A Systemic Approach to the Treatment of the Autism Spectrum Disorders

Greater Washington Society for Clinical Social Work Jonah Green, MSW January 18, 2009

Schedule:

- 10-10:15-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-: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, NonSystemic Approaches to
Treatment

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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

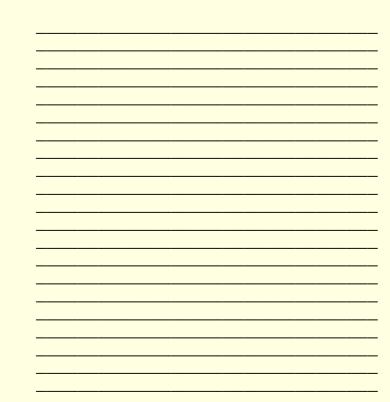
- Definition of Autism and the Autism Spectrum
- "The Triad" of symptoms: impaired relationships, difficulty with communication, restricted interests/behaviors
- The 5 discrete diagnoses: Autistic D/O, Asperger's, PDD-NOS, Rett's, Disintegrative D/O
- The three primary diagnoses and their different symptoms; 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



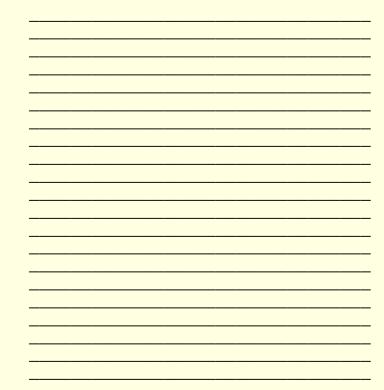
- The Question of Etiology
- Medical Screening: Modified Checklist for Autism
- Making the Diagnosis: Team of psychologist, OT SPLP, educator, social worker
- The Various Rating Scales: Gilliam, Autism Rating Scale
- Resources for making the Diagnosis: DDA/School System/Private providers
- Differential 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;
- 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 selfesteem 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)

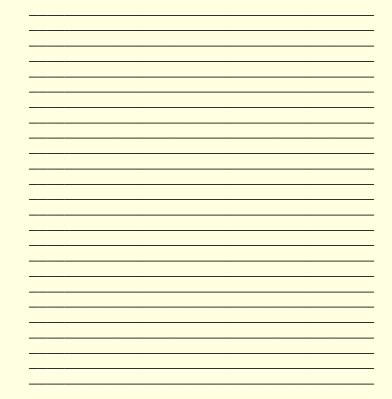
Goals of Family Therapy And Interventions to Achieve Them:

- 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"

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	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 crossgenerational 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	
٠,	Offer individual sessions and filial sessions	
	Strengthening the sibling relationship	
٠,	Sibling sessions—foster fun and problem- solving	
	Developing Family Unity	
-	Games and exercises—Family Sandtray,	
	Life Stories game, play with puppets and characters	
٠.	Improving the relationship with grandparents/other family members	
	Encourage their support and block	
	criticism/intrusion	
	Childish fill distort	
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