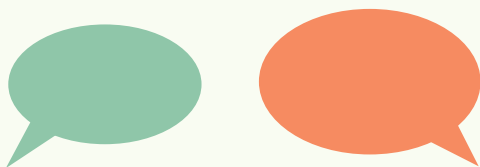


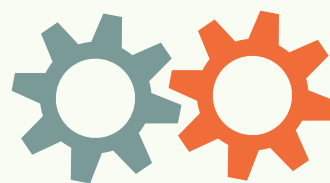
## Building Relationships

- 1 Introduce yourself, the setting and an outline of intent for the meeting / interaction. It requires little effort to create welcome letters for children, adolescents and adults (see Ashton (2007) and Birnbaum (2015) for rationale and templates).
- 2 Provide collaborative and safe relationships that involve connection and negotiation. It may take a significant amount of time to build this relationship. Follow the lead of the person. Be interested in them and particularly their interests.
- 3 Meet the person at their level – emotionally, cognitively, physically.
- 4 Reflect on what works/doesn't work in meeting the person. Consult with the person. Integrate Feedback Informed Treatment (FIT) approaches to develop a 'culture of feedback' with the person and encourage collaboration. The Session Rating Scale (SRS) form can be used to elicit feedback to support this process (Miller et al., 2016).



## Communication

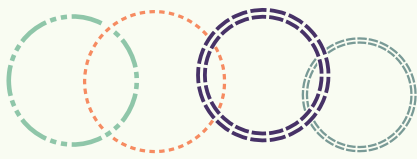
- 5 Use affirming language e.g. 'that must be difficult for you ...'
- 6 Use externalisation to discuss issues or problems that arise i.e. as external to the person. For example, 'How does anxiety sneak up on you?' This approach can also be used with families. 'How does anxiety affect the family in the morning?' This approach aims to reduce blame and increase collaboration.  
<https://dulwichcentre.com.au/articles-about-narrative-therapy/externalising/>
- 7 When discussing ideas/concepts relating to areas that may be difficult, 'plant seeds' by introducing a topic briefly, and move on to another subject immediately. Wait for the person to revisit the original topic, or come back to it later.
- 8 Depersonalise discussions by discussing difficult topics through the person's interests or other means. For example, exploring the connections between emotions, thoughts, behaviours, relationships and different points of views of people in movies, TV shows, computer games or history.



## Working with the Person

- 9 Use problem-solving to help the person think through their options to respond to particular difficulties they are experiencing rather than immediately giving advice. Ask if your advice could be added to the problem-solving process after the person has suggested their own options  
<https://www.getselfhelp.co.uk/docs/ProblemSolvingWorksheet.pdf>
- 10 Be conscious that there are three problem-solving approaches. Plan A (solving a problem unilaterally), Plan B (solving a problem collaboratively) and Plan C (setting the problem aside for now). Be conscious of which approach you are using at each stage of working with the person. Collaborative Problem-solving and Proactive Solutions (CPS-PS) although initially developed for working with children, can be a useful approach.  
<https://www.livesinthebalance.org/about-cps>
- 11 Assess anxiety and address issues relating to ASD i.e. Sensory Difficulties (Sensory Processing Quotient; Tavasoli et al, 2014), Intolerance of Uncertainty (Intolerance of Uncertainty Scale-12; Carleton et al., 2007), Alexithymia (Toronto Alexithymia Scale-20; Bagby et al., 1994), Social Skills/Perspective-Taking (Social Responsiveness Scale-2; Constantino and Gruber, 2012), Executive Functioning (Barkley Deficits in Executive Functioning Scale; Barkley, 2011). Consider how these issues may be part of a formulation of the issues experienced by the person.
- 12 Adapted CBT for ASD is currently recommended (**NICE Guidelines**) for individuals with ASD who experience anxiety. These include education around labelling emotions, using a more concrete approach, using visuals (e.g. thought bubbles and thermometers) and writing (using a whiteboard), offering breaks to maintain attention if necessary and integrating the person's special interest into sessions. Focusing on CBT strategies to address Intolerance of Uncertainty may be of particular use. Recent research has indicated connections between high levels of Intolerance of Uncertainty and PDA (Stuart et al., 2019).
- 13 Promote self-regulation/co-regulation/resilience and interpersonal effectiveness skills through supporting the identification of emotions/regulation states, triggers, strategies, reflection and planning. Dialectical Behaviour Therapy (DBT) includes a curriculum for developing an understanding and managing emotions and interpersonal effectiveness (Linehan, 2015).
- 14 Focus on strengths, interests and hopes. For example, use a PATH (Planning Alternative Tomorrows with Hope) model to explore hopes and fears with the person  
<https://inclusion.com/path-maps-and-person-centered-planning/>  
Similarly, using solution-focused strategies can be useful in exploring these areas (Bavelas et al., 2013).

- 15 Support the person in finding a role in which they feel valued/connected with others. Social Role Valorisation (SRV) provides a model for understanding this (Wolfensberger, 1992).



## Collaboration

- 16 Create a formulation collaboratively with the person providing a model for the difficulties they are experiencing.

- 17 Work collaboratively on agreeing a formulation of issues with the person, families, services and professionals.
- 18 Promote optimism and resilient attitudes in families by using Cognitive Behaviour Therapy (CBT) approaches to identify, challenge and dispute unhelpful thinking styles that are associated with unhelpful/inconsistent responses and interactions.
- 19 Consult the PDA Society guidelines for clinicians and practitioners  
<https://www.pdasociety.org.uk/wp-content/uploads/2020/01/pda-awareness-matters-booklet-2016-revised-edition-web-version.pdf>

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