A Systemic Approach to the Treatment of the Autism Spectrum Disorders
Greater Washington Society for Clinical Social Work
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Schedule:
- 10:00-10:15 - Introduction/Overview
- 10:15-11:00 - Part I
- 11:00-11:15 - Break
- 11:15-11:45 - Video of individual with ASD
- 11:45-12:30 - Part II/Video
- 12:30-12:45 - Break
- 12:45-1:30 - Part III
- 1:30-1:45 - Discussion
- 1:45-2:00 - Evaluations
Introduction

Part I

Defining Autism, Symptoms, Etiology, Screening/Diagnostic Process, Differential Diagnosis, Co-Morbidity, Effects on Functioning, Epidemiology, Non-Systemic Approaches to Treatment
Part II

The Systemic Context—Effects on Overall Family System/Interactions
Outside of the Family, Effects at Particular Life Stages, Effects on
Specific Family Relationships
Part III

Systemic Approaches to Treatment

- Support and Problem-Solving: the “Family Focus” Approach
- Generating a Stronger Family Structure: The Contemporary Structural Framework
- Couples therapy when one partner has Asperger’s
Part I: Understanding Autism and Non-Systemic Approaches to Treatment

- Definition of Autism and the Autism Spectrum
- “The Triad” of symptoms: impaired relationships, difficulty with communication, restricted interests/behaviors
- The 5 discrete diagnoses: Autistic D/O, Asperger’s, PDD-NOS, Rett’s, Disintegrative D/O
- The three primary diagnoses and their different symptoms; Asperger’s lacks delay in verbal IQ, PDD-NOS lacks full symptomatology
- Additional symptoms/challenges for people on the spectrum: sensory processing, sleep, gi issues,
- Effects on Functioning throughout the Life Span
- The drive for comfort and stimulation
- Common Strengths for people with ASDs: visual abilities, memory, splinter skills
The Question of Etiology

Medical Screening: Modified Checklist for Autism

Making the Diagnosis: Team of psychologist, OT SPLP, educator, social worker

The Various Rating Scales: Gilliam, Autism Rating Scale

Resources for making the Diagnosis: DDA/School System/Private providers

Differential Diagnosis: OCD, ADHD, Social Anxiety

Co-Morbidity: OCD, ADHD, mood issues

Epidemiology: 1 in 150
Common Non-Systemic Approaches to Treatment

- Characteristics of Successful Approaches: begins early, intensive, involves family, structured, utilizes behavioral principles
- “Normalization”, or helping kids to “feel normal” vs. “Treatment”
- Applied Behavioral Analysis; intense, specific skill-building
- TEACHH: visual structure and organization
- LEAP: educational inclusion
- Picture-Exchange Communication Systems: communicating with pictures
- Greenspan/Denver/DIR Model: play which develops reciprocity
- Social Skills Groups: teaching specific skills
- Educational Supports (504s, IEPs, accommodations/special programs, FastForward, Cogmed, Kurzweil)
- Language-Communication Therapy: intense teaching of pragmatic language
- Functional Behavioral Analysis; addressing the function of behaviors
- Medication: anti-depressants, stimulants, anti-psychotics
- Collaborative-Problem Solving: relating more flexibly
- Relationship Development Intervention (RDI): making use of ‘productive uncertainty’
- Sensory Integration Therapy: modulating sensitivities and increasing awareness
- Dietary Interventions: reducing gluten and casein, adding Omega-3s
- Emphasizing Strengths; memory, visual abilities, etc.
- Individualized sports: karate, tennis, etc.
- Mentor programs
- Play Dates/Controlled social events
- Social Stories: improving behavior and teaching skills
- The battle against screen time
Individual therapy:
- Make concepts concrete: play-dough, rubber bands,
- Offer specific guidance: ask when, where, with whom, use cartoons and role plays
- Developing the ‘theory of mind’ using speech bubbles
- Using sociograms or “closeness circles” to identify and improve relationships
- Using the relationshipL “I wonder if you do this when?”
- Use active empathy but avoid intrusiveness
- The need for patience
- Meeting with counselors and friends
- Decision-making analysis
- The Reality Principle; getting these guys to look beyond typical women
Part II: The Systemic Context of Autism

Common Family Dynamics: time/resource demands, stigma, isolation, behavior issues, guilt/blame, parental strife, problems with other siblings

The Stages of Grief Model: shock, denial, anger, bargaining, acceptance. Family members can be at different stages, need to grieve again at each developmental stage

Common Ways of Coping: Normalization (addressing autism within the context of other needs), Crusadership (illness as an occupation), Altruism (can neglect own needs), Resignation (can lead to depression)

Positive Effects of Having An Autistic Member of the Family: increased cohesion, empathy among siblings, personal growth
Challenges for Families At Particular Developmental Stages

- Infant and Toddler Stage: the stress of diagnosis, difficulty bonding, negotiating different family reactions, finding supports
- School-Age: Need for advocacy, arranging treatments/child care, managing behaviors
- Adolescence: coping with chronicity, isolation/peer rejection, need to build functional living skills, facing dangerous tantrums
- The Transition to Adulthood: coordinating services
- Adulthood (Autism vs. Asperger’s): maximizing independence and supports/ongoing demands
Typical Challenges for Particular Family Relationships (in middle-class America)

- Mother-Father: enmeshment vs. disengagement
- Mother (typically)-Autistic Child: “doing for” autistic child, depression/guilt in Mother
- Father (typically)-Autistic Child: Father can be rejecting/withdrawing, focused on behavior and achievement, Father’s self-esteem effected
- Mother or Father—non-autistic child: may neglect needs of child, pressure child to care for or ‘make up’ for autistic child
- Autistic child-non-autistic child: jealousy, “survivor’s guilt”, embarrassment
- Grandparents-parents: can be critical and non-supportive

Caveats: these responses are typical of dominant social group, all families and relationships are different, and the presence of the autistic child can also have positive effects
Part III: Systemic Approaches to Addressing the Challenge of Autism

- Goals: Maximizing functioning for all family members, increasing normalization, increasing support, knowledge, and capacities of family to manage stress, advocate, and manage the treatment

- The Need for support as well as re-structuring

- The need to address systems issues beyond the family
Initial Systemic Approaches for Families with Young Children

- Initial Engagement: Normalizing, reframing, and the drawing out of individual narratives
- Considerations for segmenting sessions
- Assisting in Generating Order, Obtaining Resources, and trouble-Shooting
- Empowering the “Treatment Managers: Offering Information and Support
- Facilitating Positive Ways of Coping: Advising them to look at needs of family, individual needs, and other relationships
Systemic Approaches in Working With Older Adolescents and Adults

- Navigating systems: Obtaining vocational assistance, education, getting benefits, housing, finding respite care, transportation, peer groups
- Addressing isolation, overuse of t.v., pornography
- Engaging staff and family: meet both with adults with autism and without, and coordinate with agencies

Strengthening the Family Structure (for Families who Have Autistic Children at Home)

- Continuing with Normalization, Reframing, and Supportive Interventions, and developing a systemic worldview via relational questions
- Applying a Contemporary Structural Approach: What it is and why it works with these families (see handout)
Goals of Family Therapy And Interventions to Achieve Them:

- The Strengthening of the Hierarchy
- Putting parents in charge of discipline
- Encouraging parents to position themselves as a unit
- Assisting parents with collaborative problem-solving, limit-setting
- Applying the “guard rail” technique
- Cautions/considerations: especially watch for “unbalancing” against the “enmeshed Mom”
The Development of Caretakers’ Nurturing and Understanding

- Encourage both parents to position themselves to offer nurturance
- Ask children’s opinions of parents’ remarks
- Maintaining a connection with parents
- Scripting parents in “practical empathy” (wanting as opposed to feeling)

The Development of “Skill-Building Skills” by parents

- Showing them how to build a theory of mind in their children: getting them to ask kids what others may want or think
- Showing parents how to coach kids in emotion regulation: getting kids to slow down, separate, ask “So what?”
- Role-playing (including puppets and figures) to develop problem-solving skills
- Games such as “Stop, Relax, and Think”
The Development of Emotional Bonds Between Particular Parents and Children

- Hold sessions with the “less close” parent and child(ren)
- Filial Play Therapy, encouraging reflection and empathy
- Encourage enjoyable activities, physical closeness

Breaking Down Dysfunctional Coalitions

- Supporting the “less competent” parent
- Blocking (and supporting) the enmeshed parent
- Blocking inappropriate cross-generational alliances
Minimizing Scapegoating

- Allying with the scapegoat (sitting next to)
- Checking in with the scapegoat
- The Alter Ego Technique ("speaking for")

Strengthening the parental relationship

- "Turning towards"/time for themselves
- Improving communication
- Making a safe space for emotions
- Generating more equity/more flexible roles
Supporting the non-autistic child
- Position them close to you and parents
- Offer individual sessions and filial sessions

Strengthening the sibling relationship
- Sibling sessions—foster fun and problem-solving

Developing Family Unity
- Games and exercises—Family Sandtray, Life Stories game, play with puppets and characters

Improving the relationship with grandparents/other family members
- Encourage their support and block criticism/intrusion

The vision: An adaptable and functional family that is supported and supported, supports each member’s needs, attends to each relationship, and supports and empowers the person with autism

Addendum: Couples Work when one partner has Asperger’s Disorder