

INTELLECTUAL OUTPUT CHARACTERIZATION FORM

- Cognitive-Behavioral Therapy

I. TARGET-GROUP

Adult persons with Neurodevelopmental Disorders with difficulties related to emotional and behavioral self-regulation skills.

II. GENERAL OBJECTIVES

1. Support adults with autism spectrum disorder and/or other Neurodevelopmental Disorders, in the acquisition and development of essential skills, for participation in society, promotion of well-being and quality of life;
2. Cover an educational intervention (cognitive, emotional and relational);
3. Support significant others, family members, educators and technicians, expanding skills and intervention capacity.
4. Promote desirable behaviours and reduce/extinct undesirable behaviours.

III. SPECIFIC OBJECTIVES

1. Clarify the behaviours considered desirable and undesirable;
2. Promote the exchange of ideas at the group level;
3. Stimulate the attribution of meaning to the consequences of behaviours;
4. Promote the establishment of priorities and order of importance;
5. Stimulate the ability to synthesize and integrate information;
6. Encourage commitment to changing behaviours;
7. Promote involvement in activities;
8. Develop empathy, respect and acceptance by positioning yourself in different perspectives of the same situation.

IV. TECHNICIAN PROFILE

Technical Specialization

Psicólogo/a x

Psychologist

Psychomotor

Social Educator

	<i>InAutism – Fostering Adult Integration</i>	MOD: 016/00
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Sociocultural Animator

Occupational Therapist

Arts Monitor

Social Worker

Assistant Technician

V. PROCESS

Intellectual Output V is related to Cognitive-Behavioural Therapy. Cognitive-Behavioural Therapy is based on a focus on the psychological structure of individuals, on their thoughts and on how each one reacts to the events and situations experienced. The basic principles are based on beliefs that cognitive activity influences behaviour and that this can be monitored and modified.

In the case of people who, due to their communication difficulties or because they have a greater cognitive deficit, find it difficult to understand or express their thoughts and, therefore, to work directly on them, one can opt for techniques of a more behavioural nature, based on learning theories. Positive and negative reinforcements and modelling are suggested. In these cases, it is necessary to carry out a functional analysis of the behaviour to be modified.

In this sense, the first step is the assessment of the behaviours to be promoted and/or reduced by each learner through an initial non-participant session, carried out in a real daily context. This assessment is made considering a scale from 0 to 3, where 0 corresponds to “Doesn’t meet/ Not applicable”, 1 to “Needs help/total reinforcement”, 2 to “Needs help/partial reinforcement”, and 3 to “Fulfil”.

After carrying out the initial assessment, the intervention is carried out, which is based on cognitive-behavioural strategies, such as the implementation of a Token Economy System and a Behavioural Contract, reflection on Social Stories with themes related to behaviour in the institution and the respective Role-Play of each Social Story.

At the end, the assessment is carried out again following the same indicators as the initial assessment, and the results are compared in order to understand the progress of the learner and the effectiveness of the intervention.

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