
JAMES COPLAN, M.D.
 Neurodevelopmental Pediatrician · Author · Speaker
Making Sense of Autistic Spectrum Disorders

**Family Health: The Springboard to Success
for Children with ASD**

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Improving the Lives of All Affected by Autism
Autism Society of America
THE PARTNERSHIP PROJECT
TOWSON UNIVERSITY

HONESTLY AUTISM DAY

Disclosures

- Dr. Coplan is author of *Making Sense of Autistic Spectrum Disorders: Create the brightest future for your child with the best treatment options* (Bantam-Dell, 2010), and receives royalties on its sale



- This presentation may include a discussion of off-label drug use

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Underlying Premise

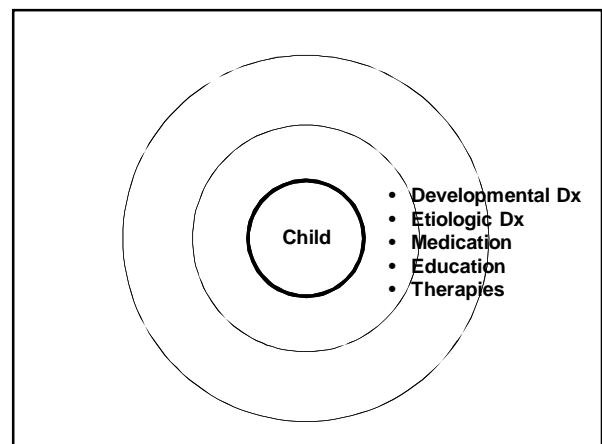
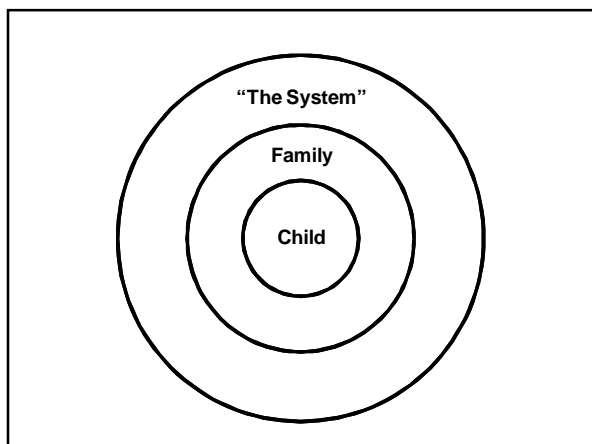
(“We give our children roots and wings” – Hodding Carter)

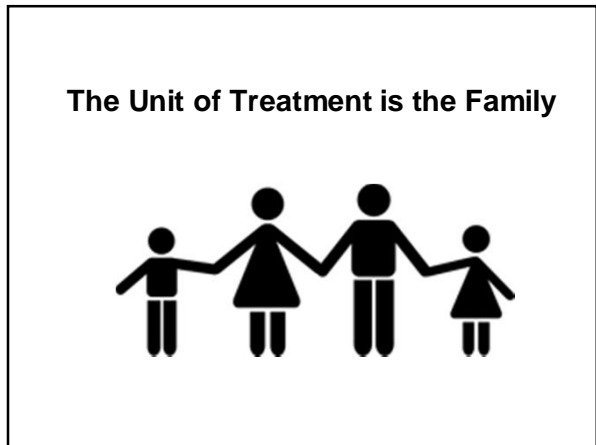
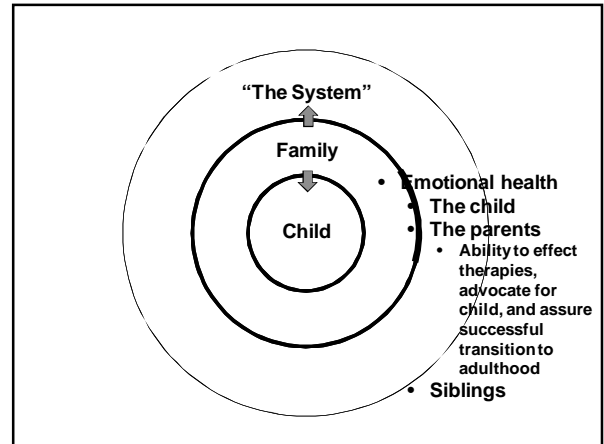
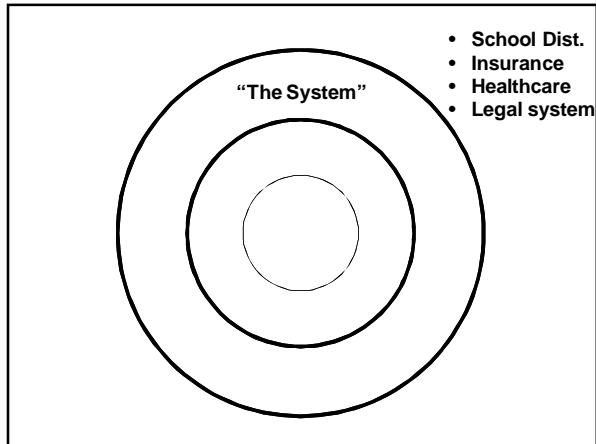
Family Health is a key ingredient in outcome for *all* children, but especially for children with developmental disabilities, who are less able to work around obstacles arising from family dysfunction than children with normal development.

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Outline

- **Family-Oriented Thinking**
 - Family Systems Theory
 - Differentiation (& the baggage we bring to adulthood)
 - Triangles (and other alliances)
 - You, Me, and “US”
 - Family Health & Danger Signs
 - Making Meaning
- **Interaction between mental health & family health**
 - Child: ASD and Mental Health
 - Parents: “Subclinical” atypicality; non-ASD mental health d/o
 - Know what you don’t know
- **Summary & Next Steps**

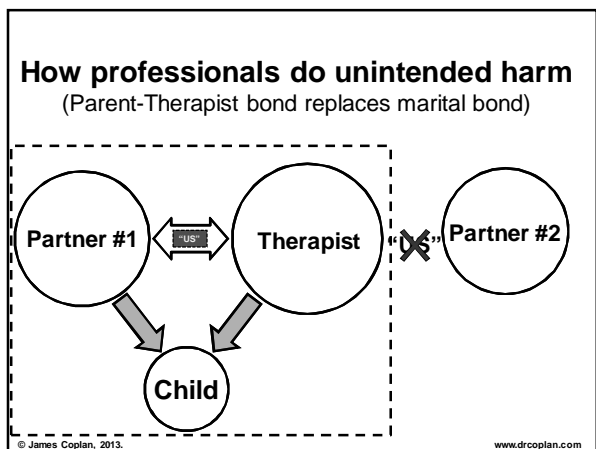




“House Rules”

- Both parents must be present for evaluation & counseling
- Exceptions:
 - One parent is:
 - Incarcerated
 - Deceased
 - In the armed forces stationed overseas
 - Unknown (anonymous sperm/egg donor)

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Probe Questions

- What do you think about X?
- What do you think about what your partner just said?
 - It's OK to comment on what your partner says, but not on your partner directly (no personal attacks)
- OR (if partner is absent): If your partner were here, what would he/she have to say?

My Agendas

- Both partners need to feel that they have been *listened to* and given a *fair hearing*
 - Identify areas of consensus and disagreement
 - The therapy process becomes the template for future partner-partner interactions (Safe; candid but non-blaming)
- “Fixing the problem” is not my goal – at least, not at the beginning

<http://www.aamft.org>



Find a Marriage and Family Therapist

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Family Systems Theory

Murray Bowen, 1913-1990

- “A theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit”

<http://www.thebowencenter.org/>

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Family Systems Theory

- “Emotional interdependence presumably evolved to promote the cohesiveness and cooperation families require to protect, shelter, and feed their members”
- People have a ‘thinking brain,’ language, a complex psychology and culture, but... the emotional system affects most human activity and is the principal driving force in the development of clinical problems.”

<http://www.thebowencenter.org/pages/theory.html>

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Family Systems Theory

- Differentiation of Self
- Triangles
- Nuclear Family Emotional System
 - Family Projection Process
 - Multigenerational Transmission Process
 - Emotional Cutoff
 - Sibling Position
 - Societal Emotional Process

<http://www.thebowencenter.org/pages/theory.html>

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Differentiation of Self

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Differentiation of Self

“A person with a well-differentiated ‘self’ recognizes his realistic dependence on others, but he can stay calm and clear-headed enough in the face of conflict, criticism, and rejection to distinguish thinking rooted in a careful assessment of the facts from thinking clouded by emotionality.”

<http://www.thebowencenter.org/pages/theory.html>

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Differentiation of Self

- “People with a poorly differentiated ‘self’ depend so heavily on the acceptance and approval of others that either they quickly adjust what they think, say, and do to please others, or they dogmatically proclaim what others should be like and pressure them to conform.”
- In both cases, the underlying objective is conflict avoidance (jc)

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Getting to Well-Differentiated

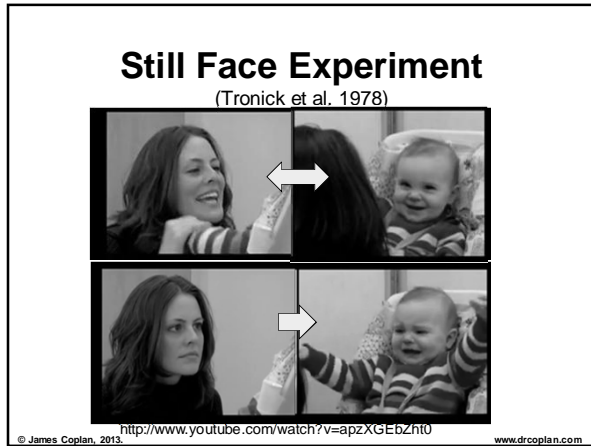
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Sense of Self

(Adapted from Erikson)

- Identity
- Self-confidence: Childhood
- Trust: Infancy
 - I cry, and my mother meets my needs
 - *The world is a safe place.*
 - *I can go to people for help when I need it.*

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Sense of Self

- Identity
- Self-confidence: Childhood
 - The sum total of all of one's successes +
 - Successful recovery from life's bumps
 - *I can do it!*
 - *(And if I don't quite succeed, it will not kill me!)*
- Trust



Sense of Self

- Identity
 - Adolescence
 - Who am I and where do I fit into the world?
 - *I am a person of worth*
- Self-confidence
- Trust

Photo Credit: The Mark Twain House & Museum

“When I was sixteen, my father was so ignorant I could hardly stand to have the old man around. I was astonished at how much the old man had learned by the time I turned 21.”

Well-Differentiated Adult

Identity
Self-confidence
Basic Trust



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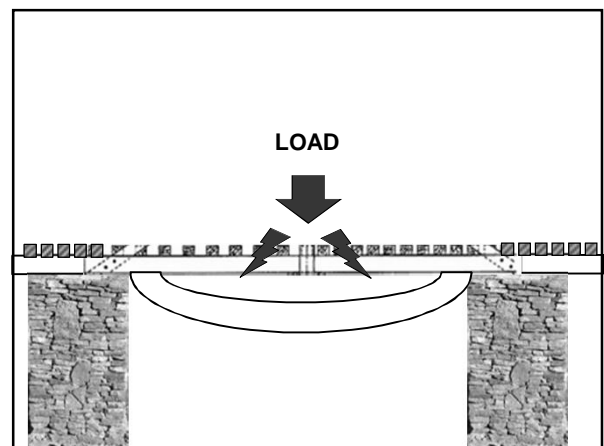
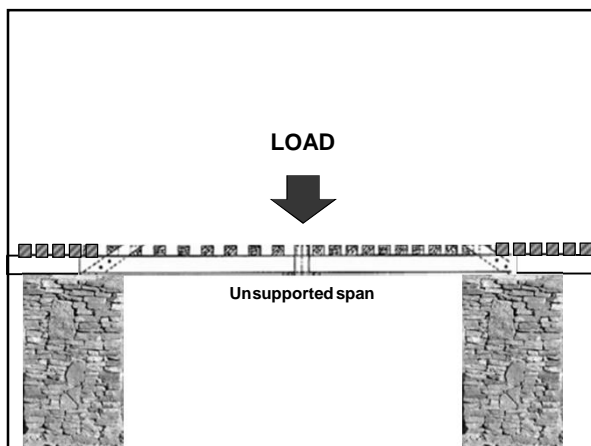
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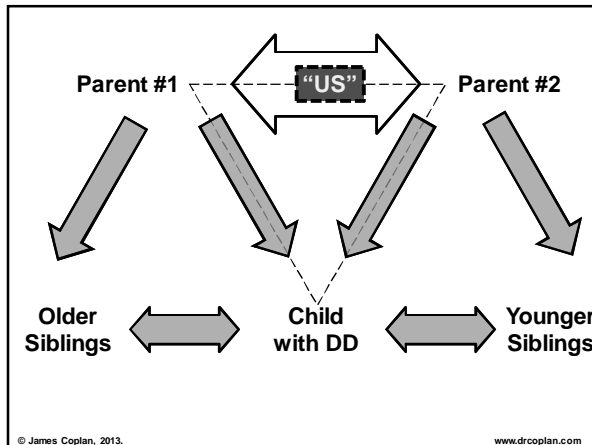
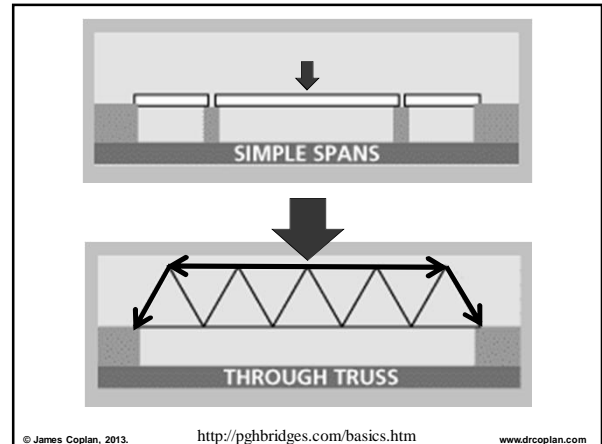
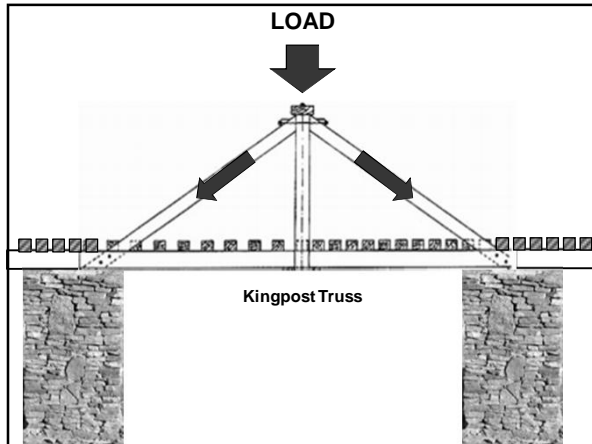
Triangles

- A triangle is a three-person relationship system
- A triangle is the smallest stable relationship system
- Triangles can contain much more tension than a dyad [2-person system]... because the tension can shift around three relationships
- Triangles are building blocks of larger emotional systems

<http://www.thebowencenter.org/pages/theory.html>

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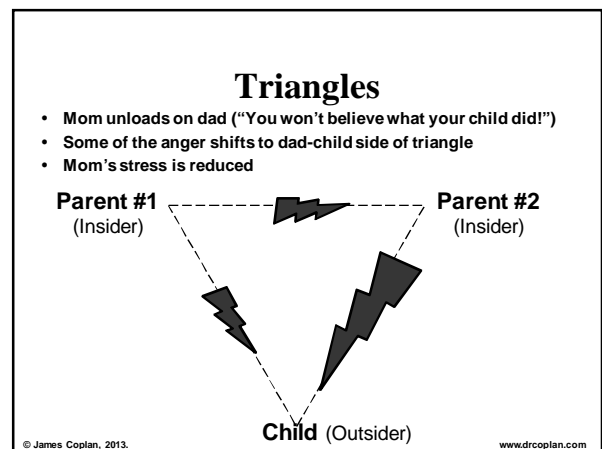
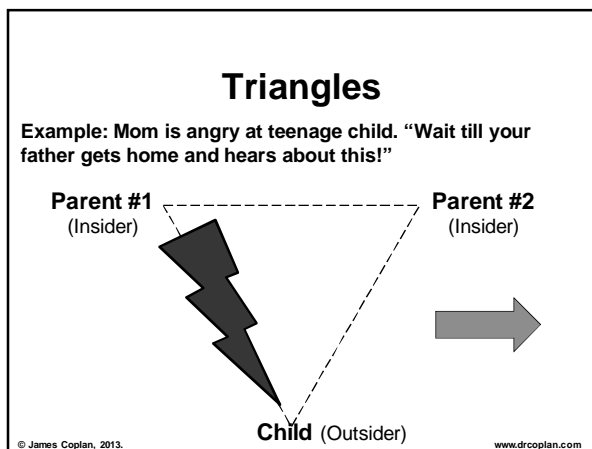




Triangles

- The essential nature of triangles endows them with strength, because it permits *avoidance of one-on-one confrontation*
- but at the same time, creates a situation with two “insiders” and an “odd man out,” who is trying to become an insider

<http://www.thebowencenter.org/pages/theory.html>



Triangles

Example: Teenage child to Parent '#1': "Parent '#2' says it's alright with him/her if it's alright with you!"

Parent #1 (Insider) Parent #2 (Insider)

Child (Outsider)

Child attempts to form alliance with one parent, placing the other parent in the role of "outsider"

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Nuclear Family Emotional Systems

- "The basic relationship patterns result in family tensions coming to rest in certain parts of the family"
- The more anxiety one person or one relationship absorbs, the less other people must absorb. This means that some family members maintain their functioning at the expense of others."
- Triangles can lead to *dysfunctional* but *stable* interrelationships that work to the detriment of one or more family members

<http://www.thebowencenter.org/pages/theory.html>

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Triangles

- Example: Primary conflict is between parents

Parent #1 Parent #2

Child

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Triangles

Each parent may vie for the child's loyalty, in order to place the other parent in the role of "outsider"

Parent #1 Parent #2

Child is a pawn in parents' struggle, &/or smothered by "overprotection"

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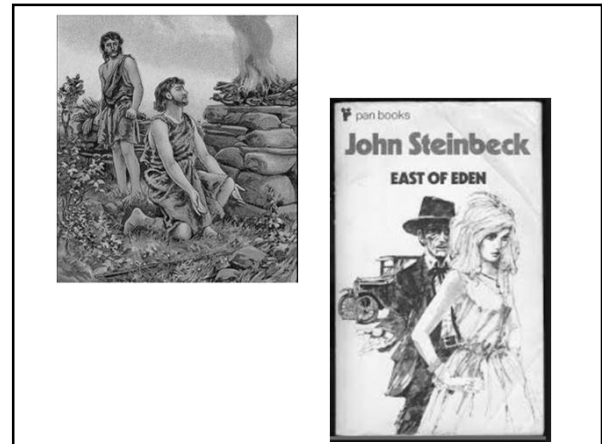
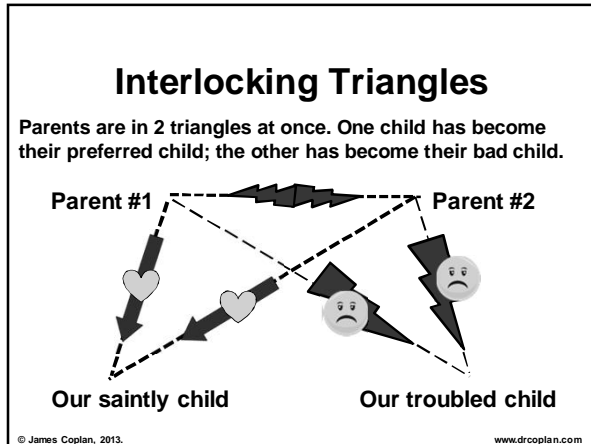
Triangles

OR: By common consent, the parents may both find easier to focus on their child's failings (real or perceived) than to work on their own issues. The parents remain insiders, and the child is scapegoated as the outsider.

Parent #1 Parent #2

Child ("Our troubled child")

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- ### Signs of Family Mental Health
- **Systemic support for differentiation of all members as they are able**
 - **Flexibility**
 - Shifting alliances (adults vs. kids, “boys vs. girls,” etc.)
 - Shifting roles (role of “hero” or “in the doghouse”)
 - Shifting solutions (one size does not fit all; “equitable” vs. “equal”)
 - Shifting combinations for activities. All legitimate combinations should come up once in a while.
 - **Sense of humor / playfulness**
- © James Coplan, 2013. www.drcoplan.com

- ### Danger Signs
- **Inflexibility**
 - Fixed roles
 - Fixed solutions
 - **Hypervigilance**
 - Lack of trust in care providers
 - **Social Isolation**
 - “Circle the wagons”
 - “Nobody helps us!”

Where is the problem?

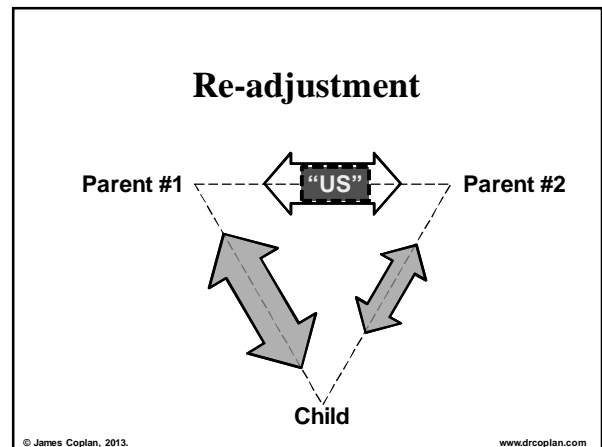
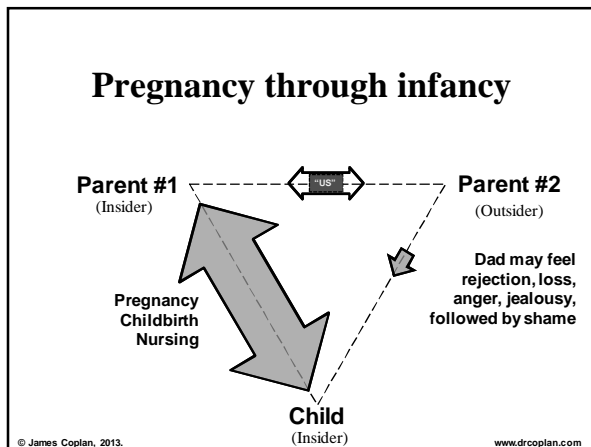
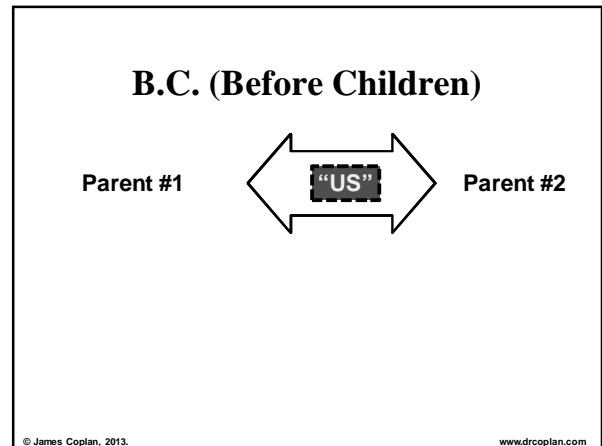
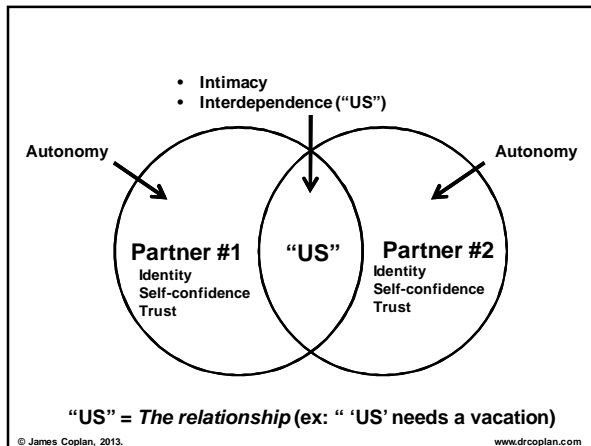
- The person with the identified “problem” may not be the actual source of the difficulty
- The family system itself is often out of balance

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You, Me, and US

I + I = WE
(You & Me) = US

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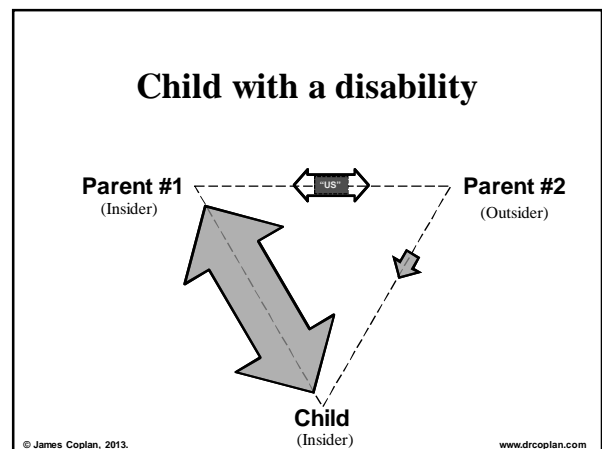


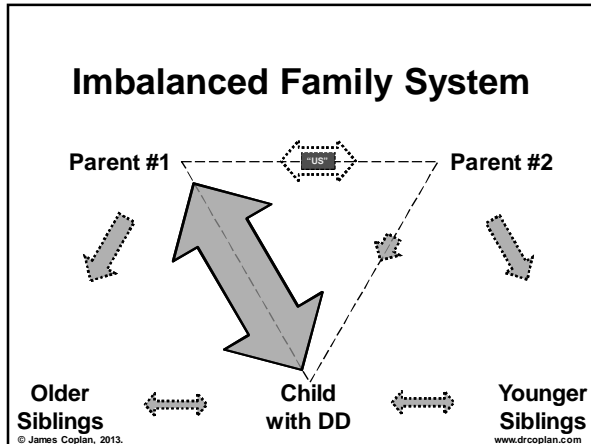
A parent reflects...

"I would compare the experience of having a disabled child to the experience of parenting during the first eight weeks of an infant's life – intense, exhausting, you are always on duty (vigilant). All other aspects of your life fade into the background.... It's that intense, and the difference goes on for years"

Marshak, LE and Prezant, FP:
Married with special needs children
[A couples' guide to keeping connected]
Woodbine House, 2007

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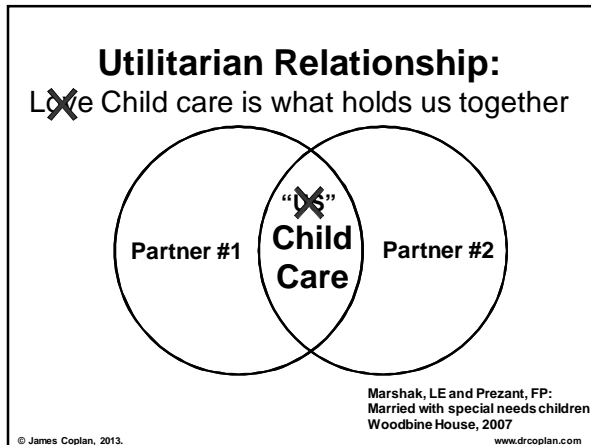


Dysfunctional (but common) coping responses

- Utilitarian Model
- Enmeshment

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Utilitarian Relationship

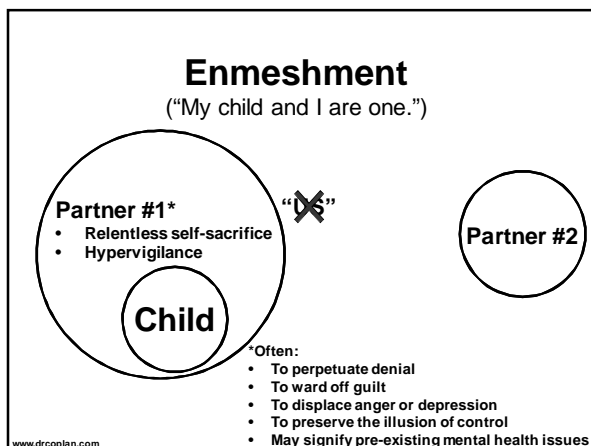
(Child care is what holds us together)

“ ‘Us’ is always at the bottom of the list of things that need to be done.”

Mother of an 8 year old boy with severe ASD, ID, and SIB.
Child is in 40 hr/wk home-based therapy program.
Mom has become certified therapy instructor.

DC. MRN 13-0837

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Mother-Son Enmeshment

(data consistent with maternal mental illness)


OFFICE OF THE
CHILD
ADVOCATE
STATE OF CONNECTICUT

SHOOTING AT SANDY HOOK ELEMENTARY SCHOOL
REPORT OF THE OFFICE OF THE CHILD ADVOCATE

<http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf>

Making Meaning

(Mister Duckrabbit)



What kind of animal do you see?

http://www.wisc-online.com/objects/ViewObject.aspx?ID=l2P902

© James Coplan, 2013. **Joseph Jastrow, 1899** www.drcoplan.com

Making Meaning

(The meaning we read into events drives our actions)

- What is the “meaning” of having a child with a disability?
 - Everything happens for a reason
 - It’s God’s Will
 - Punishment → Guilt / Shame
 - Theodicy: “It’s for the good” → Everything is a blessing
 - It’s someone’s fault
 - Self-blame → Guilt / Shame
 - Blame others (Dr. / Spouse /) / Anger
 - Sh*t happens for *no reason*
 - Life is out of control (pretty scary!!)

Outline

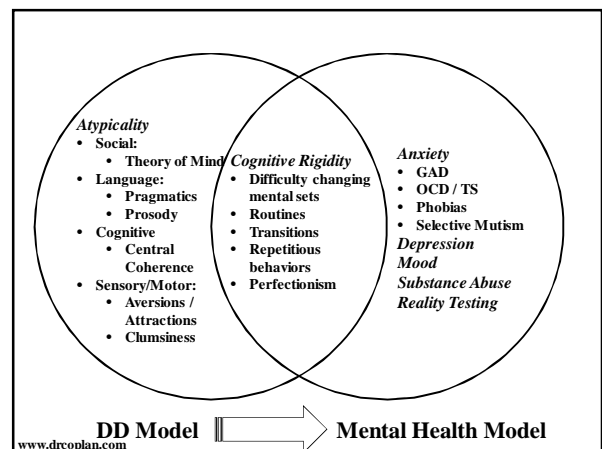
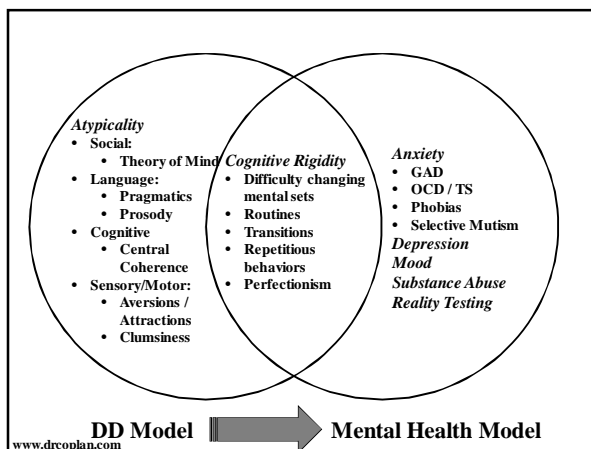
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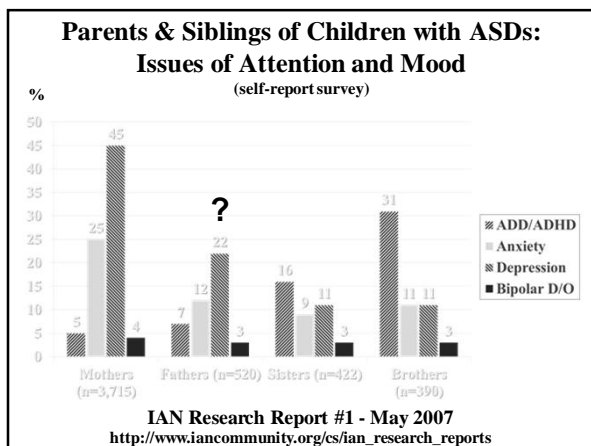
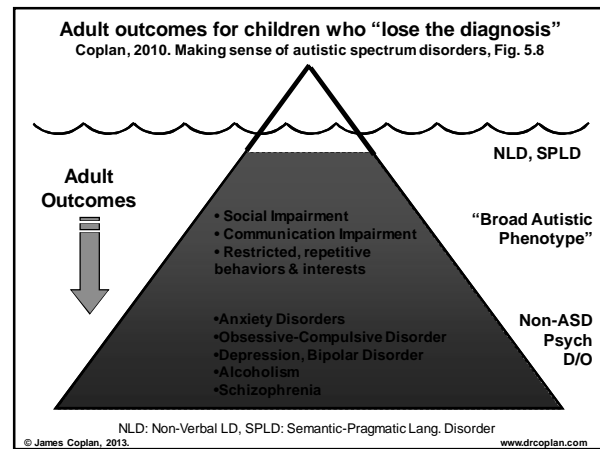
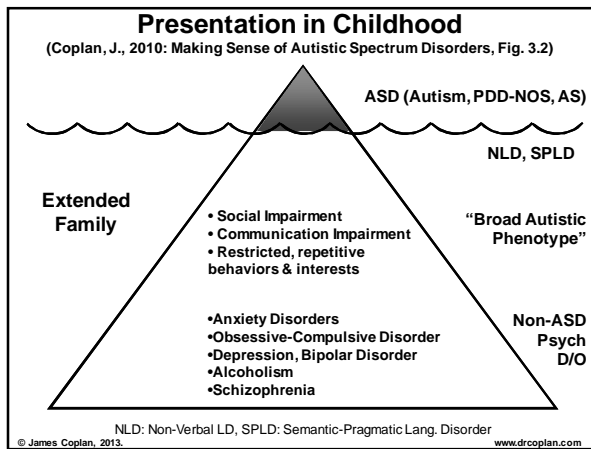
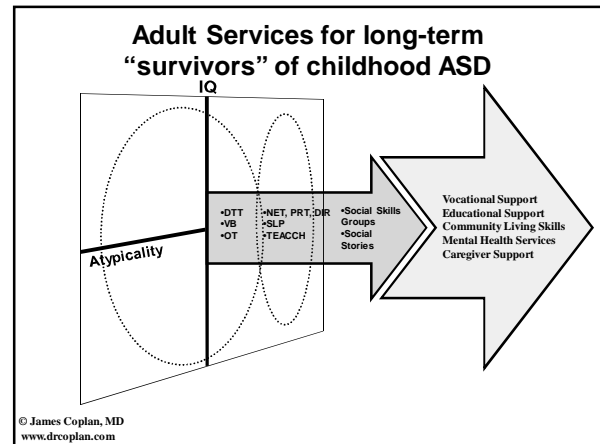
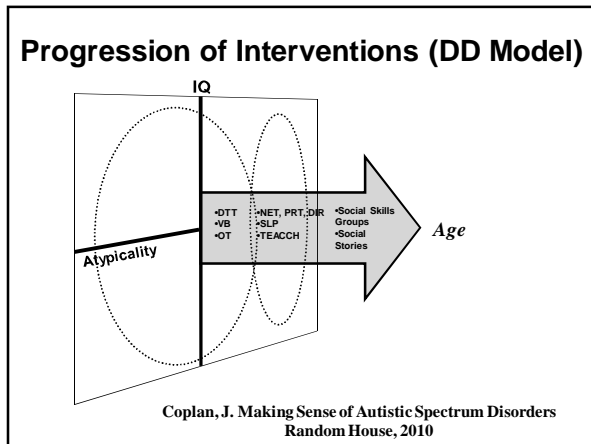
Psychiatric Symptom Impairment in Children with Autism Spectrum Disorders

Kaat, A.J., et al. Journal of Abnormal Child Psychology, 2013

Disorder	Prevalence (%)*	
	Impairment**	DSM-IV criteria
ADHD (any type)	83%	82%
Oppositional defiant disorder	53%	34%
Conduct disorder	23%	9%
Anxiety disorders	70%	47%
• Generalized anxiety disorder	• 48%	• 32%
• Social phobia	• 51%	• 23%
Major Depressive D/O, Dysthymia	45%	19%
Manic episode	53%	18%
Schizophrenia	48%	10%
Any disorder	94%	84%

* Combined Parent & Teacher ratings
** “Impairment” = Symptoms “Often or Very Often”





Severe mood problems in adolescents with autism spectrum disorder

Simonoff, E., et al., Journal of Child Psychology and Psychiatry, 2012. 53(11): p. 1157-1166

- 91 adolescents w. ASD (M: 83)
- Methods:
 - IQ, Adaptive function, neuropsych measures
 - "Severe Mood Problems (SMP) Scale"
 - Explosive rage
 - Low mood
 - Depressive thoughts
 - Labile mood
 - Maternal self-report (GHQ)
 - maternal mood, anxiety and somatic difficulties

Severe mood problems in adolescents with autism spectrum disorder
 Simonoff, E., et al., *Journal of Child Psychology and Psychiatry*, 2012, 53(11): p. 1157-1166

Results

- **High SMP: 24 (26%)**
 - Predictors of High SMP:
 - Emotional & behavioral problems at age 12
 - Autism severity (by parent report)
 - Maternal GHQ: *“The current analyses suggest a specific relationship between maternal affective symptoms and SMP in offspring”*
 - Not predictors:
 - Full Scale IQ
 - Adaptive function

Bullying Experiences Among Children and Youth with Autism Spectrum Disorders.
 Cappadocia, M.C., J.A. Weiss, and D. Pepler, JADD, 2011

Subjects

- 192 children / young adults w. ASD age 5–21
 - HFA (14%)
 - AS (54%)
 - PDD-NOS (13%)
 - Autism (19%)

Results

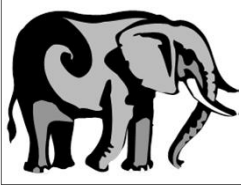
- Bullied (physical, verbal, social, cyber) within the past month: 77%
 - 1 time: 11%; 2-3 times: 23%; ≥ 4 times: 43%


Cappadocia, M.C., J.A. Weiss, and D. Pepler, *Bullying Experiences Among Children and Youth with Autism Spectrum Disorders*. JADD, 2011

Risk factors for being bullied	p*
Child - Gender	NS
Child - Age (being younger)	< .05
Child - Social skills deficit	NS
Child - Communication difficulties	< .05
Child - Internalizing mental health problems	< .001
Child - Externalizing mental health problems	NS
Parent - Mental health problems	< .01
Child - Fewer friends at school	< .05

*NS = Not statistically significant. Smaller p = less likely to occur by chance.

The Elephant in the Room



Child w. ASD + Parent with untreated MH D/O = 

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Vignette #1

- **“Obedience is very important to me.”**
 - Father of 10 y.o. boy with ASD
 - Untreated anxiety d/o
 - ? Personality D/O
 - ? ASD
 - Unsecured assault weapons in the home
 - Describes son with ASD as “a predator,” because “everything is all about him”

Vignette #2

- **“Nobody helps us.”**
 - Mother of 14 y.o. boy with ASD
 - Mo.: Untreated Anxiety D/O
 - Family has no social supports
 - Child is on homebound instruction
 - Spends hrs/day playing violent video games
 - Threatens to “kill” the examiner during evaluation when E. interrupts game play

Vignette #3: Know what you don't know

- Sam: 10 year old boy with disruptive behavior and academic underachievement despite being "bright." No prior eval or dx.
- My Dx: HFA & Anxiety
- Sam's father: Software engineer, dept. head, runs things by the book at work and at home ("strict"). "I don't understand what this is all about. I don't see the problem. My son just needs to apply himself harder!"

The Boat

Henry goes to a large lake in the summer. Last summer a motorboat sank near his house. The boat had ten men in it. The man who was running the boat brought it very close to the shore when the water was low. The boat hit a big rock under the water. The water came in very fast. All of the men swam to shore.

Q: There's someone in this story who might get in trouble. Who is it?

The Boat

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Q: There's someone in this story who might get in trouble. Who is it?
Sam: *Henry? The ten men?*
Sam's father: *I don't have any idea.*

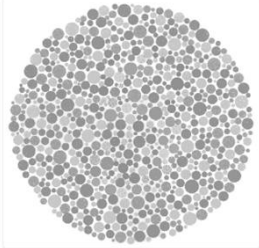
Know what you don't know



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www.defencesignets.mood.ac

Know what you don't know

Ishihara Color Blindness Test Plate 4



Know what you don't know

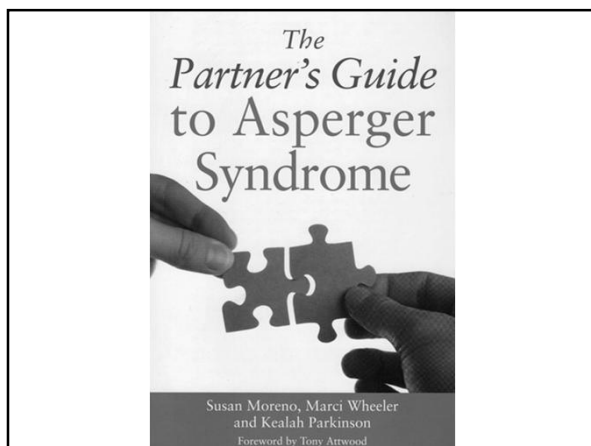
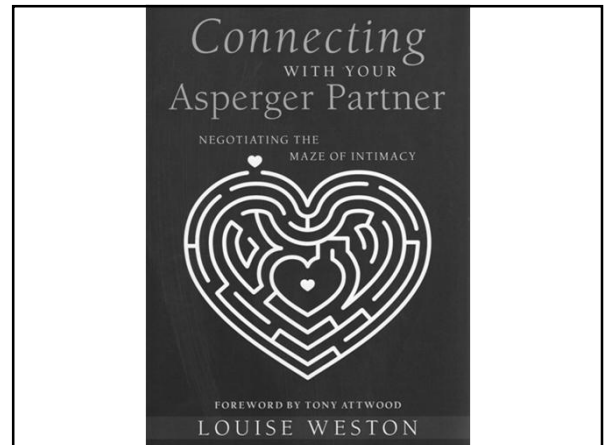
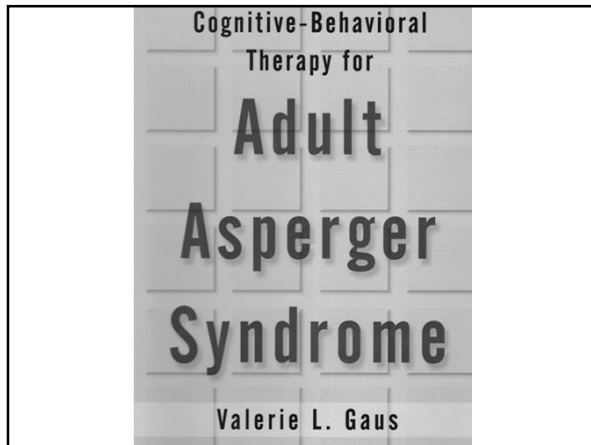
- “I was in High School before I realized that my classmates couldn't do computer assisted design in their head the way I can. But I was also in High School before I realized that they were capable of passing invisible messages back and forth that I can't see.” (Paraphrase of Temple Grandin; *Thinking In Pictures*)

The Art of War

Sun Tsu



Know your enemy and know yourself, and in 100 battles you will never be defeated



Outline

- **Family-Oriented Thinking**
 - Family Systems Theory
 - Differentiation (& the baggage we bring to adulthood)
 - Triangles (and other alliances)
 - You, Me, and "US"
 - Family Health & Danger Signs
 - Making Meaning
- **Interaction between mental health & family health**
 - Child: ASD and Mental Health
 - Parents: "Subclinical" atypicality; non-ASD mental health d/o
 - Know what you don't know
- **Summary & Next Steps**

Summary

Optimal outcome for the child with ASD depends upon addressing family health, including the family system and the parents' mental health issues (if any), as well as the child's developmental and mental health needs

Family Health

- Your child with special needs is a *member* of the family, but should not become the *center* of the family
– Ruby Moye Salazar, LCSW, BCD

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Family Health

(Preserve yourself, and your "US")



"One hand for the ship, and one for myself"

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Probe Questions

(In ascending order of intimacy)

- Do you and your partner ever go out as a couple? When was the last time?
- Who else do you have as supports?
- What have you told your other children / parents?
- Tell me a little bit about yourself / how you were raised / your own mental health?
- What does it mean to you that your child has a disability?

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Making Meaning

- We "make meaning" by superimposing our interpretation on external events
– *Man's Search for Meaning*; Viktor Frankl
- Sometimes, it's not the disability *per se*, but the meaning we attach to it, that causes problems

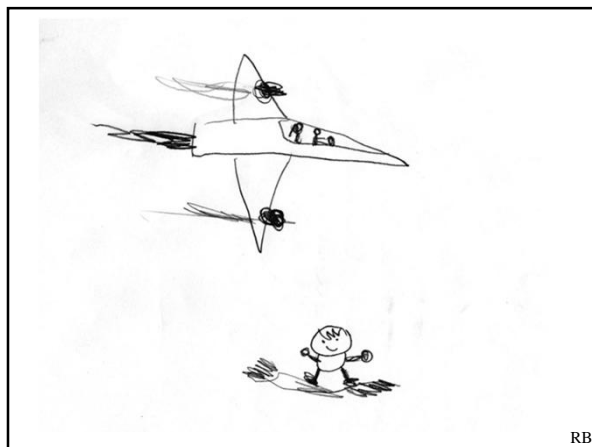
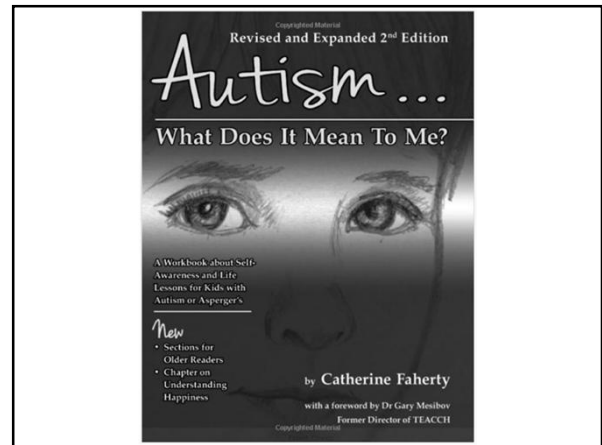
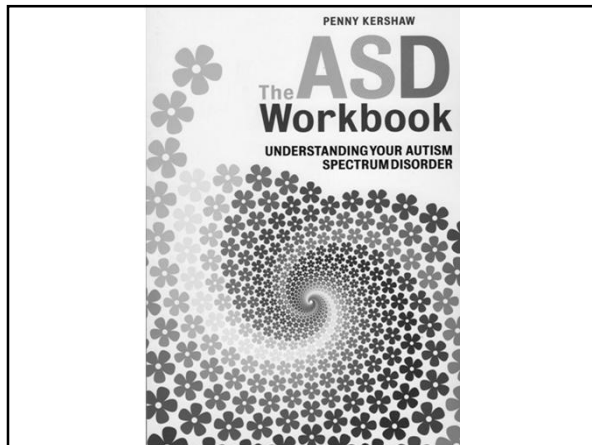
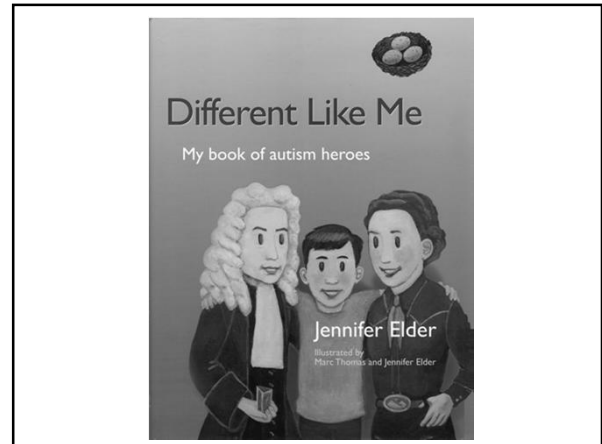
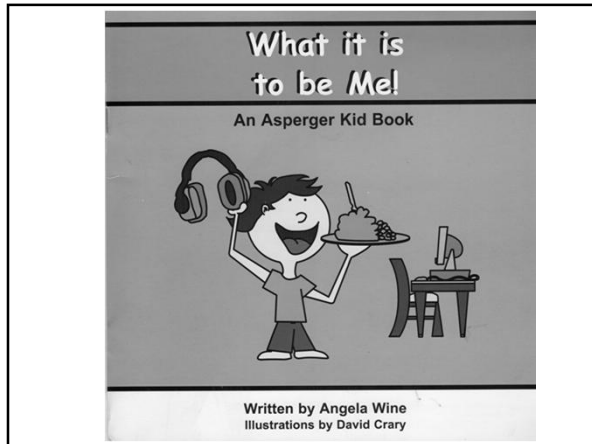
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Informing & Educating your child with ASD



- Knowledge is Power
Sir Francis Bacon
- Self-esteem, self-esteem, self-esteem
Jim Coplan



Siblings

“Every child wants not just the love of its parents, but the *exclusive* love of its parents”



Selma Fraiberg, 1959

Siblings

- Your job is to enable your other children to accept their feelings (whatever they may be) as “OK.”
 - Often, the best thing to say is “I feel that way too sometimes.”
- Trying to talk siblings out of their feelings by reminding them of all the things they can do that their sib with ASD cannot do doesn’t work, and closes of conversation.
- At one time you probably felt that your child’s ASD was your fault, even though you knew that was “crazy.” Your other children may be feeling the same thing.

Parents’ Mental Health as a contributor to family health

- Parents of children with ASD
 - ↑ Frequency of neuropsychiatric d/o (esp. anxiety)
 - “Subclinical” issues with Theory of Mind
 - May interfere with parents’ ability to achieve full differentiation
 - May interfere with parents’ ability to respond in a flexible manner to the extraordinary demands of child w. ASD
- Getting help for yourself is the best way to help your child with ASD

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Resources

- Coplan, J. Making Sense of Autistic Spectrum Disorders. Random House, 2010.
- Married with Special Needs Children; A couples’ guide to keeping connected. Marshak LE and Prezant, FP. Woodbine, 2007
- Voices from the spectrum. Parents, grandparents, siblings, people with autism, and professionals share their wisdom. Ariel, CN and Naseef, R (eds). Jessica Kingsley, 2006
- Man’s search for meaning. Frankl, VE.
- The Bowen Center: <http://www.thebowncenter.org/>
- The American Association of Marriage and Family Therapy <http://www.aamft.org/iMIS15/AAMFT/>

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