

Review: An Integrative Perspective on Psychotherapy with Children and Adolescents with ASD

Wioletta Karina Ozga

Faculty of Social Sciences, Institute of Psychology, The John Paul II Catholic University of Lublin, Poland.
Email: w.k.ozga@gmail.com

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Abstract

Purpose of the study: The review aims to present methods and techniques of psychotherapy for children with ASD in various approaches and extend understanding of autistic patients' difficulties in the context of psychotherapeutic interventions.

Methodology: Six different methods, approaches and technics were presented in the article: Multimodal Anxiety and Social Skills Intervention; Narrative family therapy incorporating the externalization technique; Embodied mentalization-based psychodynamic psychotherapy; Psychoanalytic family psychotherapy; Simultaneous psychotherapy with child and family based on Erica method; Psychodynamic-oriented psychotherapy of adolescents based on dream sharing and interpretation. Selection of best interventions based on technical eclecticism and theoretical integration was proposed as the most appropriate for the clients with ASD

Main findings: Various models of psychotherapy for Children and Adolescents with ASD were developed with a specific therapeutic approach. Relatively few of these treatments are widely used in everyday therapeutic practice. The benefit level for patients with ASD and their families depends on appropriate selection approaches, methods, technics, and their integration. To develop a personalized integrative approach to each case, the therapists need to be fluent in more than one therapy approach, and have know of a wide range of theories and skills.

Application of the study: The personalized intervention depending on the child's needs, especially the type and severity of difficulties, the stage of development, and the family's readiness for psychotherapy was recommended. Furthermore, the selection of methods, technics and their integration were based on described interventions.

Original/Novelty of the study: The practical example of developing a psychotherapeutic integrative approach to children and adolescents with ASD was presented in this article.

INTRODUCTION

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by severe, pervasive deficits in communication and social interaction and stereotyped and repetitive patterns of behaviours ([Diagnostic and statistical manual of mental disorders: DSM-5, 2013](#)). Contemporary scientific reports include autism in the group of neurodevelopmental disorders in which genetic and environmental factors are of great importance. According to [Singletary's \(2015\)](#) integrative model of autism spectrum disorder indicates, predisposing neurobiological factors lead to the early deprivation of necessary social and emotional experiences between child and caregiver. It drives maladaptive neuroplasticity, leading to the symptoms of ASD. Psychotherapeutic intervention alleviates difficulties connected with ASD through adaptive neuroplasticity. Depending on the understanding of the difficulties of a child with ASD, different therapy models are used in a specific therapeutic approach.

The cognitive-behavioural therapy (CBT) is based on theoretical models and the conceptualization of ASD as a disorder of information processing, leading to mental health problems and consequences in social life ([Gaus, 2011](#)). According to this understanding of ASD, the interventions are focused on developing abilities to compensate for information processing difficulties. Trans-diagnostic models were developed based on observed emotion regulation deficits in autistic people. The models promote CBT therapy aimed at developing emotion regulation skills and the ability to cope with a tolerance of uncertainty to reduce social and communication impairments ([Mazefsky & White, 2014](#); [Rodgers et al., 2016](#); [Weiss, 2014](#)). Although there is evidence of the efficacy of CBT for children with ASD, this type of therapy does not sufficiently take into account the child's developmental level and individual differences.

The psychoanalytic understanding of autism emphasizes the need to find meaning in seemingly purposeless behaviour and linking experiences with states of mind to understand a child's inner world ([Balamuth, 2007](#)). According to [Tustin \(1990\)](#), treatment aims to contain the youngsters' experiences and psychic state and engage the encapsulated emotions. The therapist's capacity to link child's experiences with their states of mind and name emotions facilitates the development of a more coherent sense of self and being understood. Creating the therapeutic, holding space enables patients to take the risk of finding and being found, and where distress can be tolerable ([Rustin, 1989](#); [Winnicott, 1963](#)).

According to [Hoffman and Rice \(2012\)](#), psychodynamic psychotherapy aims to express through feelings, understanding the meaning of own behaviour, activity, and maladaptive coping strategies.

Both psychodynamic and cognitive-behavioural therapeutic models emphasize the importance of including parents in therapy, not only in the formula of family therapy but also as simultaneous therapies and psychoeducation of parents ([Rodgers et al., 2016](#); [Weiss, 2014](#)). According to Mahler and Bergman's triadic model, the therapist should work dyadically with the mother and child. The application of this psychotherapy model enables the assessment of the meaning of the child's behaviour to a parent and treats the parent-child relationship ([Mahler, 1967](#)).

The review aims to present methods and techniques of psychotherapy for children with ASD in various approaches and extend understanding of autistic patients' difficulties in the context of psychotherapeutic interventions. Furthermore, based on described interventions, recommendations were formulated for the appropriate selection of methods and technics and their integration.

METHODOLOGY

According to [Shapiro \(2009\)](#), a key issue is the appropriate selection of methods and techniques of treatment and integrating some of them based on the child's capacity and diversity of the symptoms of ASD and family situation. Six different methods, approaches and technics were presented in the article: Multimodal Anxiety and Social Skills Intervention; Narrative family therapy incorporating the externalization technique; Embodied mentalization-based psychodynamic psychotherapy; Psychoanalytic family psychotherapy; Simultaneous psychotherapy with child and family based on Erica method; Psychodynamic-oriented psychotherapy of adolescents based on dream sharing and interpretation. The selection of best interventions based on technical eclecticism and theoretical integration was proposed as the most appropriate for clients with ASD.

REVIEW ANALYSIS

Multimodal Anxiety and Social Skills Intervention (MASSI) program

MASSI is a CBT program dedicated to adolescents with ASD targeted at three treatment modalities: individual therapy, group social skills training, and parent education and involvement ([White et al., 2010a](#)). Individual therapy contains 12 Modules within three blocks (Core Module, Anxiety Module, Social Skills Building Module). The core block relates to psychoeducation about ASD, understanding anxiety within ASD, thinking, feeling, and acting. The following anxiety block focuses on exposure, problem-solving, and coping with worry. The social skills building module concerns initiating with peers, conversational skills, flexibility and, recognizing the cues of others, handling rejection. At least 12 individual therapy sessions lasting approximately 50–75 minutes should be conducted. Three weeks after the beginning of individual therapy begins group practice modules. Five group therapy sessions should be devoted to talking to peers, following a conversation, emotion regulation, entering a group, and social skills, which last approximately 60 minutes, every other week. Parent psychoeducation covers suggestions on how to work on particular skills at home to promote skill generalization ([White et al., 2012](#)). Furthermore, the therapist gives regular feedback and supports them. Parents take part in the individual therapy sessions for the last 10–20 minutes while the child summarizes the session. The advantages of this type of intervention are good structure and multi-component nature.

Narrative family therapy incorporating the externalization technique

Another method of therapeutic intervention directed at the family of a child with ASD is narrative therapy using the externalization technique ([Johnson, 2012](#)). The intervention of the expression and regulation of emotions primarily affects the child and its parent (s). The role of parents is to accompany the child as witnesses of its development of the ability to regulate emotions and comment on positive changes that they noticed by participating in the child's world. The therapist's primary task is to facilitate the child's externalization process by creating the possibility of naming his emotions and developing the ability to control them so that emotions do not take over his life. The effect of therapy is the increase of self-regulation and self-awareness of the child and, consequently better understanding of the verbal and nonverbal feedback during social interaction. Family psychotherapy involves four steps. In the first step, the therapist helps the child establish a basic understanding of different emotions by asking questions about their understanding of emotions globally (e.g., 'What does it mean to be sad? What does it mean to be angry? How do you know when you are happy?'). If the simple questions prove too difficult, the therapist can help the child understand emotions through drawing. The next step is focused on getting a broader context of the child's individual emotional experiences by asking the child questions about what emotions he or she experiences most often and least often, which emotions are the most problematic or challenging to control, what emotions the child would like to experience more or less often. At this stage, parents are actively involved in the conversation, sharing their observations about the emotions experienced by the child daily. A deeper understanding of the context of problematic emotions in a child's life enables the family system to define their role as something quite different from what the child previously defined them. The third step is to develop a sense of controlling one's emotions using dolls, figurines, puppets, or other objects chosen by the child. The therapist asks the child to choose the object that best reflects the most painful problematic emotions they have most often felt in the last few hours or days. The therapist should also ask the child to explain why he or she chose the item. Then asks the child to respond on behalf of the object representing the externalized emotion as if it were one. Parents are involved in therapy by participating in a conversation between the child and the object. The last step of the intervention is to develop a plan based on the therapeutic system's understanding of the child's externalized emotions, showing how to help the child and

the family cope with the problematic emotion so that it does not have a destructive impact on the child's life. The plan may include supporting the manifestation of other, more adaptive emotions, more dialogue with problem emotions to help them find a new place in the child's life, and putting the child in situations where they are less likely to experience the negative effects of the problematic emotions and more likely to experience control them. The contraindication to this type of therapy is a low level of a child's emotional regulation. The child must first be able to use self-soothing techniques. Furthermore, the therapist must first evaluate how the family deals with emotional content before using this technique, as it can potentially be harmful to children whose families have implicit or explicit rules against expressing emotions or discussing certain family matters publicly. The child will experience that repressing emotions is safer than expressing them openly and facing the consequences.

Embodied mentalization-based psychodynamic psychotherapy

Affect Diathesis Hypothesis indicates that biological factors inhibit connections between sensations, affects, and motor responses in early infancy, followed by deficits in co-regulated affective interactions and diminished higher-order symbolic abilities. In the context of this theory, psychotherapeutic interventions with autistic children should include combining sensation with action and increasing the complexity of interactions by enhancing sensory-affective-motor connections. [Sossin \(2015\)](#) describes the method of incorporating the Kestenberg Movement Profile (KMP) into mentalization-based psychotherapy, in which the child trains to include the therapist's thoughts in his thoughts, building a richer portrait of mentalizing and relating these thoughts to himself. Talking and verbalizing these thoughts allows the child to adopt the therapist's perspective and, at the same time, allows the therapist to know where there are deficiencies in understanding the state of mind of the other person. Neurotypical people understand another person's intentions in terms of perceptions of non-verbal patterns using embodied mentalization. The intentions are clearly expressed in their embodied activities, such as recognizing movements, gestures, prosody, and other non-verbal characteristics. A person with ASD neither decodes nor encodes this embodiment sufficiently. The Kestenberg Movement Profile (KMP) promotes the integration of non-verbal patterns as it is based on bodily processes manifested in gestures and postural movements ([Kestenberg Amighi et al., 1999](#)). Therapeutic adjustment is analogous to "parental embodied mentalizing." Based on observation and adaptation to the child's body-kinesthetic expression and feeling, their affective and intentional content therapist identifies their mental state. Experiences of empathy and trusting cooperation are based on bodily and kinesthetic feelings. Awareness of non-verbal patterns and the use of non-verbal tools by the therapist favour the experience of received and expressed empathy, and dyadic resonance, which contributes to the feeling of being "known." The therapist follows the child's motivation, engages in the sensory domain that the child prefers, and "adjusts" to his motor behaviour. There is an integration of therapeutic work related to sensory processing and body experience with mentalizing psychotherapy. Video feedback helps teenagers with ASD reflect on the awareness of state changes both in themselves and in others. Using the video-feedback consultation method in parent-child psychotherapy helps the parents reflect on their minds and child's mind and observe their non-verbal and interactive behaviour. Interpersonal coordination of non-verbal processes in the therapeutic context, enabling progress towards "embodied mentalization." The therapist's knowledge of affect regulation and dyadic communication is essential. The challenge for the therapist is to be aware of their own and the patient's body experiences.

Psychoanalytic family psychotherapy

An interesting psychoanalytic intervention with little children focused on the relationships between the family members was presented by [Tselika and Anagnostaki \(2019\)](#). A child's language and cognition level should be sufficiently advanced to discourse and permit thematic play involving unconscious fantasy. Two therapists work with each family more actively than in traditional psychoanalytic psychotherapy. The first step is focused on psychoanalytic observation whole family and each member separately through exploration of the parental background and the child's verbal and nonverbal communications and transference and countertransference experiences. In the next step, psychotherapists provide a containing space to give meaning to primitive emotional states and make the connection between this bodily sensation, anxiety feelings, and painful things. It is possible to understand and express emotional states by family members and become a good container of the child's feelings ([Bion, 1967b](#)). The subsequent stage of therapy concerning creating space to recognize the different needs of each family member makes it possible to think about the child as a person. Therapists encourage the family to shared experiences of mental state. In effect, the family members became more differentiated, and the family became more coherent. This type of intervention allows sharing of attention and stimulates the need for eye contact by an autistic child.

Furthermore, the early internal object gets the possibility to be re-'pair' and re-establish broken relationships ([Weinberg, 2016](#)). The psychotherapist makes the space for optimal interactions between the autistic child and his family, showing the possibilities of joy and pleasure with the child and a better understanding of behaviour. This intervention based on family psychotherapy may not be appropriate for some families who want someone to fix their child. More specifically, the intervention may result in a child being punished knowingly or unknowingly by the family system.

Simultaneous psychotherapy with child and family based on Erica's method

Another type of psychotherapeutic intervention with autistic children used widely in Sweden is Erica Method. This form of play therapy focuses on understanding children's emotions, primarily if the child cannot communicate in words. A set of 360 miniature toys and sandboxes with dry and wet sand are used. The method makes it possible to observe how the child projects his problems into construction and activity. [Nilsson \(2019\)](#) recommended simultaneous psychotherapy

with the child twice a week and the parents weekly, separately by the same therapist. Initially, two consultation meetings with parents are proposed, and then the therapist invites the whole family to one session. Parents of children with ASD often feel uncertain about their child's reactions. The therapist helps make the child's inner world comprehensible and equips parents to seek contact with their child on their terms. Parents develop empathic and reflective capacity, self-esteem, and self-knowledge during therapy. Therapist-based keeping of a diary by parents shows the impact of their behaviour on the child and the other way around. Furthermore, the simultaneous model of therapeutic work increases the understanding of the dynamics of the relationship between the parents and the child through analysis of the therapist's transference and countertransference.

Psychodynamic-oriented psychotherapy of adolescents based on dream sharing and interpretation

[Sapountzis and Bennett \(2014\)](#) proposed individual and group psychotherapy treatments for adolescents on the spectrum based on dream sharing and interpretation. This therapeutic intervention enabled patients to share their experiences and reveal their inner world. The sharing of dreams is a possibility to express themselves without anxiety and seek reactions from each other. The space of a dream between the "not-me" and the "me" is safer to share internal and painful experiences with others. Desires can only be expressed and named in this space.

Conclusion and recommendations

The most beneficial for children with ASD is the individualized intervention adequately to the child's needs, especially the type and severity of difficulties, the stage of development, and family situation ([Shapiro, 2009](#)). Therefore, the benefit level for patients with ASD depends on appropriate selection approaches, methods, techniques, and their integration. Taking into account mentioned above and described interventions in different approaches, including a variety of methods and techniques following recommendations were proposed:

Psychotherapy for Adolescents

- Multimodal Anxiety and Social Skills Intervention program (MASSI) is recommended if the adolescents suffer most from difficulties with peer relations. This type of intervention is appropriate for parents who are not ready for family psychotherapy but only want to know how to promote skills generalization at home.
- Embodied mentalization-based psychodynamic psychotherapy is recommended if the teenager's most significant difficulty concerns understanding the body's language and the awareness of mind state changes in themselves and others.
- If verbalization and telling about one's mental states and experiences is a significant difficulty for a teenager, it is worth using dreams as safe material to express themselves without anxiety. This type of psychodynamic psychotherapy is recommended for adolescents with ASD who are reticent and socially withdrawn.

Psychotherapy for Children

- If a child cannot communicate in words, play therapy should be an acceptable form of intervention. The simultaneous psychotherapy with the child and parents by the same therapist enables understanding of their behaviour's impact on the child and the dynamics of their relationship.
- Narrative family therapy incorporating the externalization technique is recommended if the main burden of the child's problems is self-regulation of emotions and self-awareness of mental states. This type of therapy is beneficial in the early stage of a child's development for a family open to expressing emotions or discussing family matters publicly.
- In the case of problems with the symbiotic relationship of an autistic child with a mother and difficulty in separation and individuality, an intervention should be based on psychoanalytic family psychotherapy. This type of systemic therapy is helpful for little children and requires the commitment of each member of the family.

Regardless of the type of approaches to integrative interventions, including theoretical integration, technical eclectic, common factors, or assimilative integration, the therapist should mindfully select and combine techniques, methods, and approaches to target patients' and families' goals, needs, behaviours, cognitions, affects, interpersonal relationships, and unconscious processes ([Castonguay et al., 2015](#)). In addition, the therapists have to remember that integration is more beneficial for patients with ASD only when there is a strong therapeutic alliance ([Goldman et al., 2018](#)).

Apart from integrating the approaches, methods, and therapeutic techniques and adequately selecting them, the therapist should be careful about the countertransference difficulties in recognizing meaning and linking materials in treating children with ASD. For example, through projective identification child communicates his/her fear, and adhesive identification involves the clinician's experience of paralysis thought processes aimed at symbolizing and associating ([Rhode, 2015](#)). Another problem is that raising of child's awareness and self-reflection during therapy may induce a sense of emotional removal and social awkwardness.

LIMITATIONS

The significant limitation of the review is the lack of consideration of the patient's symptoms intensity and the co-existence of the other disorders. The selection of methods, techniques and their integration based on described interventions is the only recommendation not to provide generalizability to applied clinical settings. The identified

limitations suggest that further analysis should involve the broader patient population and diagnostic patient characteristics.

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