people change the way they think they may be able to change the way they feel.

CBT teaches people to monitor their own thoughts so that they can become more aware of ways of thinking that are unhelpful. In turn, this helps people to feel better about things and do more with their lives.

CBT has been shown to be effective with a range of mental health problems, including depression and anxiety.

There is not a lot of research into CBT with adults with Asperger syndrome.

However, it is believed that CBT should be able to help adults with Asperger syndrome, including those who experience anxiety.
THE COGNITIVE MODEL

- SITUATION OR EVENT
- THINKING
- BEHAVIOUR
- FEELING

Appendix I
MOOD DIARY

Each day, write down something that has happened, what you were thinking and the way it made you feel. Also write down what you did (i.e. your behaviour). There is an example in blue to remind you what you need to do. If you aren’t sure what to do, tell the therapist at your next session and they will try to help you.

<table>
<thead>
<tr>
<th>DAY</th>
<th>SITUATION</th>
<th>WHAT WERE YOU THINKING?</th>
<th>HOW DID YOU FEEL?</th>
<th>WHAT DID YOU DO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>I went to a party</td>
<td>I don't know anyone</td>
<td>Nervous</td>
<td>I went to the party but didn't speak to anyone</td>
</tr>
<tr>
<td>Mon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tues</td>
<td></td>
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<tr>
<td>Weds</td>
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<td>Thurs</td>
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<td>Fri</td>
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<tr>
<td>Sat</td>
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</tr>
<tr>
<td>Sun</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
OBSESSIONS AND COMPULSIONS

Some of the information in this handout is taken from websites. It will tell you a little bit about obsessions and compulsions in ASD/ASC. If you want more information, see the list of websites at the end of this sheet.

What are obsessions and compulsions?

**Obsessions** are ideas, pictures or thoughts that you might have in your mind. They might come into your mind quite a lot.

**Compulsions** are behaviours that are repeated over and over again.

Do people with ASD/ASC have obsessions and compulsions?

Obsessions seem to be common in people with ASD/ASC. This is because people with ASD/ASC tend to have hobbies and interests that they like to do a lot. You might look at something or talk about something for a long time.

They may also have compulsions. They may like things that they do to stay the same – we call this liking a **routine**. They may also like to do things over and over again.

What kind of obsessions and compulsions are there?
In ASD/ASC, obsessions might include being really interested in things like trains, maps, cars or the weather.

Compulsions in ASD/ASC might include things like rocking backwards and forwards, flapping hands, spinning or smelling different things.

You might have obsessions and compulsions that are not on this list. Everyone is different.

**What is Obsessive-Compulsive Disorder (OCD)?**

Somebody with OCD has thoughts or images in their mind which make them feel anxious. These are called obsessions.

People with OCD do certain things to make the anxiety go away or make it easier to deal with. These are called compulsions.

Some **obsessions** that people with OCD might have include:

- Being contaminated by dirt or germs
- Having to putting things in order or in the ‘right’ place
- Cancelling out bad thoughts with good ones
- Worrying about others getting hurt
- Worried that you will hurt other people in some way

Some **compulsions** that people with OCD might have include:
• Washing their hands or other parts of their body
• Checking that doors are locked
• Arranging objects so that they sit straight
• Counting to a certain number or saying things in your head
• Avoiding saying certain numbers or words
• Checking light switches lots of times
• Avoid sharp objects like scissors or knives

Again, everyone is different. If you have OCD, you may think or do things that are not on these lists.

**What is the difference between obsessions and compulsions in ASD/ASC and OCD?**

Obsessions and compulsions in people with ASD/ASC are usually about things they like to do. This may be a hobby or something they are really interested in.

The obsessions and compulsions in OCD are not usually about things they like to do and they can make them feel anxious and depressed.

**Can people have ASD/ASC and OCD?**

Some people with ASD/ASC have OCD as well. This means that you might have obsessions and compulsions about things you like, but you might also have obsessions and compulsions about things that make you anxious.

**Where can I get more information?**

Autism-Help:

(Website)  [www.autism-help.org/comorbid-obsessive-compulsive.htm](http://www.autism-help.org/comorbid-obsessive-compulsive.htm)
National Autistic Society:

# SOCIAL SITUATIONS FORM

Provide examples of social situations that have gone well and those that haven’t gone well. Use another sheet if necessary.

<table>
<thead>
<tr>
<th>Social situations that have gone well</th>
<th>Social situations that haven’t gone well</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. I went to a party and spoke to somebody about what was on TV the night before</td>
<td>E.g. I couldn’t speak to a shop assistant about something I wanted to buy</td>
</tr>
</tbody>
</table>

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155
RELAXATION

BREATHING

Proper relaxed breathing is a key to good physical and mental health. Proper breathing can slow the heart rate, lower tension and calm the body. It is also one of the quickest methods for releasing tension and triggering relaxation.

When you are anxious, you will breathe faster and shift from using the lower parts of your lungs to the upper part of your lungs. Your chest will lift up and out, and your breathing will become more rapid and shallow. This doesn't allow for a very efficient movement of air within your lungs.

By changing your breathing pattern, you can reduce your experience of anxiety. In lower chest breathing, the breath is deeper and slower. Lower chest breathing involves an in-and-out movement of your belly, and helps relaxation. So, by changing your breathing pattern during anxiety-provoking situations, you can reverse your body's anxiety response. Proper breathing is a good way to remove tension and anxiety. Improving your breathing won't change the situations which make you anxious, but you will feel more at ease and capable of dealing with your problems.
RELAXATION

MUSCLE RELAXATION

When you feel tense, upset, or anxious, certain muscles in your body tighten. If you learn to identify these muscles and relax them, then you might feel less anxious. You will feel relaxed because your muscles will be relaxed.

Relaxation is a special skill you need to practise, not just a diversion like reading or watching the TV. You can learn how to lower the level of arousal in your body so that you feel calmer. You do this by practising a series of simple exercises to control your breathing and relax your muscles. Once learned, you can use the technique whenever you feel anxious or tense.

Relaxation training teaches you to recognise tension in the body and how to release it. You do this by tensing and relaxing each of the main muscle groups in turn. You will be taught some relaxation techniques and how to use these to feel less anxious. The ultimate goal of any relaxation program is to help you relax instead of feeling tense.

You will be given some relaxation forms so that you can record any relaxation practice that you do. Each time you practice, write down which relaxation techniques you have completed and how long you practised for. There will also be room on the sheet for you to write how you felt before and after the relaxation. Your therapist(s) will show you how to use the sheet properly.
BREATHING EXERCISES

1. Slowly and deeply breathe in through your nose. Try not to pull your shoulders up or move your chest

2. Pause for one second after inhaling

3. Breathe out through the mouth. Allow your stomach to come in

4. Pause for one second after inhaling

5. Repeat this slow breathing for 10 breaths

These five steps count as ONE breathing practise exercise.

MUSCLE RELAXATION EXERCISES

The techniques outlined in this worksheet are for PROGRESSIVE MUSCLE RELAXATION. It goes through different muscle groups step by step and asks you to tense these muscles for 10 seconds, then relax them for 30 seconds.

When you are tensing and relaxing a particular part of your body, try to keep the rest of your body relaxed. This may be difficult to do at first, but, after practice, it will be easier. If you have trouble with any particular part, such as the muscles in the face or head, practicing in front of a mirror can be helpful. If you notice any cramps while tensing your muscles, just stop tensing, release and relax the muscles.
1. Sit in a chair which is comfortable. Your back should touch the chair. Keep your feet flat on the floor and your hands on your lap. This is the relaxing position.

2. Wrinkle up your forehead. Notice where it feels tense and slowly relax.

3. Close your eyes very tightly. Pay special attention to those areas that are tense. Gradually relax your eyes as you open them slowly.

4. Wrinkle your nose. Pay special attention to those areas that are especially tense. Gradually relax your nose slowly, letting all the tension out.

5. Place your mouth and face in a forced smile. Gradually relax the muscles on each side of your cheeks. Gradually relax your face.

6. Pucker your lips. Pay special attention to those areas that are especially tense. Gradually relax your lips.


8. Put your right arm out straight, make a fist, and tighten your whole arm from your hand to your shoulder to its maximum tension. Pay special attention to those areas that are especially tense. Gradually relax and lower your arm. Repeat with your left arm.

9. Lift your right leg, turn your toes inward toward you, and tighten your whole leg to its maximum tension. Gradually relax and lower your leg until your foot is squarely on the floor, bending your knee as you relax. Repeat with your left leg.

10. Tighten your chest. Try to constrict it or pull it in. Notice where it feels tense. Gradually relax your chest.

11. Tighten your stomach by pulling it and making it as hard as a board. Notice where it feels tense. Gradually relax your stomach.

12. Tighten all the muscles below the waist including your thighs and your buttocks. Notice where it is tense and then gradually relax.

13. Notice the feeling as your muscles loosen, switching from tension to relaxation, and then fully relax. Notice the difference in the way you feel.

*Repeat these relaxation exercises until you feel fully relaxed*
# RELAXATION RECORD FORM - EXAMPLE

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>HOW DO YOU FEEL?</th>
<th>WHAT WAS MAKING YOU FEEL THIS WAY?</th>
<th>WHAT RELAXATION TECHNIQUES DID YOU USE?</th>
<th>HOW LONG DID YOU PRACTICE THE TECHNIQUES FOR?</th>
<th>HOW DID YOU FEEL AFTERWARDS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Really anxious</td>
<td>Worried about going to the shops</td>
<td>Breathing exercises, Muscle relaxation</td>
<td>30 minutes</td>
<td>More relaxed, Happy</td>
</tr>
<tr>
<td>Example</td>
<td>Nervous</td>
<td>Went to a party</td>
<td>Breathing exercises</td>
<td>15 minutes</td>
<td>Ok. But needed to practice for longer</td>
</tr>
</tbody>
</table>
# RELAXATION RECORD FORM

Use this form to record any relaxation techniques that you practice.

<table>
<thead>
<tr>
<th>DATE</th>
<th>HOW DO YOU FEEL?</th>
<th>WHAT WAS MAKING YOU FEEL THIS WAY?</th>
<th>WHAT RELAXATION TECHNIQUES DID YOU USE?</th>
<th>HOW LONG DID YOU PRACTICE THE TECHNIQUES FOR?</th>
<th>HOW DID YOU FEEL AFTERWARDS?</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>
# THOUGHT RECORD FORM (EXAMPLE)

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SITUATION (WHAT HAPPENED)?</th>
<th>HOW DID YOU FEEL?</th>
<th>DID YOU HAVE ANY THOUGHTS? (TRY AND KEEP THE THOUGHTS SEPERATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>My boss asked to see me</td>
<td>Nervous, worried</td>
<td>He thinks my work is no good</td>
</tr>
<tr>
<td>Example</td>
<td>I went out with some friends</td>
<td>Panicky, shaky, heart racing</td>
<td>They will think I am odd I can’t tell any jokes</td>
</tr>
</tbody>
</table>
The arrows in blue represent the ‘vicious cycles’ that can occur in anxiety.
THOUGHT RECORD FORM

Use this form to practice recording any thoughts that you have.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SITUATION (WHAT HAPPENED)?</th>
<th>HOW DID YOU FEEL?</th>
<th>DID YOU HAVE ANY THOUGHTS? (TRY AND KEEP THE THOUGHTS SEPERATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
A ‘thinking error’ is a way of thinking that is unhelpful. Below is a list of thinking errors that are common in anxiety. Put a tick in the box next to the thinking errors that you might have.

<table>
<thead>
<tr>
<th>Thinking Error</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always thinking the worst</td>
<td>For example, thinking that if you tell a bad joke then everyone will think you are stupid and will never talk to you ever again</td>
</tr>
<tr>
<td>Jumping to conclusions</td>
<td>For example, thinking that because somebody didn’t say ‘hello’ to you that they must dislike you</td>
</tr>
<tr>
<td>Taking things personally</td>
<td>For example, if someone is rude to you, you think that you have done something to upset them, when you may not have done anything at all</td>
</tr>
<tr>
<td>Focusing on the negative</td>
<td>For example, you go to a party and focus on why someone didn’t speak to you rather than why lots of other people did speak to you</td>
</tr>
<tr>
<td>Ignoring the positive</td>
<td>For example, when you do something well and you say it doesn’t ‘count’ or matter</td>
</tr>
<tr>
<td>Over generalising</td>
<td>For example, thinking that because a speech you gave went badly, other speeches will go badly too</td>
</tr>
<tr>
<td>Black and white thinking</td>
<td>For example, thinking that some people are either really good at things or really bad at things</td>
</tr>
<tr>
<td>Labelling yourself</td>
<td>For example, if you find something difficult, calling yourself ‘stupid’ or ‘useless’</td>
</tr>
<tr>
<td>Ignoring other explanations</td>
<td>For example, thinking that if you feel that something is scary, then it must be scary</td>
</tr>
<tr>
<td>‘Shoulds’ and ‘Musts’</td>
<td>For example, thinking that because something is important, you ‘should’ or ‘must’ do something in a certain way</td>
</tr>
</tbody>
</table>
# ALTERNATIVE WAYS OF THINKING - FORM 1 (EXAMPLE)

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>UPSETTING THOUGHTS</th>
<th>POSSIBLE ALTERNATIVES</th>
</tr>
</thead>
</table>
| Example | I sound really stupid         | Perhaps everyone sounds stupid sometimes  
                                        Even if I did sound stupid, it does not mean I am stupid |
| Example | They can see how nervous I am | They might see how nervous I am, but that doesn’t mean that I am a bad person         |
# ALTERNATIVE WAYS OF THINKING - FORM 1

Use this form to consider alternatives to your thoughts.

<table>
<thead>
<tr>
<th>DATE</th>
<th>UPSETTING THOUGHTS</th>
<th>POSSIBLE ALTERNATIVES</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
# ALTERNATIVE WAYS OF THINKING - FORM 2 (EXAMPLE)

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SITUATION</th>
<th>UPSETTING THOUGHTS</th>
<th>POSSIBLE ALTERNATIVES</th>
<th>CHANGE IN FEELINGS AFTER ALTERNATIVE THINKING</th>
<th>WHAT CAN YOU DO DIFFERENTLY?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I was talking to someone at a party</td>
<td>I look stupid</td>
<td>He didn't say much either</td>
<td>A bit better</td>
<td>Think how to start conversations</td>
</tr>
<tr>
<td></td>
<td>I didn’t know what to say</td>
<td>I must look useless</td>
<td>He laughed at my joke</td>
<td>Less worried</td>
<td>Listen to how other people do it</td>
</tr>
<tr>
<td>Examp</td>
<td>Going to work</td>
<td>Everyone else but me has a social life</td>
<td>I did lots of things I enjoyed at the weekend</td>
<td>Still worried, but I will keep thinking more positively</td>
<td></td>
</tr>
<tr>
<td>le</td>
<td>Hoping nobody will ask me what I did at the weekend</td>
<td>I have nothing interesting to say</td>
<td>People are interested in my own hobbies</td>
<td></td>
<td>Ask people what they did at the weekend</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Make plans for next weekend so I have something else to talk about</td>
</tr>
</tbody>
</table>
# ALTERNATIVE WAYS OF THINKING - FORM 2

Use this form to consider alternatives to your thoughts, your feelings and what you can do differently.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SITUATION</th>
<th>UPSETTING THOUGHTS</th>
<th>POSSIBLE ALTERNATIVES</th>
<th>CHANGE IN FEELINGS AFTER ALTERNATIVE THINKING</th>
<th>WHAT CAN YOU DO DIFFERENTLY?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
SYSTEMATIC DESENSITISATION

Systematic desensitisation is a technique used to treat anxiety and phobias.

You will be asked to think about something that makes you anxious. You will then learn how to use your relaxation techniques to reduce your anxiety towards this thing or situation.

It has been shown that if relaxation practice is put together with thinking about things that make you anxious, the anxiety for these things will reduce or go away.

If your anxiety goes down, you may find it easier to do the things that make you anxious.

There are three steps in systematic desensitisation:

1. Learning relaxation skills
2. Creating a hierarchy of fears
3. Putting it all together: learning how to relax when doing things that make you anxious

You have already been practising the first two steps. In this session, we will work on the third step - putting it all together.
SYSTEMATIC DESENSITISATION FORM (EXAMPLE)

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>WHICH FEAR ON YOUR HIERARCHY DID YOU WORK ON?</th>
<th>ANXIETY ABOUT FEAR BEFORE PRACTICE (0-100%)</th>
<th>HOW LONG DID YOU PRACTICE ON THIS FEAR FOR?</th>
<th>ANXIETY ABOUT FEAR AFTER PRACTICE (0-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Talking to somebody I don’t know</td>
<td>80%</td>
<td>20 minutes</td>
<td>54%</td>
</tr>
<tr>
<td>Example</td>
<td>Getting on the bus</td>
<td>90%</td>
<td>30 minutes</td>
<td>40%</td>
</tr>
</tbody>
</table>
SYSTEMATIC DESENSITISATION FORM

Use this form to record any systematic desensitisation practice that you do.

<table>
<thead>
<tr>
<th>DATE</th>
<th>WHICH FEAR ON YOUR HIERARCHY DID YOU WORK ON?</th>
<th>ANXIETY ABOUT FEAR BEFORE PRACTICE (0-100%)</th>
<th>HOW LONG DID YOU PRACTICE ON THIS FEAR FOR?</th>
<th>ANXIETY ABOUT FEAR AFTER PRACTICE (0-100%)</th>
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**BEHAVIOURAL EXPERIMENT FORM (EXAMPLE)**

The examples in blue will show you how to complete this form.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SITUATION WHERE YOU USE SAFETY BEHAVIOURS</th>
<th>PREDICTION ABOUT WHAT WILL HAPPEN WITHOUT THE SAFETY BEHAVIOUR</th>
<th>EXPERIMENT – WHAT WILL YOU DO DIFFERENTLY?</th>
<th>WHAT HAPPENED?</th>
<th>WHAT DO YOU THINK NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>When I am talking to people I look down at the floor</td>
<td>I will sweat and go red. They will walk away from me</td>
<td>I will try and make eye-contact and see what happens</td>
<td>I did sweat, but I made eye contact and the other person kept talking</td>
<td>That sweating is not as bad as I thought and I don’t need to look at the floor</td>
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<tr>
<td>Example</td>
<td>I don’t talk to people when I am in a group</td>
<td>My voice will go shaky and people will laugh at me</td>
<td>I will try and talk to some people</td>
<td>My voice did go shaky, but nobody laughed at me</td>
<td>Talking is easier than I thought and people don’t laugh because your voice shakes</td>
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</table>
# BEHAVIOURAL EXPERIMENT FORM

Use this form to record any behavioural experiments that you carry out.

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REFERENCES


