APRIL 2, 2008 WAS DECLARED THE 1ST AUTISM WORLD AWARENESS DAY, an international response to the rising rates of autism spectrum disorders (ASD) around the world. Nations are collaborating to increase public and professional awareness of ASD, and to find its causes and develop effective treatments for it in order to address the growing needs and challenges faced by all those individuals and families affected by ASD.

With the number of cases diagnosed increasing, and with the growing recognition that many adults may have an undiagnosed ASD, it is quite likely that individuals with ASD and their families will be seeking your clinical services. Therefore, it is important to become familiar with what autism spectrum disorders are and how you might treat individuals with such a diagnosis when they seek your services.

T his issue of the Family Therapy Magazine is focused entirely on ASD, allowing readers a quick but informative overview of many of the key issues. As clinicians, marriage and family therapists (MFTs) strive to improve the lives of their clients. Towards that end, I will describe a number of different strategies that MFTs can utilize in their work in order to help individuals diagnosed with autism spectrum disorders and their families better manage the difficult challenges they face.

Historically, there have been many different approaches developed for working with individuals on the spectrum. These have typically been based on particular treatment models or philosophies. For example, behavioral approaches gained significant attention starting in the 1960s. These were based on the applied behavioral analysis research framework that psychologist Ivar Lovaas used in developing his Discrete Trial Training (DIT) approach at UCLA. Subsequently, other programs were developed from the initial behavioral models, including the approach of integrating more naturalistic language paradigms and parent training developed by psychologists Robert Koegel and Laura Schreibman in their Pivotal Response Training (PRT) program. More recently, programs have evolved with an emphasis on the interface between developmental, social-emotional factors and the unique characteristics of an individual. These include programs such asFloor Time, developed by child psychiatrist Stanley Greenspan and psychologist Serena Wieder, and the Relationship Development Intervention (RDI) model developed by psychologist Steven Gutstein.

Drawing Strategies from Different Sources
The practical treatment strategies I will present are not based upon any one specific model. Rather, many different theories and people have informed the methods I have employed with my clients over the years. Often, new strategies were developed "on the spot" using a "necessity being the mother of invention" framework that is perhaps best described in the "utilization approach" of the innovative psychiatrist, Milton H. Erickson. Of course, Dr. Erickson’s utilization approach was never specifically developed for the autism population. In his approach, diagnostic labels mattered little. Instead, his emphasis was on identifying and mobilizing the client’s strengths that could be used to catalyze achieving the aims of treatment.

There are a number of concepts and methods associated with Dr. Erickson’s work that have consistently shown themselves to be valuable in the work I have done with children over the years. Although the language between professional disciplines varies, these concepts and methods are being researched and the base of empirical support for using them in working with individuals on the autism spectrum is growing. Some of these are emphasizing a person’s strengths, acknowledging the interests and experiences of the person, and following the lead of the client (regarding his or her interests) in order to move him or her in the direction of achieving their goals. First, it is important to state the obvious: not all individuals diagnosed on the autism spectrum are the same. Their individual strengths and weaknesses are as different as they are. They are a heterogeneous group of people with some common characteristics or symptom patterns associated with communication, social skills and behavior, but nonetheless they are unique individuals. Obviously as that may be, unfortunately we sometimes forget this and see only a label, not an individual. This can easily prevent or delay progress, for what is “effective” for one person with an ASD may or may not be effective for another. Thus, it is important to understand that the strategies I suggest are generic guidelines that can address some common characteristic patterns often seen in individuals with ASD. They will need to be customized to fit the unique needs of the individuals and families with whom you work. As is generally well known in therapy, no technique is worth anything unless the context supports its use.

There are two common and related patterns that often underlie many of the issues MFTs may see when working with individuals on the autism spectrum. The patterns are rigidity and concreteness. Individuals with ASD are well known for their cognitive and behavioral rigidity, which often influences many aspects of intra and interpersonal issues. Examples are wanting to only play certain games or only eat at certain restaurants, expecting their arbitrary rules to be followed blindly without exception by everyone else, and restricting conversational topics to only those of personal interest. The other pattern is being concrete in their understanding and use of language, as well as in their thinking. Learning to address and manage these two underlying patterns can have a positive impact for an individual with ASD as well as on their families.

Drawing Strategies from Different Sources
The practical treatment strategies I will present are not based upon any one specific model. Rather, many different theories and people have informed the methods I have employed with my clients over the years. Often, new strategies were developed “on the spot” using a “necessity being the mother of invention” framework that is perhaps best described in the “utilization approach” of the innovative psychiatrist, Milton H. Erickson. Of course, Dr. Erickson’s utilization approach was never specifically developed for the autism population. In his approach, diagnostic labels mattered little. Instead, his emphasis was on identifying and mobilizing the client’s strengths that could be used to catalyze achieving the aims of treatment.

There are a number of concepts and methods associated with Dr. Erickson’s work that have consistently shown themselves to be valuable in the work I have done with children over the years. Although the language between professional disciplines varies, these concepts and methods are being researched and the base of empirical support for using them in working with individuals on the autism spectrum is growing. Some of these are emphasizing a person’s strengths, acknowledging the interests and experiences of the person, and following the lead of the client (regarding his or her interests) in order to move him or her in the direction of achieving their goals. First, it is important to state the obvious: not all individuals diagnosed on the autism spectrum are the same. Their individual strengths and weaknesses are as different as they are. They are a heterogeneous group of people with some common characteristics or symptom patterns associated with communication, social skills and behavior, but nonetheless they are unique individuals. Obviously as that may be, unfortunately we sometimes forget this and see only a label, not an individual. This can easily prevent or delay progress, for what is “effective” for one person with an ASD may or may not be effective for another. Thus, it is important to understand that the strategies I suggest are generic guidelines that can address some common characteristic patterns often seen in individuals with ASD. They will need to be customized to fit the unique needs of the individuals and families with whom you work. As is generally well known in therapy, no technique is worth anything unless the context supports its use.

There are two common and related patterns that often underlie many of the issues MFTs may see when working with individuals on the autism spectrum. The patterns are rigidity and concreteness. Individuals with ASD are well known for their cognitive and behavioral rigidity, which often influences many aspects of intra and interpersonal issues. Examples are wanting to only play certain games or only eat at certain restaurants, expecting their arbitrary rules to be followed blindly without exception by everyone else, and restricting conversational topics to only those of personal interest. The other pattern is being concrete in their understanding and use of language, as well as in their thinking. Learning to address and manage these two underlying patterns can have a positive impact for an individual with ASD as well as on their families.

##Strategies for Working Flexibly with ASD Clients

Diane Yapko, MA
Cognitive rigidity is most classically seen in an individual when they are thinking in all-or-none terms. Examples called dichotomies, or "black and white" thinking. This is also a concrete pattern, and it restricts a person's ability to think either/or flexibly in order to see the "shadowy" options that are not as clearly delineated as the two extremes. To help increase cognitive flexibility, there are four different strategies: a) using concrete examples for demonstrating flexibility; b) color charts for seeing the range of options between extremes; c) "what" question charts for recognizing different contexts; and d) thought and speech bubbles for recognizing differences in perspectives.

**STRATEGY 1: BE CONCRETE**

I encourage clients to begin to understand the concept of cognitive rigidity in a concrete way. Depending upon the age of the individual, I might use playdough for a concrete pattern, and it restricts a person's adjustment for them. Individuals with ASD are often most comfortable and best function when rules are clearly defined and ambiguity is thereby taken out of the situation. There is a plethora of visual strategies available in the treatment literature to help individuals with ASD. Tony Attwood, who has written in this issue of Family Therapy Magazine, is especially well known for his work with Asperger's individuals. His Exploring feelings books integrate cognitive-behavioral therapy with visual and other approaches to address complex issues such as anxiety and anger in the ASD population. Other resources for visual strategies can be found in the resource directory of this issue.

**STRATEGY 2: ADD VISUAL COMPONENTS TO THERAPY**

One of the things that we know about most individuals with ASD is that they often process information better when it is visual rather than auditory. Since most MFTs practice some form of "talk therapy," such approaches may be difficult for many individuals with ASD. When you add visual components to help get your message across, it addresses the processing issues and can allow the information to be better assimilated and used by your clients. An example of a visual strategy that can help individuals learn to think more abstractly is to help them concretely see the metaphorical "black and white" thinking in which they often engage. I draw a horizontal line on a white piece of paper and color a black section on the left and leave the section on the right blank. Then I begin to color variations of gray from left to right as illustrated below.

The colors can be used to concretely explain the expression "black and white" thinking and show that there are many options in between the "black" and the "white." I have arbitrarily used a five-scale example, but you can insert many other shades of gray depending upon the particular client. This visual image helps to explain the goal of being less rigid or concrete by only seeing things in one way. It also helps individual in teaching clients to appreciate the ambiguity inherent in many different life situations. Ambiguity in life situations is a very difficult adjustment for them. Individuals with ASD are often most comfortable and best function when rules are clearly defined and ambiguity is thereby taken out of the situation.

Whether the issue is one of a 10-year-old child who cries at school (and is subsequently teased, bullied and ostracized by his peers), a 14-year-old who is manufacturing in public (and subsequently has the police called on him), or an adult who is struggling with anger or abuse at work (while possibly resulting in losing a job), this strategy helps to see the relevance of context in choosing one's behavior.

**STRATEGY 3: TEACH CONCEPTS AND SKILLS FOR GENERALIZATION IN DIFFERENT CONTEXTS**

Another way that rigidity impacts individuals with ASD is in their ability to learn a skill or behavior in a particular context, but then be unable to generalize it beyond the specific situation in which it was taught. This is referred to as "context specific" or "context dependent" learning. To help teach generalization skills and address the underlying rigidity, it is often useful to employ a visual strategy of writing down the information across a series of "sub-question" words. I do not generally want to judge the behaviors that your clients are engaging in either bad or wrong, since there are usually enough other people trying to get them to stop engaging in certain behaviors. Rather, I want them to learn to assess their own feelings and thoughts so that they can more easily be discussed in therapy. Having a static, concrete visual image can help clients learn about different people’s perspectives.

**STRATEGY 4: TEACH CONCEPTS AND SKILLS FOR UNDERSTANDING OTHER PEOPLE’S PERSPECTIVES**

A strategy that is most often associated with Carol Gray’s social stories and comic strip conversations is the use of thought and speech bubbles. Although there are specific guidelines for creating a defined style and format for social stories and comic strip conversations, these visual images can be modified in a number of ways to help individuals with ASD "see" thoughts and speech. Since thoughts and speech are both transient components to help our ASD clients “see” thoughts and speech. Whether the issue is one of a 10-year-old child who cries at school (and is subsequently teased, bullied and ostracized by his peers), a 14-year-old who is manufacturing in public (and subsequently has the police called on him), or an adult who is struggling with anger or abuse at work (while possibly resulting in losing a job), this strategy helps to see the relevance of context in choosing one’s behavior.

Working with individuals on the autism spectrum can be described in many ways. For me, it has been a career filled with many professional challenges. The many rewards derived from working with so many special individuals are often indescribable. Gratifying successes come in many forms and through accomplishing many different kinds of goals. Seeing a child emotionally connect with a parent, hear a child speak a word for the first time, having a child initiate an interaction, or see a person appropriately attend a birthday party successfully, function at several AAMFT Institutes on the topic of ASD. References


Diane Yapko, MA, is a licensed speech language pathologist in Fullerton, CA. She worked at the University of California San Diego (UCSD) Medical Center and in private practice for almost 30 years assessing and treating children with autism spectrum disorders and other neurological and developmental disorders. This year she presented a clinical practice in 2007 and now limits her work to writing, conducting workshops internationally and consulting. She is the author of Autism Spectrum Disorders: Frequently Asked Questions (London: Jessica Kingsley publishers, 2010), and has presented at the AAMFT Annual Conference and at several AAMFT Institutes on the topic of ASD.