Raising Resilience: A Tool kit for Practitioners in Fostering Resilience in Adults with Autism

Berinda Karp and Roz Casey

Introduction

- Therapists and support workers need to work together
- Consider client goals
- Consider attachment issues and style

Autism Diagnostic Criteria:

- Social communication and social interaction across
- Restricted, repetitive patterns of behavior, interests, or activities
- Symptoms must be present in the early developmental period

Or until social demands exceed limited capacities, or may be masked

- significant impairment in social, occupational, or other important areas of current functioning.
- These disturbances are not better explained by intellectual disability (American Psychiatric Association, 2013).
- Autism prevalence as noted by CDC at about 1:60.
- Female profile presents differently to male and is often under represented

Homes with family members with Autism are complex

- Complexities of home environment and family dynamics may cause issues with poorly learned coping skills and communication skills

- Biology of Autism is affected by family constructs

- Stress on the family

Traditional model of Attachment Theory

- Formed from relationships to care givers
- Attachment orientation includes: Secure
- Insecure – Disorganized

- Insecure – Avoidance
- Ambivalent attachment

Dustin Reed

- 1.) Connect Attachment Theory with its role in conceptualization of relationships of people with disabilities with their caretakers, friends, and families.

- 2.) Connect Attachment Theory with its role in treatment pertaining to people with disabilities

- 3.) Exploring how Attachment Theory relates to attitudes and perceptions of people concerning people with disabilities.

Children with disabilities

- Can have less secure attachments in close relationships

- Report more anxiety

- If support systems change, then attachment is effected

Professionals working with people with disabilities

- Can have poor and insecure attachment styles
- Can potentially transfer their own attachment issues to client
- Can transfer prejudice and stigma of disability to client, which in turn causes chaotic relationship

What is the impact to the NDIS?

- Some poorly skilled workers, with poor social boundaries impacting clients negatively

- Parents struggling to manage these poorly skilled workers

- Clients are over supported, which creates

  co dependence

- Systemic co dependence between service providers & clients

- Clients loosing resilience; self determination; autonomy; independence

Therapeutic supports need to:

- Have strategies which support independence

- Fade support as skillsets are mastered

- Have appropriate ethics which support client and not leave them dependent on anyone

Strengths based work

- Strengths can Include: Reactions & Responses to stress; hobbies (but don't just focus on hobbies!); Sense of humor
- Blend existing individual & family strengths into solutions focused framework

STRENGTHS-BASED APPROACH

Individual strengths

Personal qualities

Abilities
Talents
Skills

Interests
Aspirations

8 inseparable areas of life

Daily living
Finances
Work/education
Social network
Recreation
Overall health
Sexuality
Spirituality

Environmental strengths

Resources

Social network

Opportunities

Desired results
- ✓ Better quality of life
- ✓ Personal accomplishments
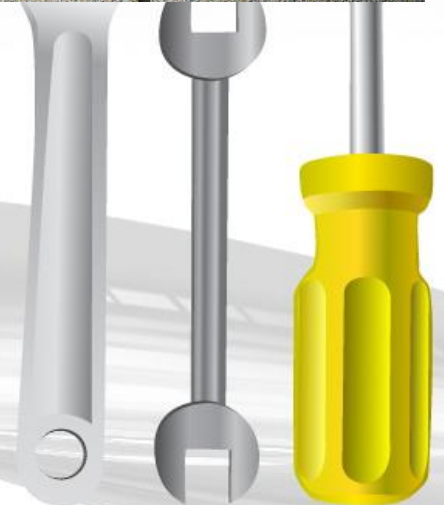- ✓ Recovery of power and social integration

Motivational Interviewing

- Perfect extension to solutions focused work

- Defines boundaries

- Helps to discover more strengths

Complex Case Management

- Involvement of inter or multi disciplinary teams
- Practitioners can hinder case management with assumptions & bias

Pathological Demand Avoidance (PDA)

- Demand avoidant: feeling threatened or anxious by a demand

- Attempts to avoid the feeling of anxiety using various behaviors to distract

- Monitor PDA

- Don't push

- Monitor anxiety

Non Directive Approaches

- Build rapport
- Just listen
- Don't push any therapy initially
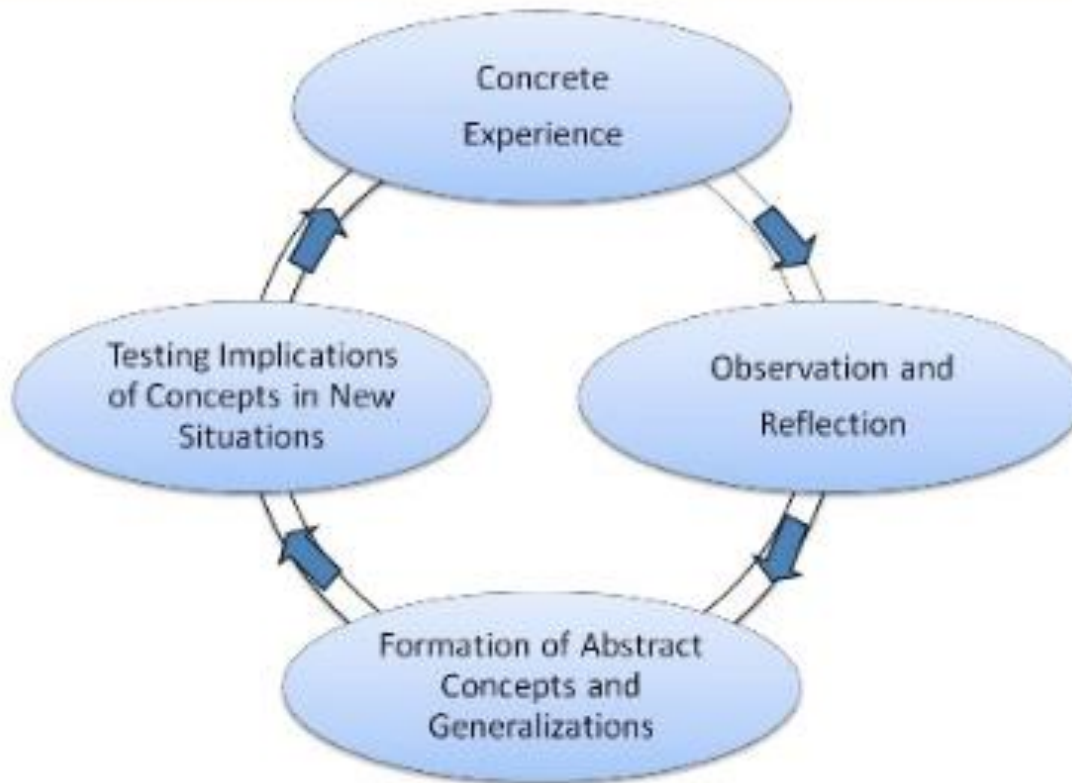- When client is comfortable, confident, revisit therapeutic strategy

Child Centered Play Therapy Theory

- Let the child/young adult to just 'be'

- Not telling them 'how' to be

- This encourages and fosters good social boundaries

- Encourages deep therapeutic bond, without co dependency

Kolb's Experiential Learning Model
(Kolb, 1974 p.28)

Concrete Experience

Observation and Reflection

Formation of Abstract Concepts and Generalizations

Testing Implications of Concepts in New Situations
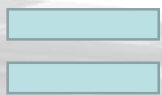
Prompting & Fading of support

- Involves an understanding of task analysis
- May involve physical support

- Then fades to verbal support

- Then fades to verbal prompt
    »Independence

Final words……

- Goals – for you and for your client

- Factors to consider

- What is the best match of therapy to use
  to foster resilience and
  promote   independence

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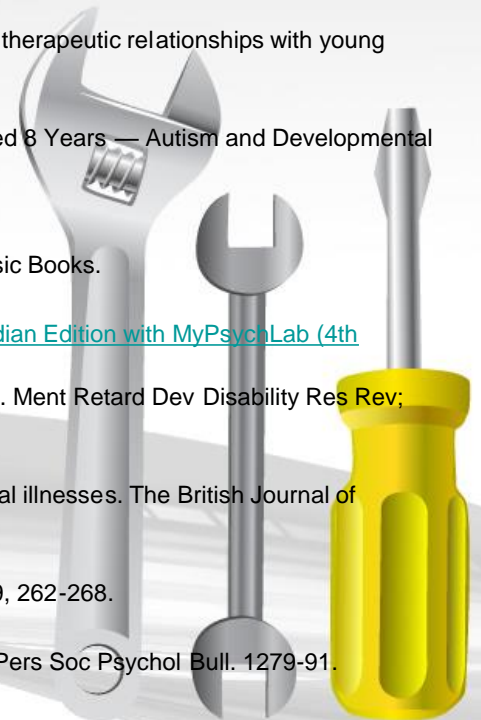
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