A SPECTRUM OF POSSIBILITIES

STRATEGIES FOR WORKING FLEXIBLY WITH ASD CLIENTS

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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.

This 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* (DTT) 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 as Floor 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. Obvious 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 inter-personal 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.

Cognitive rigidity is most classically seen in an individual when they are thinking in all-or-none terms, sometimes called dichotomous or "black and white" thinking. This is also a concrete pattern, and it restricts a person's ability to think either abstractly or flexibly in order to see the "in-between" 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) '*wh*' question-charts for recognizing changing 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 younger children or a rubber band for older children, adolescents and even adults. By stretching the rubber band in different ways, I demonstrate the concept that some things are changeable—they do not always stay the same. I can further demonstrate how the rubber band changes by showing how it becomes round when put around a ball, or can have more square edges when put around a box. This makes the point that the context is a critical component in learning to be flexible. I routinely encourage the individuals I work with to manipulate the rubber band in various ways, thereby giving them an experiential learning regarding flexibility.

Once the concept of flexibility is taught concretely, specific examples in the individual's life experience are used to discuss and demonstrate how to change from rigid to flexible. This strategy can apply to all aspects of flexibility in terms of thinking, behaving and speaking. It can apply to all contexts, whether in school, home, community, or work. Depending upon the age and language level of the individual, I may use words such as "changeable" or "stuck" instead of "flexible" and "rigid." My word choice depends on what will likely be most effective for helping the client understand the concepts.

Knowing that individuals with ASD are often concrete in their thinking and language, it is important for MFTs to be aware of the metaphorical language they may unconsciously use. Generally, it is best to avoid using expressions and figurative language in trying to get your message across. Remember, if you say something like, "Sometimes you've just got to pull yourself up by the bootstraps," you're likely to get a reply like, "But, I'm not wearing boots!"

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 white. 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 the clients how 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 to make the point with a particular client. This visual image helps to explain the goal of being less rigid or concrete by only seeing things in one way. This strategy is especially helpful in teaching clients to appreciate the ambiguity inherent in many different life situations. Ambiguity in life situations is often a very difficult adjustment for them. Individuals with ASD are often most comfortable and function best 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 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 through a series of "*wh*" question words. I do not generally want to judge the behaviors that my clients are engaging in as 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 *when*, *where* and with *whom* they may engage in their behaviors.

Let's consider an example of a 10-year-old boy who cries at school. The goal for this client is to help him learn *when* it is okay to cry, *where* it is okay to cry and with *whom* it is okay to cry, rather than demanding he stop crying or teaching him that crying is bad. Working with the client to fill in the chart (shown on this page) helps him or her to develop a framework for discussing the various contexts/situations in which crying is okay to do; for example, when he would not likely be teased or bullied by peers. Obviously, each client is different, so together with your client you develop that individual's chart. The exercise naturally also leads to the discussion about when *not* to cry as well (e.g., when you don't get your way at school). Having the written chart to review, daily if necessary, can be beneficial for clients. You can also continue to add to it regularly as new situations arise in order to help clients see in a very concrete way when, where and with whom crying would and wouldn't be okay.

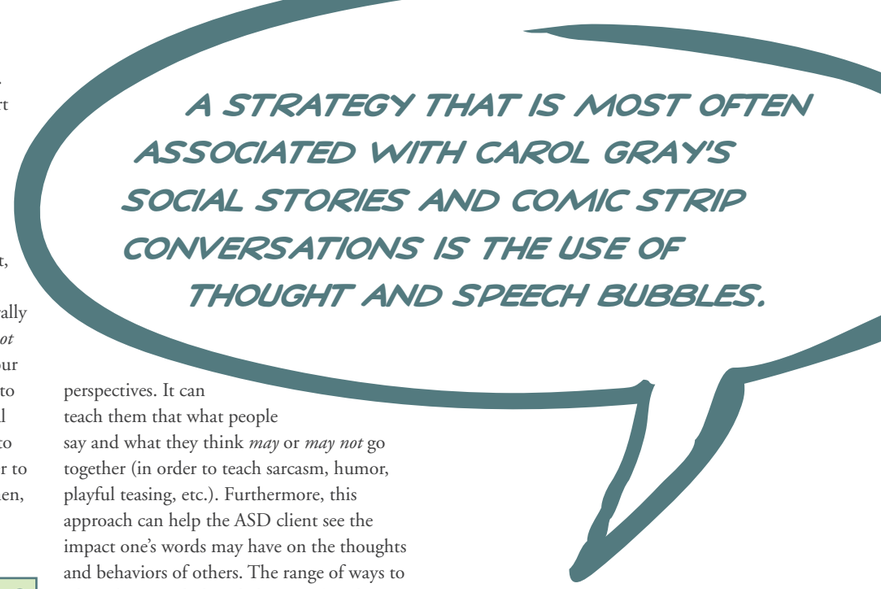
WHEN?	WHERE?	WITH WHOM?

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 masturbating in public (and subsequently has the police called on him), or an adult who can't stop talking about violence while at work (possibly resulting in losing a job), this strategy helps to see the relevance of context in choosing one's behaviors.

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 events (a thought comes and goes, as do words), when they are written down in these images, the thought or words become static and can more easily be discussed in therapy. Having a static, concrete, visual image can help our clients learn about different peoples' perspectives. It can teach them that what people say and what they think *may* or *may not* go together (in order to teach sarcasm, humor, playful teasing, etc.). Furthermore, this approach can help the ASD client see the impact one's words may have on the thoughts and behaviors of others. The range of ways to adapt these symbols to help our ASD clients is limitless.



Conclusions

The four basic strategies presented include making issues concrete, using visual images (colors, charts, and symbols), teaching for generalization beyond the therapy room, and understanding other's perspective. These approaches can be taught to family members to do at home with the client. Parents can engage with their children using these strategies as a means to enhance family relationships by making issues more concrete and by teaching flexibility as a necessary component when part of a family. Spouses or partners of individuals with ASD can work together on using these strategies at home to help explain each other's perspectives and expectations for a particular situation or for the relationship in general. The adaptability of these general strategies is as endless as your imagination and creativity.

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 some very special people 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, hearing a child speak a word for the first time, having a child initiate an interaction, engage with a peer appropriately, attend a birthday party successfully, function at school more appropriately, manage emotions more effectively, understand or use humor successfully, effectively problem solve a difficult situation, enjoy a family gathering (or at least tolerate one) are just some examples of the "magical moments" in treating ASD clients. I hope you will find your own stories and experiences through working with this population that will give you similarly satisfying rewards that come from working with such interesting people.

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