Unfortunately, autism has become a household word. Because of its increasing prevalence, almost every one of us knows someone who, in some way, has been touched by the disorder. Popular media and organizations devoted to combating the disorder have all served to increase our awareness regarding autism spectrum disorders (ASDs). In addition to the large amount of research currently taking place to better understand the causes and nature of ASDs, more and more attention is being placed on how to treat these disorders.

ASDs are characterized by impairments in communication and social skills and the demonstration of atypical behaviors. What makes these disorders so confusing is the variety of ways that an ASD can present and impact an individual's functioning. An individual with an ASD may present as nonverbal and cognitively impaired and engage in frequent self-stimulatory behaviors, such as in a severe autism disorder. Alternatively, an individual with a different type of ASD, such as Asperger syndrome, may be very intelligent and articulate but lack interpersonal skills to the point of being unable to make or maintain meaningful relationships. This heterogeneity creates difficulties in diagnosing and understanding the disorder (Lord & Corsello, 2005).

Given the immense variety of behavioral and cognitive manifestations with which an ASD can present, one can also appreciate the challenges in finding an effective treatment for the disorder. Imagine being a parent of a child newly diagnosed with an ASD. Not only are you faced with the challenge of understanding the nature of your child’s difficulties and how they may impact his or her future, but you must also figure out what treatment would be most appropriate. It is not a trivial question. There are dozens of different approaches, each with its own claims for success, ranging from behavioral approaches, such as applied behavioral analysis (ABA); to biomedical approaches, such as vitamin therapy and chelation therapy; to more traditional therapies, such as speech/language and occupational therapy. As the parent, you may be disappointed with the amount of empirical support these therapies have received; that is, they are often unproven, despite sometimes powerful testimonials. You will also likely learn that what may work for one child with a particular “flavor” of an ASD may not very well work for yours (cf. Clark, Tuesday-Heathfield, Olympia, & Jenson, 2006).

The American Psychological Association (APA) Psychotherapy Videotape Series, Series IX-Children and Adolescents, is intended as a tool for professional development and a supplement for teaching and training. This video, Autism Spectrum Disorders, illustrates the approach of James A. Mulick in working with clients with ASDs and their families. The video begins with the host, Jon Carlson, interviewing Mulick, followed by a session between Mulick and the mother of a 10-year-old child with an ASD. After this session, Carlson leads Mulick through a discussion as Mulick responds to video clips of the session.
Mulick is currently a professor at Ohio State University. Through his years of research and clinical work, Mulick has garnered a great deal of expertise in the field of ASDs and developmental disabilities and has authored numerous articles in the field. In addition to being a respected clinician and researcher, he is also an advocate for evidence-based practices in the treatment of autism. He is a past president of APA Division 33 (Mental Retardation and Developmental Disabilities).

In the video, Mulick discusses the characteristic symptoms of ASDs and their impact. He outlines his particular approach to treating individuals and families with questions of ASD, described as behavioral-educational. His approach involves assessing the primary issues and concerns of the client and family, prioritizing these issues with regard to treatment objectives, and then formulating a treatment plan to address those highest priority issues. He recognizes that most of the difficulties faced by the family and individual are educational and behavioral and notes that treatment will take place most effectively in the natural environment and not in the treatment office.

We are then presented with a session between Mulick and the mother of a 10-year-old boy who has been diagnosed with autism. Mulick, through the use of reflective comments and nonverbal rapport building, encourages the mother to speak and share information. As he gathers information, Mulick makes several interpretive and educative comments that serve to normalize her experience and provide her with a reference point within the diagnosis, reframing many of the child's perceived difficulties as strengths (e.g., "like many kids with autism" and "when interested, he learns"). After hearing the mother's concerns, Mulick suggests several interventions, including the use of exposure, distraction, and reinforcement principles, to address her son's restricted interests.

Mulick is presented with a sophisticated parent who is knowledgeable about many aspects of ASDs, a child who already has a diagnosis, and a list of well-articulated difficulties that the child is facing. Despite the superb therapeutic moves made during this session, the thorough diagnostic interviewing, the systematic data-gathering skills, and even the sound interventions suggested, one might be left a little disappointed if one stopped watching the video at this point. As noted, individuals with ASDs present in a myriad of ways and levels of severity. The specific approach depicted with this mother clearly would not work with many others on the autism spectrum who are at different levels of severity and need. However, as with many types of therapy, what is observed during this specific session does not reveal the underlying complexities and extent of techniques and knowledge used to arrive at the therapeutic techniques demonstrated.

The heart of this video, in which its true strengths are revealed, is the discussion portion, wherein Carlson has Mulick view snippets of the session and comment on them. This segment demonstrates that we were only viewing the proverbial tip of Mulick's "knowledge iceberg" during the therapeutic session. Mulick notes that when he sees a child and/or family, he must identify the issues and then prioritize them to lead to an effective plan of treatment. As he reviews each segment, he reveals the massive base of knowledge necessary to triage these cases effectively to correctly prioritize the client's needs. His discussion includes topics such as ABA, disorder severity, etiology, understanding of specific symptoms, other systems of care (e.g., school, government programs, medical), and the plethora of treatments available and how effective they may or may not be. According to his approach, one must be able to effectively answer the parents' questions on the basis of this knowledge, make informed suggestions regarding specific therapeutic interventions (e.g., his suggestions regarding the restricted areas of interest), and point the parents to additional resources, as well as have sufficient knowledge regarding many systems of care to support their continued needs.

The video might have been strengthened had Mulick taken several cases of families or individuals and contrasted the approaches for each rather than spending so much time on only one family. This would have allowed the viewer to see the diversity required in the approach and would have exemplified the need to adapt the techniques and information imparted on the basis of the disparate needs of the family and client, as is often seen in this population.

This APA video is well suited for those psychologists unfamiliar with ASDs, as it provides a good demonstration of the complexities inherent in working with this population and the degree of knowledge required for proficiency. It is also relevant to those clinicians working in the field of ASDs, as Mulick's perspective and experience would likely benefit even those clinicians who have worked extensively with this population. However, if someone is looking to learn a specific therapeutic technique to be used with his or her clients with ASDs, analogous to ABA or sensory integration techniques, this video would not likely meet his or her needs (in fact, he or
she would be hard-pressed to find any specific approach that can be used successfully with all individuals with ASDs).

In summary, Mulick's approach, as outlined and demonstrated in this video, involves accessing a fund of knowledge regarding ASDs, including the nature of the disorder, diagnostic issues, treatment modalities, and systems of care, to effectively analyze a presenting family's or client's needs. The approach then strives to supply the proper education, guidance, and therapeutic suggestions to enable the family and client to effect those changes in the natural environment. In some sense, Mulick's approach embraces the time-honored advice that instead of giving people (the family) a fish to feed them for a day, one should teach them (the family) to fish to feed them for a lifetime. In Mulick's words, “In the end, the family has to be the final therapist.”

References


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