

# Building Connections: ASD and psychotherapy

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# Session Overview

- ▶ Ruth will present the developmental foundations of autism spectrum disorder (ASD) and explore how ASD affects the parent-child relationship
- ▶ Common parental responses to a diagnosis of ASD; role of Early Recollections in exploring these responses
- ▶ Participants will learn how (and why!) to encourage parents to establish & maintain meaningful relationships with kids with ASD; to understand how their child learns, and how to adapt Adlerian parenting techniques to make them accessible to families changed by ASD.

# Agenda

1. Introductions – who's here?
2. Part 1: Understanding \*ASD
3. 5-minute break > text, bathroom, chat, caffeinate...
4. Part 2: ASD, parenting & therapy
5. Questions/discussion/feedback

\* ASD = autism spectrum disorder, levels 1,2 or 3 (DSM-V)

# Background

- ▶ **Theoretical framework:** Adler, Montessori, early development & psychology, ecological therapeutic approach
- ▶ **Experiential background:** Teaching, parent counsellor, ASD consultant (US & Canada), Developmental Counsellor
- ▶ **Personal:** Sibling, co-parent & parent of people with ASD; adoptive & biological mother

# ASD in Ontario in 2016

- ▶ 1:88 children diagnosed with ASD
- ▶ Many undiagnosed adults living with ASD; parents & professionals; low social competence/high anxiety
- ▶ Full range of IQ scores
- ▶ 95% of people with ASD have co-occurring disorders
- ▶ New research & techniques daily; parents often overwhelmed!

# Speaking of research..

- ▶ Brookman et al (2012) - interviewed 100 CMH therapists on serving children with ASD in community mental health settings. Findings: therapists perceive serving this population as “challenging and frustrating” **due to their limited training.**
- ▶ Robledo & Donnellan (2008) interviewed 5 professionals with ASD about their experience in relationships. Interviewees cited **6 properties of supportive relationships: trust, intimacy, presumption of competence, understanding, shared vision of independence & good communication.**

# Children & Social Interest

For Adler > mental health = social interest (*Gemeinschaftsgefühl*)

Propose that best practices will:

- ▶ enable child with ASD to reach their developmental potential
- ▶ connect child with ASD with family/community in meaningful, sustainable ways
- ▶ Parent training & encouragement are key!

# DSM 5 – diagnostic criteria for ASD

- ▶ DSM 5 diagnosis: autism spectrum disorder; level 1,2 or 3 (*see handout*)
- ▶ ASD level 3 = Asperger's Syndrome
- ▶ For your thoughts > To what extent does diagnosis matter, in your case conceptualization? To your ability to support parents?



# Case conceptualization

- ▶ Components: a diagnostic formulation, a clinical formulation and a treatment formulation (Sperry, 2005)
  1. Diagnostic (what happened?)
  2. Clinical (why did it happen?)
  3. Treatment (how can it be changed?)

# Parents carry into the room

- ▶ Frustration (with child or systems)
- ▶ Fatigue
- ▶ Fear
- ▶ Denial
- ▶ Shock or surprise
- ▶ Lack of information, or misinformation – feeling lost or “unqualified”
- ▶ Core beliefs about ability/disability > Early Recollections
- ▶ And more...!

# Case conceptualization requires developmental perspective!

- ▶ A developmental (*not behavioural*) disorder – characterised by **5 core deficits** (Gutstein, 2009)
  1. Flexible thinking
  2. Communication
  3. Social referencing
  4. Self regulation
  5. Emotional memory

# Core deficits of ASD (Gutstein, 2009)

1. **Flexible Thinking:** identifying multiple solutions; reflecting on someone else's perspective; managing transition & change
2. **Communication:** multi-channelled communication; sharing own & others' world-views
3. **Social referencing:** interpreting social cues; social referencing ("eye contact")
4. **Self-regulation:** managing emotion; hypo/hyper-reactivity to sensory stimuli
5. **Emotional memory:** remembering & learning from emotions

# Core deficits of ASD > quality of life

- ▶ Emotional/sensory dysregulation
- ▶ Eating, sleeping/toileting challenges
- ▶ Difficulty making/sustaining friendships
- ▶ Learned helplessness
- ▶ Fight, flight, freeze: responses to transition/uncertainty
- ▶ Sensory issues > personal hygiene; distractibility
- ▶ Underdeveloped/scripted social skills
- ▶ Inflexible adherence to rules/routines
- ▶ Limited self-awareness & reflective processing

# What Happens Next?

- ▶ For **child** with ASD: Difficulty with collaboration, teamwork, communication, cooperation, self-awareness, cognitive shifting, temporal analysis, contextual information....multiple obstacles to dynamic development & friendship.
- ▶ For **parent**: Difficulty establishing co-regulation (Fogel, 1991), trust, reciprocal communication, reduced joy in parenting, difficulty guiding, daily struggles...multiple obstacles to relationship building.

# So here we are!

## Child

- ▶ Difficulties with relationships – family, peers
- ▶ Reduced self-awareness (insight)
- ▶ Patterns of friendship breakdown
- ▶ Isolation
- ▶ Sensory challenges
- ▶ Anxiety
- ▶ Often a compulsive truth-teller
- ▶ Cognitive distortions
- ▶ Communication barriers > too much, or not enough

## Parent/Caregiver

- ▶ Anger/frustration with child, & with educational/healthcare systems
- ▶ Loss/grief
- ▶ Fatigue/ reduced self-care
- ▶ Confusion about parenting abilities
- ▶ Isolation
- ▶ Marital stress
- ▶ Extended family stress
- ▶ Anxiety > depression

# Anyone need a 5-minute break for self-care??





# The Four C's

Connected, Capable, Counted, Courageous

- ▶ Every child needs to meet these needs; if they can't meet them in healthy ways, they will use “maladaptive” ways
- ▶ Does the parent believe their child with ASD has these needs?
- ▶ Do they believe the child *can* meet them? (If not, start here!)
  
- ▶ Bette-Lou Bettner (1989); Alyson Schafer (2009)

# The Work

Apply this understanding of ASD to parent training & therapy:

- 1) Hear the parent's *unique* story. Identify parent's core beliefs re perfection, ability, inclusion etc.
- 2) Provide a sensory-supportive environment.
- 3) Explore child's development together – be curious about early milestones ([www.ndds.ca](http://www.ndds.ca))
- 4) Get excited about neuroplasticity (Doidge, 2007)
- 5) Learn about the child's learning style ~ 90% are visual learners
- 6) Empower parents to create individualized opportunities to recognize & address the core deficits of ASD!

# #1: Unique story & core beliefs

- ▶ *Every* parent-child relationship is unique! What is strong in this relationship? What do they admire, appreciate, feel proud of, in their kid ?
- ▶ Core beliefs > list losses in childhood; based on these losses: I am...People are...The world is...
- ▶ What happened to you before age 11, *for which you were not prepared?*
- ▶ Who helped you? How did they do that? What else would have been helpful?
- ▶ THIS is how to support this parent
  
- ▶ Wingett, 2011

# The parent-child relationship

- ▶ Human development happens within relationship (Fogel, 1993)
- ▶ What is the tone of the parent-child relationship?
- ▶ Ask about previous interventions > What did the parent learn about their child, from these experiences?
- ▶ Hope, dreams...do they KNOW how important they are? Are they supported by this knowledge, or overwhelmed?

## #2: Sensory-supportive environment

Tip: Provide fidgets, wear plain colours & no perfume!

Ask about the child's sensory processing – learn what is aversive/acceptable

- ▶ Do window blinds bother their eyes? Do they like dim light?
- ▶ Are they uncomfortable with specific sounds? Smells?
- ▶ Are they hot/cold when others are hot/cold?
- ▶ Do they need to chew gum/fidget/stand up, to pay attention?
- ▶ Do they usually hold a cushion, or love heavy blankets?

# #3: Developmental milestones

Early (social) \*developmental milestones:

- ▶ 2 mths > follow movement with eyes; study parent's face
- ▶ 4 mths > track moving person with eyes; laugh/smile in respond to parent laughing/smiling
- ▶ 6 mths > respond to own name; look in direction of a new sound
- ▶ 12 mths > look at someone who says their name; **take turns** making sounds with parent

**These milestones were missed in infancy by individuals with ASD. Parents can learn to help kids meet them later.**

\*SOURCE: Nippissing District Developmental Screen ([www.ndss.ca](http://www.ndss.ca))

# #4: Neuroplasticity > remediation

1. **Flexible thinking** – multiple solutions; differing perspectives
2. **Communication** – multiple channels of communication; ample processing time; think aloud; support memory with visuals
3. **Social referencing** – scaffold for client to “discover” what can be learned from facial expression/gestural communication
4. **Self regulation** – explore role of self-regulation in relationships; try out self-regulatory strategies
5. **Emotional memory** – use photos (visuals) of past experiences; inquire how prior experiences felt, how decisions were made

# #5: Learning style

- ▶ Some children will have had psych-ed testing. If not, what works for the child? How do they learn?
- ▶ Visuals (drawn to signs & symbols)
- ▶ Slowed pace of auditory input
- ▶ Additional processing time (try 8-10 seconds!)
- ▶ Moving – doodling, fidgeting, pacing, standing etc.
- ▶ Encouragement!



# Thinking process

Example: Child experiences anxiety around decision making

- ▶ Reflect > What *experiences* will help them gain skills & confidence for decision-making, thus reducing anxiety?
- ▶ Reflect > Which *core deficit* might affect decision-making?
- ▶ Plan > Combine sensory & learning info to create experiences that enables child to make discoveries about Self!

# “Tools of the trade”

- ▶ Collaborative, playful interactions (board games, ball games)
- ▶ Model management of uncertainty & confusion
- ▶ Clear limits & boundaries
- ▶ Use LESS speech; MORE facial, gestural, postural communication
- ▶ Provide visual supports – write notes, ideas, lists
- ▶ Specific encouragement
- ▶ Patience – change and transition feel risky to this child
- ▶ Anticipate obstacles – fear, history of trauma, discouragement, learned helplessness
- ▶ Use humour!

# Multicultural competency

- ▶ **Be patient with yourself & the client**
- ▶ You're supporting the parent to build a "working alliance" between two very different minds, with different life experience, sensory processing, core beliefs about self.
- ▶ We are ALL a work in process!

# Keep in touch!

**Ruth Strunz** is a Developmental Counsellor who specializes in supporting people whose lives have been changed by ASD, in themselves or a loved-one. Ruth supports people with ASD of all ages, using an Adlerian-influenced, ecological model of therapy for individuals, parent education, and professional consultation. You are welcome to contact Ruth directly!



If you wish to share the content of this presentation in any format, please request permission from [ruth.strunz@gmail.com](mailto:ruth.strunz@gmail.com).

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