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Developing ways of working with parents and their infants to improve the core deficits of autism

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Autistic spectrum conditions (ASCs) are a group of conditions which impair aspects of social communication and interaction. Genetic and epigenetic influences in utero and relational experiences all contribute to the development of the child who goes on to be diagnosed as having an ASC (Crittenden et al., 2014). Our clinical team works in London, UK, with families of children and adults who have received a diagnosis of an autistic spectrum condition (ASC) and those with other neurodevelopmental disorders or learning disabilities. This article describes some of our learning and clinical work over the past 15 years with this patient group.

Keywords: Relationship Development Intervention, attachment, autism, parents*

Traditionally, the service provided at the Tavistock Centre in London has developed according to a strong psychodynamic ethos, providing psychotherapy to people with learning and complex social and communication difficulties (Simpson & Miller, 2004). For very young children, this work has largely taken the form of supporting parents and over the past seven years, our team has offered a more systemically oriented, intensive model of work with parents and their children.

Our models of work are rooted in different schools of psychological thought (primarily psychoanalytic (Nancy Sheppard) and systemic (Sarah Helps) but we are united in the premise that working collaboratively with parents to help their children is the key to helping young children with complex social and communication difficulties. We will describe two strands of our work, one based primarily on psychoanalytic and attachment theory, and one on more systemic, developmental models, to illustrate how we support parents to navigate the precarious journey with their child.

In our experience, any two children with the same diagnosis might 'look' extremely different. We work with parents / carers and the professional network to design interventions that meet the particular needs of the children referred. Referrals tend to come to our service when parents are feeling at the end of their tether.

Children with the same diagnosis may 'look' very different

Following an initial assessment, we discuss with the team which model of intervention might best fit the child and the family's needs. Diagnosis for ASC is rarely made before a child is 18 months old, and many of our referrals are for older children. There is, however, increasing evidence of early signs of difficulty emerging at younger ages (Talbot et al., 2015; Wan et al., 2013, 2012). Trevarthen's and Daniel's (2005) retrospective work looking at video footage of parent-infant interaction with children who subsequently went on to receive a diagnosis of ASC and Retts syndrome, has shown that deficits in social communication and imitation can take their toll on relationships between parents and children from the very early days. Research looking at parents' experience of attachment with their children with disabilities shows that these initial difficult experiences can have a long-term effect on parental confidence (Solomon, 2012; Fletcher, 2004). Van IJzendoorn et al. (2007) have also shown that the presence of autism can disrupt early parent child interaction and have a negative effect on maternal sensitivity. For this reason, we have often found that we need to

offer a comprehensive assessment with parents of children with ASC, developed from Reid's (1999) model of psychoanalytic assessment.

ATTACHMENT THEORY

Attachment theory has been extremely helpful in shaping our approach to working with children and families with social communication difficulties (Hobson, 2007). This proposes that humans have developed a complex system of relating to one another as a means of protecting children from harm. The attachment styles and resulting care-giving systems are thought to underlie patterns of behavior in relationships. Attachment style can also influence the internal representation of relationships, which, in turn, organise or regulate the smooth functioning of patterns of relational behaviour. Bowlby (1969) hypothesised that the development of a secure relationship is dependent on a smooth interaction between the parents' care-giving behaviours and the child's attachment behaviours. If parents are not available (physically or emotionally) when the child is anxious or distressed, the child may react by inhibiting their attachment systems and developing an avoidant, ambivalent or disorganised attachment style. The child's attachment behaviours then develop to help them regulate themselves and in some cases, to keep themselves safe (Crittenden et al., 2014). Crittenden et al. argue that once the child's caregivers are more able to meet the needs of the child, the child's attachment behaviours can be altered. Although there is important evidence to suggest that the way in which children with ASC act on reunion with loved care-givers (Strange Situation procedure) can be different from the way in which children react who are neurotypical (Grzadzinski et al., 2014; Beurkens et al., 2013), nevertheless, contrary to earlier thinking, it is absolutely the case that children with ASCs do display attachment behaviours.

The Strange Situation procedure assesses the quality of an infant's attachment to their mother.

If parents are not 'available', the child may inhibit his attachment system

Although attachment difficulties are by no means inevitable in the referrals to our service, there are often circumstances in the child's early experience that suggest there may have been interruptions to early attachments.

We frequently hear about very early trauma and separation due to:

- maternal or infant illness
- families relocating across the world, leaving secure jobs, family and friends behind
- families where there has been a significant loss -

- mother, father, close friend
- families where there has been late miscarriage, stillbirth or significant illness in a sibling
- parental anxiety stirred up by family trauma
- parental relationship difficulties
- refugees' experiences of terrible atrocities due to conflict, war and genocide.

Marvin and Pianta (1996) propose that Bowlby's attachment theory (1980) allows for interruption to the smooth process of parental bonding to be caused either by loss through death or to be an intrapsychic loss, for instance the loss of the expected healthy child (Raphael-Leff, 2001).

Our work also draws on understanding from neurobiological theories. Siegel (1999) proposed that interpersonal neurobiology is the key to human development within a social world. This theory gives a 'framework of the essential experiential ingredients that facilitate the development of the mind, emotional well-being and psychological resilience during early childhood' and has offered us a means of understanding the effect of stressful beginnings on the development of positive parent child interactions which might further exacerbate difficulties in development of social relationships.

In the context of this framework, we work from the premise that autism and ASCs have a neurobiological basis with likely multiple aetiology. ASCs comprise impaired social interaction and social communication, and restricted, repetitive patterns of behaviour, and are often associated with mild, moderate or severe learning disability (O'Brien & Pearson, 2004). We have actively distanced ourselves from earlier damaging ideas about mothers 'causing' autism (e.g. Bettelheim, 1967; Kanner, 1949) and we see the power of working intensively with parents of children with neurodevelopmental difficulties to enable the child's development to follow a more ordinary course. Thoughtful, empathic interventions can be used to scaffold the parent-child relationship in order to remediate the core deficits of ASC and to re-establish or develop the interpersonal system of child-in-relation-to-others (Gutstein et al., 2009).

SOCIAL INTERACTION AND THE CHILD'S GROWTH

With typically developing infants, the to and fro processes of social interaction and engagement develop quickly, are apparent within the first months of life, and slowly generalise from interactions with primary caregivers to others. If a child does not develop these skills in a natural way, the parent typically tries to compensate by adapting their parenting style, which may close down ordinary opportunities for the cognitive and affective challenges required for growth.

Bion (1962) understood that the development of thinking was a product of a successful dynamic around containment. It is the care-giver's role to take in the infant's unprocessed mental distress, to process this distress and give it back to the child in a digestible form. Bion felt that this was an innate

human behaviour, although it has since been established that an interruption in this process as a result, for example, of the carer's capacity for effective containment being affected by mental health, stress, etc., can leave the infant with deficits in cognitive and personality development. Infants are equally innately programmed to respond to social cues. Music (2011) reports on development in understanding of mirror-neurons, which predispose the child to respond to social cues and to develop social relationships. There is evidence from Oberman et al. (2005) to suggest that children with autism have a deficit in their mirror-neuron functioning. Parents will respond to feedback from the infant and child as to whether stimulus provided is developmentally meaningful. Through a trusting to-and-fro process, or feedback loop, we learn to read each other and eventually to read ourselves, and to become mindful. Deficits in the child's capacity to develop social reciprocity may have a devastating impact on this dynamic process.

Children with autism may have a deficit in mirror-neuron functioning

In order to be an effective guide to a child, the caregiver needs to be mindful and reflective. Part of ordinary parenting is to structure the environment in such a way that it is stimulating enough - but not too stimulating - for each individual child. Fonagy et al. (1993) noted that parents with higher levels of self-reflection were more sensitive to their child's perspective and emotions and better able to respond sensitively to her attachment behaviours and needs. Bakersmans-Kranenburg et al. (2003) have shown that mothers with higher scores for maternal responsiveness are more likely to develop secure emotional attachments in their relationships.

If the data isn't 'right', that is - if there is a mismatch between the way in which the infant or child processes information and the way in which the parent seeks to interact with or stimulate him or her - this might be overwhelming for the child. In order to manage this, infants and children can move to static patterns of interacting and fall into repetitive patterns of behaviour (Crittenden et al., 2014; Gutstein, 2009).

ENHANCING PARENTAL SENSITIVITY

The main aim of our work is to enhance parental sensitivity and develop a greater capacity for self-reflection. Guidelines from the National Institute for Health and Care Excellence (NICE) on ASC (NICE, 2011) currently support psychoeducation in groups rather than individualised support to families. However, we have found that parents often reject the opportunity of group work. We have understood the projection of a need for a supportive and therapeutic relationship that may reflect the deficits in their attachment relationships.

Without a secure attachment is difficult for them to feel confident to work with other parents of children with ASC. We therefore provide two different types of intervention, psychodynamic and RDI.

PSYCHODYNAMIC THERAPY

Sheppard (2003) has talked about working with parents of people with disabilities at different levels; the work described here is offered at the most intensive level of this model. Parents are offered regular sessions with a therapist, with their frequency depending on individual needs. Goals are set at the beginning of the work and a psychodynamic framework guides it. This model of consistent, regular meetings offers containment and holding in order for parents to reflect on their experiences and develop their capacity to think about and understand their child's experience. The therapists employ techniques including interpretation of past relationships emerging in the here and now, and using transference and countertransference feelings to co-construct an awareness of painful, underlying feelings and unconscious anxieties that might be impeding effective parent-child interactions. In addition, the therapists offer strategies for managing difficult situations and difficult feelings that can help build the parents' self-efficacy.

Strategies for managing difficult situations build parents' self-efficacy

Alvarez's and Reid's (1999) work with children with autism has highlighted subtle differences in a child's behaviour which may be understood as the autistic and non-autistic parts of the child's personality. It is through individual parent work, and the secure base this provides, that we can help parents to build the confidence to catch those glimmers of a different sort of child and to build on these moments to develop more rewarding reciprocal relationships.

RELATIONSHIP DEVELOPMENT INTERVENTION

For those families who are interested in a more active intervention that focuses on their interactions with their child, we also offer an enhanced programme of building social connections - Relationship Development Intervention (RDI).

RDI (Gutstein, 2009) is a family systems-based approach for families and carers of children, young people and adults with ASCs and other neurodevelopmental disorders. It focuses on the ways in which social connection has been derailed by the presence of the core deficits of ASC, unpick those core deficits and works to build more adaptive interactional processes in a gradual, developmentally attuned and systematic way. A key part of the work is to help parents create opportunities for the development of

dynamic intelligence, the kind of thinking that is necessary to deal with novel situations effectively, for children who are stuck in static, repetitive ways of thinking and acting.

The RDI approach focuses on:

- Working collaboratively with parents
- Helping parents to practise emotional referencing (a focus on and articulation of what I am feeling, how I am feeling and how this relates to the feelings of others around me) for themselves and for their children
- Social and relational co-ordination: i.e. What do I need to do in this situation, and what do I need to notice about what others are doing, for an interaction to work?
- Using non-procedural, non-questioning language – ‘I wonder what...’ ‘How would it be if....’
- Flexible thinking, i.e. the ability to appraise a situation and apply prior knowledge to a novel situation
- Preview and review – ‘What did I do before that worked, and what didn’t?’ ‘What might I do in the future?’

The process of RDI is similar to other forms of systemic practice in that the focus of the work is on the moment-to-moment observation and analysis of what happens ‘between’ people. Assessment initially involves structured and standardised assessment of parent-child interactions. Based on hypotheses developed from observation of interactions between parent(s) and child, parents are set a variety of assignments, involving ordinary, everyday activities, where they are encouraged to become more mindful of their contribution to interactions and more aware of creating opportunities for their child to have an authentic, dynamic and thinking role in activities. They are encouraged to focus on the process of the activity rather than the content. They are also asked to video their interactions with their child, to watch the videos and let their therapist know what they have learned about their interactions. Following discussion, further assignments are then set.

DO PARENT INTERVENTIONS WORK?

If ASCs can be identified very early on, there is at least a possibility that brain circuitry and potential abnormal social behaviours might be encouraged to develop along more usual lines (Webb et al., 2014). Research groups across the UK and the USA are starting to evaluate parent-child interventions where the child has, or is at risk of getting, a diagnosis of ASC (e.g. Green et al., 2015; Fulton et al., 2014; Rogers et al., 2014; Steiner et al., 2012). One encouraging study of the impact of RDI (Gutstein et al., 2007) highlighted how after a year’s intervention, there was some improvement in the social engagement abilities of the affected child. There is also a growing body of evidence to show the efficacy of psychoanalytic approaches towards ASCs, particularly their long term effects (Levy & Ablon, 2010; Shedler, 2010) whilst

Szapocznick et al. (1989) highlight the necessity of parent work in making child analytic approaches effective. We remain convinced that working closely and collaboratively alongside parents is the key to supporting the development of more positive, attuned and connected relationships for parents and their infants with ASC.

** Relationship Development Intervention (RDI) is a trademarked programme for autism spectrum disorders (ASD)*

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