•What we have here is far more important than our theoretical differences, what we have here is a parent, a child and a family looking to us for guidance.
A “cross section” case study

- Illustrating how an ABA and FT team worked side by side during a critical period of several months to develop a child’s capacity to cope with anxiety
- A mother’s determination and advocacy efforts as she cast a wide net for therapies
- A little girl’s journey from self absorption to relatedness and emotion sharing capacities
- Disclaimer: Not a complete DIR formulation - Confidential

History

- Family referred to my practice when they relocated by Serena Wieder, Ph.D.
- E was 3.5 years old, came from multidisciplinary program
- Mom assembled a team in CA including:
  - MH
  - OT
  - Speech
  - Floortime
  - ABA
  - Biomedical

History

- Second of three children, one older brother and one younger
- Mother had a full term, unremarkable pregnancy
- Crawled at 9 months, walked at 11 months
- Strung two or more words together at 3 years
- Difficulties with behaviors, social skills and communication in toddlerhood
- Received at diagnosis of ASD from a team at a large training hospital at 2.7 years
Individual Profile—Guides Interactions

• Strengths: Visual memory and responsiveness to visual structure, attention to details, self care skills, concern for friends and family, willingness to try new things with support, sense of humor, strong attachments.

• We work in teams: Across brain areas and across disciplines. Each team member helps piece together the individual profile.

Individual Differences

• Range of Praxis including the following constrictions:
  • Ideation, planning, sequencing, executing and adapting motor plans in real time. In beginning of tx, ideation and planning, now sequencing and execution.

  • Challenge in maintaining a stable posture when standing or moving.

  • Visual: Ocular Motor Control, controlling eye movements separately from head and body, determining saliency of visual input, difficulty screening out irrelevant visual input. (visual attention influences behavioral choices)

Individual Differences

• Sensory: When demands increase (unexpected events or transitions) seeks proprioceptive, vestibular, and tactile input as an active attempt to self regulate

• Expressive language output delayed by minutes to days in beginning of treatment.

• Auditory processing: Saliency of sounds, processing sound patterns: rhythm, rate, sequencing discrimination

* Source: Susan Spitzer, Ph.D., OT, 2012
Anxiety

- Range of processing differences that impeded comprehension and set stage for anxiety
- Dyspraxia and Anxiety "Horse and Carriage" metaphor
  Serena Wieder, 2012

Early ABA goals

- Increase E’s prosocial behaviors
- Decrease E’s challenging behaviors (tantrums, clapping, pacing, etc.) that interfered with learning and relationships
- Systematically build her repertoire of skills and knowledge

Early FT goals

- Strengthen levels 1 (attention & regulation) and 2 (engagement) with warm, pleasurable moments in a "shared world".
- Support the emergence of level 3 (purposeful NV interactions) from early joint attention and engagement.
- Strengthen the range of praxis (ideation, planning, sequencing), and visual attention through affect cues in play and everyday interactions.
Video 1. ET 4 10 having a baby

- Follow her lead in play
- Maintaining a continuous flow
- I “became” the character (baby)
- First thing she says is “the baby’s crying”

What we saw in this video

- My affect cues draws attention to shared object (looks at baby) which guides her back to baby, back to me.

- We see a comprehension/praxis challenge in organizing and sequencing ideas and motor actions. Wanting newborn baby to go to school.

- In Floortime™ -- connect emotions to motor actions -- to symbols.

ABA and FT

- ABA and FT worked side by side in early years. (parallel play)

- ABA worked well to decrease behaviors interfering with classroom, family activities & increase prosocial behaviors

- Reading information on classroom walls out loud, clapping, getting up

- FT: Play based, joint engagement, synchrony, flow – spontaneous interactions
Critical Point in Treatment

- Critical point in tx occurred when family, all teams, observed an upswing in emotional dysregulation (clapping, yelling, and refusals)

- DIR hunch: Challenges conveying felt need/conflict with words (written or verbal) ending up in emotional dysregulation (discharge)

- This was the critical point in treatment when we decided to meet as a large team. ABA supervisor came to a joint meeting at mom’s request.

Anxiety: An Early Challenge

Behaviors occurred during transitions or when her environment changed or became more complex and unexpected

From a DIR® perspective: stress response, adaptation to not feeling safe or regulated

Video Example: trying to express and process her feelings about two birthday parties by spelling out loud (listen to pressured speech, audio important)

What did we learn from this video

- Challenges in ability to conceptualize time, space, relationships in addition to processing of auditory & visual input –brought about at birthday parties (imagine)

- She utilized spelling as a strategy to support expression & maintain emotional regulation

- Emotional load increased as she reached heightened levels of frustration and starts to clap and yell
ABA strategies included:

- Shaping, teaching replacement behaviors
- Environmental changes: decrease demand, use fewer words, smaller work space, keep voices calm
- Seeking comfort from mom was used as a consequence for exhibiting more pro-social behaviors instead of tantrums, such as using her words to ask for help

DIR® Strategies included:

- 1. Understanding how her internal life, in the context of individual differences, influenced symptoms
- 2. Through warmth and relatedness and FT™ play we worked on strengthening her calm alertness, non-verbal communication and social problem solving in connecting words to her emotions. The emotional connection sets the foundation
  
  “Feeling safe is a prerequisite to social interactions”
  
  Porges, 2013

Emotional Upset

- During a busy time in summer of 2011 the family was having multiple house guests, E became very upset and had tantrums (routines disrupted, input increased)
  
  In this clip she is in her bedroom and describing something that bothered her earlier in the day
  
  This was one protocol suggested by the ABA team to help decrease her emotional outbursts
  
  (video quality)
What we saw in this video

- E was attempting to explain something that was worrying her. Word hints, but not direct. “Allie was playing bball”

- ABA program was to have mom & E go to her room, give her something to hug (replacement for yelling), and count to 5 while she calmed down.

- Mom was to stay in the corner of the room and count

- Mom then reinforced her calmness with comforting her (consequence) She then repeats the first line: long ago..

In these episodes, she is attempting to connect events & emotions through language.

- She could give one or 2 verbal hints, among a field of fillers and when the partner didn’t understand, frustration.

Floortime/ABA side by side

- “Behavior as Communication” Ricki Robinson, Autism Solutions, 2011

- DIR: Meaning, ie: what is she communicating.

- How was the behavior an adaptation to her perceptions of her world?

- Although she was progressing, she wasn’t able to talk about her fears, so the discharge was behavioral
DIR Informed Thinking: A Case Study in Treatment of Anxiety and ASD

Meantime

• ABA worked to increase her ability to function in school/public & decrease tantrums
• DIR™ helped to investigate the internal meanings yet unexpressed—and to help her express them with words
• Two different dimensions…

DIR® Roadmap to Tx of Anxiety

• 1. Recognize the child’s biological differences, and determine if there are differences in sensation processing.
• 2. Counter balance fears by helping the caregiver become soothing and calming.
• 3. Help the child put worries and fears into words through pretend play and modeling.
• 4. Get the body involved in physical problem solving.

• Greenspan, 2009

Foundational Capacities of Development

* Capacities built over time that serve to activate, organize and integrate experience
* Discovered, not taught
* Built from meaningful experiences

• For E, emotions were like a foreign language. Feeling states not necessarily connected to language or behaviors. Our play served as a practice field to regulate her state (feel safe through relationship) and then organize and integrate feelings that were causing the “behaviors”.

• Wieder, 2012
Team Meeting

• Topic: Are we in sync with the tx of anxiety? Is there a difference between stress responses and behaviors?
• The dilemma between soothing vs. reinforcing a negative behavior
• ABA wanted to know more about the anxiety
• Agreed to document antecedents and try to see what patterns emerged

Team Strategies

• Immediate strategies agreed by the whole team for E included:
  • 1. Preview/process her day with whiteboard and write us questions/comments. (insight into internal world)
  • 2. Support deficits in praxis/sensory processing by reviewing the sequence of the day, and use “tools” to calm.
  • 3. Provide words for feelings and a place to narrate stressful events.
  • 4. Engage through relationship (supports moving from discharge to symbolic expression)

Meanwhile, FT™ explored themes in play

• Turning Point: Her play began to reflect actual stressful events (re-enactments) and helped her explore different sides of experience
• Play is the window into a child’s experience
• In the following clip E was a mommy, taking a splinter out of her daughter’s finger.
• Observe prosody in voice & facial expression
What we learned from this video

• She was able to explore mastery/calming down the child (played by mom)
• The ball gave her nice prop/vestibular input to stay calm and alert in the moment.
• Her intention, sequencing, motor action and language starting to synchronize nicely. Posture more fluid, some prosody of voice, upper face still flat, frozen.
• Beginning to organize/integrate experiences in play.

Play improves vagal tone --HRV

• Play is a neural exercise!
• Play is a way we learn to tolerate alternating and varying states of fear and safety.
• Play impacts the social engagement system—ASD deficits
  • Prosody
  • Gaze
  • Facial expressivity
  • Mood and affect
  • Posture during social engagement
  • State regulation
  • Sound hypersensitivities
  • (Porges, 2013)

Addressing anxiety through play

We trust the content of the play for insight into internal life

• At school, she heard a story about an umbilical cord being cut and had a meltdown
• When she got home, she cried when she thought about it.
  • Discharge, no symbolic pathway to comprehend
  • Limited understanding of the meaning—concrete—and missing pieces. Mom tried to explain, but anxiety questions continued.
• In play the following week, spontaneously, wanted mom to be a baby and she wanted to be a nurse, she wanted the baby to cry.

• In the following scene, I’m filming, mom plays the baby (in corner) and she asks the baby to cry louder, wanting to observe the emotions of the baby. **Listen to what E says after she says “the nurse is going to cut the umbilical cord”

What did we learn from this video
• “She is afraid of being hurt.” First time connecting feeling and word- affect diathesis. WE ARE IN!!
• She wants to observe the baby crying. (perspective taking and theory of mind)
• She is bringing the content of her anxiety to the play
• She is beginning to connect emotion to language very directly
• Next, she plays the baby

What we learned from this Video
She explores closer, by becoming the baby

Mom is counter balancing fears and soothes/calms E with her voice and touch

E’s body relaxes and she feels somatic calm

Later in session, mom explains how and why umbilical cords get cut

Her obsessive worry decreases and fades soon after
By fusing affect to intentional actions, we are creating new pathways of understanding.

The emphasis on emotions, (non-verbal, facial expressions, tone of voice, postures, etc) in play, which involves a multi-sensory experience (layering of words, affect, and action) gradually reduces her anxiety.

In the words of Tina Bryson and Dan Siegel: “to name it is to tame it”
• The Whole-Brain Child, 2011

Understanding emotional outburst

E would sometimes have a huge outburst when her babysitter would leave the house. This one happened when the sitter had to go to the dentist.

ABA analysis was that the outburst served the function of keeping her from leaving. (function of the behavior) yes! but we suspected there was a reason. Talking to her about it yielded no details..

Here she and mom played themselves, and E reveals her concerns. Lucky videotaped moment! Mom was touched, amazed.

What we learned from this video

E is reveals the meaning of her behavior, “I’m afraid she is going to be hurt” and mom so intersubjective & warm..

Her tantrum was due to the fear of her beloved sitter being hurt. Notice E’s voice prosody and connection to affect.

Notice mom’s posture, how she moved in when E talked, how she soothed and empathized with her, in synchrony

Now she goes to talk to Angie (me) partial video- listen
What we learned from this video:

- We see now the FUNCTION and the MEANING of the behavior.
- Yes, the function was that she didn’t want her beloved friend to leave.
- The reason, meaning: connecting ideas! Development moving forward: E had felt pain at the dentist and she didn’t want her sitter to feel pain—empathy at the core. I pushed towards an interpretation linking up her own fears…she changed subject…that’s ok!

DIR® Roadmap to Tx of Anxiety

- In DIR we look at the additional dimension of meaning and subjective experience – the “why” of the behavior.

We at Profectum believe that professionals should work in multiple dimensions for more complete social and emotional development, hence the title of this conference.

E today

- E. is now moving up the milestones and working on verbalizing her fears with her mom, dad and other adults with whom she feels safe.
- She still needs a full time aide at school. Initiation with peers is difficult, although responses are easier.
- E is verbally expressive and able to mobilize her motor systems. For more challenged kids, we start at the same place, we drive for emotional connection, and we help them find an expressive outlet, this is not dependent on expressive language abilities.
Floortime™ as a Neural Exercise

- Exercise the pathways that support social engagement
- The play directed us to the emotional dilemmas feeding the anxiety, procedural re-enactments.
- By following her lead in play, themes emerged: fear of bodily harm, uncomfortable sensations, someone she loved being physically hurt (common fears in childhood anxiety).

“We believe the primary problem in individuals with autism spectrum disorders is a biological difficulty in connecting emotion to motor actions and later to symbols.”

Stanley Greenspan & Serena Wieder, 2006

Principles of Working across Teams

1. Mutual respect: We were all there to help the child and family. A team can look at multiple dimensions (function and meaning) in a cooperative process! We can and should work together to develop more complete “toolboxes”.

2. Move away from the language of treatment “jargon” to descriptors of what we see in the child’s non-verbal and verbal communication, and emotional life.

3. Define how we are each approaching the behaviors to find areas of agreement/overlap and if there is potentially contradictory information going to child or parents.

SUMMARY

- All children on the spectrum have a rich internal life and we can develop ways to help them share their fears/concerns with us.

- Developmental and relationship based therapies can help children locate, symbolize and calm internal conflicts, fears and anxieties.

- Sharing these fears leads to a feeling of being understood, leading to emotional resiliency and more robust social engagement.

- It's about integration, developmentally for children, and professionals as well. Our own ability to learn from each other, and to tailor the right treatment for each child at the right time.
Complex Disorders require multi-modal Solutions

- Let's work together to assemble a full "tool box" for all practitioners, let's move away from our isolated silos. In the trickle down effect, parents are counting on us to figure this out.
- "Cuong Do

- Serena: Thank you for opening the doors to emotional thinking for all of us, therapists, children and families alike.

References

Greenspan MD., S. Overcoming Anxiety, Depression, and Other Mental Health Disorders in Children and Adults. Bethesda, MD: ICDL.


