

Psychotherapy Survey for Adults with Asperger's Syndrome or Related Conditions

Date filled in _____

Background Information

Gender: M / F

Year of Birth: 19____

General Occupation (*e.g., student, professional, unemployed*): _____

What is your current neurological diagnosis? (Check all that apply.)

	Year Diagnosed
<input type="checkbox"/> Asperger's Syndrome	_____
<input type="checkbox"/> Autism	_____
<input type="checkbox"/> Nonverbal Learning Disability	_____
<input type="checkbox"/> Pervasive Developmental Dis.	_____
<input type="checkbox"/> Attention Deficit Disorder	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> No Diagnosis	

Any co-occurring psychiatric conditions such as depression, anxiety or bipolar disorder? Y / N

If yes, please list _____

 Note: Psychotherapy is any treatment intended to help with problematic thoughts, feelings or behaviors. This survey takes a very broad stance on the definition of psychotherapy. If you are not sure if your kind of therapy counts as psychotherapy, please assume that it does and fill out the survey. Thank you!

1. Are you currently in psychotherapy? Y / N

Do you **want** to be? Y / N

2. Have you ever been in psychotherapy in the past but then terminated (ended or quit)? Y / N

If YES, how many times has this happened? _____

3. Overall, what do (or did) you **want** psychotherapy to **help you** with, if anything?

(*Examples may include anxiety, depression, phobias, addictions, impulse control, social isolation, sensory sensitivities, family or marital problems, school or employment difficulties.*)

The following question asks you about “psychotherapy situations.” For the purposes of this survey, a “psychotherapy situation” is a set of regularly scheduled, ongoing sessions with a given therapist or therapists, usually in a fixed location. It is what we often call “being in therapy with someone” or “being in a group.” It may also be referred to as “a therapy.”

4. Please describe **separately EACH** psychotherapy situation you have ever been in, including any therapy or therapies you are in currently. If you have never been in therapy, write “None,” and then skip to Question 5.

Please include the following points in your descriptions of **each** therapy situation (note that these questions are mostly in the present tense but can all be applied to past therapies):

- a) The situation or circumstances that **prompted you to begin** this therapy situation
- b) The **type** of psychotherapy
 - Use the technical terms if you know them (*e.g., psychoanalytic, cognitive-behavioral, pragmatic speech therapy, couples or career counseling*).
 - Otherwise, just describe **how the therapy works** (*e.g., do you talk freely? Answer questions? Do structured exercises? Rehearse social situations?*).
- c) The **frequency** of your therapy (*e.g., monthly, weekly, daily*)
- d) The **setting** of your therapy (*e.g., private practice, clinic, Asperger’s Association, school, group home*)
- e) The **people involved** in your therapy
 - Do you have one therapist or several? How many? Male or female?
 - Note: Please DO NOT include therapists’ names!
 - Is it individual, couples, family or group therapy?
 - If you are part of a group, how many other clients attend?
- f) Your **diagnostic status** at the start of, and during the course of, this therapy
 - Did you have a diagnosis of AS or a related condition?
 - Was your therapist aware of your diagnosis?
- g) The **duration** of your therapy, if it is over
 - How many weeks, months or years did you attend this therapy?
 - Why did you terminate (end or quit) this therapy?
 - How old were you when you terminated this therapy?
- h) What you LIKE and/or DISLIKE about this **type of therapy**
- i) What you LIKE and/or DISLIKE about your **therapist(s)**
- j) Your **overall level of satisfaction** (or dissatisfaction) with this therapy situation, on a scale of 1-5 (see next page)

THERAPY SITUATION #1

a) Prompting Circumstances

b) Type

c) Frequency _____ d) Setting _____

e) People Involved

f) Diagnostic Status: AS diagnosis? Y / N Therapist aware of diagnosis? Y / N

g) Duration / Termination

h) Likes / Dislikes – Therapy Type

i) Likes / Dislikes – Therapist(s)

j) Overall level of satisfaction with this therapy situation: (circle one)

1	2	3	4	5
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied

THERAPY SITUATION #2

a) Prompting Circumstances

b) Type

c) Frequency _____ d) Setting _____

e) People Involved

f) Diagnostic Status: AS diagnosis? Y / N Therapist aware of diagnosis? Y / N

g) Duration / Termination

h) Likes / Dislikes – Therapy Type

i) Likes / Dislikes – Therapist(s)

j) Overall level of satisfaction with this therapy situation: (circle one)

1	2	3	4	5
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied

THERAPY SITUATION #3

a) Prompting Circumstances

b) Type

c) Frequency _____ d) Setting _____

e) People Involved

f) Diagnostic Status: AS diagnosis? Y / N Therapist aware of diagnosis? Y / N

g) Duration / Termination

h) Likes / Dislikes – Therapy Type

i) Likes / Dislikes – Therapist(s)

j) Overall level of satisfaction with this therapy situation: (circle one)

1	2	3	4	5
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied

If needed, please use extra sheets of blank paper to describe the rest of your “therapy situations,” following the above format.

Please answer Questions 5 and 6 only if you feel that psychotherapy can (potentially) be helpful to you. If you feel certain that therapy is NOT right for you, please use the back of this page to describe any activities that you DO find helpful or “therapeutic” (e.g., *exercise, social interest groups, clubs*).

5. Imagine you could have the EXACT KIND OF THERAPY you want and feel would be the most helpful to you. (You don’t have to stick to the standard models of therapy you know about; you can invent something especially for you.) Please describe this therapy in detail. Don’t worry if your ideas seem expensive or unrealistic; I still want to hear them!

6. Finally, imagine you could have the EXACT KIND OF THERAPIST you want and feel would be the most helpful to you. Please describe this person in detail. Again, don’t worry about whether your ideas seem realistic or not.

7. Anything else to add? (Use extra pages, if needed.)