

Working with neuro-diverse drinkers

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Neurodiversity

- According to the National Symposium on Neurodiversity, neurodiversity is "...a concept where neurological differences are to be recognised and respected as any other human variation. These differences can include those labelled with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder (ADHD), Dyscalculia, Autistic Spectrum, Tourette Syndrome, and others."
- Focus on autism: Characterised by challenges with social communication and interaction combined with repetitive behaviours, activities or interests.

Online survey of 144 therapists

- 43 primarily worked in Wales and 74 primarily worked in England – in the following locations:
- Community-based centres 85 (65%)
- Local Authority Social Services 10 (8%)
- Outreach service, e.g. home visiting or street-based services 8 (6%)
- Hospital inpatients ward 6 (5%)
- Residential rehab centre 5 (4%)
- Hospital Outpatients clinic 1 (1%)
- Other 16 (12%)

Age group worked with:

- Working age (18-65) 112 (60%)
 - Older adults (65+) 54 (29%)
 - Young people (under 18) 20 (11%)
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- On average, the number of years respondent had been working in alcohol/substance misuse services was 11 years (range from 1 – 40, sd= 8 years).

Therapists were asked if they had received any specific knowledge and/or skills sessions on autism in during training:

- No, none 62 (53%)
- Yes, theoretical information about autism 31 (26%)
- Yes, both theoretical and practical sessions 15 (13%)
- Yes, practical training on working with autistic people 8 (7%)

Therapists were asked - In your work, would you know if a new client had autism?

- Yes 62 (54%)
- I don't know 37 (32%)
- No 16 (14%)
- Therapists were then asked - In your work, are you currently working with any autistic clients?
- Yes 53 (46%)
- No 47 (41%)
- I don't know 14 (12%)
- On average, those currently working with autistic clients, had 4 autistic clients (range from 1-30, sd=5)

Respondents were then asked how they would know if a client had autism:

- It would be mentioned in their referral paperwork 46 (35%)
- I would make a judgement based on my own knowledge and experience 34 (26%)
- I would ask the client if I noticed autistic traits 30 (23%)
- My service has a procedure/protocol for identifying autistic clients (e.g. as part of care planning) 12 (9%)
- Other 11 (8%)

Respondents were then asked - If you are working with any autistic clients, or have worked with any in the past, what types of presenting problems have you encountered?

	Current	Past
• Alcohol misuse	48 (39%)	70 (39%)
• Illicit drugs	37 (30%)	47 (26%)
• Prescription drugs	21 (17%)	29 (16%)
• Steroids	5 (4%)	12 (7%)
• Other	11 (9%)	20 (11%)

The types of approach taken were:

Respondents were then asked - Please rate out of 10 how helpful you think each of the following treatment approaches below would be with autistic people, with 0 being least helpful and 10 being most helpful. (n=??) is the number who have actually used any of these approaches with someone autistic.

- Eclectic (n=22) 7 (range=0-10, sd=2)
- Family Therapy (n=16) 6 (range=0-10, sd=2)
- Cognitive Behavioural Approaches (n=35) 6 (range=2-10, sd=2)
(including behavioural therapies)
- Systemic Approaches (n=22) 6 (range=0-10, sd=2)
- Psychodynamic (n=16) 4 (range=0-10, sd=3)
- Other (n=12)

What adaptations have you made in treatment/support techniques when working with autistic people in the past?

- Using plain language more than with other clients 65
- A more structured and concrete approach 55
- Shorter sessions 54
- Avoiding metaphors in therapy 51
- Discussing individual hobbies and interests as part of therapy 50
- More written and visual information than I usually use 48
- Involving a family member or partner in sessions 37
- Behavioural strategies to introduce change 31
- Cognitive strategies to introduce change 31
- Psycho-education about emotions 23
- Longer sessions 7
- Other 17

Therapists were then asked - If you have worked/are working with autistic people, how would you generally rate the treatment outcomes in comparison with other clients you have worked with?

- Very much worse outcomes 8 (9%)
- Less favourable outcomes 44 (49%)
- The same outcomes 19 (21%)
- Better outcomes 3 (3%)
- Very much better outcomes 3 (3%)
- Don't know 13 (14%)

509 UK drinkers completed an online survey anonymously.

- Ages ranged from 17-89, with a mean of 39 years (sd=13).
- 120 (24%) were male, 326 (65%) were female, 59 (11%) were non-binary, and 4 not stated.
- 379 self-reported a diagnosis of autism.
- In terms of education, 445 (87%) had taken GCSEs or equivalent (age 16), 408 (80%) had taken A-levels or equivalent (age 18), and 381 (75%) studied/studying at university.
- Thus the sample was relatively well-educated, and female dominated, autism dominated and middle aged. (Few differences found for these variables).

Respondents recorded their frequency of alcohol consumption:

- Almost every day 44 (9%)
- Five or six days a week 26 (5%)
- Three or four days a week 64 (13%)
- Once or twice a week 84 (17%)
- Once or twice a month 68 (14%)
- Once every couple of months 66 (13%)
- Once or twice a year 58 (12%)
- Not at all in the last twelve months 93 (18%)
- In addition, 273 (just over half) reported binge drinking, defined as 6 or more units in one sitting.

Motivations for Alcohol Scale

- There were 4 types of motivation: Enhancement, Social, Conformity and Coping.
- The autistic drinkers were less motivated by Social reasons for drinking alcohol. There were no other differences on Enhancement, Conformity or Coping motivations.
- Binge drinkers were significantly higher for all 4 motivations than non-binge drinkers. This was the same whether or not the participants were autistic.

Respondents were asked: If you were worried you were drinking too much alcohol, or drinking too often, where would you go for help or advice?

- Search online for information 48%
- I wouldn't seek help, or I'd try on my own to drink less 46%
- My Doctor (GP) 35%
- A family member or a friend 33%
- A local alcohol service 12%
- A self-help group like Alcoholic Anonymous 11%
- Other 4%

Respondents were asked: If you were seeking help or advice about alcohol, which of the following do you think could be a barrier to you:

- Going somewhere unfamiliar 55%
- Worrying they won't understand me 54%
- Being in a crowded or chaotic place 52%
- Fear of being judged for drinking 46%

Promoting Autistic Wellbeing Conference



- 2 focus groups, totalling 12 people, one of whom did not consent for their data to be used, so 11 people's views from the broader autism community (autistic people, families/carers/advocates, professionals) are contained in the following in the following top 10 tips...

Top 10 tips for therapists with autistic clients

Understand autism:

Understand the psychological mechanisms that characterise autism, including potential strengths, and the impact of highly co-morbid conditions such as anxiety.

Get prepared:

Provide a photo of the therapist and/or the therapy room before the session. This includes consideration of how the client will get to the session (e.g. transport). The first meeting should be in a familiar place for the autistic person. Consider sensory issues before, during and after the session. Check with the autistic person before any session starts – ask ‘what do you need?’

Maximise structure and consistency:

Have a regular slot, with the same person. This needs to be adaptable to the individual. 9am starts may be difficult for an autistic person with disrupted sleep. Can the support be accessed online?

Retain flexibility:

Sessions may need to be longer, if clients need to be supported in self-regulation before therapy can begin. Clients may be more likely to miss sessions, and any sanctions (getting stuck off) would need to be adapted. Usual assessments of ‘motivation to change’ (for example) may not be appropriate.

Use plain language avoiding non-literal language (such as ‘pull your socks up’):

Avoid metaphors, jargon, acronyms. Remember: Keep It Simple & Straightforward.

Be explicit:

Always explicitly explain WHY something is happening. Always have clear aims, with reminders throughout and afterwards as to what the aims were. Allow time for processing information (verbal or written).

Discuss individual hobbies and interests as part of therapy:

This can be useful for identifying motivations and developing resilience. Always be clear why this is being done (to get to know you, to calm down, etc.).

Provide written and visual information during the session:

Using ‘easy read’ and ensuring this is not overwhelming. Digital supports can be invaluable.

Educate about emotions:

Emotions need to be discussed in terms of lived experience, not simply labels. ‘Meltdowns’ can be misinterpreted as aggressive leading to ‘red flags’ but this may be a misattribution of the underlying emotion. Be aware clients may well have experience trauma in the past.

Involve a family member or partner or advocate in sessions:

If this is agreed with the autistic person, the decision should be regularly revisited. With consent, separate sessions for family/ partner/ advocate may be appropriate. The autistic person should remain in control.

Thank you for listening!

- Ambassadors for Autism Info: www.tinyurl.com/AforAInfo
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